



## Press Release

73 Easton Avenue • New Brunswick, NJ 08901 • Phone 848.932.4350 • Fax 732.932.4360 • [www.nieer.org](http://www.nieer.org)

EMBARGOED FOR RELEASE:

April 10, 2012

CONTACT: Jen Fitzgerald

(848) 932-3138, [jfitzgerald@nieer.org](mailto:jfitzgerald@nieer.org)

Alan Richard

(202) 641-1300, [arichard@hagersharp.com](mailto:arichard@hagersharp.com)

### **FLORIDA RANKS FIRST IN NATION IN PRE-K ENROLLMENT**

#### **Low quality and insufficient funding threaten intended benefits**

*Lack of Availability in High-Quality Programs Could Threaten Nation's Future Job Prospects; New Cuts Proposed in a Number of States*

Washington, D.C. — Florida remains a paradox when it comes to public preschool education. The Sunshine State is now first in the nation for providing 4-year-olds with access to its Voluntary Pre-K Program, a distinction tempered by other factors, says a landmark national report capping 10 years of research.

*The State of Preschool 2011: State Preschool Yearbook* notes Florida's impressive commitment to expanded access was dampened by being ranked last among 39 states with state pre-K programs for all source per-child spending and reaching only three of 10 research-based quality standards. Only one state meets fewer quality standard benchmarks.

“For the second year in a row, nationally we’re seeing declines in real spending and per-child spending that strip resources from pre-K classrooms, many of which are already funded at levels below what it takes to deliver high-quality programs,” said Steve Barnett, director of the nonpartisan National Institute for Early Education Research (NIEER) at Rutgers University that has surveyed state preschool programs on a number of measures since 2001-2002. “Looking ahead, Florida can be considered a battleground state for pre-K. Florida risks not attaining the benefits of a high-quality early education program for its children by focusing on access at the expense of quality. Low investment will not yield high results if quality is absent, regardless of how many children participate.”

The 2011 *State Preschool Yearbook* shows total state funding for the nation's pre-K programs decreased by nearly \$60 million from the previous year to the 2010-2011 school year. In the past 10 years, real spending on state pre-K has declined by about 15 percent, or more than \$700 per child.



**TABLE 5: 2010-2011 STATE PRE-K QUALITY STANDARDS**

STATE	Comprehensive early learning standards	Teacher has BA	Specialized training in pre-K	Assistant teacher has CDA or equiv.	At least 15 hrs/yr in-service	Class size 20 or lower	Staff-child ratio 1:10 or better	Vision, hearing, health, and one support service	At least one meal	Site visits	Quality Standards Checklist Sum 2010-2011
Alabama	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Alaska	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Arkansas	✓		✓	✓	✓	✓	✓	✓	✓	✓	9
California			✓		✓		✓				3
Colorado	✓		✓		✓	✓	✓			✓	6
Connecticut	✓		✓			✓	✓	✓		✓	6
Delaware	✓		✓		✓	✓	✓	✓	✓	✓	8
Florida	✓					✓				✓	3
Georgia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Illinois	✓	✓	✓	✓	✓	✓	✓	✓		✓	9
Iowa (Shared Visions)	✓		✓			✓	✓	✓	✓		6
Iowa (SVPP)	✓	✓	✓			✓	✓	✓		✓	7
Kansas (At-Risk)	✓	✓		✓	✓	✓	✓	✓			7
Kansas (Pre-K Pilot)	✓	✓		✓	✓	✓	✓	✓			7
Kentucky	✓	✓	✓		✓	✓	✓	✓	✓	✓	9
Louisiana (8g)	✓	✓	✓		✓	✓			✓	✓	8
Louisiana (LA4)	✓	✓			✓	✓	✓	✓	✓	✓	9
Louisiana (NSECD)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Maine	✓	✓	✓	✓	✓			✓			6
Maryland	✓	✓	✓		✓	✓	✓	✓	✓	✓	9
Massachusetts	✓				✓	✓	✓	✓		✓	6
Michigan	✓	✓	✓	✓		✓	✓	✓			7
Minnesota	✓		✓	✓	✓	✓	✓	✓	✓	✓	9
Missouri	✓	✓	✓	✓	✓	✓	✓	✓		✓	9
Nebraska	✓	✓	✓	✓		✓	✓				6
Nevada	✓	✓	✓		✓	✓	✓			✓	7
New Jersey (Abbott)	✓	✓	✓		✓	✓	✓	✓	✓	✓	9
New Jersey (ECPA)	✓	✓	✓		✓	✓	✓	✓		✓	8
New Jersey (ELLI)	✓	✓	✓		✓	✓	✓	✓		✓	8
New Mexico	✓		✓		✓	✓	✓	✓	✓	✓	8
New York	✓	✓	✓		✓	✓	✓	✓			7
North Carolina	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Ohio (ECE)			✓					✓			2
Oklahoma	✓	✓	✓		✓	✓	✓	✓	✓	✓	9
Oregon	✓		✓		✓	✓	✓	✓	✓	✓	8
Pennsylvania (EABG)	✓		✓		✓	✓	✓			✓	6
Pennsylvania (HSSAP)	✓		✓		✓	✓	✓	✓	✓	✓	8
Pennsylvania (K4 & SBPK)	✓	✓			✓						3
Pennsylvania (Pre-K Counts)	✓		✓		✓	✓	✓			✓	6
Rhode Island	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
South Carolina (4K)	✓	✓	✓		✓	✓	✓				6
South Carolina (CDEPP)	✓		✓		✓	✓	✓	✓	✓		7
Tennessee	✓	✓	✓		✓	✓	✓	✓	✓	✓	9
Texas	✓	✓	✓		✓						4
Vermont (Act 62)	✓				✓	✓	✓				4
Vermont (EEI)	✓		✓			✓	✓				4
Virginia	✓		✓		✓	✓	✓	✓		✓	7
Washington	✓		✓	✓	✓	✓	✓	✓	✓	✓	9
West Virginia	✓		✓		✓	✓	✓	✓	✓	✓	8
Wisconsin (4K)	✓	✓	✓		✓					✓	5
Wisconsin (HdSt)	✓		✓		✓	✓	✓	✓	✓		7
<b>Totals</b>	<b>49</b>	<b>29</b>	<b>45</b>	<b>16</b>	<b>43</b>	<b>45</b>	<b>45</b>	<b>37</b>	<b>24</b>	<b>35</b>	

Note: Arizona, Hawaii, Idaho, Indiana, Mississippi, Montana, New Hampshire, North Dakota, South Dakota, Utah, and Wyoming are not included in this table because they do not fund state prekindergarten initiatives.

Check marks in red show new policy changes effective with the 2010-2011 school year.

For more details about quality standards and benchmarks, see the Roadmap to the State Profile Pages sections.



**TABLE 7: RANKINGS OF ALL REPORTED RESOURCES PER CHILD ENROLLED**

Resources rank based on all reported spending	State	All reported \$ per child enrolled in pre-K	Estimate of per-child spending needed to meet NIEER benchmarks†	Is the reported funding sufficient to meet NIEER benchmarks?	Additional per-child funding needed	Quality benchmark total
1	New Jersey	\$11,669	\$9,186*	Yes	\$0	8.8
2	Connecticut	\$10,565	\$8,581*	Yes	\$0	6
3	Maryland	\$9,846	\$7,250*	Yes	\$0	9
4	West Virginia	\$9,136	\$6,169*	Yes	\$0	8
5	Rhode Island	\$9,127	\$8,602	Yes	\$0	10
6	Oregon	\$8,454	\$4,249	Yes	\$0	8
7	Arkansas	\$8,126	\$7,007	Yes	\$0	9
8	North Carolina	\$7,910	\$8,036	No	\$126	10
9	Oklahoma	\$7,690	\$5,918*	Yes	\$0	9
10	Minnesota	\$7,475	\$4,494	Yes	\$0	9
11	Alaska	\$6,855	\$4,413	Yes	\$0	10
12	Delaware	\$6,795	\$4,729	Yes	\$0	8
13	Washington	\$6,780	\$4,925*	Yes	\$0	9
14	Kentucky	\$6,718	\$4,107	Yes	\$0	9
15	Virginia	\$5,892	\$9,067*	No	\$3,175	7
16	Tennessee	\$5,853	\$7,825	No	\$1,972	9
17	Alabama	\$5,680	\$7,459	No	\$1,779	10
18	California	\$5,428	\$6,469*	No	\$1,041	3
19	Wisconsin	\$5,424	\$4,413	Yes	\$0	5.1
20	Pennsylvania	\$5,193	\$7,265*	No	\$2,072	5.2
21	Louisiana	\$4,768	\$7,382	No	\$2,614	8.9
22	Maine	\$4,555	\$3,882	Yes	\$0	6
23	Michigan	\$4,453	\$5,673*	No	\$1,220	7
24	Georgia	\$4,299	\$8,359	No	\$4,060	10
25	Iowa	\$3,945	\$4,379*	No	\$434	6.9
26	Ohio	\$3,942	\$4,453	No	\$511	2
27	Texas	\$3,761	\$7,047*	No	\$3,286	4
28	Massachusetts	\$3,691	\$9,125*	No	\$5,434	6
29	New York	\$3,685	\$6,296*	No	\$2,611	7
30	Colorado	\$3,623	\$4,460	No	\$837	6
31	New Mexico	\$3,561	\$4,078	No	\$517	8
32	Illinois	\$3,449	\$4,799	No	\$1,350	9
33	Nevada	\$3,297	\$4,626	No	\$1,329	7
34	Vermont	\$3,272	\$3,961*	No	\$689	4
35	Missouri	\$3,085	\$6,590*	No	\$3,505	9
36	South Carolina	\$2,934	\$7,674*	No	\$4,740	6.7
37	Nebraska	\$2,656	\$3,933	No	\$1,277	6
38	Kansas	\$2,640	\$3,934	No	\$1,294	7
39	Florida	\$2,422	\$4,464*	No	\$2,042	3
NA	Arizona	\$0	\$4,259	No	\$4,259	NA
NA	Hawaii	\$0	\$4,404	No	\$4,404	NA
NA	Idaho	\$0	\$3,744	No	\$3,744	NA
NA	Indiana	\$0	\$4,130	No	\$4,130	NA
NA	Mississippi	\$0	\$3,862	No	\$3,862	NA
NA	Montana	\$0	\$3,440	No	\$3,440	NA
NA	New Hampshire	\$0	\$4,327	No	\$4,327	NA
NA	North Dakota	\$0	\$3,728	No	\$3,728	NA
NA	South Dakota	\$0	\$3,536	No	\$3,536	NA
NA	Utah	\$0	\$4,260	No	\$4,260	NA
NA	Wyoming	\$0	\$3,764	No	\$3,764	NA

† For each state, a full-day, half-day, or weighted estimate of per-child spending was used, based on the operating schedule of the state pre-K program and the percent of children served in each type of operating schedule. State estimates were constructed from a national estimate adjusted for state cost-of-education differences. The national estimate was obtained from Gault, B., Mitchell, A., & Williams, E. (2008). *Meaningful investments in pre-K: Estimating the per-child costs of quality programs*. Washington, DC: Institute for Women's Policy Research. The state cost index was obtained from: Taylor, L. & Fowler, W. (2006). *A comparable wage approach to geographic cost adjustment*. Washington DC: IES, U.S. Department of Education.

\* This state serves preschoolers in full- and half-day programs and therefore a weighted estimate of per-child spending was calculated. For details about how these figures were calculated, see the Methodology and Roadmap to the State Profile Pages sections.



## WHAT QUALIFIES AS A STATE PRESCHOOL PROGRAM?

---

NIEER's *State Preschool Yearbook* series focuses on state-funded preschool education initiatives meeting the following criteria:

- The initiative is funded, controlled, and directed by the state.
- The initiative serves children of preschool age, usually 3 and/or 4. Although initiatives in some states serve broader age ranges, programs that serve *only* infants and toddlers are excluded.
- Early childhood education is the primary focus of the initiative. This does not exclude programs that offer parent education but does exclude programs that mainly focus on parent education. Programs that focus on parent work status or programs where child eligibility is tied to work status are also excluded.
- The initiative offers a group learning experience to children at least two days per week.
- State-funded preschool education initiatives must be distinct from the state's system for subsidized child care. However, preschool initiatives may be *coordinated* and *integrated* with the subsidy system for child care.
- The initiative is *not* primarily designed to serve children with disabilities, but services may be offered to children with disabilities.
- State supplements to the federal Head Start program are considered to constitute *de facto* state preschool programs if they substantially expand the number of children served, and if the state assumes some administrative responsibility for the program. State supplements to fund quality improvements, extended days, or other program enhancements or to fund expanded enrollment only minimally are not considered equivalent to a state preschool program.

While ideally this report would identify all preschool education funding streams at the federal, state, and local levels, there are a number of limitations on the data that make this extremely difficult to do. For example, preschool is only one of several types of education programs toward which local districts can target their Title I funds. Many states do not track how Title I funds are used at the local level and therefore do not know the extent to which they are spent on preschool education. Another challenge involves tracking total state spending for child care, using a variety of available sources, such as CCDF dollars, TANF funds, and any state funding above and beyond the required matches for federal funds. Although some of these child care funds may be used for high-quality, educational, center-based programs for 3- and 4-year-olds that closely resemble programs supported by state-funded preschool education initiatives, it is nearly impossible to determine what proportion of the child care funds are spent this way.

### AGE GROUPINGS USED IN THIS REPORT

Children considered to be 3 years old during the 2010-2011 school year are those who are eligible to enter kindergarten two years later, during the 2012-2013 school year. Children considered to be 4 years old during the 2010-2011 school year were eligible to enter kindergarten one year later, during the 2011-2012 school year. Children considered to be 5 years old during the 2010-2011 school year were already eligible for kindergarten at the beginning of the 2010-2011 school year.



Health, Safe and Ready Collaborative at the Center for the Study of Social Policy  
Local Partnerships, National Results

Children's Services Council of Palm Beach County  
Early Childhood System of Care- Healthy Beginnings

**Overview**

Children's Services Council of Palm Beach County provides children, and families, with high-quality programs and services so they have the opportunity to grow up healthy, safe, and strong. Through the development of an integrated early childhood system of care, the Council weaves together an array of maternal/child health, early identification and intervention, parent and public education, community engagement and quality early care and education programs. This coordinated network helps more women give birth to healthy, full-term babies and more children reach vital developmental milestones. Last year, more than 12,000 pregnant women, young children and their families received screening and early intervention services and, overall, the Council reached out to more than 200,000 families through a variety of parenting programs and public education efforts. Supported by a blend of federal, state and local funding, the Council focuses its energy on four main goals: children are born healthy, are safe from abuse and neglect, are ready for school and have access to high-quality afterschool and summer programs.

The Healthy Beginnings System offers universal risk-factor screenings to all pregnant women, newborns, and young children. These screenings help identify health issues, potential developmental hurdles or familial challenges that place a woman and, in turn, her baby at risk for long-term problems. If screenings identify obstacles to children's health and development, services are offered to address concerns and strengthen families' ability to raise strong children.

During the newborn risk screening process, parents are provided a simple brochure that outlines critical milestones that can serve as a reference to their child's developmental process during their first five years. Developmental screenings are then available in a variety of settings including community outreach events, ongoing surveillance in existing programs (such as Nurse Family Partnership and Healthy Families), through our Bridges (place-based initiatives located in 10 of our most-risk communities), and child care centers and family child care homes who accept subsidies (567 child care providers). Within the next six months, the Healthy Beginnings System will be implementing the evidence-based Healthy Steps for Young Children program in pediatric offices that serve a large Medicaid population, further expanding the reach of developmental screenings.

Individuals identified through the screens are offered a second-level assessment through one of two entry agencies (Healthy Mothers/Healthy Babies- prenatal population; HomeSafe- newborns- age 5); the assessment tools range from the Battelle Development Inventory screener to the Child Behavior Checklist. The assessment process is intended to explore the assets that a family has available to them and using the principles of risk-appropriate care, referrals and linkage to the most appropriate service

will take place. Undergirding the entry agencies and screening/assessment/referral process is the Healthy Beginnings Data System, an integrated client information system that captures data on the families served by the Healthy Beginnings System.

The Council believes that by investing in early childhood, and offering families the right service and or targeted combination of services at the right time, in the right place, Palm Beach County's children have a greater chance of growing up healthy safe and strong.

Our data and evaluations support that we are on the right track. During the past five years, the number of Palm Beach County babies born too early has dropped, as has the infant death rate. Specifically in 2011, fewer babies born to high-risk women served by the Council's Healthy Beginnings System had low birth weights (7.2%) than those in the county (9.1%), on average. In addition, 99.99% of children whose families were enrolled in Healthy Beginnings for three months or longer remained out of the state child welfare system for at least one year afterward. Palm Beach County also has the second lowest child abuse and maltreatment rate of all urban counties in Florida. In 2012, the county rate of 10.50 per 1,000 children was substantially lower than the state rate of 13.79 per 1,000 children. And, in an independent evaluation, Palm Beach County children who were in child care settings with the highest quality rating had higher school readiness scores on the state school readiness assessment than their peers.

### **Successes**

- Reach of the screening process: 78% of pregnant women participate in the Prenatal Risk Screen through their obstetrician and 99% of newborns are screened through the Infant Risk Screen at the birthing facility. While there is not same consistent process for developmental screening, PBC is working to diligently to expand the settings in which screenings are readily available to parents.
- Close coordination with Early Steps (Part C) and Child Find (Part B): the Battelle Developmental Inventory (BDI) Screener was recently selected as the second-level assessment after consultation with Early Steps and Child Find; the previous assessment instrument was the Preschool Evaluation Scale and did not readily correlate with the tools used by Early Steps and Child Find. This resulted in inappropriate referrals to programs and delays in getting families to the most appropriate service.
- Ability to focus on true prevention- Existence of local funding and programming to meet the needs of children who are at-risk of delays, and not restricted to serving only those with established delays.

### **Challenges**

- Capacity of the Healthy Beginnings System and other providers in the community to address the ongoing developmental needs of our children, including ensuring sufficient programming to meet the social-emotional needs of our young children.
- Much of our focus has been on addressing potential delays in the cognitive, language and gross/fine motor skills domains, both in terms of the assessment process as well as services. While we have invested in professional development for providers in the areas of social emotional wellness and infant mental health, more work is necessary to integrate this into actual practice. We are aware of



the need to address issues of toxic stress among our families and the importance of providing support to those children who experience difficulty in developing self-regulation skills; however, the capacity of Healthy Beginnings has not yet caught up with our awareness.

- Coordination and quality assurance associated with screening and assessment. We are fortunate to have multiple settings and opportunities to conduct screenings; additional improvements can be made to assure that some children are not over-screened while others are under-screened. More education is needed with our families and child care providers around the importance of screening and ensuring that families do not opt out of screening without fully understanding the benefits. Finally, we recognize the need for quality assurance and ongoing training relative to the staff providing second-level assessments and ensuring interrater reliability.

## **County Profile**

### **Total population**

2011 population estimate = 1,335,187 (*US Census*)

Births in 2011: 13,797 (*Florida Charts*)

### **Poverty**

13.3.% persons below poverty level (*US Census, estimate 2007-2011*)

### **Free/Reduced Lunch (March 2012):**

Free/Reduced Lunch K-5:	61%	Free/Reduced Lunch 9-12:	37%
Free/Reduced Lunch 6-8:	56%	Free/Reduced Lunch Overall:	52%

(*School District of Palm Beach County, Gold Report*)

### **Race/Culture:**

77.4% = White

17.8% = Black

00.6% = American Indian/Alaska Native

02.5% = Asian

00.1% = Native Hawaiian & other Pacific Islander

01.5% = Persons reporting two or more races

\*Persons of Hispanic or Latino Origin = 19.5%

\*White Persons non-Hispanic = 59.6%

### **% of Single Parents: 38.2%**

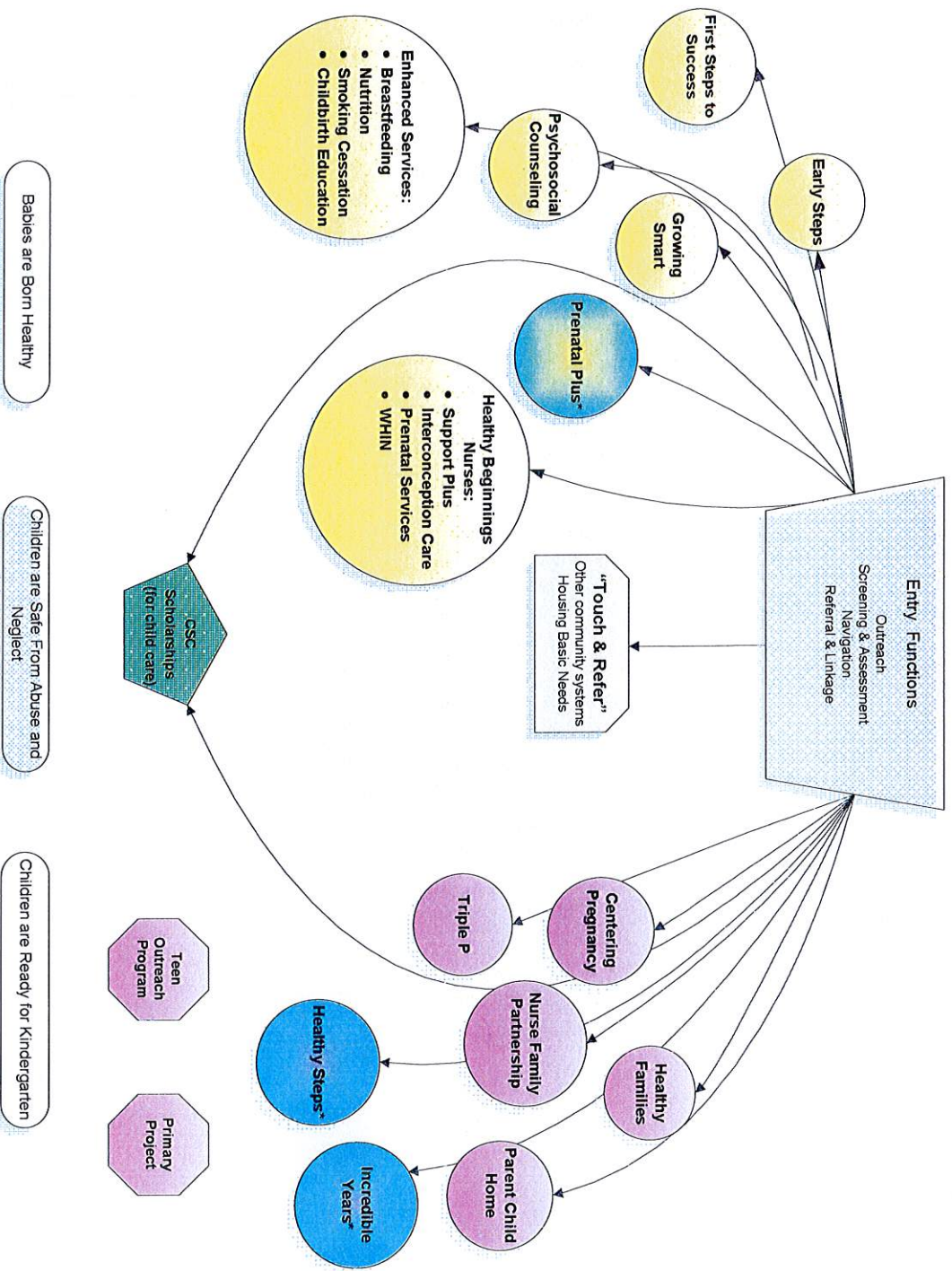
Total population estimate: 257,100

Total under 6 living with single parent = 33,587

Total 6-17 living with single parent = 64,746

(*Source, US Census, ACS, 3 year estimate 2009-2011*)

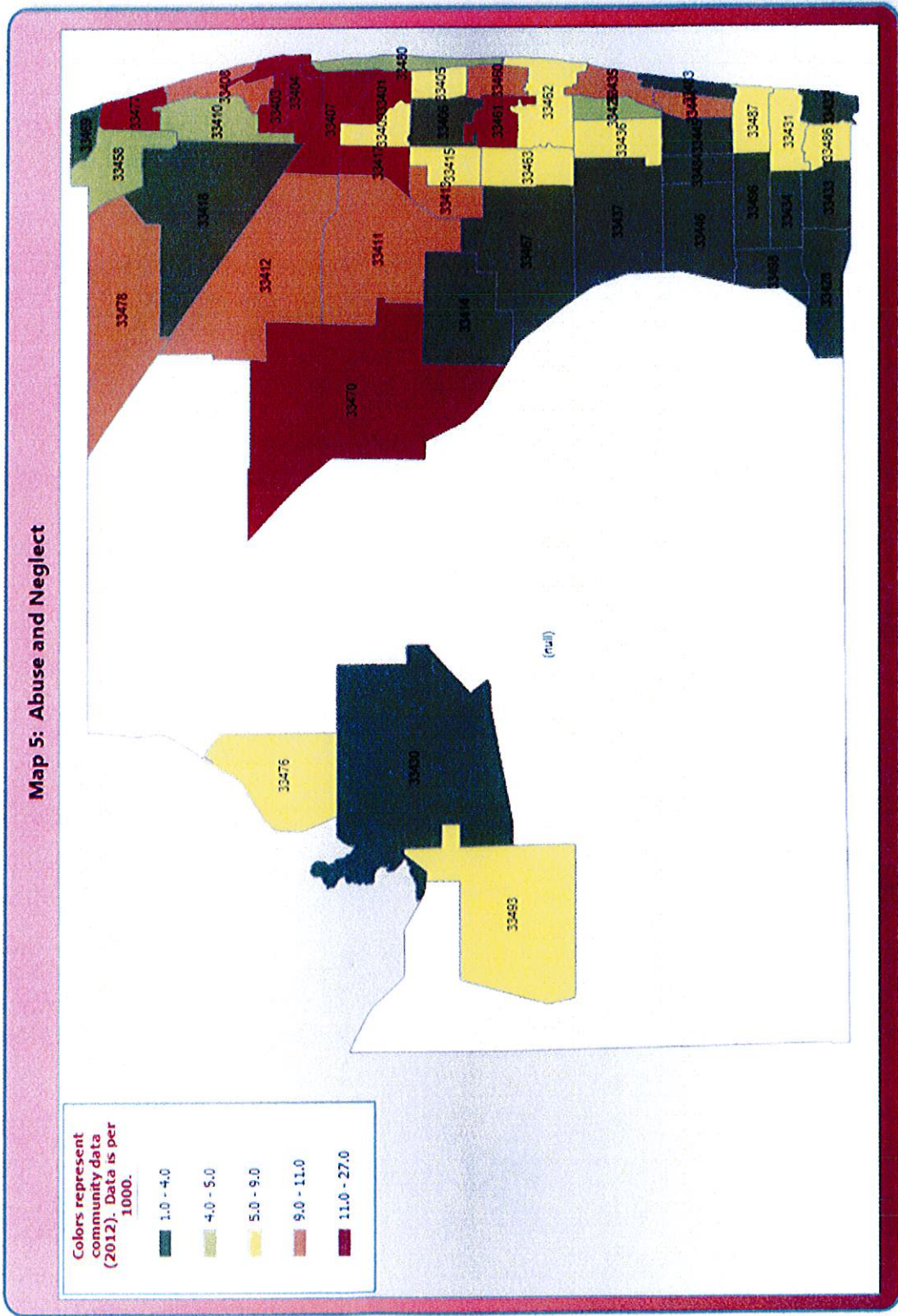
# Healthy Beginnings: Targeted Individual Child & Family Interventions



NOTE: \*, denotes future programs



# Child abuse & neglect (County level)



Gaps: There are 8 zip codes that have the highest rate of verified abuse and neglect for children ages 0-5. These zip codes are 33401, 33403, 33404, 33407, 33417, 33461, 33470, and 33477. Zip code 33404 has the highest rate at 27 per 1,000. As a point of reference, the rate of verified cases for children of all ages is 10.8 for Palm Beach County and 13.0 for Florida overall.