

Core Service Report

Preschools

Consumer Category:
Educational / Employment Limitations

Primary Consumer Group:
**Persons with Educational Disadvantages
Preschool and K-12**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

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SNAPSHOT

AIRS Code Level I: Education (H)

AIRS Code Level II: Educational Institutions/Schools (HD)

Core Service: Preschools (HD-180.650)

Investment Committee: Learning and Earning for Life

Cluster: Education

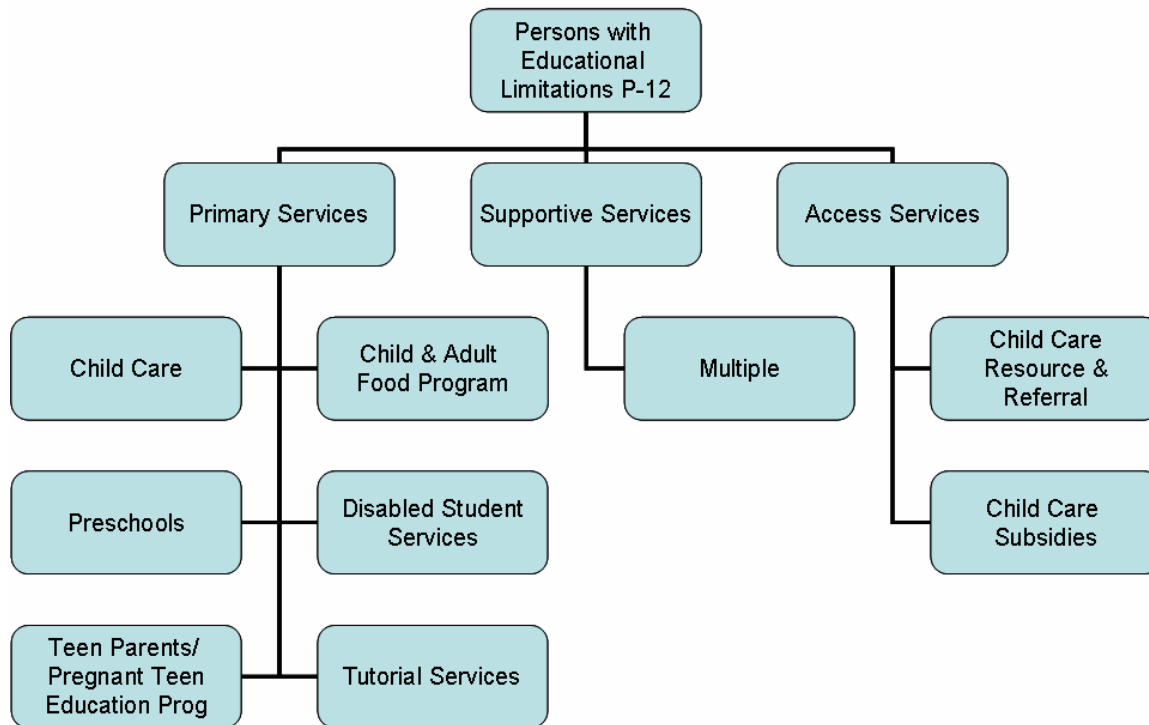
AIRS Definition: Programs that provide educational experiences and activities for children who are under compulsory school age (usually age two through five) that supplement parental care and home play and stimulate intellectual growth and motor skills development. Activities generally include pre-academic skill development such as shape, color and number recognition; active indoor play; observation of nature and pets; dancing and rhythms; block building; playhouse activities; games; simple excursions outside the school; stories and picture books. Children also are given a nutritious snack and/or meal and a period for adequate rest, and are taught basic cleanliness and good health habits.

Special Note: There are five core services related to early childhood education and preschool: child care, child care subsidies, child care food program, child care resource and referral, and preschools. To avoid as much duplication as possible across reports, the content of the core service reports were organized as follows: Child Care deals with children ages 0-12 who need full day care. Preschools are defined as part time programs for children ages 3 to 5 years. However, it is recognized that at times families use preschools as part of a larger package of child care services and thus consumer data from Starting Point is included in the Child Care report. By making these distinctions, it does not suggest that the standards of quality preschool programs are not or should not be implemented in child care programs. The ideal is for all child care and preschool programs to achieve the highest standards possible to benefit the children who are their primary consumers.

Another distinction is made between the subsidies included in the Child Care report and the Child Care Subsidies report. The former includes all public sources of subsidy for child care; the latter deals only with subsidies from alternative, non-traditional sources.

The Child Care Program is part of a family of services for those with educational limitations in grades K through 12. It is one of seven services targeting this consumer group. (See figure below.) In addition, there are two services that facilitate access to some of these services.

**Family of Services
AIRS: Education**



Core Service Environment

Early education during the first five years of a child’s life has been proven to increase cognitive, emotional, and social capabilities. In a study at the University of North Carolina, children from low-income families who received quality early education showed improved test scores in math and reading from the primary grades through early adulthood. Children in quality early education programs were also found to have fewer behavioral problems and greater thinking and attention skills (Peisner-Feinberg, et al., 1999). Yet the children from disadvantaged families, who most need high-quality preschool, are least likely to get it. About two-thirds of non-poor children attend preschool, but less than half of poor children do—even factoring in programs created especially for them such as Head Start. Further, many preschools available to poor children do not come near the standard needed to overcome learning deficits (Mead, 2004).

The question whether there should be universal preschool is a major public policy issue nationally and in Ohio. Universal preschool is the notion that access to preschool should be similar to kindergarten in availability. The policy focus is on who is to be included and how it is to be funded. The concept is to have a voluntary program that, unlike education, is mandated by law in the United States with exceptions to allow for home schooling and alternative education (Wikipedia.com, 2006c).

According to the Harvard Education Letter, more than 40 states and the District of Columbia have implemented or are creating state-funded pre-kindergarten programs (Stipek, 2005).

To ensure that every four year old, regardless of family income, has access to a program with these characteristics would cost the nation \$9.2 billion annually. While that's a lot of money, it's important to remember that these programs also save taxpayers money by reducing grade retention, special education placements, teen pregnancy, welfare participation, and crime rates among participants later in life. (Mead, 2004)

Core Service Consumers

The target population addressed in this core service report is children, typically 3-5 years, served by a part-day preschool in Cuyahoga County.

Studies show that the risk of poor school readiness is highest among children from families with the lowest socioeconomic status (Shore, 1997). Poverty is often only one of many factors including inadequate nutrition, environmental toxins, abuse, and parental substance abuse that impact these children (Song & Lu, 2002). Research demonstrates that quality early learning programs can have a lasting and critical impact on children.

While nearly all 4-year olds attend preschool in the United States, approximately 10 percent of these 3- and 4-year olds participate in state-funded early education programs, variously defined as preschool, pre-kindergarten, early learning, school readiness, and child development. Annual state spending on these programs totals \$2.54 billion (Clothier, 2005).

In addition to income-disadvantaged children, children with special needs also are consumers of preschool programs.

In 2004, partly due to funding provided through Invest in Children (formerly the Cuyahoga County Early Childhood Initiative), the number of 3- and 4-year-old children (60 percent) enrolled in preschool, including Head Start, continued to be above the national average (52 percent). According to Starting Point, 12,137 children attended preschool in the last quarter of 2005. This included public and private preschools plus half-day Head Start.

In 2000, 56,008 children ages 3-5 were estimated to be in need of preschool in Cuyahoga County. This number is projected to decrease to 47,881 by 2015 because of population shifts.

Core Service Delivery

The definition of the core service for this report is: programs that provide educational experiences and activities for children who are under compulsory school age (usually age 3 through 5) that supplement parental care and home play and stimulate intellectual growth and motor skills development.

Preschools are considered part of the early childhood education field, which typically encompasses children from birth to age 8 or Grade 3.

While child care in centers can be considered part of the spectrum of preschool programming, this report is typically discussing half-day programs rather than full day programs targeted at working

families. However, it must be noted that some working families use preschools as part of their larger child care package. Others use it for enrichment.

The philosophy of early childhood education is largely child-centered education. Therefore, there is a focus on the importance of play. This philosophy follows with Piaget's ideals that children should actively participate in their world and various environments so as to ensure they are not "passive" learners but "little scientists" who are actively engaged. (Wikipedia.com, 2006a)

Preschool children 3- to 5-years-old are also served through the federal Head Start program, public preschools, and private preschools. States are relying more on community-based child care to provide pre-kindergarten (Schumacher et al., 2005). Head Start is the largest federal program with early childhood development as its primary mission. The Head Start program provides educational services as well as health, nutrition, and other services to low-income children to prepare them to enter kindergarten.

United Way - First Call for Help does not maintain data for the preschool core service area. All incoming calls are referred directly to Starting Point.

Government funding for preschool programs comes primarily from two sources: at the federal level, Head Start Title I of the Elementary and Secondary Education Act (ESEA); and at the state level through the Early Learning Initiative. Even Start was formerly a source of funding for preschools in some communities, although to a significantly less extent and not currently in Cuyahoga County. However, the program is being phased out at the federal level by 2007.

As of May 11, 2006, only \$300,000 in revenues for preschool programs has been identified countywide. The revenue came from Jewish Community Federation. United Way of Greater Cleveland did not fund preschools in FY 2004. Note that other sources of preschool funding have been identified, but specific amounts allocated to Cuyahoga County providers were not available at the time this report was written. The Council for Economic Opportunities of Greater Cleveland (CEOGC) is the primary funder of preschools through Head Start funds; however, these funds include both the preschool and child care core services.

What Works; What Doesn't

"Eager to Learn: Educating Our Preschoolers," a report by the National Research Council, states that "cognitive, social-emotional, and motor development are complementary, mutually supportive areas of growth all requiring active attention in the preschool years ... All are therefore related to early learning and later academic achievement..." A high quality program must address each of these critical developmental areas to ensure children are ready to learn (Bowman, Donovan & Burns, 2000).

Most preschool education research has been conducted with economically disadvantaged populations. These children benefit greatly from preschool educational experiences. Research has also found that early childhood education is very beneficial for children with disabilities (Casto & Mastropieri, 1986); educational literature has many stories about the positive effects that early stimulation and learning opportunities have on persons regarded as gifted and talented.

Over the years, evaluations of the Head Start program have found that children make significant progress as a result of the program. There is a reduction in the school readiness gap between children in poverty and their more advantaged peers, as well as in social skills and reduced hyperactive behavior while attending Head Start (Zill, 2002). Literacy and language skills improve and children are less likely to repeat a grade or need special education (Children’s Defense Fund, 2003; Ohio Head Start Association, 2003). Juvenile arrest rates are lower and high school graduation rates are higher for Head Start graduates (Pennsylvania Head Start, 2003). Another key element of Head Start is its involvement with families to build support systems around the families’ needs (Ohio Head Start Association, 2003). More than two-thirds of Head Start parents reported reading to their children at least three times each week—a factor linked to higher vocabulary development (Pennsylvania Head Start, 2003).

Several long-term research studies show that the positive outcomes of quality early childhood education (ECE) programs can save the state from \$7 to \$17 in future public expenditures for every \$1 invested (Fight Crimes: Invest in Kids, 2004).

Gap Analysis

The estimated universe of possible consumers is 22,403, including both realized (12,137) and unrealized (10,266) access.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community's safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of "safety net" services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn't work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

There is some good news to report about the education of young children in the United States. One of the most encouraging developments in recent years has been the growing number of children who have access to early educational experiences. Nearly all five-year-olds are now enrolled in school, and the proportion of U.S. three- and four-year-olds who attend preschool has increased dramatically over the past four decades. In 1965, the year Head Start was first implemented, only 5 percent of three-year-olds and 16 percent of four-year-olds attended preschool; in 2002 the proportions were 42 percent and 67 percent, respectively. While some of this increase is due to demographic changes (such as greater percentages of single-parent households or those in which both parents work), it is encouraging that many more children participate in structured learning experiences at younger ages than ever before. (Stipek, 2005)

However, there are still issues (Stipek, 2005):

- Children’s access to preschool in the United States continues to lag behind that in other countries. In France, nearly all children from three to five years old attend publicly funded preschool. Almost all four-year-olds in England, Luxembourg, and the Netherlands go to public school. Preschool attendance rates in Greece, Spain, Germany, Denmark, and Italy range from 70 to 90 percent.
- Early childhood education teachers still earn poverty-level wages. In 2003, the median hourly wage of a preschool teacher was \$9.53; for child-care workers it was \$7.90. To put this in perspective, animal trainers made an average of \$13.08 per hour. Not surprisingly, at least one in five teachers in center-based early childhood programs leaves each year. Preschool teachers are paid on average less than half of what kindergarten teachers are paid. This pay differential would presumably be reduced if preschool teachers were required to meet higher educational qualifications, but as a group, today’s pre-kindergarten teachers are both under-qualified and underpaid.
- Social-class disparities in preschool participation have not noticeably declined in the last decade. In 1991, 44 percent of children living in poverty were enrolled in center-based early childhood care and education programs, compared to 56 percent of children at or above the poverty line. A decade later, the gap was the same, with participation rates of 47 percent and 59 percent for children below and above the poverty line, respectively. There are also class-based differences in quality. High-quality preschool programs are out of reach of the working poor in particular—families whose incomes are too high to qualify for subsidized pre-kindergarten but too low to pay for quality programs.

Early education during the first five years of a child's life has been proven to increase cognitive, emotional, and social capabilities. In a study at the University of North Carolina, children from low-income families who received quality early education showed improved test scores in math and reading from the primary grades through early adulthood. Children in quality early education were also found to have fewer behavioral problems and greater thinking and attention skills (Peisner-Feinberg, et al., 1999).

As schools work to bring all students to proficiency, it's abundantly clear that children come to school with very different levels of preparation to learn. Poor and minority students who are on the low end of the achievement gap also enter school lagging behind their peers. Researchers, like UCLA's Meredith Phillips, estimate that roughly half of the enormous academic achievement gap between black and white students in the United States exists before first grade. (Mead, 2004)

To address these disparities policymakers and educators must work to level the playing field before children begin school. Research clearly shows that high-quality preschool focused on building children's language and early learning skills can help compensate for the learning opportunities too many poor children miss at home. (Mead, 2004)

Yet the children who most need high-quality preschool, those from disadvantaged families, are the least likely to get it. About two-thirds of non-poor children attend preschool, but less than half of poor children do -- even factoring in programs like Head Start created especially for them. Further, many preschools available to poor children don't come near the standard needed to overcome learning deficits. (Mead, 2004)

Additionally, the cost of quality preschool care can cause significant strain on families. Many families use preschool as a component of child care, but quality programs are often more expensive since qualified staff are more expensive. Middle-income families often feel the pinch, and low-income families are priced out of options.

PUBLIC POLICY ISSUES

NATIONAL, STATE and LOCAL

Universal Preschool

The question whether there should be universal preschool is a major public policy issue nationally and in Ohio. Universal preschool is the notion that access to preschool should be similar to kindergarten in availability. The major policy decision focus is on who is to be included and how it is to be funded. The concept is to have a voluntary program that, unlike education, is mandated by law in the United States with exceptions to allow for home schooling and alternative education (Wikipedia.com, 2006c).

The universal preschool movement started in France with Ecoles Maternelles in 1834. Various other European countries have adopted some form of universal preschool, including Sweden.

The movement gained ground in the United States as public opinion changed from viewing young children as the responsibility of only families to a shared responsibility of families and society. To date, various states have begun implementation of a universal preschool system including Georgia, Florida, New Jersey, Oklahoma and others. Many programs have been started by the Legislature and Governor. New Jersey's program came out of a court decision based on the poor quality of education in large parts of the state (*Abbott versus Burke*). Florida's universal preschool was established by initiative approved by the voters that left much of the program to be implemented by the Governor and Legislature. Georgia dedicated their lottery profits for preschool. (Wikipedia.com, 2006c)

California's Proposition 82 was on the June 2006 ballot, seeking to have voters establish part-day preschool for all four-year-olds as a constitutional right. It failed; however, the advocacy efforts are continuing.

Advocates have argued over:

- The age of children eligible for the service of preschool with some taking the more traditional view that priority should be provided to children four years of age and others believing that brain development dictates that learning begins at birth and declines significantly by age eight.
- Other child advocates believe that children except for those in institutions are in a family, whether it be a two parent family, single parent family, foster care, guardianship, kinship care that often requires a full day rather than a part day preschool.
- Child advocates point to the Head Start model as ideal with parent involvement and education, social services and a family focus as critical to a quality preschool.
- A last issue for child advocates is whether the preschool should be provided by government, usually through public school systems or whether through the existing diverse delivery system. Currently most preschool used by families consists of public, nonprofit, church related, private for profit and in home settings (family day care). (Wikipedia.com, 2006c)

Support of universal preschool (Wikipedia.com, 2006c):

- Research based studies that show significant positive outcomes for children who attend preschool, especially children who are "at risk."
- Public school reformers who feel that many children start out behind in school for a variety of reasons including lack of social skills, not knowing English or lack of experience in a group educational setting.
- Advocates who see society as having a responsibility to all children.
- The rate of return for preschool in later years for children who have access to preschool.

Opposition to universal preschool (Wikipedia.com, 2006c):

- What's coming out of Oklahoma and Georgia, two states that implemented universal preschool over a decade ago--is not particularly promising. Last year, the gains in reading scores of fourth graders in both states ranked among the bottom 10 on the National Assessment of Education Progress tests--the premier benchmark for comparing student performance across states. Even more stunning, not one of the 10 best performing states had universal preschool programs.
- Universal preschool advocates often underestimate the cost of universal preschool. This is what a sober assessment of a similar universal day care program in Quebec suggests. The final price tag for Quebec's day care program is 33 times what was originally projected: It was supposed to cost \$230 million over five years, but now gobbles \$1.7 billion every year. Much of the increased spending has gone not toward increased access, but increased costs. Day care worker unions, on the threat of strike, negotiated a 40 percent increase in wages over four years.
- Universal preschool often creates long waiting lists and results in disadvantaged children competing with higher income children for preschool access. In Quebec many low-income parents, who lost their child care tax deductions in order to finance the program, have been crowded out by middle- and upper-income parents more savvy at negotiating the system. According to research by Peter Shawn Taylor for the Canadian Taxpayers Federation, half of Quebec's day care spaces are taken by families in the top 30 percent income bracket.
- Home schooling movement that believes children should be educated by their families and not by the government.
- Anti-government movements that believe that the government does not do well with providing services, except for police, military and fire.
- Extreme capitalists that desires the privatization of all functions including even private prisons and private roads.
- Private preschool providers who may feel threatened economically by a system that could exclude their participation.
- Those opposed to the particular funding mechanism or desire the funding to go to another benefit instead of universal preschool.

According to the Harvard Education Letter, more than 40 states and the District of Columbia have implemented or are creating state-funded pre-kindergarten programs (Stipek, 2005). The total of all state funding for these programs increased from \$190 million in 1998 to \$2 billion in 2002. And states like Arkansas, Florida, Georgia, Massachusetts, New Jersey, New Mexico, New York, Oklahoma, and Wisconsin have made strides toward universal preschool education.

To ensure that every four year old, regardless of family income, has access to a program with these characteristics would cost the nation \$9.2 billion annually. While that's a lot of money, it's important to remember that these programs also save taxpayers money by reducing grade retention, special education placements, teen pregnancy, welfare participation, and crime rates among participants later in life. And, the federal government doesn't need to carry the full cost: but federal funds can help to forge a new bargain

between parents, states, and the federal government to support early learning and help children whose parents cannot afford to pay for preschool. (Mead, 2004)

A word of caution:

If we continue on the path along which current federal policies are leading us, the transition from preschool to elementary school may become more continuous—which is in keeping with what most early childhood experts recommend—but the alignment may be in the wrong direction. Instead of the early elementary grades becoming more child centered and family friendly (more like preschool), preschools are likely to become more like elementary school, with formal, scripted instruction and less emphasis on student-centered approaches and family involvement. Educators, researchers, and policymakers also need to make sure that efforts to improve academic skills in young children do not result in the neglect of other important dimensions of children’s development—or in educational practices that are well known to undermine children’s confidence and enthusiasm for learning. (Stipek, 2005)

Cuyahoga County is also planning a universal preschool through Invest in Children.

Parents of preschoolers will pay less and get much more—better-educated teachers and lower child-teacher ratios—under a broad proposal to improve the quality and affordability of early childhood education in Cuyahoga County, according to advocates of the plan.

The county's plan to pay for preschool for most 3- and 4-year-olds is moving from theory to reality. About 1,000 children should be enrolled next fall in Ohio's first universal preschool program. Child-care centers and in-home providers will apply to participate in spring 2007.

“The cost of the program for the first two years - about \$9.4 million - can likely be absorbed by the county budget,” said Commissioner Tim Hagan.

Most of the money will be directed to child-care centers and home-based providers to increase salaries, add staff members and send teachers back to school.

A majority of parents also will get a substantial subsidy to offset the cost of preschool, a prohibitive expense for many. The average cost of full-day preschool in the county is \$8,062, according to Invest in Children, the public-private partnership leading the public-funding movement.

Families with incomes of up to 400 percent of the federal poverty level (about \$80,000 for a family for four) will qualify for the subsidy, according to recommendations approved by a task force of educators, government and business leaders. The group has been meeting regularly over a year to come



up with a plan to better prepare Cuyahoga County's preschoolers for kindergarten and beyond. (Glaser, 2006)

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

The target population addressed in this core service report is children, typically 3-5 years, served by a part-day preschool in Cuyahoga County.¹

DEMOGRAPHIC CHARACTERISTICS

In 2000, there were more than 72 million children under the age of 18 in the United States, and 23 million of them were under the age of six (U.S. Census Bureau, 2000).

Studies show that the risk for poor school readiness is highest among children from families with the lowest socioeconomic status (Shore, 1997). In the United States, 5.2 million children ages 0-6 face the daily challenges of poverty (Bennett, Li, Song & Yang, 1999). Poverty is often only one of many factors, including inadequate nutrition, environmental toxins, abuse, and parental substance abuse that impact these children (Song & Lu, 2002). Research demonstrates that quality early learning programs can have a lasting and critical impact on children.

Definition constraints make it difficult to determine the differences between time spent in early childhood education and time spent in child care. Therefore, the data is often limited to a child's participation in center-based preschool programs, which are broadly defined. The data illustrates that, in 1999, almost 60 percent of 3, 4, and 5-year-olds were enrolled in some kind of center-based program. Impoverished children, however, were less likely to be in center-based programs (McCallion, 2004).

While nearly all 4-year olds attend preschool in the United States, approximately 10 percent of these 3- and 4-year olds participate in state-funded early education programs, variously defined as preschool, pre-kindergarten, early learning, school readiness, and child development. Annual state spending on such programs totals \$2.54 billion (Clothier, 2005).

The socioeconomic gap in preschool participation is particularly disturbing because there is evidence that children from low-income families begin school at a serious disadvantage. One study found more than a year's gap between low-income and middle-class children on an array of cognitive and academic achievement tests. In fact, on many tests middle-class preschool children (mostly four-year-olds) scored significantly higher, on average, than the economically disadvantaged kindergarten children (mostly five-year-olds). Similar gaps between children from low-income and middle-income families were found on the Early Childhood Longitudinal Study, conducted by the National Center for Education Statistics. Kindergartners with one risk

¹ Many children attend quality full-day child care programs which meet the needs of working parents. These programs also have early learning activities, as would be provided in a traditional part-time preschool classroom, incorporated into the day. See the Child Care core service report for additional information.

factor associated with poverty were twice as likely as children with no risk factors to have reading scores in the lowest 25 percent of the distribution. Socioeconomic differences were also found in children’s ability to identify letters of the alphabet, associate letters and sounds correctly, recognize two-digit numerals, identify ordinal positions of an object, and perform other academic tasks. (Stipek, 2005)

Despite promising steps in some states and localities, our patchwork national system of federal, state, and family investments in childcare and early education allows too many children to fall through the cracks. Many children spend their days in low-quality day care and babysitting arrangements that do not support their social and cognitive development, and may in fact hinder them. Many of these children actually need more than just quality care to foster healthy, normal development; they also need extra learning support to make up for disadvantages at home. In many cases, their parents are poorly educated and less able than middle-class families to provide resources that support their development. Poor children have fewer books in their homes, are less likely to be read to, and watch more TV. By age 3, the average poor child has heard an estimated 30 million fewer words than her more affluent peers. (Lee & Burkum, 2002; Zill & West, 2001 in Mead, 2004)

Early childhood programs like Head Start were created to mitigate these disparities by providing additional enrichment and services for disadvantaged preschoolers. Millions of children have benefited from Head Start’s nutritional, health, and other services, and evaluations indicate that Head Start offers better quality programs than other child care options available to poor families (Zill, 2000). But the persistence of dramatic preschool preparation gaps for poor and minority children shows that these programs are not enough. (Mead, 2004)

Poor children—those who *most* need additional learning opportunities—are actually the *least* likely to attend preschool. A National Center for Education Statistics study of entering kindergarteners found that only 47 percent of children from the most disadvantaged families had attended either preschool or Head Start. In contrast, 59 percent of non-poor children and 65 percent of those from the most affluent families (highest socioeconomic quintile) attend preschool. (Mead, 2004)

In addition to income-disadvantaged children, children with special needs are also consumers of preschool programs. From school years 1991-1992 to 2000-2001, the number of 3-year-olds receiving services under the Individuals with Disabilities Education Act (IDEA) rose 44 percent; the number of 4 year olds receiving services rose 37.6 percent; and the number of 5-year olds receiving services rose 22.4 percent (NAEYC, 2002).

Ohio

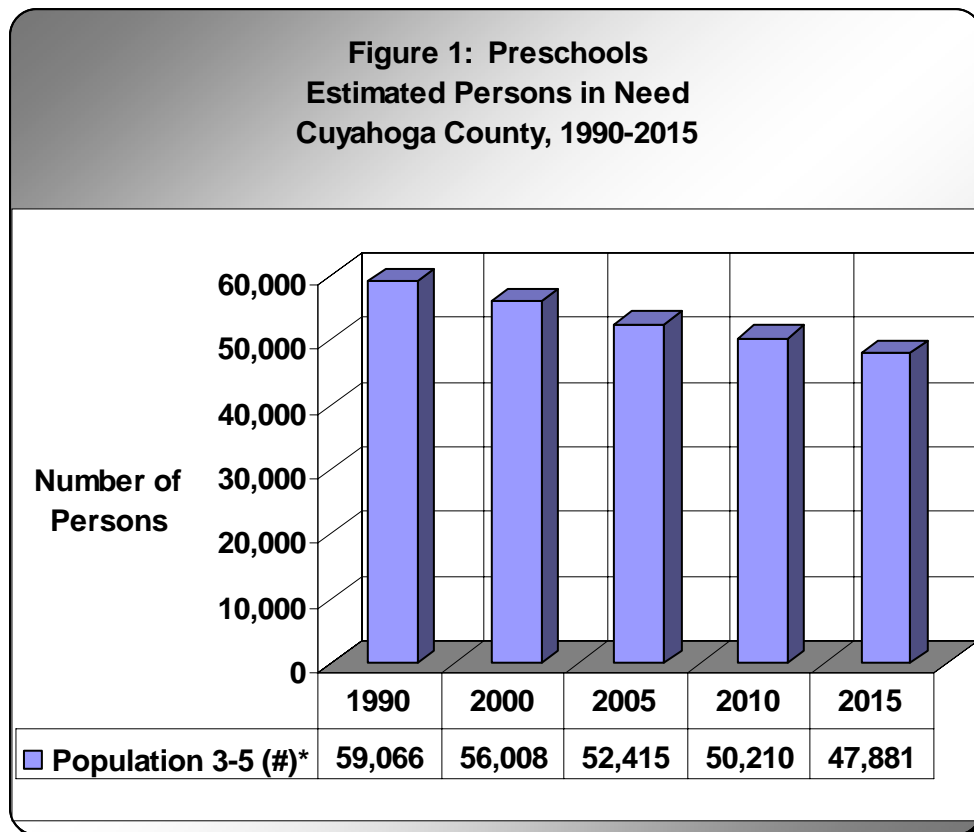
Ohio is no different in its struggle to meet the needs of young children. In Ohio, more than 128,000 children under the age of five live in poverty (Administration for Children and Families, 2003). Ohio is below the national level of 3- and 4-year-olds enrolled in preschool (47 percent versus 49 percent) (Annie E. Casey Foundation, 2003).

Cuyahoga County

In 2004, partly due to funding provided through Invest in Children (formerly the Cuyahoga County Early Childhood Initiative), the number of 3- and 4-year-old children (60 percent) enrolled in both part and full-time preschool, including Head Start, continued to be above the national average (52 percent). According to Starting Point, 12,137 children attended preschool in the last quarter of 2005. This included public and private preschools plus half-day Head Start.

Estimated Persons in Need

In 2000, 56,008 children ages 3-5 were estimated to be in need of preschool in Cuyahoga County. Because of population shifts, this number is projected to decrease to 47,881 by 2015. (See Figure 1.)



Sources:
* US Census: 1990, STF 1 (P11); 2000, SF3 (P8); 2005-2015, Ohio Department of Development, (July, 2003). Note: Age 3-5 in 2005-2015 was prorated from ages 0-4 using ratios from 2000 age group data.

While this number reflects all children in Cuyahoga County ages 3-5 who may be receiving early learning activities in their child care programs, it begins to offer some clarity about the extent of need in Cuyahoga County.

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the numbers of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. Thus, it is an underestimate of actual numbers of consumers receiving service.

United Way of Greater Cleveland did not fund any preschool programs in FY 2004. Starting Point (2006) identified 12,137 actual annual consumers. This includes those in Head Start (part-day), public preschools, and private preschools. (See Attachments 3 and 4.)

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The definition of the core service for this report is: programs that provide educational experiences and activities for children who are under compulsory school age (usually age 3 through 5) that supplement parental care and home play and stimulate intellectual growth and motor skills development.

Activities generally include pre-academic skill development such as shape, color, and number recognition; active indoor play; observation of nature and pets; dancing and rhythms; block building; playhouse activities; games; simple excursions outside the school; stories and picture books. Children also are given a nutritious snack and/or meal and a period for adequate rest, and are taught basic cleanliness and good health habits. For this report, only part-time preschools are included.

BACKGROUND ON CORE SERVICE

Preschools are considered part of the field of early childhood education that typically encompasses children from birth to age 8 or grade 3.

Preschool education describes the education of children prior to the age when they are deemed prepared for formal group schooling; i.e., kindergarten or first grade in elementary school. It is the education before school, hence the term preschool and for this report is group settings for children 3 through 5 years (Wikipedia.com, 2006a). While child care in centers can be considered part of the spectrum of preschool programming, this report is typically discussing half-day programs rather than full day programs targeted at working families. It must, however, be noted that some working families use preschools as part of their larger child care package. Others use it for enrichment.

Education during this period is holistic in that it focuses on physical, intelligence/cognitive, emotional, and social education (PIES). Although early childhood education does not have to occur in the absence of the parent or primary caregiver, this term is most often used to denote education by someone other than these people. It is important to note that both research in the field and early childhood educators view the parents as an integral part of the early childhood education process. Early childhood education takes many forms depending on the theoretical and educational beliefs of the educator or parent. Other terms that are often used interchangeably with “early childhood education” are “early childhood care,” “early care,” and “early education.” (Wikipedia.com, 2006a)

Recent studies on infant brain development show most of a person's neurons are formed from ages 0-5. If a young child doesn't receive sufficient nurturing, nutrition, parental/caregiver interaction, and stimulus during this crucial period, the child may be left with a developmental deficit that hampers his or her success in kindergarten and beyond. Worst case scenarios such as those found in the Romanian orphanages demonstrate how the lack of proper social interaction and development of attachment affect the developing child. (Wikipedia.com, 2006a)

A wide array of educational philosophies circulate through the field. Some professionals adhere to more of a behaviorist theory as developed by John B. Watson, B. F. Skinner and Edward Thorndike. Others hold to the more unstructured maturational theory popularized by Jacques Rousseau and Maria Montessori. Additionally, stage theories such as those of Sigmund Freud and Erik Erikson are used to look at social and emotional development. Currently early childhood teacher education programs teach a mix of theories dominated by the constructivism (learning theory) theory as put forth by Jean Piaget and Lev Vygotsky. (Wikipedia.com, 2006a)

Each philosophy forms the undergirding theory behind its own selection of school curriculum used throughout the world. Behaviorist ideas dominant direct instruction methods (like DISTAR). Constructivist ideas dominate curriculums like High/Scope. While maturational theory is the underpinning for Montessori. A mix of maturational and constructionist ideas supply the base theory for the Reggio Emilia approach. (Wikipedia.com, 2006a)

The curriculum in a “Head Start” program is designed to meet the needs of each child. One goal is to build self-esteem that is seen as necessary to future success in school. Staff encourage self-confidence, curiosity, and self-discipline. A variety of learning experiences are designed to meet the children's needs in the various areas of development. Staff should work as a team to implement the new government issued curriculum and teach children, based on their interests and in a fun way. Parent involvement should be the heart of the program. Preschool children must be provided with early literacy, awareness and intervention in order to perform better during the later years. This will lead them to success once they enter schools, and put them on the right track by being well prepared with the right and appropriate equipment. (Wikipedia.com, 2006a)

The philosophy of early childhood education is largely child-centered education. Therefore, there is a focus on the importance of play. Play provides children with the opportunity to actively explore, manipulate, and interact with their environment. It encourages children to investigate, create, discover and motivate them to take risks and add to their understanding of the world. It challenges children to achieve new levels of understanding of events, people and the environment by interacting with concrete materials. Hands-on activities create authentic experiences in which children begin to

feel a sense of mastery over their world. This philosophy follows with Piaget's ideals that children should actively participate in their world and various environments so as to ensure they are not “passive” learners but “little scientists” who are actively engaged. (Wikipedia.com, 2006a)

Preschool is generally considered appropriate for children three to five years of age, between the toddler and school stages. During this stage of development, children learn and assimilate information rapidly, and express interest and fascination in each new discovery. These qualities make them prime candidates for education, although most are not ready for structured elementary schooling. (Wikipedia.com, 2006a)

Parents are a child's best resource for education before school. Research shows that the more time and effort parents, caregivers, or teachers at preschools give to the child, the better a preschool child will be able to adjust to their environment. (Wikipedia.com, 2006a)

Types of Part-Time Preschools

Preschool children 3- to 5-years-old are served through the federal Head Start program, other public preschools, and private preschools. Nationally, Head Start serves more than 900,000 preschool-age children with early education and comprehensive services (Clothier, 2005). Most center-based child care settings also serve children 3 to 5 years, but are typically all-day programs and thus not considered in this report.²

In Cuyahoga County in 2005, there were 254 part-time preschool providers in Cuyahoga County according to Starting Point (2006). Of these over half (53.1 percent) were private providers. Head Start providers comprised 20 percent of the county total and public preschools, 26.8 percent. (See Table 1.)

Table 1: Type of Part-time Preschool Providers, Cuyahoga County, October-December, 2005

Cuyahoga County		
Type of Providers	#	% Total
Head Start Full & Part Day	51	20.1%
Private Preschool	135	53.1%
Public Preschool	68	26.8%
Totals	254	

Source: Starting Point, April 17, 2006

² See the core service report on Child Care for further discussion of this service for children birth through 12 years.

Head Start

Head Start is the largest federal program with early childhood development as its primary mission. The Head Start program provides educational services as well as health, nutrition, and other services to low-income children to prepare them to enter kindergarten. In 1994, Early Head Start was established so that children younger than 3 years old could be served in greater numbers (McCallion, 2004). Every Head Start program offers:

- **Education Services** – a preschool curriculum that encourage the social, cognitive and physical growth children need.
- **Health Services** – Head Start coordinates with community resources to ensure children’s medical, dental, nutrition, and mental health needs are met. Head Start also ensures that children are immunized and receive hot meals.
- **Social Services** – Complementary to its education and health services, Head Start provides social services to its families. Support services that are frequently used include parenting education, health education, emergency or crisis intervention, adult education, housing assistance, and transportation assistance.
- **Parent Involvement** – Head Start programs acknowledge parents’ critical role in their child’s education. Programs work to engage parents both in the classroom as volunteers and at home through home visits. Parents also can serve on policy councils, which give them direct input into how their children’s program is administered. Through Head Start, parents gain access to job training, literacy, language classes, and other supports that help them attain economic stability.

The U.S. Department of Health and Human Services (HHS) regulations governing the Head Start program require that at least 90 percent of children enrolled by each Head Start grantee must come from families with income at or below the official federal poverty guidelines or from families receiving welfare assistance. Up to 10 percent of the children may be from families whose incomes exceed the poverty guidelines.

Other Public Preschools

States are relying more on community-based child care to provide pre-kindergarten. Of the states that have pre-kindergarten programs, 29 are using a delivery model that includes schools and community-based settings, which include privately operated child care and federally funded Head Start providers. States can opt to contract with these providers or allow schools or other entities to sub-contract with the state to provide the pre-kindergarten program (Schumacher et al., 2005).

Following the success of programs initiated in 1986, Ohio started its own public preschool program in 1990. Only public schools, joint vocational schools, and county educational service centers can receive direct funding to operate programs. These entities can subcontract with Head Start and private child care centers, but most Ohio children are served in public schools. Ohio makes the program eligible to three- and four-year-old children with family incomes below 185 percent of the federal poverty level. Families with incomes between 100 and 185 percent of the poverty level pay fees on a sliding scale. A total of 9,303 children were served in this program in FY 2004. There were 112 grantee agencies for FY 2005; FY 2005 funding for public preschool was \$19,018,551 (Ohio Department of Education, 2005).

Private Preschools

Private preschools also serve low income clients, especially families that cannot qualify for vouchers because they are not working enough hours to be eligible for government support or both parents are not working, including many families where English is a second language. Many of these families piece together part time care via a part-time preschool program and family or neighbor care arrangements.

United Way – First Call for Help Call Data

United Way - First Call for Help does not maintain data for the preschool core service area. All incoming calls are referred directly to Starting Point. Starting Point was able to provide capacity/vacancy/enrollment numbers for last quarter of 2005. They are described in Section VI, Gap Analysis, of this report. Between January 2004 and December 2004, 246 Cuyahoga County families contacted local child care resource and referral agencies looking for preschool care (Ohio Child Care Resource and Referral Agency [OCCRRA], 2005).

FUNDING OF CORE SERVICES

Major Government Funders

The major government funders of preschool programs are:

- Head Start (full and part time);
- Individuals with Disabilities Education Improvement Act (IDEA: Special Education Preschool Grants);
- Title I of the Elementary and Secondary Education Act (ESEA) for Public Preschools; and
- Early Learning Initiative (full and part time) (State).

Even Start was formerly a source of funding for preschools in some communities, although to a significantly less extent and not currently in Cuyahoga County. However, the program is being phased out at the federal level by 2007.

An important note on the funding of preschool programs that serve low-income families: multiple funders may pay for portions of each child’s daily care. For example, Head Start pays only for 3.5 hours of programming, which requires other funders to pay for the remainder of the day.

FEDERAL

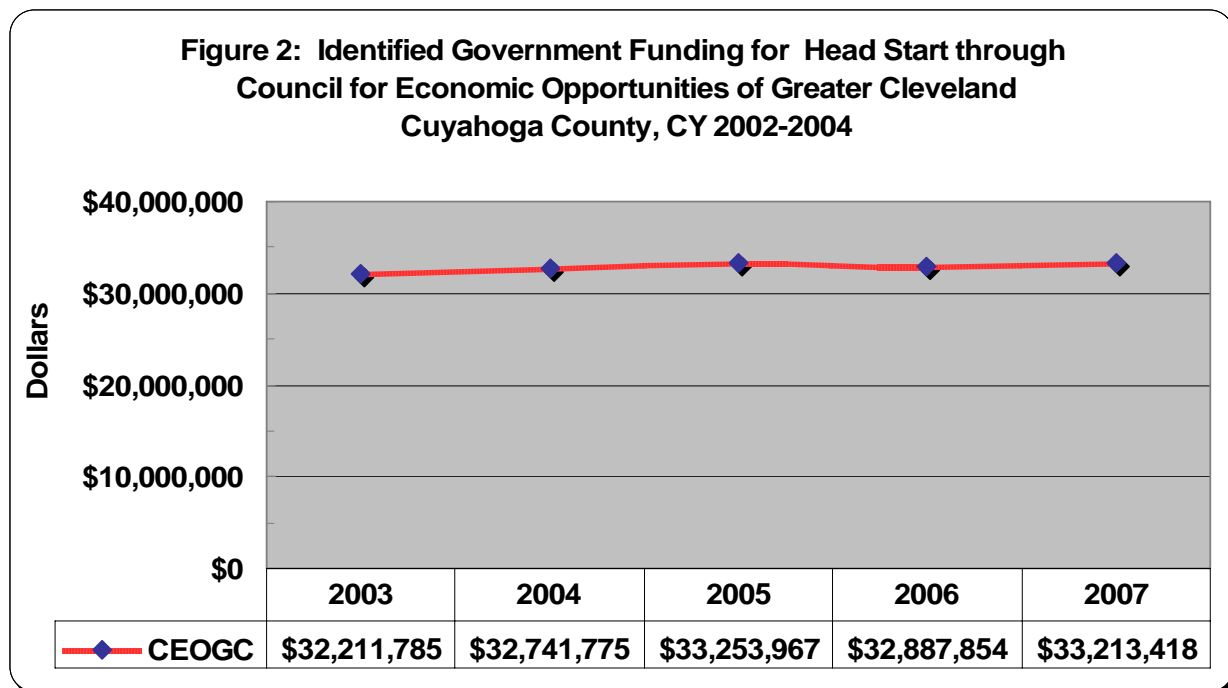
Head Start (full and part time)

The Federal Head Start Preschool Program is a direct federal-to-local grants program. The Administration for Children, Youth, and Families in the Department of Health and Human Services administers the program. Head Start grants require a local match (for every \$4 in federal government funding, \$1 must be committed locally). The federal government has sole responsibility for the funding and monitoring of the program. Head Start programs must follow specific quality requirements including staffing levels and credentials and curriculum. The Council for Economic Opportunities of Greater Cleveland is the local recipient of the grant, which then enters into agreement with “delegate agencies” that provide Head Start services. Head Start is for children aged 3, 4, and 5 year olds. To be in the program, there is an income requirement of at or below 100 percent of the federal poverty level (for example, not more than \$16,600 per year for a family of

three in FY 2006). There is no parent work requirement and there is no co-payment or sliding scale fee. In 2004, about 54,000 children participated in Head Start in Ohio (National Center for Children in Poverty, 2005). Currently in Cuyahoga County, there are 4,704 Head Start preschool slots and 758 full-day Head Start slots (per personal communication with Peggy Price of CEOGC on September 1, 2006).

During the 1990s, federal appropriations for Head Start significantly increased, tripling from the FY 1990 level of \$1.552 billion to the FY 1999 level of \$4.658 billion, and more than quadrupling to \$6.775 billion by FY 2004. These increases have been used for quality enhancement activities as well as to expand the number of children served (Gish, 2004). Funding for Head Start has generally been trending upward over the past 5 years, although in recent years funding has decreased somewhat. In 2005, \$6.842 billion was allocated. In FY 2006, Head Start was funded at \$6.785 million, a cut of \$57 million from 2005's allocation, which was a result of a one percent across-the-board cut in all discretionary programs at the federal level. As a result, Head Start programs are forced to make reductions in staff and other areas or to serve fewer eligible children. Head Start funding is expected to be flat to decreasing in the coming years. The administration's budget proposes to fund the Head Start program in 2007 at the same level as for 2006, with no adjustment for inflation. According to the National Head Start Association, if the average cost of serving a Head Start child rises with inflation, it will be equivalent to a loss of 19,000 Head Start slots in 2007.

At the local level, funding for Head Start for Cuyahoga County has generally been increasing: from \$32.2 million in 2002 to \$33.3 million for 2007. (See Figure 2.)



Source: Council of Economic Opportunities of Greater Cleveland

Individuals with Disabilities Education Improvement Act (IDEA: Special Education Preschool Grants
School districts are mandated under federal law to provide a free and appropriate public education to all children. Part B of the Individuals with Disabilities Education Improvement Act (IDEA) is an entitlement program to provide preschool to 3- to 5-year-old children with disabilities, where the

preschool grant formula is based on a “base” payment and any additional dollars are distributed on the basis of the district’s public and private elementary and secondary school enrollment (85 percent) and the relative number of children living in poverty (15 percent). In Ohio, funding for pre-kindergarten special education is distributed by units based on the minimum number of students, teacher degree, and teacher experience. An additional amount is provided for operational costs based on the unit type and delivery option. Per the Ohio Department of Education, the number of units the state currently funds does not adequately cover the number of students receiving services. In FY 2004, the state provided \$78 million and funded 2,042 preschool special education units. The federal award is estimated at \$12.8 million for both FY 2006 and FY 2007. In FY 2003, 3,294 actual units were reported to be in operation in the state. ODE is in the process of requesting an increase in its federal allocation to meet the actual units reported in operation. The state appropriation is requested at \$16.5 million for both fiscal years. The increased funding requested in the budget proposal will fund about 200 additional pre-kindergarten special education units in each fiscal year (Ohio Department of Education, 2004a).

In FY 2007, IDEA allocated \$1.438 million to individual school districts for preschools in Cuyahoga County. Allocations for other years were not available at the time this report was written.

Title I – Public Preschools

Education for the disadvantaged—grants to local education agencies, improving the academic achievement of the disadvantaged, Title I Elementary and Secondary Education Act (ESEA), Title I LEA Grants (Title I)—is intended to help schools meet the needs of educationally and economically disadvantaged children. Funding for Title I is allocated through four statutory formulas based primarily on census poverty estimates and the cost of education in each state. Title I reaches about 12.5 million children. The U.S. Department of Education administers allocations to state departments of education, which then allocate funds to local school districts. Local school districts have the flexibility to use their Title I allocation, including spending on public preschools, although not all school districts choose to spend their allocation on this program. Title I funds may be used for children from preschool age to high school, but most of the students served (65 percent) are in grades 1 through 6; another 12 percent are in preschool and kindergarten programs (U.S. Department of Education, 2006). However, a study by the Government Accounting Office found that more and more districts are opting to use their funds for preschools (United States General Accounting Office, 2000).

In Ohio, the public preschool program serves 3- and 4-year-olds from families with incomes below 185 percent of the federal poverty line. Following the Head Start model, the program provides comprehensive services designed to promote school readiness and social competence. A sliding fee scale based on household income determines the monthly fee paid by each family. The state’s public preschool program provides 2.5 hours of service 5 days a week throughout the school year. Public preschools can partner with Head Start programs and provide additional preschool programming. In Cuyahoga County, the East Cleveland School District and the Cleveland Municipal School District have partnered with Head Start to provide extended preschool programming, adding 3.5 hours of Head Start programming to the school districts’ 2.5 hours for a total of 6 hours of programming. In addition, the Ohio Department of Job and Family Services, through funding from TANF, reimburses providers for child care hours provided outside of preschool/Head Start-funded time.

At a national level, funding for Title I increased substantially from \$7.9 billion in 2000 to \$12.740 billion in 2005. In 2006, however, as a result of the one percent across-the-board cuts of all discretionary federal appropriations, Title I funding was reduced to \$12.713 billion. Funding from Ohio’s general revenue fund for early childhood education, which includes preschool, has been increasing from \$17.9 million in FY 2002 to \$23.9 million proposed for FY 2007. In 2005, the Ohio Department of Education (ODE) allocated \$19 million to school districts for preschools. For SFY 2006, the state created a new program called Early Childhood Education that combined funding of existing early education programs and increases funding to service families in poverty and working poor families currently without access to quality school readiness programs. This program includes comprehensive developmental and educational services for low-income preschool children from ages three to five years. Total funding of preschools from Title I allocated in Cuyahoga County was not available at the time this report was written. School districts have flexibility in how they spend their Title I allocation, and ODE does not maintain this information in format that is easily queried.

STATE

Early Learning Initiative (Head Start Plus) (full and part time)

Initiated in SFY 2006, the Early Learning Initiative (ELI) provides full-day, full-year child care and school readiness services to three-, four-, and five-year-olds in a child care center setting. ELI is a collaboration between the Ohio Department of Education (ODE) and the Ohio Department of Job and Family Services (ODJFS) that is designed to provide children, often identified as at risk of school failure, with educational experiences that will help them enter kindergarten ready for success. It also meets the child care needs of working families. The Ohio Department of Education administers the content of the program, and ODJFS manages allocations provided directly to providers.

ELI is funded by the state’s TANF grant and replaces “State Head Start” which, in Ohio, used state general revenue funds to fund programs that followed Head Start standards. State-funded Head Start programs typically provided half-day educational services four days a week. The ELI program was created to address the issue of providing Head Start services, which were only a few hours a day, with child care services to meet the needs of working families. A press release describes the reason program changes were made:

For working families, child care services must be found to accommodate the needs of the children during other times during the week. This is inefficient for families, and also costly for the state since the state pays for both Head Start and child care services for many of the same children. (Ohio Department of Job and Family Services, 2003)

Families with incomes up to 185 percent of the federal poverty level (FPL) are eligible. Families must also be in paid employment or an Ohio Works First participant. A co-payment is not required if family income is below 165 percent of FPL. Funding for the Early Learning Initiative comes from the state’s TANF block grant; in FY 2006, it was \$104.3 million for up to 10,000 children; and in FY 2007, it is \$125.2 million for up to 12,000 children. (Note: the TANF funds for ELI are separate from the TANF funds transferred to the Child Care Development Fund or charges directly to the TANF block grant for child care services.) The total dollar amount paid out for ELI services to ELI contracted agencies in Cuyahoga County in state fiscal year 2006 was \$12,229,873 (per personal communication with Matthew Murray of ODJFS, September 22, 2006).

IDENTIFIED REVENUES

As of May 11, 2006, only \$300,000 in revenues for preschool programs has been identified countywide. The revenue came from the Jewish Community Federation. United Way of Greater Cleveland did not fund preschools in FY 2004. Note that other sources of preschool funding have been identified, but specific amounts allocated to Cuyahoga County providers were not available at the time this report was written. CEOGC is the primary funder of preschools through Head Start funds; however, these funds include both the preschool and child care core services.

REIMBURSEMENT/COST

The average cost of full-day preschool in Cuyahoga County is \$8,062, according to Invest in Children (Glaser, 2006). Average cost of part-time preschool in Cuyahoga County was not found.

Head Start Cost and Reimbursement

Ohio has one of the lowest reimbursement rates for Head Start. In Cuyahoga County, centers are reimbursed \$6,822 per child (per personal communication with Peggy Price of CEOGC on September 1, 2006). The average cost of part-time Head Start was not found. Head Start is free to parents who meet eligibility requirements.

Early Learning Initiative Cost and Reimbursement

The Early Learning Initiative’s reimbursement schedule is significantly higher than many other funding sources due to the higher standard of program services it provides, such as lower staff-to-child ratios and degreed teachers. The maximum rate of reimbursement is \$9,938 per slot per year. Reimbursement is hourly, based on how many hours a child participates:

- Full time is defined as 25 hours or more of attendance each week per child. A flat weekly rate of \$191.12 (\$9,938/52 weeks) will be reimbursed.
- Part-time is defined as 15-24.9 hours of attendance per week per child. A flat weekly rate of \$143.34 (\$7,453.50/52 weeks) will be reimbursed.
- Less than part-time: anything less than 15 hours (1–14.9 hours) per week; for urban/metro, \$5.84; for midsize county, \$5.05; and for rural, \$4.30 (Ohio Department of Job and Family Services, 2005).

Cost to participants for the ELI is based on a sliding scale fee.

IDEA and Title I Preschools

Cost to parents for children attending public preschools is a sliding scale fee based on income and family size.

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works³

“Eager to Learn: Educating Our Preschoolers,” a report by the National Research Council, states that “cognitive, social-emotional, and motor development are complementary, mutually supportive areas of growth all requiring active attention in the preschool years ... All are therefore related to early learning and later academic achievement...” A high quality program must address each of these critical developmental areas in order to ensure children are ready to learn (Bowman, Donovan & Burns, 2000).

The following is based on an overview of research done on early childhood education as part of the School Improvement Research Series (Cotton & Conklin, 1989):

The early studies and evaluations of Head Start programs produced a finding that educators and researchers of the 1960s and 1970s found disheartening: that while impressive cognitive gains result from preschool participation, these gains level off and, in most cases, completely ‘wash out’ by the end of second grade. That is, before the end of the primary grades, there are no longer any IQ or achievement differences between children who had attended preschool programs and demographically similar children who had not. (Cotton & Conklin, 1989)

Many writers, however, have pointed out that this convergence of scores for preschool participants and non-participants is to be expected. “We simply cannot,” notes Zigler (1986), “inoculate children in one year of preschool against the ravages of a life of deprivation.” Thus, the federally funded Follow Through program for primary children was developed to help them maintain and increase the gains they had made as preschoolers. (Cotton & Conklin, 1989)

Meanwhile, other research was being conducted regarding Head Start and other preschool programs, and attention began to shift from the limited focus on the IQ scores of preschool ‘graduates’ to other cognitive measures and, particularly, to non-cognitive outcomes, both short-term and long-term. (Cotton & Conklin, 1989)

Short-Term Benefits (Cotton & Conklin, 1989)

Research has established a variety of short-term benefits associated with disadvantaged children's preschool attendance:

³ Note that the Early Childhood Research Collaborative which is sponsored by the Center for Early Childhood Education and Development of the University of Minnesota and the Federal Reserve Bank of Minneapolis has a number of reports available related to research on early childhood development. (<http://www.earlychildhoodrc.org/papers/catalog.cfm>)

- IQ and achievement scores increase dramatically.
- Preschool graduates exhibit better task completion and more cooperative interaction with peers.
- Programs with a teacher-directed pre-academic focus and a high degree of structure have greatest short-term benefits.

Long-Term Benefits (Cotton & Conklin, 1989)

Researchers began to question the use of IQ scores as the indicator of academic achievement. Other indicators of effectiveness were added, such as scholastic achievement, scholastic placement, non-cognitive development, and social responsibility. Many researchers found that, like IQ differences, the majority of achievement differences between preschool participants and non-participants disappeared by the middle of the primary school years.

It is in the non-cognitive realm, however, that the greatest benefits of preschool experience occur (Cotton & Conklin, 1989). Longitudinal studies, some of which have followed preschool graduates all the way into adulthood, have identified many positive and significant relationships between preschool participation and task-related, social, and attitudinal outcomes. Examples from a variety of studies are in the following areas:

- Fewer referrals for remedial classes or special education;
- Fewer retentions;
- Higher grades;
- Greater social and emotional maturity;
- More frequent high school graduation/GED completion ;
- Greater academic motivation, on-task behavior, capacity for independent work, and time spent on homework;
- Lower incidence of absenteeism/detentions;
- Better attitudes toward school;
- Better self-esteem, greater internal focus of control;
- Lower incidence of illegitimate pregnancy, drug abuse, and delinquent acts;
- More sports participation;
- Higher future aspirations, more postsecondary education.
- Once out of school, young people who had attended preschool continued to make a better showing in life than those who had not. They were found to have:
 - Higher employment rates, better earnings, and, correspondingly, a lower incidence of dependence on welfare;
 - Fewer arrests and antisocial acts; and
 - Better relationships with family members, a higher incidence of volunteer work, and more frequent church attendance.

Research also found that there were attitude differences in parents of children who did and did not graduate from preschool programs (Cotton & Conklin, 1989). Parents of preschool graduates:

- Had better attitudes towards their children's education.
- Had higher expectations for their children's learning and greater satisfaction with their children's achievements.
- Contacted teachers more often, even though their children had fewer school problems than children who had not been to preschool.

Several researchers have posited causal models to explain relationships between preschool education and a chain of events that pervades a child's life through high school and beyond, increasing the quality of his/her life experiences along the way. One such model is offered by Berrueta-Clement, et al., (1984), who summarize its workings as follows:

The causal model confirms that preschool education provides poor children with a “head start” both intellectually and socially. It suggests that the initial effect of preschool on intellectual performance generates long-term effects through its intermediate effects on scholastic achievement directly, and on commitment to schooling and scholastic placement, which indirectly affect scholastic achievement. These intermediate effects are important in their own right-- increasing subjects’ maturity, reducing their need for special education services, enhancing their scholastic achievement, and eventually helping them to stay in school longer. Finally, the effects of preschool have extended beyond school into the adult world as these young people have found more employment and have experienced less involvement in delinquent activities than their no-preschool counterparts. (Cotton & Conklin, 1989)

Effects on Different Student Populations (Cotton & Conklin, 1989)

Most of the preschool education research has been conducted with economically disadvantaged populations. As was described above, these children benefit greatly from preschool educational experiences. Research has also found that early childhood education is very beneficial for handicapped children (Casto & Mastropieri 1986), and educational literature has many stories about the positive effects that early stimulation and learning opportunities have on persons we regard as gifted and talented.

Not as much research has been done to determine the benefits on middle class preschoolers.

A 1985 review effort conducted by the Illinois State Board of Education included data on both low-income and middle-class preschoolers. After noting that the youngsters from low-income homes benefited most from preschool participation, the reviewers stated that preschool may enhance the development and learning of middle class children as well. There are some initial findings that socio-economically advantaged children, although generally not considered at risk for educational and social failure, may nevertheless benefit from preschool education. Most investigators seem to agree that more research would be required to determine the effects of preschool experiences in the lives of these children.

Differential Effects of Program Models and Teaching Practices (Cotton & Conklin, 1989)

Most of the research on the effects of preschool experiences focused on the cognitive and non-cognitive development of children who attended or graduated from preschool programs. Some other program-related findings are:

- Physical and social service needs must be met if educational services are to have significant impact.

- Virtually all successful programs have parent education and parent involvement components, and nearly all investigators cite these as critical to program success.
- Disadvantaged children have been found to exhibit greater long-term achievement when the preschool programs they attend concentrate on language development activities.
- Most investigators who have examined the discrete effects of different program elements have identified small class size (or, at any rate, a small student-teacher ratio) as vital to quality programs.
- Efforts made to increase program continuity also enhance program.
- The general research on the effects of teacher in-service found that professional development for teachers pays off in terms of improved student outcomes.

Effectiveness of Different Program Models (Cotton & Conklin, 1989)

This matter of the relative merits of different program models is probably the most controversial issue in the early childhood education field. Considerable research effort has been put forth to determine whether young children benefit more from programmed learning programs (such as Distar), open framework programs (such as High/Scope), child-centered programs (a traditional nursery school approach), or some other program model.” Researchers have examined a variety of these methods and they have been found to be effective under certain circumstances. But “a more frequently drawn conclusion of the comparative research is that all of these approaches can be effective if they include the previously cited elements which seem critical to program success.... The results indicate that high quality programs with careful design and supervision, using a variety of strategies, can be effective, and that these various strategies can be effective for different types of low income children. This gives program planners the flexibility to be responsive to local needs and parental inputs in designing programs which build on strengths and abilities of the families they serve. (Cotton & Conklin, 1989)

Full-Day Kindergarten (Cotton & Conklin, 1989)

Full-day kindergarten programs were originally developed to increase the school readiness of disadvantaged children, thus improving their chances for success throughout their school years. Most researchers have found that disadvantaged children do reap greater short-term benefits from full-day programs than from traditional half-day kindergarten. Findings are less conclusive regarding long-term benefits, although the evidence suggests that full-day kindergarten graduates experience many of the same benefits as those who attend preschool.

Landmark Longitudinal Studies

Three landmark longitudinal studies were conducted to monitor children who participated in high-quality child care and preschool settings across the country. These studies were the Abecedarian Project, the Chicago Parent Child Center Evaluation, and the High/Scope Perry Preschool Project. Results show that high-quality early education programs improve a child’s readiness for school, improve graduation rates, decrease juvenile crime, improve rates of later employment, and decrease the rates of teen pregnancy (Kinch & Schweinhart, 2004; Glass, 2005). By way of example, the Perry Preschool Project, which has tracked adults into their 40s, found continuing positive long-term effects of high-quality preschool programs. Specifically, research has indicated that these

adults have higher earnings, are more likely to hold a job, have committed fewer crimes, use welfare less, and are more likely to have graduated from high school.

Evaluations of Head Start

Over the years, evaluations of the Head Start program have found that children make significant progress as a result of the program:

- According to a long-term evaluation, Head Start has been found to help reduce the gap in school readiness skills between children in poverty and their more advantaged peers. Children entering Head Start exhibit skills substantially below national norms, but make gains toward these norms during their time in Head Start, especially in vocabulary and early writing skills. Once in kindergarten, Head Start graduates continue to make progress advancing toward national norms in vocabulary, early writing, and letter identification. Children also show growth in social skills and a reduction in hyperactive behavior while attending Head Start (Zill, 2002).
- Children in Head Start improved their literacy and language skills and they are less likely to repeat a grade or need special education (Children’s Defense Fund, 2003; Ohio Head Start Association, 2003). Juvenile arrest rates are lower and high school graduation rates are higher for Head Start graduates (Pennsylvania Head Start, 2003). Another key element of Head Start is its involvement with families to build support systems around the families’ needs (Ohio Head Start Association, 2003). More than two-thirds of Head Start parents reported reading to their children at least three times each week—a factor linked to higher vocabulary development (Pennsylvania Head Start, 2003).
- Results from the U.S. Department of Health and Human Services’ June 2005 “Head Start Impact Study: First Year Findings” found that Head Start had positive impacts in each domain (cognitive, social-emotional, health, and parenting) and reported that at the end of just one year, Head Start was able to cut the achievement gap in children’s pre-reading skills nearly in half in comparison to the general population.

What Doesn’t Work

Due to their family environment, some children start formal schooling unprepared to learn. They may be unmotivated and lack language and social skills. Children are less likely to have these issues if they attend a quality preschool program (Sawhill, 1999). Quality programs employ child development initiatives that focus on school readiness or, more generally, aim at promoting healthy child development.

Preschools are rated on two dimensions of quality: process quality (e.g., teacher-child relationships) and structural quality (e.g., class size). Using the quality ratings “minimal,” “good,” and “excellent,” the majority of preschools in the United States rank less than “good,” with many ranking far lower. Many of the children at risk for school failure attend the lowest quality programs (Espinosa, 2003).

One major study found that only one in four preschool classrooms and one in twelve infant classrooms in centers were of good quality. One of the critical issues confronting child care providers is defining what constitutes “quality child care” and the creation of standardized formats to measure that quality.

Many of the programs that serve poor children are more focused on child care than education and do not deliver the intensity or quality of services

needed to compensate for educational deficits, according to Mead (2004). “Head Start centers and state early childhood programs vary greatly in their quality. Some are excellent, but on the whole students’ developmental results suggest that neither Head Start nor many other private and public early childhood programs are of sufficient quality. While these programs have tremendous promise, they can achieve that potential only if quality and curriculum standards are raised and the resources are put in place to back them up. (Mead, 2004)

Pre-kindergarten programs generally have fewer resources and lower standards than other levels of public education. Further, because most cannot serve all children who would benefit, preschool programs face pressure to stretch resources thin to serve as many children as possible, rather than focus on quality to ensure that children learn. In particular, preschool programs often fall short on both teacher quality and curriculum. (Mead, 2004)

All states require kindergarten teachers to hold bachelor’s degrees, but barely half of state pre-kindergarten programs do so. Head Start requires only a Child Development Associate Credential. (One-half of all Head Start teachers must have at least associates degrees.) In addition, high teacher turnover rates hinder the stable and caring relationships with teachers that are important to facilitate young children’s learning (Bowman, Donovan, and Burns, 2001). As long as Head Start and preschool teacher salaries average less than one-half of public school teacher salaries—the average preschool teacher makes \$20,000 or less—improvements in teaching quality are unlikely (National Institute for Early Education Research). (Mead, 2004)

Poorly qualified teachers are ill equipped to deliver the solid school readiness curriculum that disadvantaged children need. But many preschool programs do not really strive to develop the skills, particularly early literacy and other pre-academic skills, that children need to succeed in school. Head Start has no national curriculum or guidelines for early literacy, math, or other pre-academic skills, and the national Head Start standards in these areas are too vague to give practical guidance to curriculum choices. Further, despite scientific evidence about how young children learn and the importance of early learning, some early childhood practitioners and advocates remain committed to outdated concepts of child development that are hostile to instruction in academic skills for young children. Unfortunately, such views do a disservice to disadvantaged children, because they lack opportunities to develop school readiness skills at home, even as the importance of developing children’s language, literacy, math, social, and emotional skills has become a key concern for middle-class and affluent parents. (Mead, 2004)

In addition, initiatives and advocates concerned with young children focus not only on early education and preschool but also on improving childcare for infants, toddlers, and older children, as well as preschoolers. Both childcare and preschool play an important role in fostering children’s development and can help parents juggle the demands of work and family.

But carelessly combining preschool and child care under one umbrella may inadvertently undermine preschool quality by measuring preschool programs against the wrong yardstick. Compared to other child care settings, many early childhood education programs offer significantly superior quality care but still do not do enough to ensure disadvantaged children are prepared to succeed. Because of this confusion, many programs that policymakers, parents, and the public think are preparing children for school are not. (Mead, 2004)

Both preschool and quality child care serve young children and can provide supervision to help parents work while also providing developmental supports to help children learn. But preschool and childcare are not the same thing. (Mead, 2004) (See Table 2.)

Table 2: Child Care and Preschool (Mead, 2004)

	Child Care	Preschool
Description	Any arrangement where children are cared for by someone other than their parents.	Educational setting designed specifically to foster young children's development and prepare them to succeed in school.
Typical Environments	Center-based childcare or day care, care by a relative, care by non-parent in child's own home (e.g. babysitter or nanny), family day care home (care in the home of another family). (Low-income families are more likely to use relative or family home care; more affluent families are more likely to use center-based care.)	Head Start Program, center-based child care center, private preschool program, public school.
Examples of Government Programs to Support	CCDF TANF Child and Dependent Care Tax Credit	Head Start Early Reading First Even Start
Purpose of Programs	Subsidizing cost of child care to help parents work or attend school.	Providing academic, social, and developmental enrichment to help children succeed in school.
Regulation	Varies from state to state; generally minimal. Basic health and safety standards for centers, some states also set staff ratio and credential requirements. Little or no regulation for relative care. Home care is often unregulated.	Varies from state to state. State programs typically have some curriculum and education standards. Private preschool often subject to same regulation as center-based day care.
Age of Children Served	Birth through school age; young school-age children also need "wrap-around" care during after-school or non-school hours.	Three and 4-year-olds; "young five's" who may not be ready for kindergarten yet.
Characteristics of Quality Programs	Safe, nurturing physical environment; child-appropriate toys and resources; low child-staff ratio; low staff turnover; activities stimulate and support children's development; a better educated, more experienced staff correlates with better quality, but a bachelor's degree is not necessary.	Safe, nurturing physical environment; child-appropriate toys and resources; low child-staff ratio; low staff turnover; and planned curriculum of activities designed to prepare children for school. Important components include: language development: introduction to letters, print, early reading; introduction to early math ideas; development of self-control and social and emotional skills. Lead teachers have at least a bachelor's degree and understand young children's development.

IMPACT ON COMMUNITY

The Minneapolis Federal Reserve Bank published a report, cited by the National Conference of State Legislatures, regarding the costs and benefits of preschool compared to other kinds of state investments. The research found that investments in early education yield a return that far exceeds the return on most public projects considered to be economic development. The Perry Program, for example, had a return on investment of 16 percent, with 80 percent of the benefits going to the general public (Clothier, 2005).

The Federal Reserve Bank of Cleveland found that for every \$1 invested in high-quality preschool programs in Ohio, \$1.62 would be returned to the public (Belfield, 2005). This is because young children exposed to high-quality instructional settings exhibit better language, mathematics, cognitive, and social skills, as well as better relationships with classmates, than do children in lower-quality care (Education Week, 2002). Subsequently, students are 40 percent less likely to need special education or be held back a grade, and are 70 percent less likely to commit a violent crime by age 18. These children also had greater lifetime earnings and reduced dependence on welfare. This all translates into a 12 percent public rate of return on investment for the state (Rolnick & Grunewald, 2003).

Several long-term research studies show that the positive outcomes of quality early childhood education (ECE) programs can save the state from \$7 to \$17 in future public expenditures for every \$1 invested (Fight Crimes: Invest in Kids, 2004). These savings can stabilize Ohio's economic development policy through long-term human development and expand its ability to successfully compete in the international marketplace.

Research proves that investing in ECE can help businesses immediately. In the long-term, ECE significantly improves student performance and almost immediately reduces the need for spending on special education, remediation, and grade-retention; and boosts high school graduation rates (Belfield, 2005) This in turn creates a skilled workforce that can support economic growth. In fact, a recent survey found that four-in-five American business leaders overwhelmingly favor publicly-supported pre-kindergarten programs in order to ensure the long-term success and competitiveness of the U.S. in the global economy (Peck, 2005).

The High/Scope Educational Foundation released a report in November 2004 that was also cited by the National Conference on State Legislatures. It found a return to society of more than \$17 for every tax dollar invested in early care and education programs. The previous findings indicated a return of roughly 12 percent. This significant increase in the return on investment is in part explained by the reduction of male crime over time (Clothier, 2005).

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

Accreditation

The National Association for the Education of Young Children (NAEYC) provides an accreditation process for child care centers, preschools, kindergartens, and before/after school programs that are legally licensed to operate in their state and have been in operation for at least one year. Accreditation helps identify high-quality programs by looking at interactions among staff and children, developmental appropriateness of curriculum, health and safety, staff qualifications, physical environment, and administration. Accreditation is a voluntary process that includes a self-

study by program personnel and parents, an on-site visit by trained validators, and review by a 3-person commission to determine whether accreditation is warranted (NAEYC, 2005).

NAEYC has established criteria regarding appropriate class size in order to meet their high-quality standard of care. It recommends that every group of children has at least two teachers. Two- to three-year-olds should be in groups of no more than 10-14 children, and four- to five-year-olds should be in groups of no more than 16-20 children. The organization prefers that staff is trained in child development and early education.

Programs that fall under the jurisdiction of the Ohio Office of Early Learning and School Readiness, including public preschool, preschool special education, Head Start and Even Start, are required to follow federal and state standards as outlined in statutes and regulations. Standards are used to monitor compliance, ensure quality programming, evaluate program goals and services for effectiveness, and determine what programs need assistance (ODE, 2005).

Licensing

The foundation of quality standards for preschool programs is comprised of public licensing requirements unique in each state. In Ohio, the Ohio Department of Job and Family Services or the Ohio Department of Education licenses child care centers, preschools, and school-age programs. All centers are inspected twice a year, including one unannounced inspection. When child care is provided for 13 or more children in any setting or for seven to twelve children in a setting other than the provider’s permanent residence, the setting must be licensed as a child care center by the Ohio Department of Job and Family Services. The following licensing requirements represent **minimum** standards for child care.

Maximum Number of Children Per Teacher for Preschoolers

Preschoolers (3 years)	12
Preschoolers (4-5 years)	14

Staff Qualifications:

- Teacher has at least a high school diploma plus 15 hours of on-going training annually for three years until 45 hours are accrued or a child development associate credential or an associate or higher degree in child development or early childhood education. Staff with a higher education degree, or an early childhood credential, are not required to participate in ongoing training.
- Should be trained in first aid, recognition of communicable diseases, CPR, and child abuse recognition and prevention.

In addition, the license has provisions for health and safety, parent rights, parent/staff conferences, physical exams and immunization records, and age-appropriate materials and equipment.

Ohio Department of Education Guidelines for Preschools

The Ohio Department of Education has early learning content standards in English language arts, mathematics, science, and social studies. As described in the Ohio Department of Education’s Early Learning Content Standards handbook,

The early learning content standards describe essential concepts and skills for young children. Based on research, these achievable indicators emerge as the result of quality early learning experiences regardless of the setting (e.g., nursery school, preschool, family care, etc.). In addition, the early learning content indicators are aligned to the K-12 indicators, benchmarks and standards that result in a seamless educational framework for children pre-kindergarten through kindergarten and primary grades...

These early learning standards serve as a framework for designing and implementing meaningful curricula and intentional learning experiences within all preschool and child care settings. The early learning standards are the expectations for the end of the preschool years and thus serve as a guide for parents and provide the foundation for professional development. (Ohio Department of Education, 2004b)

Training of Preschool Teachers

The training of preschool teachers is an indicator of quality. In 2006, the Ohio Child Care Resource and Referral Association released a state-wide study addressing salaries, benefits, credentials, and other factors of various types of pre-school programs. Public preschools and Head Start programs have clear advantages. In general, educational achievement of preschool teachers in Ohio is low and differs significantly by type of preschool program. Associate degrees in the field are most prevalent for teachers in programs not affiliated with schools, while bachelor and graduate degrees are more prevalent in school-affiliated programs. Nearly two-thirds (60 percent) of teachers in school-affiliated programs and nearly one-third of teachers in other ODE licensed programs, along with Head Start teachers, hold an early childhood teacher license. Head Start teachers hold the highest rates of pre-k associate licenses (36 percent) and CDA's (24 percent) (OCCRAA, 2006).

Part-time preschool programs often do not meet the needs of working parents.

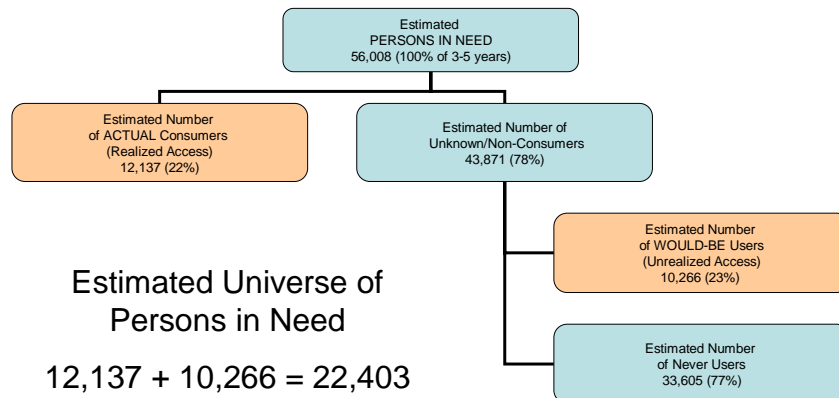
There is growing concern about the decline in qualifications among early childhood education teachers that began in the early 1980s. Currently, 30 percent of center-based teachers and administrators working in early childhood education nationwide only have a high school diploma or less. This recent study conducted by the Economic Policy Institute also found that, since 2000, only one in nine home-based early childhood educators had a college degree.

VI. GAP ANALYSIS

The following is the formula for arriving at the estimated universe of possible consumers for Preschools:

- An estimated 56,008 persons need preschool programs. This is the number of Cuyahoga County children ages 3-5 in 2000.
- Based on Starting Point data (2006), there are 12,137 actual consumers of preschool programs in the county (realized access). This includes part-time Head Start participants and children in public and private preschools.
- According to a report by the Federal Reserve Bank of Cleveland, in states with universal preschool, 40 percent of children 3- to 5-years-old are enrolled in preschool (Belfield, 2005). Cuyahoga County will soon be initiating a universal preschool program which is likely to increase demand for preschool programs as well as child care, thus making this a realistic basis for predicting the number of consumers for preschool. Applying this to Cuyahoga County results in an estimated universe of 22,403 possible preschool participants age 3 to 5 years. ($56,008 \times 40\% = 22,403$).
- Subtracting the estimated number of actual consumers from the estimated universe of possible consumers results in the number of would-be consumers, i.e., those who would use the service if it were available, affordable, and accessible. ($22,403 - 12,137 = 10,266$).
- The estimated universe of possible consumers includes both realized (12,137) and unrealized (10,266) access. ($12,137 + 10,266 = 22,403$). (See Figure 3.)

Figure 3 - Consumer Estimates: Preschools



Starting Point Capacity/Enrollment/Vacancy Data

In 2006, Cuyahoga County had 14,434 licensed spaces for preschool which included public preschools, private preschools, and Head Start (part-time). Enrollment for the same period was 12,137, leaving 2,297 vacancies. This is a 16 percent vacancy rate. There was a low vacancy rate in part-time Head Start (5 percent). The highest vacancy rate was in the public preschools at 21 percent followed by private preschools at 17 percent. (See Table 3.)

Table 3: Part-Time Preschools in Cuyahoga County, 2006 – Capacity, Enrollment, Vacancy

Type of Provider	# Providers	Preschool			
		Capacity	Enrollment	#	Rate
Private Preschools	135	9,194	7,637	1,557	17%
Public Preschools	68	2,840	2,231	609	21%
Head Start	51	2,400	2,269	131	5%
Total Preschool	254	14,434	12,137	2,297	16%

Source: Starting Point, April 17, 2006

The range of vacancy rates was 65.5 percent in zip code 44144 Brooklyn/Cleveland to several zip codes at 0 percent. The other zip codes with high vacancy rates are:

- 44125 Valley View/Garfield Heights (50.6 percent);
- 44120 Shaker Heights/Cleveland (45.6 percent);
- 44017 Berea (41.7 percent);
- 44147 Broadview Heights (37.4 percent);
- 44142 Brookpart/Cleveland (36.0 percent); and
- 44040 Gates Mills/Mayfield Village (36.3 percent).

(See Attachment 5 and Attachment 6 for map.)

Service Capacity

In focus groups sponsored by United Way of Greater Cleveland in February 2005, participants identified some specific gaps:

- Some service providers lack the ability to communicate with the parents who do not speak English. Others encounter difficulties dealing with ethnic populations that tend to be “very closed” when it comes to family issues, or who are offended by certain classroom activities.
- Special needs children are not being served adequately. “Borderline” cases (children without an obvious, recognizable special need) are overlooked and denied services and benefits. Additionally, there is the disparity between the accommodations at school for special needs children and the lack of such accommodations in the child care or preschool setting. In the issue of ADHD (attention deficit hyperactivity disorder) particularly, there is a lack of skills and training on the part of child care providers. Another recent change in childhood issues is children exhibiting much more angry and aggressive behavior, thereby necessitating the need for proper training for such situations.
- Some services such as parenting classes and education are needed, particularly for the very young parents who would be helped in a non-judgmental, non-stigmatized manner. These



would benefit children, parents, and providers alike. However, many parents do not believe there is anything wrong with their parenting style would not attend parent education classes without some motivator or benefit (such as vouchers) tied to it. Programs stressing the importance of involving fathers in children’s lives would be beneficial, but mothers are often resistant to this.

VII. SUMMARY

The following are the major findings from the research on preschools:

- Early education during the first five years of a child's life has been proven to increase cognitive, emotional, and social capabilities. Yet the children from disadvantaged families, who most need high-quality preschool, are least likely to get it. About two-thirds of non-poor children attend preschool, but less than half of poor children do. Further, many preschools available to poor children don't come near the standard needed to overcome learning deficits.
- The question whether there should be universal preschool is a major public policy issue nationally and in Ohio. The major policy decision focus is on who is to be included and how it is to be funded.
- According to the Harvard Education Letter, more than 40 states and the District of Columbia have implemented or are creating state-funded pre-kindergarten programs.
- At a national level, from 2000 to 2005, funding for Title I increased substantially from \$7.9 billion in 2000 to \$12.740 billion in 2005. In 2006, Title I funding was reduced to \$12.713 billion.
- During the 1990s, federal appropriations for Head Start significantly increased, tripling from the FY 1990 level of \$1.552 billion to the FY 1999 level of \$4.658 billion, and more than quadrupling to \$6.775 billion by FY 2004. Head Start funding is expected to be flat to decreasing in the coming years.
- Funding from Ohio's general revenue fund for early childhood education, which includes preschool, has been increasing from \$17.9 million in FY 2002 to \$23.9 million proposed for FY 2007. In 2005, the Ohio Department of Education (ODE) allocated \$19 million to school districts for preschools.
- As of May 11, 2006, only \$300,000 in revenues for preschool programs has been identified countywide.
- Economically disadvantaged children benefit greatly from preschool educational experiences. Research has also found that early childhood education is very beneficial for handicapped children, and educational literature has many stories about the positive effects that early stimulation and learning opportunities have on those we regard as gifted and talented.
- Over the years, evaluations of the Head Start program have found that children make significant progress as a result of the program.
- There is growing concern about the decline in qualifications among early childhood education teachers that began in the early 1980s.
- The estimated universe of possible consumers is 22,403 including both realized (12,137) and unrealized (10,266) access.

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ATTACHMENTS

Attachment 1: Researcher List

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Thanks to *The Center for Community Solutions* for providing multiple sources of information.

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however,

seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases

where Medicaid is a significant source of revenue, the data was entered as an aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of

unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson’s (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was “unknown,” defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, “missing” represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private

resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.

- *Estimate of number of “unknown/non-consumers”*: This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of “would-be users” (unrealized access)*: This is the estimate of persons who would use a service if it were available, typically based on research.
- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they

serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

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Attachment 3: Actual Consumer Demographics

Core Service: Preschools HD-180.650			
		Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source ***
	Total Population (%)*	Population 3-5 (%)**	UW Program Report Data Cuy Cnty Only (%)
PERIOD	1/1/2000- 12/31/2000	1/1/2000- 12/31/2000	7/1/2003- 6/30/2004
TOTAL	1,393,978	56,008	N/A
Percent		4.0%	
GENDER			
Male	47.2%	50.6%	N/A
Female	52.8%	49.4%	N/A
Unknown Data****			N/A
Missing Data*****			N/A
RACE*****			
White alone	67.1%	56.6%	N/A
Black or African American alone/combination	27.9%	36.7%	N/A
Asian alone/combination	2.1%	2.5%	N/A
American Indian and Alaska Native alone/combination	0.7%	0.7%	N/A
Native Hawaiian and Other Pacific Islander alone/combination	0.1%	0.1%	N/A
Some other race alone/combination	2.1%	3.5%	N/A
Unknown Data****			N/A
Missing Data*****			N/A
HISPANIC*****	3.3%	5.2%	N/A
AGE			
0-4	6.5%	N/A	N/A
5-9	7.3%	N/A	N/A
10-14	7.1%	N/A	N/A
15-19	6.4%	N/A	N/A
20-34	19.1%	N/A	N/A
35-54	29.3%	N/A	N/A
55-64	8.7%	N/A	N/A
65-74	7.8%	N/A	N/A
75+	7.8%	N/A	N/A
Unknown Data****			N/A
Missing Data*****			N/A
INCOME*****			
Average Household Size	2.4	N/A	N/A
\$0-\$9,999	11.3%	N/A	N/A
\$10,000-\$14,999	6.9%	N/A	N/A
\$15,000-\$19,999	6.7%	N/A	N/A
\$20,000-\$29,999	13.6%	N/A	N/A
\$30,000 and above	61.5%	N/A	N/A
Unknown Data****			N/A
Missing Data*****			N/A
Totals	100.0%	N/A	N/A

Attachment 3: Actual Consumer Demographics (continued)

* U.S. Census 2000, SF1 (P1); SF4 (PCT144)
** U.S. Census 2000, SF3 (P8); SF4 (PCT3); SF4 (PCT144)
***Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
*****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
*****The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone", all racial categories are "... alone or in combination with some other race". This method isolates and minimizes the non-minority population ("White alone").
*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category, which may result in more conservative estimates for children, and the "old old," which may actually have larger proportions of persons in the lower income categories.

Attachment 4: Actual Consumer Zip Codes

Core Service: Preschools HD-180.650				
			Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source ^{***}
	City/Town (% Cleveland)	Total Population (%) [*]	Population 3-5 (%) ^{**}	UW Program Report Data (%)
Period		1/1/2000- 12/31/2000	1/1/2000- 12/31/2000	7/1/2003- 6/30/2004
TOTAL		1,393,978	56,008	N/A
Percent			4.0%	
44017	Berea	1.4%	1.1%	N/A
44022	Bentleyville	1.3%	0.8%	N/A
44040	Gates Mills/Mayfield Village	0.2%	0.1%	N/A
44070	North Olmsted	2.4%	2.2%	N/A
44101	Cleveland (100%)	0.0%	0.0%	N/A
44102	Cleveland/Brooklyn (95%)	3.7%	4.7%	N/A
44103	Cleveland (100%)	1.8%	2.5%	N/A
44104	Cleveland (100%)	2.1%	3.5%	N/A
44105	Cleveland/NewburghHts/GarfieldHts	3.9%	5.2%	N/A
44106	Cleveland/Cleveland Hts (60%)	2.3%	1.8%	N/A
44107	Lakewood/Cleveland	4.0%	3.3%	N/A
44108	Cleveland/Bratenahl (90%)	2.6%	3.3%	N/A
44109	Cleveland/Brooklyn Hts (98%)	3.3%	3.9%	N/A
44110	Cleveland/East Cleveland (98%)	1.9%	2.7%	N/A
44111	Cleveland (100%)	3.1%	3.2%	N/A
44112	East Cleveland/Cleveland	2.4%	2.8%	N/A
44113	Cleveland (100%)	1.4%	1.3%	N/A
44114	Cleveland (100%)	0.3%	0.2%	N/A
44115	Cleveland (100%)	0.6%	1.2%	N/A
44116	Rocky River	1.5%	1.2%	N/A
44117	Euclid/Cleveland	0.9%	0.7%	N/A
44118	ClevelandHts/UniversityHts/ShakerH	3.2%	3.3%	N/A
44119	Cleveland/Euclid (50%)	1.0%	0.8%	N/A
44120	Shaker Hts/Cleveland	3.4%	3.9%	N/A
44121	University Hts/South Euclid	2.5%	2.2%	N/A
44122	Beachwood/Highland	2.5%	1.9%	N/A
44123	Euclid	1.3%	1.3%	N/A
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	2.1%	N/A
44125	Valley View/Garfield Hts	2.1%	1.9%	N/A
44126	Fairview Park/Cleveland	1.2%	1.2%	N/A
44127	Cleveland (100%)	0.6%	0.8%	N/A
44128	Warrensville Hts/Cleveland	2.4%	2.4%	N/A
44129	Brooklyn/Parma/Cleveland	2.1%	1.9%	N/A
44130	Parma/Cleveland	3.8%	3.0%	N/A
44131	Independence/Seven	1.5%	1.1%	N/A
44132	Euclid	1.1%	0.9%	N/A
44133	North Royalton	2.0%	1.8%	N/A
44134	Parma/Cleveland	2.9%	2.5%	N/A
44135	Cleveland/Linndale (90%)	2.0%	2.4%	N/A
44136	Strongsville	3.1%	3.4%	N/A
44137	Maple Hts/Cleveland	1.9%	1.9%	N/A
44138	Olmsted Twp/Olmsted Falls	1.3%	1.2%	N/A
44139	Bentleyville/Glenwillow/Solon	1.6%	1.8%	N/A
44140	Bay Village	1.1%	1.0%	N/A
44141	Brecksville	1.0%	0.8%	N/A
44142	Brookpark/Cleveland	1.5%	1.1%	N/A
44143	Highland Hts/Richmond Heights	1.7%	1.4%	N/A
44144	Brooklyn/Cleveland	1.6%	1.3%	N/A
44145	Westlake	2.3%	1.9%	N/A
44146	Walton Hills/Oakwood/Bedford	2.3%	1.7%	N/A
44147	Broadview Hts	1.1%	1.3%	N/A
44149	Strongsville	0.0%		N/A
Unknown Cuyahoga County Zip Codes*****				
Missing****				
Unknown*****				
Total Cuyahoga County*****		100.0%	100.0%	N/A
Total Known Cleveland		30.5%	37.6%	N/A
Total Known Suburbs		69.5%	62.4%	N/A
Unknown & Missing				N/A

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S.Census 2000, SF1 (P1)
** U.S. Census 2000, SF3 (P8)
*** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
****Missing Data - For United Way - represents computational errors or incorrect completion of online report. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County. For all other data - represents data funder was unable to provide.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County.
***** Totals vary because of rounding. County total population 1,393,978 does not correspond to the total of zip codes because some zip codes include data from adjacent counties

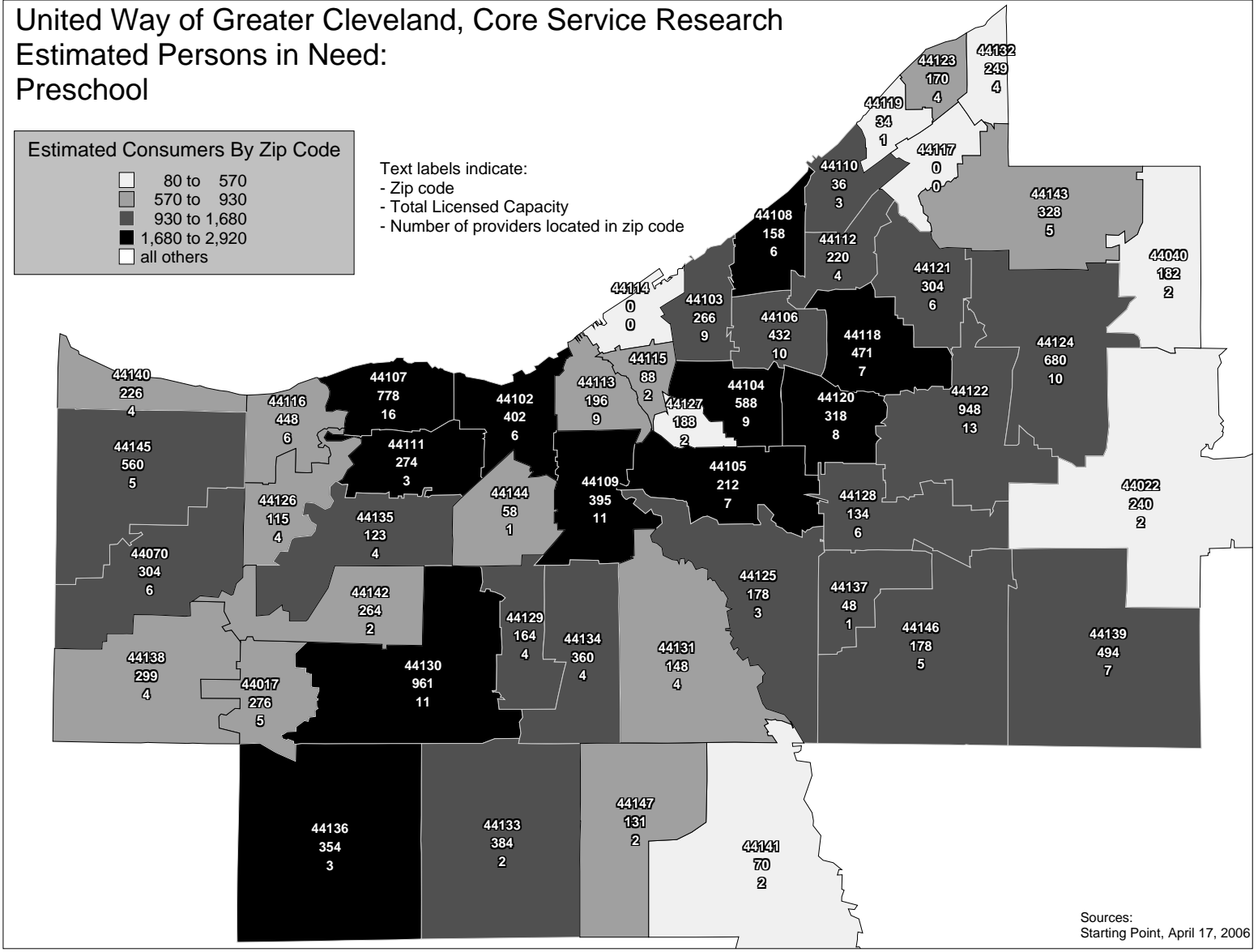
Attachment 5: Starting Point Capacity, Enrollment, Vacancy by Zipcode – Preschools, October to December, 2005

Zip Code	# of Providers	Preschools			
		Capacity	Enrollment	Vacancy	Vacancy Rate
44017	5	276	161	115	41.7%
44022	2	240	218	22	9.2%
44040	2	182	116	66	36.3%
44070	6	304	266	38	12.5%
44102	6	402	338	64	15.9%
44103	9	266	231	35	13.2%
44104	9	588	572	16	2.7%
44105	7	212	200	12	5.7%
44106	10	432	352	80	18.5%
44107	16	778	661	117	15.0%
44108	6	158	141	17	10.8%
44109	11	395	355	40	10.1%
44110	3	36	36	0	0.0%
44111	3	274	261	13	4.7%
44112	4	220	217	3	1.4%
44113	9	196	146	50	25.5%
44114	0	0	0	0	0.0%
44115	2	88	88	0	0.0%
44116	6	448	430	18	4.0%
44117	0	0	0	0	0.0%
44118	7	471	398	73	15.5%
44119	1	34	34	0	0.0%
44120	8	318	173	145	45.6%
44121	6	304	255	49	16.1%
44122	13	948	792	156	16.5%
44123	4	170	158	12	7.1%
44124	10	680	497	183	26.9%
44125	3	178	88	90	50.6%
44126	4	115	98	17	14.8%
44127	2	188	188	0	0.0%
44128	6	134	125	9	6.7%
44129	4	164	149	15	9.1%
44130	11	961	850	111	11.6%
44131	4	148	127	21	14.2%
44132	4	249	164	85	34.1%
44133	2	384	301	83	21.6%
44134	4	360	326	34	9.4%
44135	4	123	116	7	5.7%
44136	3	354	349	5	1.4%
44137	1	48	48	0	0.0%
44138	4	299	238	61	20.4%
44139	7	494	396	98	19.8%
44140	4	226	201	25	11.1%
44141	2	70	62	8	11.4%
44142	2	264	169	95	36.0%
44143	5	328	297	31	9.5%
44144	1	58	20	38	65.5%
44145	5	560	509	51	9.1%
44146	5	178	138	40	22.5%
44147	2	131	82	49	37.4%
44149	0	0	0	0	0.0%
44199	0	0	0	0	0.0%
Total	254	14,434	12,137	2,297	15.9%

Source: Starting Point April 17, 2006



Attachment 6: Map





**United Way of
Greater Cleveland**

1331 Euclid Avenue
Cleveland, Ohio 44115

uws.org/CoreServicesPlanning