

Investing in Delaware's Early Care and Education to Improve Public Health

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Introduction

The first five years of life are a time of rapid growth and development—physical, social, and cognitive.^{1,2} How much we invest in those early years as parents and as a society has profound implications for later success in school and work, for citizenship, and even for adult health and longevity.^{3,4} That makes early care and education an important public health issue. Strong supports for early learning and development—including early care and education—can increase individual success, strengthen communities, and decrease social, economic, and health inequality. Rigorous small-scale scientific studies demonstrated that high quality early care and education programs could produce these outcomes decades ago, and new studies have added contemporary evidence that large-scale high quality preschool increased adult educational attainment and earnings, two outcomes causally linked to civic engagement and health.⁵⁻⁸ The full realization of those gains depends on two conditions: that children have access to programs and that the programs are high quality. Publicly funded universal preschool education is a policy that can promote both access and quality thereby improving the education, development, health, and well-being of future generations.^{9,10}

Delaware Context

For a state with a median family income slightly above the national average, Delaware's health and education outcomes are surprisingly poor. Delaware ranks 5th highest for spending per person on health care but ranks 29th for longevity with an expected lifespan at birth below the national average.¹¹ Turning to education, in 2022, fourth grade children in Delaware scored far below the national average in reading and math on the National Assessment of Educational Progress (NAEP).¹² Delaware scored significantly lower than 39 other states in reading, and just 25 percent of the state's fourth graders scored proficient or better in reading.¹² Eighth grade scores on the 2022 NAEP also were substantially below the national average.¹² One reason that Delaware's test scores are so poor compared to the national averages is that Delaware's scores have dropped more than the national averages since the onset of the pandemic. However, the downward trend in Delaware's test scores began before the onset of the COVID-19 pandemic, suggesting that educational decline is not just pandemic related. These current educational outcomes suggest that Delaware's future health outcomes, including longevity, may decline further below national averages. Of course, these are statewide averages. Although Delaware's poverty rate is slightly better than the national average, about 1 in 6 children live in poverty and their education and health outcomes are much worse.¹¹

Access to Early Care and Education in Delaware

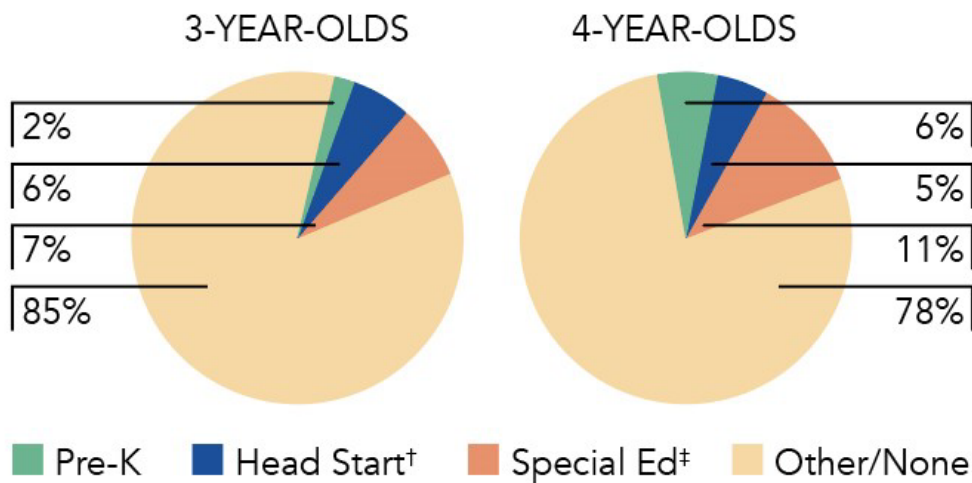
Clearly, Delaware and its young children could benefit from high quality early care and education. How much access is there currently? Less than half of Delaware's three- and four-year olds, about 45 percent, attend any kind of preschool program, including part-day preschools

and full-day child care, both public and private, and not all of these are high quality.¹³ Delaware’s preschool enrollment rises with income. From 2018 to 2022, enrollment in preschool was just 33 percent for children in families below 200 percent of the federal poverty level (FPL) while it was 53 percent for children in families above 200 percent of the FPL.¹³ These percentages are likely to be slightly depressed due to the pandemic, but nationally preschool enrollment has remained low for children in low-income families even as the impacts of the pandemic have receded.¹⁴

Of course, not all programs are high quality, so the percentage of children receiving a high quality preschool education is even lower. In 2022-23, state-funded pre-K and Head Start combined served just 11 percent of Delaware children at age four, and eight percent at age three. Just seven states serve a smaller percentage of four-year-olds in these two public programs. The percentage of children served rises somewhat when preschool special education for children with disabilities is added, up to 22 percent at age four and 15 percent at age three. The share served by each of these programs is shown in Figure 1. It is remarkable that preschool special education serves about as many young children as do the other state and federally funded pre-K programs combined.

Figure 1. Percentage of Delaware Preschoolers Served in Public Early Childhood Education Programs in 2022-23¹⁵

PERCENT OF POPULATION ENROLLED IN PUBLIC ECE



† Some Head Start children may also be counted in state pre-K.

‡ Estimates children in special education not also enrolled in state pre-K or Head Start.

Figure 1 provides a basis for an overall assessment of the extent to which public programs meet population needs. State and federal programs combined do not have the capacity to serve even the 18% of Delaware’s young children in poverty for one year at age four, and reach less than half that at age three.¹⁶ As 38% of Delaware’s young children are in families below 200 percent FPL, even serving the low-income population would require a massive increase in state-funded pre-K.¹⁶ Moreover, as nearly half of young children in families with incomes above 200 percent FPL do not attend preschool, the full need is even greater. National data indicate that enrollment

steadily increases with income, so children in Delaware families with moderate incomes likely have lower preschool enrollment rates than those in families with high incomes.¹⁷

The preceding sections establish the need for public policy changes to support increased access to high-quality preschool education. High quality programs could improve Delaware's dismal educational outcomes. Improving education outcomes would improve long-term health outcomes, as well. Given the disparities in both access to pre-K and current education outcomes, increased access to high quality pre-K could not only improve statewide averages but significantly reduce education inequalities, and thereby, health outcome inequalities. In the following sections we address how this might be accomplished.

Delaware's Current Public Preschool Program

Delaware's state-funded pre-K program, the Early Childhood Assistance Program (ECAP), was originally modeled after the federal Head Start program and follows the federal Head Start Program Performance Standards (HSPPS). ECAP is administered by the Office of Early Learning within the Delaware Department of Education and is currently offered in all three counties in the state. Programs can apply for ECAP funding, and it is awarded on a competitive basis.

In fall 2022, ECAP enrolled 954 children, including 255 three-year-olds and 699 four-year-olds.¹⁵ ECAP had the capacity to enroll 1,050 children.¹⁵ Why the program was underenrolled given the large unserved population is unclear. However, enrollment in most states was down for several years following the onset of the COVID-19 pandemic. As noted earlier, ECAP enrolled just two percent of three-year-olds and six percent of four-year-olds. These percentages have not changed appreciably in the last 20 years.¹⁵

Eligibility for ECAP follows the HSPPS, which ties eligibility to income and prioritizes enrollment for children in families living below the FPL.¹⁵ Up to 35 percent of children enrolled can come from families between 100 percent and 130 percent FPL, though priority is given to those below 100 percent FPL. Additionally, 10 percent of capacity can be used to serve children with a disability who need not qualify based on income.¹⁵ ECAP programs can establish additional enrollment priorities based on community needs that can include low parent education; history of abuse, neglect, or family violence; home language other than English; risk that the child will not be ready for kindergarten; or being born to a teen parent.¹⁵

ECAP funds a part-day (3.5 hour) program, five days per week for a total of at least 560 hours per year over 160 days.¹⁵ Individual programs can determine their own operating schedule and may choose to use other funding sources to provide a longer school day. ECAP programs in public schools follow the school district operating schedule.

The ECAP program meets 9 of 10 benchmarks that the National Institute for Early Education Research (NIEER) has identified as minimum standards for state policies if large scale public preschool programs are to produce substantive lasting impacts on learning and development.¹⁵ These are by no means guarantees, but programs that more closely resemble those that have succeeded in the past should be more likely to succeed in the future.

In 2022-23, Delaware spent \$8.8 million on ECAP, an over \$2 million increase, resulting in a spending per child of \$9,299.¹⁵ This marked the first increase in ECAP funding since the program's inception 20 years ago. Adjusted for inflation, this is a \$1,207 per child increase from

the year before (15%). However, this increase only partially reversed a long-term decline in ECAP funding per child. More than 15 years ago in 2007, Delaware's spending for ECAP was over \$1,600 per child higher, adjusting for inflation. This is a serious problem and likely affects program performance in more ways than just limiting teacher qualifications. For comparison, per child spending for Head Start in Delaware was much higher at \$13,862. This may reflect Head Start's recent emphasis on providing a full school day schedule as spending per child just a few years earlier was more like Delaware's spending on ECAP.

The ECAP budget increased to \$15.7 million for the 2024-25 school year,¹⁸ signaling the potential for significant progress towards the level of funding required to support quality, depending on how many children this level of funding is intended to support. As Delaware continues to expand its access and quality, NIEER recommends looking to meet all 10 benchmarks in a full day program, and providing salary parity for teachers across settings.

Improvements Needed in Delaware's Public Preschool Program

As described above, Delaware's ECAP program falls short in several respects. If the program is to be worthy of expansion to serve more children, it must be effective. ECAP meets most of NIEER's ten benchmarks for minimum program quality because it is required to follow standards based on the federal HSPPS for areas like preschool class sizes and adult/child ratios, child screenings, and comprehensive services.¹⁵ Yet, like Head Start, Delaware ECAP does not require all teachers to have at least a four-year college degree. The requirements for ECAP teachers vary depending on where they teach. In public schools, the lead teacher must have at least a bachelor's degree. In Head Start programs and child care centers funded by ECAP, lead teachers are only required to have an associate's degree in ECE, following the HSPPS.

Requiring a bachelor's degree for all teachers is a key step toward improving quality and eliminating a two-tier system in which public schools operate at one standard and private ECAP providers at another. Of course, raising teacher qualifications will raise the cost per child, but this is a truly modest step as only about 20 percent of ECAP teachers currently lack a bachelor's degree.¹⁹

If ECAP is to be a highly effective program, it will need to increase funding per child. Requiring all teachers to have a bachelor's degree is just one reason. In addition, ECAP lead and assistant teachers in nonpublic school settings do not have pay and benefit parity with K-3 teaching staff, even when they have the same qualifications. This is a much bigger financial lift. The federal Head Start program recently announced a major initiative to increase compensation to resolve staffing problems.²⁰ To expand, ECAP likely needs to address this problem more rapidly than federal Head Start. Finally, ECAP requires only a half-day schedule which has been found less educationally effective and does not meet the needs of families for child care and likely limits enrollment.^{21,22}

We used a cost modeling tool to estimate the cost per child for a preschool program in Delaware meeting all 10 quality standards benchmarks in a full-day (6 hour) school-year (180 day) program with teaching staff paid comparably to similarly credentialed peers in K-12. Our estimate is about \$15,125 per child – roughly \$5,800 per child more than the state reported spending in 2022-23. Funding at this level would allow public and nonpublic program providers to meet ECAP standards while also offering families access to a full-day program with

bachelor's-degreed teachers with uniform compensation in all programs that is competitive with K-12.

Expansion

To reach even the 38 percent of three- and four-year-old children below 200 percent of FPL would require a program almost 10 times the size of the current program. A truly universal program would be more than 20 times the size of ECAP today. Based on experiences in other states, this could be accomplished in a decade while ensuring quality. Building on the mixed public-private delivery system ECAP already uses can facilitate this expansion while also supporting the broader child care system that serves children birth to age 13. A mixed-delivery system that includes child care, private education, and Head Start, as well as public schools can maximize the use of existing resources including classroom space, program staff, and materials and supplies. Of course, there will be costs to bring all these resources fully up to standards. Facilities may need to be improved. Teaching staff and administrators will need additional education to obtain degrees and specialized preparation in early childhood education. The vast majority of teachers in child care in Delaware do not have a bachelor's degree and many do not even have basic preparation in early childhood such as that provided by the Child Development Association (CDA) program.¹⁹

Additional new facilities and personnel will be required, as well. Many children in Delaware attend no preschool or child care program so expansion is not just a matter of improving what already exists. This will require planning with higher education for personnel preparation of leaders, teachers, and assistants, both new entrants to the field as well as those currently in the field who need to add to their qualifications. It also will require planning for the development and funding of facilities which might be public or private.

Private providers may be able to acquire facilities more quickly and at lower cost than the public schools, but their ability to do so will be contingent on confidence that Delaware will continue to fund private providers adequately well into the future.²³ A state law committing to the expansion, the continued participation of private providers once part of the system (e.g., that private programs meeting quality standards would not be supplanted by public schools in the future) and a funding formula that covers the full cost could instill such confidence.¹⁵ Examples of other states' approaches to this include requirements for minimum percentages of children to be served in nonpublic school settings (e.g., New York and Michigan), New Jersey's requirement that large districts contract with "willing and able" private providers, direct state to provider contracts (e.g., Alabama) and countywide multi-agency planning (e.g., West Virginia).¹⁵

In addition, the state will require additional resources for the infrastructure to administer and support the program. Highly effective programs operate with continuous improvement systems that include supports for strong implementation such as child assessment, classroom quality assessment and in-class coaching, district- and/or county-wide planning, coordination across grades to assure that gains from preschool are built upon in the early grades, and state oversight and support either direct to providers or to intermediaries such as district or county offices.

Conclusion

Delaware's early childhood education problems are so severe that they can be considered a public health crisis. By fourth grade, Delaware's children score substantially below the national

averages and these scores are substantially lower than in the past. Given the relationship between education and health, Delaware can expect the future health and longevity of its population to suffer as a result. Whether or not this problem is due to Delaware's exceptionally low rates of preschool participation and public preschool provision, increasing access to high quality public preschool programs is one potential remedy.

With modest changes, Delaware's ECAP program could provide the quality needed to improve educational outcomes, especially for the most economically disadvantaged children. It would then need to be massively expanded as it currently serves fewer than one in five children in poverty and very few children in low-income families above the poverty line. For FY 2025, Delaware raised ECAP spending to \$15.7 million, an improvement, but just one-quarter of one percent of the state's more than \$6.1 billion budget.¹⁸ An adequately funded program to reach all 3 and 4 year old children below 200 percent of poverty would require about \$130 million in spending. Reaching that goal could be accomplished by adding another \$15 million to funding each year for the next eight years, with adjustments for inflation. To reach all children at this pace of spending increase would require an additional decade. Of course, the state need not fully fund the program. Just as with K-12 some share of the funding could be provided by local government through the public schools, and by integrating Head Start and child care subsidy systems. Two successive years of ECAP funding increases suggest that Delaware is moving in the right direction. The time is now to ensure that ECAP expands with strong program standards that support strong child outcomes.

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