



REPORT 5

ACCESS TO GEORGIA'S EARLY CHILDHOOD PROGRAMS AND SERVICES

ACCESS TO GEORGIA'S EARLY CHILDHOOD PROGRAMS AND SERVICES NEEDS ASSESSMENT: REPORT 5

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

KEY TERMS AND DEFINITIONS

Key Terms	Definitions
PDG B-5	Preschool Development Grant, Birth through Five
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
CAPS	Childcare and Parent Services, a federal program that subsidizes child care for low-income parents and caregivers
CCLCs	Child care learning centers
DECAL	Department of Early Care and Learning, Bright from the Start
ECCE	Early childhood care and education
FCCLHs	Family child care learning homes
GELDS	Georgia Early Learning and Development Standards
Georgia's Pre-K	Georgia's universal Pre-K program funded by the Lottery System of Georgia
Georgia SEEDS program	Social Emotional Early Development Strategies for Success
GHVP	Georgia Home Visiting Program
GKIDS	Georgia Kindergarten Inventory of Development Skills readiness check
Head Start/ Early Head Start	Head Start and Early Head Start programs provide free learning and development services to children B-5 from low-income families.
IDEA	Individuals with Disabilities Education Act, a federal act that provides funding for early education services to children with disabilities
Mixed-delivery system	Infrastructure that recognizes the need for differentiation of services based on individual community needs
Rising Pre-K STP	Rising Pre-K Summer Transition Program

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 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.

The findings from Georgia's Needs Assessment are organized in seven distinct parts that highlight key topics. For convenience, these results are published in two forms: as a comprehensive, full report available at <http://www.dec.state.gov/BftS/PreschoolDevelopmentGrant.aspx> and as seven standalone reports. This is the fifth of the seven standalone reports.

The Needs Assessment provides a snapshot of Georgia's understanding of its early childhood system. It encompasses 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*.

This report 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 here.

The other six standalone reports cover other aspects of Georgia’s Needs Assessment. Report 1 provides an overview of the Needs Assessment. It explains the methodology around the Needs Assessment and summarizes the key findings. Report 2 defines key terms in Georgia’s PDG B-5 work and presents system-level findings. The other reports cover the following topics: family demographics and family engagement (Report 3), data and research (Report 4), the quality of early childhood programs and services in Georgia (Report 6), and the early childhood care and education workforce in Georgia (Report 7). See the appendix for the Needs Assessment Crosswalk, which lists where among the seven reports each requirement of the Needs Assessment is addressed. The findings related to the impact of the COVID-19 pandemic will be issued in subsequent reports.

PROCESS AND METHODS

As with the other Needs Assessment reports, 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 discussed in this report 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 programs established through the federal Individuals with Disabilities Education Act (IDEA); (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 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."¹ With

1 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 the Georgia Department of Early Care and Learning (DECAL). FCCLHs are licensed to care for three to six unrelated children for pay, while CCLCs can serve seven or more children.² 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 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

² See <http://www.dec.state.ga.us/CCS/Regulations.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 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.³ 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,”⁴ 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 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

3 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>

4 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/>

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 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 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.⁵ As seen in Table 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 3. Percentage of Income Spent on Child Care in Georgia by Type of Care

Family Characteristics	Percent of Income	
	CCLC	FCCLH
Type of Child Care Program		
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 Childcare Development Fund 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 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

⁵ 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>

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 12.⁶

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 Report 6, 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.⁷ 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 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 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%

Source: DECAL Pre-K 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)

⁶ 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>

⁷ DECAL administrative data

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 Report 6) revealed a need to increase support for dual language learners.⁸ 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 fiscal year 2019, 24,735 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

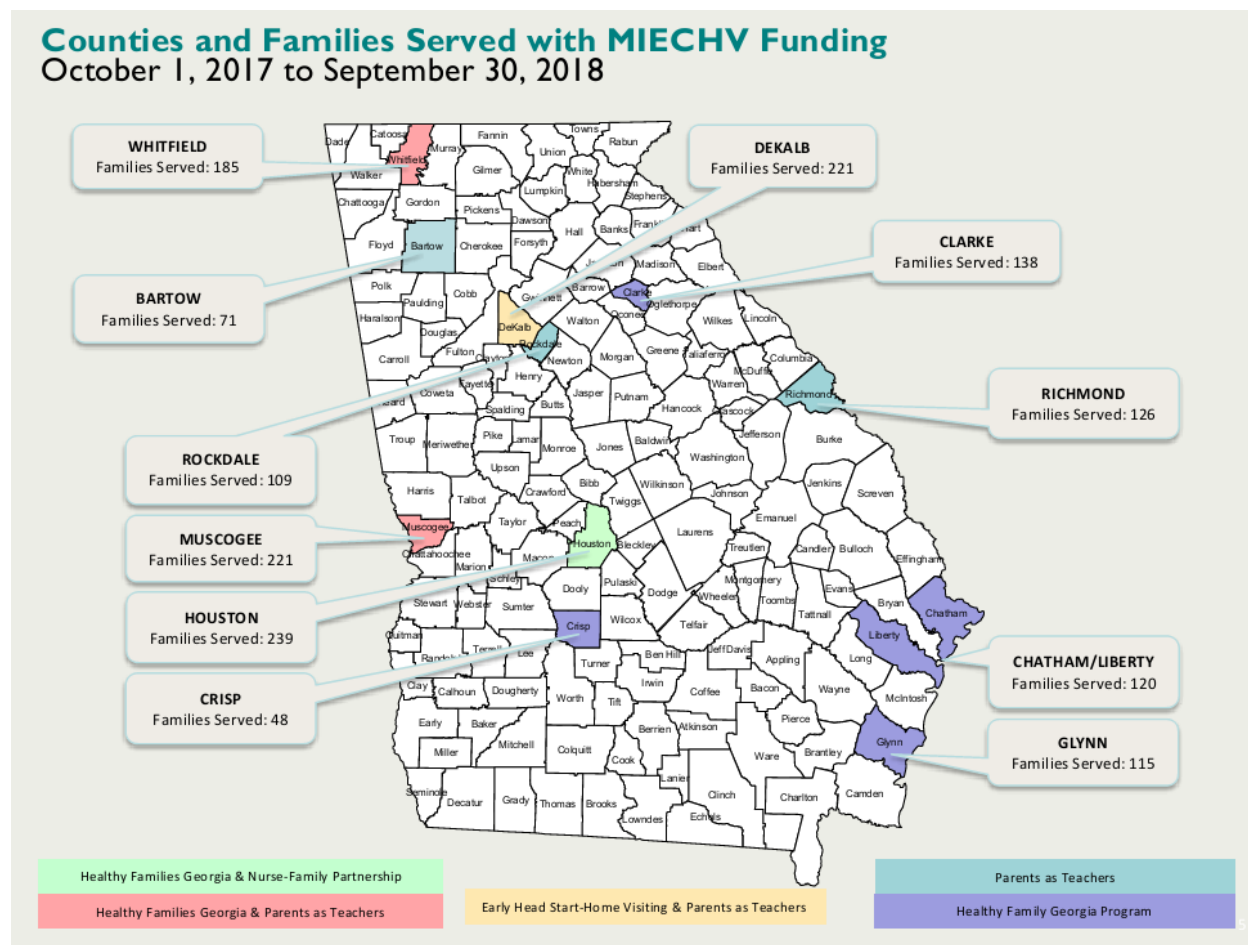
The Georgia Home Visiting Program (GHVP) was established to strengthen Georgia's capacity to address the overall health, safety, and well-being of at-risk pregnant women and families

⁸ 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://dec.al.ga.gov/BftS/EvaluationGAPreKProgram.aspx>

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.⁹ Figure 1A 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.

⁹ 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 1A. 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 the Individuals with Disabilities Act (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.¹⁰ 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 relationships, creating positive learning environments, and identifying strategies to respond to children with persistent challenging behaviors. Georgia SEEDS includes training and coaching

¹⁰ See <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Assessment/Pages/Readiness.aspx>.

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.¹¹ 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 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.

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

¹¹ 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

Programs, which help meet the school readiness needs of families, especially the dual language learner families served in the Rising Pre-K model.

This report 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 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. This report 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.

APPENDIX. NEEDS ASSESSMENT CROSSWALK

Needs Assessment Domain	Corresponding Part of Report
<p>Definitions: quality early childhood care and education (ECCE), ECCE availability, vulnerable or underserved children, children in rural areas, ECCE system as a whole</p>	<p>Report 2: Key Terms; Georgia's Mixed Delivery System</p>
<p>Focal Populations for the Grant: vulnerable or underserved children in your state/territory, and children who live in rural areas in your state/territory</p>	<p>Report 2: Focal Populations, Table 4</p>
<p>Quality and Availability: current quality and availability of ECCE, including availability for vulnerable or underserved children and children in rural areas</p>	<p>Report 1: Summary of Findings, Table 2 Report 5: all sections Report 6: all sections</p>
<p>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</p>	<p>Report 4: Introduction; Georgia's Cross-Agency Child Level Data System (CACDS); Unduplicated Counts of Children</p>
<p>Gaps in data on quality and availability of programming and supports for children and families</p>	<p>Report 1: Summary of Findings, Table 2 Report 2: System Level Findings</p>
<p>Gaps in data or research to support collaboration between programs/services and maximize parental choice</p>	<p>Report 1: Summary of Findings, Table 2 Report 2: System Level Findings</p>
<p>Measurable indicators of progress that align with the state/territory's vision and desired outcomes for the project</p>	<p>Report 4: Introduction; Measurable Indicators of Progress</p>
<p>Issues involving early childhood care and education facilities</p>	<p>Report 6: Findings from Administrative Data Analyses</p>

Needs Assessment Domain	Corresponding Part of Report
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	Report 1: Summary of Findings, Table 2 Report 2: System Level Findings
Transition supports and gaps	Report 1: Summary of Findings, Table 2 Report 3: Findings Related to Family Engagement Report 5: Transitions and Access
System integration and interagency collaboration	Report 1: Summary of Findings, Table 2 Report 2: System-Level Findings

Stakeholder Input	Corresponding Section
Parents/family members or guardians	Report 1: Process and Methods, Table 1
Child care providers from different settings (e.g., center-based, Head Start, home-based)	Report 1: Process and Methods, Table 1
Child care providers from different parts of the state including rural areas and areas with diverse populations	Report 1: Process and Methods, Table 1
Other early childhood service providers	Report 1: Process and Methods, Table 1
State/Local Early Childhood Advisory Council(s) or other collaborative governance entity	Report 1: Process and Methods, Table 1
Key partner agencies	Report 1: Process and Methods, Table 1

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