Executive Summary

The first National Education Goal states, "By the year 2000, all children will start school ready to learn." In expressing this **goal**, emphasis was placed on the role that children's early experience plays in preparing them for successful schooling. Thus, the first objective associated with this goal states that all disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare them for school. This report addresses two issues raised by this objective: First, do educationally disadvantaged or "atrisk" children have similar access to early childhood programs as children who are not at-risk? Second, do educationally at-risk children have access to the same quality of early childhood programs as children who are not at-risk?

This report first examines the center-based early childhood program enrollments of preschool children who are educationally disadvantaged. Center-based early childhood program include day care centers, nursery schools, and other types of organized group programs such as prekindergarten and Head Start. Care and education children receive from relatives and nonrelatives in their own **homes** or in the private homes of others is not examined in this report. Eight risk factors, which represent gross indicators of educational disadvantage are examined, as well as a total risk factor score obtained by summing the separate risks. The eight risk factors are: living in a household whose income is low, being a member of a minority racial-ethnic group, living in a home where the primary language spoken is not English, living with one parent, living in a large household, having a disabling condition, having a mother who has not completed high school, and having a mother who first became a parent as a teenager. These characteristics have often been found to be associated with poor educational outcomes, and children who have **one** or more are often considered to be "at risk" of school failure. While not every child with any one of these characteristics will fail in school, on average, children with one or more of these **risk** factors are expected to have lower levels of achievement than those without any risk factors. Fifty-nine percent of preschool children had at least one risk factor.

Access to programs was defined in terms of the extent to which educationally disadvantaged children utilize these programs at levels approximating the national average for other children of comparable age and characteristics. Access and utilization are not identical, since utilization may be affected by such factors as wareness, convenience, cost, availability of spaces, program characteristics, and preferences.

If disadvantaged children are enrolled in center-based early childhood programs at levels similar to those of advantaged children but the quality of these programs is poor, then the first objective under Goal One has not been achieved. Thus the second objective of this report was to compare the quality of programs in which at-risk and not-at-risk children are enrolled. Quality is defined in terms of the extent to which children's programs meet state and professional standards for group size and child/staff ratios.'

¹The professional standards used are those recommended by the National Association for the Education of Young Children (NAEYC), a professional association of early childhood educators.

This report uses data from the National Household Education Survey (NHES:91) provided by the parents and guardians of 5,091 children who were between the ages of 3 and 5 years old on January 1, 1991 and who were not yet enrolled in kindergarten. Information on state regulations was collected for the Profile of Child Care Settings Study and the National Child Care Survey 1990, supplemented by information from a 1990 state survey conducted by Gwen Morgan of Wheelock College.

The approach taken in this report was, first, to examine the relationship between each **risk** factor and enrollment separately. For example, the report examines enrollment in center-based early childhood programs by the income of the household. Second, since there are other differences among children and their families that might affect enrollments (e.g., the child's age, mother's employment status), we examined the relationship between each **risk** factor and children's enrollment after adjusting for these differences. Unless otherwise stated, **the** results reported in this summary are based upon the adjusted findings?

Do At-risk Children have Equal Access to Early Childhood Programs?

The answer to this first question is a qualified **no**; it depends upon the measure of **risk**. Some at-risk groups have more and others less access, measured by their level of utilization. Thus the overall **risk** factor index was **only wf kly** related to lower enrollment. Once adjusted for other factors, several commonly used measures of **risk** were found to be associated with lower enrollment in center-based programs. These include low household income, being **a** child of **a** poorly-educated mother or a mother who was a teenager when she first became **a** parent, and living in **a** large household. Specifically, the findings suggest that:

- Children aged 3-4 in low-income and lower-middle-income households were less likely than 3- and 4-year-olds in upper-middle to high-income households to be enrolled in a center-based program. There was no difference in enrollments between children from low-income and lower-middle-income households?
- Compared to mothers with only a high school diploma or GED, preschool children of mothers without a high school diploma or GED were less likely to attend a center-based program; preschool children of mothers who had attended or graduated from college were more likely to attend a center-based program.
- Preschool children born to a mother who first became a parent as a teenager were less likely to be enrolled in a center-based program than preschool children whose mothers were 20 years old or older when they first became a parent.

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The results are based upon odds ratios adjusted for income, race-ethnicity, age of child, region, urbanicity, mother's presence in the home, and mother's employment stabs.

³By low-income we mean households with annual incomes of \$15,000 or less. By lower-middle Income we mean households with annual incomes of \$15,001 to \$30,000. By upper-middle to high-income we mean households with annual incomes of \$30,001 ar more.

Preschool children in households with four or more members were less likely to be enrolled in a center-based program khan preschool children in households with 2 or 3 members. The more members, the stronger the effect.

Two risk factors were not found to be associated with lower enrollment—living with only one parent, and having a disability. In fact, children with disabilities were more likely than children without disabilities to be enrolled in a center-based program. This is consistent with efforts to identify such children early and mandates to serve those so identified.

Preschool children who had a disabling condition were more likely to be enrolled in a center-based program than children who did **not** have such a condition.

Speaking a language other than English in the home was at first found to be associated with lower enrollment in center-based programs. However, this relationship appears to be a result of other differences between such families, **since** it was **no** longer found when income, race-ethnicity, urbanicity, region, age of child, maternal employment, and presence of the mother, were controlled.

Minority race-ethnicity was not consistently associated with lower enrollment in center-based programs. Hispanic children were the only ethnic group found to have lower enrollment in a center-based program than white children, after adjusting for a variety of factors. However, this was apparently due to the lower educational levels of Hispanic mothers, since the difference was not observed once maternal education was controlled.

Controlling for other factors, black children were more likely to be enrolled than white children. This finding was not evident when examining the enrollment rates for children from different racial-ethnic groups, but emerged once household income was taken into account.

Black children were more likely **to** be enrolled in center-based early childhood programs than white children, all else being equal.

The difference between the relationship of race-ethnicity to enrollment and that of other factors, such as maternal education, must be emphasized. Through subsidies, public and private agencies can redress enrollment differences between disadvantaged groups, and the results of this study are consistent with public efforts to reduce discrepancies by race-ethnicity and disability status. Black children were actually more likely to be enrolled than white children once other differences between blacks and whites were taken into account. This is not the case for the relationship between education of the mother and center-based program enrollment. Differences between children of more- and less-educated mothers remained even after controlling for employment status and other differences. This suggests that removing barriers to access per se will not elight at edifferences in use of center-based programs. Educating parents about the benefits of a charge in the program is important.

Although we continue to find differences in enrollment by income after controlling for a variety of other factors, the fact that enrollments do not differ among children from low-income and lower-middle income households, and the fact that black children and disabled Children are more likely to be enrolled than white and nondisabled children, are consistent with public policy

efforts to target assistance to such children. Hispanic children are clearly an important target for public policy attention since their enrollment is low relative to that of white children.

Do At-Risk Children have Access to Similar Quality Programs?

On the question of whether disadvantaged children have access to programs of similar quality, the answer is still that we do not know. Based upon whether the child/staff ratio of the child's program meets state and professional standards, only when the analysis failed to take into account other differences between children that are related to enrollment did the findings support other studies that have found quality to be somewhat lower for middle-income than for high-income children. Once other differences between these children were controlled, no significant income differences in enrollment in programs that met state or professional standards for child/staff ratio were found. This suggests that, on this measure, at least, low income children's program quality does not differ from that of high-income children.

• There were **no** significant income differences in whether children were enrolled in programs that met state or professional standards for child/staff ratio and group size.

Black children were less likely than white children to be enrolled in programs that met state standards, but more likely to be enrolled in programs that met professional standards. The range of state standards is great, with some states requiring considerably fewer children per staff than recommended by professionals. Black children may have greater access to Head Start and state-funded, center-based programs that are exempt from state licensing standards but which are subject to oversight by school systems or national organizations, including the federal government.

- Black children were more likely to be enrolled in center-based programs meeting professional standards for child/staff ratio than white children.
- Black children were less likely to be enrolled in center-based programs meeting state standards for child/staff ratio than white children.

This attempt to evaluate program quality used parent reports to analyze the relationship between characteristics of children and their families and characteristics of the programs in which they are enrolled. Parents are not perfect reporters of this information, and such reports are measured with error. In addition, the amount of variation in quality is small according to the measures used here: child/staff ratio and group size. The nature of the NHES, a telephone study of parents, limits the ability to examine the issue of access to quality center-based programs. Clearly, better measurement of quality and more information obtained directly from providers are needed before strong conclusions can be drawn about differences in the quality of programs in which different groups are enrolled.