

EARLY EDUCATION

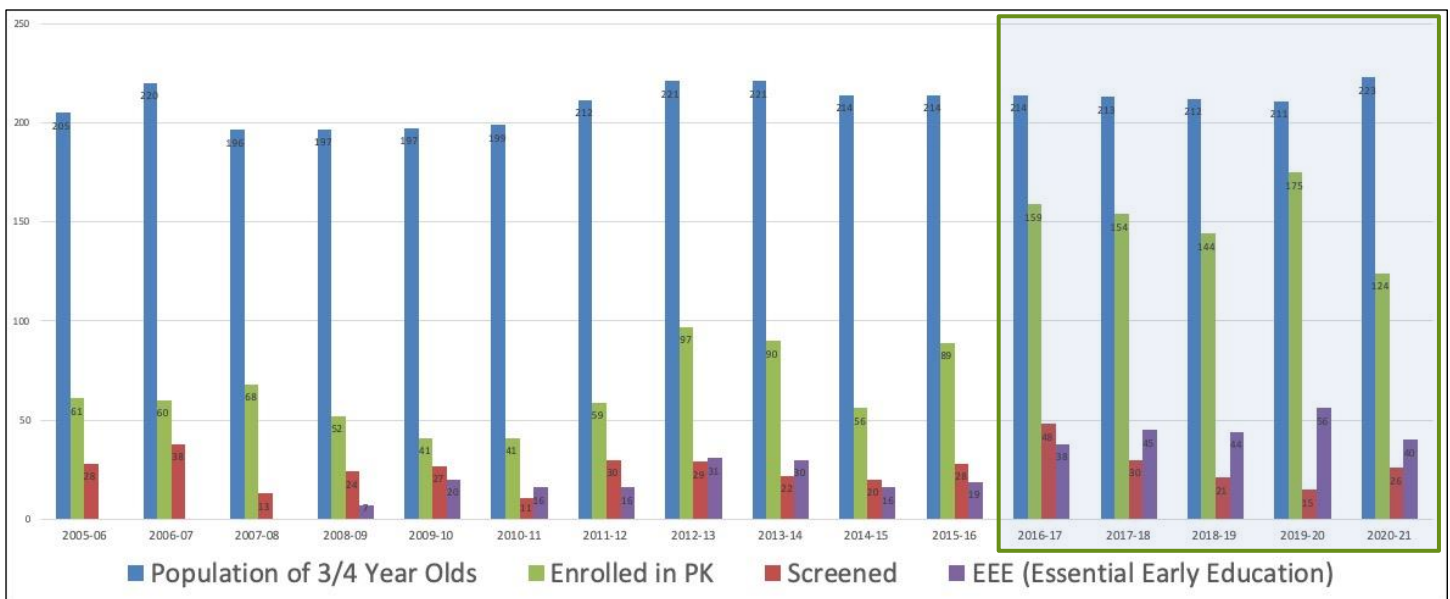
10 YEAR SUMMARY

Report for Pandemic Recovery

The recovery planning requirement for public schools refers to K-12 students. Early Learning at The Agency of Education has asked that supervisory union recovery teams be provided information on the impact of the pandemic on early education as it relates to Publicly Funded Prekindergarten Education (“Act 166”). Statewide PK enrollment declined 25% from 8,000 to 6,000 during the state of emergency. There are 1,200 children with Early Childhood Special Education IEPs, creating concern that the youngest students aren’t receiving special education services.

Enrollment in Early Education in OESU towns has been tracked since 2005. It measures:

- **The number of children enrolled in a publicly funded program** - attending a program at least 10 hours per week; the program is in receipt of public funding
- **The number of children receiving Early Childhood Services** - in addition to attending a program, children may receive a developmental screening, Compensatory Education Services (“Title 1”), and/or Early Childhood Special Education.



The early education service delivery model has shifted significantly in 10 years. Prior to 2015, a lot of time was spent on Child Find¹ activities. These included managing lists of births, sending letters to private

¹ Child Find is a component of the Individual with Disabilities Education Act (IDEA) requiring states to have a comprehensive system to identify, locate, and evaluate all children (birth to age 21) who are in need of early intervention or special education services (34 CFR §300.111). Child Find is a continuous process of public awareness activities designed to ensure that children with disabilities have access as early as possible to a free appropriate public education, including

homes, advertising services in the local paper and posting flyers on public bulletin boards. Children were screened twice a year at a community event. Children who had delays were evaluated for special education or provided compensatory education services. Services were provided at the child’s home or in a prekindergarten setting. If the PK was a private program, the public early childhood educator was the designated licensed educator embedded as part of program staff to allow the program to receive public funding.

With the inception of Act 166 Publicly Funded Prekindergarten, access to PK for all children significantly increased. There was an increase in early childhood special education and screening also, but not in proportion to program enrollment. One thing that doesn’t get accounted for in the quantifiable data for early childhood special education is the qualitative complexity of services for very young children. A child with ASD in 3rd grade may function fairly independently while a 3 year with ASD needs a significant amount of support to access education. In the last 3 years, OESU Early Education has seen a significant increase in children with complex profiles, including ASD. This data is available, but isn’t captured in this summary.

What we see in OESU PK enrollment during the past 14 months of the pandemic:

- 30% decrease in PK enrollment
- 73% increase in screening²
- 14% increase in early childhood special education services

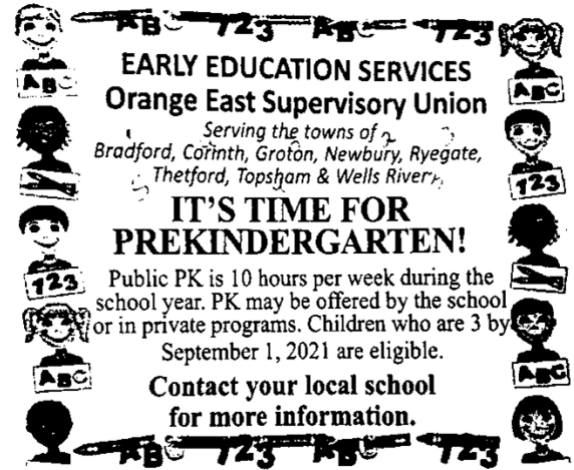
		2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Population of 3/4 Year Olds	<i>added BMU in 19/20</i>	199	212	221	221	214	214	214	213	212	211	223
Enrolled in PK	as counted on ADM; enrolled in Act 62/ 166 program	41	59	97	90	56	89	159	154	144	175	124
	% Enrollment in PK	20.6%	27.9%	43.9%	40.7%	26.2%	41.6%	74.3%	72.3%	67.9%	82.9%	55.6%
Screened		11	30	29	22	20	28	48	30	21	15	26
	% of total population screened	6%	14%	13%	10%	9%	13%	22%	14%	10%	7%	12%
	% of total enrollees screened	27%	51%	30%	24%	36%	31%	30%	19%	15%	9%	21%
Total Early Ed.	PK+Other/Home Visit (EEE not enrolled in program)	41	59	114	90	56	89	165	158	147	178	127
ECSE		26	26	46	47	20	22	38	45	44	35	40
	EEE (Essential Early Education)	16	16	31	30	16	19	38	45	44	56	40
	% EEE of total pop	8%	8%	14%	14%	7%	9%	18%	21%	21%	27%	18%
	CEE (Compensatory Early Education)	10	10	15	17	4	3	0	0	0	0	0
	% of enrolled population	39%	27%	32%	33%	29%	21%	24%	29%	31%	32%	32%
	% CEE total pop	5%	5%	7%	8%	2%	1%	0%	0%	0%	0%	0%
Other/ HV	home visits or service not in a PK program			17	0	0		6	4	3	3	3
Evaluated	Screenings that became evaluations	4	22	13	13	7	17	31	24	12	9	2
Transfer/ C to B				12	3	4	13	7	6	12	6	6
child find included managing lists of children from birth records, calling homes, mailing personalized letters				child find activities included 2x/year public screening, advertising, flyers in programs, outreach to MD offices				child find activities included outreach to programs, training and screening on gen ed ASQ tool, encouraging programs to refer to ECSE				

special education and related services, designed to meet their unique needs and prepare them for further education. Vermont School Districts must implement Child Find policies and activities to ensure that it identifies, locates, and evaluates all children with disabilities who may be in need of special education and related services. Child Find activities include universal developmental screening and on-going assessment practices such as Teaching Strategies Gold and ASQ.

² Students are screened using Ages & Stages and Ages & Stages-SE to determine point-in-time levels. This may be used as a Child Find activity.

Recommendations for Recovery and Follow Up

Over the past 10 years, the percent of children receiving EEE services has remained steady despite variations in Child Find activities. Very few children (1-2 per school) show up in Kindergarten and are identified as “missed”. This is qualitative data when ECSE teachers visit Kindergarten programs each fall to follow up on children who transitioned. It appears that we’re finding and serving children in need of intervention.



The data indicates that children who are enrolled in programs are more likely to be screened. Screening sometimes leads to evaluation and possible services. PK Enrollment and Part C to Part B transitions are down during the pandemic. There’s a high likelihood that there are young children who will need intervention services that haven’t been referred to Early Intervention and therefore aren’t showing up in Part B/ PK. This will possibly result in students showing up in PK or Kindergarten with undetermined delays and need for service.

I recommend:

1. Polling PK programs to determine how many students are enrolled, whether they’re at capacity and how many may be on a wait list.
2. Outreach and advertising PK and developmental screening availability. A PK advertisement went out in the Journal Opinion and Bridge Weekly in April. A second one may be in order in August if programs aren’t full.
3. Call and visit local pediatrician offices with the Early Education brochure and copies of the referral form. While doctors can’t request/order an evaluation, they may refer to the program.
4. Send Early Ed brochures home with students enrolled in PK programs offering screening.
5. Implement universal screening measures by all PK programs, supported by Early Childhood Special Educators if needed. If programs screen all children and inform parents that this is a common practice, no releases need to be signed. If children are targeted as having a demonstrated concern, parents need to sign permissions to screen.

Remember that Early Education has access to the Vermont Department of Health Screening Registry. Doctors may screen a child and enter concerning results in the registry but not contact OESU. Educators may review screenings, and should definitely put screening results in the registry.