Georgia's Preschool Development Grant

BIRTH THROUGH FIVE

GEORGIA'S BIRTH THROUGH FIVE MIXED-DELIVERY SYSTEM

NEEDS ASSESSMENT

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Additional information on the PDG B-5 grant can be found at: **www.decal.ga.gov/BftS/PreschoolDevelopmentGrant.aspx**

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KEY TERMS AND DEFINITIONS

Key Terms	Definitions
PDG B-5	Preschool Development Grant, Birth through Five
ACES	Adverse childhood experiences
B-5	Birth through five
BCW	Babies Can't Wait, Georgia's early intervention program for families of infants and toddlers (age B-3) with developmental delays and disabilities
CACDS	Cross Agency Child Data System
CACFP	Child and Adult Care Food Program
CAPS	Childcare and Parent Services, a federal program that subsidizes child care for low-income parents and caregivers
CCDF	Child Care and Development Fund
CCLC	Child care learning centers
CDA	Child Development Associate credential
CLASS	Classroom Assessment Scoring System
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCH	Department of Community Health
DECAL	Department of Early Care and Learning, Bright from the Start
DFCS	Division of Family and Children Services (within the Georgia Department of Human Services)
DHS	Department of Human Services
DOE	Department of Education
DPH	Department of Public Health
Early intervention programs	Preschool Special Education, Babies Can't Wait, Children 1st, Home Visiting
ECCE	Early childhood care and education
EHS	Early Head Start
EHS-CCP	Early Head Start–Child Care Partnerships
ELLC	Early learning leadership collaboratives
ELLCO instruments	Early Language and Literacy Classroom Observation instruments
ERS	Environment Rating Scales
ESSA	Elementary and Secondary School Act (federal)
FCCLH	Family child care learning home
FPL	Federal poverty line
GAAWARDS	Georgia's Academic and Workforce Analysis and Research Data System, the statewide longitudinal data system of actionable education and workforce data
GaPDS	Georgia Professional Development System

Key Terms	Definitions
GELDS	Georgia Early Learning and Development Standards
Georgia SEEDS	Georgia Social Emotional Early Development Strategies for Success
Georgia's Pre-K	Georgia's universal Pre-K program funded by the Lottery System of Georgia
GKIDS	Georgia Kindergarten Inventory of Development Skills Readiness Check
GOSA	Governor's Office of Student Achievement
GSE	Georgia Standards of Excellence
GTA	Georgia Training Approval
GVHP	Georgia Home Visiting Program
HS	Head Start
IDEA	Individuals with Disabilities Education Act
KOALA	Georgia's childcare licensing and provider self-service data system
LITTLE	Lifting Infants and Toddlers Through Language Rich Experiences
MIECHV program	Maternal, Infant, Early Childhood Home Visiting Program
Mixed-Delivery System	Infrastructure that recognizes the need for differentiation of services based on individual community needs
PANDA	Pre-K Application and Database Access (Georgia's Pre-K database system)
PEACH	Planning Educational Activities for CHildren
PLC	Professional learning community
PPE	Program performance evaluation plan
PSN	Peer Support Network
Quality Rated	Georgia's Tiered Quality Rating and Improvement System (TQRIS)
Rising Pre-K STP	Rising Pre-K Summer Transition Program
SFSP	Summer Food Service Program
SNAP	Supplemental Nutrition Assistance Program
STABLE.	Short Term Assistance Benefit for Licensed Entities, funding provided to small businesses, including child care providers, through the federal CARES Act.
TANF	Temporary Assistance for Needy Families
TARO	Temporary Alternate Rating Option
TCC	Technical college certificate of credit
TCSG	Technical College System of Georgia
USG	University System of Georgia
Vulnerable Populations	Vulnerable and underserved populations, such as those living in poverty, experiencing homelessness, living in foster care, living in rural areas, dual-language learners, and living with disabilities
WIC	Nutrition Program for Women, Infants, and Children
WKCs	Workforce Knowledge and Competencies

INTRODUCTION

In December 2018, Georgia was awarded an initial Preschool Development Grant Birth through Five (PDG B-5) by the US Department of Health and Human Services, Administration for Children and Families, and the US Department of Education. This initial grant provided Georgia with a unique opportunity to strengthen its early childhood care and education (ECCE) system-level framework and better align and further expand critical birth-through-five services and programs. A key component of Georgia's initial PDG B-5 5 was a requirement for states to conduct a system-level Needs Assessment. The goal of the Needs Assessment was to analyze the state's existing mixed-delivery system of programs and services to determine how well Georgia was meeting the needs of families of children ages birth through five. In December 2019, Georgia was awarded a three-year renewal PDG B-5 through December 2023 to continue the activities started with the initial PDG B-5 and to address the gaps identified by the Needs Assessment.

Data collection for Georgia's Needs Assessment was conducted in the summer and fall of 2019. The COVID-19 pandemic began as the state's PDG B-5 leadership team was finalizing the results of the Needs Assessment. In addition to delaying publication of the Needs Assessment, the pandemic also delayed the state's ability to finish other projects in the initial grant and begin new projects in the renewal grant. State leaders used the PDG B-5 opportunity to collect additional data and conduct analyses to better understand the pandemic's impact on vital ECCE services.

This Needs Assessment report provides a snapshot of Georgia's understanding of its early childhood system. It includes the conditions and demographics of the state's birth-through-five population and the types of supports the state provides its youngest children and their families. It also details what is *known* about Georgia's early childhood system and, more importantly, what is *not known.*

The findings from the Needs Assessment are organized in seven distinct parts in this full report. The seven parts, detailed below, have also been published as stand-alone reports, available at http://www.decal.ga.gov/BftS/PreschoolDevelopmentGrant.aspx. See Appendix A for the Needs Assessment Crosswalk, which lists where in this report each requirement of the Needs Assessment is addressed.

Part I: Overview

The first part of this report details Georgia's approach to the Needs Assessment, including the state's research methods and data sources. Part I also includes a high-level summary of the pre-pandemic findings.

Part II: Georgia's Mixed-Delivery System and System-Level Findings

As per the requirements of the grant, the Needs Assessment must include a description of the state's mixed-delivery system and detail how the state defines key terms. Part II describes the state's system, Georgia's definitions of key terms, and the system-level findings of the Needs Assessment.

Part III: Family Demographics and Family Engagement

Like in many other states, the demographics of Georgia's children and families have shifted in the past decade. Understanding these demographic shifts helps state leaders, advocates, families, early childhood workforce staff, and other advocates better serve children and families and meet the state's 21st century needs. State PDG B-5 leaders invested considerable resources addressing statewide efforts to enhance family engagement. Part III discusses the demographics of Georgia's families and details some of the results of efforts to enhance family engagement.

Part IV: Data and Research

A key focus of the Needs Assessment was a comprehensive examination of the state's data systems, data understanding, and data use as well as how well different data systems can communicate and collaborate. Specifically, Part IV provides an overview of those data systems, the state's ability to access unduplicated counts of children, and how state leaders plan to strengthen their use of data.

Part V: Access to Early Childhood Programs and Services

The state has made considerable investments in understanding the degree to which early childhood care and education (ECCE) programs and services are available to every child. Part V provides findings related to ECCE access across the state and what access looks like for different populations for children and families.

Part VI: Quality of Early Childhood Programs and Services

Recognizing the importance of high-quality early childhood programs being available and accessible to all families, Part VI highlights findings from the Needs Assessment related to the quality of early education.

Part VII: The Early Childhood Care and Education Workforce in Georgia

A critical component of any state's early childhood care and education mixed-delivery system is its workforce. This report addresses needs related to the state efforts to strengthen its ECCE workforce.

Additional Reports on the Impact of the COVID 19 Pandemic

Recognizing that the COVID-19 pandemic has affected the state's ECCE mixed-delivery system, state PDG B-5 leaders allocated resources to study the impact. These reports, released in December 2020, share findings of the research related to the COVID-19 pandemic.

PART 1

OVERVIEW OF GEORGIA'S NEEDS ASSESSMENT PROCESS

INTRODUCTION

This part of the report details Georgia's approach to the Needs Assessment, including the state's research methods and data sources. Part I also includes a high-level summary of the pre-pandemic findings. See Appendix A for the Needs Assessment Crosswalk, which lists where in this report each requirement of the Needs Assessment is addressed.

PROCESS AND METHODS

In 2018, Governor Brian Kemp designated the Georgia Department of Early Care and Learning (DECAL) as the lead agency for the state's PDG B-5 work. As the lead agency, DECAL managed implementation of the Needs Assessment, including developing the methodology, reviewing existing research, managing and conducting data collection, analyzing data, and ensuring that federal guidelines for the Needs Assessment were met. DECAL contracted with Child Trends and the Carl Vinson Institute of Government at the University of Georgia to provide facilitation, organization, evaluation, and technical support for the Needs Assessment.

The Needs Assessment utilized multiple methods and drew from various data sources. Specific methods included conducting surveys and focus groups, analyzing administrative data, reviewing existing evaluation and research studies, and providing opportunities for overall stakeholder engagement that helped provide context to the findings. Specific data sources included Georgia's Cross-Agency Child Data System (CACDS), the American Community Survey from the US Census Bureau, and administrative data from state agencies that serve Georgia's birth-through-five population and their families. Table 1.1 provides additional details about Georgia's Needs Assessment methodology and data sources.

Table 1.1. Methods and Processes Used to Inform the Needs Assessment

Method	Description
Document Review	Collected and summarized state documents, reports, evaluations, and existing needs assessments from all state agencies with programs serving young children. Documents were compiled in the winter and spring of 2019. Conducted a cross-sector review of the most recent significant reports of the targeted ECE programs, services, and B-5 population. See Appendix B for the complete list.
Stakeholder Survey	Fielded statewide stakeholder survey to gather feedback on the Needs Assessment, September 25, 2019, through October 30, 2019. A broad group of stakeholders were included: Georgia Head Start Association, Get Georgia Reading Leadership Team, state agency staff, and advocacy groups. The survey report can be accessed at http://www.decal.ga.gov/documents/attachments/PDGB5SurveyReport.pdf.
Cross-Agency Child Data System	Georgia has the benefit of a well-established early childhood integrated data system, CACDS. CACDS data were used to determine unduplicated counts of children in programs, as described in Part IV. CACDS reports were also used to better understand access to early childhood programs and services, as described in Part V of this report.
ECCE Program Data Inventory	DECAL staff worked closely with researchers from Child Trends to catalog Georgia's existing data sources and how these sources could be used for the Needs Assessment.
Birth–5 Population and Program Data Analysis Report	Using the data inventory, Child Trends analyzed Georgia's birth to five population and program data. These data were used to understand population and programmatic data and their relationship to access and quality of programs and services by population demographics (i.e., age, race, primary language, rural/urban).
Stakeholder Feedback Sessions	Stakeholder meetings were held in September through November of 2019. The sessions gathered feedback from a broad group of stakeholders from across the state, including families, child care providers, family child care providers, local school systems, Pre-K programs, Head Start and Early Head Start programs, state agency staff, child care resource and referral staff, teachers, and advocates from across the state. Stakeholders from rural areas and from diverse populations were recruited for participation. The agendas, minutes, and lists of participants for each session can be accessed at http://www.decal.ga.gov/BftS/PreschoolDevelopmentGrant.aspx
Family Focus Groups on Child Care	While families were part of the stakeholder feedback sessions, specific focus groups and a survey were conducted with parents with young children to gather information on how families locate child care, use the available resources such as websites and call centers, and understand child care licensing reports.

In addition to the methods listed in Table 1.1, Georgia planned regional community forums across the state that would be used to share initial findings of the Needs Assessment and collect

additional feedback. Unfortunately, due to the COVID-19 pandemic, these forums were postponed. However, the minutes for the stakeholder feedback sessions were posted for stakeholder review. Additionally, the PDG B-5 Needs Assessment work has been presented to existing interagency collaborations, including Georgia's Cross Agency Child Council, the Georgia Children's Cabinet (Georgia's State Advisory Council), the Georgia Infant Toddler Coalition, the Interagency Coordinating Council, and the Get Georgia Reading State Leadership Team.

SUMMARY OF FINDINGS

The pre-pandemic findings of the Needs Assessment have been organized into the six critical areas: system building, family engagement, quality of programs and services, access to programs and services, workforce, and data and research. These areas are described in Table 1.2.

Table 1.2. Summary of Needs Assessment Findings (Pre-Pandemic)

Critical Area	Descriptors of Findings
System Building	• A key takeaway is that Georgia's B-5 system has been intentionally built and marketed as being for "all children," which has led to a socio-economically diverse "buy-in" on early childhood but also creates challenges in implementing services for specific populations. • There is opportunity to better align and coordinate services for vulnerable children and their families across agencies at the state and community levels. • The Children's Cabinet is perceived as a strength for the B-5 system. The Cabinet has a diverse membership and represents a collective voice for the needs of children across the state. • Having multiple programs housed at DECAL and the Department of Human Services (DHS) supports alignment of programs and services but also creates some challenges related to data systems and communication. • Existing policy, governance, and financing initiatives that align ECCE programs are housed at different agencies. • The Cross-Agency Child Data System (CACDS) is a significant collaboration across agencies serving children ages birth to five and their families; PDG is an opportunity to strengthen the system. • The integrated eligibility system (Gateway) is an opportunity to align B-5 program data with data from the Temporary Assistance for Needy Families (TANF) program and the Supplemental Nutrition Assistance Program (SNAP).

Family Engagement	• A key finding was that the state should increase its focus on building family resilience, particularly for vulnerable populations. • There should be added opportunities for peer learning and supports. • State leaders should increase opportunities for authentic family voices in policy making at the state and community levels. • Supports and resources for building families' understanding of child development and high-quality care should be developed and expanded. • The state should continue investing in two-generation strategies and programs. • Families need support navigating transitions between programs and services in the B-5 system.
Quality of Programs and Services	• Quality is not consistently defined across different early childhood programs. • Quality Rated has been a lever for raising the quality of child care programs across the state. • Family child care learning homes (FCCLHs) are perceived as needing additional resources and supports developed specifically for the FCCLH setting. • The quality of preschool environments is higher than infant/toddler environments. • There is a need for developing supports and resources for early learning programs serving children with disabilities, children exhibiting persistent challenging behaviors, and children and families impacted by trauma. • Findings include the need for improved access to mental health and behavioral support. • Increasing the knowledge of child development, developmentally appropriate instruction, and child assessment for young children would improve the quality of B-5 programs and services.
Access to Programs and Services	• Increased access to ECCE programs is needed for vulnerable populations and families in rural areas. • There is need for increased efficiency and coordination of child development screening, referrals, and early intervention services. • A challenge for offering high-quality preschool experiences are the large waiting lists for Georgia's Pre-K and Head Start in high-population, urban counties. • There is a need for increased supports for transitions, especially for children with a disability or children who are dual language learners. • There is very limited or no access to mental health services. • There is very limited access to Home Visiting programs. • Findings suggest a need to explore telehealth services to increase access in rural communities. • A continual theme was the need to develop strategies and supports for decreasing suspensions and expulsion from early learning settings.

Workforce	• Findings highlight the following specific challenges for early childhood programs: (1) high workforce turnover, especially among child care teachers, (2) low workforce compensation, and (3) difficulty in credentialing, hiring, and retaining professionals, especially for positions in child care and early intervention. • Findings suggest a defined need for a credentialing program for professionals to provide mental health services for children ages B-5. • Findings indicate a need to develop policies and funding structures to support career pathways. • Increasing professional learning opportunities targeting professionals working with the following specific populations would raise the quality of and access to those services: infant and toddlers, dual language learners, afterschool programs. • Efforts are needed to develop and expand the bilingual workforce. • Increasing opportunities for professional learning on nutrition and physical education, trauma-informed care, and social-emotional learning would raise quality. • There is a need to support the workforce in understanding developmental surveillance and referrals for services. • Supporting program administrators' knowledge of child development and leadership skills should be a priority.
Data and Research	• CACDS represents a significant collaboration across B-5 agencies. • There is a need to better understand the data available and the data needed at the state and community levels. • Additional training is needed on CACDS and data literacy, data visualization, and collection. This training is needed at the state and community levels. • There is a need for common definitions for populations (dual language learner, poverty, etc.). • The state's CACDS system should develop and thereby increase access to more user-friendly reports. • State agencies need to have data available at the child and aggregate levels. • There is a need to standardize and better understand data relating to program transitions. • Findings highlighted CACDS data quality and reporting issues. • The state should continue tracking and analyzing data related to access to higher quality ECCE environments and supports.

CURRENT AND FUTURE DATA COLLECTION TO INFORM THE NEEDS ASSESSMENT

This section describes additional activities being conducted as part of the Needs Assessment. These include activities related to understanding the impact of the COVID-19 pandemic and additional research related to current ECCE projects and initiatives. These data collection activities will help ensure that the Needs Assessment is a "living document" that can continue to inform the changing landscape of the system.

State B-5 PDG leaders are committed to ensuring that the Needs Assessment is not a one-time-only document, but is a resource where ongoing stakeholder engagement, data collection, and

analyses will gather additional feedback. These activities will not only provide insight into the changing landscape of Georgia's early childhood system but will also specifically target populations who may be under-represented in initial Needs Assessment activities. These populations include families participating in specific services (child care subsidy, intervention and special education preschool, foster care) and the early childhood workforce.

An example of the additional research the state is conducting is studying the impact of the COVID-19 pandemic. Specifically, Georgia has partnered with UGA's Carl Vinson Institute of Government to conduct three additional Needs Assessment activities. These activities will not only provide insight into the impact of the pandemic but will also engage specific stakeholders (owners of child care and education facilities, members of the early education workforce, and families representing targeted populations) to provide additional feedback from these critical voices. The report for these Needs Assessment activities will be released later in 2021. Table 1.3 provides a description of each activity.

Table 1.3. Methods and Processes Used to Inform the Needs Assessment on the Impact of the Pandemic

Method	Description
STABLE Survey	The Institute of Government gathered input from licensed child care programs (centers and FCCLHs) in Georgia regarding their COVID-related needs and experiences applying for Short Term Assistance Benefit for Licensed Entities (STABLE) funds. The funds were from the federal CARES Act. The survey collected data regarding operational status, program needs, and use of the funding.
Focus Groups	The Institute of Government conducted virtual focus groups in October 2020 to understand the impact of the pandemic on specific populations, programs, and services. Focus groups were conducted with the following groups: • Families receiving Childcare and Parent Services (CAPS) subsidies • Families with children receiving Special Education Preschool services (IDEA, Part B, Section 619) • Families with children receiving services through Babies Can't Wait (IDEA, Part C) • Foster care parents • Georgia's Pre-K teachers employed by a local school system • Georgia's Pre-K teachers employed by a private program • Infant/toddler teachers employed by a child care center • Preschool teachers employed by a child care program • Child care center directors • FCCLH providers • School-age teachers employed by a child care center
Key Informant Interviews	The Institute of Government will conduct key informant interviews with the members of the Cross Agency Council and state agency program leaders to help determine specific impacts to key programs and populations within the mixed-delivery system

Note: IDEA = Individuals with Disabilities Education Act

Additionally, the Needs Assessment will function as a catalyst for more expansive research and evaluation during the Preschool Development Renewal Grant. The Cross Agency Child Council, created through the PDG B-5 grant and responsible for providing high-level oversight of Georgia's PDG activities, is proposing additional research and data collection that can be conducted through the renewal grant.

CONCLUSION

This report details Georgia's multimethod approach to conducting the Needs Assessment, along with high-level findings. Overall, the findings show the strength of Georgia's early childhood care and education (ECCE) mixed-delivery system but highlight specific results that show where improvements can be made. Such improvements include expanding a focus whereby "all children" reflects every child, increasing efforts to support the workforce, and strengthening data processes so the state can expand its "real-time" use of state- and community-level data.

PART 2

GEORGIA'S MIXED-DELIVERY SYSTEM AND SYSTEM-LEVEL FINDINGS

INTRODUCTION

Part II of the Needs Assessment report covers the grant requirements asking states to define their mixed-delivery system, to operationalize key ECCE definitions, and to identify focal populations. This part of the report also includes system-level and overarching findings and themes that emerged from the Needs Assessment data collection. These findings and themes are not specific to any of the topic areas but rather apply to the overall system and thus are included here. They also illustrate a specific "lens" that the state is using in conducting its PDG B-5 work.

GEORGIA'S MIXED-DELIVERY SYSTEM

Georgia's mixed-delivery system was created and is maintained through a statewide system of federal, state, and local funding streams, policies, and programs. This mixed-delivery early childhood system is supported by a network of advocacy, philanthropic, and programmatic partners. The state has a long history and strong reputation for working collaboratively across state agencies, federal entities, early care and education advocacy groups, early care and education professional organizations, private and corporate foundations, universities, and parent groups to benefit children and families.

Georgia's state agencies administer several programs and services for its ECCE system. Each state agency is led by an executive who is a member of the Georgia Children's Cabinet and who reports directly to the governor. Table 2.1 identifies participating state agencies and the direct services they provide within Georgia's mixed-delivery system.

Table 2.1. Georgia's State Agencies Providing Direct Services

State Agency	Description of Agency Programs
Department of Early Care and Learning (DECAL)	Administers the following federal and state programs: Child Care and Development Fund (CCDF), Georgia's Pre-K Program, Head Start State Collaboration Office, Quality Rated (Georgia's tiered quality rating and improvement system), child care licensing, subsidized child care (CAPS), child care resource and referral agencies, the Child and Adult Care Food Program (CACFP), and the Summer Food Service Program (SFSP)
Department of Behavioral Health and Developmental Disabilities (DBHDD)	Oversees programs related to child and adolescent behavioral health, including family support services, a non-entitlement program that brokers disability-specific services
Department of Education (DOE)	Oversees K-12 education, including the Elementary and Secondary School Act (ESSA), and oversees Individuals with Disabilities Education Act (IDEA), Part B, Section 619, and Title Programs
Department of Human Services (DHS)	Houses the Division of Family and Children Services (DFCS), which includes Child Protective Services and the Office of Family Independence. Also responsible for administering Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP)
Department of Public Health (DPH)	Oversees Georgia's public health programs and initiatives including Maternal Child Health; Children 1st; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); IDEA, Part C, Early Intervention; newborn screening; and home visiting
Governor's Office of Student Achievement (GOSA)	Provides policy support to the governor through research, data analysis, and reports on educational programs
Technical College System of Georgia (TCSG)	Supervises Georgia's 22 technical colleges across 85 campuses offering 600 program options, including many for early educators
University System of Georgia (USG)	Governing organization for Georgia's 26 public colleges and universities
Department of Community Health (DCH)	Administers Medicaid and PeachCare for Kids®, the State Health Benefit Plan, Health Care Facility Regulation, and Health Information Technology

EARLY LEARNING PROGRAMS

Each of the state agencies listed in Table 2.1 includes a myriad of programs that offer direct early childhood care and education services. Table 2.2 lists these programs, each program's administrative home, and the program's funding source.

Table 2.2. Programs within Georgia's Mixed-Delivery System Offering Direct Services of ECCE

Program	Description
Child Care Services Administrative Home: DECAL Funding: CCDF and State	DECAL licenses and regulates child care centers, family child care learning homes, and exempt programs that receive CCDF funds. Prior to the pandemic, there were more than 3,000 child care centers and more than 1,400 family child care learning homes in Georgia.
Georgia's Pre-K Program Administrative Home: DECAL Funding: GA Lottery for Education	Georgia's Pre-K Program serves more than 80,000 children each year (approximately 60% of the state's 4-year-old population) and is available in every county of the state. Full-day programs are operated in a variety of settings, including local school systems, private child care facilities, and Head Start programs on a school-year calendar. Additionally, Georgia's Pre-K Summer Transition Program operates a six-week summer program designed for vulnerable populations. The program serves approximately 3,000 children.
Childcare and Parent Services (CAPS) Administrative Home: DECAL Funding: CCDF	CAPS provides child care subsidies to more than 50,000 low-income children per week. In the last two years, considerable policy revisions have been implemented to better support vulnerable families, including lower family fees, 12-month eligibility, and updated priority groups.
Head Start, Early Head Start, Migrant Head Start, and Early Head Start–Child Care Partnerships (EHS-CCP) Administrative Home: Local grantees (HS, EHS, EHS-CCP), DOE (Migrant), DECAL (EHS-CCP) Funding: Head Start (Administration for Children & Families)	These programs promote school readiness of children ages birth to five from low-income families by supporting the development of the whole child. They support children's growth and development in a learning environment through a variety of services, which include early learning, health, and family well-being.
Quality Rated Administrative Home: DECAL Funding: CCDF (administrative), philanthropic (program supports such as bonus packages)	Quality Rated assigns 1, 2, or 3 stars to child care providers based on program characteristics and on-site observations. In 2015, the state established a Quality Rated/CAPS 2020 Goal that all programs participating in CAPS would be Quality Rated by December 31, 2020. Due to the pandemic, this goal has been extended to December 31, 2021. As of November 2020, more than 2,400 programs are currently Quality Rated.
Preschool Special Education Administrative Home: Georgia Department of Education Funding: IDEA	IDEA, Part B, Section 619 funding is utilized to provide critical early education services to children with disabilities ages 3 to 5. In 2017–2018, the program served 18,833 children, or 4.7% of the overall population. Local school systems offer these services through school-based and community-based models.

Program	Description
Babies Can't Wait Program Administrative Home: Georgia Department of Public Health Funding: IDEA	The state uses IDEA, Part C funding to provide critical early education services to children with developmental delays and disabilities from birth through age 2. The annual performance report for federal fiscal year 2018 reported that the program served 0.8% of children ages birth to 1 and 2.5% of children ages birth to 3.
Georgia Home Visiting Program (GVHP) Administrative Home: Georgia Department of Public Health Funding: Maternal, Infant, and Early Childhood Home Visiting program; Substance Abuse and Mental Health Services Administration; state funds	This program helps new parents who need consistent, ongoing support during the first years of their child's life and focuses on parents with identified vulnerabilities, including unemployment, late or no prenatal care, and a history of substance abuse. The program requires the use of an evidence-based model. Approved models include Parents as Teachers, Nurse-Family Partnership, Early Head Start–Home Visiting, and Healthy Families Georgia.

Georgia's Needs Assessment specifically focused on the above programs because they offer direct early childhood care and education services. However, the Needs Assessment identified several other programs that support meeting the needs of young children and their families deemed most vulnerable and underserved. Table 2.3 lists these programs.

Table 2.3. Additional Services for Vulnerable and Underserved Populations

Program or Partnership	Description
Division of Family and Children Services (DFCS)	DFCS offers multiple programs supporting family independence and well-being including TANF, emergency energy and food assistance, WIC, and SNAP. These services are vital for reducing food insecurity and increasing access to nutritious meals for lower-income children and families. The Office of Prevention and Family Support, within DFCS, partners with community-based organizations committed to reducing the incidence of child abuse and neglect by targeting at-risk families with evidence-based prevention and early intervention techniques to ensure positive outcomes for children and families.
Maternal and Child Health programs	The Department of Public Health (DPH) offers maternal and child health programs. Children 1st is the single point of entry for all DPH child health services and programs for children birth to 5 years old. Programs include: Babies Can't Wait (IDEA, Part C), Children's Medical Services, Early Hearing Detection and Intervention, and 1st Care (high-risk infant follow-up). Children's Medical Services supports families caring for children with special health care needs ages birth to 21 years old.
Georgia Farm to Early Care and Education Coalition	This network of stakeholders in early care, food, farming, and nutrition helps to coalesce resources, support farm to early care and education, and create a dialogue for building statewide programming.
Georgia SEEDS	Infant early childhood mental health services are delivered through Georgia SEEDS (Social Emotional Early Development Strategies). The prevention-based framework employs evidence-based practices to prevent early childhood suspension and expulsion by providing training and coaching to teachers and administrators to increase their skill in nurturing children's social-emotional competence and support children with challenging behavior within early learning programs. DECAL has a network of inclusion and behavior support specialists statewide.

KEY TERMS

PDG B-5 grantees are required to provide definitions for the following key terms related to each state's mixed-delivery system: quality early childhood care and education, early childhood care and education availability, vulnerable children, underserved children, and children in rural areas. Defining these terms in the context of Georgia's PDG B-5 operationalizes them and helps promote consistency in how data are analyzed and interpreted. The following sections detail how each of the terms is defined and operationalized in Georgia's PDG B-5 work.

QUALITY EARLY CHILDHOOD CARE AND EDUCATION

"Quality early childhood care and education" refers to early childhood care and education programs that meet rigorous standards for enriching children's experiences through (1) nurturing interactions with teachers, and (2) well-organized and engaging routines, activities, lessons, and materials. Quality early childhood care and education programs also require classroom environments with highly skilled and trained teachers, structured curricula, desirable child-to-teacher ratios, and supplemental services designed to meet child and family needs.[1]

EARLY CHILDHOOD CARE AND EDUCATION AVAILABILITY

"Early childhood care and education availability" is a measure of the supply, desired and licensed capacity, enrollment, and vacancy levels of ECCE programs in a specified geographic area. ECCE availability, along with family awareness of ECCE availability, is considered to determine reasonable effort when assessing access. ECCE availability and the total number of ECCE programs allow for evaluation of program-level and child-level availability.[2]

VULNERABLE CHILDREN

"Vulnerable children" are children at risk for not meeting developmental milestones or school readiness benchmarks. In the context of Georgia's PDG B-5 work, the state has classified the following populations in its definition: children living in poverty, dual language learners, children with disabilities, children in foster care and protective services, and children experiencing homelessness (see Table 2.4).

UNDERSERVED CHILDREN

"Underserved children" are children and families whose needs are not met by available services or who are not able to access existing services that meet their needs. Children with disabilities, children living in poverty, and infant and toddlers are all considered underserved.

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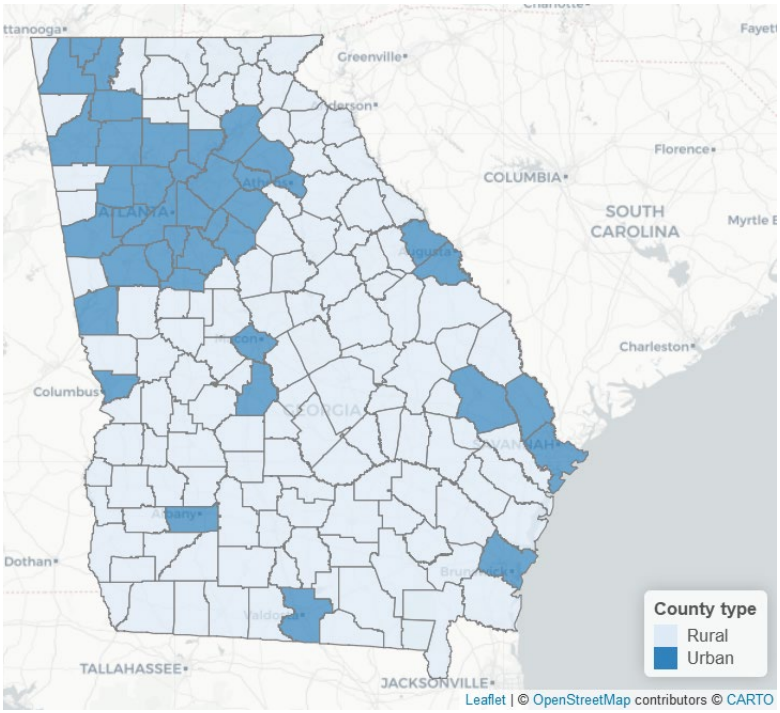
1 Mashburn, A. J., Pianta, R. C., Hamre, B. K., Downer, J. T., Barbarin, O. A., Bryant, D., Burchinal, M., Early, D. M., & Howes, C. (2008). Measures of classroom quality in prekindergarten and children's development of academic, language, and social skills. *Child Development*, 79(3), 732–749. https://doi.org/10.1111/j.1467-8624.2008.01154.x

2 Friese, S., Lin, V. K., Forry, N., & Tout, K. (2017). *Defining and measuring access to high-quality early care and education (ECE): A guidebook for policymakers and researchers*. Research Brief, OPRE 2017-08. Office of Planning, Research and Evaluation.

CHILDREN IN RURAL AREAS

"Children in rural areas" are children, including those from migrant families, who live in a county with a population of less than 50,000 or in an area designated as rural based on a military installation exclusion clause as indicated by Georgia's Rural Hospital Organization Assistance Act of 2017 and used by the State Office of Rural Health in the Department of Community Health.[3] In Georgia, 120 (out of 159) counties are classified as rural areas (see Figure 2.1).

Figure 2.1. Rural Counties in Georgia



FOCAL POPULATIONS

In addition to defining and operationalizing key terms, the grant required states to identify "focal populations." Specifically, these are populations with a greater likelihood of being classified as vulnerable and/or underserved. Table 2.4 identifies and defines the populations that Georgia ECCE leaders identified in its grant as being "focal populations." These are the populations of children and/or families that the state will prioritize in its PDG B-5 projects.

3 State Office of Rural Health | Georgia Department of Community Health

Table 2.4. Populations Identified as Vulnerable and Underserved

Population	Definition
Children Living in Poverty	Children living in poverty are defined as children residing in households at the poverty (<100% FPL) and low-income (100%–199% FPL) levels
Dual Language Learners	Children whose home language is a language other than English
Children with Developmental Delays and Disabilities	Children identified with developmental delays or disability. Children screened for or receiving services through IDEA, Part C and Part B, Section 619
Children in Foster Care and Protective Services	Children in foster care placement and children who remain in their home but with an active protective services case
Children Experiencing Homelessness	Homelessness as defined by the McKinney-Vento Act; additional information about the McKinney-Vento Act available at https://nche.ed.gov/mckinney-vento/
Infants and Toddlers	Children ages birth to 36 months. A 2016 economic impact study of Georgia's ECCE industry found that only 15% of infants and 22% of toddlers are receiving formal early education.[a] Additionally, a 2008 study of ECCE program quality found that two-thirds of infant and toddler classrooms are of low quality.[b] Current analyses regarding the availability of infant and toddler care indicate that some areas of the state have little or no access to high-quality infant and toddler care.
Children and Families in Rural Areas	Georgia has a significant rural population that often has limited access to high-quality ECCE and therefore is more likely to be underserved. Specifically, 120 (75%) of Georgia's 159 counties are classified as rural.[c] Approximately 132,005 (20%) children 0–4 years of age live in rural counties in Georgia.

Note: FPL = federal poverty line

[a] Georgia State University: Andrew Young School of Policy Studies, Bright from the Start: Georgia Department of Early Care and Learning, & University of Georgia: Carl Vinson Institute of Government. (2016). *Economic impact of the early care and education industry in Georgia.* http://www.decal.ga.gov/documents/attachments/EconImpactReport.pdf

[b] Maxwell, K. L., Early, D. M., Bryant, D., Kraus, S., Hume, K., & Crawford, G. (2009, December). *Georgia study of early care and education: Child care center findings.* University of North Carolina at Chapel Hill, FPG Child Development Institute. ChildCare_Report.pdf (ga.gov)

[c] See https://dch.georgia.gov/sorh

As part of the data collection for the Needs Assessment, stakeholders were asked if they "agreed" or "disagreed" with the populations of children and families that the state identified as being a "focal population." This was asked on a PDG B-5 feedback survey conducted in September and October of 2019 (see Part I). Respondents to the survey overwhelmingly agreed (86.2%) that Georgia's identified focal populations are the appropriate populations. Stakeholders who indicated that Table 2.4 does not focus on the appropriate populations

(13.8%) were asked to identify additional populations of interest, resulting in recommendations to also prioritize children experiencing food insecurity, children needing care outside of school hours, and children with behavioral concerns.

Stakeholders were also asked to indicate which population they believed to have the greatest need for support. Approximately 82% of stakeholders responded that children living in poverty have the greatest need for support. Other stakeholders agreed that children experiencing homelessness (44.6%), children with disabilities (43.1%), and infants and toddlers (41.5%) demonstrate a great need for support.

SYSTEM-LEVEL FINDINGS

Parts III to VII of this full Needs Assessment report detail findings related to specific topics. However, several key themes emerged that transcend those specific topics.

First, a common theme or takeaway that emerged in the Needs Assessment data collection and discussions was that Georgia's focus on "all children" has created challenges in implementing services for specific populations. In other words, Georgia's B-5 mixed-delivery system has been intentionally built and marketed as being for "all children," which has led to socio-economically diverse "buy-in" on early childhood programs. That is a strength of the system; however, it also creates challenges in providing services to specific populations that may need more supports. Relatedly, stakeholders who participated in the Needs Assessment noted that the PDG B-5 provides a system-level opportunity to better align and coordinate services for vulnerable children and their families across agencies at both the state and community levels.

A second theme that emerged in the Needs Assessment is related to aligning programs and services. For example, the Georgia Children's Cabinet is perceived as a strength for the B-5 system. The Cabinet has a diverse membership and represents a collective voice for the needs of children across the state. Additionally, having multiple programs housed at DECAL and the Georgia Department of Public Health supports aligning programs and services and sharing resources related to policy, governance, and finance.

A third theme is that even with the strong alignment of programs and services in the state, challenges related to communication and data systems still exist. Georgia's PDG B-5 provides additional opportunities to strengthen this alignment and address the communication and data challenges.

Finally, the Needs Assessment provided an opportunity to examine strengths related to data and the data system. This fourth theme, that the state has data systems that support collaboration and streamlined services for children and families, highlights the work that

Georgia has done with its Cross-Agency Child Data System (CACDS) and its integrated eligibility system (Gateway). The former provides opportunities for agencies to collaborate on data and research and to identify gaps in its use of program services. The latter is an opportunity to align B-5 program data with data from TANF and SNAP.

CONCLUSION

This part of the report details key foundational elements of Georgia's PDG B-5 work, including how the state has defined and operationalized key terms and the focal populations identified in the state's grant application. Part II also details overarching findings and themes that have proven foundational in that they highlight a specific "lens" that state leaders have adopted in this system-building work. This "lens" includes building on Georgia's "all children" approach to support specific populations, continuing to strengthen interprogram alignments that provide a collaborative catalyst for better supporting children and families, and building on the state's investments in data and data systems.

PART 3

FAMILY DEMOGRAPHICS AND FAMILY ENGAGEMENT IN GEORGIA

INTRODUCTION

Part III, which focuses on better understanding the families of Georgia's youngest learners, is divided into two sections. The first section provides key demographic characteristics of Georgia's children and families. These data come from a report authored by Child Trends (commissioned by DECAL) that includes a wide range of demographic information from various sources. These demographics have been used to inform Georgia's PDG B-5 work. The second section reports findings related to state efforts around family engagement. Specifically, this section details strengths and areas of growth in how Georgia engages families in its early childhood mixed-delivery system.

FINDINGS RELATED TO GEORGIA'S DEMOGRAPHICS

Like in many other states, the demographics of Georgia's children and families have shifted. Understanding demographic shifts helps state leaders, advocates, families, early childhood workforce staff, and other advocates better serve children and families and meet the state's 21st century needs.

To better understand the demographics of Georgia's children birth to age five and their families, Child Trends conducted a comprehensive analysis of data of Georgia's children ages birth through five years. This analysis organized data into three sections: (1) overall characteristics of children ages birth to five living in Georgia, (2) specific characteristics related to infants and toddlers, and (3) details on the remaining focal populations. Georgia's identified focal populations are defined in Part II of this report. Appendix C contains the full Child Trends report.

CHARACTERISTICS OF CHILDREN BIRTH TO FIVE IN GEORGIA

Georgia is the eighth-most-populous state in the US, with an estimated population of 10.6 million. Georgia is one of the fastest growing states in the US. Its 10-year growth rate of 14.4% is more than 1.5 times the US growth rate.[4] According to 2019 census data, more than 656,000 children under age five live in Georgia.[5] The following characteristics apply to Georgia's youngest children and, unless otherwise noted, are from the Child Trends report (see Appendix C).

4 Georgia Department of Economic Development. Demographics. https://www.georgia.org/demographics

5 US Census Bureau. (2019). State population by characteristics: 2010–2019. https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html#par_textimage_785300169

Many young children live in poverty.

Children from all racial and ethnic groups are living in families that face economic challenges. Approximately half (325,724) of all children under age five in Georgia are living in poverty or in low-income households. As Table 3.1 shows, approximately 24.2% of young children live in households with incomes at or below 100% of the federal poverty line (FPL). An additional 25% of young children can be classified as low income.

Table 3.1. Children Under Age Five, by Poverty Level

	National (n = 19,527,267)	Georgia (n = 647,548)
In poverty (<100% FPL)	20.3%	24.2%
Low income (100%–199% FPL)	22.3%	25.0%
Not low income or in poverty (>200% FPL)	57.5%	50.7%

Source: Child Trends' analysis of the 2017 American Community Survey, from report in Appendix C

Georgia's children are racially and ethnically diverse, and this diversity intersects with economic disparities.

Recent population estimates show that 43% of children in Georgia under age five are White, 32% are Black, 16% are Hispanic, and 10% are another race or multiracial. Significant disparities are also found when examining income levels across race and ethnicity. The largest proportion of children under age five living in poverty or in low-income households in Georgia identify as Non-Hispanic Black. The data also show that a slightly higher proportion of Hispanic children under age five in Georgia are living in poverty compared to Non-Hispanic White children (24.6% and 21.2%, respectively).

Georgia's children also represent diversity in terms of immigration status and home language.

Georgia is home to many immigrants. More than one-third of children ages birth to five are foreign-born or have at least one parent who is foreign-born and who immigrated to the US in the past five years. Furthermore, approximately 16% of children in Georgia are classified as dual language learners, meaning that they speak a language other than English at home. Like findings related to income and race/ethnicity, nearly two-thirds of dual language learners (primarily Spanish speaking) ages five to 17 years old are living in poverty or live in low-income families, which is significantly higher than for children whose primary language is English.

Families with the youngest children are facing other significant hardships.

In 2016, 61% of children in low-income households in Georgia were living with families burdened by high housing costs.[6] Thirty-four percent of children in Georgia currently live in single-parent households.[7] Moreover, 8% of children under age six have no parent in the labor force. While most parents in Georgia have a high school diploma, 13% of parents with children younger than age six have not attained a high school diploma, and only one in five parents of children ages birth to five have attained a four-year college degree.

Homelessness is a significant issue for families with young children.

Georgia has the seventh-highest number of K-12 students experiencing homelessness in the US.[8] While the number of students experiencing homelessness in urban areas of Georgia decreased between the 2013–2014 academic year and the 2016–2017 academic year, there was a 33% increase in the number of students experiencing homelessness in rural areas (even after accounting for a 23% increase in total student population).[9] In 2017–2018, Georgia still saw an estimated 38,131 children under age six experiencing homelessness.[10] Additionally, 16% of students experiencing homelessness have also been diagnosed with a disability.[11]

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6 Note that "high housing costs" is defined as households who spent more than 30% of their monthly income on rent, mortgage payments, taxes, insurance, and/or related expenses. KIDS COUNT Data Center, Annie E. Casey Foundation (2018). Georgia: Children living in low-income households with a high housing cost burden. https://datacenter.kidscount.org/data/tables/71-children-in-low-income-households-with-a-high-housing-cost-burden?loc=12&loct=2#detailed/2/12/false/870,573,869,36,868,867,133,38,35,18/any/376,377

7 KIDS COUNT Data Center, Annie E. Casey Foundation (2018). Children living in single-parent families in Georgia. https://datacenter.kidscount.org/data/tables/663-children-living-in-single-parent-families?loc=12&loct=2#detailed/2/any/false/1752,1712,1612,1573,1522,1459,1241,1067,1000,939/any/8884,8885

8 National Center for Homeless Education, University of North Carolina at Greensboro. (2020, January). Federal data summary, school years 2015–16 through 2017–18: Education for homeless children and youth (pp. 8–9). https://nche.ed.gov/wp-content/uploads/2020/01/Federal-Data-Summary-SY-15.16-to-17.18-Published-1.30.2020.pdf

9 Institute for Children, Poverty & Homelessness. (2019, February 27). *Student homelessness in rural America*. Appendix Table I. https://www.icphusa.org/reports/ruralreport/

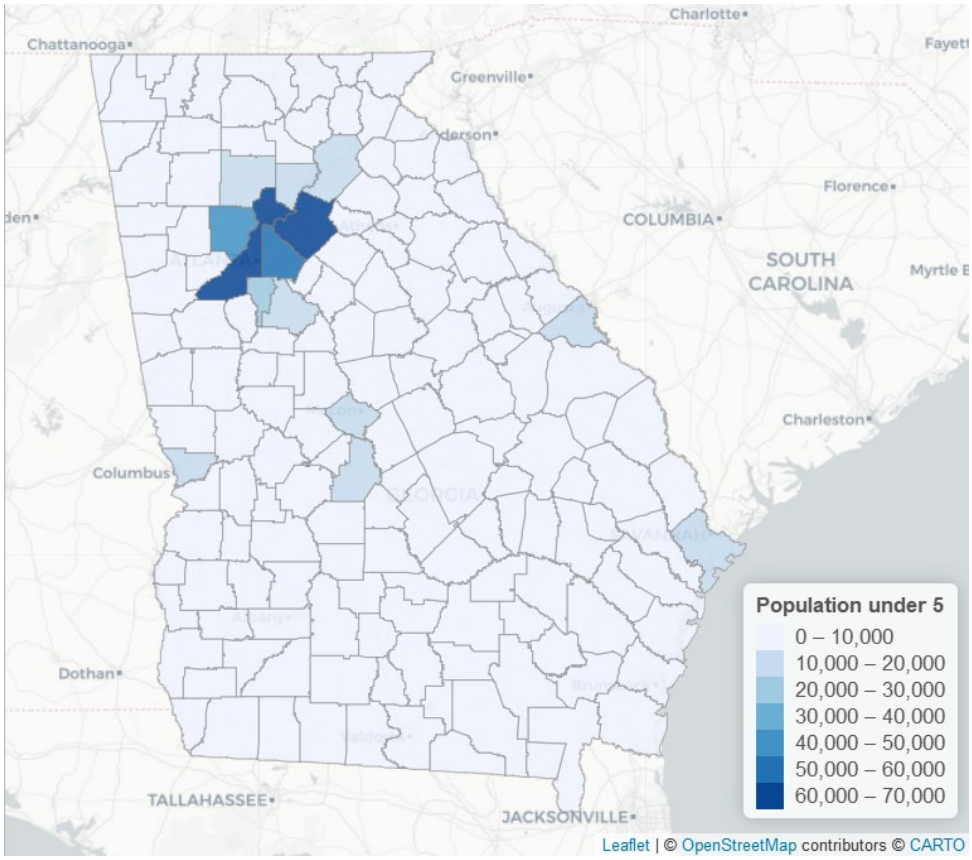
10 The National Center on Family Homelessness uses the number of students identified as homeless by local education agencies, as required by the McKinney-Vento Act, to estimate the number of homeless children ages 0–5, based on research estimating that 51% of all homeless children are under age six. Bassuk, E. L., DeCania, C. J., Beach, C. A., & Berman, F. (2014, November). *America's youngest outcasts: A report card on child homelessness* (pp. 99–101). Waltham, MA: National Center on Family Homelessness at American Institutes for Research. Homeless counts for grades 1 through 12 in Georgia for the 2017–2018 school year can be found at: Georgia Department of Education, Office of Federal Programs. (2019, September). *Georgia's McKinney-Vento Program: 2018 data report*. https://www.gadoe.org/School-Improvement/Federal-Programs/Documents/McKinney-Vento/2018%20EHCY%20Data%20Report.pdf

11 Georgia State University: Andrew Young School of Policy Studies & University of Georgia: Carl Vinson Institute of Government. (2016). *Economic impact of the early care and education industry in Georgia*. http://www.decal.ga.gov/documents/attachments/EconImpactReport.pdf

More of Georgia's young children live in urban rather than rural areas.

While the state is predominately rural, Georgia has significant urban concentrations with large surrounding suburban areas. Most children under age five (79%) live in urban counties, and 21% in rural counties. As seen in Figure 3.1, Georgia's largest concentration of children under age five is in the Atlanta metropolitan area. Smaller urban areas clustered around the cities of Savannah, Augusta, Macon, and Columbus also have relatively large populations of children under age five. There is a higher relative proportion of young children in Georgia living in poverty in urban areas than in rural areas.

Figure 3.1. Population of Children Under Age Five Years



Source: Child Trends' analysis of U.S. Census Bureau, American Community Survey, 5-Year Data (2013–2017), https://www.census.gov/data/developers/data-sets/acs-5year.html

Characteristics of infants and toddlers do not differ significantly from the total under-five population.

The Child Trends analysis notes that Georgia has an estimated 292,321 infants and toddlers (ages 0 to 36 months). The population of infants and toddlers does not differ significantly from the larger under-age-five population. For example, for both the under-age-five population and

the infant and toddler population, 15.6% of children are classified as Hispanic. A slightly higher percentage of infants and toddlers (25.2%) are in families at 100% or less of the FPL than the total under-age-five population (24.2%).

Compared to national averages, Georgia has a smaller percentage of young children in foster care and a smaller percentage with special health care needs.

In 2018, 5,734 children under age six in Georgia were in foster care or about 0.7%. This is slightly lower than the 1.9% national estimate for children ages birth to five.[12] Similarly, Georgia has a smaller percentage of children under age five with special health care needs (7.2%) than the national average (9.5%). Regarding the latter finding, it is not known whether this is due to underreporting or reflects differences in Georgia's population of children birth to five.

FINDINGS RELATED TO FAMILY ENGAGEMENT

The Needs Assessment highlighted the need to develop unique strategies and resources to support Georgia's diverse young children and their families. To better understand strengths and areas of growth related to Georgia's family engagement strategies, researchers from UGA's Carl Vinson Institute of Government conducted stakeholder engagement sessions that addressed family engagement. Several key themes related to family engagement emerged. First, stakeholders felt that the state has been increasing opportunities for authentic engagement in the state's mixed-delivery system. However, stakeholders also identified that there is still a need to increase family voice in policy making at the state and community levels.

Second, the feedback also stressed that there should be a focus on building resilience in families, particularly those who are experiencing significant hardships (i.e., poverty, homelessness). Addressing trauma experienced by families was identified as a crucial part of building resilience. In Georgia, 24% of children under 18 years old have had at least two adverse experiences in their lifetime.[13] Adverse experiences can include frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, family violence, neighborhood violence, living with someone who is mentally ill or suicidal, living with someone who has a substance abuse problem, or racial bias. Needs Assessment stakeholders expressed concerns about the impact that these experiences can have on the development of young children and on a family's ability to support healthy development. Stakeholders said that

12 Children's Bureau Child Welfare Outcomes Report, 2018; FY2018 AFCARS Report; and American Community Survey, 2017.

13 KIDS COUNT Data Center, Annie E. Casey Foundation. (2017). Children who have experienced two or more adverse experiences in Georgia. https://datacenter.kidscount.org/data/tables/9709-children-who-have-experienced-two-or-more-adverse-experiences?loc=1&loct=1#detailed/2/12/false/1648,1603/any/18961,18962

developing adequate supports and resources will help mitigate trauma and improve child and family outcomes.

Third, stakeholders identified strategies that would be effective in supporting families, particularly families experiencing hardships. For example, Georgia should focus on two-generation or multigenerational strategies that concurrently support children and parents and have the potential to break the cycle of intergenerational poverty. Additionally, peer learning should be developed as a strategy to meet the diversity of Georgia's families. To develop peer-learning opportunities, Georgia should make a concerted effort to recruit and train families representing the diversity of cultures, languages, and backgrounds of Georgia's families.

Finally, stakeholders also identified the need to develop additional supports and resources for families in key areas. These areas include supporting families to (1) understand child development and conduct developmental surveillance, (2) identify and select high-quality child care, and (3) transition between programs and services within the birth to five mixed-delivery system, particularly for early intervention services. Projects in Georgia's PDG B-5 Renewal Grant will address these key areas.

CONCLUSION

Part III is focused on Needs Assessment findings at the family level. The first section details key demographics of Georgia's families and how these demographics are changing. The primary source for this section is a report commissioned by DECAL and created by Child Trends (see Appendix C). The findings show the increasing diversity of Georgia's children and families, that the state's poverty rate is higher than the national average, and that the needs of families transcend geographic boundaries. In other words, there are needs in rural, suburban, and urban areas of the state. A key focal population for Georgia's PDG B-5 work is infants and toddlers, and the demographics show that while this group is demographically similar to the total birth-to-five population, these children are slightly more likely to be living in poverty.

The second section of Part III details stakeholder engagement findings related to the state's efforts around family engagement. While stakeholders were supportive of the state's engagement efforts for families of children birth to age five, they did identify areas of growth. These areas include focusing on resilience and trauma, ensuring that family engagement supports are reflective of Georgia's diversity, and increasing efforts around understanding development, accessing high-quality early education programs, and managing transitions.

In closing, this part of the report details how demographics are changing and the need for the state to increase and diversify engagement efforts.

PART 4

DATA AND RESEARCH

INTRODUCTION

This part of the report provides a comprehensive examination of Georgia's early learning data systems, data understanding, data and research use, and how well different data systems can collaborate. Part IV provides findings in three key areas.

Area 1. Cross-Agency Child Data System

The state has made great strides in using the Cross-Agency Child Data System (CACDS), which is described in detail later in this report. Stakeholders reported strengths in having a system that can report program participation across multiple agencies. Challenges identified include a need to expand use, address data inconsistencies and discrepancies, and expand the data collected in the system.

Area 2. Unduplicated Counts of Children

Through CACDS, the state can examine, analyze, and report unduplicated counts of children participating in Georgia's ECCE services and programs. This includes children participating in multiple programs and services. The data can be disaggregated by race/ethnicity and poverty status. The state is unable to produce unduplicated counts of children who cannot access services.

Area 3. Measurable Indicators of Progress

One of the requirements of the PDG B-5 Needs Assessment is to develop indicators that can be used to measure progress of the state's Strategic Plan and PDG B-5 work. These indicators are being developed as part of the strategic planning process that concluded at the end of 2020.

Finally, the Needs Assessment was intended to encourage states to develop processes to make the Needs Assessment ongoing. In other words, states should continue to update their Needs Assessment. Therefore, Part IV concludes with a discussion of additional data being collected as part of the overall Needs Assessment process.

METHODS

To understand Georgia's ECCE data strengths and areas of growth, different groups of stakeholders were given opportunities to provide insight on how the state could improve its data systems and strengthen its use of data. Specifically, a cross-agency data subgroup was established to address the state's data strengths, challenges, and needs. The subgroup included

representatives from programs and services within the mixed-delivery system as well as advocacy and research partners.

A data inventory was completed by the subgroup to help understand existing data and to identify data gaps. Table 4.1 shows the results of the data inventory. The table lists significant statewide programs serving young children and sociodemographic data elements captured by those programs. Age is the only data element currently captured across all programs. No program collects all the identified data elements. This table shows that there are opportunities to align data collection across programs and to connect common data elements in an integrated data system.

Table 4.1. Early Childhood Data Inventory

	Pre-K	Head Start	CAPS	Babies Can't Wait	Children 1st	Foster Care	Home Visiting	Migrant Education	Preschool Special Education
Age	✔	✔	✔	✔	✔	✔	✔	✔	✔
Address	♠	✔	✔	✔	✔	✔	✔	✔	✔
Disability status	✔	✔	✔	✔	?	✔	✔	X	✔
Foster care status	X	✔	✔	X	✔	✔	X	X	X
Home language	♠	✔	?	X	?	✔	✔	✔	✔
Homelessness status	X	✔	✔	X	✔	?	✔	X	X
Immigration status	X	X	✔	X	X	✔	X	X	X
Income	♠	♠	✔	?	X	✔	✔	X	?
Race/ethnicity	✔	✔	✔	✔	✔	✔	✔	X	✔

Key: ✔ = captured, ♠ = proxy captured, X = not captured, ? = unknown or inconsistent

GEORGIA'S CROSS-AGENCY CHILD DATA SYSTEM

In the past decade, Georgia has made considerable progress in creating and using an early childhood integrated data system with the launch of CACDS. The system, conceptualized and created as part of the work of Georgia's State Advisory Council grant in 2011–2012 and accelerated through the state's Race to the Top–Early Learning Challenge grant, builds on data from multiple state agencies. CACDS links data from the following Georgia early childhood programs: Babies Can't Wait (IDEA, Part C), Preschool Special Education (IDEA, Part B, Section 619), Georgia's Pre-K Program, Early Head Start, Head Start, subsidized child care (CAPS), and

home visiting. While CACDS is administratively housed at DECAL, its governance structure includes a multiagency executive committee and research committee, both of which include representatives from all contributing agencies. Plans for CACDS include incorporating data from Georgia's foster care system, TANF, WIC, and Medicaid. Additionally, throughout the last half of 2020 and as part of its PDG B-5 work, the state is conducting further reviews of CACDS that resulted in a strategic roadmap that was published in December 2020.

The Needs Assessment process documented several strengths of CACDS. First, CACDS includes data at the child level and is matched across multiple programs. CACDS uses predefined rules to assign a unique CACDS identifier to each child. This identifier helps link information across services and over time and can be used to measure unduplicated counts of children. Second, CACDS can be linked to other state data systems—specifically, Georgia's Academic and Workforce Analysis and Research Data System (GAAWARDS). This allows state leaders and researchers to measure access to Georgia's early childhood programs and conduct research related to later outcomes. Third, CACDS can be used to review data on participation rates in public programs and transitions between programs and services. This is especially useful in understanding access for children with disabilities as CACDS can be used to understand how many children are referred from the early intervention point of entry (Children 1st) to IDEA Part C or from IDEA Part C to IDEA Part B, Section 619. Finally, in addition to child-level data, CACDS also includes program-level data that can subsequently be linked to children. This includes child care provider licensing and Quality Rated data, along with population-level demographic information from the US Census Bureau and the US Postal Service.

Despite these strengths of CACDS, the Needs Assessment indicated several areas where the system can be improved. First, CACDS is underutilized. Simply put, the technology related to CACDS has accelerated at a pace not met by policy and research agenda development. During the Needs Assessment discussions, many stakeholders were unfamiliar with CACDS and did not know how to access the data. Furthermore, without clear policies in place to help users navigate CACDS, many would be unable to access the system. Over a 13-month period (June 2018–July 2019), CACDS was visited more than 1,600 times, and 84% of visitors were from Georgia. However, a system like CACDS in a state the size of and with the population of Georgia should have greater documented use.

A second CACDS challenge relates to data inconsistencies and dissimilarities, which are to be expected in a data set used across multiple agencies. These inconsistencies and dissimilarities are demonstrated in several ways. First, as shown in Table 4.1, multiple agencies collect data on children ages birth through five and their families. This, while a strength in terms of data collection, also makes consistent, unduplicated data reporting a challenge. Second, child-

serving agencies define terms differently. For example, Georgia's child-serving agencies lack unified definitions for the following populations: children experiencing homelessness, dual language learners, and ECCE children ages birth through five. Third, other than in CACDS, there is not a unique identifier used across agencies. While unique identifiers solve many problems, there are concerns that, if not used correctly, they may lead to unintended consequences such as inaccurately flagging students as being at risk of homelessness, food insecurity, or other issues that may be temporary. Fourth, many of the data in CACDS are collected through self-reporting, which is prone to inaccuracies and issues of validity. Underlying all these challenges are funding constraints and ongoing programmatic changes that can inhibit the process of consistent and reliable data collection.

A third challenge relates to what is *not* in CACDS. The main strength of CACDS is that program participation can be reported and tracked, which can help identify access issues. However, stakeholders reported that the following additional data should be included in CACDS: (1) childhood care and education placement data for children in foster care, (2) outcomes for children who do not engage in programs and services, (3) indicators of quality and access, (4) program fidelity measures, (5) income data instead of income proxies, (6) the number of children in licensed child care, (7) utilization rates of programs at the county level, and (8) aggregated data at the school-system level regarding early childhood enrollment data available at kindergarten entry.

The state is planning to address many of these issues in the PDG B-5 renewal grant. The state has been working with an outside firm (KSM Consulting) to create a CACDS 2.0 Strategic Roadmap that will address challenges related to usability, policies, and data inconsistencies. Additionally, the state will continue conducting training at the community level and developing additional resources to support the increased use of CACDS.

UNDUPLICATED COUNTS OF CHILDREN

As mentioned in the previous section, CACDS encompasses data from multiple state agencies and ECCE programs. Specific reports generated by CACDS provide unduplicated counts of children receiving services in one or multiple existing programs at any time during a fiscal year. These reports can be customized, with users able to select a specific county, an age in years, and the programs of interest and know how many children are being served in that county. The data can be further analyzed by race and ethnicity and/or by gender. The unduplicated count of children in multiple programs can then be compared to population data to measure the reach of each program and to gauge the relative strengths and weaknesses of services to various communities. Table 4.2 shows the number of children ages birth through five years enrolled in programs that reported data to CACDS for state fiscal year (FY) 2018. According to CACDS

data, Georgia's Pre-K Program and Children 1st served the largest number of children during this period, and Early Head Start and Home Visiting served the fewest children.

Table 4.2. CACDS Records of Children Receiving Services in FY 2018

Program	Children Ages B-5 Enrolled
Georgia's Pre-K	86,024
Childcare and Parent Services (CAPS)	47,214
Early Head Start	4,431
Head Start	19,242
Babies Can't Wait (IDEA, Part C)	18,492
Preschool Special Education (IDEA, Part B, 619)	28,417
Children 1st	137,303
Home Visiting	2,049

One of the most informative tools of Georgia's CACDS enables ECCE leadership to view aggregate counts of children served by two programs during the same year. For example, from July 2017 to June 2018, of the children served by Babies Can't Wait, 11% also held a CAPS scholarship and 3.5% also enrolled in Early Head Start. Similarly, of students with an individualized education plan in Preschool Special Education, 13% also had a CAPS scholarship, 45% were also enrolled in Georgia's Pre-K, and 17% were also enrolled in Head Start.

Related to understanding unduplicated counts of children, a strength of CACDS reports is that they also can be used to identify racial and ethnic disparities related to program. For example, Table 4.3 shows that 10.5% of children attending Head Start in FY 2018 were classified as Hispanic while only 5.9% of children in CAPS had the same classification. This may suggest that more outreach is needed to the Hispanic community about CAPS. Similarly, higher percentages of children classified as Black are participating in CAPS, Head Start, and Early Head Start compared to Georgia's Pre-K. Further research is needed to determine if these differences related to race and ethnicity are due to program and funding availability or family preferences.

Table 4.3. CACDS Records of Children Receiving Services by Race and Ethnicity in FY 2018

Program	Black	Hispanic	White	Other or Multiple Races
Georgia's Pre-K	40.1%	15.6%	35.4%	8.9%
Childcare and Parent Services (CAPS)	74.0%	5.9%	17.5%	2.6%
Early Head Start	76.3%	8.8%	14.4%	0.5%
Head Start	67.3%	10.5%	18.4%	3.7%
Babies Can't Wait (IDEA, Part C)	35.0%	15.8%	45.0%	4.2%
Preschool Special Education (IDEA, Part B, 619)	32.4%	14.6%	46.2%	6.8%
Children 1st	39.4%	14.9%	42.0%	3.8%
Home Visiting	51.2%	26.0%	18.2%	4.7%

CACDS reports also offer unduplicated counts of children from low-income families who are receiving CAPS scholarships or attending free or subsidized early learning programs such as Head Start, Early Head Start, and Georgia's Pre-K. While all four-year-old children are eligible to attend Georgia's Pre-K Program regardless of income, children eligible for a range of means-tested benefits are designated as Category One, and those programs may receive additional resources. Table 4.4 shows the total numbers and percentages of children in low-income families served by ECCE programs in Georgia during FY 2018. As the table shows, 13% of low-income children age one were served by either CAPS, Early Head Start, or Head Start. That percentage increases to 73% for four-year-olds and with the addition of Georgia's Pre-K.

Table 4.4. Percentage of Children in Families with Low Income Served by CAPS, Head Start, or Georgia's Pre-K Program, by Age, July 2017–June 2018

Age	CAPS	Early Head Start	Head Start	Pre-K Category One	Total Distinct Served	Low-Income Population	% Served
0	5,809	770	11	NA	6,548	60,982	11%
1	6,749	1,230	35	NA	7,939	62,249	13%
2	7,999	1,566	515	NA	9,920	63,681	16%
3	8,217	562	11,066	NA	18,998	64,593	29%
4	7,728	297	7,572	39,626	46,926	64,289	73%
Total	**36,502**	**4,425**	**19,199**	**39,626**	**90,331**	**315,794**	**29%**

For low-income population numbers, CACDS uses estimates from the American Community Survey 2013–2017 from the US Census Bureau. The low-income designation is less than 200% of the federal poverty threshold.

Despite the strengths of CACDS for informing deduplicated counts of children who are participating in programs, a challenge with CACDS is that it does not include data on children awaiting service; thus, Georgia does not have unduplicated counts of children not receiving services. Children also are not assigned a unique identifier by the state until they are approved for service. Table 4.5 lists how Georgia's Pre-K, CAPS, Early Head Start/Head Start, Home Visiting, and Children 1st address waiting lists and understanding who is not being served in the program.

Table 4.5. Georgia's ECCE Programs' Ability to Report Children Not Served by Program

Georgia's Pre-K Program	Data are collected at the site level for children who have applied for the program but not enrolled. The child's name, birthdate, address, and parent contact information are reported in a statewide data system: the Pre-K Application and Database Access (PANDA) system. Through PANDA, the waiting list is deduplicated. Currently, the waiting list for Georgia's Pre-K Program is ~5,000 children statewide, and a large majority of families on the waiting list live in urban counties. Waiting list data represent only children whose parents applied for enrollment and do not include age-eligible children whose parents did not apply.
Childcare and Parent Services (CAPS)	The CAPS program does not maintain a statewide waiting list; however, it is estimated that 14.8% of families with children ages birth through 12 who are potentially eligible for CAPS scholarships based on state income requirements are currently served in the program.[a] CAPS data are housed by a third-party vendor; thus, data are available in CACDS only for children approved for service and issued a CAPS scholarship.
Head Start Early Head Start	Head Start and Early Head Start grantees are federally mandated to maintain a waiting list at the grantee level. Waiting list data cannot be deduplicated and thus aggregated across grantees at the state level.
Home Visiting	Individual home visiting programs maintain waiting lists at the site level; however, these data are not aggregated statewide.
Children 1st	Children 1st does not maintain waiting lists; however, its data system does document referrals received, attempts to contact families, and all screenings conducted. Additionally, any referrals from Children 1st to other programs such as Babies Can't Wait or Children's Medical Services and programs outside of Maternal and Child Health are captured. The system also documents why a child's file may be dispositioned as closed-unable to locate, parental refusal of screenings, inappropriate referral, and other causes for lack of service.

[a] Ullrich, R., Schmit, S., & Cosse, R. (2019, April 25). *Inequitable access to child care subsidies*. Center for Law and Social Policy. https://www.clasp.org/publications/report/brief/inequitable-access-child-care-subsidies

In summary, Georgia can produce unduplicated counts of children attending multiple programs. This includes reporting related to race/ethnicity and percentages of low-income children served. The state is limited in its ability to report unduplicated counts of children not being served. The ability is limited by program; therefore, there is not a mechanism to report unduplicated counts of children not being served across multiple programs.

MEASURABLE INDICATORS OF PROGRESS

States are required in their Needs Assessment to address their status in developing "Measurable Indicators of Progress." As described in the Needs Assessment guidance, states should include a discussion related to what those indicators are and how they align with the state's Vision and Desired Outcomes for their PDG B-5 work. This discussion should include strengths and weaknesses of the indicators and the extent to which they can be used to describe current conditions experienced by vulnerable, underserved, and rural populations.

As of this writing, Georgia is concluding its initial PDG B-5 strategic planning process. This process, originally scheduled to begin in March 2020, was delayed by the COVID-19 public health emergency. One of the outcomes of the strategic planning process will be developing measurable indicators for the strategic plan. Indicators will be added for any PDG B-5 project not encompassed in the Strategic Plan. It is expected that these measurable indicators will be incorporated into CACDS; hence, they are discussed in this section. Georgia's PDG B-5 Strategic Plan was completed in late 2020.

Georgia routinely uses indicators of progress. For example, the state has been actively working toward a goal that all providers who participate in the state's subsidy program be Quality Rated by December 31, 2020. Georgia was well-poised to meet this goal before the COVID-19 public health emergency. Due to the pandemic, Quality Rated observations had to be suspended. The goal has been extended to at least December 31, 2021. Nevertheless, as of October 2020, more than 82% of children receiving subsidies were enrolled in a Quality Rated program. This is a good measure as it details access to higher-quality ECCE for children in poverty.

Furthermore, during the COVID-19 public health emergency, DECAL created a daily report detailing many data points that help explain the status of many of Georgia's ECCE programs. This report includes the percentage of licensed child care centers and family child care learning homes that report being open, the number of child care referrals being requested each day, the number of emergency feeding sites, and other pertinent data. A statewide map showing the percentage of programs that report being closed at the county level is publicly reported each day.

Georgia has a long history of incorporating research and evaluation into its policy/program development and revisions. The state has conducted rigorous studies of Georgia's Pre-K Program and Quality Rated and regularly analyzes data across programs.

CURRENT DATA COLLECTION TO INFORM THE NEEDS ASSESSMENT

One requirement of the Needs Assessment is that states institute processes to make their Needs Assessment ongoing. In other words, each state should have processes to periodically update its Needs Assessment to reflect new data collected or to respond to emerging needs.

One of the ways Georgia is meeting this requirement is the data collection related to CACDS. Recognizing the tremendous resource that CACDS should be, state PDG B-5 leaders commissioned KSM Consulting to work with the CACDS management team and the CACDS Executive Committee to collect additional data and create a strategic roadmap. Throughout the fall of 2020, KSM engaged CACDS stakeholders and compiled documentation to inform the roadmap. These results are divided into technical and policy recommendations and are being finalized at this writing. Based on these findings, which will be posted with the Needs Assessment reports, CACDS leaders will begin making substantial changes in 2021.

Additionally, the state has been collecting data related to the impact of the COVID-19 pandemic. This includes ongoing data collection and reporting (e.g., child care closures), surveys of ECCE providers about the impact of the pandemic, and how additional resources from the state have provided needed support. In the fall of 2020, researchers from UGA's Carl Vinson Institute of Government conducted focus groups with key populations (families, teachers, and stakeholders) to better understand ongoing needs. Focus groups related to Georgia's PDG B-5 focal populations, such as families of foster children, were also conducted. The state is planning to continue this research in 2021, including additional surveys and measuring the economic impact of the pandemic on the ECCE industry.

CONCLUSION

This part of the report focuses on Georgia's PDG B-5 data strengths and areas of growth. While the state has made great strides in collecting and utilizing data, results from the Needs Assessment identified areas where the state could improve. This includes updates to its Cross-Agency Child Data System (CACDS), to which the state will be making technological and policy improvements in 2021. Using CACDS, the state can create unduplicated counts of children receiving services but not unduplicated counts of children not receiving services. As detailed in this part of the Needs Assessment report, the state is using its strategic planning process to

further expand its development of measurable indicators of progress. This will add to the ones the state already uses like the 2020 Quality Rated/CAPS measure. Finally, Part IV highlights areas where the state is already collecting additional data that will feed into and update the Needs Assessment.

In closing, Georgia has a long history of collecting, analyzing, and using data to inform policy and practice. Through opportunities such as the Race to the Top–Early Learning Challenge and the PDG B-5 Development and Renewal Grants, the state has been able to expand and accelerate those efforts. This part of the report details those successes but also highlights areas where the state can still improve.

PART 5

ACCESS TO GEORGIA'S EARLY CHILDHOOD PROGRAMS AND SERVICES

INTRODUCTION

Part V focuses on access to early childhood programs and services in Georgia. It includes findings related to how families access early learning programs like Georgia's Pre-K Program and services like those related to social-emotional and mental health. Also, findings related to transitions, a critical component of a B-5 mixed-delivery system, are highlighted in this part of the report.

PROCESS AND METHODS

As with the other parts of this report, data on this topic were collected using a variety of methods, including conducting surveys and focus groups, analyzing administrative data, and reviewing existing evaluation and research studies. Part of Georgia's approach to the Needs Assessment was to provide multiple opportunities for stakeholders to discuss key topics, record and transcribe notes from these stakeholder discussions, and then incorporate information into the Needs Assessment data.

Many of the findings related to access focus on the availability of and access to licensed child care. Over the past 12 years, Georgia has made concerted efforts to better understand the state of child care and families' ability to access care in all regions of the state.

Findings in Part V are organized in the following sections: (1) overall access within Georgia's mixed-delivery system; (2) access to licensed child care programs; (3) access to critical programs including Childcare and Parent Services (CAPS), Georgia's Pre-K, and Head Start programs; (4) access to IDEA programs; (5) transitions and access; and (6) access to social-emotional and mental health services.

Some findings related to access are based more on "perception" than on pure empirical evidence. This does not diminish these findings but rather suggests a need for and provides an opportunity for further research. Furthermore, the findings presented in this part of the report are pre-pandemic. The full impact of the pandemic on access to programs and services is not yet known, and better understanding this impact is part of Georgia's ongoing Needs Assessment agenda.

OVERALL ACCESS WITHIN GEORGIA'S MIXED-DELIVERY SYSTEM

When reviewing the data related to access, several themes emerged that transcend specific programs or services and illustrate system-level issues.

Early childhood programs and services are difficult to access for many families.

In the stakeholder survey, 43% of respondents indicated that, overall, access to early childhood services is extremely or very difficult. This perception held even when asking about specific programs. Most respondents to the stakeholder survey reported that access to most programs is moderately difficult. (Georgia's Pre-K was an exception.) Many stakeholders believe that families experience challenges due to lack of understanding of services and the processes to access services.

The ability to access quality early childhood programs and services varies across Georgia.

Needs Assessment data demonstrate that there are simply not enough high-quality programs and services to meet the needs of Georgia's youngest children and their families. This is particularly true in rural areas of the state and for services related to home visiting and early intervention.

Increased access to programs and services is needed for vulnerable populations.

Needs Assessment data suggest that the above findings are especially pronounced for families in vulnerable circumstances. These families experience additional barriers, such as lack of transportation, financial constraints, and dual language learner needs that may prevent them from accessing available programs and services.

Measuring access broadly remains a challenge.

As part of Georgia's research agenda, state leaders have been exploring ways to accurately measure access. In terms of child care and other early education services, the state uses the following definition proposed by a national panel of experts: "Access to early care and education means that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs."[14] With

14 Friese, S., Lin, V. K., Forry, N., & Tout, K. (2017, February). *Defining and measuring access to high-quality early care and education (ECE): A guidebook for policymakers and researchers* (p. 5). Research Brief OPRE 2017-08. US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://files.eric.ed.gov/fulltext/ED592750.pdf

this definition in mind, access encompasses a broad set of questions regarding the cost of care, hours of operation, transportation, appropriateness of care for children with disabilities or behavioral challenges, and environments that support cultural and linguistic differences. However, while this definition is broad and encompasses more than just availability, operationalizing each component of the definition and ensuring that the definition includes all programs requires additional exploration.

ACCESS TO LICENSED CHILD CARE

A focus of the Needs Assessment was the availability of licensed child care and families' ability to access such care. Administrative and programmatic data at the state and county levels were analyzed to better understand the availability of licensed child care. In Georgia, licensed child care consists of family child care learning homes (FCCLH) and child care learning centers (CCLC). Both types of care are licensed and regulated by DECAL. FCCLHs are licensed to care for three to six unrelated children for pay, while CCLCs can serve seven or more children.[15] Much of the analysis for this section focused on data related to licensed capacity. Licensed capacity is not a perfect measure of the number of children in care because many programs are licensed to enroll more children based on their available square footage than they actually serve. The following conclusions were drawn when looking at the availability of child care in Georgia.

From 2016 through 2019, there was an overall decline in the number of child care providers; however, licensed capacity remained relatively unchanged.

An analysis of administrative data revealed a 12.3% decline in the number of licensed child care providers. However, during the same period, while total licensed capacity declined slightly, the average licensed capacity increased by nearly 14%. This illustrates the general trend in urban and rural counties of fewer programs serving more children.

The overwhelming majority of the decline in the number of child care providers can be explained by FCCLH closures.

As shown in Table 5.1, there was a net decline of 633 licensed child care providers between January 2016 and December 2019. Of these 633, only 73 were licensed child care centers. At both the state and county level, the decline in family child care learning homes has been especially pronounced. FCCLHs have decreased by 28% during this same four-year period. FCCLHs fell from representing 38.7% of all licensed facilities in Georgia in 2016 to representing 31.7% by December 2019. A separate analysis found that during a similar time frame, 16 counties saw all

15 See http://www.decal.ga.gov/CCS/RulesAndRegulations.aspx. Family Child Care Learning Home Rule No. 290-2-3-.03(k) and Child Care Learning Center Rule No. 591-1-1-.02(c). In addition, several thousand providers in Georgia provide limited child care services by applying for one of the available exemptions from licensing regulations.

their FCCLHs close, and in two counties—Chattahoochee and Echols—that meant a loss of all licensed child care. Additionally, 31 counties lost half or more of their FCCLHs.

Table 5.1. Change in Number of Licensed Providers and Licensed Capacity

		January 2016	December 2019	Change	% Change
Center	Sites	3,160	3,087	-73	-2.3%
	Capacity	352,992	354,990	1,998	0.57%
Family	Sites	1,991	1,431	-560	-28.1%
	Capacity	11,942	8,542	-3,400	-28.2%
Total	Sites	5,151	4,518	-633	-12.3%
	Capacity	364,934	363,532	-1,402	-0.38%

Source: DECAL administrative data

Some changes in availability may be explained by an increase in unlicensed care or care for fewer than three children.

Some data analyses suggest that many home-based providers are serving fewer than three unrelated children for pay, which in Georgia permits them to operate without a license. The Committee for Economic Development of The Conference Board reported in 2019 that 20,758 individuals reported being a sole proprietor of a home-based child care facility.[16] Since fewer than 1,500 providers are licensed as FCCLHs, more than 19,000 individuals may be caring for children in their homes without a license, and little is known about these providers or their place in the wider child care market. Additional research is needed to determine whether there has been a shift in the child care market and if unlicensed care is filling a void left by the decline in FCCLHs.

A significant gap between the number of children and the licensed child care capacity exists in many areas of the state.

Approximately 104,826 Georgia children (15.6%) under the age of five live in "child care deserts,"[17] that is, zip codes where the number of children is three times more than licensed child care capacity. While this occurs in rural and urban areas, the likelihood is much greater in rural areas. Specifically, 41% of rural zip codes and 13% of urban zip codes are classified as child care deserts. It is important to note that these were the percentages prior to the pandemic. While the number of permanent child care closures due to the public health emergency will not

16 Research Track. (2019). *Child care in state economies: 2019 update*. Arlington, VA: Committee for Economic Development of The Conference Board. https://www.ced.org/childcareimpact

17 Malik, R., Hamm, K., Adamu, M., & Morrissey, T. (2016, October 27). *Child care deserts*. Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2016/10/27/225703/child-care-deserts/

be known for some time, anecdotal evidence suggests that it could increase these percentages. Also of note, children in rural counties are less likely to be in licensed care than children in urban counties. DECAL administrative data suggest that, on average, 23% of children ages birth to four in Georgia attend licensed care in urban counties compared to 16% of children in rural counties.

The use and availability of licensed child care varies by age group.

Administrative data suggest that CCLCs are more likely to serve preschoolers than infants and toddlers, and that, overall, 17.4% of CCLCs do not serve any infants or toddlers. This percentage is even greater (21.1%) in rural counties. While use of child care by age group is not completely synonymous with availability, the data suggest there may be fewer child care options for infants and toddlers. In 2016, Georgia published a report that detailed the economic impact of the child care industry and included a statewide survey of all known child care providers (licensed child care, Georgia's Pre-K, Head Start and Early Head Start, and license-exempt providers such as before- and afterschool programs). A key finding from the study was the variation in terms of enrollment by age group. As Table 5.2 details, the percentage of children served statewide increases with children's age. While some variation would be expected based on demand, the wide range of use of child care suggests that availability of care may be a factor.

Table 5.2. Percentage of Children Served by Age Group

	Population	Enrollment	Percentage Served
Birth–2 months	129,104	20,218	15.7%
1 year old	129,915	32,168	24.8%
2 years old	132,990	33,166	24.9%
3 years old	133,811	58,367	43.6%
4 years old	136,855	118,497	86.6%

Source: Georgia State University Andrew Young School of Policy Studies & University of Georgia Carl Vinson Institute of Government. (2016, June). *Economic Impact of the Early Care and Education Industry in Georgia*. http://www.decal.ga.gov/documents/attachments/EconImpactReport.pdf

The cost of child care is likely the most challenging barrier affecting families.

While cost is not a factor for many ECCE services (e.g., home visiting, Head Start, Georgia's Pre-K), 68% of PDG B-5 stakeholder survey respondents indicated that their perception is that cost is the barrier that affects families the most. Parents of young children who wish to continue working often spend a large proportion of their income on child care costs. Care for infants and

toddlers can be prohibitively expensive. For example, the average annual price for full-time infant care in a child care center in Georgia is $8,729, more than 10% of the median income of a married couple and nearly 35% of the median income of a single parent.[18] As seen in Table 5.3, a married couple with two children living at the poverty line may spend close to two-thirds of their family income on center-based child care.

Table 5.3. Percentage of Income Spent in Georgia on Child Care by Type of Care

Family Characteristics	Percent of Income	
Type of Child Care Program	CCLC	FCCLH
Infant child care – married couple family	10.4%	8.7%
Two children – married couple family	18.7%	15.8%
Infant child care – single parent	34.7%	29.0%
Two children – single parent	62.5%	53.0%
Married family with two children at the poverty line	62.6%	53.2%

Source: Child Care Aware of America. (2019). *The US and the high price of child care: An examination of a broken system—Appendices.* Arlington: VA. http://usa.childcareaware.org/priceofcare

ACCESS TO CAPS, GEORGIA'S PRE-K, HEAD START, AND HOME VISITING PROGRAMS

While the previous section focused on access to licensed child care, this section deals with findings related to specific ECCE programs, including Georgia's CCDF child care subsidy program (Childcare and Parent Services, or CAPS), Georgia's Pre-K, and Head Start. Findings about accessibility for these programs do not vary greatly from those related to child care, primarily that more programs are available for preschool children than for infants and toddlers. However, access to these programs may be difficult in metro areas due to the high number of children eligible compared to slots available.

Childcare and Parent Services

Childcare and Parent Services, or CAPS, provides child care subsidies to approximately 50,000 low-income children per week in Georgia, helping many families access child care while they work or study. Families are awarded scholarships for child care that are accepted by thousands of child care providers across the state. The scholarships cover all or a portion of the cost of care. For many families, there is a family fee, computed on a sliding scale, associated with the scholarship. It is difficult to estimate the number of children in Georgia who would be eligible

18 Child Care Aware of America. (2019). The US and the high price of child care: An examination of a broken system—Appendices. Arlington: VA. http://usa.childcareaware.org/priceofcare

for the program. Since CAPS scholarships have an activity requirement that can be fulfilled through either work or study, or a combination of both, and since initial eligibility depends on being a member of a priority group, the number of families who would meet all requirements is difficult to ascertain. However, analyses based on income levels and family employment estimate that CAPS serves 14.8% of eligible children ages birth through 12.[19]

Georgia's Pre-K Program

Georgia's Pre-K Program serves more than 80,000 four-year-olds (~60% of the age-eligible population) each year and is more accessible to families than other programs within Georgia's mixed-delivery system. The program is available in every county in the state and allows grantees to apply for additional funding to help offset transportation-related costs. As detailed in Part VI of this report, the state has commissioned extensive research on the program, and this research demonstrates the impact of the program on children's growth and development. Reports from the evaluation can be accessed at http://www.decal.ga.gov/BftS/EvaluationGAPreKProgram.aspx.

For the past five years, the program has consistently seen a waiting list of ~5,000 children, with metropolitan counties, including those in the Atlanta area, maintaining the longest waiting lists.[20] According to program administrative data, the percentage of children enrolled in the program compared to the estimated number of age-eligible children varies greatly by county. For example, while 42% of counties have the capacity to serve more than 70% of their eligible four-year-old children, other counties have a much lower capacity, and the average county has the capacity to serve 62% of its children. Table 5.4 shows the five counties with the lowest percentage of children served; of the five counties shown, one (Cobb) is in metro Atlanta and currently serves 44% of its four-year-old population.

Table 5.4. Counties with the Lowest Georgia's Pre-K Saturation Rates, State Fiscal Year 2020

County	Saturation Rate
Towns	27%
Banks	32%
Talbot	40%
Madison	41%
Cobb	44%

19 Ullrich, R., Schmit, S., & Cosse, R. (2019, April 25). Inequitable access to child care subsidies. Center for Law and Social Policy. https://www.clasp.org/publications/report/brief/inequitable-access-child-care-subsidies

20 DECAL administrative data

Two key factors impact Georgia's Pre-K enrollment: (1) Local school systems or licensed child care centers do not have the capacity to increase the number of classes they can offer, and (2) not enough programs meet the quality standards required by the Georgia's Pre-K Program to receive grant funding in areas where additional capacity is needed.

Georgia's Pre-K Rising Kindergarten Summer Transition Program

Since 2010, Georgia's Pre-K Program has offered the Rising Kindergarten Summer Transition Program to children from families with lower incomes (up to 85% of the state median income). This six-week transition program during June and July offers high-quality instruction with a focus on literacy and math. The program also provides family training and resources to support the transition to kindergarten. Children who need additional academic support before entering kindergarten and whose families meet CAPS eligibility are given priority for enrollment in the program. In summer 2019, approximately 2,500 students participated in 156 classrooms across the state.

Georgia's Pre-K Rising Pre-K Summer Transition Program

Results from the Georgia's Pre-K longitudinal study (discussed in detail in Part VI) revealed a need to increase support for dual language learners.[21] Thus, in summer 2013, DECAL piloted the Rising Pre-K Summer Transition Program (Rising Pre-K STP) to support dual language learners before they start Georgia's Pre-K. The Rising Pre-K STP targets age-eligible, Spanish-speaking children registered to attend Georgia's Pre-K Program during the upcoming school year. It focuses on the use of the home language with students and families. The program employs a Spanish-speaking transition coach to support families and requires one teacher in each classroom to be fluent in Spanish. In summer 2019, approximately 850 students participated in 66 classrooms across the state.

Early Head Start and Head Start

Early Head Start and Head Start are critical components of Georgia's mixed-delivery system and employ 7,034 full-time staff statewide. Georgia is home to 32 agencies serving Early Head Start and Head Start families through 59 awarded grants. These include 28 Early Head Start grantees, 30 Head Start grantees, and one Migrant Seasonal Head Start grantee serving families in South Georgia. Nine Early Head Start grants are funded as child care partnerships, and eight school systems are participating as Head Start and Early Head Start grantees. In FY 2019, 24,735

21 Peisner-Feinberg, E. S., Schaaf, J. M., & LaForett, D. R. (2013). *Children's growth and classroom experiences in Georgia's Pre-K Program: Findings from the 2011–2012 evaluation study*. University of North Carolina at Chapel Hill, FPG Child Development Institute. https://decal.ga.gov/BftS/EvaluationGAPreKProgram.aspx

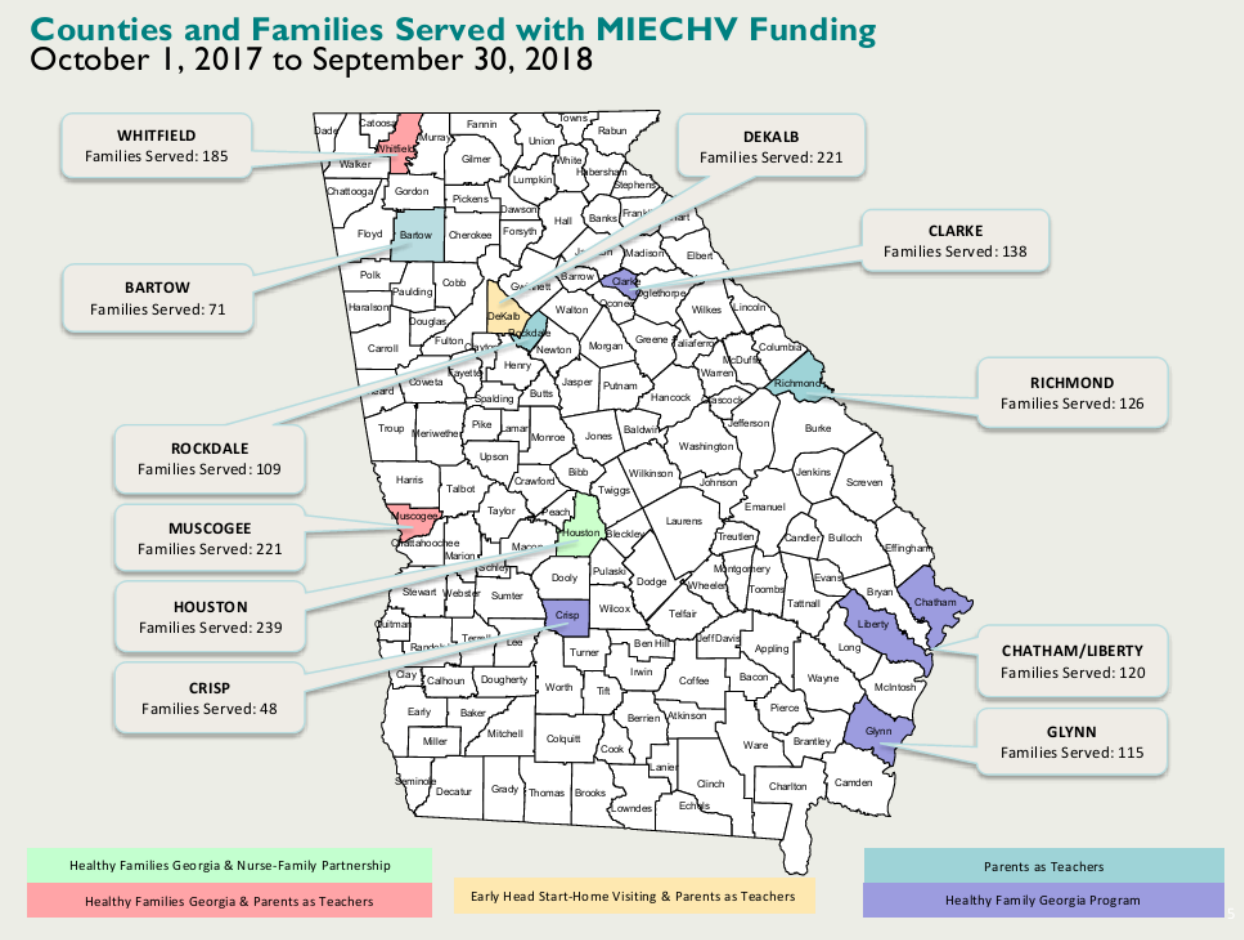
slots were funded in Georgia, with most children enrolled in CCLCs, 180 children served through home-based programs, and 47 children served through FCCLHs.

Georgia Home Visiting Program

The Georgia Home Visiting Program (GHVP) was established to strengthen Georgia's capacity to address the overall health, safety, and well-being of at-risk pregnant women and families with children up to age five. Families considered high risk for child abuse and neglect are prioritized. GHVP promotes maternal and child health, parent–child engagement, child development, and school readiness. A trained and certified home visitor meets with the family for 60 to 90 minutes on a weekly to monthly basis (depending on the program model and the family's needs and progress) and provides a combination of evidence-based home visiting services, coordination of services for at-risk communities, and identification of comprehensive services. Between October 2017 and September 2018, home visitors in Georgia made 26,606 home visits to 2,219 families, including 558 pregnant women and 2,097 children.[22] Figure 5A details the counties served by GHVP and identifies the program model that is serving that respective county. While the map shows where the GHVP is available, the map also demonstrates where GHVP services are not available. Currently, access to home visiting services is limited, with services available in only 11 counties statewide. Only one rural county, Crisp County, participates in services. Many Needs Assessment stakeholders agreed that increasing GHVP capacity would result in increased support to PDG focal populations.

22 University of Georgia, Center for Family Research, Owens Institute for Behavioral Research. Georgia's Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program annual report: October 1, 2017–September 30, 2018. Georgia Department of Public Health. https://dph.georgia.gov/document/document/fy18-miechv-annual-reportpdf/download

Figure 5A. Map of GHVP Services in Georgia



Source: University of Georgia, Center for Family Research, Owens Institute for Behavioral Research. *Georgia's Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program annual report: October 1, 2017–September 30, 2018* (p. 7). Georgia Department of Public Health. https://dph.georgia.gov/document/document/fy18-miechv-annual-reportpdf/download

ACCESS TO IDEA SERVICES

IDEA, Part C: Babies Can't Wait

Babies Can't Wait (BCW) is Georgia's early intervention program for families of infants and toddlers (ages birth to three) with developmental delays and disabilities. The program is funded through IDEA, Part C and works closely with physicians and health care providers to offer developmental evaluations at no cost to families in an effort to detect early signs of developmental disability or delays and to connect families with services. Services include evaluations and assessments, occupational therapy, physical therapy, psychological services, speech-language therapy, social work, counseling, and other services needed to reach the

child's goals. BCW provides support and resources to help family members and caregivers enhance children's development through everyday learning opportunities.

Each year, Georgia's BCW serves approximately 18,000 children, with the number of referrals and children eligible for services increasing each year. In 2018, the program served approximately 2.1% of the population (less than the national average of 2.9%), with more than 95% of eligible children receiving services in their home or child care setting. Georgia's Child Find rate for ages birth through one is 0.8% (target is 1.0%) and 2.2% for ages birth through three (target is 2.5%).

IDEA, Part B, Section 619: Preschool Special Education

The state uses IDEA, Part B funding to provide critical early education services to children with disabilities ages three to five. In Georgia, preschool-aged children with disabilities receive special education and related services in their local school districts. Currently, the program serves approximately 4.4% of the population (less than the national average of 6.1%), with many children, especially three-year-old children, receiving services in self-contained environments rather than inclusive settings.

Results from the Needs Assessments highlight two critical findings related to access of IDEA services. First, the system is difficult to navigate. For example, Georgia uses Children 1st as the single point of entry to services. Children 1st forwards appropriate referrals to IDEA, Part C for eligibility determination. Some families report difficulty getting a response from the local IDEA, Part C programs during the referral and eligibility process. Additionally, service provision for eligible children is ensured through provider contracts with the state IDEA, Part C program. Providers handle third-party billing and bill IDEA, Part C only when Medicaid or private insurance denies the claim. Second, there is a shortage of professionals who can provide IDEA services. Several factors contribute to this shortage. One factor is that there is a scarcity of early interventionists and therapists outside the metro areas, and this impacts access to services in rural areas. A second factor entails challenges in the billing for IDEA, Part C services. All IDEA, Part C service providers must agree to bill Medicaid; however, Medicaid is delivered through several care management organizations, each with its own rules and procedures. Providers often have difficulty navigating the various systems and may choose to work outside the IDEA, Part C system.

TRANSITIONS AND ACCESS

Successful transitions between Children 1st and Babies Can't Wait, Babies Can't Wait and Preschool Special Education, and early learning programs and elementary school are all key to supporting optimal child development but also for ensuring the most efficient use of resources. Significant investments have been made to support transitions, as evidenced by investments

such as *Help Me Grow* and the Georgia Kindergarten Inventory of Development Skills (GKIDS) Readiness Check.[23] However, feedback from stakeholders suggests that additional investments are needed to ensure all children and families are prepared to enter kindergarten.

Stakeholders identified the following areas of strength in transitions: the alignment of Georgia Early Learning and Development Standards (GELDS) for birth through four with the Georgia K-12 Standards of Excellence; the Early Head Start Partnership grants and the Georgia's Pre-K Summer Transition Programs as supporting strong transitions between programs for PDG focal populations; and work at the state and community levels to support the transition from Pre-K and Head Start programs to kindergarten.

However, stakeholders reported a need for increased supports for transitions for children with disabilities and children who are dual language learners. Stakeholders expressed concerns that eligible children might not always successfully transition from early intervention (IDEA, Part C) to Preschool Special Education (IDEA, Part B, Section 619). They also reported that transition services and resources do not meet the needs of families whose primary language is not English. Specifically, additional interpreters and translated written materials need to be provided.

The Needs Assessment also suggested a need for increased efficiency and coordination of developmental screening, referrals, and early intervention services. Smoother transitions in these areas would ensure that children are evaluated for services, eligibility is determined, and appropriate services are provided.

ACCESS TO SOCIAL-EMOTIONAL AND MENTAL HEALTH SERVICES

Needs Assessment stakeholders reported concerns that (1) ECCE professionals do not have adequate training and supports in the areas of social-emotional and mental health; (2) the early intervention referral system is difficult to navigate; (3) access to mental health services can be limited; (4) families experiencing trauma do not have access to comprehensive community-based services; and (5) children are displaying persistent challenging behaviors that lead to suspension or expulsion and that are a barrier to participating in high-quality care.

Stakeholders, particularly child care and Head Start directors and teachers, highlighted that the Georgia SEEDS (Social Emotional Early Development Strategies for Success) program is positive and beneficial in this area. Georgia SEEDS is a tiered approach to support teachers and administrators in promoting strong social-emotional development, developing strong

23 See https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Assessment/Pages/Readiness.aspx.

relationships, creating positive learning environments, and identifying strategies to respond to children with persistent challenging behaviors. Georgia SEEDS includes training and coaching to support infants and toddlers, preschool children, and afterschool classrooms across all early learning settings, including child care programs, Georgia's Pre-K (public and private), and Head Start.

Specifically, there is a significant need to develop mental health services and supports for children birth to age five. For example, Georgia has a significant shortage of child and adolescent psychiatrists, 186 in total, meaning that there are only 7.5 psychiatrists per 100,000 children in the state. Additionally, 48% of counties lack a licensed psychologist, and 33% of counties do not have access to a licensed social worker.[24] The following barriers were identified in the Needs Assessment: (1) Very few mental health professionals in Georgia are trained in appropriate therapeutic methods for very young children; (2) there is no clear funding mechanism for mental health services; and (3) no referral system or coordinating agency is responsible for these services.

CONCLUSION

This part of the report details findings related to access. Access is an important component as it encompasses not only the availability of programs and services but a family's ability to obtain those services. The Needs Assessment findings related to the availability of licensed child care demonstrate that while licensed capacity has not decreased, the number of providers, particularly family child care learning homes, has declined in the last four years. This decline in the number of providers may be decreasing access to licensed child care for many families. Furthermore, the decline in the number of family child care learning homes has been especially pronounced and accounts for most of the overall decline. Further analyses show that there are variations in access to licensed child care by geographic designation (rural compared to urban) and by age group (infant/toddler compared to preschool). Finally, there is a general concern, with empirical support, that the cost of licensed child care is a barrier to families.

Access to programs or services such Georgia's Pre-K Program demonstrate some strengths in terms of access within the state's mixed-delivery system. For example, more than 42% of Georgia's 159 counties have the capacity to serve over 70% of their four-year-olds in a Georgia's Pre-K classroom.

24 Georgia House of Representatives Study Committee on Infant and Toddler Social and Emotional Health. (2019). *The final report of the Georgia House of Representatives Study Committee on Infant and Toddler Social and Emotional Health.* http://www.house.ga.gov/Documents/CommitteeDocuments/2019/Infant_and_Toddler_Social_and_Emotional_Health/HR421_Final_Report.pdf

Additionally, Head Start and Early Head Start, foundational for any state's mixed-delivery system, serve close to 25,000 children each year. An additional strength in terms of access for more vulnerable populations is the Rising Kindergarten and Rising Pre-K Summer Transition Programs, which help meet the school readiness needs of families, especially the dual language learner families served in the Rising Pre-K model.

Part V also highlights areas where there are opportunities to expand access. Despite serving over 50,00 children each month, the estimated percentage of eligible children served by CAPS is less than 15%. This part of the report also highlights Georgia's Home Visiting Program, which provides essential services for families of young children in only 11 counties across the state. Many stakeholders noted the need for expansion of home visiting services to other counties.

Critical to the function of any state's mixed-delivery system are the services provided for families of children with disabilities and social-emotional and mental health services. Part V highlights the strengths of Georgia's IDEA, Part B and Part C services while noting the difficulty some have in navigating the referral system and the scarcity of professionals able to offer services. These findings are also pertinent to services offered around social-emotional and mental health. However, stakeholders noted the strength of Georgia's SEEDS (Social Emotional Early Development Strategies for Success) program. Finally, the results also show where transitions may be lacking—especially for dual language learners and children with disabilities.

PART 6

QUALITY OF GEORGIA'S EARLY CHILDHOOD PROGRAMS AND SERVICES

INTRODUCTION

Georgia has invested significant resources in conducting and commissioning research related to the quality of its early education programs. Part VI of the report details findings from this research. Therefore, the methodology used for this part of the Needs Assessment was to review and report the results from existing research. This part of the report identifies how research informs what state leaders know about quality and its impact, specifically on two programs: Georgia's Pre-K Program and Quality Rated, the state's tiered quality rating and improvement system. The research highlighted in this part of the report includes formal evaluation studies and ongoing internal data collection and analyses.

The research shows strong results regarding quality and the impact of the programs, and it details where additional supports are needed in Georgia's mixed-delivery system. This part of the report provides a high-level review of some of the research the state has conducted and commissioned. Additional details about the research discussed here and other ECCE studies can be found at http://www.decal.ga.gov/BftS/Research.aspx.

RESEARCH RELATED TO GEORGIA'S PRE-K LONGITUDINAL STUDY

As detailed throughout this Needs Assessment report, Georgia's Pre-K Program has been foundational to the evolution and strength of Georgia's mixed-delivery system. Funded through the Georgia Lottery for Education, the program began in 1992 as a small pilot program serving 750 at-risk four-year-old children at 20 sites statewide. Today, Georgia's Pre-K serves more than 80,000 children a year through local school systems, private child care programs, and other entities (Head Start, technical colleges, etc.) at approximately 4,000 sites statewide. All Georgia's Pre-K providers must meet high quality standards such as use of an approved curriculum, ECCE-degreed teachers, and instructional planning time. Part V of this report contains additional information about Georgia's Pre-K Program.

As part of its investment in Georgia's Pre-K Program, the state has commissioned considerable research into understanding the quality and impact of the program. A 2011 study found that children exhibited significant growth across all domains of learning, and these results were found regardless of whether the program was housed in a private child care program or local

school system.[25] One study, utilizing a regression discontinuity design, found that participation in Georgia's Pre-K Program had significant positive effects on children's language and literacy, math, and general knowledge skills.[26] Finally, a study conducted by lead researchers at Child Trends found that children who attended Georgia's Pre-K did slightly, though statistically significantly, better on their end-of-grade assessments than children who did not attend Georgia's Pre-K.[27]

The research on Georgia's Pre-K Program also includes a current study that is following a representative sample of children who attended Georgia's Pre-K in 2013–2014 through their fourth-grade year.[28] The study is part of an ongoing evaluation requested by the Georgia General Assembly and commissioned by DECAL and conducted by lead researchers from FPG Child Development Institute at the University of North Carolina-Chapel Hill.

Results from this study reveal the strong impact of the Georgia Pre-K Program while highlighting the likelihood that Georgia's Pre-K classes are more likely to be of higher quality. Nationally normed instruments that measure skills across key domains of learning showed that children made greater than expected gains during their Georgia's Pre-K year, and these gains continued through kindergarten. These gains were especially pronounced for most measures, vocabulary being an exception, related to language and literacy as well as math and social emotional skills.[29] Specifically, children showed a pattern of initial gains in scores during Pre-K and kindergarten (i.e., larger gains than expected relative to the norming sample). Scores began to level off in first grade and then decreased or stabilized through third grade, staying above or near the national mean.

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25 Peisner-Feinberg, E. S., Schaaf, J. M., & LaForett, D. R. (2013). *Children's growth and classroom experiences in Georgia's Pre-K Program: Findings from the 2011–2012 evaluation study* [Executive summary]. University of North Carolina at Chapel Hill, FPG Child Development Institute. http://www.decal.ga.gov/documents/attachments/GAPreKEval2011-2012ExecSum.pdf

26 Peisner-Feinberg, E. S., Schaaf, J. M., LaForett, D. R., Hildebrandt, L. M., & Sideris, J. (2014). *Effects of Georgia's Pre-K Program on children's school readiness skills: Findings from the 2012–2013 evaluation study* [Executive summary]. University of North Carolina at Chapel Hill, FPG Child Development Institute. http://www.decal.ga.gov/documents/attachments/GAPreKEvalRDDExSum.pdf

27 Early, D. M., Li, W., & Maxwell, K. L. (2017). *Third-grade achievement for children who participated in Georgia's Pre-K: Summary of analysis.* Bethesda, MD: Child Trends. http://www.decal.ga.gov/documents/attachments/GAPre-K3rdgdsummary.pdf

28 The most recent report of findings through third grade has not yet been published. Reports from previous years can be found here: http://www.decal.ga.gov/BftS/EvaluationGAPreKProgram.aspx

29 Peisner-Feinberg, E., Van Manen, K., Mokrova, I., & Burchinal, M. (2019). *Children's outcomes through second grade: Findings from Year 4 of Georgia's Pre-K Longitudinal Study*. University of North Carolina at Chapel Hill, FPG Child Development Institute. http://www.decal.ga.gov/documents/attachments/GAPreKEvalLongitudinalYr4Report.pdf

The study also included a subsample of children classified as dual language learners. For this subsample, children were assessed in English and Spanish. While the children made significant gains, their scores were lower than the national norm, especially for the assessments conducted in Spanish.

One of the strengths of the study is that it used classroom quality measures, not only in the children's Pre-K year, but also in each of the elementary school grades. Georgia's Pre-K leaders understand that quality is paramount to achieving the gains reported above. To measure quality, the study used the Classroom Assessment Scoring System (CLASS), which provides scores on a 1–7 scale and across three domains that suggest higher quality interactions and instruction. The study showed that Georgia's Pre-K classrooms are more likely to be in the higher quality range. Twenty-six percent of Georgia's Pre-K classrooms in the sample scored in the high range for the CLASS total score compared to 17% of kindergarten, 9% of first grade, 13% of second grade, and 14% of third grade classrooms.[30]

Data collection, especially stakeholder engagement, related to the Needs Assessment demonstrates how Georgia has been able to use the results from the Georgia's Pre-K longitudinal study. As noted in Part V of this report, state leaders used the results of the longitudinal study to create the Rising Pre-K Summer Transition Program, which provides additional instructional and family support to children classified as dual language learners before their Georgia's Pre-K experience. Additionally, results from the study have been used in creating and strengthening other ECCE programs. A key example has been the creation of the Lifting Infants and Toddlers Through Language Rich Experiences (LITTLE) grant program for licensed child care programs that use the infant and toddler versions of the CLASS.

RESEARCH INFORMING QUALITY RATED

Georgia's primary system for measuring quality in child care programs is Quality Rated, the state's tiered quality rating and improvement system. Quality Rated is a systemic approach to assess, improve, and communicate the level of quality in early care and education programs. Similar to rating systems for other service-related industries, Quality Rated assigns a quality rating (1, 2, or 3 stars) to early care and education programs that meet defined program standards. To receive a rating, programs submit a portfolio that includes information around five key standards and receive an unannounced observation by a trained, reliable observer using the Environment Rating Scales (ERS). Due to the COVID-19 pandemic, classrooms

30 Soliday Hong, S., Zadrozny, S., Walker, J., Love, E. N. G., Osborne, J. D., Owen, J. L., Jenkins, G., & Peisner-Feinberg, E. (2021, January). *Longitudinal study of Georgia's Pre-K Program: Third grade report*. University of North Carolina at Chapel Hill, FPG Child Development Institute. http://fpg.unc.edu/publications/longitudinal-study-georgias-pre-k-program-third-grade-report

observations were suspended. However, a Temporary Alternate Rating Option (TARO) is being developed to allow providers to be awarded a temporary rating through the portfolio score and engaging in additional activities that can be conducted virtually. Components of TARO were piloted in the fall of 2020.

Quality Rated launched in 2012 and has since grown exponentially. As of December 2020, there are 2,406 rated programs. Of these, 789 (33%) are one-star; 1,190 (49%) are two-star; and 427 (18%) are three-star. This distribution of star levels supports that Quality Rated discriminates levels of quality.[31]

Research has been an integral part of Quality Rated. Two external studies have been used to create Quality Rated and to validate and study its impact. These studies are described in the sections that follow.

2008–2010 QUALITY STUDY

Before the launch of Quality Rated in 2012, researchers at the FPG Child Development Institute at the University of North Carolina–Chapel Hill led a study to measure quality across a representative sample of infant/toddler, preschool, and Georgia's Pre-K classrooms and family child care learning homes (FCCLHs) in Georgia. The study used multiple nationally recognized measurement tools including the Environment Rating Scales (ERS), Classroom Assessment Scoring System (CLASS), and Early Language and Literacy Classroom Observation (ELLCO) instruments, along with director, teacher, and parent surveys. Representative samples were observed of infant, toddler, and preschool classrooms in licensed child care centers; of Georgia's Pre-K classrooms in licensed centers and public schools; and of FCCLHs. The results found that 75% of FCCLHs, 66% of infant/toddler classrooms, and 35% of preschool classrooms were considered "low quality." The highest quality was found in Georgia's Pre-K classrooms, where more than 80% of classrooms were in the medium range for quality. Preschool classrooms were also mostly in the medium range; however, 35% were of low quality. This study provided an important baseline, and the findings were used in the design of Quality Rated.

QUALITY RATED VALIDATION STUDY

As part of its Race to the Top–Early Learning Challenge grant, Georgia commissioned a validation study to gauge how well the Quality Rated framework is operating and to determine if the tiered system truly reflects varying levels of quality. The Quality Rated Validation Study[32]

31 DECAL administrative data

32 http://www.decal.ga.gov/BftS/QRValidation.aspx

was published as a series of four reports, with the final report released in May 2019. This study was commissioned by DECAL and conducted by lead researchers from Child Trends.

Several key findings emerged from this study. First, the classroom observation is heavily weighted in determining a program's star rating. Specifically, 94% of programs would have received the same rating using only the points from the classroom observation component.[33] Second, there is a greater likelihood of higher star ratings for programs that participate in Georgia's Pre-K or Head Start, suggesting that participation in other high-quality programs may impact quality (or that higher quality programs are more likely to be Georgia's Pre-K or Head Start).[34] Third, providers report that incentive packages and on-site technical assistance provided by Georgia's child care resource and referral agencies were key supports.[35] Fourth, the research found a correlation between a program's star rating and other measures of program quality, suggesting that Quality Rated does measure different quality levels. Fifth, the study demonstrated a relationship between programs with higher star ratings and children's growth and development on some measures and on workplace climate. For example, preschoolers in 3-star programs had stronger math and social skills at the end of the school year than their peers in lower-rated programs. In terms of work climate, in center-based programs with higher star ratings, the work climate was better in terms of turnover, wages, and employee benefits. Finally, the validation study put the findings in a larger context by showing comparisons to other industries. These comparisons highlight that even the higher rated 3-star programs experience higher turnover and offer lower wages and fewer benefits than would be found in other similar industries.

A key outcome of the research on quality has been the 2020 Quality Rated CAPS goal. At the recommendation of a 2015 Early Education Subcommittee of former Governor Nathan Deal's Education Reform Committee, the state set a "2020 Goal" mandating that all providers participating in CAPS, Georgia's subsidized child care program must be Quality Rated by December 31, 2020. The intent of the mandate was to encourage child care programs serving vulnerable and underserved populations to improve their quality standards, thus ensuring more vulnerable children have access to higher quality programs. The state has devoted considerable resources to accomplishing the goal, and as of October 2020, more than 82% of

33 Early, D. M., Maxwell, K. L., Orfali, N. S., & Li, W. (2017). *Quality Rated Validation Study Report #1: What makes up a Quality Rated star rating? An in-depth look at the criteria, standards, and components*. Chapel Hill, NC: Child Trends. http://www.decal.ga.gov/documents/attachments/QRValidationReport1.pdf

34 Orfali, N. S., Early, D. M., & Maxwell, K. L. (2018). *Quality Rated Validation Study Report #2: A further look at the programs in Quality Rated.* Chapel Hill, NC: Child Trends. http://www.decal.ga.gov/documents/attachments/QRValidationReport2.pdf

35 Early, D. M., Orfali, N. S., Maxwell, K. L., Bultinck, E., Nugent, C., Miranda, B., Blasberg, A., Mason, R. S., & Bingham, G. E. (2018). *Quality Rated Validation Study Report #3: Director, teacher, and provider perceptions of Quality Rated.* Bethesda, MD: Child Trends. http://www.decal.ga.gov/documents/attachments/QRValidationReport3.pdf

children who receive CAPS scholarships were enrolled in a Quality Rated program. However, due to the pandemic, Georgia extended the deadline for becoming rated in Quality Rated to December 31, 2021. Even with the extension in place, the state continues to engage programs in the quality improvement process.

FINDINGS FROM ADMINISTRATIVE DATA ANALYSES

This section details how the state's use of administrative data facilitates a deeper and clearer understanding of quality. Stakeholder engagement for the Needs Assessment noted the importance of state leaders understanding the availability of quality. Therefore, a key part of Georgia's approach to understanding and evaluating quality has been its use of administrative data. This facilitated an understanding of patterns and trends related to higher quality that, in turn, impacts an understanding of access. This also helps state leaders make decisions related to providing additional supports and resources. The following reflect current findings from administrative data analyses.[36]

Child care learning centers (CCLCs) are more likely to be star rated than family child care learning homes (FCCLHs).

As of December 2020, 52.7% of eligible providers have earned a Quality Rated star rating. When looked at by provider type, 60% of CCLCs are rated compared to 35% of FCCLHs.

Programs in rural areas are about as likely to be rated as programs in urban areas, though there are differences by type of program.

As of December 2020, approximately 52.2% of providers in rural areas and 52.8% of providers in urban areas are rated. However, CCLCs in rural areas (65%) are more likely to be rated than CCLCs in urban areas (59%), while FCCLHs in urban areas (38%) are more likely to be rated than FCCLHs in rural areas (27%).

Programs are most likely to earn a 2-star rating.

As mentioned above, close to half (49%) of all providers earned a 2-star rating, while 3-star ratings were the least common rating earned (18% of ratings). FCCLHs are more likely to earn 3-star ratings than CCLCs (30% of rated FCCLHs compared to 14% of rated CCLCs). However, these differences may be attributed to the fact that child care centers have higher participation rates and therefore may be more representative of the larger child care center population. Participating FCCLHs may not be as representative of the larger FCCLH population. Rural

36 All findings presented in this section come from DECAL administrative data.

providers are also more likely to earn 3-star ratings than urban providers (26% of rural rated providers compared to 16% of urban rated providers).

Children in preschool are more likely to attend a Quality Rated program than infants or toddlers.

As illustrated in Table 6.1, three-year-old children and particularly four-year-old children in Georgia's Pre-K Program are more likely to be enrolled in a Quality Rated program than infants, toddlers, and four-year-old children not in a Georgia's Pre-K classroom.

Table 6.1. Percentage of Children in Quality Rated Licensed Child Care by Age

Age	Percentage
Infant	48%
One	50%
Two	50%
Three	53%
Four (not GA Pre-K)	49%
Four (GA Pre-K)	70%

Infants and toddlers are more likely to be in Quality Rated child care in rural areas than in urban areas of the state.

As shown in Table 6.2, 57% of infants and toddlers in rural areas attend a Quality Rated program compared to 48% of infants and toddlers in urban areas. Consistent with the above finding, the likelihood varies by age group, with preschoolers in rural areas having a higher likelihood of attending a Quality Rated program than infants and toddlers.

Table 6.2. Percentage of Children in Quality Rated Licensed Child Care in Rural or Urban Areas

County Type	Infants & Toddlers (Ages 0–2)	Preschoolers (Ages 3–4)	Total (Ages 0–4)
Rural	57%	70%	64%
Urban	48%	53%	51%
Total	49%	56%	53%

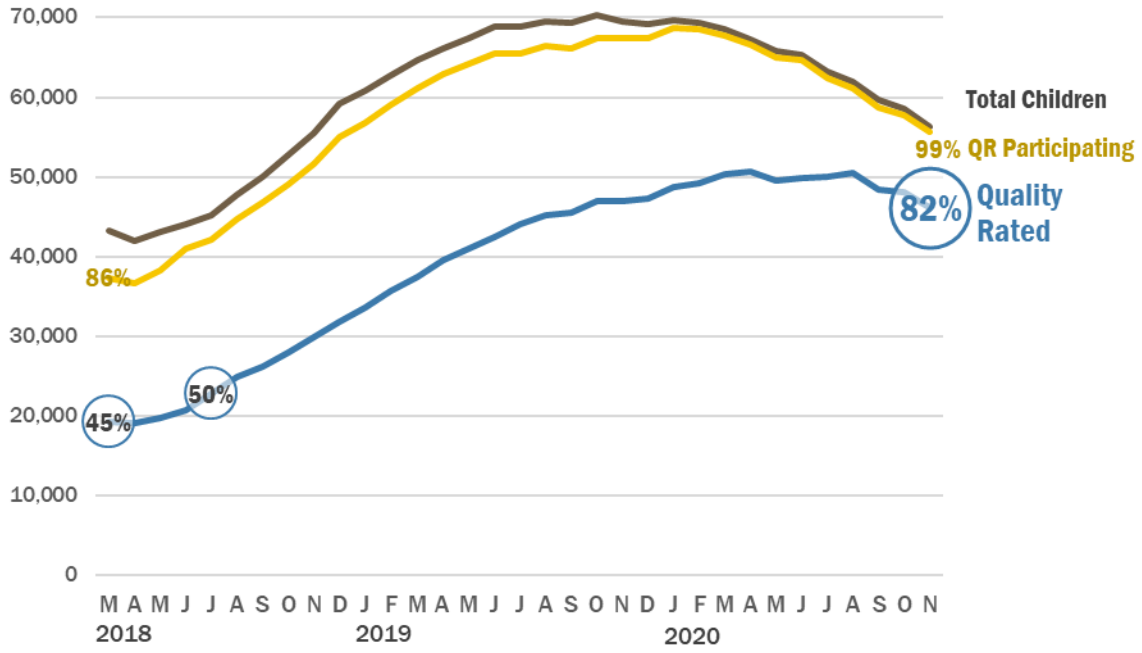
Some vulnerable populations are less likely to be enrolled in the highest quality child care.

Preliminary analysis of child care access and quality data indicates that the PDG B-5 focal populations (see Part II of the report for definitions) are not being served in the highest quality child care programs. For example, children classified as low-income in Georgia's Pre-K Program are more likely to be enrolled in a Quality Rated program, but the likelihood that the program has a 3-star rating is lower. Generally, children from low-income families receiving CAPS scholarships or children enrolled in Georgia's Pre-K often have access to Quality Rated programs; however, they are less likely to be enrolled in a 3-star program.

Children participating in Georgia's CCDF subsidy program (CAPS) are more likely to attend a Quality Rated program.

As noted earlier in the part of the report, Georgia has focused on increasing the number of Quality Rated providers participating in the CAPS program. Figure 6.1 shows the increase in the number of children with a CAPS scholarship participating in a Quality Rated provider. More than 82% of children with a CAPS scholarship are enrolled with a Quality Rated provider, an increase of 37 percentage points since March 2018.

Figure 6.1. Children in CCDF Subsidy at Quality Rated–Eligible Providers



Some child care programs struggle with facility issues.

The physical condition of a child care facility is an important factor in determining the quality of a program. A recent review of licensing citations revealed that the most common violations were related to playground safety rules. Table 6.3 shows the specific playground citations between July 2018 and June 2019. The most frequent citation related to playgrounds being kept clean.

Table 6.3. Percentage of Providers Cited for Playground-Related Issues

Child Care Center Rule	% of Providers Cited
Playgrounds not kept clean, free from litter, and free of hazards	25%
Inadequate fencing or barriers	18%
Playground equipment unsafe or inappropriate	15%
Inadequate surfacing	14%

CONCLUSION

Part VI of the report focuses on key research that the state has commissioned or conducted related to the quality of two of its early learning programs: Georgia's Pre-K Program and Quality Rated. It specifically focuses on how this research informs Georgia's mixed-delivery system.

From a historical and foundational standpoint, Georgia's Pre-K Program is a strength of Georgia's early education system. The highlighted research demonstrates that the quality of Georgia's Pre-K is higher than subsequent grades, and results show it prepares children for entering kindergarten. It also supports how the investments the state has made in this pivotal program reaps benefits and how these same investments can benefit other early learning programs.

Similarly, results related to quality demonstrate the state's success in creating and implementing Quality Rated. Previous research on the quality of licensed child care informed the creation of Quality Rated, and the research on Quality Rated shows the payoff from this program. Because of the strength of Quality Rated, the state has been able to create and soon meet its 2021 Quality Rated/CAPS deadline.

Results from administrative data analyses indicate that child care quality is not evenly distributed throughout the state and that the state has more work to do to ensure access to higher quality for all, especially children from focal populations (defined in Part II).

While this part of the report highlights some of the stronger findings of the research, there are areas of improvement that have been highlighted throughout the Needs Assessment. For example, results from the Georgia's Pre-K study around vocabulary show where additional investments in this area for children ages birth to five may be needed. Furthermore, the Quality Rated Validation Study results show that even the highest rated programs need more resources to address turnover and low staff wages.

During Needs Assessment feedback sessions, stakeholders noted the strong research undercurrent that supports programs in Georgia's mixed-delivery system. Part VI highlights key research studies, but it is not an exhaustive look. It identifies how the state is using research to understand and raise quality.

PART 7

THE EARLY CHILDHOOD EDUCATION WORKFORCE IN GEORGIA

INTRODUCTION

Part VII of the report details and identifies opportunities for strengthening ECCE workforce. This part of the report begins by highlighting supports available to the ECCE workforce, such as the Georgia Professional Development System, followed by specific findings that illustrate challenges the workforce faces, such as low compensation and high turnover. Part VII concludes by discussing needs and challenges for specific populations identified during the stakeholder engagement sessions of the Needs Assessment.

PROCESS AND METHODS

In 2018, Governor Brian Kemp designated DECAL as the lead agency for the state's PDG B-5 work. As the lead agency, DECAL managed the implementation of the Needs Assessment, including developing the methodology, reviewing existing research, managing and conducting data collection, analyzing data, and ensuring that federal guidelines for the Needs Assessment were met. Multiple methods and various sources were used to collect data for the Needs Assessment. Specific methods included conducting surveys and focus groups, analyzing administrative data, reviewing existing evaluation and research studies, and providing opportunities for overall stakeholder engagement. Specific data sources included Georgia's Cross-Agency Child Data System (CACDS), the American Community Survey from the US Census Bureau, and administrative data from state agencies that serve Georgia's B-5 population and their families. Workforce data from the Georgia Professional Development System (GaPDS) and the US Bureau of Labor Statistics were also used to inform this part of the report.

CURRENT WORKFORCE INVESTMENTS

GEORGIA PROFESSIONAL DEVELOPMENT SYSTEM

GaPDS (www.gapds.decal.ga.gov) is a centralized repository for workforce data for early learning professionals. The workforce data in the system include credentials, higher education coursework, professional learning hours, and employment history for professionals who provide one of the following: (1) direct services to children and families: B-5 teachers (infant, toddler, preschool, Head Start, Early Head Start, and Georgia's Pre-K, child care directors, family learning home providers, school-age teachers, and home visitors) or (2) indirect services to the early learning workforce, including trainers, coaches, and state agency staff.

The system also includes Georgia Training Approval (GTA), the state's mechanism for approving trainers and their trainings. In Georgia, licensing regulations require staff working in licensed child care centers or family child care learning homes to complete at least 10 hours of training annually. These trainings must be approved by GTA.

While enrolling in the GaPDS is voluntary for most audiences, as of March 30, 2020, there were 118,210 users in the system. Registration and use of the system benefits the enrolled professionals. Through GaPDS, early learning professionals can create and maintain a GaPDS profile, track their degrees and credentials, search for approved trainings, register for all DECAL and some non-DECAL trainings, and apply to become an approved trainer. Additionally, to be eligible to receive scholarships and financial bonuses from DECAL Scholars and for programs to participate in Quality Rated, Georgia's tiered quality rating and improvement system, professionals must have an active GaPDS profile.

DECAL SCHOLARS

Through federal Child Care and Development Block Grant funding, DECAL Scholars (www.decalscholars.com) supports early learning professionals in attaining degrees and credentials in early childhood education by providing free educational counseling, scholarships, and financial bonuses. DECAL Scholars includes three primary programs: scholarships, awards, and incentives. The Scholarships Program provides tuition assistance to eligible applicants participating in an approved degree or credential program. The Awards Program provides a one-time bonus upon completion of an approved credential or degree. The Incentives Program provides bonus payments after a participant completes a degree to encourage retention in the field. As shown in Table 7.1, DECAL Scholars awarded $3,678,306 to support 4,132 early learning professionals in state fiscal year (SFY) 2020.

Table 7.1. DECAL Scholars Awards for SFY 2020 (07/01/2019–06/30/2020)

Program	Number of Recipients	Amount Awarded
Scholarships	2,433	$2,060,156
Awards	500	$709,000
Incentives	1,199	$909,150
Total	**4,132**	**$3,678,306**

Source: DECAL administrative data

Workforce Resources

Georgia has invested significant resources in developing robust supports for the early learning workforce. Table 7.2 provides information on the resources and tools.

Table 7.2. Tools and Resources for the Early Learning Workforce

Tool / Resource	Description	Access
Georgia Early Learning and Development Standards	The GELDS are a continuum of skills, behaviors, and concepts that children develop birth to age five. They are divided into age groups and serve as a framework for learning. The GELDS are aligned with the Head Start Early Learning Outcomes Framework, the Georgia Standards of Excellence (GSE) for K-12, and the Work Sampling System.	www.gelds.ga.gov
Workforce Knowledge and Competencies	Georgia's Workforce Knowledge and Competencies (WKCs) guide the development and delivery of quality professional learning opportunities for Georgia's early learning and school-age workforce. The WKCs answer the question, "What should early learning and school-age professionals working with young children know and do?" The WKCs provide a framework for trainers, coaches, and other professional learning specialists to create learning experiences that directly address the individual needs of each professional working with early learning and school-age children.	https://www.decal.ga.gov/documents/attachments/EarlyLearningSchoolAgeWKCs.pdf
Planning Education Activities for CHildren	Planning Educational Activities for CHildren (PEACH) is an interactive website with thousands of high-quality, developmentally appropriate activities available. The activities are designed for children from birth to age five and are directly linked to the GELDS. Users can create and share lesson plans.	http://peach.decal.ga.gov/app/
Professional Learning Community Facilitator Training Program	A professional learning community (PLC) is a group of people who come together to share their challenges or concerns about working with young children and their families and learn to improve their practices over time. The PLC Facilitator Training develops skilled facilitators who assist educator PLCs as they identify issues that affect children's outcomes, examine their own work, and try out new strategies. The PLC Facilitator Program equips facilitators with tools to effectively implement and sustain PLCs as a job-embedded professional learning strategy in various early care and education settings.	
Quality Rated Peer Support Network	The Peer Support Network (PSN) was created by child care providers to share ideas, success stories, and lessons learned during the Quality Rated experience. The PSN is open to all programs interested in earning or increasing their Quality Rated star rating. Topics of discussion are guided by the interests and needs of the participants.	

FINDINGS

Findings from the Needs Assessment highlight four specific challenges related to the early learning workforce: (1) difficulty in credentialing, hiring, and retaining professionals; (2) low workforce compensation; (3) specific workforce development needs; and (4) professional learning needs.

WORKFORCE CREDENTIALS

Overall, the early childhood care and education workforce has relatively low levels of formal educational attainment in child care. As reported in 2016, 47% of Georgia's early childhood educators are estimated not to have any credential.[37] Among the 53% of early learning professionals who are credentialed, the majority of have attained an entry-level credential or a Career Level 4–7 (ranging from a Child Development Associate, or CDA, to an associate degree) or they possess a non-ECCE degree (see Table 7.3). GaPDS career levels can be accessed at https://gapds.decal.ga.gov/Documents/CareerLevels.pdf.

37 Estimate from DECAL administrative data, with baseline data from: Georgia State University: Andrew Young School of Policy Studies, Bright from the Start: Georgia Department of Early Care and Learning, & The University of Georgia: Carl Vinson Institute of Government. (2016). *Economic impact of the early care and education industry in Georgia.* http://www.decal.ga.gov/documents/attachments/EconImpactReport.pdf

Table 7.3. Professionals Registered in GaPDS by Career Level

	Directors	Assistant Directors	Lead Teachers	Assistant Teachers	Family Child Care Providers	Home Visitors
Career Level 1–3 • Less than 3 years of experience • No formal credential	28%	35%	22%	37%	41%	11%
Career Level 4–7 • Unrelated degree • CDA or Paraprofessional Certification • Technical Certificate of Credit (EC/CD) • Technical Certificate Diploma (EC/CD) • Associate (EC/CD))	52%	54%	40%	54%	50%	72%
Career Level 8–9 • Bachelor's degree (EC/CD) • Teaching Certification (EC/CD)	10%	8%	23%	7%	4%	17%
Career Level 10–12 • Master's degree (EC/CD) • Specialist degree (EC/CD) • Doctoral degree (PhD, EdD)	10%	3%	15%	2%	5%	0%

Based on career level information from GaPDS, it is important to note that most teachers are meeting the minimal credentialing requirements for their job position; however, they are not exploring options beyond the minimum requirement. This includes pursuing credentials specific to their roles and the populations they support. For example, only 8.5% of infant and toddler teachers in GaPDS report having a credential specific to the development of infants and toddlers (see Figure 7A). To plan high-quality learning experiences for children, professionals need credentials specific to the age, background, and specific needs of the children they serve. Further, while lead teachers in Georgia's Pre-K Program and center directors are likely to be in

higher career level categories, lead infant and toddler teachers often have fewer credentials, thus placing them in far lower career level categories (see Figure 7B).

Figure 7A. Number of Infant and Toddler Teachers by Credentials or Degrees

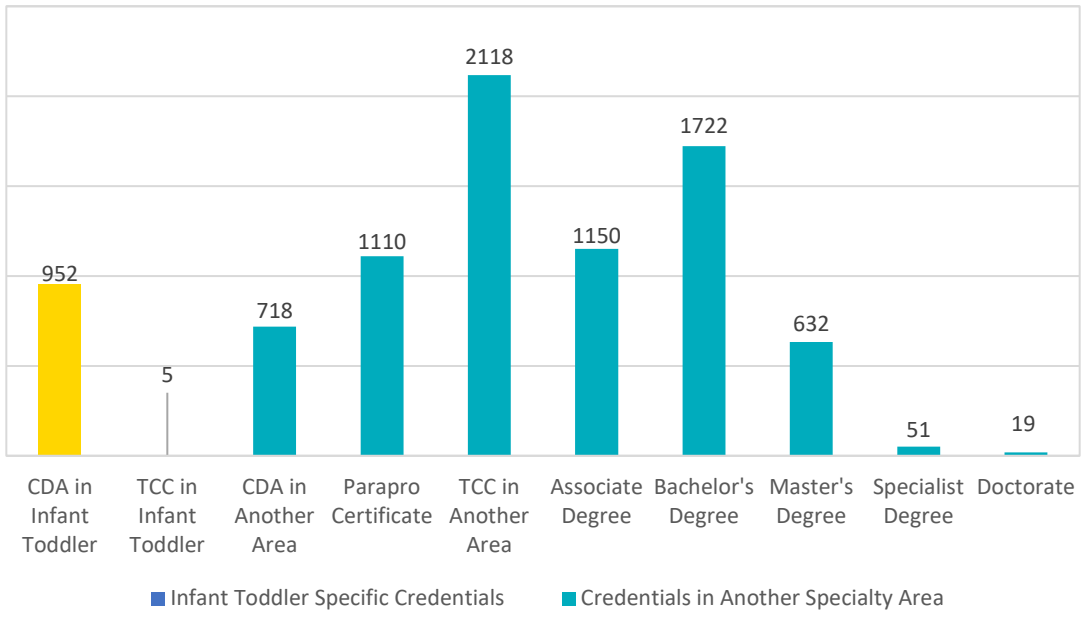
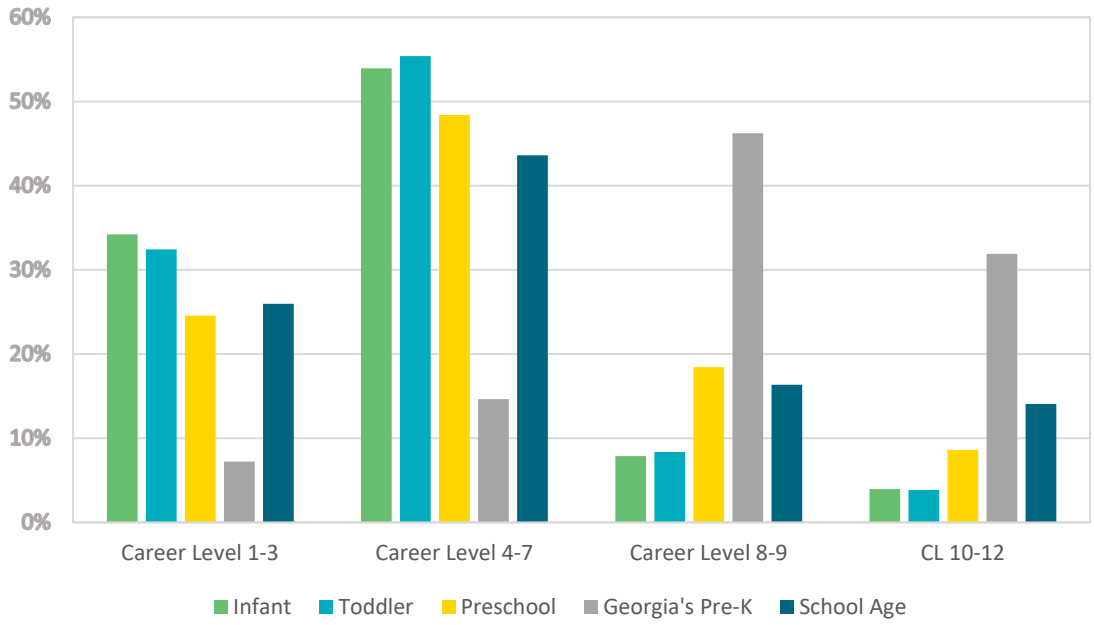


Figure 7B. Lead Teacher Career Levels by Age Group Served



These findings highlight a need to develop policies and funding structures to support career pathways, both for supporting early learning professionals to gain initial credentials and for providing opportunities to increase the number of specialized credentials. Stakeholder feedback, especially from program administrators, child care resource and referral staff, and families, also supports the need to increase professional learning opportunities targeted to professionals working with specific populations: infants and toddlers, dual language learners, and school-age children.

WORKFORCE COMPENSATION

Low compensation is an ongoing challenge for early childhood professionals and continues to be an issue because compensation is often tied to families' ability to cover the cost of care and to insufficient public funds. According to the US Bureau of Labor Statistics,[38] the average estimated income for those in child care occupations ("childcare workers"[39]) was $21,510 per year; hotel desk clerks and restaurant cooks earn similar wages. Moreover, child care workers—which excludes preschool teachers, teaching assistants, and administrators— received about 34% less than manicurists and pedicurists, 34% less than preschool teachers, and 30% less than health care support workers. Preschool teachers earn $32,540 per year compared to kindergarten teachers, who average $57,490 each year (see Table 7.4).

38 US Bureau of Labor Statistics. (2019). May 2019 state occupational employment and wage estimates: Georgia. https://www.bls.gov/oes/2019/may/oes_ga.htm

39 Note that "childcare workers" excludes preschool teachers, assistant teachers, and administrative staff.

Table 7.4. Average Annual Wages in Georgia by Occupation

Occupation	Mean Annual Wage
Hotel, Motel, and Resort Desk Clerks	$21,440
Childcare Workers[a]	$21,510
Teaching Assistants, Except Postsecondary	$22,360
Cooks, Restaurant	$26,030
Health Care Support Occupations	$30,880
Manicurists and Pedicurists	$32,350
Preschool Teachers, Except Special Education	$32,540
Education and Childcare Administrators, Preschool and Daycare	$42,780
Heavy and Tractor-Trailer Truck Drivers	$45,410
Career/Technical Education Teachers, Postsecondary	$51,120
Paralegals and Legal Assistants	$54,440
Architectural and Civil Drafters	$55,360
Kindergarten Teachers, Except Special Education	$57,490
Elementary School Teachers, Except Special Education	$58,190
Registered Nurses	$69,590
Education Administrators, Kindergarten through Secondary	$96,110
Electrical Engineers	$98,240
Information Security Analysts	$99,420

[a] Note that "childcare workers" excludes preschool teachers, assistant teachers, and administrative staff.

Source: US Bureau of Labor Statistics. 2019. May 2019 State Occupational Employment and Wage Estimates: Georgia. https://www.bls.gov/oes/2019/may/oes_ga.htm

Georgia's Pre-K Program has been a state leader in providing compensation comparable to credentials. The program has also made significant strides in increasing wage and credential requirements for lead teachers. In school year 2020, 95% of lead teachers had a bachelor's degree in early childhood education or higher, and the average salary was $38,987.50.[40]

WORKFORCE RETENTION

According to the Institute of Medicine and the National Research Council, the national turnover rate for preschool teachers remains relatively consistent at 28.1%, while the turnover rate for

40 DECAL administrative data

child care workers is 29.4%.[41] Most early childhood professionals cite low compensation as the reason for leaving the industry.

In Georgia, research shows that such usual high rates of turnover are not as commonplace in higher Quality Rated centers and in Georgia's Pre-K Program.[42] It is likely that increased compensation and access to benefits in higher-rated centers contributes to improved rates of retention. Additionally, as part of a strategy to increase retention of lead teachers in Georgia's Pre-K classrooms, the state introduced salary supplements based on experience and credentials and was able to achieve salary parity with K-12 teachers.[43]

WORKFORCE DEVELOPMENT

The Needs Assessment highlighted the following areas for critical workforce development: (1) early intervention service providers, particularly in rural areas, (2) infant and toddler teachers, (3) infant early childhood mental health professionals, and (4) culturally and linguistically diverse teachers and home visitors.

There is a large shortage in the number of early intervention service providers, particularly in rural areas. Stakeholders recommended exploring telehealth services as a potential solution to greater access in rural areas and to counter challenges associated with complex payment mechanisms.

As discussed above in the Workforce Credentials findings, the majority of teachers working in Georgia's infant and toddler classrooms do not have credentials specific to infant/toddler development. Further, only 14 of Georgia's 22 technical colleges offer a credential specializing in infant and toddler care. Additionally, the state does not have specific workforce knowledge and competencies developed for infant and toddler early care and education.

As highlighted in Part V of this report, stakeholders reported the critical need for the mental health professionals who have received training and are credentialed to serve very young

41 Institute of Medicine and National Research Council. (2015). *Transforming the workforce for children birth through age 8: A unifying foundation* (p. 472). Washington, DC: National Academies Press. https://doi.org/10.17226/19401

42 Early, D. M., Maxwell, K. L., Blasberg, A., Miranda, B., Orfali, N. S., Li, W., Bultinck, E., & Gebhart, T. (2019). *Quality Rated Validation Study Report #4: Quality Rated star ratings and independent measures of quality, children's growth, and work climate*. Bethesda, MD: Child Trends. http://www.decal.ga.gov/documents/attachments/QRValidationReport4.pdf

43 McLean, C., Dichter, H., & Whitebook, M. (2017). Strategies in pursuit of pre-K teacher compensation parity: Lessons from seven states and cities. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley & New Brunswick, NJ: National Institute for Early Education Research. https://cscce.berkeley.edu/files/2017/10/Strategies-in-Pursuit-of-Pre-K.pdf

children and their families. Georgia needs to develop a system for credentialing and ongoing professional development for infant early childhood mental health professionals.

Additionally, it is crucial for early childhood professionals to support the growing population of dual language learners. Part III of this report highlights the diversity of Georgia's families, including that approximately 16% of children are dual language learners. Currently, only 2,644 out of 118,210 professionals in GaPDS report speaking a primary language other than English, of which 1,612 speak Spanish and 133 speak French (second highest).[44] Georgia has started investing in resources and financial supports through the DECAL Scholars program to encourage individuals who speak a language other than English to enter the early childhood workforce. However, there is a need to develop specific pathways for culturally and linguistically diverse professionals.

WORKFORCE PROFESSIONAL LEARNING NEEDS

During the Needs Assessment, there were several opportunities to provide feedback on the professional learning needs of early learning professionals. These opportunities were provided through feedback sessions with stakeholders, including child care resource and referral staff, teachers, administrators, and families. Table 7.5 provides a summary of the feedback.

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Table 7.5. Professional Learning Topics with Target Audiences Identified

Topic	Target Audience
Child development and developmentally-appropriate environments, instruction, and child assessment	K-3 school administrators and teachers, infant and toddler teachers, families
Social-emotional development and appropriate tier 1 and tier 2 supports	B-5 teachers, kindergarten–2nd-grade teachers, elementary school principals, child care and Head Start directors, early intervention therapists, preschool special education teachers
Trauma-responsive care, adverse childhood experiences (ACES)	ALL: B-5 teachers, kindergarten–2nd-grade teachers, elementary school principals, child care and Head Start directors, state agency staff, child care resource and referral staff, trainers and coaches, early intervention therapists, preschool special education teachers, home visitors
Transitions: transition to kindergarten, transitions from early intervention to special education preschool	B-5 teachers, kindergarten teachers, elementary school principals, child care and Head Start directors, early intervention therapists, preschool special education teachers, home visitors, families
Developmental surveillance and referrals for services	B-5 teachers, families, child care and Head Start directors, home visitors
Leadership in B-5	Administrators in child care, elementary school, preschool programs, and Head Start
Strategies for supporting dual language learners	B-5 teachers, kindergarten–2nd-grade teachers, elementary school principals, child care and Head Start directors, state agency staff, child care resource and referral staff, trainers and coaches, early intervention therapists, preschool special education teachers, home visitors

CONCLUSION

Georgia has invested significant resources to develop a robust professional development system—the Georgia Professional Development System—which allows for the state to collect, track, and analyze early learning workforce data. The state has also supported credential attainment and workforce retention through DECAL Scholars. Furthermore, professionals are supported through a variety of in-service tools and resources including GELDS and Workforce Knowledge and Competencies. However, there are opportunities for Georgia to further invest in and support early learning professionals by developing additional career pathways, supporting entry into and retention within the workforce for bilingual professionals and those working with infants and toddlers, and considering ways to boost workforce compensation.

APPENDIX A. NEEDS ASSESSMENT CROSSWALK

Needs Assessment Domain	Corresponding Part of Report
Definitions: quality early childhood care and education (ECCE), ECCE availability, vulnerable or underserved children, children in rural areas, ECCE system as a whole	Part II: Key Terms; Georgia's Mixed Delivery System
Focal Populations for the Grant: vulnerable or underserved children in your state/territory, and children who live in rural areas in your state/territory	Part II: Focal Populations, Table 2.4
Quality and Availability: current quality and availability of ECCE, including availability for vulnerable or underserved children and children in rural areas	Part I: Summary of Findings, Table 1.2 Part V: all sections Part VI: all sections
Children Being Served and Awaiting Service: data available and/or plan for identifying the unduplicated number of children being served in existing programs and unduplicated number of children awaiting services in existing programs	Part IV: Introduction; Georgia's Cross-Agency Child Level Data System (CACDS); Unduplicated Counts of Children
Gaps in data on quality and availability of programming and supports for children and families	Part I: Summary of Findings, Table 1.2 Part II: System Level Findings
Gaps in data or research to support collaboration between programs/services and maximize parental choice	Part I: Summary of Findings, Table 1.2 Part II: System Level Findings
Measurable indicators of progress that align with the state/territory's vision and desired outcomes for the project	Part IV: Introduction; Measurable Indicators of Progress
Issues involving early childhood care and education facilities	Part VI: Findings from Administrative Data Analyses

Barriers to the funding and provision of high-quality early childhood care and education services and supports and opportunities for more efficient use of resources	Part I: Summary of Findings, Table 1.2 Part II: System Level Findings
Transition supports and gaps	Part I: Summary of Findings, Table 1.2 Part III: Findings Related to Family Engagement Part V: Transitions and Access
System integration and interagency collaboration	Part I: Summary of Findings, Table 1.2 Part II: System-Level Findings

Stakeholder Input	**Corresponding Section**
Parents/family members or guardians	Part I: Process and Methods, Table 1.1
Child care providers from different settings (e.g., center-based, Head Start, home-based)	Part I: Process and Methods, Table 1.1
Child care providers from different parts of the state including rural areas and areas with diverse populations	Part I: Process and Methods, Table 1.1
Other early childhood service providers	Part I: Process and Methods, Table 1.1
State/Local Early Childhood Advisory Council(s) or other collaborative governance entity	Part I: Process and Methods, Table 1.1
Key partner agencies	Part I: Process and Methods, Table 1.1

APPENDIX B. DOCUMENT REVIEW

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Spotlight on Five Populations of Children in Georgia

Nadia S. Orfali Hall, Rob O'Callaghan, and Diane M. Early

Introduction

Georgia's Department of Early Care and Learning (DECAL) asked Child Trends to assist in the state's Needs Assessment, as part of their Preschool Development Grant: Birth through Five. The purpose of the Needs Assessment was to describe Georgia's early childhood care and education (ECCE) system for children birth to age five (B-5), to ultimately inform statewide implementation strategies for enhancing access to high-quality ECCE, particularly for low-income and disadvantaged families.

As part of this process, Georgia identified *focal populations*, or groups of underserved or disadvantaged children, that were of particular interest to the state as a means of focusing on the unique needs of young children and families. The five selected populations were children living in poverty, children with disabilities, children in foster care, children experiencing homelessness, and children who live in rural areas. In addition to understanding the number of children in each of these focal populations, Georgia is interested in understanding the race and ethnicity, age, recency of immigration, language spoken at home, poverty and low-income status, and location in the state for each group. This brief presents the results of these analyses.

Preschool Development Grant: Birth through Five

The Preschool Development Grant Birth through Five has two purposes: "(1) build or enhance a preschool program infrastructure that would enable the delivery of high-quality preschool services to children, and (2) expand high-quality preschool programs in targeted communities that would serve as models for expanding preschool to all 4-year-olds from low- and moderate-income families."[1]

[1] https://www.acf.hhs.gov/occ/resource/pdg-b-5-initiative

Methodology and Data

The statistics in this brief are based on analyses of Georgia's focal populations from national and state datasets, including:

- The American Community Survey, 5-year data (2013-2017) and 2017 1-year data from IPUMS (Ruggles et al., 2019) or from the API in R software (U.S. Census Bureau, 2019); and
- The National Survey of Children's Health (2017-2018; Health Resources and Services Administration, Maternal and Child Health Bureau, 2019).

In addition, we used statistics published by the federal government, the state, or other research organizations where appropriate.

Findings

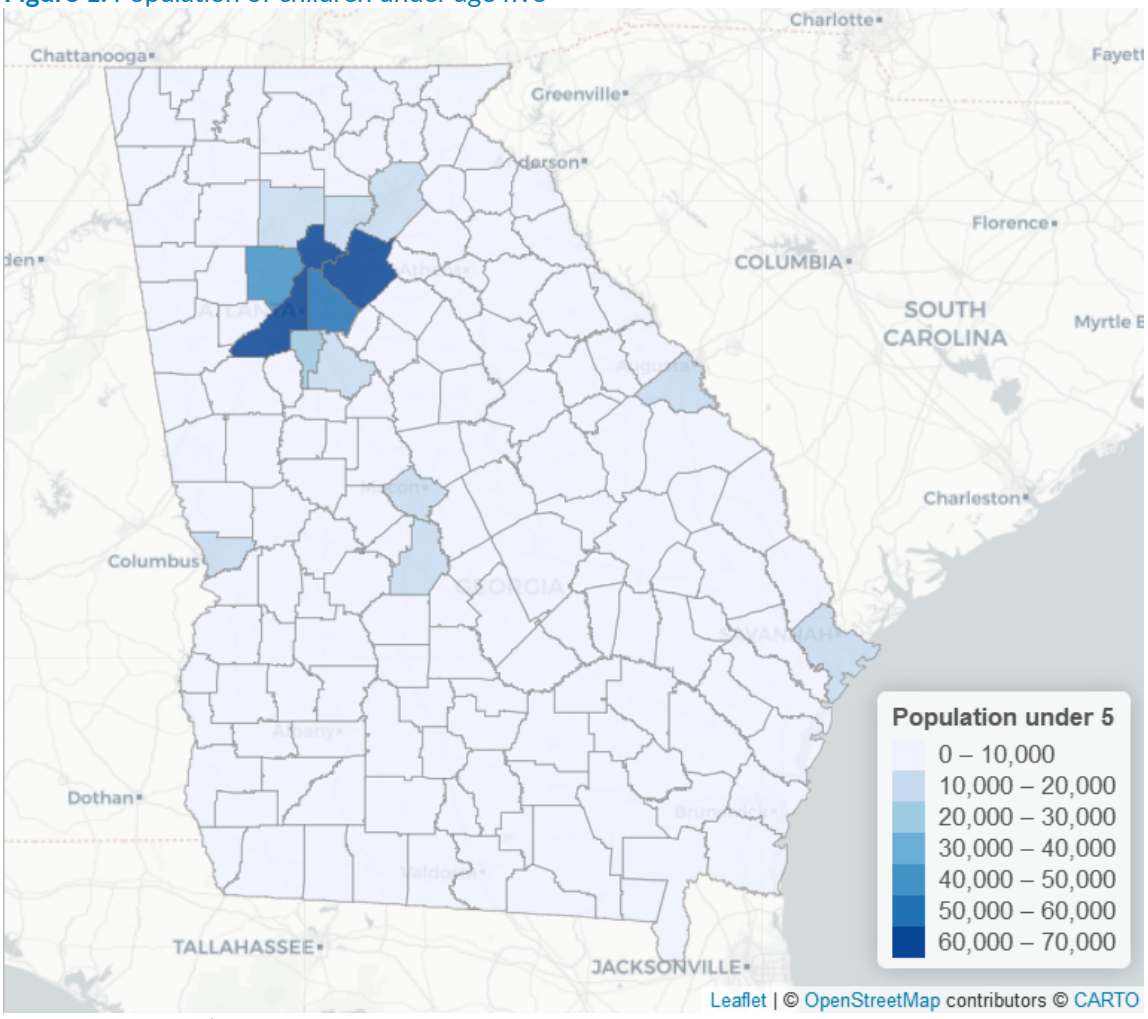
This brief organizes the findings into three sections: (1) basic characteristics of children birth to age 5 living in Georgia, (2) more specific information on characteristics of infants and toddlers, and (3) details on each focal population identified outlined in the introduction.

Characteristics of children under age five

This section provides information about children under age five living in Georgia, including demographic information, recency of immigration, poverty level, disability status, foster care status, homelessness status, and rurality. Additionally, this section compares information about Georgia's young children to the national population. When possible, data are presented for children in the B-5 age range; however, due to limitations in data availability, some information is only available for a wider age range. For each data section, age ranges that are different from B-5 are noted.

Figure 1 shows how the population of young children is distributed throughout Georgia; darker colors correspond to higher numbers of children. The darker counties in the north-central part of the state make up the Atlanta metropolitan area, representing the state's largest B-5 population.

Figure 1. Population of children under age five



Source: Child Trends' analysis of the 2013-2017 American Community Survey.

Race and ethnicity

A large portion (42.7%) of children under age five living in Georgia are non-Hispanic White and 32.1% are Non-Hispanic Black. Compared to the total U.S. population, Georgia has more non-Hispanic Black children (32.1% vs. 13.2%) and fewer Hispanic children under age five (15.6% vs. 25.8%; see Table 1).

Table 1. Children under age five, by race/ethnicity

	National (n = 19,720,694)	Georgia (n = 654,065)
Non-Hispanic White	49.6%	42.7%
Non-Hispanic Black	13.2%	32.1%
Non-Hispanic other or multiple races	11.4%	9.6%
Hispanic	25.8%	15.6%

Source: Child Trends' analysis of the 2017 American Community Survey.

Age groups

Within the B-5 age group, Georgia has similar proportions of children under age three and age three to five compared to the nation as a whole (see Table 2).

Table 2. Children under age five, by age group

	National (n = 19,720,694)	Georgia (n = 654,065)
Birth to under age three years	58.7%	59.1%
Age three to under age five years	41.3%	40.9%

Source: Child Trends' analysis of the 2017 American Community Survey.

Recency of immigration

Within the B-5 age group, Georgia has slightly more children who are foreign-born or have at least one parent who is foreign-born and immigrated to the U.S. in the past five years (36.2%) compared to the U.S. population as a whole (31.2%, see Table 3).

Table 3. Children under age five who are foreign-born or have at least one foreign-born parent who immigrated within the last five years

	National (n = 19,720,694)	Georgia (n = 654,065)
Foreign-born or parent immigrated within the last five years	31.2%	36.2%
Parent did not immigrate within the last five years or not an immigrant	68.3%	63.7%

Source: Child Trends' analysis of the 2017 American Community Survey.

Language spoken at home

Compared to national estimates, Georgia is home to a smaller percentage of children ages five to seventeen who speak a language other than English (15.6% versus 22.5%; see Table 4). The American Community Survey does not ask this question about children under age five. Since language spoken is generally stable over time, we used the percentage of children ages five to 17 that speak another language as a proxy.

Table 4. Percentage of children ages 5-17 that speak a language other than English, by language

	National (n = 53,843,204)	Georgia (n = 1,858,845)
English	77.6%	84.4%
Spanish	16.1%	11.4%
Other languages	6.4%	4.2%

Source: Child Trends' analysis of the 2017 American Community Survey.

Poverty and low-income status

A slightly higher percentage of children under age five live in poverty or in low-income households in Georgia (49.2%) compared to nationwide (42.6%; see Table 5).

Table 5. Children under age five, by poverty level

	National (n = 19,527,267)	Georgia (n = 647,548)
In poverty (<100% FPL)	20.3%	24.2%
Low income (100%-199% FPL)	22.3%	25.0%
Not low income or in poverty (>200% FPL)	57.5%	50.7%

Source: Child Trends' analysis of the 2017 American Community Survey.

Disability status

The National Survey of Children's Health (2017-2018) includes a parent-reported screener for children that "identifies children across the range and diversity of childhood chronic conditions and special needs, allowing a more comprehensive and robust assessment of children's needs and health care system performance than is attainable by focusing on a single diagnosis or type of special need."[1] Georgia has a similar percentage of children under age five with special health care needs (7.2%) compared to national estimates (9.5%; see Table 6).

Table 6. Children under age five with special health care needs

	National (n = 19,772,151)	Georgia (n = 535,237)
With special health care needs	9.5%	7.2%
Without special health care needs	90.5%	92.8%

Source: Child Trends' analysis of the National Survey of Children's Health, 2018.

[1] See here for more information: https://www.childhealthdata.org/docs/default-source/nsch-docs/2018-nsch-fast-facts_10-7-19_final.pdf?sfvrsn=e36d5e17_2

Children in foster care

Georgia has a lower percentage of children under age six in foster care (0.7%) compared to national estimates (1.9%; see Table 7).[2]

Table 7. Percentage of children under age six in foster care

	National (n=23,558,797)	Georgia (n=779,302)
In foster care	1.9%	0.7%
Not in foster care	98.1%	98.8%

Sources: Children's Bureau Child Welfare Outcomes Report, 2018; FY2018 AFCARS Report; and American Community Survey, 2017.

Children experiencing homelessness

For these purposes, homelessness is defined as the McKinney-Vento Act definition.[3] Georgia has a similar rate of children under age six experiencing homelessness (4.8%) compared to national estimates (5.3%; see Table 8). Counts of children under age five were not available.

Table 8. Children under age six by homelessness status

	National (n = 23,558,797)	Georgia (n =779,302)
Experiencing homelessness	5.3%	4.8%
Not experiencing homelessness	94.7%	95.2%

Sources: Early Childhood Homelessness State Profiles; and American Community Survey, 2017.

Rurality

Rural areas are defined by the state as counties with a total population less than 50,000 or counties designated as rural by the Georgia legislature.[4] Table 9 shows the percentage of children under age five living in a county with a total population less than 50,000 across the nation compared to rural counties in Georgia. A greater percentage of children under age five in Georgia live in a rural county (21.1%) compared to the nation as a whole (12.1%).

Table 9. Children under age five, by rurality

	National (n = 20,025,714)	Georgia (n = 657,428)
Rural	12.1%	21.1%
Urban	87.9%	78.9%

Source: Child Trends' analysis of 2013-2017 American Community Survey.

[2] These percentages refer to a point-in-time count of children under age six in foster care on September 30, 2017. The counts were divided by the number of children under age six as estimated in 2017.
[3] See https://nche.ed.gov/mckinney-vento-definition/ for more information.
[4] See http://dch.georgia.gov/sorh-maps-georgia-0 for more information.

Characteristics of infants and toddlers

In total, Georgia has an estimated 292,321 infants and toddlers (children under age 3). This section provides analyses of a sub-group of the B-5 population, focusing primarily on children in Georgia under age three.

Race/ethnicity

The racial/ethnic distribution of infants/toddlers in Georgia is similar to children under age five years old overall (see Table 10).

Table 10. Children under age three, by race/ethnicity

	Under age 3 years (n = 386,324)	Under age five years (n = 654,065)
Non-Hispanic White	42.8%	42.7%
Non-Hispanic Black	32.1%	32.1%
Non-Hispanic other or multiple races	9.6%	9.6%
Hispanic	15.6%	15.6%

Source: Child Trends' analysis of the 2017 American Community Survey.

Poverty and low-income status

A similar percentage of infants/toddlers in Georgia live in poverty or low-income households compared to children under age five overall (see Table 11).

Table 11. Children under age three, by poverty level

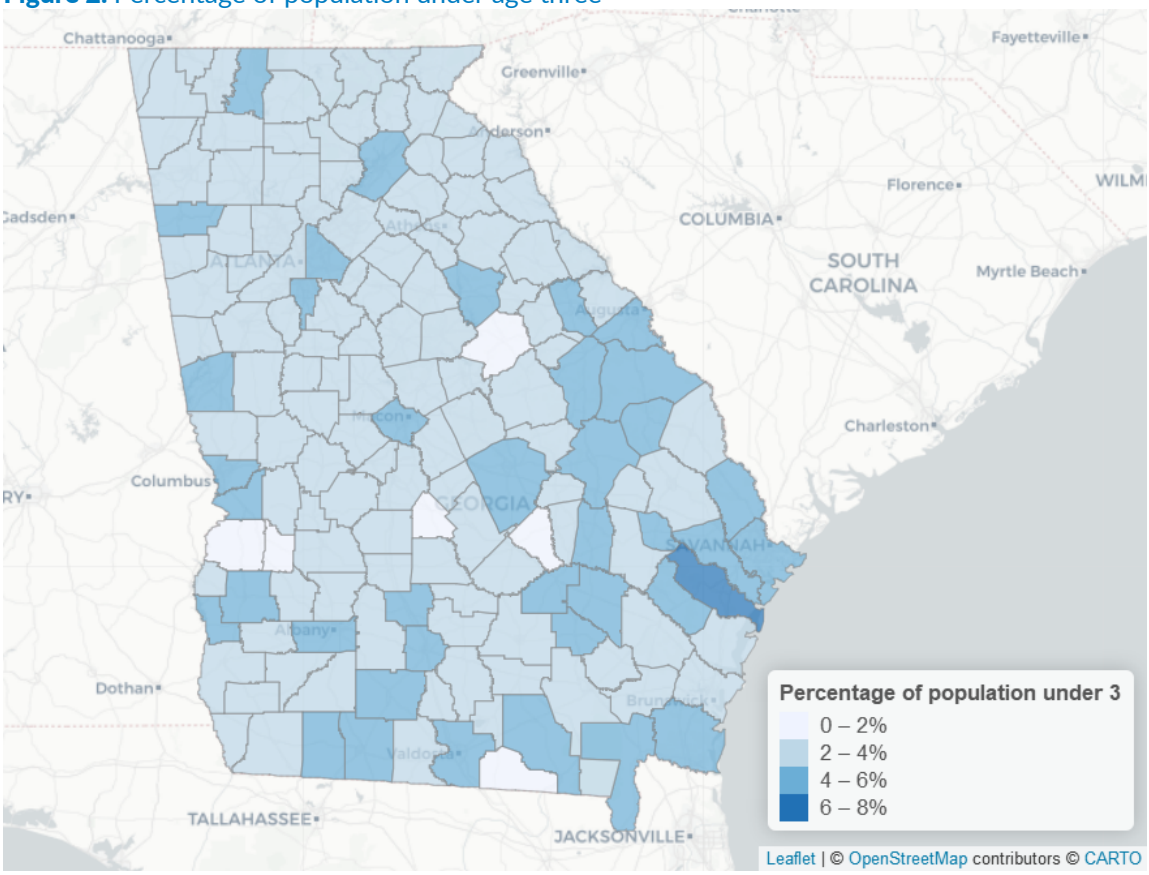
	Under age 3 years (n = 381,574)	Under age five years (n = 647,548)
In poverty (<100% FPL)	25.2%	24.2%
Low income (100%-199% FPL)	24.3%	25.0%
Not low income or in poverty (>200% FPL)	50.5%	50.7%

Source: Child Trends' analysis of the 2017 American Community Survey.

Location

Figure 2 shows the percentage of each county's overall population that is under three years of age; darker counties have a higher percentage of children under three. Statewide, 3.5 percent of the population is under three. In the southeastern part of the state, a higher proportion of the overall county population is under three.

Figure 2. Percentage of population under age three



Source: Child Trends' analysis of the 2013-2017 American Community Survey.

Characteristics of children living in poverty

In Georgia, 325,724 children under age five are living in poverty or in low-income households (see Table 5). Below we describe their race/ethnicity and present a map of their location throughout the state.

Race/ethnicity

When examining income levels across race/ethnicity, the largest proportion of children under age five in Georgia living in poverty or low-income households are Non-Hispanic Black. A slightly higher proportion of Hispanic children under age five in Georgia are living in poverty compared to Non-Hispanic White children (24.6% and 21.2%, respectively). Over half of the children age five and under in Georgia who are not low-income or in poverty are Non-Hispanic White (56.2%; see Table 12).

Table 12. Children under age five, by race/ethnicity and poverty level

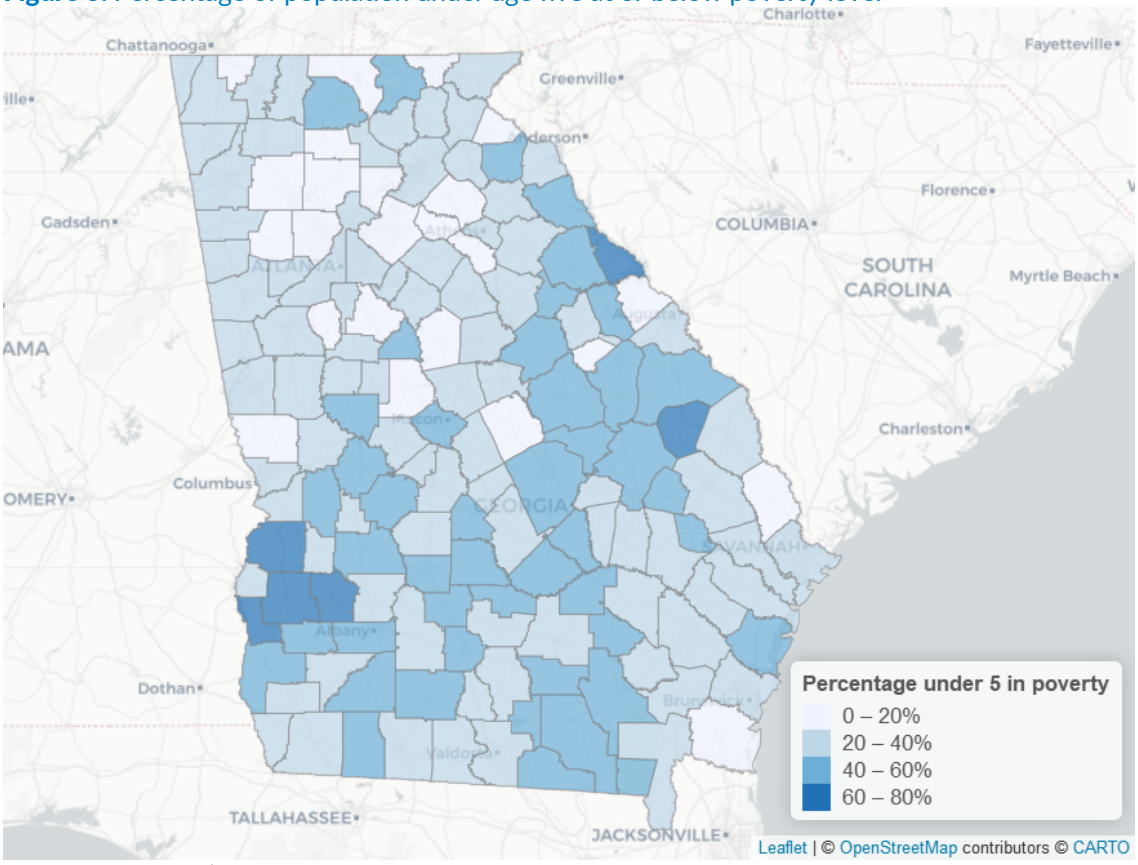
	In poverty (<100% FPL; n = 156,805)	Low income (100%-199% FPL; n = 162,157)	Not low income or in poverty (>200% FPL; n = 328,586)
Non-Hispanic White	21.2%	26.5%	56.2%
Non-Hispanic Black	47.7%	35.0%	22.6%
Non-Hispanic other or multiple races	6.5%	10.0%	11.0%
Hispanic	24.6%	18.5%	10.2%

Source: Child Trends' analysis of the 2017 American Community Survey.

Location

Figure 3 shows the proportion of the B-5 population whose family lives at or below the poverty line, at the county-level; darker counties have a higher percentage of young children in poverty. Rural counties, far from the Atlanta metro area, have higher rates of poverty among children under age five than those in the Atlanta metro area.

Figure 3. Percentage of population under age five at or below poverty level



Source: Child Trends' analysis of the 2013-2017 American Community Survey.

Characteristics of children with disabilities

In Georgia, an estimated 38,537 children under age five have special health care needs.

Race/ethnicity

Over half of children under age five identified with special health care needs are non-Hispanic White (56.8%) compared to children without special health care needs (43.7%; see Table 13).

Table 13. Children under age five with special health care needs, by race/ethnicity

	With special health care needs (n = 38,537)	Without special health care needs (n = 496,700)
Non-Hispanic White	56.8%	43.7%
Non-Hispanic Black	30.9%	29.2%
Non-Hispanic other or multiple races	4.2%	11.3%
Hispanic	8.1%	15.7%

Source: Child Trends' analysis of the National Survey of Children's Health, 2018.

Poverty and low-income status

A lower percentage of children under age five identified with special health care needs are in poverty (3.6%) than children without special health care needs (18.5%; see Table 14).

Table 14. Children under age five with special health care needs, by poverty level

	With special health care needs (n = 38,537)	Without special health care needs (n = 496,700)
In poverty (<100% FPL)	3.6%	18.5%
Low income (100-199% FPL)	24.6%	28.5%
Not in poverty or low income (>200% FPL)	71.8%	53.0%

Source: Child Trends' analysis of the National Survey of Children's Health, 2018.

Location

The data in the National Health Care Survey is not available at a more granular level than the state, so the location of children with special health care needs is unknown.

Characteristics of dual language learners

Dual language learners are young children who are learning more than one language at a time.

Race/ethnicity

Among children ages five to 17 who speak only English at home, 50.2 percent are non-Hispanic White and 38.6 percent are non-Hispanic Black. The vast majority of dual language learners who speak Spanish at home are Hispanic (89.5%; see Table 15).

Table 15. Children age 5-17, by DLL status and race/ethnicity

	English only (n = 1,569,667)	Spanish (n = 211,207)	Other (n = 77,971)
Non-Hispanic White	50.2%	6.5%	23.7%
Non-Hispanic Black	38.6%	2.8%	19.4%
Non-Hispanic Other or Multiple Races	6.7%	1.2%	54.6%
Hispanic	4.6%	89.5%	2.3%

Source: Child Trends' analysis of the 2017 American Community Survey.

Poverty and low-income status

Nearly two-thirds of dual language learners ages five to 17 whose primary language is Spanish are living in poverty or are low income, which is significantly higher than children whose primary language is English (40.5%) or another language (42.8%; see Table 16).

Table 16. Children ages 5-17 identified as DLL, by primary language and poverty level

	English only (n = 1,558,912)	Spanish (n = 211,038)	Other (n = 77,273)
In poverty (<100% FPL)	19.2%	33.4%	18.6%
Low income (100%-199% FPL)	21.3%	31.5%	24.2%
Not in poverty (>200% FPL)	59.6%	35.1%	57.2%

Source: Child Trends' analysis of the 2017 American Community Survey.

Location

The language spoken at home for children ages five to 17 was not available in aggregate form at the county level.

Characteristics of children in foster care

In 2018, Georgia had 5,734 children under age six in foster care.

Race/ethnicity

Table 17 describes the demographics of children under age six in foster care, as reported by the Georgia Division of Family and Children Services in May 2019. Data for children under age five and for ethnicity categories were not available. The majority of children in foster care are identified as either White (53.9%) or Black (44.5%), with the remainder comprising Native American/Alaska Native (0.1%), Asian (0.2%), or Other (1.3%; combined in Table 17).

Table 17. Children under age six in foster care, by race/ethnicity

	In foster care (n = 5,734)
Black	44.5%
White	53.9%
Other	1.6%

Source: Georgia's Division of Family and Children Services, May 2019.

Poverty and low-income status

Information about the income status of children in foster care was not available for this report.

Location

Information about the location of children in foster care was not available for this report.

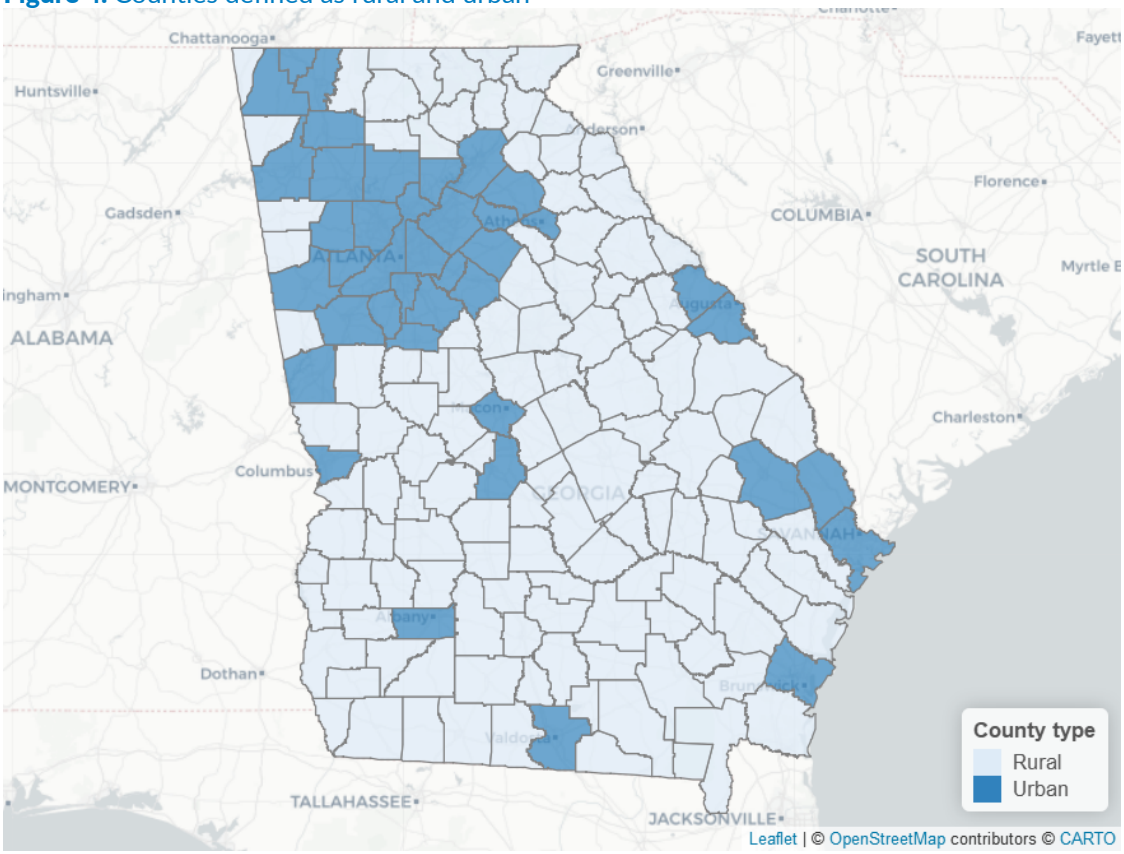
Characteristics of children experiencing homelessness

Georgia had an estimated 24,527 children under age six experiencing homelessness in 2011 (National Center on Family Homelessness and the Georgia Alliance to End Homelessness, 2011). No demographic data are available, and the data were not broken down for children under age five.

Characteristics of children in rural areas

In Georgia, 138,895 children under the age of five lived in counties that were defined as rural (total population less than 50,000 people). Figure 4 shows which counties were defined as rural for this analysis.

Figure 4. Counties defined as rural and urban



Source: State definition of rural communicated by DECAL.

Race/ethnicity

The relative proportion of Black children under age five is higher in urban areas compared to rural areas. Specifically, in rural areas, 68.4 percent are White and 29.7 percent are Black, compared to urban areas where 53.0 percent are White and 37.5 percent are Black (see Table 21).

Table 21. Children under age five, by race and rurality

	Rural (n = 127,985)	Urban (n = 485,897)
White	68.4%	53.0%
Black	29.7%	37.5%
Other or multiple races	1.9%	9.5%

Source: Child Trends' analysis of the 2013-2017 American Community Survey.

Similar to patterns on race and rurality, there is a higher relative proportion of Hispanic versus non-Hispanic children under age five living in urban areas in Georgia. Specifically, in rural areas, 11.3 percent of children under age five are Hispanic and 88.7 percent are not Hispanic, compared to 18.2 percent and 81.8 percent in urban areas, respectively (see Table 22).

Table 22. Children under age five, by ethnicity and rurality

	Rural (n = 127,985)	Urban (n = 485,897)
Hispanic	11.3%	18.2%
Not Hispanic	88.7%	81.8%

Source: Child Trends' analysis of the 2013-2017 American Community Survey.

Poverty and low-income status

There is a higher relative proportion of young children in Georgia living in poverty in urban areas compared to rural areas. Specifically, 17.3 percent of children under age five living in an urban area are in poverty, compared to 10.6 percent of children living in a rural area (see Table 23).

Table 23. Children under age five, by poverty level and rurality

	Rural (n = 136,379)	Urban (n = 511,223)
In poverty (<100% FPL)	10.6%	17.3%
Not in poverty (>100% FPL)	89.4%	82.7%

Source: Child Trends' analysis of the 2013-2017 American Community Survey.

Strengths and Weaknesses of Available Data

There were some strengths and weaknesses of the available data.

- ***Data availability***. Data availability was a strength in that we were able to find the data to calculate the prevalence of all focal populations across the nation and in Georgia. However, not all data were available for the birth to five age group. We were able to locate the distribution of race and ethnicity for all focal populations except for children in families experiencing homelessness. We were also able to report on focal populations other than children in foster care and children experiencing homelessness by their poverty status. However, some statistics were harder to locate. For example, the American Community Survey does not collect information about the languages that children under age five speak or are learning, so information about dual language learners in that age group was inferred from children ages five to 17.
- ***Aggregate data by location.*** Not all data sources provided information aggregated by location (e.g., county). Since the state defines rural according to county, this meant that not all factors could be examined for children under age five living in rural areas.

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Appendix

Table A1. Georgia estimates from the American Community Survey used in mapping

County	Urban or rural	Population estimate of children under age five	Percentage of total population under age three	Percentage of population under age five living in poverty
Appling	Rural	1,331	4.1%	38.8%
Atkinson	Rural	582	3.9%	49.4%
Bacon	Rural	755	4.0%	43.7%
Baker	Rural	127	2.7%	26.8%
Baldwin	Rural	2,209	3.3%	39.9%
Banks	Rural	940	2.7%	21.8%
Barrow	Urban	5,423	3.9%	16.4%
Bartow	Urban	6,689	4.0%	18.2%
Ben Hill	Rural	1,174	3.1%	40.8%
Berrien	Rural	1,112	3.2%	35.0%
Bibb	Urban	10,820	4.2%	47.5%
Bleckley	Rural	679	3.9%	26.7%
Brantley	Rural	1,112	3.4%	36.2%
Brooks	Rural	881	2.5%	39.0%
Bryan	Rural	2,444	4.1%	21.0%
Bulloch	Urban	4,126	3.2%	34.8%
Burke	Rural	1,620	4.4%	42.6%
Butts	Rural	1,394	2.6%	43.5%
Calhoun	Rural	232	2.1%	55.0%
Camden	Rural	3,900	4.6%	18.4%
Candler	Rural	653	3.4%	55.0%
Carroll	Urban	7,401	3.6%	25.8%
Catoosa	Urban	3,630	3.3%	19.6%
Charlton	Rural	727	4.0%	34.2%
Chatham	Urban	18,861	4.0%	26.5%
Chattahoochee	Rural	952	5.5%	20.8%
Chattooga	Rural	1,363	3.1%	34.2%
Cherokee	Urban	14,693	3.5%	17.2%
Clarke	Urban	6,839	3.4%	35.4%
Clay	Rural	204	4.6%	70.1%
Clayton	Urban	21,257	4.4%	38.7%
Clinch	Rural	594	4.2%	55.4%
Cobb	Urban	47,842	3.8%	15.4%
Coffee	Rural	2,891	4.0%	38.0%
Colquitt	Rural	3,303	4.3%	46.5%
Columbia	Urban	9,182	3.8%	9.6%
Cook	Rural	1,134	3.9%	33.2%
Coweta	Urban	8,695	3.6%	21.6%
Crawford	Rural	655	3.9%	29.4%
Crisp	Rural	1,516	3.1%	46.9%

County	Urban or rural	Population estimate of children under age five	Percentage of total population under age three	Percentage of population under age five living in poverty
Dade	Rural	780	2.8%	23.7%
Dawson	Rural	1,310	2.3%	23.6%
Decatur	Rural	1,814	3.4%	36.1%
DeKalb	Urban	53,127	4.3%	30.0%
Dodge	Rural	1,111	3.2%	22.5%
Dooly	Rural	549	2.1%	28.9%
Dougherty	Urban	6,372	4.2%	45.1%
Douglas	Urban	8,968	3.7%	26.8%
Early	Rural	666	3.9%	44.6%
Echols	Rural	213	1.5%	46.0%
Effingham	Urban	3,905	4.3%	14.5%
Elbert	Rural	1,154	3.0%	41.8%
Emanuel	Rural	1,505	4.4%	48.2%
Evans	Rural	793	4.5%	41.1%
Fannin	Rural	967	2.3%	9.9%
Fayette	Urban	4,823	2.5%	9.3%
Floyd	Urban	5,955	3.3%	27.1%
Forsyth	Urban	13,296	3.5%	9.8%
Franklin	Rural	1,368	3.7%	40.1%
Fulton	Urban	62,728	3.6%	25.4%
Gilmer	Rural	1,588	3.5%	41.3%
Glascock	Rural	141	2.4%	7.1%
Glynn	Urban	5,029	3.7%	37.0%
Gordon	Urban	3,574	3.7%	30.6%
Grady	Rural	1,710	4.6%	41.6%
Greene	Rural	984	4.2%	36.0%
Gwinnett	Urban	60,963	3.9%	18.6%
Habersham	Rural	2,576	3.6%	24.9%
Hall	Urban	12,977	4.1%	28.6%
Hancock	Rural	262	0.9%	59.2%
Haralson	Rural	1,757	3.4%	22.5%
Harris	Rural	1,588	3.3%	10.4%
Hart	Rural	1,397	3.4%	30.4%
Heard	Rural	659	3.5%	22.4%
Henry	Urban	12,725	3.3%	19.5%
Houston	Urban	10,276	3.9%	27.5%
Irwin	Rural	417	3.3%	25.9%
Jackson	Urban	4,137	3.6%	19.7%
Jasper	Rural	782	3.7%	10.8%
Jeff Davis	Rural	995	4.3%	42.9%

County	Urban or rural	Population estimate of children under age five	Percentage of total population under age three	Percentage of population under age five living in poverty
Jefferson	Rural	1,100	4.4%	52.0%
Jenkins	Rural	634	4.4%	70.2%
Johnson	Rural	564	3.1%	54.5%
Jones	Rural	1,528	3.4%	25.0%
Lamar	Rural	1,011	2.5%	32.3%
Lanier	Rural	727	3.5%	44.6%
Laurens	Rural	3,202	4.1%	46.8%
Lee	Rural	1,839	2.9%	20.7%
Liberty	Rural	6,307	6.7%	26.0%
Lincoln	Rural	427	2.1%	63.9%
Long	Rural	1,417	4.6%	29.8%
Lowndes	Urban	8,082	4.5%	35.9%
Lumpkin	Rural	1,360	2.5%	20.0%
Macon	Rural	603	2.8%	55.4%
Madison	Rural	1,684	3.4%	23.0%
Marion	Rural	457	2.9%	43.5%
McDuffie	Rural	1,523	4.4%	54.1%
McIntosh	Rural	623	3.1%	48.5%
Meriwether	Rural	1,208	3.4%	28.1%
Miller	Rural	346	2.8%	32.1%
Mitchell	Rural	1,377	2.9%	44.4%
Monroe	Rural	1,394	3.5%	12.8%
Montgomery	Rural	472	3.7%	33.0%
Morgan	Rural	979	2.7%	29.5%
Murray	Rural	2,447	4.1%	28.6%
Muscogee	Urban	14,793	4.4%	32.8%
Newton	Urban	6,868	3.8%	27.5%
Oconee	Rural	1,887	3.1%	12.9%
Oglethorpe	Rural	800	3.4%	25.8%
Paulding	Urban	9,943	3.8%	11.3%
Peach	Rural	1,494	2.9%	32.5%
Pickens	Rural	1,425	2.6%	10.2%
Pierce	Rural	1,165	3.5%	30.7%
Pike	Rural	856	2.6%	25.0%
Polk	Rural	2,780	4.0%	32.8%
Pulaski	Rural	347	1.6%	42.5%
Putnam	Rural	1,068	2.8%	38.1%
Quitman	Rural	88	2.7%	29.5%
Rabun	Rural	712	3.0%	21.7%
Randolph	Rural	513	5.1%	78.0%

County	Urban or rural	Population estimate of children under age five	Percentage of total population under age three	Percentage of population under age five living in poverty
Richmond	Urban	13,956	4.1%	36.0%
Rockdale	Urban	5,265	3.6%	36.6%
Schley	Rural	279	3.3%	37.3%
Screven	Rural	864	3.8%	35.7%
Seminole	Rural	481	3.1%	39.9%
Spalding	Urban	4,142	3.6%	36.2%
Stephens	Rural	1,442	2.7%	14.7%
Stewart	Rural	198	1.8%	78.8%
Sumter	Rural	1,938	3.9%	49.8%
Talbot	Rural	248	2.5%	28.2%
Taliaferro	Rural	73	2.7%	54.4%
Tattnall	Rural	1,431	3.4%	39.9%
Taylor	Rural	425	3.2%	44.2%
Telfair	Rural	653	2.5%	55.7%
Terrell	Rural	597	3.8%	67.7%
Thomas	Rural	2,886	4.1%	26.8%
Tift	Rural	2,837	4.8%	54.7%
Toombs	Rural	1,990	4.3%	38.7%
Towns	Rural	408	2.6%	16.9%
Treutlen	Rural	463	3.7%	35.9%
Troup	Urban	4,593	4.0%	35.8%
Turner	Rural	510	4.0%	48.6%
Twiggs	Rural	441	3.1%	34.4%
Union	Rural	757	2.1%	48.7%
Upson	Rural	1,627	4.0%	47.8%
Walker	Urban	3,859	3.5%	21.7%
Walton	Urban	5,525	3.7%	21.2%
Ware	Rural	2,398	4.0%	43.1%
Warren	Rural	275	3.6%	35.3%
Washington	Rural	1,181	3.7%	41.6%
Wayne	Rural	2,095	3.6%	29.5%
Webster	Rural	92	1.9%	25.0%
Wheeler	Rural	338	1.6%	58.6%
White	Rural	1,264	2.3%	35.2%
Whitfield	Urban	7,194	3.9%	33.3%
Wilcox	Rural	463	3.1%	40.4%
Wilkes	Rural	525	3.2%	51.4%
Wilkinson	Rural	509	2.8%	15.3%
Worth	Rural	1,273	2.5%	27.7%

Source: Child Trends' analysis of the 2013-2017 American Community Survey and Georgia's state definition of rural.

Georgia's Preschool Development Grant | BIRTH THROUGH FIVE

GEORGIA'S BIRTH THROUGH FIVE MIXED-DELIVERY SYSTEM NEEDS ASSESSMENT

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Additional information on the PDG B–5 grant can be found at www.decal.ga.gov/BftS/PreschoolDevelopmentGrant.aspx