

How Frequently Do Young Children in DCFS Care Receive Early Childhood Education? Findings from the 2017 Illinois Child Well-Being Study

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Considerable research has shown that early childhood education can contribute to children's school readiness and later academic achievement and well-being.ⁱⁱ Early childhood education is particularly important for children in out-of-home care. Findings from the 2017 Illinois Child Well-Being Study show that many young Illinois children in out-of-home care lag in development and many older children in out-of-home care have problems succeeding at school.ⁱⁱⁱ

Recognizing the value of early childhood education for young children in its care, the Illinois Department of Children and Family Services (IDCFS) has a policy of providing early childhood education to all children in custody aged three to five.^{iv} The early childhood programs that IDCFS accepts to address this policy include:

- 1) Head Start or Early Head Start
- 2) pre-kindergarten programs for children at risk of academic failure (Pre-K)
- 3) accredited childcare programs (e.g. licensed childcare, home visiting programs)
- 4) early intervention services for infants and toddlers with developmental delays
- 5) early childhood special education programs for children aged 3 – 5 years with disabilities.

This brief examines how frequently children in this age group in IDCFS care actually receive these services, using data from the 2017 Illinois Child Well-Being Study. It is a sequel to another research brief on child development from the study.^v

A 2010 study by the Children and Family Research Center found that large majorities of young Illinois children in out-of-home care were receiving early childhood education or kindergarten: 72% of three-year-olds, 70% of four-year-olds, and 100% of five-year-olds. The rate of enrollment in early childhood education for Illinois children in out-of-home care was significantly greater than the rate for comparable children nationally. But the frequency of early childhood education in this population has not been studied in the ten years since. This brief provides an updated look.

2017 Illinois Study of Child Well-Being

The 2017 Illinois Study of Child Well-Being is a study of the well-being of children and youths in the care of IDCFS in 2017. The study drew a stratified random sample of 700 children who were listed as 'in care in DCFS' in SACWIS client information system on October 23, 2017 and

interviewed caseworkers, caregivers and children (age seven and older) themselves. Data collection began in 2017 but the bulk of data collection took place in 2018.

Caregivers of young children were asked about the types of early childhood education their child received. We obtained data on this for 92 children aged three to five. These data enabled us to make a reasonable determination of whether each child in the sample was receiving early childhood education. However, there are limitations in our ability to determine whether a child received early childhood education that met DCFS standards. DCFS specifies that enrollment in *accredited* childcare programs or pre-kindergarten programs *for children at risk of academic failure* meets the requirements of its early childhood education policy (among other categories). Our interviews did not determine whether childcare programs were accredited or whether the programs targeted children at risk of academic failure. Also, we did not ask questions about whether children were in kindergarten, though it is possible that some caregivers may have been referring to kindergarten when they said their child was in an early childhood education program.

In our calculations of the percentage of children receiving early childhood education, we included children in regular preschool, nursery school, and other pre-kindergarten programs, even though we do not know if their programs were accredited or targeted children at risk of academic failure. DCFS also specifies that early intervention services for infants and toddlers with developmental delays qualify as early childhood education, but does not specify that those services need to be provided in a center versus at home. Caregivers were asked if their child had received educational services or therapies in the home, but we assumed that services in the home did not qualify as early childhood education. We do report results for educational services or therapies in the home because it is a related variable. For more on the 2017 Illinois Child Well-Being Study, see the study final report (cited below).

Results

Responses from caregivers in the 2017 Illinois Study of Child Well-Being indicate that 81.3 % of children age 3 to 5 in out-of-home care received early childhood education. The percentage receiving early childhood education differed significantly by child age: 49.5% of three-year-old children, 80% of four-year old children, and 100% of five-year-old children (see Figure 1). Children were about equally likely to receive early childhood education whether they were in relative foster/fictive kin care (84%) or non-relative traditional foster (77%). (Three young children in our sample were in specialized foster care—all received early childhood education.) There was no difference in the likelihood of receiving early childhood education by region (Cook, Northern, Central, Southern). Unlike Cross and Helton’s 2010 study^{vi}, we do not have comparable national data, so we cannot tell if young children in out-of-home care in Illinois are more or less likely to receive early childhood education than comparable children nationally.

Figure 1. Percentage of 3-5 year olds in DCFS care who were in early childhood education in 2017-2018

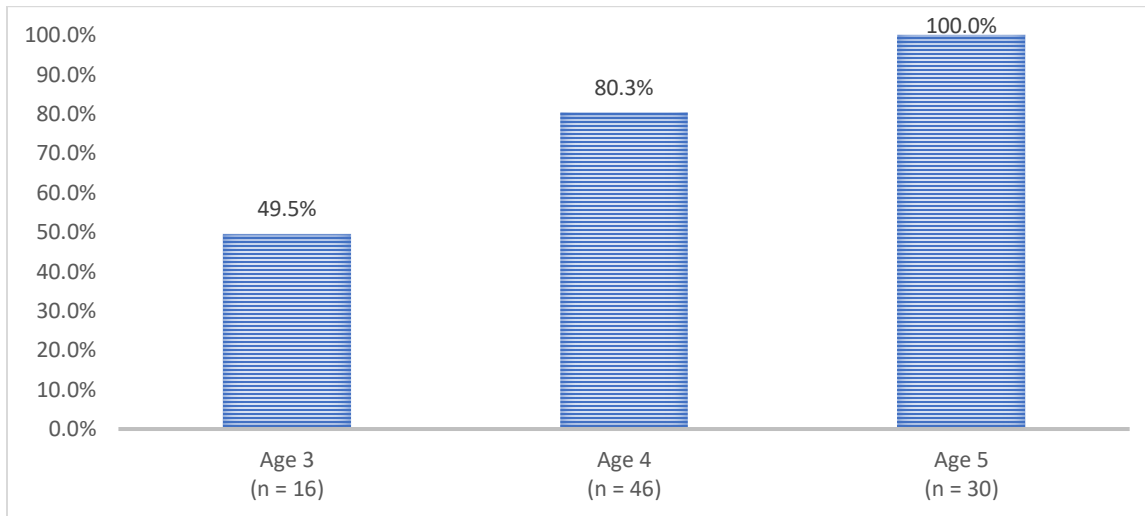


Figure 2 shows the percentage of children enrolled in various early childhood education services. Percentages are shown for the entire three- to five-year-old group and for each age. A majority of children were in regular preschool or nursery school. Just under a third were in Head Start. Smaller percentages were in special education preschool, or were receiving educational services or therapies at a center or in day care. Over one-third of the 16 three-year-olds in the sample were receiving educational or therapeutic services in the home (not counted as early childhood education), but this was true for smaller percentages of four- and five-year-olds. No child aged 3 to 5 was enrolled in Early Head Start, though a small proportion of children under three-years-old were enrolled in Early Head Start (10.3%).

Over three-quarters of five-year-olds were in regular preschool or nursery school, compared to just over half of four-year-olds and only one-tenth of three-year-olds—this difference was statistically significant. Other differences by child age were not statistically significant.

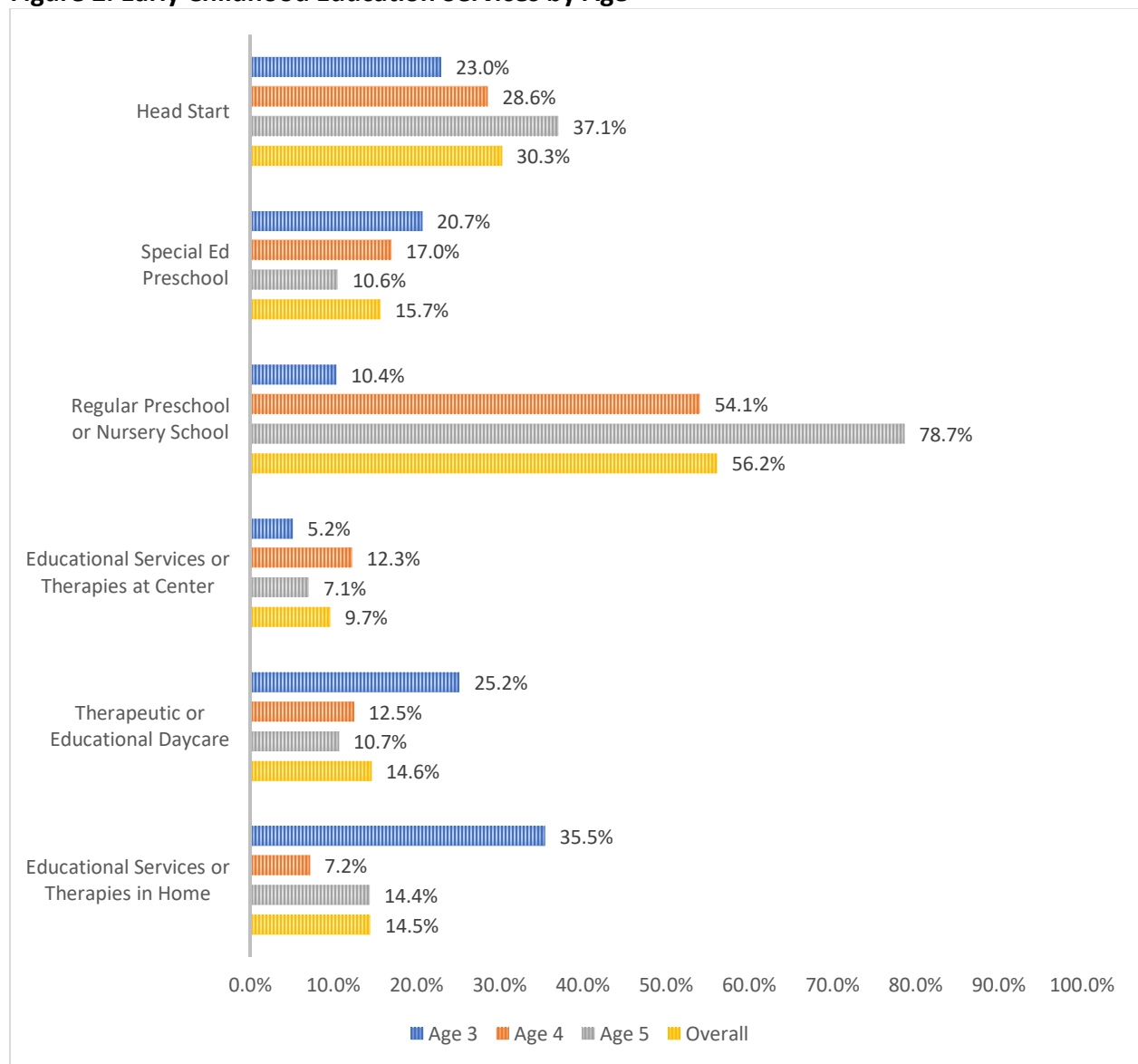
Discussion

Just as in the previous study in 2010, a large majority of children aged three to five in DCFS care were receiving early childhood education. This suggests that DCFS has had considerable success implementing its policy on early childhood education. But some children were still not enrolled, so there is more to do to implement the policy fully. All five-year-olds in the sample were receiving early childhood education, but some three- and four-year-olds were not receiving it, so improving the implementation of DCFS policy should focus on younger children. There is also a major caveat: we do not know how many of these programs are accredited or how many targeted children at risk of academic failure. Overall, we cannot assess the quality of the early childhood education these three- to five-year-olds received.

Another limitation of the study is that the sample size of three- to five-year-olds is too small to give us confidence that the percentages by age we found are exact estimates, particularly when we consider that we have only 16 three-year-olds in the sample. For this reason, we recommend that readers *not* compare our results by age to those of the 2010 study because of the small sample sizes by age.

These are positive results on the implementation of DCFS policy, but additional research is needed to assess accreditation, program efforts to support at-risk children, and overall quality of programming. Investment to ensure that young children in DCFS care receive quality early childhood education could pay off in later academic progress and greater well-being throughout their youth and into their adult lives.

Figure 2. Early Childhood Education Services by Age



Recommended Citation

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Related Publication

Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study: Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

ⁱⁱ See, e.g., Morrissey, T. (2019). *The Effects of Early Care and Education on Children's Health: Health Affairs Health Policy Brief*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hpb20190325.519221/full/>

ⁱⁱⁱ Cross, T.P., Tran, S., Hernandez, A. & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study. Final Report*. Children and Family Research Center, University of Illinois at Urbana-Champaign. https://cfr Illinois.edu/pubs/rp_20190619_2017IllinoisChildWell-BeingStudy.pdf .

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https://cfr Illinois.edu/pubs/bf_20191022_ChildDevelopmentofChildreninDCFSCare:Findingsfrom2017IllinoisChildWell-BeingStudy.pdf

^{iv} Illinois Department of Children and Family Services. (2015). Educational Service. Retrieved from

https://www2.illinois.gov/dcfs/aboutus/notices/Documents/Procedures_314.pdf#search=educational%20services

^v Tran et al. (2019), *ibid*

^{vi} Cross & Helton (2010), *ibid*.