

What Can Be Learned From State-Funded Prekindergarten Initiatives? A Data-Based Approach to the Head Start Devolution Debate

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What Can Be Learned From State-Funded Prekindergarten Initiatives?

A Data-Based Approach to the Head Start Devolution Debate

In recent years policy analysts and decision makers have debated whether Head Start should be devolved from federal to state control. Devolution presumably would be accomplished by block granting Head Start to the states, in a manner similar to, for example, the Child Care Development Block Grant. Proponents of Head Start devolution, such as former ACYF Commissioner Wade Horn (1998), suggest that states could more efficiently blend Head Start and child care funds and could provide superior vision and oversight due to their more geographically proximal administrative seat. Some proponents of devolution have bolstered their argument with recent null findings from other federal programs (see Gilliam, Ripple, Zigler, & Leiter, 2000).

As social scientists interested in informing social policy, we approached the devolution debate by using extant data to shed light on possible outcomes of a shift from federal to state control over Head Start. Because many states have already implemented their own prekindergarten programming, we examined these efforts as a potential indicator of how states might fare in implementing Head Start. This means of predicting future state performance in administering a block-granted federal program is predicated on a study by the U.S. General Accounting Office (GAO, 1995). In examining the implementation and effectiveness of block-granted programs, GAO found that some states were able to smoothly transition from federally administered categorical programs to state-administered block grants, whereas others struggled. The difficulties were associated with a lack of pre-existing infrastructure in some states, leading to an inability to assume appropriate state-level authority.

The GAO noted other concerns as well. First, they found that Congress and the federal officials responsible for the appropriated funds could not easily track their appropriate and efficient use at the state level. Second, the state flexibility that was promised by the move from federal categorical programs to block grants often diminished over time as funding constraints were added. Finally, although state officials reported that the block-granted programs were administratively easier to manage, the change was difficult to quantify in cost savings. Regarding one particular block grant that was intended to provide states with funds to support low-income communities and families, the GAO (1994) questioned whether states were faithful to the mandate to serve these populations.

Based on the GAO's findings regarding already block-granted programs, we were interested in determining how states might fare in the administration of a block-granted Head Start. Many states are already in the business of early care and education, so an examination of these initiatives should shed light on how states might conduct Head Start programs under devolution. We begin by presenting a brief updated summary of our earlier survey of state-funded preschool programs (Ripple, Gilliam, Chanana, & Zigler, 1999). Then, we draw on the results of this survey and empirical findings from other sources to consider possible benefits, limitations, and challenges of devolving Head Start. Finally, we end with some general conclusions about the potential effects of Head Start decentralization.

DESCRIPTION OF STATE-FUNDED PRESCHOOL PROGRAMS

Recently, we reported results of a comprehensive survey of all 50 states plus the District of Columbia regarding state-funded preschool programs (SFPPs; Ripple et al., 1999). Data were obtained by mail survey, with a telephone update, from state-level program administrators. The survey addressed program structure and administrative authority, oversight and quality control mechanisms, teacher qualifications, eligibility and accessibility, duration and intensity, class size and staff-child ratios, curricula, health and social support services, and parent involvement efforts. Based on FY 1996 data, 31 SFPPs met our criteria for inclusion.¹ These data were updated in early 2000 by follow-up contact with state program administrators, which resulted in the identification of three new SFPPs and the elimination of one we had previously reported.² Results of this update are summarized in Tables 1, 2 and 3.

Two caveats offered for our original survey still apply. First, some states had so few guidelines for their SFPPs that they were more a funding stream than a discernible program. Second, some programs were changing even as data were being collected. Most often, new programs were introduced, and funding and/or eligibility requirements were expanded for extant programs. In light of these caveats, we suggest that the broader patterns in implementation are of greater import to our discussion than individual program specifications. In the sections that follow, we present our observations of several programmatic domains, discussing each in comparison with Head Start. (For more detailed study rationale and data, see Ripple et al., 1999.)

Program Structure

Administration and location. All but two SFPPs were administered through state departments of education. All programs located at least some of their classrooms in public school buildings, and in eight states classrooms were only located in the public schools (Table 1). In most states, however, programs were delivered in a variety of locations, typically through subcontracting arrangements under the local public school system, which served as the primary grantee. Interestingly, nearly two thirds of all states reported that at least some of their classrooms were located in Head Start centers. Other providers included multiservice community agencies, religious organizations, and private for-profit child care programs. The implementation of SFPPs in multiple agencies suggests the likelihood of highly variable quality and philosophical differences within individual state programs.

Guidelines and oversight. Many states reported having few or even no program guidelines, instead leaving it to local providers to decide what if any types of services and curricula to offer. About half of the states reported requiring (or at least requesting) program providers to adhere to nationally accepted guidelines for high-quality early childhood care and education (e.g., National Association for the Education of Young Children [NAEYC] guidelines or Head Start Program Performance Standards). About 20% only required providers to meet their state's rules for child care licensure, a standard aimed more at preventing unsafe or

¹ To meet our definition of a "state-funded preschool program," the program must: (a) target or be accessible to children from low-income families; (b) provide at least some form of classroom-based, educational service directly to preschool-age children; (c) be implemented and administered at the state level (not state aid for low-income parents to purchase their own preschool services); (d) be primarily state-funded (not state supplementation to programs funded primarily at the federal or local level); and (e) not serve exclusively children with disabilities. For the purposes of this survey, the District of Columbia was treated as a state. Descriptions of additional state-funded programs for young children that do not meet these criteria are available (Cauthen, Knitzer, & Ripple, 2000; Schulman, Blank, & Ewen, 1999; Smith, Fairchild, & Groginsky, 1997).

² Although some Pennsylvania school districts do have preschool programs, there is no state mandate for the to do so, and the decision is left to local districts and individual schools. Additionally, there are no statewide program standards or quality controls.

Table 1
State-Funded Preschool Initiatives: Program Profiles (FY 2000)

State	Children served	Program locations ^a	% served	Eligibility requirements	
				Age	Other ^b
Arizona ¹	~3,600	**	**	4	Low income (1.85 FPL)
Arkansas	~10,000	PS, CA, CC, IH, O	**	3-5	Low income (1.85 FPL), low parental education, teen parent, familial substance abuse, LBW, child abuse/neglect, DD, or ESL
California	49,213	PS (PV, CA, HS, CC), PV, CA, CC, IH	**	3-4	Priority to children in protective services; then low income, ESL, DD, or other risk factor
Colorado	9,950	PS (PV, CA, HS, CC)	80	4-5	child abuse/neglect, ESL, or low parental education
Delaware	843	PS, CA, HS, CC	**	4	Head Start criteria
District of Columbia	3,664	PS	**	3½-4	NONE
Florida	~29,000	PS, CA, CC	**	3-4	≥75% shall be low income (1.3 FPL) 4 year-olds, welfare-to-work or migrant families; rest shall be child abuse/neglect, prenatal exposure to drugs/alcohol, foster placement, or DD
Georgia	~46,000	PS (PV, CA, HS, CC), HS, CC, O	40	4	NONE
Illinois ²	~53,000	PS (CA, CC)		3-5	Locally determined criteria
Iowa	1,800	PS (CA, HS, CC), CA, HS	85	3-4	Low income (1.85 FPL) plus secondary risk factors
Kansas	~1,800	PS	**	4	Low income (1.85 FPL), low parental education, ESL, teen parent, DD, or welfare
Kentucky	15,577	PS (PV, CA, HS, CC)	79	3-4	(1) 4-year-olds: low income (1.3 FPL) or DD; (2) 3-year-olds: DD only
Louisiana	~2,600	PS	~5	4	Low income or DD, plus locally determined criteria
Maine	1,020	PS (PV, HS)	**	4	Locally determined criteria
Massachusetts	19,100	PS (PV, CA, HS, CC), HS, CC	20	2¾-5	Low income (1.25 state median income), plus locally determined criteria
Maryland ³	~11,000	PS, CA, HS	50	4	Must reside in attendance area of Title 1 eligible school, plus locally determined criteria chosen from list of state-approved risk factors
Michigan	21,085	PS (PV, CA, HS, CC), PV, CA, HS, CC; IH	60	4	(1) low income, plus 1 of 24 identified risk factors; (2) >50% must be low income (1.3 FPL) or unified child day care eligible
Minnesota ⁴	44,889	PS	46	3½-5	≥50% Low income (1.3 FPL)
Missouri	3,080	PS	**	3-4	Reside in a High Need district, with districts chosen based on need and application date
Nebraska	~275	PS (CA, HS, CC), O	**	3-4	≥70% either Head Start criteria, low income (1.5 FPL), LBW, ESL, teen parent, parent with disability, or Department of Social Service client
New Jersey ⁵	9,410	PS (CA, HS, CC)	**	4	Reside in one of 128 high needs districts chosen based on percent of low income families
New York ⁶	47,300	PS (CA, HS, CC)	90	4	Priority to low income (1.85 FPL); NONE starting FY 2004
Ohio	20,881	PS (HS), HS	75	3-4	Low income (1.85 FPL) or receiving welfare benefits
Oklahoma	20,984	PS, HS, CC, O	46	4	NONE (Contingent on district offering program and available space)
Oregon	3,600	PS (HS), CA, HS, CC, O	50	3-5	Head Start criteria
South Carolina	~15,000	PS (HS)	32	4	Locally determined criteria
Tennessee	~600	PS (CA), HS	**	3-4	Priority to welfare-to-work families, then low income (1.85 FPL) or language delay
Texas	138,429	PS (HS, CC)	**	3-4	Low income (1.3 FPL), ESL, or homeless
Vermont	1,094	PS, CC, O	35	3-4	DD (≥6 month delay), child abuse/neglect, low income (1.85 FPL), ESL, domestic violence, familial substance abuse, or other specified high-risk indicator
Virginia	5,926	PS (PV, CA, HS, CC), O	78	4	Locally determined criteria (subject to state approval)
Washington	7,034	PS (CA, CC), CA, HS, CC, IH, O	60	3-4	Both low income (FPL) and risk of school failure (e.g., child abuse/neglect, homeless, ESL)
West Virginia	2,346	PS	6	3-5	Contingent on district offering program and available space
Wisconsin	12,300	PS	40	4	Contingent on district offering program and available space

Notes. ** State did not provide data. (a) PS = public schools; PV = private schools; CA = various community agencies; CC = private child-care centers; IH = in-home programs; O = other facilities; HS = Head Start centers. Agencies in parentheses indicate a subcontracted or a mandated collaborative arrangement under the preceding agency. (b) FPL = federal poverty level; LBW = low birth weight or prematurity; DD = developmental delay; ESL = English as a second language or non-English speaking family; UNIVERSAL = Available to all age-eligible children. ¹ Preschool in AZ is funded as part of the Early Childhood Block Grant that funds programs serving children in preschool to third grade. ² Preschool is funded as part of the Early Childhood Block Grant that funds all IL programs for children under 6 years old. ³ MD's SAFE block grant funds preschool as well as other early-childhood programs. ⁴ MN has several early-childhood programs, but only the preschool program is described here. ⁵ NJ's Early Childhood Program Aid is implemented in 128 districts where at least 20% of students are low income. ⁶ NY funds two preschool programs: Experimental Prekindergarten (serving ~20,000 children) and Universal Prekindergarten (serving 47,300). Statewide implementation of the Universal program is slated for FY 2004.

Table 2
State-Funded Preschool Initiatives: Teacher Training and Quality Control Mechanisms

State	Teacher qualifications ^a	Teaching certificate required	In-service training required	Technical assistance	Collaboration with other providers
Arizona	**				
Arkansas	BA		√	√	√
California	BA(ECE); O		√	√	√
Colorado	O		√	√	√
Delaware	BA(ECE); CDA		√	√	√
District of Columbia	BA(ECE)	√	√	√	√
Florida	BA(ECE); CDA; O			√	√
Georgia	BA(ECE or EL); CDA; O		√	√	√
Illinois	BA(ECE)	√	√	√	√
Iowa	BA; CDA; O		√	√	√
Kansas	BA	√	**	**	√
Kentucky	BA; CDA; O		√	√	√
Louisiana	BA(ECE or EL)	√		√	√
Maine	BA(ECE)	√	√	√	√
Massachusetts	BA(ECE or EL); CDA; NC		√	√	√
Maryland	BA(ECE)	√		√	√
Michigan	BA(ECE); CDA; O		√	√	√
Minnesota	BA(ECE or EL)	√			√
Missouri	BA(ECE); CDA		√	√	√
Nebraska	BA(ECE)		†	√	√
New Jersey	BA(EL)	√	√	√	√
New York	BA(ECE or EL)	√	√	√	√
Ohio	BA(ECE); O		√	√	√
Oklahoma	BA(ECE)	√	√	√	(√)
Oregon	CDA		√	√	√
South Carolina	BA(ECE)		√	√	√
Tennessee	BA(ECE); CDA		√	√	√
Texas	BA(ECE)				
Vermont	BA(ECE); CDA; NC		√	√	√
Virginia	O		√	√	√
Washington	BA(ECE)		√	√	√
West Virginia	BA(ECE)	√			
Wisconsin	BA(ECE)	√			

Notes. √ = implemented statewide; (√) = implementation varies from site to site; † =planned but not yet implemented; ** = no data available.

^a BA = Bachelor's degree in any field; BA(ECE) = Bachelor's degree in early childhood education or child development; BA(EL) = Bachelor's degree in elementary education; CDA = Child Development Associate credential; NC = no college degree but some early childhood courses; EXP= appropriate work experience; O = other.

Table 3
State-Funded Preschool Initiatives: Comprehensiveness of Services (FY 2000 Updated)

State	Meals provided	Physical health referrals	Dental referrals	Mental health referrals	Vision & hearing tests	Immunizations provided/referred	On-site family caseworkers	Home visits required
Arizona								
Arkansas	√ *	√	√		√	√		
California	√ *	√	√			√		
Colorado ¹								
Delaware	√ *	√	√	√	√	√	√	√
District of Columbia								
Florida ²	√	√			√			
Georgia ³	√	√		√	√		(√)	
Illinois		√	√	√	√	√		†
Iowa	√ *	√	√	√	√	√	(√)	√
Kansas	√ *	√	√	√		√	(√)	
Kentucky	√ *	√	√	√	√	√	(√)	√
Louisiana ⁴		(√)		(√)				
Maine		√	(√)	√	(√)	√	(√)	(√)
Massachusetts		(√)	(√)	(√)	(√)	(√)		
Maryland	√ (*)	√	(√)	√	√	√	(√)	
Michigan	√ *	√	√	(√)		√	(√)	√
Minnesota	√ *	√		√				(√)
Missouri	√ *	√		√	√	√	(√)	(√)
Nebraska	√ *	√	√	√		√	(√)	√
New Jersey	√	√	(√)	(√)	√	√	(√)	
New York	√ *	√	√	√	√	√	√	√
Ohio	√ *	√	√	√	√	√	(√)	√
Oklahoma	√ (*)	√	(√)	(√)	(√)	(√)	(√)	(√)
Oregon	√ *	√	√	√	√	√	√	√
South Carolina	√ *	(√)	(√)	√	√	√	√	
Tennessee	√ *	√	√	√	√	√	(√)	
Texas ⁵		(√)	(√)	(√)	√			
Vermont	√	√	√	√	√	√		√
Virginia ⁶		(√)						√
Washington	√ *	√	√	√	√	√	√	√
West Virginia								
Wisconsin	√ *	√			√	√		

Notes. √ = implemented statewide; (√) = varies from site to site; † = planned but not yet implemented; * = state reported that a minimal nutritional requirement exists for meals; (*) = state reported that nutritional requirements vary from site to site. ¹ All health and dental services and home visits are encouraged/recommended but not required in CO. ² All FL program plans must describe developmental/health screening and referral services for each child, and must assure that needed services will be provided through interagency coordination. ³ GA providers must ensure that children have hearing, vision, and dental examination certificates on file within 90 days of the start of program, and evidence of age-appropriate immunizations within 30 days of start of program. ⁴ In LA, mental and physical health services are not required, but many local programs do provide them. Programs housed in public schools receive same services as K-12 students. ⁵ In TX, all programs are housed in public schools and follow school service provision guidelines. ⁶ 90% of VA programs are based in the public schools and have the same health services that the school provides. Other programs follow the services of the local grantee, but the state does not have a physical/mental health service mandate.

negligent care than at facilitating child development and school readiness. Unfortunately, these licensure requirements have such large interstate variability as to render them useless as an indication of quality (Young, Marsland, & Zigler, 1997). Finally, about 30% of states applied state elementary school guidelines to preschool services, without attention to developmentally appropriate practices for these youngest of students.

We examined levels of program oversight and quality control from reported in-service training, technical assistance from the authorizing state agency, and formal program evaluations aimed at documenting program quality and specific measurable outcomes. As shown in Table 2, 28% of the SFPPs had no in-service training requirements, and 16% did not offer technical assistance to local programs.

Program Accessibility

Accessibility is a function of eligibility requirements, fees structure, and the provision of services that reduce participation barriers (e.g., transportation, language services for non-English speaking families).

Eligibility requirements. On the whole, SFPPs have eligibility requirements far more liberal than Head Start, which serves children living at or below 100% of the federal poverty level (FPL). All but four states restrict eligibility to at-risk children, with about two-thirds of SFPPs using some measure of financial disadvantage as their primary criterion (see Table 1). Most typically, this criterion was set at 185% FPL, which corresponds to eligibility for reduced-price meals from the National School Lunch Program. In Georgia, Oklahoma, the District of Columbia, and New York (slated to be statewide by FY 2004), eligibility is based on age alone. Of these, Georgia provides the fullest access to age-eligible children. Although programs in the other three states claim universal eligibility, either space limitations, inadequate funding, or partial implementation limit access in each state to some degree.

Participation barriers. One of the most obvious barriers to participation for low-income families is paying tuition or attendance fees. Unlike Head Start, which is free to all eligible children and families, some SFPPs charge families for at least part of their services. Massachusetts, for example, has implemented a sliding-fee scale. Another salient barrier is a lack of transportation. Most states reported that they did not provide free transportation to all children who needed it, and Louisiana, where only about 5% of the eligible children are served, reported that a lack of transportation was one of the main barriers to participation. One way to circumvent transportation problems is to provide in-home services. Four states offered home-based programs (Table 1), a strategy that Head Start also uses (Head Start Bureau, 1999a). A third barrier to participation is language. Although an increasing number of low-income families are non-native English speakers, only about half of the states reported having English as a second language (ESL) services that were as comprehensive as Head Start's.

Differences across states in approaching common participation barriers surely contribute to the wide variability in the percentage of eligible children served. Of the states that collected data on the percentage of eligible children served, a median of 50% were served by state preschool programs during FY 2000, up from a median 43% reported for FY 1996 (Ripple et al., 1999) and about the same as the 50% currently in Head Start. However, there was wide variability among states. Louisiana and West Virginia reportedly served only 5% and 6% of their eligible children, respectively, whereas Colorado, Iowa, and New York each reportedly served 80% or more of those eligible.

Because the proportion of eligible children served is tied closely to available funds, inadequate program funding can be a powerful barrier to participation. Lack of adequate funding for all eligible children is a well-known problem for Head Start, and many SFPPs struggle as well. Some states, however, have taken positive steps toward full funding. These include the states currently or soon to be providing universal access to their SFPPs and Delaware, which has recently pledged full funding to serve all 4-year-olds across an array of programs.

Program Duration and Intensity

All states providing data in this area reported that their SFPPs operate on a schedule similar to the public schools, with 150 to 180 service days per year. State programs were typically part-day (2½ to 4 hours per day; 58%), with only a few providing services that approximate a school day (6 to 6½ hours per day; 18%). The remaining 25% reportedly had no mandated minimum duration, leaving this to local providers. During FY 1998, Head Start provided full-day services beyond the typical school day in about half of its programs nationwide (Head Start Bureau, 1999a). Although Head Start (excluding Early Head Start) is technically a two-year program, funding restrictions limit participation to a single year for over half of participating children nationwide. Similarly, only about half of the SFPPs offer more than one year of preschool.

Classroom Characteristics

Class size. Head Start is mandated to serve no more than 20 children in predominantly 4-year-old classrooms, and no more than 17 where most children are 3 years old (Head Start Bureau, 1999b).³ Similarly, NAEYC (1998) recommends no more than 20 children in classrooms serving 3- to 5-year-olds. Mirroring Head Start and NAEYC, most states (78%) mandate that their programs serve 20 or fewer children per classroom. Three states, however, exceeded these guidelines (Texas with 22, California with 24, and New Jersey with 25). Three additional states (Florida, Maine, and Wisconsin) reported having no state-mandated limits on class size. Of these six states, three serve children as young as 3 years old.

Teacher-child ratios. Head Start mandates two teachers (plus one volunteer when possible) per classroom, resulting in a maximum teacher-child ratio of 1:10 for classes of mostly 4-year-olds and 1:8.5 for classes of mostly 3-year-olds⁴ (Head Start Bureau, 1999b). On the one hand, most states (77%) met or bettered Head Start's mandated ratios; Washington's ratio of 1:6 was by far the best. On the other hand, six states had no mandated teacher-child ratios, and New Jersey only recommended that classrooms have at least one teacher for every 15 children, allowing higher ratios at each site's discretion.

Teacher qualifications. In the area of teacher training, SFPP requirements were generally more stringent than Head Start. In Head Start all lead teachers must possess a degree in early childhood education, or at minimum a Child Development Associate⁵ (CDA) credential or similar state certificate. All SFPPs had teacher qualifications that met or surpassed this level.

³ In practice, Head Start classrooms may be considerably smaller than the federal mandate. Head Start's Family and Child Experiences Survey (FACES), an ongoing nationally representative study of Head Start quality, reported that classrooms during the spring of 1997 averaged 13.6 students, with 50% of the classrooms having 11.2 to 15.9 children (Zill et al., 1998).

⁴ The average teacher-child ratio in the FACES sample of Head Start classes was a far better 1:5.6, with 50% of the classrooms ranging from 4.3 to 6.7 children per adult (Zill et al., 1998).

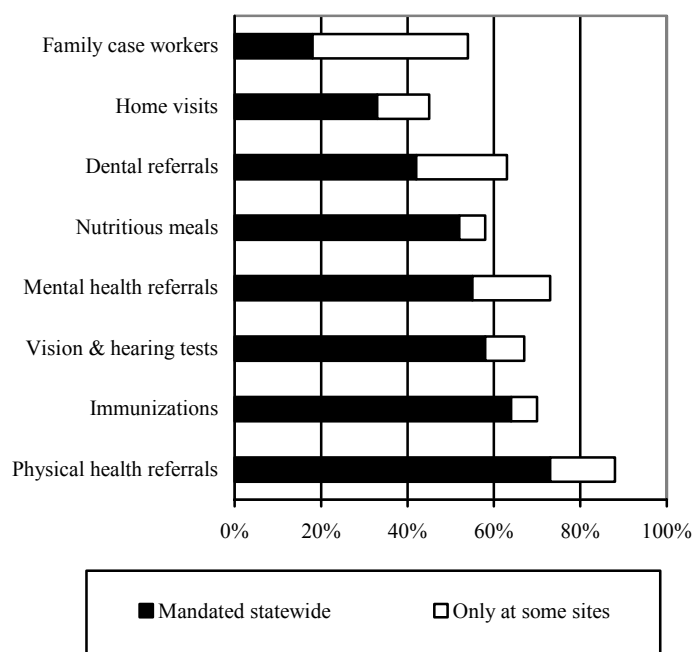
⁵ The CDA requires teachers to possess at least: (1) a high school diploma or equivalent; (2) 480 clock hours of appropriate preschool experience; (3) 120 clock hours of specific formal early-childhood education; (4) documented competency through formal observation of their teaching, satisfactory confidential evaluations from parents, and an approved professional resource file; and (5) passing scores on the CDA written and oral examinations (Council for Early Childhood Professional Recognition, 1996).

Most states (55%) required their preschool teachers to possess a bachelor's degree, typically specific to the field of early childhood education or development. Recognizing Head Start's need in this area, Congress has mandated that by FY 2003 at least half of all Head Start teachers must hold a college degree (at minimum a 2-year associates degree) in early childhood education or in a related field with preschool teaching experience (Head Start Amendments, Coats Human Services Reauthorization Act of 1998).

Comprehensive Services

As reflected in Goal 1 of the Goals 2000: Educate America Act of 1994 (PL 103-227), school readiness is a comprehensive construct that encompasses children's physical and mental health, as well as familial well-being and parental involvement. Head Start's comprehensive services are recognized as one of the program's greatest strengths. Whereas Head Start programs are mandated to provide comprehensive services to all enrolled children and families, SFPPs are inconsistent in their delivery of these services (see Table 3).

As Figure 1 demonstrates, only five of the eight services listed in Table 3 are mandated by even half of the SFPPs: physical health referrals, immunizations, vision and hearing tests, mental health referrals, and meals that meet minimum nutritional guidelines. (Head Start mandates the provision of all eight of these important services.) These five most common services are mandated in between half and three quarters of all SFPPs, with physical health referrals being the most widely offered. On-site family caseworkers and required home visits were the least commonly provided services. Head Start may be directly responsible for much of the family caseworker services being provided by SFPPs: all but 2 of the 18 states that provide these services subcontract to Head Start.



Parent Involvement Efforts

Overall, SFPPs are less likely than Head Start to provide services to promote parent involvement in their children's education and enhancing family functioning and economic self-sufficiency. About 35% of the states reported *requiring* local preschool programs to involve parents in the governance or implementation of the program, and an additional 26% reported having mechanisms for *encouraging* parent involvement. Only four states offered a full range of parent involvement activities (e.g., participation on advisory councils, opportunities to volunteer in the classroom, regularly scheduled conferences, and parent education programs)—three of

them because they adhered to the Head Start Program Performance Standards (Head Start Bureau, 1999b).

STATE COMMITMENT TO EARLY CHILDHOOD PROGRAMS

Several potential arguments exist for devolving Head Start to state control, each based on assumptions about the desire and ability of state governments to implement and sustain comprehensive early childhood education programs for children and their families. Below we consider several of these underlying assumptions in light of extant data regarding the level of commitment and programmatic success states have shown.

Assumption 1: States have the desire to address children's developmental and school-readiness needs.

Before expecting that states can and would implement comprehensive preschool programs, one must assume that they have the desire to do so. One way to ascertain this desire is to examine states' historical interest in providing early childhood programs, both before and after federal funds were made available for this purpose. This inquiry revealed that only 10 states provided preschool or child-care services before federal funds were allocated (Ripple et al., 1999). During the 1980s and '90s, however, when federal funds from a variety of sources were made available to states,⁶ the number of SFPPs tripled.

Despite this dramatic increase in SFPPs, however, many states chose not to use these funds to implement their own statewide preschool programs. Furthermore, one-fifth do not even provide supplementary funding to Head Start or other preschool programs and express no plans to implement or supplement programs in the future. A relatively low level of state commitment is also evident in state funding for child care. Indeed, only an estimated 10% of children eligible for child-care services under the state-administered Child Care and Development Fund (CCDF) received services during FY 1998 (GAO, 1999). Our review demonstrates that some states are significantly less committed than others to providing preschool programs. The fact that some states did not choose to fund either preschool or child care programs even when federal funds were available raises concern about their political will to provide these services.

Regarding state financial commitment, a large interstate discrepancy exists between the level of funding for all forms of early childhood care and education, with the 10 most committed states securing 4½ times the level of funding *per child* than the 10 least committed states (Adams & Poersch, 1996). Two hypotheses can be used to explain this discrepancy: (1) states with fewer children and families in need of services can spend less than states with greater need, and (2) some states simply have less money to spend on children. Adams and Poersch (1996), however, reported evidence that suggests that neither of these hypotheses holds. First, states with the highest proportion of child poverty allocated somewhat less money per child relative to states with less child poverty. Second, some states with relatively high 1994 per capita tax revenue allocated significantly less money for early childhood programs as compared to tax poorer states.

In sum, although some states have shown a historic desire to provide quality prekindergarten programs, the evidence suggests that many states have not demonstrated a similar commitment. Most states did not provide these programs before the allocation of federal

⁶ For example, the Individuals with Disabilities Education Act (IDEA) Amendments of 1986 mandated the provision of special education preschool services to children 3 to 5 years old, and created a framework for states to provide services to low-income preschoolers by relaxing the eligibility criteria. In the 1990s, the Child Care Development Fund (CCDF), Temporary Assistance for Needy Families (TANF) program, and Social Services Block Grant (SSBG) also funneled a significant amount of money to states for child care programs for low-income families.

funds, and some still do not implement them or meaningfully support existing programs, even with federal funds available. When states do provide programs, many serve only a small percent of the eligible children. Finally, the provision of state-funded early childhood care and education does not appear to be significantly related to either the needs of their children and families or the amount of state funds available. Rather, there appears to be a philosophical and political divide between states that are committed to the care and education of their young children and those that are not.

Assumption 2: States will maintain Head Start standards of quality and comprehensiveness.

The issue of devolution should rest on whether or not Head Start could be better administered by state governments at a level of quality consistent with the Performance Standards. After all, high variability Head Start quality is widely acknowledged, leaving room for improvement. As demonstrated by the findings from our survey, however, quality and comprehensiveness of SFPPs also vary significantly among states. For example, minimum teacher-child ratios in state programs ranged from 1:6 in Washington to 1:15 in New Jersey. Likewise, three states (Delaware, Oregon, and Washington) mandated all eight of the comprehensive services offered by Head Start, whereas twice as many states required programs to provide *none* of these services. (The average number of comprehensive services required by states was four.) Also, four states mandated a comprehensive array of parent involvement activities, whereas nearly 40% of the states reported neither mandating nor even recommending ways to involve parents.

When compared to Head Start, SFPPs on the whole appear to do well in some areas and poorly in others. For example, many SFPPs require their lead teachers to possess a level of training that greatly exceeds current Head Start mandates, and no state requires less. Also, the eligibility requirements of most state programs are more liberal than Head Start's, giving more children living above the poverty line the opportunity to attend. Yet, states in general provide far fewer services aimed at promoting children's overall health and well-being, supporting caregivers, increasing family stability and economic self-sufficiency, and facilitating caregiver involvement in their children's education.

Overall, the pattern of strengths and weaknesses for SFPPs, in comparison with Head Start, may be related to their typical placement in state departments of education. That is, the relative strength of classroom quality and weakness of comprehensive services may reflect the differential value placed on these items by public schools in their K-12 mission. Whereas the emphasis on the classroom is not surprising, the de-emphasis on comprehensive services raises concerns that the most basic school-readiness needs, particularly of low-income youngsters, are not met in many state programs.

In sum, several states provide preschool programs that rival Head Start's quality in some areas. Some programs appear to be quite good overall, but this does not appear to be true for many of the SFPPs: some provide far fewer services to a much smaller proportion of their eligible children. Although the evidence suggests that some states might use Head Start money to implement or expand their own high-quality programs, it also suggests that many may not.

Assumption 3: States will design and implement programs that most closely meet the unique needs of their children and families.

One might assume that variability across state-funded preschool programs is good, reflecting services tailored to the unique needs of each state's population. The pattern of service differences between states of similar need, resources, and geography, however, does not necessarily support this assumption. Consider Alabama and Mississippi. During FY 1998, these two neighboring states both ranked in the top third of all states in child poverty rates (Alabama ranked 6th; Mississippi tied for 12th) and in the bottom third in fourth-grade reading skills (of 39 participating states, Alabama ranked 28th; Mississippi tied for 37th) (Bennett & Lu, 2000; Donahue, Voelkl, Campbell, & Mazzeo, 1999). Despite the apparent need for comprehensive preschool programs aimed at addressing both the effects of poverty and associated deficits in school readiness and subsequent achievement, neither Alabama nor Mississippi has passed SFPP legislation. They remain among 10 states that neither fund their own preschool programs nor supplement existing federal preschool programs operating in their state.

Conversely, the five states that border Alabama and Mississippi (Florida, Georgia, Tennessee, Arkansas, and Louisiana) all provide some level of state-funded preschool programs. Beyond geographic proximity, these five border states also all fall in the bottom one-third in fourth grade reading skills, and three of them are in the top third in child poverty (Louisiana, Georgia, and Florida). In addition to similar need, these five border-states are apparently similar to Alabama and Mississippi in the funds they might tap to pay for preschool. Based on FY 1994 per capita tax revenue data, two of the five states had more available state funds than Alabama and Mississippi, two had less, and one state fell between the two (Adams & Poersch, 1996).

The service discrepancies between these states with apparently similar needs and resources are further exacerbated when one considers the comprehensiveness and inclusiveness of the programs in these bordering states. For example, preschool-age children in Alabama and Mississippi do not have access to any SFPP services. Across the state line in Tennessee, however, low-income preschoolers are eligible for a wide variety of comprehensive services, but are unlikely to receive them because the program can only accommodate 600 children per year. Whether low-income or not, a similar child in neighboring Georgia would be practically assured access to state-funded preschool, albeit one that is less comprehensive than Tennessee's (Raden, 1999).

Many examples from across the nation could be cited to highlight differences in service provision among states with similar needs and resources. Even in states that do provide preschool, no apparent relation can be seen between the level of children's needs and the quality, comprehensiveness, or inclusiveness of the programs. Therefore, it seems likely the rationale for state decisions regarding preschool services for low-income children rests in something other than the educational needs of their children, the service needs of their low-income families, or the fullness of their tax coffers.

Assumption 4: States will provide better oversight, leading to higher quality services.

Proponents of devolution believe that moving administrative control of Head Start to the states will afford better oversight and guidance to individual program sites. Although we found that the scope and quantity of mandated services varied widely among states and in comparison to Head Start, the actual *quality* of the services is quite another matter. The former can be measured by reading the states' authorizing legislation and program guidelines and by surveying

program administrators. The latter, however, is best measured by the direct observations of outside raters using objective measures of the quality of services actually being delivered.

Considerable evidence has linked the overall quality of preschool programs to their effectiveness at improving children's school readiness (Berlin, O'Neal, & Brooks-Gunn, 1998; Bryant, Burchinal, Lau, & Sparling, 1994; CQO Study Team, 1995, 1999; Frede, 1995; Howes, Galinsky, & Shinn, 1998; Love, Schochet, & Meckstroth, 1996). Furthermore, ineffective child and family programs may be associated with poor implementation and weak quality assurance (Bickman, 1997; Gilliam et al., 2000). The link between program quality and school readiness has been documented in SFPPs in both Michigan (Florian, Schweinhart, & Epstein, 1997) and South Carolina (South Carolina Department of Education, 1987).

Concerns about the quality of Head Start programs around the nation (Zigler & Styfco, 1993) have led to an evaluation of Head Start quality and its bearing on effectiveness. In a nationally representative sample of 403 Head Start classrooms, the Family and Child Experiences Survey (FACES; Zill et al., 1998) has shown that 78.5% of the classes obtained a rating of "good" or better on the Early Childhood Environment Rating Scale (ECERS; Harms & Clifford, 1980), with the remaining classrooms scoring in the "minimal" range. Comparing their results to data from other studies of preschool and child care quality, Zill and colleagues found Head Start's ECERS ratings to be comparable or better than those of preschool classrooms in other types of programs.

Statewide evaluations of quality have only been reported in 3 of the 33 state-funded preschool programs described in this chapter (Kentucky, Michigan and South Carolina), and only the study in Kentucky used the same instrument employed in the FACES study. Therefore, direct comparison of classroom quality between SFPPs and Head Start is not possible. In Kentucky (Hemmeter et al., 1997), ECERS scores for a representative sample of their SFPP were nearly identical to those for Head Start.

Although most SFPPs are administered through state departments of education, services often are provided by a range of agencies. Fully 64% of SFPPs provide at least some of their services through Head Start centers, a venue second only in frequency to the public schools. The tendency of many states to contract out preschool programs and to provide little or no service guidelines and weak program oversight may contribute to a high degree of variability in service quality both between and within states. Many recent initiatives, such as the FACES evaluation, quality-enhancement funds, and the revision of the Program Performance Standards, have begun to address the issue of unevenness in Head Start quality. Devolving Head Start may be a step in the opposite direction.

Assumption 5: State programs will be more effective than Head Start at enhancing children's school readiness.

Considerable evidence suggests that Head Start can be highly effective at improving comprehensive school readiness among low-income preschoolers (Barnett, 1998; McKey et al., 1985). These findings, however, have been criticized because differences between Head Start participants and contrast children are difficult to find after third grade and because the evidence is not based on randomized experiments. Concerns over "fade out" have led to questions regarding whether the extant research on Head Start is sufficient to establish its effectiveness (GAO, 1997). Some researchers have argued that the lack of demonstrable, lasting effects was associated with the quality of elementary schools typically attended by Head Start graduates (Lee & Loeb, 1995). It has also been suggested that "fade out" is a methodological artifact due to

differential study attrition resulting from Head Start's positive impacts on reducing grade retention (Barnett, 1992). Regardless of the reasons for the dearth of convincing evidence, pressure for accountability has led lawmakers to demand a national, randomized evaluation of Head Start effectiveness, to be completed by 2003.

Head Start and nearly all SFPPs report that their primary goal is to increase school readiness. Because nearly all SFPPs are administered by state departments of education, one might hypothesize that the states might be more effective than Head Start in supporting children's academic school readiness. The best way to test this hypothesis is to examine the results of formal evaluations of SFPPs. Less than one-third of all SFPPs have been formally evaluated. Gilliam and Zigler (2000) identified 10 SFPPs that have been the subject of outcome evaluations that use at least minimally rigorous research methods, although none were randomized. As can be seen in Table 4, several SFPPs have evidence to support their effectiveness in promoting school readiness and reducing subsequent grade retention. Overall, effects in the area of school readiness were similar to what has been demonstrated for Head Start, though in many cases the research was not as rigorous and the findings were often mixed. In the areas of child health and parent involvement in their children's education, where ample evidence exists to suggest Head Start's effectiveness (Hale, Seitz, & Zigler, 1990; Parker, Boak, Griffin, Ripple, & Peay, 1999), SFPPs may not fare as well. In fact, many evaluations did not focus on these outcomes, and those that did typically did not find any significant impacts. This might be expected, given these programs' spotty provision of comprehensive services in these areas as described earlier.

Assumption 6: States will combine funding sources to implement full- and extended-day programs that benefit working families.

Proponents of devolution suggest that states will be able to combine Head Start funds with the currently block granted CCDF, TANF, and SSBG, leading to more efficient service delivery. Blending disparate funding streams that benefit similar populations is praised as a way to reduce both competition among programs and gaps in services. Because many of these programs have similar eligibility criteria, and because families that meet these criteria tend to cluster geographically, there are areas that are oversaturated with services, while other families go unserved. Without blending, or at least coordination between programs at the state or local level, agencies may end up competing for funds, facilities, staff, and even for children.

Despite the advantages, concerns about blended funding at the state level arise from basic differences in mission between Head Start and the goals of CCDF, TANF, and SSBG. Head Start provides a comprehensive array of services aimed at improving low-income children's school readiness, overall health and well-being, and family functioning. Whereas Head Start centers may also provide child care to meet the needs of participating families, child care in its simplest terms⁷ is not, nor has it ever been, the program's primary goal (Zigler, 1999). Child-care subsidies associated with CCDF, TANF, and SSBG, however, are provided with the primary purpose of increasing the availability of safe and affordable care. Although affordable child care is inarguably essential, simply providing a safe place for children while their parents work is not necessarily the same thing as enhancing children's health and school readiness. The promotion of school readiness in these child-care programs would be fortunate, but there are neither effective mechanisms for facilitating these benefits nor methods for determining whether

⁷ We use "child care" in this section to describe the simple provision of care in a safe place for young children outside of their homes, with no intention to suggest that child care programs cannot effectively facilitate children's development.

Table 4

Statistically Significant Effects of State-Funded Preschool Programs Through Grade 4 (“Yes” Indicates that Significant Effects Were Found for All Cohorts Studied; “No” Indicates No Significant Effects Found; “Mixed” Indicates Inconsistent Findings Across Cohorts).

	End of Preschool	K	1	2	3	4
<u>COGNITIVE/LANGUAGE DEVELOPMENT</u>						
District of Columbia		Mixed	Mixed			
Florida	Yes	Yes				
Georgia			No			
Kentucky	Yes	Mixed	Mixed	No		
Maryland		Yes				
Michigan		Yes				
New York	Yes	Mixed			No	
South Carolina			Yes			
Washington	Yes					
<u>BEHAVIOR PROBLEMS</u>						
Florida						Yes
Kentucky	Mixed	No	No	No	No	No
Washington			No	No	No	
<u>CHILD HEALTH</u>						
Washington			No	No	No	
<u>ATTENDANCE</u>						
Florida		Mixed	Mixed	No	Mixed	
Georgia		Yes	Mixed			
Kentucky		No	No	No	No	No
New York		Yes	Yes	Yes	Yes	Yes
<u>GRADES (READING & MATH)</u>						
District of Columbia		Mixed	No		No	No
Florida		No	No	No	No	No
Washington			Mixed	No	No	
<u>ACHIEVEMENT TESTS (READING & MATH)</u>						
District of Columbia					No	
Florida		Yes	No	No	No	No
Georgia			Mixed			
Maryland					Yes	
New York					Mixed	
South Carolina			Mixed	No	No	
Texas					Yes	
<u>GRADE RETENTION</u>						
Florida		Yes	No	No	Yes *	Mixed
Georgia		Yes	No			
Maryland					Yes *	
New York		No	Yes	No	No	No
South Carolina			Yes	No	No	
Texas				Yes		

Table continues.

End of Preschool	K	1	2	3	4
<u>SPECIAL ED REFFERAL/PLACEMENT</u>					
Georgia	No	No			
Florida	No	No	No	No	No
New York	No	No	No	No	No
South Carolina		Yes			
Texas			Yes		
Washington	No				
<u>PARENT INVOLVEMENT</u>					
Georgia	No	No			
Texas		Yes			
Washington		No	No	No	

Note. * Indicates that data were analyzed cumulatively (e.g., grade retention up to and including third grade).

they have occurred (Shaul, 2000). By devolving Head Start in order to co-mingle these funds at the state level, Head Start might become no more than child care for the poor, especially in states that have invested little in promoting comprehensive school readiness.

This is not to say that the states and Head Start cannot work together toward mutual goals. In fact, recognizing the need for increased collaboration to extend hours of service,ACYF's Request For Proposals for 1997 grantees in attached financial incentives to the formation of Head Start-child care partnerships. These arrangements have been successful in increasing the supply of full-day, full-year care (Kagan, Verzaro-O'Brien, Kim, & Formica, 2000). Further, many states are using block-grant funds to provide wrap-around child care services to Head Start's working families.

Conclusions

Our review of state-funded preschool programs reveals a high level of variability in states' commitment to funding, implementing, and conducting comprehensive preschool programs. We found high variability on nearly every level we examined: in guidelines, oversight and regulation, accessibility, classroom quality, comprehensive services, and in the very existence of programs. Some have implemented high-quality programs with state funds, while others have not even accepted available federal funds. When states have implemented SFPPs, the range and quality of services vary considerably—sometimes rivaling Head Start, but often falling short. These differences in scope and quality have no apparent relation to either the needs of state populations or states' available financial resources. Our analysis raises two particular concerns associated with Head Start devolution: first, the evident variability across programs; and second, their particular weakness in comprehensive services.

This evidence suggests that states can implement good, comprehensive prekindergarten programming, and on an individual basis some states appear to be doing a good job of promoting school readiness. The variability across states, however, is most relevant. The success of a few states does not support the devolution of a federal program to state control. Even with Head Start's own problems with quality assurance, the federal nature of the program ensures that even in states with no SFPP, the most needy children have a chance of access to a program.

Given that SFPPs tend to be under the aegis of public schools, it is not surprising that their greatest strength lies in classroom-related programming. However, it is equally unsurprising that comprehensive services are their weakness, as these services tend to be in the domain of social service agencies and not departments of education. If Head Start is devolved to state authority, children may stand to lose the most in terms of services that promote physical and mental health and parent involvement in their education.

Head Start is more than just child care. It is a program aimed at improving the comprehensive school readiness of low-income American children through an array of educational, health, and social services. If the goal of devolution is to better integrate child care programs, America risks losing Head Start's unique contribution to helping close the gap between children in poverty and their more advantaged peers. Indeed, past experience with other block-granted programs suggests that whereas some states would do very well, many would struggle or abandon the effort altogether.

When the National Governor's Association endorsed Goal 1 of what became Goals 2000, we as a nation and each state individually promised all children access to "high-quality and developmentally appropriate preschool programs that help prepare children for school." We promised to infuse these programs with an array of comprehensive services, specifically

mentioning health care, nutrition programs, physical education, and parent training and support programs. The target date has come and gone, but the aims remain essential to improving the outlook for all children. If more states deepen their commitment to providing good prekindergarten programs, then the Head Start devolution debate will need revisiting. Indeed, the day may come when all states, or at least most, will have the will and the infrastructure necessary to implement, maintain, and evaluate the success of a comprehensive child and family program such as Head Start. Unfortunately, that day has not yet dawned.

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