

Vermont Universal PreK – Concerns and Recommendations around Proposed Legislation January 2020

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Introduction.

Vermont’s universal, publicly-funded pre-K program (UPK) plays a critical role in ensuring that all of Vermont’s children have access to high-quality early care and education programs so as to assure child health and safety, and enhance child outcomes around social and emotional development, physical and mental health, and nutrition for young children – all prerequisites for school-readiness and lifelong success.

Recommendations for the next phase(s) of Vermont’s universal preK system.

- **Keep joint administration and oversight of the UPK system** with VT Agency of Human Services (AHS) and VT Agency of Education (AOE).
- **Keep one set of regulations** (*Licensing Regulations for Center Based Child Care and Preschool Programs* or “Licensing Regulations”) **for all center-based UPK programs**, public and private.
- **Keep and enhance the existing monitoring system** (currently administered by the VT Child Development Division Licensing Unit) **to assess program compliance with Licensing Regulations.**
- **Implement a state-based Training / Technical Assistance system to support all providers** around continuous improvement and compliance.

Rationale.

- **Keep joint administration and oversight of the UPK system** with VT Agency of Human Services (AHS) and VT Agency of Education (AOE).

The early years are absolutely paramount. Early care and education is important because the earliest years of a child’s life, from prenatal through age five, are the most critical years of brain development and architecture. The early care and education of a child inform the trajectory of the child’s life, and contribute to the quality of life in our society for our children, families, individuals and communities.

High quality early care and education programs can be conceptualized as follows:

- Early care:** Prioritize child health and safety. This is job #1 and must come first. We focus on issues such as active supervision of children, maintaining healthy, safe and hygienic environments, first aid and CPR training for providers, and other aspects of high quality care. *As parents, when our children are in the care of others, our greatest concern is that our children are kept healthy and safe.*
- Education** = child development = human development. Utilizing elements such as research-based curriculum, assessment, and quality teaching practices to support the skills, proficiencies and attributes we seek to cultivate in children (social-emotional development, language, literacy, etc.) which support children for success in school and throughout their lives.

The professional care and education of very young children is a much different endeavor than, for example:

- (1) the professional care and education of older children or
- (2) the professional care and education of college students

Why? Because young children: (1) are incredibly vulnerable (early care - health and safety) and (2) are in the most rapid phase of brain development of their entire lives (education).

This is the reason that state governments, and our federal government, sometimes struggle when trying to identify which agency or agencies should administer these programs. In Head Start, for example, it is the U.S. Dept. of Health and Human Services, not the U.S. Dept. of Education, which administers the program.

Joint administration, collaboration, and inspired leadership are essential to bring the best of all worlds to early care and education. In Vermont, we initially got it right with joint administration of the UPK system by AHS and AOE, because this endeavor calls for a uniquely blended approach tailored to the care and developmental needs of this age group. To bring the best support to Vermont's early care and education system requires the best of Vermont's AHS and AOE working together.

There is a perception, perhaps true (?), that in the early days of VT's UPK system, senior officials from VT AHS and VT AOE were unable to collaborate effectively. These officials are no longer in their positions, and a legacy of non-cooperation should not dictate our path forward.

Collaboration is work. It is necessary, especially in governance, if we are to properly serve our communities. We should not be proposing legislative changes to avoid the necessary work of effective collaboration to serve our society. Rather, we should support the Vermont spirit of inspired leadership and collaboration and keep joint administration and oversight of the UPK system with VT Agency of Human Services (AHS) and VT Agency of Education (AOE).

- **Keep one set of regulations** (*Licensing Regulations for Center Based Child Care and Preschool Programs* or "Licensing Regulations") **for all center-based UPK programs, public and private.**

Vermont's *Licensing Regulations for Center Based Child Care and Preschool Programs* or "Licensing Regulations" took years of intensive work to develop. The process engaged national experts, local stakeholders, and early care and education providers. Participants and advisors included licensing and program quality staff in the VT Child Development Division, and representatives from VT Department of Health, VT Agency of Education, and VT Department of Mental Health.

At the **heart of these regulations are assurances around child health and safety.**

The regulations were informed by *Caring for Our Children ("CFOC"): National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs.* CFOC represents the national health and safety standards which experts believe should be in place where children are cared for outside of their homes. This national resource is a joint, collaborative project created, and periodically updated, by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. Support for this project is provided by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

The CFOC guidelines inform Vermont's regulations for licensed or registered early care and learning programs, including both public and private preK programs, and provide strong assurances around the health and safety of all of VT's young children served through UPK programs.

We should not propose to develop a second, parallel set of regulations for public UPK providers, resulting in systemic bifurcation through two sets of regulations.

1. **There is no need to reinvent this wheel**, and there are significant concerns as to where this would lead. At best, if we were fortunate, we might arrive at essentially the same regulations.
2. At worst, **we could arrive at regulations which dilute the health and safety assurances for one group of children.**
3. A **two-tier system is not an equitable system**, and is extremely worrisome in its implications around child health and safety.
4. Two sets of parallel regulations (one for public, one for private) would be an example of **governmental inefficiency**, and not what taxpayers like to see.
5. **Allow the administrative rules process to make thoughtful and targeted changes where needed.** A comprehensive workgroup that included representation from 32 school districts and the Child Development Division met for a year (2018-2019) to identify regulations that were duplicative of criteria already monitored in schools and/or that did not apply to schools. In the end there were close to 30 regulations that were changed and at least 8 that were identified as regulations that schools should be exempt from. *These proposed changes and/or exemptions do not focus on child health and safety*, and are making their way through the administrative rules process now.

- **Keep and enhance the existing monitoring system** (currently administered by the VT Child Development Division Licensing Unit) **to assess program compliance with Licensing Regulations.**

Regulations do not enforce themselves. It requires resources to assure compliance with regulations and the outcomes those regulations are designed to achieve (e.g., child health, safety and development).

The VT Child Development Division Licensing Unit employs a team of people who visit and monitor early care and education programs, public and private, to assure that programs are in compliance with the Licensing Regulations.

Some of the most prevalent, health and safety non-compliances noted by Licensing in 2019 include:

- Child immunization data/reports not filed properly
- Lack of positive guidance for children
- Staff-to-child ratios not maintained
- Lack of First Aid / CPR training for staff
- Lack of child supervision
- Fire extinguishers missing
- Evacuation drill logs missing
- Emergency response plans missing

Although these non-compliances were detected by the Licensing Unit, the reality is that **Vermont still does not have proper capacity to assure that all providers receive at least one monitoring visit per year.**

Licensors capacity. Vermont Licensor caseload is currently around 120-130 programs per Licensor.

Data from the 2014 Child Care Licensing Study indicates that the average caseload is 97 centers and homes. (National Center on Early Childhood Quality Assurance, 2015).

https://childcareta.acf.hhs.gov/sites/default/files/public/licensing_caseloads.pdf

The National Association for Regulatory Administration (NARA) recommends that an average caseload not exceed 50 to 60 (Payne, 2011). <http://www.naralicensing.org/strong-licensing>

A bifurcated system would provide no assurances for even the level of monitoring which occurs today. Developing a parallel monitoring system exclusively for public preK providers is not realistic and would not be an efficient use of resources.

Vermont should keep and enhance the existing monitoring system (currently administered by the VT Child Development Division Licensing Unit) to assess program compliance with Licensing Regulations, and invest resources to reduce Licensor-to-provider ratios, increase frequency of monitoring and transparency of monitoring data, and move toward national best practice.

- **Implement a state-based Training / Technical Assistance system to support all providers around continuous improvement and compliance.**

Capacity to detect non-compliance is not enough. There must be capacity to help programs maintain compliance, correct non-compliance, and engage in continuous program improvement.

In Head Start, a federal system, **there is** not only program monitoring but **an entire Training and Technical Assistance (T/TA) system which any program can access.** T/TA can take the form of support around program systems and services, policies and procedures, staff training and other aspects. It can focus on elements of child health and safety, early childhood education, workforce development, or other areas relative to the work.

This type of system enables programs to be proactive in assuring compliance and continuous improvement. It is also deployed when non-compliance is detected to support programs in achieving and maintaining compliance and best practice.

Vermont should develop a similar, robust T/TA system to support all early care and education providers, both public and private. While distinct from the monitoring system, these systems can work in tandem to help assure the high quality of Vermont's early care and education system.