

# 02

## Key Themes

---

*The State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity* finds inequities in access to EI and ECSE both within states and between states. We offer calls for action for improvements to make EI and ECSE more equitable, including a need for more and better data. On the next page we summarize the key findings, organized around the report's four themes.



### COVID-19 PANDEMIC

The Covid-19 pandemic had a negative impact on the number of children who received EI and ECSE. Between Fall 2019 and Fall 2020, 63,000 fewer children under age 3 received EI and 77,000 fewer 3- & 4-year-olds received ECSE. As a result of the pandemic, the percentage of children receiving services in an inclusive environment decreased. The impacts of the pandemic on access to EI and ECSE were not equal for children from all racial/ethnic backgrounds. Covid-19 relief funding supported EI and ECSE, resulting in inflation-adjusted increases in federal funding. As the nation adapts to the evolving pandemic, ensuring safe ways for inclusion should be a priority. For more information [see page 16](#).



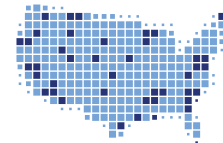
### RACE AND ETHNICITY

Children's experiences nationally and in most states with EI and ECSE vary by their race/ethnicity, in ways that are not easily explained. For example, a higher percentage of White children (5.4%) received ECSE services than Hispanic/Latino (5.2%), Black (4.6%), or Asian (3.9%) children. And a higher percentage of White (3.4%) children received EI services than Hispanic/Latino (3.3%), Black (2.8%), and Asian (2.3%) children. The modest difference in percentages served for White and Hispanic/Latino children grows larger for school-age population; does it grow by age within the under 5 population? Black children were more likely than White children to receive special education services at school-age. Are they being under-served prior to kindergarten? There were also disparities by race/ethnicity in where children received ECSE with Black and Hispanic/Latino children less likely to receive services in inclusive environments. More information is needed to understand why these differences exist and in turn increase equitable access for all children to the EI and ECSE services they require to succeed. For more information [see page 18](#). As differences by race and ethnicity are not the same in all states, this may be a topic for which sharing information on policies and practices across states could lead to improvements.



### GENDER

Boys are much more likely than girls to receive EI and ECSE. Boys were 1.7 times more likely than girls to receive EI and 2.3 times more likely to receive ECSE. Boys are also more likely than girls to receive ECSE in a separate classroom. The report also finds gender differences in rates of suspension from public school-based preschool where boys with a disability are 3.5 times more likely to be suspended than girls with a disability. More information is needed about gender differences in EI and ECSE – are boys being over-identified and girls being under-identified? Do the rates found in the report reflect true differences in the population? And what can be done to reduce suspension of boys with disabilities? For more information [see page 20](#).



### STATE VARIATION

Although the Individuals with Disabilities Education Act (IDEA) is federal law, there are large state-by-state differences in EI and ECSE – including the percent of children receiving services, federal funding, where children receive services, eligibility for services, and children's outcomes, among others. These differences are not easily explained, and more work is needed to understand why they occur and how EI and ECSE can be more equitable across states. For more information [see page 22](#).

## Recommendations

EI and ECSE aim to support the development of children with (or at risk of) disabilities from an early age, helping to set them on a pathway to future success. Children are guaranteed the civil right to a free and appropriate public education in their natural or least restrictive environment, through IDEA. We have identified substantial inequities in access to EI and ECSE services with the largest due to differences among states. In addition to recommending increased federal funding to equalize access, we offer two other broad recommendations to better understand and eliminate inequity in EI and ECSE.

First, the federal government and/or other organizations should convene a national commission to address inequity in EI and ECSE services with a goal of developing recommendations to ensure children's rights to services. State administrators should be included and called to a national summit or convened as a learning community. States' policies for EI and ECSE seem to differ greatly in their application if not design. State median income—the capacity to pay for services—is strongly implicated in these differences. Whether a child's needs for EI and ECSE are met should not depend on the average income of the state in which they live. The commission should propose solutions to this and other inequities. Much can be learned by sharing information among the states and seeking to understand differences across

states to set out examples that all states can follow to improve equal access.

Second, the federal government should require or incentivize more complete data and support additional research. Not all the differences highlighted in this report lead to clear policy prescriptions. Nevertheless, they raise many questions about equity of access to EI and ECSE and in the quality of the services received. Some questions require additional research that the federal government and others could fund but both research and policymaking require better information on EI and ECSE. Most of what is needed is already required for K-12 education. We call attention below to specific needs for the federal government and states to collect better data.



**Child Characteristics:** Until data are collected on the family income and home language of children served, it will not be possible to assess the degree to which access to EI and ECSE services is equitable by income and home language. Additionally, the Office for Civil Rights data on suspension of preschoolers with disabilities should be disaggregated by race.

**Quality:** Data on the quality of services children receive in EI and ECSE are extremely limited. No information is collected on the characteristics and qualifications of those who provide EI. States do report the percentage of teachers who are fully qualified to teach ECSE.

**Inclusion:** States report the number of children who receive most of their special

education and related services in an ECSE program that has a majority of nondisabled children. In addition, they should report the number of hours per week a child spends in each setting.

**Funding:** Information on funding and expenditures for EI and ECSE is unavailable beyond federal expenditures for Part C and Part B 619 which comprise only a small fraction of total funding. A full, accurate accounting would include all government funds, parent fees, and Medicaid/health insurance reimbursements. Without this complete information it is impossible to have an informed analysis regarding whether the “right” amount of funding per child is allocated and the equity of its distribution.



# Impact of the Covid-19 Pandemic

The Covid-19 pandemic had a large negative impact on the number of children receiving early childhood special education (ECSE) and early intervention (EI) services. In addition, children were less likely to receive services in inclusive settings. Covid-19 relief funding provided for both Part B and Part C likely helped to minimize problems, but they remained substantial.



## ENROLLMENT

In Fall 2020, 63,000 fewer children received EI through IDEA Part C, a decrease of 15% between Fall 2019 and 2020. The number of children receiving Early Intervention decreased in every state except for D.C. and Rhode Island, decreasing nationally from 428,859 to 365,715.

Similarly, 77,000 fewer 3- & 4-year-olds received ECSE services through IDEA Part B 619 than in Fall 2019, a decrease of 16%. The number of children receiving ECSE decreased in every state except for Maine, decreasing nationally from 486,732 to 409,338.

## EARLY INTERVENTION

In Fall 2020, more than

**63,000**

fewer infants and toddlers received EI than in Fall 2019, a decrease of

**15%**

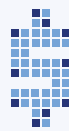
## EARLY CHILDHOOD SPECIAL EDUCATION

In Fall 2020, more than

**77,000**

fewer 3- & 4-year-olds received ECSE than in Fall 2019, a decrease of

**16%**



## FUNDING

Nationally, both ECSE and EI federal funding increased between 2019-2020 and 2020-2021 due to additional Covid-19 relief funding: \$198 million for ECSE and \$205 million for EI. Including Covid-19 relief funding, Part B 619 funding increased by 48% and Part C 618 funding increased by 42%, adjusted for inflation. This inflation-adjusted funding increase was seen in all states; the only exception was a small decline in Part C funding in D.C. It is important to note that federal funding is only a small fraction of the total ECSE and EI funding but there is no systematic information on the state and local funding that support children in ECSE and EI.

Nationally, federal ECSE funding (including Covid-19 relief funding) per child receiving ECSE increased by 46% between 2019-2020 and 2020-2021, adjusted for inflation. An inflation-adjusted increase in federal funding per child receiving ECSE services was seen in all states except for Arizona, California, Connecticut, Georgia, Maine, New Jersey, New Mexico, and Texas. Federal EI funding per child (including Covid-19 relief funding) also increased nationally by 66% from 2019-2020 to 2020-2021, adjusted for inflation. This increase in federal funding per child in EI was seen in all states other than D.C.

Without Covid-19 relief funding, total federal funding for ECSE and EI would have declined (after adjusting for inflation) between 2019-2020 and 2020-2021. Covid-19 relief funding also prevented a decline in average funding per child receiving ECSE which otherwise would have declined slightly. Federal funding per child receiving EI increased slightly even without the Covid-19 relief funding.





## LOCATION OF SERVICES

IDEA requires children to receive a Free and Appropriate Public Education (FAPE) in their Least Restrictive Environment (LRE) and for infants and toddlers to receive services in their natural environment. The Covid-19 pandemic disrupted this, and children were less likely to receive services alongside their peers.

Children were less likely to receive ECSE services in an early childhood program<sup>15</sup> (e.g., in an inclusive classroom environment) in 2020-2021 (40%) compared to 2019-2020 (44%), a decrease of four percentage points. They were also less likely to attend a regular early childhood program but receive services elsewhere (17% in 2020-2021 and 21% in 2019-2020). Not surprisingly due to the Covid-19 related health concerns, they were more likely to receive services at home (up two percentage points), in a separate class (up four percentage points) or in a service provider location (up two percentage points).

Infants and toddlers were also less likely to receive EI in community-based settings (e.g., child care) and more likely to receive services at home after the pandemic began. Before the pandemic began, 89% of children receiving EI services did so at home and this increased to 93% after the pandemic began. Before the pandemic, 8% of children receiving EI did so in community-based settings; this decreased to only 4% after the pandemic began.

For both ECSE and EI, data on the provision of virtual vs. in-person special education and early intervention services is limited.



## DIFFERENTIAL IMPACTS

The Covid-19 pandemic did not impact all children receiving ECSE or EI equally.

Although there were no gender differences in the decrease in receiving ECSE or EI, there were differences by child race/ethnicity.

Most striking was that the Covid-19 pandemic disproportionately affected Black children in ECSE: While nationally, receipt of ECSE decreased by 16% between Fall 2019 and Fall 2020, the decrease was much larger for Black children (23%), followed by White children (18%); the decrease was only 3% for Hispanic children and Asian children. However, the decrease in receiving ECSE in inclusive settings was similar for children across race/ethnic groups: seven percentage points for Asian children, six percentage points for Black children, and four percentage points for White children and Hispanic children.

The decreases in receiving EI were more similar across racial/ethnic groups: 21% for Asian children, 16% for Hispanic children, 15% for Black children, and 13% for White children. Black children receiving EI had a larger decrease in receiving services in community-based settings (6 percentage points) than children of all other races (3 percentage points).

## CALL FOR ACTION

Better data is needed on how many children and which children received and are still receiving virtual ECSE and EI services. And, critically, are virtual services as effective as in-person services in supporting the needs of young children with disabilities? How can they be more effective, particularly for the neediest and medically-fragile children?

Research is also needed to understand how ECSE and EI can be safely provided in inclusive settings and natural environments particularly for children who may be more at risk for complications from Covid-19 (and other illnesses).

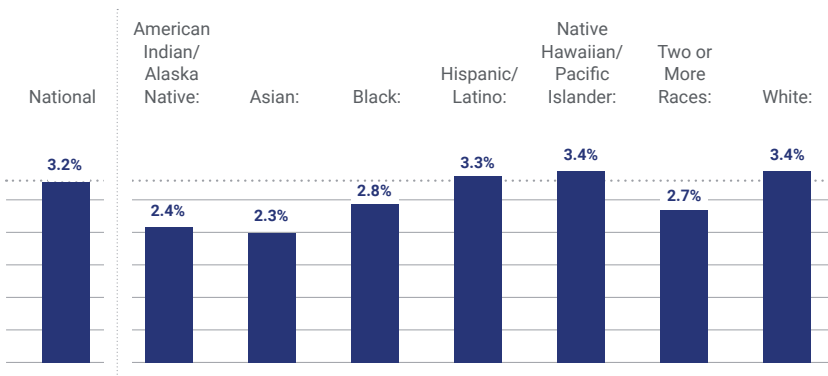
Additional funding is needed for both of these, as well as to invest in facilities (e.g., air purifiers, ventilation, etc.) to mitigate the Covid-19 risks and encourage the return of children to inclusive settings.



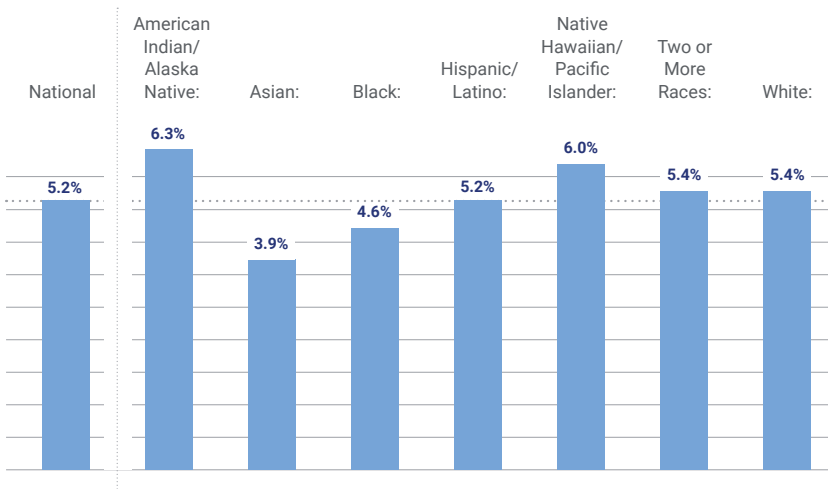
# Race & Ethnicity

Children’s experiences receiving early childhood special education (ECSE) services through IDEA Part B and early intervention (EI) through IDEA Part C vary by children’s race/ethnicity. This report finds indications that Black and Hispanic/Latino children are less well served than White Non-Hispanic children, though by school-age, Black children are overrepresented in special education. Discrepancies by race/ethnicity are found for the percentages of children receiving ECSE and EI, disability classification, delivery of services in an inclusive setting, and transitions out of Part C.

**Percentage of Children Under 3 Receiving Early Intervention Varies by Race/Ethnicity**



**Percentage of 3- & 4-Year-Olds Receiving Early Intervention Varies by Race/Ethnicity**



## ACCESS TO SERVICES

Nationally, in Fall 2020, 5.2% of 3- & 4-year-olds received special education services. However, White children (5.4%) were significantly ( $p < .05$ ) more likely to receive services than Hispanic/Latino (5.2%), Black (4.6%), and Asian (3.9%) children. A similar pattern exists for children under 3 years old receiving EI: Nationally, 3.2% of children under 3 received EI services. White children (3.4%) were significantly ( $p < .05$ ) more likely to receive services than Hispanic/Latino (3.3%), Black (2.8%), Asian (2.3%), AIAN (2.4%), and multi-racial (2.7%) children. Our analyses show that these national differences by race/ethnicity are explained both by differences within states and differences across states that vary in their population makeup. At older ages, Black children are more likely to be identified for special education services than White children while the patterns across other groups are similar at older ages.

States that have a higher percentage of Black children in their population had a lower percentage of children receiving ECSE and EI services. On the other hand, states with a higher percentage of Hispanic/Latino children had a higher percentage of children receiving EI services, as well as a higher percent of Hispanic/Latino children receiving EI services.



### FEDERAL FUNDING

There are also differences in ECSE and EI funding related to children’s race and ethnicity: States with a higher percentage of Hispanic children in the state received lower federal funding per child enrolled in ECSE and in EI. And in states where Hispanic children comprise a higher portion of children receiving ECSE services, federal funding per child in ECSE is lower. In states where White children comprise a higher portion of children receiving ECSE services, federal funding per child in ECSE is higher.



### DISABILITY CLASSIFICATION

Of children receiving ECSE, Hispanic/Latino (15%) and Black (14%) children were more likely than White (9%) children to be classified with Autism. Black children (57%) were more likely than White (46%) and Hispanic/Latino (36%) to be classified as having a developmental delay.<sup>16</sup> Hispanic (40%) and White (37%) children were more likely than Black (23%) children to be classified as having a speech or language impairment. Possibly this is an indication that ECSE is less successful identifying Black children with developmental delay and speech or language impairment, given the lower rates of services overall for Black children.



### LOCATION OF EI AND ECSE SERVICES AND INCLUSION

Black and Hispanic children with a disability are less likely than White children with a disability to attend early childhood education (ECE) programs alongside children without disabilities. White children (60%) with a disability are more likely than Black (56%) or Hispanic (52%) children with a disability to attend a regular early childhood program. White children (41%) with a disability are also more likely to attend a regular early childhood program and receive ECSE services in that setting, compared to Black (38%) and Hispanic (39%) children with a disability. Black, Hispanic, and White children were similarly likely to receive ECSE services at home and in a separate school. However, White children (23%) with a disability were less likely to receive ECSE services in a separate class than Black (32%) or Hispanic (31%) children with a disability.

The same variation by child race and ethnicity was not seen for EI: across all children, approximately 4% of children in EI received services in community-based settings, 93% at home, and 3% in other settings.



### TRANSITION OUT OF PART C

Black and Hispanic/Latino children exiting EI were less likely than White children to access ECSE.

For example, for 13% of Black children, attempts to contact their parents for transition from EI to ECSE at age 3 were unsuccessful, compared to only 8% of Hispanic/Latino children and 6% of White children. Hispanic/Latino (22%) and Black (20%) children were more likely than White children (13%) to not have had their Part B eligibility determined prior to their third birthday. Black (7%) and Hispanic/Latino (7%) children were less likely to complete their Individualized Family Service Plan (IFSP) prior to age 3 than White children (14%). Finally, White (37%) and Hispanic/Latino (36%) children were slightly more likely than Black (34%) children to be eligible for Part B when exiting Part C.

**CALL FOR ACTION**

Research is needed to better understand the identified racial/ethnic disparities in access to EI and ECSE and the location of EI and ECSE services. Why are children of color less likely than White children to receive EI and ECSE? In the school-age population Black children are more likely to be in special education, and while the reasons for this are debated, there is no plausible argument for underrepresentation of Black children in EI and ECSE.<sup>17</sup> It also seems likely that identification of children of color for EI and ECSE services could be improved more generally.

Data on suspension of children with disabilities that can be disaggregated by race is also needed.





# Gender

The data and analyses in this report confirm what is already well-known—boys are more likely to receive Early Childhood Special Education (ECSE) and Early Intervention (EI) than girls. Research indicates that biological differences contribute to a higher incidence of special needs for boys than girls.<sup>18</sup> The most striking gender differences are in the percentage receiving ECSE and EI services *per se* but there also are gender differences in where children receive ECSE services, rates of suspension, and reasons for transitioning out of EI. Data on disability classification by gender is not available.



## OVERALL ACCESS TO SERVICES

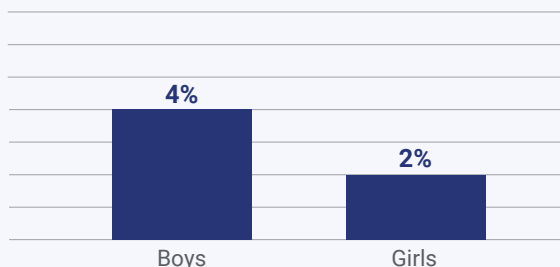
Nationally and in nearly all states, a higher percentage of boys than girls received EI and ECSE. Four percent of boys in the country under age 3 and two percent of girls received EI services in Fall 2020. Said another way, 63% of children receiving EI services nationally were boys, while only 37% were girls. Seven percent of 3- and 4-year-old boys but only three percent of girls received ECSE services. That is, 70% of children receiving ECSE services nationally were boys, while only 30% were girls. A larger percentage of boys than girls received EI and ECSE services in every state and territory.



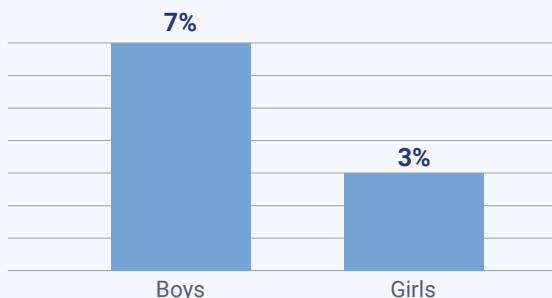
## LOCATION OF ECSE SERVICES AND INCLUSION

Data on where children receive EI is not available by gender. However, data are available by gender on where children receive ECSE services. Generally, boys and girls are receiving ECSE in similar locations. For example, a similar percent of boys (39%) and girls (41%) receive ECSE in a regular early childhood program in classrooms alongside children without disabilities. However, boys are more likely to receive ECSE services in separate classrooms (e.g., in self-contained classes), with an almost 4 percentage point difference between boys (29%) and girls (25%).

### Early Intervention



### Early Childhood Special Education



A higher percentage of boys than girls received Early Intervention and Early Special Education nationally and in all states.



## SUSPENSION

Data from the Office for Civil Rights<sup>19</sup> also shows differences in the likelihood of boys and girls with disabilities being suspended from public school-based preschool programs during the 2017-2018 school year. Suspension rates are low for all preschoolers with disabilities (even lower than for preschoolers without disabilities). Twenty-one out of every 10,000 preschool boys with a disability in a public school was suspended, compared to only six out of every 10,000 preschool girls with a disability. In other words, preschool-age boys with a disability are about 3.5 times more likely to be suspended than preschool-age girls with a disability.



## TRANSITION OUT OF PART C

There are gender differences in the reasons why children with an IFSP do not continue into ECSE. Notably, 13% of girls compared to 9% of boys completed the goals on the IFSP prior to turning three. Girls (16%) also were more likely than boys (13%) to be withdrawn from Part C services by a parent. Boys (38%) were more likely than girls (32%) to have been determined eligible for Part B and exited Part C.

## Suspension of Children with Disabilities in Public School Preschool

### SUSPENSION OF BOYS WITH DISABILITIES:

**21**

out of 10,000

### SUSPENSION OF GIRLS WITH DISABILITIES :

**6**

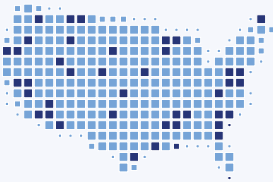
out of 10,000



## CALL FOR ACTION

Additional research could lead to a better understanding of gender differences in services, including whether some children are over- or under-identified and the reasons some are less likely to be served in inclusive settings.

Although suspension of preschool-age children with disabilities from public schools is low, this should be vanishingly rare if not zero, and it is substantially higher for boys than girls. Research into suspensions of children with disabilities and the development and implementation of policies to prevent them is warranted.<sup>20</sup>

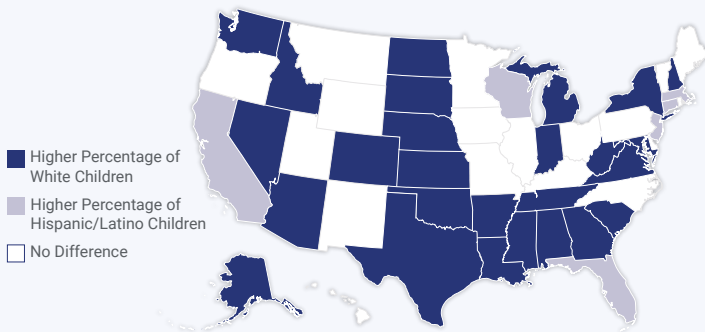


# State Variation

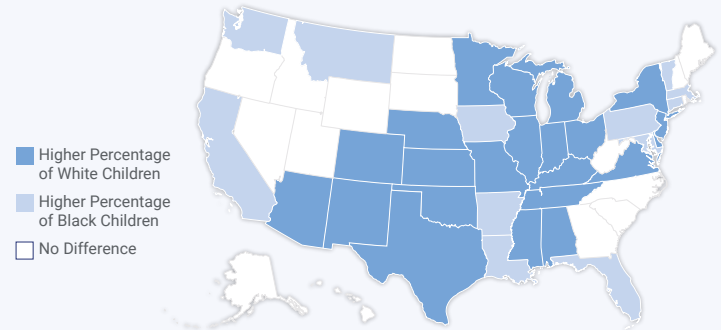
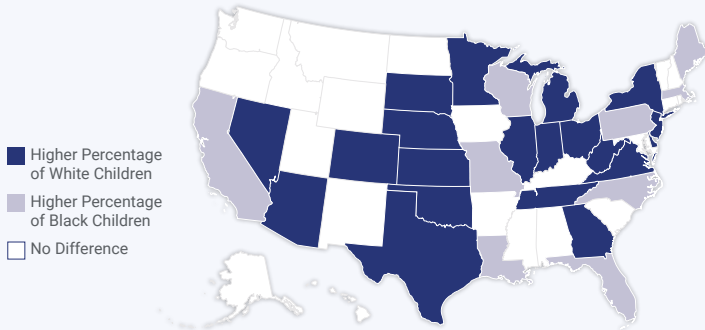
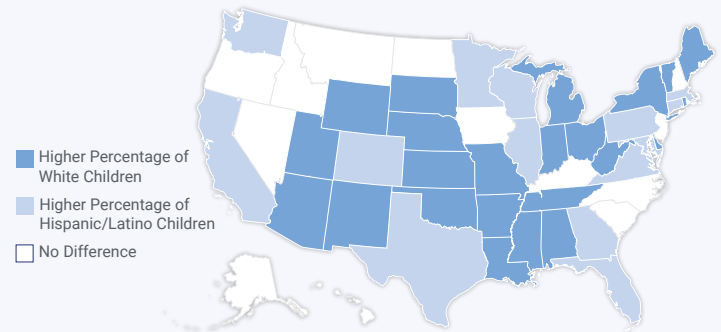
The Individuals with Disabilities Education Act (IDEA) is the *federal* law that requires children with a disability to receive a free and appropriate public education. IDEA provides guidance and regulations for states to provide EI and ECSE. This report finds large state-by-state differences in who receives Early Intervention (EI) and Early Childhood Special Education (ECSE), as well as where children receive services, which children receive services, federal funding per child, disability classification and eligibility, transitions between EI and ECSE, suspension of children with disabilities, and child outcomes.

## DIFFERENCES IN ENROLLMENT BY RACE/ETHNICITY

### Early Intervention



### Early Childhood Special Education





## ENROLLMENT

Nationally, three percent of children under 3 received EI services in Fall 2020, however this ranged from a high of ten percent in Massachusetts to less than one percent in Arkansas and Hawaii. Only six states provided EI services to more than five percent of infants and toddlers.

Nationally, five percent of 3- and 4-year-olds received ECSE in Fall 2020, however this ranged from a high of 14% in Wyoming to three percent in five states (Alabama, Georgia, Montana, North Carolina, Texas). Wyoming was the only state to provide ECSE to more than ten percent of 3- and 4-year-olds; Puerto Rico was the only territory to do so (11%).

These large variations across states raise questions about why children in some states are more likely to receive services than in others. We found that state median income (SMI) is a strong predictor of the percentage of children served in EI and ECSE. As shown in Figures 2 and 3, states with higher SMI serve a higher percentage of children in both programs. However, it is also true that some states serve more children despite having relatively low SMI and not every high SMI state is a leader in ensuring services.

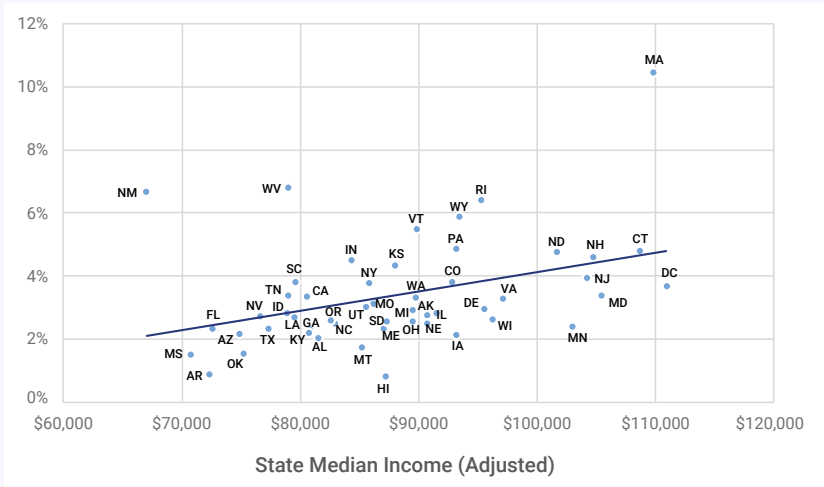


Figure 2: Percent of Children Under 3 in EI compared to State Median Income

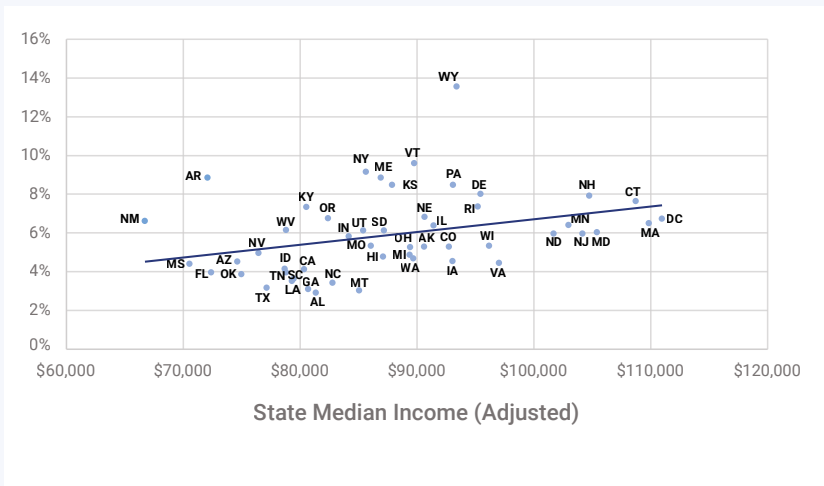
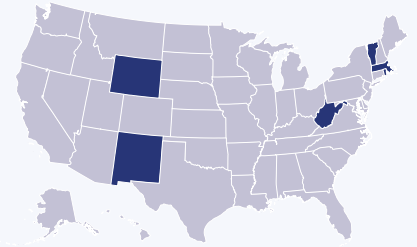
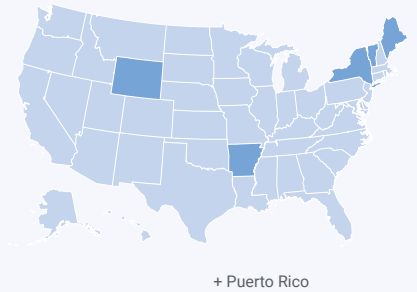


Figure 3: Percent of 3- & 4-year-olds in ECSE compared to State Median Income

Six states served more than 5% of children under 3 in Early Intervention



Five States and Puerto Rico served at least 9% of 3- & 4-year-olds in Early Childhood Special Education



## ENROLLMENT BY RACE/ETHNICITY

In nearly all states, the percentage of children receiving EI and ECSE varies by child race/ethnicity. However, there are considerable differences across states in over- or under-representation. No one group of children was more or less likely to receive EI or ECSE in every state.

In 26 states, a significantly lower percentage of Hispanic/Latino than White children received EI; but the opposite pattern is found in six other states. In 21 states, a significantly lower percentage of Black than White children received EI, whereas in 10 states the opposite pattern was found. In the remaining states, there were no significant differences.

Turning to ECSE, in 23 states a significantly lower percentage of Hispanic/Latino than White children received services, but in 16 states the opposite pattern was found. In 22 states a significantly lower percentage of Black than White children received ECSE, whereas in 13 states the opposite pattern was found. In the remaining states, there were no significant differences.



## State Variation



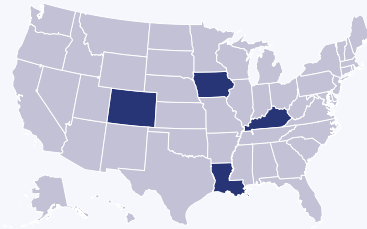
### FUNDING

EI and ECSE are funded through federal, state, and local dollars. A federal funding formula is used to determine the federal allocation to each state but it is only a small portion of the total funding for EI and ECSE.

For the 2020-2021 school year, on average, states received only \$1,850 per child in EI in federal funding (including \$564 per child in Covid-19 relief funding). Adjusting for state cost of living differences, this ranged from approximately \$1,000 or less in the three states (Massachusetts, New Mexico, West Virginia) that serve the highest percentage of infants and toddlers to more than \$5,700 in three states (Arkansas, Hawaii, Montana) that are on the low end of serving children in EI. Federal funding for EI through IDEA Part C is not intended to be the sole source of funding to provide services for infants and toddlers with disabilities. Fourteen states report that federal funds are the primary funding source for EI; 32 states report relying primarily on state funding and three reported relying primarily on local funding.<sup>21</sup> States that reported relying primarily on federal funding did receive, on average, significantly ( $p < .05$ ) more federal funding per child receiving EI than states reporting other primary sources of funding; however the amount is still too low.

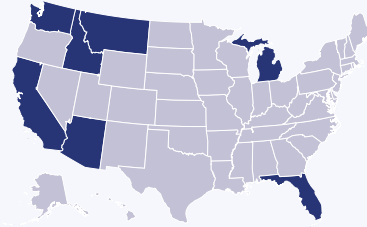
States also vary in other ways of paying for EI. Medicaid is a common source of funding for EI but states vary in the extent of their coordination with Medicaid. Most states (31) allow for billing private insurance agencies for Part C services. And 16 states allow for family fees to cover part of the cost of EI.<sup>22</sup>

For the 2020-2021 school year, IDEA Part B, 619 funding (the funding source dedicated to ECSE) amounted to just \$801 per child receiving ECSE (including \$268 per child in Covid-19 relief funding). After adjusting for cost of living differences, this ranged from less than \$500 in the District of Columbia, Hawaii, and Nevada to more than \$1,200 in Alabama, South Carolina, and West Virginia. States can also use funding from IDEA Part B, 611 (the broader Special Education funding source) to serve preschoolers with disabilities, but the amount used for ECSE is not reported.



### Top States

- + American Samoa
- Palau
- Virgin Islands



### Lowest States

- + Marshall Islands
- Guam



### LEAST RESTRICTIVE ENVIRONMENT

IDEA requires that children with disabilities receive services in their Least Restrictive Environment (LRE). For example, the LRE for a child might be a regular education program where at least 50% of the children do not have a disability. Data limitations preclude us from estimating the percentage of children receiving ECSE in the LRE. What we do know is that nationally, 57% of children receiving ECSE attend a regular early childhood program (i.e., a program that offers services to both children with and without disabilities). This ranges from above 90% in Colorado, Kentucky, Palau, and Virgin Islands to less than one-third in Arizona, Idaho, Michigan, and the Marshall Islands. Kentucky serves nearly all of the state's 3- and 4-year-olds with disabilities within their state-funded preschool program.

States vary in the extent to which children with an Individualized Education Program (IEP) participate in other publicly funded programs such as Head Start and state-funded preschool. Integration with these early childhood education programs can help ensure children receive services in inclusive settings and/or in their LRE.

About 13% percent of 3- and 4-year-olds with an IEP are enrolled in Head Start. This ranged from more than one-third in Montana and West Virginia and five territories (American Samoa, Guam,



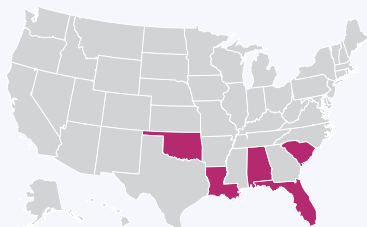
Northern Mariana Islands, the Republic of Palau, and Puerto Rico) to less than ten percent in 14 states (Connecticut, Delaware, District of Columbia, Illinois, Maryland, Massachusetts, Missouri, Nevada, New Hampshire, New Jersey, South Carolina, Utah, Virginia, Washington). Nationally, six percent of infants and toddlers with an IFSP are enrolled in Early Head Start. Again, there is meaningful variation across states: One state (Arkansas) and one territory (Puerto Rico) served more than one-third of infants and toddlers with an IFSP in Early Head Start but 17 served less than five percent.

Since state-funded preschool programs vary widely in the percentage of the population served, variation is to be expected in the percent of 3- and 4-year-olds with an IEP enrolled in state preschool. Nationally, an estimated 35%<sup>23</sup> of 3- and 4-year-olds with an IEP attended state preschool but this ranged from serving nearly all 3- and 4-year-olds with an IEP in state preschool in five states (District of Columbia, Kentucky, Massachusetts, Oklahoma, and West Virginia) to serving less than 10% in seven states (Arizona, Delaware, Hawaii, Mississippi, Missouri, Nevada, Tennessee), among those that can report this information.



### SUSPENSION

Nationally, 0.16% (16 out of every 10,000) of preschoolers with a disability in a public school were suspended during the 2017-2018 school year. The average rate of suspension of children with disabilities in the top five states for suspensions was 0.65%, or 65 out of every 10,000 preschoolers with a disability. Fourteen states did not suspend any preschool children with a disability.



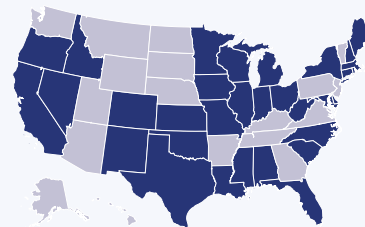
**The 5 States with the Highest Suspension Rates for Preschoolers with Disabilities**



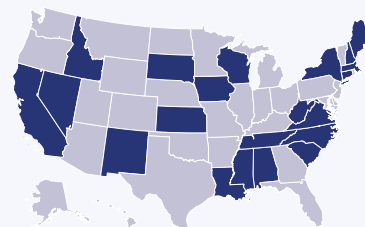
### ELIGIBILITY FOR EARLY INTERVENTION

States decide how infants and toddlers qualify for EI. Twenty-two states used prematurity as an eligibility criterion; definitions of prematurity range from less than 26 weeks to less than or equal to 32 weeks. Thirty-three states and one territory use low birth weight as an eligibility criterion; definitions of low birth weight range from < 999 grams to < 1,814 grams (four pounds)<sup>22</sup>

States can decide to also include infants and toddlers *at-risk* for a developmental delay (due to either biological or environmental factors) in their definition of children with a disability who qualify for Early Intervention through Part C.<sup>24</sup> Only six states (California, Florida, Massachusetts, New Hampshire, New Mexico, and West Virginia) and Guam use the *at-risk* designation for determining Part C eligibility. Within those states, between 1% and 12% of infants and toddlers are classified as *at-risk*. Massachusetts, West Virginia, and New Mexico also serve the highest percent of children in EI.



**33 States used Low Birth Weight as an Eligibility Criterion for Early Intervention**



**22 States used Prematurity as an Eligibility Criterion for Early Intervention**



### DISABILITY CLASSIFICATION FOR ECSE

All states except for California, Iowa, and Texas (as well as Puerto Rico) allow children to qualify for ECSE services using the developmental delay option, though how this is defined varies by state. For example, some states require a delay in only one area while others require a delay in multiple areas. Nationally, 45% of children in ECSE have a developmental delay classification but this varies widely across the states. In New Jersey, nearly all children in ECSE are considered to have a developmental delay. But in three states (Maine, Michigan, and Wyoming), less than one-fifth of children in ECSE are classified with a developmental delay.

Speech or Language Disability classification also varies across states from more than half of children in ECSE in five states (California, Michigan, Texas, Wisconsin, Wyoming) and Puerto Rico to less than ten percent in five states (Hawaii, Nevada, New Jersey, New York, Vermont) and six U.S. territories (American Samoa, Federated States of Micronesia, Guam, Commonwealth of the Northern Mariana Islands, Palau, and Republic of the Marshall Islands). California and Texas are two states that do not use the developmental delay classification.

The percentage of children classified with Autism in ECSE also varied widely across the states and territories. More than 25% of children in ECSE had an Autism classification in two states (California and Texas – two states that do not use developmental delay) and three U.S. territories (Guam, Commonwealth of the Northern Mariana Islands, Palau). At the low end, less than five percent of children in ECSE had an Autism classification in ten states (Arizona, Arkansas, Kansas, Missouri, New Jersey, New York, Utah, Vermont, West Virginia, and Wyoming) and American Samoa.



### TRANSITION OUT OF PART C

There is substantial variation in children's transitions out of EI. For example, in four states (Indiana, South Dakota, Virginia, Wyoming) and Guam, more than 30% of children exiting EI either completed their IFSP before age 3, or were determined not to be eligible for ECSE. But in four states (Maine, Mississippi, Oregon, Tennessee) and American Samoa, this was less than ten percent. More than 50% of children exiting EI were determined to be eligible for ECSE in seven states (Delaware, Minnesota, Missouri, Nebraska, New York, Oregon, Vermont) and American Samoa and Northern Mariana Islands but in three states (Mississippi, Tennessee, West Virginia) and Puerto Rico, less than 25% were.

In nine states (District of Columbia, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, Oregon, Vermont, Wyoming) and Commonwealth of the Northern Mariana Islands, Part B eligibility was not determined for less than five percent of children exiting EI, but in seven states (California, Florida, Georgia, Mississippi, Nevada, North Carolina, and Tennessee) and Puerto Rico, this was more than 25% of children exiting EI. In some cases, children were withdrawn from EI by their parents or parents could not be contacted for an evaluation. This occurred for more than one-third of children in three states (Alabama, Texas, West Virginia), but less than ten percent in two states (New York, South Dakota) and American Samoa.



## CHILD OUTCOMES

States are required to evaluate the progress and skills of children in EI and ECSE on three domains: positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs. Thirty-eight states and five territories use the Early Childhood Outcomes Summary Form for EI and 36 states and seven territories use it for ECSE.

There were 12 states (California, Colorado, Connecticut, District of Columbia, Georgia, Indiana, North Dakota, South Dakota, Utah, Vermont, Washington, Wyoming) and American Samoa in which 50% or more of infants and toddlers were reported to function within age expectations by the time they turned 3 years old or exited EI on all three domains. On the other hand, there were 15 states (Alaska, Arkansas, Delaware, Maine, Maryland, Missouri, Montana, Nevada, New York, Oklahoma, Oregon, Rhode Island, South Carolina, Texas,

Wisconsin) and two territories (Guam, Virgin Islands) in which less than 50% of children were reported to function within age expectation in all three domains.

There were 18 states (Alabama, California, Colorado, Connecticut, Florida, Kansas, Michigan, Mississippi, Montana, Nebraska, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, West Virginia, Wyoming) and two territories (Federated States of Micronesia and Virgin Islands) in which 50% or more of preschool-age children were reported to function within age expectations by the time they turned 6 years old or exited ECSE on all three domains. On the other hand, there were 13 states (Alaska, Arizona, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Missouri, Nevada, New Jersey, New Mexico, New York, Washington) and two territories (Guam, Commonwealth of the Northern Mariana Islands) in which less than 50% of children were reported to function within age expectations in all three domains.

## CALL FOR ACTION

The magnitude and pervasiveness of inequality across the states calls for a national effort to ensure that children's rights to EI and ECSE are adequately met in every state. The federal government should establish a national commission to address these issues and develop policy recommendations for the federal government and states. One of the first tasks of this commission should be to hold a national summit in which states share and explore the reasons for and results of variations in their policies. State administrators could contribute to the development of recommendations for federal and state actions. Increased federal funding for EI and ECSE tied to specific goals would be one obvious way to help lower income states serve more children in EI and ECSE (likely alongside increased state funding). Additional funding also could be used to incentivize greater use of inclusive settings and to ensure children the supports needed to be successful in those environments. The commission should also make recommendations regarding needs for research and data collection. A full fiscal analysis of the cost of EI and ECSE and current expenditures is likely to be one of the basic sources of information needed by the national commission and by the federal and state governments in developing policies to eliminate inequity.