More than Marketing:  
A New Jersey Study on Outreach to Underserved Populations  
Ages Birth to Five 

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Table of Contents

Executive Summary ......................................................................................................................... 5
Overview .......................................................................................................................................... 5
Definitions ......................................................................................................................................... 5
Description of the Project .................................................................................................................. 6
Discussions of Findings ...................................................................................................................... 6
Future Considerations ....................................................................................................................... 9
SECTION ONE: INTRODUCTION ........................................................................................................ 10
  Council for Young Children ........................................................................................................... 10
  Mission ........................................................................................................................................... 10
  Coordinated and Targeted Outreach Committee .............................................................................. 10
  Target Populations .......................................................................................................................... 11
  Methodology .................................................................................................................................... 12
SECTION TWO: DATA AND RESEARCH ON NEW JERSEY’S TARGET POPULATIONS ............... 13
  Low Income Families ....................................................................................................................... 13
  Immigrant Families and Dual Language Learners ......................................................................... 14
  Military Families and Child Care .................................................................................................... 16
  Homeless Families .......................................................................................................................... 18
  Migrant Families .............................................................................................................................. 19
  Children with Special Needs .......................................................................................................... 20
  Child Protective Services ................................................................................................................ 20
SECTION THREE: OVERVIEW OF NEW JERSEY’S EARLY CARE AND EDUCATION LANDSCAPE ... 24
SECTION FOUR: VOICES FROM THE FIELD .................................................................................... 27
  Early Childhood Program Interviews ............................................................................................ 27
  Description of Participating Early Childhood Education Programs ............................................... 28
  Early Childhood Education Outreach Practices .............................................................................. 30
  Observations from the Early Childhood Education Interviews .................................................... 35
SECTION FIVE: OVERVIEW OF NEW JERSEY STATE GOVERNMENT AGENCIES ...................... 37
  Policies and Practices ..................................................................................................................... 37
  Department of Education ................................................................................................................ 38
  Department of Human Services ..................................................................................................... 41
  Department of Health and Senior Services ..................................................................................... 43
  Department of Children and Families ............................................................................................. 45
  Division of Youth and Family Services ........................................................................................... 45
  Example of Inter-department Collaborations to reach underserved populations: Department of Children and Families (Child Welfare and Prevention) ......................................................... 46
  Example of Fragmented Government Services to Underserved Populations: Children with Special Needs ............................................................................................................................................. 48
  Opportunities for future collaboration and outreach: New Jersey’s Race to the Top Challenge Grant 49
  Overview of State Government Services ....................................................................................... 51
SECTION SIX: THE ROLE OF NEW JERSEY’S INTERMEDIARY ORGANIZATIONS ................ 54
  Recruitment ..................................................................................................................................... 55
  Networking ....................................................................................................................................... 56
  Data Collection ............................................................................................................................... 57
  Intermediary Agency Outreach Practices ....................................................................................... 58
SECTION SEVEN: RESEARCH RECOMMENDATIONS FOR TARGETED POPULATIONS ............. 59
  Recommendations for Outreach to Low Income Families ................................................................ 59
Executive Summary

I always tell people “If you’re down and having a bad day come and laugh with us!” A child’s laughter is the best medicine anyone can ever have!

Family Child Care Provider

Overview

The Coordinated and Targeted Outreach Committee, in collaboration with the other committees of the New Jersey Council for Young Children seeks to identify and improve services for infants, young children, and families by coordinating outreach efforts across state agencies, school districts and community and faith-based organizations including, but not limited to, underserved populations. At present, New Jersey does not have a common definition of underserved populations. The Coordinated and Targeted Outreach Committee used a matrix of family and child characteristics to identify underrepresented, at risk and special populations among New Jersey’s children.

Definitions

For the purposes of this study, the committee defined **underserved** as follows:

**Low income families** – Families who meet federal poverty guidelines for assistance as well as the working poor whose income is just above eligibility guidelines

**Immigrant families** – Families with at least one family member born in another country

**Military families** - Families with active duty service members - including reservists - deployed in specific campaigns as well as active duty soldiers who have been wounded

**Homeless families** – Families lacking a fixed, regular, adequate nighttime residence or living in a shelter

**Migrant families** – Families who move seasonally for work, particularly in agriculture

**Dual language learners** - Children who are learning English while continuing to acquire their first language

**Children with special needs** - Defined broadly to include physical, mental, educational and/or health conditions

**Children under protective services** - Children involved in the child welfare system
This study does not differentiate among various living arrangements which constitute “family”.

Also, for this study, *early childhood education* (ECE) includes licensed child care providers and registered family child care homes serving children birth to age five, Head Start programs, and public pre-kindergarten programs.

Outreach activities are strategies designed to ensure full participation of families and children who have not experienced equal access to early childhood services. Outreach incorporates an array of methods, including marketing (e.g., advertising in places frequented by the target population), procedures (e.g., hiring bi-lingual staff), policies (e.g., prioritizing enrollment), and strategies (e.g., developing MOUs between agencies, engaging families of young children in leadership roles, or creating welcoming environments).

**Description of the Project**

The *More than Marketing Report* is organized into eight sections: Introduction; Data and Research on Target Populations; Overview of New Jersey’s Early Care and Education Landscape; Voices from the Field (Early Childhood Education Provider Interviews); Overview of New Jersey State Government Agencies; The Role of Intermediary Organizations; Research Recommendations; and Study Analysis. There is also an extensive Appendix with additional information.

**Discussions of Findings**

Using a synthesis of collective research on effective outreach strategies for each of the targeted populations, the National Institute for Early Education Research (NIEER) developed and conducted a study analyzing current practices and procedures used to access targeted populations focusing on two objectives defined by the Coordinated and Targeted Outreach Committee.

**Objective one:** Evaluate the effectiveness of current recruitment and outreach strategies carried out by early childhood providers, state government agencies, and intermediary organizations based on research, best practices, and interviews.

*Early Childhood Education Providers Outreach Practices:* The early childhood education (ECE) programs interviewed followed many of the recommended best practices described in the research. They effectively market their programs, implement procedures and policies which make targeted populations feel welcome, hire staff who reflect the races, cultures and home languages of the community, and provide professional development well beyond required hours. The ECE programs described multiple examples of collaboration and coordination, placed significant emphasis on promoting family engagement in the child’s education, and focused on long term outcomes for children by paying attention to their basic developmental, personal and
social needs. One strategy from the research that was not specifically mentioned was implementing ongoing welcoming routines for transient students. This could help support homeless, migrant and military families as well as children in protective service.

It is difficult to determine the participation of the targeted populations in ECE programs because there is no consistency in the collection of information on the families among various types of providers. Most programs were able to identify the number of low income children receiving assistance, children with special needs, and dual language learners. Interviewees used anecdotal evidence to determine whether or not they served immigrant families, homeless children or those in protective service. Interviewees expressed frustration not knowing when families were facing crisis in the child welfare system due to confidentiality issues with DYFS.

State Government Outreach Practices: Each department has created dedicated funding or incentives to increase capacity and quality of services to targeted populations and there were several examples of pooling funds and joint planning across departments. While there are websites with translation services and toll free numbers in multiple languages, this was not consistent across all departments. Some outreach best practices were identified in New Jersey’s Race to the Top application, such as establishing common standards for quality through a quality rating system, funding specialists to help providers meet the needs of targeted populations and using cross-system data to drive decisions.

Intermediary Organizations Outreach Practices: Interviews with state government representatives revealed that their role is primarily setting policy, while most of the actual outreach activities are carried out by intermediary agencies funded for specific projects. Through interviews, intermediary agencies were found to be more efficient at collecting intake and referral data on families and using this information to plan future outreach strategies, hiring staff reflective of the community, using trusted messengers, and providing translation services, all of which are best practices described in the research.

Objective Two: Develop recommendations for optimizing recruitment and outreach efforts for early childhood services for under-represented, at risk, and special populations in New Jersey.

The Council for Young Children is in a distinctive position to create a public agenda which brings attention to the unique needs of the targeted populations and promotes better collaboration and coordination between state government agencies and among representative organizations on the Council.

Over seventy research based recommendations have been identified to increase access to underserved populations. Key considerations include:

- Issue joint statements from Head Start, child care, and public PreK administrators on best practice outreach strategies identified in this report.
 Promote cross agency training for providers who serve young children (child care, Head Start, school districts, Early Intervention, Child Welfare, etc). In particular, cross-training between Child Welfare and ECE providers would address ECE provider concerns about meeting the needs of families in crisis.

 Promote the Head Start Multicultural Principles and National Association for the Education of Young Children cultural competencies as well as successful partnership models between Head Start, child care centers, family child care providers and schools to serve target populations.

 Create written partnership agreements which encourage collaboration among early childhood agencies to recruit, screen, select, enroll, and provide services to target populations.

 Create a single application process for multiple services across departments and use this process to employ consistent data collection with families.

 Expand state eligibility for federal programs.

There are some additional concerns that have emerged as a result of this study and should be considered in future policy decisions. They are:

 New Jersey has yet to recognize a common definition of underserved populations; as a result, priorities for services are typically set according to federal mandates rather than New Jersey’s specific needs. Setting priorities according to need and implementing the priorities across systems would result in more effective use of resources and better collaboration of services.

 Intermediary organizations are an important link to services for underserved populations. They collect detailed data on the targeted populations and have significant expertise with both outreach and service delivery. However, their data remains in the silo of the department that funds the services and their expertise is not systematically shared with early childhood education providers.

 Family child care providers afford important support for vulnerable populations, especially infants and toddlers, yet receive the least amount of support and funding for quality improvement or staff development. According to the New Jersey Association of Child Care Resource and Referral Agencies, over the past ten years the number of registered family child care providers has decreased 42 percent.

 Early childhood education interviewees specifically identified a focus on serving the entire family, not just the child, by offering parent workshops and training and encouraging families to participate in program activities; however, only five of 16 programs specifically mentioned parent leadership activities or parent participation on advisory councils.

 Although collaboration and communication are encouraged by state government agencies, at the local level families must still access services at different points of entry and meet varying eligibility requirements. At the very least, all agencies serving families should be knowledgeable about opportunities for support for
targeted populations in their communities, although co-location of services and cross-agency training would be even more beneficial.

- After ten years of the United States being at war, children around the state have been affected by family members’ military service, not just those currently living near military installations. Yet very few programs ask about family military service upon application.

- Evidence-based home visitation programs promote early childhood education through positive parent/child interactions and valuing the parent as the child’s first teacher. Office of Early Childhood Services staff in the Department of Children and Families recommends that home visitation be included in future studies as an early childhood education program.

**Future Considerations**

The focus of this report on outreach to underserved populations did not include the complex issue of health care or the special issues of teen parents. These topics should be considered in future studies.

Private pay child care centers (those that do not accept payment subsidies) were selected to participate in the study but did not respond to interview requests. In the future, when interviewing child care providers, we recommend the use of trusted messengers (Child Care Resource and Referral Agencies, the New Jersey Association for the Education of Young Children and the Coalition of Infant/Toddler Educators) to assist in gaining access and cooperation from the providers.

Although this study took into account the unique needs of families of targeted populations, we did not interview families for their opinions and experiences accessing services. This is an important consideration for additional research.

This study did not address the critical issues of access and availability of early childhood education programs. NJACRRA members report a decline in registered family child care homes, long waiting lists for child care subsidies, and a need for more for infant/toddler care. An analysis of supply and demand should be completed in order to understand the current state of early childhood program availability. Increasing outreach efforts to underserved populations will not help families if they cannot access programs in their communities.
SECTION ONE: INTRODUCTION

Council for Young Children

The New Jersey Council for Young Children was established by Executive Order on January 8, 2010 to serve as the State Advisory Council for Early Education and Care as authorized under the Improving Head Start for School Readiness Act of 2007. The Council has a diverse membership of 25 leaders representing the state’s child care, education, disability, health and mental health sectors as well as the state’s academic, research and philanthropic sectors. Members are appointed for three-year terms by gubernatorial appointment. The Council is chaired by Dr. Ellen Wolock, Director of the New Jersey Department of Education’s Division of Early Childhood Education.¹

Mission

“The Council is charged with assuring collaboration and coordination among the various early childhood programs in the state for children from birth to age eight. The Council’s vision is to align and improve New Jersey’s numerous and complex initiatives into one streamlined system of early education and care that reaches all infants and young children in need of services.” ²

Coordinated and Targeted Outreach Committee

Each State Advisory Council is expected to develop recommendations for increasing overall participation of infants and children in existing federal, state, and local early care and education programs, with a focus on outreach to under-represented, at risk and special populations. In New Jersey various federal mandates as well as state funding priorities require the collection of data and identification of underserved populations. Community agencies receiving state and federal funds track their outreach efforts to serve hard to reach populations. However, little is known about the ways to optimize access to services across systems, including which families are not being reached for the various services, and which methods of outreach are most effective.

The Coordinated and Targeted Outreach Committee, in collaboration with the other committees of the New Jersey Council for Young Children, seeks to identify and improve services for infants, young children, and families by coordinating outreach efforts across state agencies, school districts and community and faith-based organizations including, but not limited to underserved populations.

In 2010, the Council identified two outreach related objectives that need to be met in order to achieve the committee’s goals:

1. To identify and evaluate outreach strategies for underserved infants and young children; and
2. To identify outreach services and prioritize efforts to reach underserved infants and young children.

This report examines the outreach activities of Early Childhood Education (ECE) providers that include licensed child care providers, and registered family child care homes serving children birth to age five, Head Start programs and public pre-kindergarten programs.

**Outreach Activities** are strategies designed to ensure full participation of families and children who have not experienced equal access to early childhood services. Outreach incorporates an array of methods, including marketing (e.g., advertising in places frequented by the target population), procedures (e.g., hiring bi-lingual staff), policies (e.g., prioritizing enrollment), strategies (e.g., developing MOUs between agencies or engaging families of young children in peer-to-peer outreach and support) and other courses of action (e.g., ensuring broad participation in advisory councils). A description of successful outreach activities for each of the identified populations is provided in Section Seven.

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**Target Populations**

The Outreach Committee recognizes that improving access to early learning services in New Jersey requires early childhood partners to focus efforts on the state’s most at-risk families with infants, and young children. Therefore, this study has a particular emphasis on reaching **underserved populations**, which include one or more of the following characteristics:

- **Low income families** – Families who meet federal poverty guidelines for assistance as well as the working poor whose income is just above eligibility guidelines.
- **Immigrant families** – Families with at least one family member born in another country.
- **Military families**- Families with active duty service members - including reservists - deployed in specific campaigns as well as active duty soldiers who have been wounded.

---

We don’t just take care of kids, we also support families. We help them through the special education process and fill out forms for health coverage. We have a parent lounge in our center with computers that parents can use. One time a parent was having difficulty submitting an online government form on the date it was due and we sent her to our local legislator. She was able to get assistance because we have developed relationships with our elected officials. *Child Care Center Director*
- **Homeless families** – Families lacking a fixed, regular, adequate nighttime residence or living in a shelter.

- **Migrant families** – Families who move seasonally for work, particularly in agriculture.

- **Dual language learners** – Children who are learning English while continuing to acquire their first language.

- **Children with special needs** – Defined broadly to include physical, mental, educational and/or health conditions.

- **Children under protective services** – Children involved in the child welfare system.

### Methodology

The National Institute for Early Education Research (NIEER) at Rutgers University was contracted to conduct a study of the type and efficacy of recruitment and outreach strategies with a focus on under-represented, at risk, and special populations identified by the Coordinated and Targeted Outreach Committee. For each of the targeted populations as defined above, a literature review was conducted to determine most effective practices in outreach strategies. New Jersey specific data was collected on children and families from the targeted populations where available.

Using a synthesis of the collective research, NIEER developed and conducted a survey to assess the outreach strategies utilized by agencies and programs serving the target populations. Interviews were conducted with stakeholders across systems at state, regional and local levels on current outreach practices.

Information was collected from respondents in state government agencies responsible for funding or regulating early childhood services to determine mandates, policies, and procedures for outreach to the identified populations. Intermediary agencies receiving state or federal funds to implement services for children birth to five were identified and interviewed to explore how services are provided to hard to reach populations. Early childhood education programs were interviewed to determine if their policies and practices matched the recommendations identified through research.

*The research on outreach strategies for targeted populations in this study directed the development of the research protocol and interview questions, provided guidance to evaluate current practices in New Jersey at the state and local levels, and determined recommendations to guide future discussions.*
SECTION TWO: DATA AND RESEARCH ON NEW JERSEY’S TARGET POPULATIONS

According to the most recent Kids Count data, in 2009 there were 8,707,739 people living in New Jersey with 27 percent (555,282) under age five. Among children under age 18, 53 percent were White, 15 percent were non-Hispanic Black, 8 percent were non-Hispanic Asian, and 22 percent were Hispanic or Latino.³

Low Income Families

In 2010, ten percent of the general population of New Jersey lived at or below the poverty level ($22,113 annual income for a family of four), however, 17 percent of children under the age of five lived in poverty. In low income households with children, 82 percent had housing costs that exceeded 30 percent of income.⁴ With the recent economic downturn, the number of New Jersey children in need of assistance has increased. From 2009 to 2010 the number of children receiving food stamps, now NJ SNAP (Supplemental Nutrition Assistance Program), increased from 253,684 to 317,819.⁵ As seen in the Charts 3.3 and 3.4 in Section Three, enrollment in Head Start and public preschool programs continues to rise. As of October 2011 over 6,000 children were on waiting lists for child care vouchers.⁶

Chart 2.1: Eligibility Guidelines for Programs based on the Federal Poverty Level (FPL)

<table>
<thead>
<tr>
<th>Program</th>
<th>% of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>100 %</td>
</tr>
<tr>
<td>Free School Lunch</td>
<td>135 %</td>
</tr>
<tr>
<td>WIC--Women, Infants &amp; Children Supplemental Nutrition Program</td>
<td>185 %</td>
</tr>
<tr>
<td>Reduced School Lunch Program</td>
<td>185 %</td>
</tr>
<tr>
<td>SNAP (Food Stamps)--Supplemental Nutrition Assistance Program</td>
<td>185 %</td>
</tr>
<tr>
<td>Child Care Vouchers</td>
<td>200 %</td>
</tr>
<tr>
<td>Public Pre K Wraparound in former Abbott Districts</td>
<td>250 %</td>
</tr>
</tbody>
</table>

Research on Family Income: According to a 2000 national study Child Care Subsidies: Strategies to Provide Outreach to Eligible Families for the Welfare Information Network, there are three major barriers to accessing early care and education programs for low income families; affordability, availability and quality. Family decisions regarding employment are significantly affected by these key factors.
Affordability is crucial because child care costs constitute a much greater percentage of family income for lower-income families than for higher income families. Availability impacts child care decisions because working poor families are more likely to have nonstandard working hours and inflexible work schedules. The quality of the program is fundamental as numerous studies have documented the potential impact of early childhood education and have discovered that “children from low-income families are more likely to exhibit gains from high quality care but also more likely to be negatively impacted by low-quality care.” 7

According to the report, outreach strategies have significant impact because low income children are more likely to be in informal child care arrangements with friends and family members. These arrangements tend to be less stable for working families and offer fewer high quality learning environments for children. Increasing access to high quality early childhood education programs for low income children leads to better outcomes for both children and parents.

Immigrant Families and Dual Language Learners

Research and best practices for outreach to immigrant families and dual language learners have many similar attributes so we have combined them into one section, highlighting variances when needed. For this study we define immigrant families as those where at least one family member was born in another country. We use the Head Start definition of dual language learners as children who are learning English while continuing to acquire their first language.

In New Jersey 33 percent of children under age 18 were living in immigrant families (with at least one parent born in another country), 28 percent of children spoke a language other than English at home, while only six percent of the children under 18 were foreign born. Children in immigrant families are more likely to live below the poverty threshold, a trend that has increased in recent years.8
Chart 2.2: Children living below Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Children living below the poverty threshold by children in immigrant families (Percent) Showing most recent five years</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in immigrant families</td>
<td>12%</td>
<td>13%</td>
<td>12%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Children in U.S.-born families</td>
<td>12%</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Definitions from Kids Count: The share of children under age 18 who live in families with incomes below the federal poverty level, as defined by the U.S. Office of Management and Budget by children in foreign-born or US-born families. Children in immigrant families are defined as children who are themselves foreign-born or reside with at least one foreign-born parent. Foreign-born is defined as either a U.S. citizen by naturalization or not a citizen of the U.S. Native-born is defined as born in the U.S., Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas or born abroad of American parents. The foreign-born status of children not living with either parent is based solely on the status of the child and no other household member. Children living in subfamilies are linked to their parent(s) and not the householder.9

Chart 2.3: Immigrant Eligibility Rules for Federal Funding Sources of Child Care and Early Education Programs10

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>Eligibility has no immigration restrictions</td>
</tr>
<tr>
<td>Child Care Development Block Grants (CCDBG)</td>
<td>Eligibility is based on a child’s immigration status, regardless of parents’ status</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families</td>
<td>Federal assistance generally is denied to immigrants with documented status during their first five years in the United States, subject to limited exceptions; in a mixed-status household, a citizen child may be eligible for assistance even if parents and other family members are ineligible</td>
</tr>
<tr>
<td>Title I</td>
<td>The 1982 Supreme Court decision Plyler v. Doe made clear that citizenship status is not a permissible basis for denying access to public education.</td>
</tr>
</tbody>
</table>

Research on Immigrant Families and Dual Language Learners: Nationally 25 percent of children in the U.S. have a parent who was born outside of this country.11 English language learners in the U.S. come from over 400 different language
backgrounds. Young children under the age of six are more likely to have parents who have been in the U.S. for fewer than ten years and to live in households with lower levels of English proficiency and lower incomes compared to older children. As the United States becomes more diverse children’s needs for English language acquisition will overwhelm our educational system. Young children with less exposure to English in their earliest years will be challenged by their language skills upon school entry.

According to the National Assessment of Education Progress, fourth graders who speak a language other than English at home scored 36 points below their peers in reading, and 25 points below their peers in math. This difference is greater than respective gaps between white and nonwhite students as well as differences between low and higher income students. Despite compelling research on the benefits of early education for dual language learners, young children of immigrants are less likely to access child care and early education settings including licensed child care of all types and preschool programs.

According to a NIEER Preschool Policy Brief, among dual language learners and children in immigrant families, Hispanic children are less likely to attend preschool and more likely to live in families that are not well educated. NIEER cites a 2005 National Assessment of Education Progress report that documents a significant difference in 4th and 8th grade test scores between Hispanic English Language Learners and Non-Hispanic English Language Learners. The Brief identifies research on early childhood programs that provide support in children’s home language have fostered improved cognitive, language and social outcomes. The NIEER Policy Brief recommends developing better reporting systems to determine both need and impact, support for teachers to meet the language needs of Hispanic children, and consideration of dual language status for targeted program eligibility.

Successful outreach strategies for engaging immigrant families and their children have implications beyond the preschool years, and are complicated by the many languages and cultures represented. In addition eligibility requirements for federal programs are a maze of different rules and many immigrant families fear repercussions for enrolling children in publically supported services.

Military Families and Child Care

According to the US Military, there are currently 32,753 active duty soldiers living in New Jersey. Of this number the majority (25,637) are Reserve and National Guard who live at home with their families most of the time. The numbers of New Jersey youth currently living with Army and Air Guard members is 5,100 [Note: this is likely an under-estimation as this information is not required to be reported by families]. The NJ National Guard reports that 15,400 NJ National Guard (Army and Air Guard) served in combat oversees since 2001 with many serving between two to five deployments.
Chart 2.4: New Jersey Military Personnel, Oct. 2011

<table>
<thead>
<tr>
<th>Branch of Military</th>
<th>Number of Active Duty Soldiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>958</td>
</tr>
<tr>
<td>Navy and Marine Corps</td>
<td>847</td>
</tr>
<tr>
<td>Air Force</td>
<td>5,311</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>1,294</td>
</tr>
<tr>
<td>Reserve and National Guard</td>
<td>25,637</td>
</tr>
<tr>
<td><strong>Total Personnel</strong></td>
<td><strong>32,753</strong></td>
</tr>
</tbody>
</table>

Research on Military Families: The history and success story of the overhaul of the US Military Child Care System provides a detailed example of how systemic alterations to policy and practice can transform the availability and quality of early childhood services to underserved populations.

During the post-Vietnam era there were significant demographic changes in service personnel. As the military converted to an all-volunteer force in 1973 the number of married personnel gradually increased to over 55 percent and from 1973 to 1989 the number of enlisted women rose from two percent to 11 percent and active duty female officers increased from four percent to 11 percent. These shifts in personnel created a significant increase in demand for child care.

A Government Accounting Office (GAO) report in 1982 uncovered a deficient child care system with 70 percent of Army child care centers not meeting basic fire and safety codes. According to the 1982 GAO report there were no comprehensive standards across the services, extremely low staff wages and inadequate training. Staff turnover was as high as 300 percent in some areas and tens of thousands of children were on waiting lists. Military families at the low end of the pay grade could not afford the typical military child care costs. Department of Defense officials recognized that lack of child care affected workforce recruiting, motivation and productivity putting military readiness at risk. Allegations of child abuse at one military child care center disclosed a lack of systematic child abuse prevention and detection measures.

Congressional hearings in 1988 and 1989 on the seriousness of the problem led to the enactment of the Military Child Care Act of 1989 mandating major changes to the military child care system. As a result of substantial effort in subsequent years military child care has significantly increased their standards for quality early childhood education for a diverse, transient, at risk workforce. A RAND study commissioned by the Department of Defense found that “overall ratings of child care quality increased considerably after implementation of the MCCA.”
Homeless Families

In New Jersey, there was a 17 percent increase in the number of students considered homeless from the 2006-07 school year to 2007-08 and in 2009 there were 6033 homeless children in preschool through 12th grade.\(^{23}\)

According to data collected for New Jersey’s Race to the Top Early Learning Challenge application, from September 2010 to September 2011, 2,853 children age 5 and under used emergency shelters and transitional housing and 145 children lived in migrant families. New Jersey Kids Count identifies 82 percent of children in low-income families where housing costs exceed 30 percent of income, a high risk factor for homelessness.\(^{24}\)

<table>
<thead>
<tr>
<th>Children in low-income households where housing costs exceed 30 percent of income (Percent) Showing most recent 5 years;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>79%</td>
</tr>
</tbody>
</table>

Research on Homeless Families: The McKinney Homeless Assistance Act of 1987 defines homeless as one who lacks a fixed, regular, and adequate nighttime residence or lives in a shelter, or other place not designed for sleeping accommodations. “Each night in the United States approximately 1.5 million children do not have a home to call their own.”\(^{25}\) “Even when compared to housed peers from low socioeconomic backgrounds, homeless children were found to perform worse in measures of health, social, emotional and behavioral issues.”\(^{26}\)

Early care and education programs can provide a refuge from the turmoil of homelessness. According to a 2006 study of Community Children’s Centers operated by Horizons for Homeless Children in Boston “children enrolled in the early care and education programs showed greater improvement on academic scores, vocabulary, and receptive language skills than did the children in a control group that did not have access to the CCCs.”\(^{27}\)

According to the study, successful outreach strategies for homeless families are less about marketing, and more about policies and procedures which create welcoming safe places for children and families. The Horizons Centers base their policy decisions on the most current research which emphasizes the importance of high quality early learning experiences, promoting parental participation and engagement in the child’s education, training and retention of high quality staff, the importance of social learning, and focusing on long term effects. The Horizon Centers assign a family advocate to help parents establish long term self-efficiency goals and build supportive networks to pursue an alternative living experience. Children receive regular health screenings and
assessments at the centers. Children and families are encouraged to continue attending the Horizon Centers after they transition to more permanent housing.28

Migrant Families

Depending on the formulas used, the migrant population in New Jersey is estimated at 13,500 to 32,000 individuals, including children (National Center for Farmworker Health Fact Sheet).29 The Head Start Program Information Report did not categorize the number of migrant children served, and in interviews most providers were not able to identify whether migrant children attended programs. The lack of clear data supports the research claim that “there is no unified data system to track, transfer or exchange migrant and seasonal farmworker information on children from state to state.”30

Research: Migrant and seasonal farmworkers constitute a particularly high risk population. According to a 2009 report from the National Center for Farmworker Health (NCFH) the median level of education of adult migrant workers was sixth grade and the average family farmworker income ranged from $15,000 to $17,500.31 The NCFH report indicates that 78 percent of migrant and seasonal farmworkers are foreign born, with the highest percent from Mexico, who have worked in the US on average for ten years.

“Frequently reported health problems among migrant children include low height and weight, respiratory diseases, infections, parasitic conditions, diabetes, chronic diarrhea, dental problems, and congenital and developmental problems.”32 Varying eligibility requirements among states and the inability to transfer Medicaid and State Child Health Insurance Program (SCHIP) benefits create barriers to health coverage for mobile populations.

Research has documented the importance of high quality early education programs for at-risk children’s development. Children of migrant and seasonal workers are at-risk due to multiple factors: low income, immigrant status, dual language learners, lack of adequate health care and difficult living conditions. Successful outreach to farmworker families requires that the resources of Head Start, child care, and public pre-kindergarten are blended to maximize education and support for these vulnerable children and their families. However, a national review of migrant and seasonal Head Start practices revealed few programs where Head Start, child care resources, and state pre-kindergarten efforts are coordinated to provide more thorough and continuous services to families.33

I have a daughter with special needs so always accept children with disabilities. I think it’s good for all -- the child with special needs and the other children. I have taken the National Mental Health Association 12-week Family to Family Course which helps me understand and support families. Most children stay in my program for many years and I become close with the families. One family asked me to be the guardian of their child if anything happened to them. Family Child Care Provider
Children with Special Needs

As of December 2010, 10,505 children birth to age three participated in the Early Intervention program. Of this number 11.4 percent were African American/Not Hispanic and 26.6 percent were Hispanic. Among categories by race/ethnicity 74 percent of African American and 78 percent of Hispanic children’s families earned less than 200 percent of the Federal Poverty Index compared to only 35 percent of White/Non Hispanic children.34

As of October 2010, 16,423 children were enrolled in preschool special education programs.35 Comparable data on race/ethnicity and income data was not available on preschool children receiving special education services so this study was unable to measure whether there is a difference in representation of racial/ethnic groups in Early Intervention compared to special education in New Jersey.

Research on Children with Special Needs: A 2005 analysis of state outreach efforts to underserved populations by the National Association of State Directors of Special Education (NASDSE) noted that no states had defined “underserved” and instead used the term “hard to reach” to describe specific populations. In determining hard to reach populations, each state used different demographic data sources such as Department of Education data, census data, newborn screening and/or visiting nurse screening and Kids Count information. However, “Early Intervention (birth to age three) state data confirms that certain racial/ethnic groups are underserved in contrast to documentation that certain racial/ethnic groups are over represented in special education among school age children.”36

Children under Protective Services

Statistics on the number of New Jersey children in the child welfare system vary over time. For reference, we have provided “point in time” data from several sources. According to Kids Count data, in 2009 there were 9,286 child abuse/neglect substantiations. Although the number of substantiations has increased slightly over time, the number of children in out of home placement has decreased. As of August 31, 2011, 2,370 pre-kindergarten children resided in out-of-home placements.37 As of October 2010, 1,153 children under the age of five in protective services received a child care subsidy.38 In June 2010, Head Start programs reported serving only 169 children in foster care.39
It is difficult to determine the number of children under protective service who participate in early childhood education programs. Data above indicates that about half of the children in foster care receive vouchers, however, with the trend toward fewer out-of-home placements, and considering DYFS confidentially regulations, ECE providers may not know if a child in their program is involved in the child welfare system. This issue was brought up several times in interviews with ECE providers.

**Research on Child Protective Services:** Children who have experienced abuse, neglect or trauma, or have been exposed to violence at home are a particularly vulnerable population. According to the National Survey of Child Adolescent Wellbeing (NSCAW) 47.3 percent of children ages birth to five in the child welfare system were found through assessments to have developmental problems compared with only five to ten percent of the general pediatric population. Although significant research has demonstrated the positive effects of early childhood programs on educational success later in life, “NSCAW data also indicated that enrollment rates for center-based ECE programs are not as high as they should be given the risk for developmental problems in this population of children.”

A 2009 Colorado study concluded that the majority of children in the Colorado child welfare system were only referred to an early childhood program after a delay had been identified. As a result, many at risk children did not have opportunities to participate in structured early learning experiences. Barriers to enrollment in ECE programs included funding limitations, restrictive eligibility policies for child care vouchers and a lack of awareness on the part of some caseworkers and foster parents about enrollment priorities for children in the child welfare system. Challenges to enrollment identified through interviews are detailed in Chart 2.7 below.
Chart 2.7: Challenges with Enrollment for Early Care and Education
Colorado Survey of Case Workers and Foster Families

Average Rating from 1 (not a challenge) to 10 (very challenging)

The Tip Sheet for Early Childhood-Child Welfare Partnership describes several existing federal policies and programs to promote access to high quality early childhood services for children in the child welfare system. These include prioritized enrollment for children in foster care for Head Start enrollment and child care subsidies, using Title IV-E Funds (Federal Payments for Foster Care and Adoption Assistance) for child care costs for children in foster care, and fulfilling Child Abuse Prevention and Treatment Act (CAPTA) requirements to refer all cases involving substantiated victims of child maltreatment under age three for possible evaluation for early intervention services.44

In addition, the Tip Sheet for Early Childhood-Child Welfare Partnership describes opportunities within existing federal legislation to strengthen early childhood and child welfare partnerships. The 2008 Fostering Connections legislation encourages states to keep young children in their early care and education programs when removing them from their homes, placing them, and reuniting them with their parents, regardless of where enrollment took place. The Affordable Care Act-Maternal, Infant and Early Childhood Home Visiting Program prioritizes families with a history of involvement with the child welfare system for federally funded home visiting programs. The Improving Head Start Act of 2007 includes promoting program stability for children in or at risk of entering the child welfare system as appropriate areas of focus for state advisory councils.
We had a young single mom who was unemployed and very stressed with two children, one who was out of control. One day the child showed the staff marks where he had been hit with a belt. We called DYFS and the child was removed from the home. We encouraged the mom to seek help and referred her to a local agency for assistance where she attended a parent training program. We also worked with the child to improve his acting out behavior. Eventually the child was reunited with the mom. We helped her understand positive discipline and also how to provide her child with more love and attention to reduce his acting out behavior. Over the course of the year both the child and mom experienced a 180° turnaround.

Unfortunately, if a family doesn’t come forward, our school doesn’t know to help them. DYFS referrals are confidential so we often don’t know that a family is in crisis. Public Preschool Program Director
SECTION THREE: OVERVIEW OF NEW JERSEY’S EARLY CARE AND EDUCATION LANDSCAPE

Outreach to underserved populations in New Jersey is complicated by a complex array of early childhood programs administered through multiple federal and state programs. A detailed description of the types of Early Childhood Programs is provided in Appendix A: Early Care and Education Definitions and Demographics.

Information in the following charts was collected from the New Jersey Profile on the Annie E. Casey Foundation National Kids Count Data Center. In New Jersey data is collected by the Association of Children for New Jersey.

Chart 3.1 Licensed Child Care Centers, NJ Kids Count

| Licensed Child Care Centers (Number) Showing most recent five years; |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
| 4,269 | 4,334 | 4,298 | 4,256 | 4,223 |

| Capacity of Licensed Child Care Centers (Number) Showing most recent five years; |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
| 334,576 | 338,783 | 346,933 | 357,568 | 355,428 |

Center-based child care programs (including Head Start) are licensed by the Department of Children and Families, Office of Licensing to serve children birth to age 13. NJ Kids Count Data from 2010 indicates 4,223 licensed child care centers. According to a July 2011 report from the Office of Licensing there are 4,188 centers serving children birth to age 13. A list of child care centers by county is provided in Appendix A.

Chart 3.2 Licensed Family Child Care Providers: NJ Kids Count

| Registered Family Child Care Providers (Number) Showing most recent five years; |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
| 3,150 | 2,974 | 2,987 | 2,938 | 2,892 |

In New Jersey, individuals who provide home-based care to children are exempt from licensing. However, there is a state-regulated voluntary registration process through a Child Care Resource and Referral Agency in each county. Individuals who register their family child care business receive annual inspections, are required to meet health and safety standards, meet child/adult ratios, and participate in annual training. Registered
family child care providers receive a higher rate of reimbursement for child care subsidies than non-registered providers and are listed in the county database for child care referrals. Due to the voluntary process for registration, the number of family child care homes frequently fluctuates; however, NJ Kids Count Data indicates 2,892 registered family child care homes in 2010. A count of registered family child care providers by county is provided in Appendix A. The New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRA) recently compared the number of registered family child care homes from 2001 to 2010 and noted a 42 percent decrease. At this point, NJACCRRA does not know if this decrease is a result of fewer individuals offering care or fewer individuals choosing to register their businesses.

Chart 3.3 Publicly Funded Preschool

<table>
<thead>
<tr>
<th>Students Enrolled in Publicly-Funded Preschool: Total (All-Ages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>46,261</td>
</tr>
</tbody>
</table>

Definitions: These figures reflect full- and part-day enrollment in the (former) Abbott, (former) ECPA, and ELLI programs. The Division of Early Childhood Education, the New Jersey Department of Education currently funds 145 districts for preschool. A list of enrollment by district is included in Appendix A.

Chart 3.4 Head Start Enrollment

| Head Start enrollment by age group (Number) Showing most recent five years; |
|--------------------------------|-----------|-----------|-----------|-----------|
| Under 3 years old     | 878       | 888       | 952       | 1,752     | 2,030     |
| 3 years old           | 5,770     | 4,331     | 5,265     | 5,822     | 6,375     |
| 4 years old           | 6,235     | 5,746     | 6,061     | 7,217     | 6,957     |
| 5+ years old          | 1,170     | 1,466     | 272       | 191       | 150       |
| Total                 | 14,053    | 12,431    | 12,550    | 14,982    | 15,512    |

Figures include children enrolled in the Head Start, Early Head Start, and Migrant/Seasonal Head Start programs. For the Early Head Start program, only children are included; pregnant women are excluded from the total. The Early Head Start program serves children from birth to three years of age. The Head Start program includes children ages three to five years. Migrant/ Seasonal Head Start includes those children from birth to five years old whose families earn their income primarily from agricultural work.
Migrant families must have changed residence within the last two years; Seasonal families have not changed their residence in the last two years, but temporarily move for work.

Data from the annual Program Information Report (PIR), administered by the Office of Head Start (OHS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS). A list of Head Start Grantees is provided in Appendix A.
SECTION FOUR: VOICES FROM THE FIELD

Using a synthesis of the collective research, NIEER developed and conducted a survey to assess the outreach strategies utilized by agencies and programs serving the target populations. Interviews were conducted with stakeholders across systems at state, regional and local levels on current outreach practices.

Early Childhood Program Interviews

During the initial interviews state government representatives (Section Five) and intermediary agencies (Section Six) were asked to identify early childhood education (ECE) programs experienced with the target populations. From this list, a cross-section of ECE programs (infant/toddler, Early Head Start, Head Start, public and private preschool and registered family child care homes) from all regions of the state were selected and interviewed about current practices and procedures to access the targeted populations. The purpose of these interviews was to determine whether the ECE programs were using outreach strategies identified by research of the targeted populations.

Chart 4.1 Early Childhood Education Programs Interviewed

<table>
<thead>
<tr>
<th>Type of Program</th>
<th># Interviewed</th>
<th>County Served</th>
<th>Type of Community</th>
<th>Total Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>4</td>
<td>Sussex, Warren, Morris, Essex, Hunterdon, Middlesex, Monmouth</td>
<td>Urban, suburban, rural, small town</td>
<td>4,450</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>3</td>
<td>Same as above</td>
<td>Same as above</td>
<td>320</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>4</td>
<td>Hudson, Burlington, Atlantic, Cumberland</td>
<td>Urban, rural, small town</td>
<td>4,070</td>
</tr>
<tr>
<td>Child Care Center</td>
<td>5</td>
<td>Essex, Union, Cape May, Mercer</td>
<td>Urban, small town, suburban</td>
<td>721</td>
</tr>
<tr>
<td>Family Child Care</td>
<td>4</td>
<td>Sussex, Passaic, Hunterdon, Camden, Gloucester</td>
<td>Urban, rural</td>
<td>31</td>
</tr>
</tbody>
</table>

There are several limitations of the interview procedure.
A very small segment of the ECE programs was selected.

While most programs offered bi-lingual services, all interviews were with English speaking providers.

The researchers did not evaluate the quality of the programs or their outreach practices.

Programs were selected based on their reputation for serving the target populations and therefore are more likely to demonstrate high quality outreach practices than the typical ECE program.

Although efforts were made to reach multiple programs in each category, the interviewers were unable to collect responses from all counties. In addition, private pay child care centers (those not accepting vouchers or government contracts) were selected to participate in the study but did not respond to interview requests. Therefore, all of the child care centers in the study receive some type of federal, state or local government funding. The family child care programs also receive subsidies for low income children.

Despite these limitations, responses to interviews provide insight into the practices of local ECE programs to provide services to hard-to-reach populations and can be compared to research cited in Section Two to answer the primary research question: *What outreach strategies do early childhood providers use to successfully engage underserved populations?*

Recommendations for optimizing recruitment and outreach efforts for early childhood services for under-represented, at risk, and special populations in New Jersey are included in Section Eight.

**Description of Participating Early Childhood Education Programs**

*Head Start Programs* collected the most data on the target populations. According to the 2009-10 annual Program Information Report (PIR) statewide Head Start programs served 16,903 children with 12,453 in families at or below Federal Poverty Guidelines. Head Start programs served 366 homeless children and 169 foster children. Statewide 46 percent of Head Start children spoke a language other than English at home. Of the 16,903 children, 1,686 were under three and participated in Early Head Start programs. Local Head Start programs collect information on children with special needs, military and migrant families but this information was not indicated in the PIR. Head Start programs do not collect data on immigration status to avoid creating barriers to enrollment.

*Public School Programs* are required to collect the data in the New Jersey K-12 student database (Standards Measurement And Resource for Teaching – NJSMART) which collects migrant status, free and reduced lunch rate status, home language, immigrant...
status, homelessness, and children with special needs. The Department of Education does not collect information on military families or children in protective services. Public pre-K programs collect NJSMART data; however, since interviews were conducted in September and the NJSMART data is due in October, district representatives gave estimates of the types of students served based on previous years populations.

*Child Care Programs* are not required to collect any demographic data on families unless they have a contract with a local school district or use child care vouchers. However all of the child care programs interviewed were able to anecdotally identify which of the target populations they serve due to relationships with families.

Number of programs (n=16) serving targeted populations as identified in interviews.

![Bar chart showing targeted populations](image)

*Family child care providers* typically have the least amount of funding or outside assistance, and yet those interviewed served the most vulnerable populations—children with special needs, under protective services and from low income or homeless families. They go out of their way to help families by offering care on nights and weekends (often without pay) and connecting them to local resources for support. One provider never turns children away and will barter for services if the family cannot afford to pay. Another provider will cut children’s hair, do laundry and run errands for families.
when they need extra help. One provider was asked to be the child’s guardian should anything happen to the family.

**Early Childhood Staffing Composition of Interviewees:** Public Pre K programs and child care centers that contracted with them had certified teachers in every classroom along with assistants that typically had at least a Child Development Associate credential (CDA). There were also master teachers, social workers, family workers, pre-referral evaluation and intervention teams and child study teams. Staff at Head Start, child care centers, and family child care providers held a mixture of master’s degrees, teaching degrees and CDAs. Depending on the program there were also nurses, mental health professionals, physicians, social workers and nutritionists on staff. *All programs identified high staff retention rates (12 of 15 indicated 80 percent or better staff retention) frequently due to higher salaries, but also the result of a focus on continuous professional development by offering significantly more training hours than required by state regulations.*

**Early Childhood Education Outreach Practices**

Interview questions for early childhood education providers were developed based on a review of literature on best practices to reach the targeted populations. Providers were asked open-ended questions on five key measures;

*How do families from our target populations find you?*

*Why do you think families choose your program?*
Do you offer any special services to your families?
Do you have connections with any agencies in your community?
How do you promote diversity in your program?

Answers for these questions based on research on outreach practices identified in Section Eight were pre-loaded into Survey Monkey. Responses from providers were then entered into the survey. The results in the charts below identify how the ECE providers’ responses to the questions matched the answers identified through research.

Across all types of providers, when asked how families find their program, the overwhelming response was word of mouth. And when asked why families choose their program, the highest response was reputation. Cost and accessibility were also important to selecting programs.
ECE providers offered a wealth of services to families of children in their care. The types of services varied depending on the type of program, location, and demographics of the families served. When asked if there were any stories that they would like to share about helping children and families, the providers shared stories of going above and beyond the “education of the child” to help vulnerable families.

A very young, very scared mom came to us fleeing a domestic violence situation in North Carolina. We referred the mom for social services and she entered a training program, obtained a job and established self-sufficiency. Her child was repeating the behaviors he had learned at home so staff worked with him to understand that it’s OK to be angry but to use his words rather than hitting others. We put a bean bag chair in the room where he could go sit to calm down. The child was able to successfully transition to kindergarten. We were able to help the child heal and help the mom get back on her feet. *Head Start Program Director*
In order to provide services to high risk families, ECE providers must collaborate with organizations in their communities. These collaborations were as essential for Head Start and public school programs that receive significant funding as they were for child care centers and family child care homes.
Interviewees were asked to identify connections with any agencies in their communities, without a list or check off sheet. The highest responses were community organizations and hospitals/clinics/physicians. It is possible that individual programs would identify more community connections if provided a list from which to select.

We promote diversity by asking parents to read books on tape in their native language so kids can listen to them. We’ve recorded books in Russian, French, Hindi, and Mandarin. **Public Preschool Program Director**
As noted above, word of mouth and reputation are the most acknowledged outreach strategies which attract hard to reach and at risk populations; therefore, what happens inside ECE programs to create a welcoming environment for children and families is crucial to success. In addition to the most common responses listed above, providers mentioned offering translation services for families, conducting assessments in the home language and planning parent workshops and staff trainings based on community needs assessments.

**Observations from the Early Childhood Education Interviews**

It is difficult to determine the participation of the targeted populations in ECE programs because there is no consistency in the collection of information on the families among various types of providers. Most programs were able to identify the number of low income children receiving assistance (child care vouchers or free/reduced school lunch), children receiving services through Early Intervention or special education, and dual language learners. Interviewees estimated whether or not they served immigrant families, homeless children or those in protective service. After ten years of the United States being at war, children around the state have been affected by family members'
military service, not just those currently living near military installations. Yet, very few programs ask about family military service on application.

Family child care providers provide important support for vulnerable populations, especially infants and toddlers, yet receive the least amount of support and funding for quality improvement or staff development.

Families are most frequently attracted to the programs through word of mouth and reputation based on operating a high quality program that is welcoming of diversity. The ECE programs interviewed had high staff retention rates frequently due to higher salaries, but also a focus on continuous professional development offering more training hours than required by state regulations.

In order to provide an array of services to meet family needs, programs of all types are very connected with community agencies. Several providers specifically mentioned the value of participating in professional networks like the New Jersey Association for the Education of Young Children and the Coalition of Infant/Toddler Educators.

Interviewees specifically identified their focus on serving the entire family, not just the child, by offering parent workshops/training and encouraging families to participate in program activities. However, only five programs specifically mentioned parent leadership activities or parent participation on advisory councils. One area of concern was not knowing when families were facing crisis in the child welfare system due to confidentiality issues with DYFS.

The ECE programs described multiple examples of collaboration and coordination to better serve target populations including participation in local councils and partnerships with community organizations and businesses. Interestingly, several programs mentioned collaboration with local government and membership in professional organizations, strategies which were not identified in research. Although collaboration was highlighted, only Head Start programs developed Memoranda Of Understanding (MOUs) with other agencies as required in the Head Start Performance Standards.
Information on State of New Jersey outreach practices to targeted populations is based on information garnered from state websites and interviews with state government representatives who oversee early childhood services from the Departments of Education, Human Services, Health and Senior Services, and Children and Families. State Policy recommendations are included in Section Eight.

*Chart 5.1 State Government Agency Representations and Populations*

<table>
<thead>
<tr>
<th>Department</th>
<th>Office/Division</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>Division of Early Childhood Education</td>
<td>Low income, Dual Language Learners, Immigrant</td>
</tr>
<tr>
<td></td>
<td>Head Start- State Collaboration Office</td>
<td>Homeless, Low Income, Dual Language Learners, Immigrant</td>
</tr>
<tr>
<td></td>
<td>Office of Special Education: Pre-School Special Education</td>
<td>Special Needs</td>
</tr>
<tr>
<td></td>
<td>Division of Programs and Operations, Office of Title I</td>
<td>Homeless</td>
</tr>
<tr>
<td>Department. of Children and Families</td>
<td>Division of Prevention and Community Partnerships</td>
<td>Prevention Services target families (pregnancy to age 8) within all of the high need categories</td>
</tr>
<tr>
<td></td>
<td>Division of Youth and Family Services</td>
<td>Protective Services</td>
</tr>
<tr>
<td>Department of Health and Senior Services</td>
<td>Early Intervention</td>
<td>Special Needs</td>
</tr>
<tr>
<td>Department of Human Services</td>
<td>Child Care Operations</td>
<td>Low Income, Protective Services, Special Needs</td>
</tr>
<tr>
<td></td>
<td>Work First New Jersey</td>
<td>Low Income, Protective Services</td>
</tr>
</tbody>
</table>
As noted in Section Three, the Division of Early Childhood Education oversees the various funding streams for public pre-kindergarten. New Jersey’s student database (Standards Measurement And Resource for Teaching – NJSMART) tracks student data collected from local education agencies beginning with the first year of a student’s school entrance. NJ SMART collects the following data: migrant status, free and reduced lunch rate status, home language, immigrant status, homelessness and, children with special needs. The Department of Education does not collect information on military families or children in protective services.
In interviews, DOE representatives recognized that individual school districts use a variety of recruitment and outreach strategies that include community fairs, flyers/advertisements in local community agencies, doctors’ offices, clinics, restaurants, libraries, newspapers, realtors, public television, public radio, community banners, open houses, and flyers sent home with older students in the school district. Districts usually survey families at the beginning, middle and/or end of a school year and typically include a recruitment question such as “How did you learn about the preschool program?” Based on responses received, the district determines which strategies were the most successful in reaching families and informing the community of preschool program. Anecdotally, districts have shared on occasion that word of mouth is usually the number one effective strategy. A list of publicly funded districts which compares the Department of Education projection of “at-risk” preschoolers for 2010-11 to actual enrollment is provided in Appendix A.

In the Department of Education, the *Preschool Program Implementation Guidelines* contain information on supporting English Language Learners. They describe how bilingual staff should incorporate children’s home languages into the program and serve as language models. They describe ELL activities and strategies to support early language and literacy development, appropriate classroom environments, and the role for school districts in supporting teachers working with ELLs. In addition, New Jersey’s preschool guidelines list the specific areas related to English Language Learners on which professional development should focus. The Department of Education provides ELL-specific training for a core group of master teachers who then share the information with other district preschool teachers.

The Department of Education collaborates with the Department of Human Services for wraparound services in the former Abbott districts but there is no formal MOU agreement.

**Head Start**

In the Department of Education, Division of Early Childhood Education, the Head Start State Collaboration Director provides resources and support for Head Start programs to meet performance standards. In addition to serving low income children, Head Start grantees must also serve children with special needs, homeless, migrant, military and immigrant families, as well as dual language learners and children in protective services. According to interviews with the Department of Education staff, the role of the Head Start State Collaboration Director is to promote collaboration between Head Start and child care programs, public school districts, early intervention, special education, health and mental health services, and the child welfare system. A list of current grantees and the June 2011 Annual Program Information Report are included in Appendix A and D, respectively.
Preschool Special Education - IDEA Part B

In addition to an MOU with DHSS for transition from Early Intervention, the Department of Education has an MOU with Head Start regarding collaboration of services. The Department of Education funds regional Learning Resource Centers which provide training/consultation, current special education information, materials circulation, production services and technical assistance to educators and parents of students with disabilities.

While the Office of Special Education in the Department of Education provides guidance and support, special education services are the responsibility of the local school district. Local school districts are mandated to provide evaluation for all children referred for special education by the parent or school personnel. Districts are required to provide services for all students age three to 21 who meet eligibility criteria. To the maximum extent appropriate, preshoolers and students with disabilities are educated with their typically developing peers. “For a preschool child this may be a school district general education preschool program or a nonsectarian early childhood program licensed or approved by a governmental agency.”

Local districts are responsible for written plans for location, identification and referral of students including specific activities undertaken to locate children with disabilities in non-public schools (including child care centers), and highly mobile students (migrant, homeless). Successful outreach activities incorporate information on general pre-kindergarten recruitment materials indicating that children with disabilities are included and welcome, provide information in languages of the local population, and utilize a single point of entry for pre-kindergarten and special education that is easily accessible for parents.

Homeless Children and Youth Program

The New Jersey Department of Education’s McKinney-Vento Education for Homeless Children and Youth Program receives federal funding to provide supplemental instructional and support services to children and youth experiencing homelessness, and migrant children and youths: Education for Homeless Children and Youth - $1.3 million; Migrant Education Program - $2 million.

There are a myriad of strategies used to disseminate information to this study’s targeted population. They include professional development opportunities for district homeless liaisons, school administrators and other stakeholders, “tool kits,” community service activities, outreach activities, brochures and pamphlets. Regional professional development opportunities (Homeless Education trainings) have always been very popular and are now often requested by stakeholders. In addition, the “tool kits” and Most Frequently Asked Questions manual are widely requested and used.

Grantees of the McKinney-Vento Education of Homeless Children and Youth Program are required to submit quarterly reports which include the number of homeless children...
and youth identified, in addition to the services provided to McKinney-Vento eligible students. In prior years, the number of homeless children and youth served by the local education agencies were self reported by the LEAs. Beginning this year, required data elements will be collected through the New Jersey Department of Education’s NJ SMART system.

The New Jersey Department of Education’s McKinney-Vento Education for Homeless Children and Youth Program and the Department of Children and Families’ Children’s Interagency Coordinating Councils (CIACC) are currently planning a partnership to promote collaborative efforts between public and private systems to improve the well being of New Jersey’s children, youth and families. The CIACC partnership will specifically provide cross-training, shared services, collaboration and engagement of numerous key providers for early prevention/intervention systems.

**Department of Human Services**

**Department of Human Services – Division of Family Development**

**Contracted Early Childhood Services with Intermediary Agencies**

**KEY**

CCC = child care center

DLL = dual language learners

DCF = Department of Children & Families

NJICCP = NJ Inclusive Child Care Project

SFTECE = Strengthening Families Through Early Care & Education

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Page 41 of 78
The Division of Family Development in the Department of Human Services oversees the federal Child Care Development Block Grant funding for low income families and sets policies for child care vouchers for low income families. Children in protective service receive the highest priority for child care vouchers followed by children with special needs. Homeless families do not receive any priority for assistance. Seventy percent of the participants must be on the federal anti-poverty program Temporary Assistance to Needy Families (TANF), transitioning off TANF or at risk of being dependant on TANF.52

According to the Child Care Viewer Report of October 2010, 21,755 children received child care subsidies. Of this number 1,153 children in protective services under the age of five received a child care subsidy. This was determined by using the total Child Protective Service (CPS) population of children receiving child care subsides of 1,720 and subtracting the average of 33 percent of school age children (567). In addition, 12,816 children received state subsidized wraparound payments for services in former Abbott districts in the month of October 2010.53 According to interviews with department staff, in Oct 2011 there were over 6,000 children from low income families on waiting lists for child care vouchers.54

According to interviews with staff,55 the Division of Family Development provides applications and materials in English and Spanish and has used bulletin boards, theater advertisements and bilingual hotlines to promote services for families. The division contracts with county based Child Care Resource and Referral Agencies to provide outreach in each county to children and families and manage vouchers for child care and wrap around services in the former Abbott districts. DHS’s data system identifies the number of children in protective service served as well as the number of parents who are working or receiving TANF.

The Department of Human Services has an MOU with the Department of Children and Families to provide post adoption child care for children up to age five, a contract with the Statewide Parent Advocacy Network to support children with special needs in child care and a sub-contract with Thomas Edison State College for a summer training institute for teaching staff who work with dual language learners.
Department of Health and Senior Services

Department of Health & Senior Services
Early Childhood Services for Targeted Populations

KEY
DCF = Department of Children & Families
MOU = Memorandum of Understanding
* Contracted services

DOE = Department of Education

Early Intervention - Part C IDEA

The New Jersey Department of Health and Senior Services (DHSS), the lead agency for the Part C Early Intervention System since 1993, with the advice and assistance of the State Interagency Coordinating Council (SICC), has developed a vision and mission that guide and direct the Part C Early Intervention System of supports and services. The SICC is mandated to include a representative from preschool special education in the Department of Education, child care operations in the Department of Human Services, Head Start and parents.56
DHSS implements Early Intervention services through Regional Early Intervention Collaboratives (REICs), county Service Coordination Units, and contracted service providers. Early Intervention services are designed to address a problem or delay in development as early as possible. They are provided by qualified personnel in natural environments -- settings in which children without special needs ordinarily participate and that are most comfortable and convenient for the family. Funding for Early Intervention services is provided through federal and state allocations as well as private insurance and family co-pays based on a sliding fee scale.57

According to interviews with Department of Health and Senior Services staff58, Early Intervention outreach activities include a toll free referral number, links with multiple websites, literature sent to physicians’ offices and ongoing training with physicians. Each year DHSS analyzes annual performance data and referral trends with the REICs to develop regional Child Find plans for outreach to underserved populations.

DHSS has an MOU with the Department of Education for transition to preschool special education and with the Department of Children and Families to meet federal Child Abuse Prevention and Treatment Act (CAPTA) requirements.

**NJ Parent Link** is a statewide website initiative made possible by the work of the New Jersey Early Childhood Comprehensive Systems Team. The focus of the website is to highlight state services and resources. Federal, nationally-respected, and community partner resources are also included. The goal of the website is to improve the accessibility, coordination and delivery of information and services to parents of young children, and to improve communication capabilities for ongoing service collaborations and policy development. Linkages throughout the website are quite comprehensive and are designed to facilitate parents’ and professionals’ ease of use and engagement with government services and community resources.

The NJ Parent Link website received over 700,000 hits over the past year and a half, and averages 3,200 visitors a month. It has been recognized by the National Association of State Chief Information Officers as a Best Practice Model for Innovative IT/Digital Communication between Government and Citizens.59

“Administrative assistance for the maintenance of **NJ Parent Link** is provided by the Department of Health & Senior Services (DHSS), Department of Human Services (DHS), Department of Children & Families (DCF), Department of Education (DOE), Department of Environmental Protection (DEP) and Department of the Treasury.”60
Department of Children and Families

The Division of Youth and Families (DYFS) is New Jersey's child protection and child welfare agency within the Department of Children and Families (DCF). DYFS is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment. According to interviews with Department of Children and Families staff, DFYS' outreach to potential underserved populations includes offering the Child Abuse Hotline in multiple locations.
languages, targeting specific recruitment to hire bi-lingual staff in local offices, funding Differential Response programs in six counties, and providing mandated training on recognizing and reporting abuse for law enforcement, schools, and child care programs. DYFS is also working with the Pediatric Council on Research and Education (PCORE) to train health care providers on recognizing signs of abuse, reporting requirements, and how to support families in crisis.

DCF maintains an MOU with the Department of Human Services (DHS), Division of Family Development to provide child care subsidies for adopted children up to age five, and an MOU with the Department of Health and Human Services, Early Intervention System to meet CAPTA requirements. An MOU with the Department of Education (DOE) is in process. DCF is responsible for a federally mandated Task Force on Child Abuse and Neglect whose members are appointed by the Governor. DHS, DOE, Head Start, SPAN, Advocates for Children of New Jersey and some early childhood representatives are members of the Prevention subcommittee of the Task Force.62

**Division of Prevention and Community Partnerships**

Also within DCF, the Division of Prevention and Community Partnerships (DPCP) “focuses on building a continuum of child abuse prevention and intervention programs that are culturally competent, strengths-based and family-centered, with a strong emphasis on primary child abuse prevention.”63 Within DPCP three offices oversee prevention initiatives for children and families birth to age six. The Office of Early Childhood Services (OECS) uses federal and state dollars to fund evidence based Home Visitation programs and the Strengthening Families through Early Care and Education program. The Office of Family Support Services funds a statewide network of 37 Family Support Centers as “one-stop” shops that provide wrap-around resources and supports for families before they find themselves in crisis. The Office of Domestic Violence Services in DPCP funds 22 Domestic Violence shelters operated by non-profit agencies. Local shelters receive federal and state grants and seek private funding.64 A detailed description of the services provided by each of these offices is provided in Appendix B: Early Childhood Prevention Services.

OECS promotes outreach and early identification of pregnant women/families for Home Visitation and other community services through local systems building and central intake. Outreach strategies for these initiatives include translating materials for families in multiple languages, requiring grantees to develop local outreach plans for meeting the needs in their community, and mandating parent-majority advisory boards representative of the community for each Family Success Center.65

**Example of Inter-department Collaborations to reach underserved populations: Department of Children and Families (Child Welfare and Prevention)**
While DCF holds the responsibility for child protection and child welfare, other state departments coordinate resources to serve this vulnerable population. The State Plan for the Child Care Development Fund (CCDF) in the Department of Human Services designates the highest priority for child care subsidies to children in protective services. However, DHS does not waive the work requirement for foster families to receive vouchers for child care assistance.\textsuperscript{66}

Children in foster care are categorically eligible for Head Start and Early Head Start, regardless of family income. The Head Start State Collaboration Director is developing connections between DOE and DCF to promote better understanding of Head Start and improve coordination of services to targeted populations at the local level.\textsuperscript{67}

\textit{Evidence based home visitation (EBHV)} programs promote early childhood education through long-term positive parent/child interactions. According to interviews with staff\textsuperscript{68}, the EBHV models funded in New Jersey focus on prenatal, infant/child and family health, parent-child relationships and parent education, positive child development, and family support and well-being. These programs also work to ensure early literacy and school readiness, and value the parent as the child’s first teacher. DCF works closely with Department of Human Services (DHS) and the Division of Family Development to ensure that low income, at-risk families are linked to services, as appropriate.

Outreach strategies to support early identification and referral of pregnant women/, parents and families for home visitation and other community services begins through state and local systems linkages with maternal and child health (MCH), social services and early childhood providers. In some counties, this systems approach has resulted in the establishment of central coordination/central intake (refer to Appendix B for a diagram of New Jersey’s systems-building model). Outreach strategies also rely on partnerships with local grassroots organizations and MCH patient navigators. EBHV programs are required to have interagency agreements with prenatal care and other local health and social service providers. They are also required to organize local advisory boards that include parent participants. EBHV programs have bilingual/bicultural staff. They ensure that program materials are translated into multiple languages, as needed within target communities.

Through the new federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiative, expansion of Home Visiting systems integration is enhanced through formal links between DCF and the Department of Health and Senior Services (DHSS) as the lead administrative agency to facilitate joint planning, outreach and early identification. Over the next year, this expansion will increase New Jersey’s evidenced based Home Visitation capacity by about 20 percent, from nearly 3,000 families to about 3,600 families.
Chart 4.1 EBHV models in NJ’s MIECHV plan

<table>
<thead>
<tr>
<th>Model</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Families (HF) – Pregnancy to age three</td>
<td>21 counties</td>
</tr>
<tr>
<td>Nurse-Family Partnership (NFP) – Pregnancy to age two</td>
<td>12 counties</td>
</tr>
<tr>
<td>Parents As Teachers (PAT) – Pregnancy to age five</td>
<td>5 counties</td>
</tr>
<tr>
<td>Home Instruction to Parents of Preschool Youngsters (HIPPY)</td>
<td>1 county</td>
</tr>
</tbody>
</table>

Strengthening Families New Jersey (SFNJ) is a partnership between DCF Division of Prevention and Community Partnerships, Office of Early Childhood Services, and the Department of Human Services, Division of Family Development. Through SFNJ, the Child Care Resource and Referral agencies have designated training staff that work with participating child care centers in all 21 counties. The staff at the child care centers embodies the SFNJ principles in their work with families. In 2011, the Strengthening Families through Early Care and Education initiative reached about 12,000 children in 180 childcare centers. Beginning in 2011 SFNJ will begin training a small group of family child care providers -- two per county -- to expand the reach of SFNJ in a new direction. DCF has translated the Strengthening Families through Early Care and Education parent information packet into 16 languages.69

Example of Fragmented Government Services to Underserved Populations: Children with Special Needs

For the purposes of this study, we have defined children with special needs very broadly to include physical, mental, educational and/or health conditions. This broad definition is necessary as different federal and state programs have varying definitions of disability. In order to access services, families must complete different applications and children are eligible for services based on different criteria.

For instance, a child between birth and three years of age is eligible to receive services from New Jersey Early Intervention (Part C of Individuals with Disabilities Act-IDEA) with at least a 33 percent delay in one and/or a 25 percent delay in two or more developmental areas. Those areas include physical, cognitive, communicative, social/emotional, and adaptive.70

From age three to five, children with disabilities receive special education services from the local school district based on a different set of criteria (Part B of IDEA). To be eligible for special education and related services a student must have a disability according to one of the eligibility categories; the disability must adversely affect the
student’s educational performance; and the student must be in need of special education and related services.\textsuperscript{71}

Some children with disabilities may qualify for support from the Division of Developmental Disabilities. “To be eligible for services individuals must show that they have a severe, chronic physical and/or mental lifelong impairment that manifests in the developmental years, before age 22, is lifelong and substantially limits them in at least three of these life activities: self-care; learning; mobility; communication; self-direction; economic self-sufficiency; and the ability to live independently.”\textsuperscript{72} However, advocates comment that DDD does very little for young children beyond occasionally providing some respite funds for their parents.

To further complicate access to services each of these federal programs is operated from a different department in state government. Early Intervention is housed in the Department of Health and Senior Services, special education regulations fall under the Department of Education and the Division of Developmental Disabilities is located in the Department of Human Services. The definition of “special need” varies by each department which results in diverse outreach strategies.

Because funding is channeled through different departments, collaboration at the local level is inconsistent. Head Start programs report difficulties in collaborating with school districts to reach Head Start’s mandated 10 percent enrollment of children with special needs.\textsuperscript{73} Documented increases in the number of children placed in inclusive child care centers in former Abbott districts has not been replicated in other districts.\textsuperscript{74} Although family child care homes serve children with special needs, they are rarely considered as placement for preschoolers with disabilities and typically only provide wraparound services with little support from the local school district.\textsuperscript{75} Federal policy allows for a higher rate of reimbursement for child care vouchers for children with special needs which New Jersey allocates for family child care homes but not for child care centers.\textsuperscript{76}

**Opportunities for future collaboration and outreach: New Jersey’s Race to the Top Challenge Grant**

New Jersey recently applied for the Race to the Top - Early Learning Challenge grant opportunity. According to staff in the Department of Education,\textsuperscript{77} in the grant application, New Jersey proposed to establish Councils for Young Children in each county. This is a strategy New Jersey would utilize to outreach and inform families of early childhood education programs. County-level Councils will provide a direct forum for family participation, empowering families to make decisions and provide feedback on New Jersey’s tiered Quality Rating Improvement System, Grow NJ. The composition of county-level Councils will include local representatives from businesses, Head Start/Early Head Start, child care resource and referral agencies, local libraries and other relevant organizations, with at least 51 percent representation from families.
New Jersey also proposed to create County Technical Assistance (TA) Teams, which would be based at county level Child Care Resource and Referral Agencies through the Race to the Top - Early Learning Challenge grant opportunity. These County TA teams would assist all learning and development programs as they implement each component of New Jersey’s tiered Quality Rating Improvement System, Grow NJ. County TA team composition will mirror the key positions in the State Preschool Program, Head Start programs, family engagement programs, and health services organizations, and will bring best practices in early learning, health, special education, and family engagement and services to the staff at each early care and education setting for birth to five children through training modules.

Grow NJ, the state’s tiered Quality Rating Improvement System, will leverage existing state resources to provide consistent standards and supports to all programs serving children with high needs. With the Race to the Top - Early Learning Challenge grant opportunity, New Jersey plans to equip leaders and early childhood educators with common early learning and program standards for all program areas by implementing Grow NJ in the sites serving children with high needs. New Jersey will also implement a system of technical assistance and professional development, incentives, ratings, and publicity to facilitate use. Grow NJ will systematize the quality improvement process. Also, with the RTT-ELC grant, New Jersey will integrate the following data systems to share critical information about programs, workforce, and children within the confines of state and federal law:

- New Jersey’s Department of Education data system, NJ SMART, already assigns unique identifiers to preschool children.
- The NJ Workforce Registry has a flexible infrastructure and has numerous features and functions that can be accessed by individuals, sites/directors, professional development providers, and state agencies.
- The New Jersey Early Intervention System has a unique child identifier, site identifier, and collects information about the infant or toddler and each service provider.
- The State’s Licensing Information System has unique site and educator identifiers with both historical and current licensing information.
Overview of State Government Services

Access to Early Childhood Education Programs

**KEY**
- CCR&R = Child Care Resource & Referral
- EI = Early Intervention
- DYFS = Division of Youth & Family Service
- REIC = Regional EI Collaborative
- Funded or Regulated by:
  - Blue-Dept. of Health and Human Services
  - Red-Dept. of Education
  - Orange- Federal Dept of Health and Human Services
  - Purple- Dept. of Human Services
  - Green-Dept. of Children and Families

Outreach to underserved populations in New Jersey is a complex array of services with differing requirements and points of entry across multiple departments. The BUILD NJ Early Childhood Initiative recommends better collaboration among state departments.
“Early care and education cuts across several domains: health care, child care, education and parent support. These must be coordinated more effectively to improve quality, expand access and ensure a comprehensive approach to supporting the development of young children. This will build better programs and maximize return on taxpayer dollars.”

In some cases formal links between departments were identified through interviews either as MOUs or by staff participation on joint committees. The Race to the Top – Early Learning Challenge grant application has identified several opportunities for systems building collaboration among various entities. The Council for Young Children provides a forum for discussion of the issues raised in this report on Outreach to Underserved Populations.

Each department has created dedicated funding or incentives to increase capacity and quality of services to targeted populations. There were several examples of pooling funds and joint planning across departments (Abbott Implementation and wraparound services, Strengthening Families New Jersey, Home Visiting program). During Abbott implementation the Departments of Human Services and Education provided technical assistance on successful partnerships and strategies for braiding funding. The Department of Children and Families in particular provides funding incentives which foster collaboration and has translated materials into multiple languages.

Head Start promotes developmentally appropriate, linguistically and culturally valid assessment tools and cultural competence has been infused into state early learning guidelines. The NJ Parent Link website in the Department of Health and Senior Services provides comprehensive information for families and offers translation services. Early Intervention and - the Department of Children and Families’ State Central Registry (SCR) use a toll free number in multiple languages for referrals.

The Department of Human Services prioritizes enrollment of children in the voucher system for those under protective service and those with special needs, but not for homeless or migrant populations when there is a waiting list.

New Jersey’s Race to the Top application follows best outreach practices by establishing common standards for quality through a quality rating system and funding specialists to help providers meet the needs of targeted populations.

The Council for Young Children has identified improving data collection to better understand who is serving the targeted populations and identify which populations are not receiving services. It is hoped that this effort will lead to creating a technology based information system that provides for the transfer of child education and health information among programs and schools as they work together to support positive child outcomes.

*Interviews with state government representatives for this report identified a lack of understanding between departments regarding the details of the various services for*
children birth to age five; multiple definitions for “underserved populations;” inconsistent data collection of the targeted populations; differing eligibility requirements, application processes, referral procedures, and priority for services; and lack of coordinated outreach efforts to at risk children and families. Recommendations for improved outreach to targeted populations based on research are included in Section Seven and Eight.
SECTION SIX: THE ROLE OF NEW JERSEY’S INTERMEDIARY ORGANIZATIONS

Intermediary agencies receiving state or federal funds to implement services for children birth to five were identified and interviewed to explore how services are provided to hard to reach populations. The agencies included in the study were selected because they had one or more contracts with the state government offices identified in Section Six to provide services to the targeted populations. These agencies provide a snapshot of outreach activities but only represent a small sample of the breadth of intermediary organizations providing services to children and families birth to five in New Jersey.

Chart 6.1: Intermediary Agencies and Populations

<table>
<thead>
<tr>
<th>Agency</th>
<th>Underserved Population</th>
</tr>
</thead>
</table>
| New Jersey Association of Child Care Resource and Referral Agencies | Low Income  
Protective services  
Special needs  
Military |
| County Boards of Social Services                             | Homeless  
Low Income  
Immigrant  
Protective Services |
| Catholic Charities, Diocese of Metuchen                      | Homeless  
Low Income  
Dual Language Learners  
Immigrant  
Special Needs  
Protective Services |
| Family Success Centers                                       | Protective Services  
Low Income  
Dual Language Learners  
Immigrant |
| Prevent Child Abuse NJ/Family Worker Project                 | Special Needs  
Low Income  
Dual Language |
| Regional Early Intervention Collaboratives                    | Homeless  
Immigrant  
Dual Language Learners  
Low Income  
Military |
| Statewide Parent Advocacy Network                            | Special Needs  
Immigrants  
Dual Language Learners  
Protective Services |
While interviews conducted with state government agencies reveal gaps in coordination of outreach activities, the intermediary agencies paint a very different picture. Interviews with various intermediary agencies revealed that they collect the most comprehensive data on the target populations and provide a wide range of outreach activities which closely match the recommendations based on research. Most significantly, intermediaries are more likely than either state government agencies or early care and education providers to base future outreach activities on the results of data collected at intake and referral. Representatives from intermediary agencies participate in multiple state and local interagency councils and advisory groups and are frequently the lead agency on those bodies. Highlights of the efforts of intermediary agencies are provided below. Descriptions of each agency and their outreach efforts are included in Appendix C: Intermediary Agency Interview Notes.

**Recruitment**

**Child Care Resource and Referral Agencies (CCR&Rs)** advertise in newspapers and phone books, in movie theaters, on billboards, through flyers placed in laundromats and grocery stores, by attending job fairs and health fairs and back to school nights in underserved school districts.

**County Boards of Social Services**' outreach activities include information on their website, NJ HELPS on-line application, coordination with community based groups that serve targeted populations, newsletters to clients and agencies, and placing flyers throughout the community. The most effective strategies involve networking in the community (hospitals, family service centers, other county agencies) and working to weave loose relationships into strong community coalitions.

**Catholic Charities, Diocese of Metuchen (CCDOM)** recruits for foster families through advertisements, placing flyers and brochures in the community, and attending fairs and events. Referral from other foster families is their most effective recruitment strategy. The Immigration Services Unit provides training on immigration issues throughout the parish, at events, schools, domestic violence centers, and homeless shelters as well as advertising services on the CCDOM website. According to interviews, key factors in working with the immigrant population is up to date knowledge of what is happening in the rest of the world (war, disasters, civil unrest) and an understanding of cultural differences which can be barriers to understanding and accessing services. The Immigration Services Unit offers sliding fees to clients and those who cannot afford the services are subsidized by CCDOM.

**Family Success Centers** attract hard to reach populations by conducting continuous outreach. Staff attend community events, church services, school meetings, health and
social service fairs, distribute flyers throughout their service area especially in more remote areas and use social media.

Family workers trained by Prevent Child Abuse NJ (PCANJ) coordinate with child care centers to help recruit families in targeted districts through centralized registration, fairs with multiple providers, cable TV, banners in town, knocking on doors, and contacting community agencies and businesses. PCANJ supports Family Workers’ outreach efforts by hiring multilingual staff, providing comprehensive training, conducting regular meetings to share strategies and providing individual supervision including role play situations for working with families.

The Regional Early Intervention Collaboratives use data on the source of referrals as well as information collected at intake to determine underserved populations and then target annual Child Find outreach strategies using mailings, brochures, and literature to places where the underserved populations are likely to go, such as physicians’ offices, child care programs, clinics, and hospitals. According to interviews with an REIC director, the most effective outreach strategies are face to face presentations on Early Intervention services with agencies that serve the target population as well as developing ongoing relationships with agencies.

In order to reach immigrant families and dual language learners information on the Statewide Parent Advocacy Network’s (SPAN) website is available in 22 different languages as well as a multi-language telephone service. SPAN links to multiple websites of interest to families and offers a unique bi-directional translation service for Spanish-speaking families to send and receive emails with schools and other agencies. SPAN hires a diverse staff and then asks families where they go for information. Every staff person has outreach in their job description and is told to help families find services through multiple partners. SPAN conducts follow up interviews with participants that include a question “where did you find us?” The most effective strategy is parent self-advocacy training. The SPAN Resource Parent (SRP) leadership training engages 200 families every year and requires participants to volunteer two hours per week in their community. These parent volunteers become “trusted messengers” in their communities and by attending PTA meetings, health and resource fairs and other events are able to significantly expand SPAN’s outreach activities.

Networking

Committees/councils identified through interviews include the New Jersey Council for Young Children, New Jersey Family Child Care Organization, New Jersey Association for the Education of Young Children, Coalition of Infant/Toddler Educators, New Jersey Association of Child Care Resource and Referral Agencies, New Jersey Early Care and Education Alliance, MAP to Inclusive Child Care Team, Prevent Child Abuse NJ, Statewide Parent Advocacy Network, DYFS, the New Jersey Immigrant Policy Network, the Department of Homeland Security, Military Family Life Association, the Military Child Education Coalition, and various statewide networks of mental health providers and physicians.
At the county level, Human Service Advisory Boards, Welfare Investment Boards, Boards of Social Services and Early Intervention were identified.

Locally intermediaries connected with Family Success Centers, Head Start programs, school districts, Preschool Advisory Councils, child care providers, foster families and birth parents, military bases and National Guard and Coast Guard installations. Some of the examples of the types local organizations mentioned were the Alliance to End Homelessness, City Health Collaborative, HEARTH continuum of care, Union Family Partners, Coalition for Coordinated Transportation Services, Anti-Hunger Coalition and various Hispanic outreach organizations.

**Data Collection**

CCR&Rs use NACCRAware to track information on families who use their services. Information is recorded on family income, children with special needs, under protective services and dual language learners. Homeless, immigrant, migrant and military families are not tracked in the system. According to interviews with one agency, word of mouth and the phone book have been the most successful in their county.

Information on client services at County Welfare Boards is tracked through 16 different data systems based on requirements from each funding stream as well as monthly point in time surveys to determine homelessness. The state is developing a Consolidated Assistance Support System (CASS) to integrate multiple data base systems.

According to staff interviews, Catholic Charities Diocese of Metuchen programs use the Harmony system at intake to record family income, immigrant status, military status, homelessness, home language, special needs, and involvement in protective services.

Rather than using a formal intake form, Family Success Centers collect information about families as they access services and family participation is recorded through Data Filemaker Pro. The system reports on migrant workers, homelessness, DYFS involvement, children with special needs, and home language. Immigrant status and income information is not required, but is sometimes identified if the family requests services that require eligibility. Military service is not tracked.

Prevent Child Abuse tracks involvement of at risk populations through monthly reports which identify children served, ages, and referrals for services (DYFS, medical, education evaluation, housing, nutrition, substance abuse, employment, job training, food stamps, and Women, Infants and Children (WIC) program).

Regional Early Intervention Collaboratives’ data is collected at intake from families, including the child’s age, race, ethnicity, primary language of the parent and child, family income, and homelessness. Referrals are tracked to determine future outreach planning.
SPAN uses a Contact Management system at intake to track services to various populations including race, ethnicity, language, child’s age, homeless status, involvement in protective services, military status, and migrant status. SPAN staff only ask about income if parent self identifies financial need.

**Intermediary Agency Outreach Practices**

Intermediary agencies were more efficient at collecting intake and referral data on families and using this information to plan future outreach strategies, hiring staff reflective of the community, using trusted messengers, and providing translation services.

The intermediary agencies interviewed for this report collect significant data on underserved populations which typically are reported to their funding sources. Since the agencies are funded by different state departments, the data is not shared across systems. Intermediary agencies could use their data to create reports on services and share these with elected officials and government representatives in departments beyond those of their primary funding to more broadly promote family friendly policies and practices for outreach to at risk and high need populations.

Early childhood education providers would benefit from the specialized expertise of the intermediary organizations. Some agencies reported providing direct training and support to early childhood education providers however there was very little cross-agency training for those who serve young children (child care, Head Start, school districts, Early Intervention, Child Welfare, etc). Research has identified cross-agency training as a cost effective outreach strategy to serve at risk populations.

The Council for Young Children’s Data Committee should review level of service reports from intermediaries that are funded by various departments when researching targeted populations. In addition to statewide data collection systems, the Data Committee may want to request additional information from the intermediaries in order to more accurately access gaps in services.
SECTION SEVEN: RESEARCH RECOMMENDATIONS FOR TARGETED POPULATIONS

The following recommendations and best practices are taken directly from research studies on each of the targeted populations. Strategies are listed as they appear in the research studies cited and are not necessarily in order of priority. Different research studies have identified some of the same strategies and as a result the recommendations sometimes overlap or repeat. This is evidence that certain recommendations are effective for multiple high risk populations.

Recommendations for Outreach to Low Income Families

Child Care Subsidies: Strategies to Provide Outreach to Eligible Families Care outlines strategies for outreach to low income families currently implemented in various states and includes multiple avenues for system, marketing and partnership opportunities: 79

- **System strategies** include using a toll-free number for child care referral, mailing to families that have exited the welfare system, coordinating with state unemployment services, simplifying the application process (such as combining the application with school meals), and allowing parents to complete applications at multiple points of entry.

- **Marketing strategies** include taking ads in papers, radio and internet, placing information at college financial aid offices, in employer paychecks, social and health agencies, public schools, child birth information classes and new baby packets at hospitals.

- **Partnership strategies** include hiring capacity building specialists at child care resource and referral agencies, training child care providers on the subsidy application process, using parent volunteers for outreach in the community, and partnering with local coalitions and community based organizations.

Recommendations for Engaging Immigrant Families

The Challenges of Change, Learning from the Child Care and Early Education Experiences of Immigrant Families identified the following recommendations:

- Increase targeted programs in immigrant communities either through outreach to specific populations or by starting programs in conjunction with immigrant serving populations.

- Reach families where they are through face to face conversations.

- Increase the supply of child care through dedicated contracts rather than using the fragmented voucher system to ensure program availability.
Provide access to full-day, full-year programs which meet the needs of working immigrant families.

Expand eligibility for child care subsidies where the law permits to include immigrant families.

Clarify immigrant eligibility rules and simplifying enrollment to avoid fear of repercussions for enrolling young children in publicly funded preschool programs.

Use trusted messengers from within the immigrant community to explain the importance of early education programs.

Create a language access plan for dual language learners to guide language accusation in both languages.

Co-locate services to improve access and availability for families with limited resources.

**Policy Recommendations for Serving Immigrant Populations**

Recommendations from *Early Education Programs and Children of Immigrants: Learning Each Other’s Language*

- Link federal Child Care Development Block Grant funding to Head Start programs thereby expanding eligibility for services to immigrant families
- Prioritize English language learners for funding which affords children increased access to services without targeting immigrant families.
- Create dedicated funding to support planning grants or incentives for state education agencies to expand the use of Title I funds for early education, which would expand the availability of quality early education programs.
- Improve data collection to better understand how school districts are serving young children, with specific data points for dual language children.
- Provide grant funding for family literacy models that can target immigrant families
- Encourage states to use early childhood advisory councils to address the early childhood needs of young children in immigrant families through better demographic data on children, families, and the early childhood workforce.
- Infuse cultural competence and guidelines for addressing the needs of dual language learners in early learning guidelines and quality rating systems
- Promote the Head Start Multicultural Principles to a broader audience, including state pre-kindergarten and child care subsidy administrators.
- Work with the Child Care Bureau to promote partnership models between Head Start, child care centers, family child care providers, and schools to serve additional eligible children for a full day and year and share resources, including those designed by Head Start to serve children in immigrant families.
Help under-enrolled programs identify immigrant and other underserved communities and design programs to meet the needs of those children, through training, partnerships with immigrant-serving organizations, and technical assistance.

The National Center for Cultural Competence at Georgetown University also recommends the use of “cultural brokers.” In Bridging the Cultural Divide, NCCC defines cultural brokering as “the act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.” Cultural brokers can serve as liaisons, mediators, cultural guides, and catalysts for change.82

Program Recommendations for Serving Dual Language Learners

In 2008 the Office of Head Start identified key practices toward successful language development at the program level.83 These include:

- Develop trainings and materials that help the workforce understand principles, best practices and benefits of supporting dual language learners while also supporting a multilingual workforce.
- Create a developmentally appropriate language and literacy assessment for young children learning two languages.
- Enhance family involvement through outreach and dissemination of information that is culturally and linguistically appropriate.

Lessons Learned from Military Child Care

Lessons learned from the transformation of the military child care system from 1980 to 2000 provide insight into successful policies and practices for outreach strategies to underserved populations. Key recommendations from “Be All That We Can Be” report are provided below:84

- By emphasizing workforce impact and children’s welfare the military was able to draw congressional attention and action to improve their child care system.
- Assessing gaps in services and acknowledging the consequences of inaction are crucial to measuring unmet need and developing a plan with specific goals and timetables.
- Improving quality, affordability and accessibility of early childhood programs is costly and will succeed if policy makers commit the necessary resources.
- Establishing comprehensive standards and rigorously enforcing them through unannounced inspections and meaningful sanctions for violations leads to improvements in care.
- Enhancing provider training that is tied to increased compensation instills a sense of professionalism and decreases staff turnover.

- Improving workforce readiness can be achieved by addressing families’ needs through subsidies and parent fees based on family income, providing accessible care at times when families need it, arranging a toll free number for complaints, and using a single point of entry that links parents to centers, family child care homes and resource and referral services.

- Using a comprehensive approach that includes all types of ECE settings is necessary to expand capacity and address unmet demand. The military use a combination of on and off base child care centers as well as family child care homes to help meet demand.

- Providing a high quality, culturally competent program that meets the diverse needs of children can be attained by providing regular pay increases linked to training hours, ensuring adequate facilities that meet health and safety requirements, using training and curriculum specialists to improve program quality and by supporting accreditation or some other external validation of quality.

- Child abuse prevention and detection measures need to be in place to ensure child safety and wellbeing.

Recommendations for Engaging Homeless Families

The Supporting the Literacy Development of Children Living in Homeless Shelters study conducted multiple interviews and observations in southern California and western Tennessee. The study focused on the needs of school age children, but the lessons learned apply to early childhood settings as well. According to McGillivray, school should be a place of refuge, comfort and stability and recommends the following strategies for administrators, teachers, children, and families.85

- **Administrators**: have high expectations while paying attention to basic academic, personal and social needs: schedule intake meetings and academic assessments upon entry; bring community resources to the site; educate staff on the rights of the homeless and community resources (especially the public library); ask families what they need.

- **Teachers**: implement welcoming routines for any time a new child enrolls, assign peer buddies to help new children adapt, make the classroom feel homey, use an expanded definition of “home”, allow children to talk about their experiences and dreams, be flexible and thoughtful in relationships with parents such as offering phone conferences or interactive journals as an alternative to in-person conferences;

- **Parents**: share children’s behavior and other information with teachers;

- **Children**: need moments of quiet time during class, opportunities to build friendships, and conversations about classroom expectations and routines.
Recommendations for Engaging Migrant Families

Kloosterman et al. provide several recommendations for combining Head Start, child care and public pre-kindergarten resources to better serve children of migrant and seasonal workers.  

- Foster awareness of and sensitivity to linguistic, cultural, and migratory work issues unique to farm worker families among federal and state child care decision makers as they shape early education policies and guide practice.
  - Have Head Start staff help families fill out child care vouchers for extended services, prioritize migrant families for child care vouchers and use quality set aside funding to support services to migrant families, implement provisions that address income fluctuations for qualifying for vouchers.
- Work across systems to identify barriers to collaboration and when possible issue joint statements from Head Start, child care and public pre-kindergarten administrators which emphasize the importance of blending services and funding at the local level.
  - Create a technology based information system that provides for the transfer of child education and health information among programs and schools as they work together to support positive child outcomes
- Strengthen local migrant and seasonal Head Start, child care and public pre-kindergarten provider collaborations
  - Provide funding incentives which foster collaboration, provide technical assistance on successful partnerships and strategies for braiding funding, create written partnership agreements which encourage collaboration among early childhood agencies to recruit, select, enroll, and provide services to migrant families

Recommendations for Reaching Children with Special Needs

As a result of the national trend for under and over representation of certain populations, state Early Intervention systems have undertaken various outreach efforts targeted to reach underserved infants and toddlers. The National Association of State Directors of Special Education (NASDSE) NASDSE study identified several promising practices:

- At the systems level: sharing data across systems, sharing translation capacity across state agencies, use of internet to disseminate information in multiple languages, pooled funds and joint planning, and most importantly, flexible systems to meet ever changing needs of children and families as well as shifting demographics.
Publicity efforts identified in the NASDSE study included websites with translation capability, collaboration with racial/ethnic organizations, translation of materials into multiple languages, referral phone lines which offer information in multiple languages, advertising in newspapers, grocery store ads and ethnic specific publications and radio.

The study identified successful coordinated outreach strategies such as collaboration with schools, community based organizations and the medical community, as well as county level early childhood interagency teams.

Several states in the NASDSE report identified personnel policies such as recruiting staff fluent in multiple languages and offering cultural awareness training.

Barriers identified by the NASDSE study involved difficulties approaching close-knit ethic communities and recruiting service personnel (specialists, therapists, special educators) trained in multilingual strategies.

### Strategies to Engage Children under Protective Services

The Administration for Children and Families in the US Department of Health and Human Services recognizes that connecting the child welfare system and early childhood programs is in the best interest of all children. "Promoting children's optimal development by ensuring high-quality early care, as well as early detection and early intervention services can result in better safety, permanency, and well-being for infants and young children being served by both child welfare and early childhood programs." Culter et al identify strategies for improving access to early childhood education programs for children in the child welfare system which incorporate systemic change as well as increasing cross system knowledge of everyone involved with children. These recommendations include:

- Develop Memoranda of Understanding (MOU) between agencies serving children in the child welfare system (courts, child protection, early intervention, special education, early care and education) to improve collaboration, provide consistency in the referral process and reduce confusion about the roles of the various key players in meeting the developmental needs of children.

- Expand the capacity of quality early childhood education programs to enroll at risk children in the child welfare system by requiring publically funded programs to give priority enrollment to children in the child welfare system (including those who still live at home but are under child welfare supervision) and increasing funding for additional slots in Early Head Start/Head Start, child care subsidies and other public early childhood programs.

- Adopt the existing federal option in the State Child Care Development Block Grant Plan to allow parents in the child protection system, as well as foster parents, to qualify for child care subsidies even when they don't meet the work and income eligibility requirements.
- Educate all players in the child welfare system including case workers, foster parents, and court personnel on the benefits of typical early childhood education programs as an intervention for all at risk children in the system, not just those already identified as having a developmental delay. Include information on recognizing high quality early childhood programs and resources for enrolling children and finding assistance.

- Use existing resources to cross-train those working in the child welfare system, Early Intervention, preschool special education and early childhood education providers on child growth and development, recognizing developmental delays, identifying signs of abuse, the impact of trauma on child development, communicating with parents involved in the child welfare system and the integration of planning for children and families across systems.

Most of the children who attend our school and who may be involved in foster care are in the custody of grandparents, so we can remain involved. When children who are placed in ‘non-family’ foster homes are enrolled here by their families, we have taken part in DYFS family conferences on behalf of the children.

One of our children was removed from the home and we worked closely with both the DYFS caseworker and the supervisor to assist with keeping “C” on a regular routine here at school, as well as helping the foster parent cope with the behaviors he was exhibiting in her home. In June “C” was withdrawn from our school because he had been moved once again. This situation was very painful for everyone. We have known this family for over five years and felt helpless in being able to assist and provide a stable base for these children.

Families from “C”’s classroom were asking for him at the end of the year; they wanted to invite him to birthday parties during the summer; it was heartbreaking and difficult to try to answer their questions.

One of our staff had a chance encounter with the kids during the summer; they were still in foster care. Due to confidentiality we have no way to follow up with the children and their foster families. **Child Care Center Director**
Each family is unique and has a complex set of differences. You must take into consideration their upbringing, their views and experiences (or lack of) on raising their child, the tragedies in their life, the drive they have to succeed in life, and how they define success. **Family Child Care Provider**

The Council for Young Children is in a distinctive position to create a public agenda which brings attention to the unique needs of the targeted populations and promote better collaboration and coordination between state government agencies and among representative organizations on the Council.

This section provides a concluding analysis that synthesizes of all key aspects of this study—state and national data, review of the early childhood literature, state and local interviews with key stakeholders in government, intermediary agencies and early childhood education providers. In many areas, the research is consistent with feedback from stakeholder and direct service provider interviews. Further, several key recommendations apply across all of the identified at-risk, underserved populations, i.e. low income, immigrant, homeless, military, migrant, special needs, dual language learners and children in protective services.

**Recommendations for Early Childhood Education Providers**

**Strengthening Public Education and Social Marketing**

- Target mailings and local advertising in places frequented by the target population.
- Place ads in newspapers, radio, internet, schools, grocery stores, college financial aid offices, employer paychecks, health/social service agencies, child birth education classes, hospitals, prenatal/pediatric physicians’ offices/clinics.
- Go where the population goes--face to face meetings.
- Use “trusted messengers” from the community, including parent volunteers and cultural brokers.
- Include military service on applications and provide support/referrals to families if needed.
- Provide incentives for registration and attendance.
- Use a toll free number in multiple languages for referrals.
- Provide in-person or telephone line translation services.
- Improve internet marketing and outreach; establish links with multiple websites, e.g. NJ Parent Link.

**Utilize Procedures and Practices that are Welcoming to Targeted Populations**

- Co-locate services (health screenings, parent education, literacy) and provide referrals to community services.
- Provide technical assistance at the local level to ensure that families access services at different points of entry and meet varying eligibility requirements.
- Ensure that all agencies serving families are knowledgeable about opportunities for support for targeted populations in their communities.
- Review and update agency administrative policies and practices, and seek parent and early childhood partner input to ensure family-friendly services.
- Place the agency’s mission to serve all families prominently on website and materials.
- Accept enrollment applications in multiple locations.
- Provide scholarships for early childhood education programs.
- Provide child care at times when families need it (evenings, weekends, overnight).
- Ensure that materials are culturally and linguistically appropriate (multiple languages, reading level).
- Follow best practices based on research, meeting accreditation or other high program quality standards.

**Services that Focus on Children’s Success**

- Set high expectations while paying attention to basic developmental, personal and social needs.
- Set high quality standards and focus on long term results.
- Implement welcoming routines and using peer buddies to help new children adapt, especially homeless, migrant and foster children who may come and go at various times during the year.
- Schedule intake meetings and developmental assessments upon entry.
- Encourage children to keep pictures and mementos at the program for family members who they do not see regularly (deployed service members, birth parents, extended family, etc).

**Valuing Staff and Promoting Staff Development**
- Participate in cross training with various systems (early intervention, special education, child welfare).
- Link increase in salary to training hours.
- Hire staff that reflects the races and cultures of the community.
- Develop trainings and materials that help the workforce understand principles, best practices and benefits of supporting the target populations.
- Train staff on how to support families, especially in times of crisis.
- Fully utilize the specialized expertise of intermediary organizations.

**Engaging and Supporting Families**

- Promote shared leadership and partnerships with parents/families.
- Use early childhood Strengthening Families Framework to engage and serve families.
- Be flexible and thoughtful in relationships with parents especially those in traumatic situations.
- Keep an up-to-date resource directory and refer families to needed community services.
- Help families fill out applications for other services, as needed.
- Promote parent engagement in child’s education.

**Local Collaboration and Coordination to Better Serve Target Populations**

- Participate in county, regional and/or state advisory councils.
- Educate others on the value of early childhood education.
- Develop MOUs with other agencies.
- Partner with local coalitions.
- Connect with community organizations that work with the targeted populations.
- Coordinate with the local business community.

**Policy Recommendations**

**Early Childhood Education Policy Issues**

- Create a uniform definition of “underserved, high risk” populations and provide guidance for priorities for enrollment when there is a waiting list.
- Promote cross agency training for providers who serve young children (child care, Head Start, school districts, Early Intervention, Child Welfare, etc).
• Integrate New Jersey’s expanding network of evidence-based home visitation programs into the system for early childhood education.

• Recognize and support the role of family child care programs in caring for underserved and high risk populations.

• Establish common standards for quality—support statewide QRIS efforts, promote the Head Start and NAEYC Multicultural Principles and early childhood Strengthening Families Framework.

• At the state level, issue joint statements from Head Start, child care and public pre-kindergarten administrators which emphasize the importance of blending services and funding at the local level.

• Help providers identify underserved populations and design programs to meet the needs of those children, through training, partnerships with community organizations, and technical assistance.

• Develop a single application process for multiple services.

• Promote developmentally appropriate and linguistically and culturally valid assessment tools.

• Create written partnership agreements which encourage collaboration among early childhood agencies to recruit, select, enroll, and provide services to target populations.

• Infuse cultural competence and guidelines for addressing the needs of dual language learners in early learning guidelines and quality rating systems.

• Promote the development and use of early childhood advisory councils to address early childhood needs of young children.

• Work with the Child Care Bureau to promote partnership models between Head Start, child care centers, family child care providers, and schools to serve additional eligible children for a full day and year and share resources, including those designed by Head Start to serve children in immigrant families.

• Adopt the use of cultural brokers as recommended by the National Center for Cultural Competence at Georgetown University. Cultural brokers can serve as liaisons, mediators, cultural guides, and catalysts for change.90

State Level Data Concerns

• Develop a big picture view of NJ’s early childhood needs and services that integrates local, intermediary and state data for underserved populations.

• Request and analyze data from early childhood intermediaries (across departments) to more accurately identify gaps in services and target population needs.

• Improve local/regional data collection to better understand how target populations are being served and identify gaps in services. Use state agencies
and intermediaries to provide needed technical assistance on attaining better demographic data on children, families, and the early childhood workforce.

- Create a technology based information system that provides for the transfer of child education and health information among programs and schools as they work together to support positive child outcomes.
- Create reports on services to share with key stakeholders in government, private foundations and/or elected offices to discuss funding needs and more broadly promote family friendly policies and practices for outreach to high need populations.
- Improve coordinated data collection to better understand how school districts are serving young children, with specific data points for dual language children.

**Ensuring Adequate Funding Support**

- Promote joint planning and pool funding across departments. Provide technical assistance on successful partnerships and strategies for braiding funding.
- Provide funding incentives to foster early childhood collaborations.
- Link federal Child Care Development Block Grant funding to Head Start programs and expand eligibility for services to immigrant families.
- Prioritize English language learners for funding which affords children increased access to services without targeting immigrant families.
- Create dedicated funding to support planning grants or incentives for state education agencies to expand the use of Title I funds for early education, which would expand the availability of quality early education programs.
- Provide grant funding for family literacy models that can target immigrant families.
- Fund a coordinated network of family engagement specialists to more effectively communicate with parents, and help providers meet target population needs.
- Establish dedicated funding for incentives to increase capacity and quality of services to targeted populations.
- Expand state eligibility for federal programs—e.g. non-working foster families access to child care vouchers, immigrant families access to SCHIP, link child care funding with Head Start to allow access to immigrant families, expand use of Title 1 Education funding to early childhood, use Title IV-E Funds-Federal Payments for Foster Care and Adoption Assistance- for child care costs for children in foster care.
FUTURE CONSIDERATIONS

The focus of this report on outreach to underserved populations did not include the complex issue of health care or the special issues of teen parents. These topics should be considered in future studies.

Private pay child care centers (those that do not accept payment subsidies) were selected to participate in the study but did not respond to interview requests. In the future, when interviewing child care providers, we recommend the use of trusted messengers (Child Care Resource and Referral Agencies, the New Jersey Association for the Education of Young Children and the Coalition of Infant/Toddler Educators) to assist in gaining access and cooperation from the providers.

Although this study took into account the unique needs of families of targeted populations, we did not interview families for their opinions and experiences accessing services. This is an important consideration for additional research.

This study did not address the critical issues of access and availability of early childhood education programs. NJACCRRA members report a decline in registered family child care homes, long waiting lists for child care subsidies, and a need for more for infant/toddler care. An analysis of supply and demand should be completed in order to understand the current state of early childhood program availability. Increasing outreach efforts to underserved populations will not help families if they cannot access programs in their communities.

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