



RESEARCH REPORT

OKFutures Needs Assessment

Oklahoma's Preschool Development Grant Birth through Five

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Please refer to appendix A for a full list of acknowledgements and OKFutures partner roles.

Executive Summary

The vision for OKFutures is that all Oklahoma's infants, toddlers, and preschoolers will be prepared for happy, healthy, and successful lives. To accomplish this vision, OKFutures will develop the capacity of families, communities, public agencies, and private organizations to provide children from birth to age 5 equitable and seamless access to the physical, emotional, and educational supports they need to thrive. Oklahoma was awarded a federal Preschool Development Grant Birth through Five (PDG B-5) by the US Department of Health and Human Services' Administration for Children and Families (ACF) in December 2018 to advance these efforts.

The OKFutures needs assessment is the first of five activities to be completed under the Oklahoma PDG B-5 grant. It leverages multiple methods and data sources to identify common themes and key findings. It provides the rationale for a future five-year strategic plan and will inform new efforts to maximize parental choice; share best practices to increase program quality, collaboration, and efficiency; and improve overall quality across the early childhood care and education (ECCE) mixed delivery system. The needs assessment also serves as a baseline against which to measure future progress.

The OKFutures needs assessment is a cumulative assessment of the current ECCE mixed delivery system and a road map for its path to excellence.

Key findings from the OKFutures needs assessment include the following:

- Oklahoma is home to more than 317,000 children from birth to age 5. These children are racially and ethnically diverse, roughly one-third live in rural areas, and many face substantial economic need. Nearly 54,000 of these children are eligible for kindergarten and are unlikely to use ECCE full time.
- About 140,000 children in Oklahoma may be served by one of the state's three primary ECCE programs, which include universal prekindergarten, Head Start and Early Head Start, and licensed child care.
- Roughly 124,000 children in Oklahoma, not yet eligible for kindergarten, are not served by one of the three primary ECCE programs, according to estimates unduplicated to the extent practicable. Some of these children may not need care, while others are on waiting lists or would make use of care if openings were available.

- Unmet need varies between rural and urban communities and is most pressing for infants and toddlers (from birth to age 3), families needing care during nontraditional hours, low-income and lower-middle-income families, and families with limited access to transportation.
- Select ECCE programs offer models for quality, affordability, collaboration with health and family support programs, and transition supports. These programs include the Oklahoma Early Childhood Program, Educare, and Early Head Start–Child Care Partnerships.

Guided by the OKFutures needs assessment, the Oklahoma Partnership for School Readiness (OPSR) and state partners will continue their leadership to ensure a seamless, effective, and efficient ECCE mixed delivery system that meets the needs of all families with young children, especially those who are vulnerable and underserved.

State and Territory Needs Assessment Crosswalk with PDG B-5 Needs Assessment Requirements

Below is an optional crosswalk provided by ACF to summarize the needs assessment requirements included in this document. Page numbers indicate the start of each needs assessment domain, and many domains continue onto subsequent pages.

Needs assessment domain	Corresponding pages
Definitions. Quality early childhood care and education (ECCE), ECCE availability, vulnerable or underserved children, children in rural areas, ECCE system as a whole	4
Focal populations for the grant. Vulnerable or underserved children in your state or territory and children who live in rural areas in your state or territory	10
Quality and availability. Current quality and availability of ECCE, including availability for vulnerable or underserved children and children in rural areas	26, 35
Children being served and awaiting service. Data or plan for identifying the unduplicated number of children being served and unduplicated number of children awaiting services	16, 24
Quality and availability of programs and supports for children	58, 60, 66, 69
Gaps in data or research to support collaboration between programs or services and to maximize parental choice	52
Measurable indicators of progress that align with your state or territory's vision and desired outcomes for the project	75
Issues involving ECCE facilities	47
Barriers to the funding and provision of high-quality ECCE services and supports and opportunities for more efficient use of resources	73
Transition supports and gaps	50
System integration and interagency collaboration	48, 62, 70, 72

The table below shows where stakeholders provided input. Descriptions of partner feedback are interwoven throughout the narrative.

Stakeholder input	Corresponding pages
Parents, family members, or guardians	2, 87
Child care providers from different settings (e.g., center-based, Head Start, home-based)	2, 87
Child care providers from different parts of the state, including rural areas and areas with diverse populations	2, 87
Other early childhood service providers	2, 87
State or local Early Childhood Advisory Council(s) or other collaborative governance entities	3, 78
Key partner agencies	2, 3, 78

Introduction

High-quality early childhood care and education (ECCE) experiences are critical for children's growth and development, families' ability to work, and the future health of society. Between birth and age 5—particularly in the infant and toddler years—children experience rapid brain development, learn language, build neural networks, and create secure attachments to their caregivers.

Evidence shows that early childhood programs can provide important benefits for both children and parents. High-quality preschool programs improve short-term performance in language, literacy, and math and bolster long-term outcomes such as educational attainment, earnings, and avoidance of teen pregnancy and crime—effects that are at least as strong for vulnerable students (Camilli et al. 2010; Elango et al. 2016; Gormley, Phillips, and Anderson 2018; McCoy et al. 2017; Smith 2015). Ensuring all children have access to high-quality early childhood programs is also in society's interest. Research shows that programs can generate large returns for the economy in the form of higher adult incomes of participating children and their parents and from savings that result from lower spending on grade retention, special education, health, and crime (Garcia et al. 2016).

Oklahoma is a national leader in ECCE and is seeking to illuminate and address unmet need across the ECCE mixed delivery system, especially for its most vulnerable and underserved children and families. Oklahoma was awarded a federal Preschool Development Grant Birth through Five (PDG B-5) by the US Department of Health and Human Services' Administration for Children and Families (ACF) in December 2018 to achieve these goals. Governor Mary Fallin designated the Oklahoma Partnership for School Readiness (OPSR) to lead this effort, known as OKFutures. OPSR is a quasi-governmental organization created under the enabling legislation of the Oklahoma Partnership for School Readiness Act of 2003 to promote school readiness.¹ The OPSR board is the state's Early Childhood Advisory Council and is responsible for accomplishing state and federal legislative duties and responsibilities.

The PDG B-5 grant is intended to align with Oklahoma Edge, the state's eight-year strategic plan for education, developed under the federal Every Student Succeeds Act (ESSA) in 2017.² The plan focuses on early childhood education as a strategy for closing opportunity and achievement gaps in Oklahoma. Oklahoma's PDG B-5 builds on this objective by expanding the state's ECCE strategy in alignment with the prekindergarten-through-12th-grade system. The work performed under this grant may inform future iterations of Oklahoma's ESSA plan.

OPSR contracted with the Urban Institute in early 2019 to provide comprehensive evaluation and technical supports for the OKFutures needs assessment and strategic plan. To complete this needs assessment, OPSR has also involved additional research partners, including the Oklahoma Policy Institute,

SRI International, Advocacy & Communications Solutions, Third Sector Intelligence, Foresight Law + Policy, and local universities, along with its boards, a grant steering committee, multiple work groups, cabinet-level leadership and agency heads, and state and federal leaders. Partners' guidance has informed key findings and strengthened their implications for a focused, actionable, and sustainable strategic plan.

The OKFutures needs assessment aims to provide a comprehensive understanding of the mixed delivery system of ECCE, health, and family support programs serving children from birth to age 5 (hereafter, “young children”) in Oklahoma, along with the number and characteristics of families who participate in the system. The needs assessment estimates overall system capacity, utilization, and gaps where additional policy development, alignment, and funding can help meet demand and ensure equitable access to high-quality ECCE, especially for vulnerable and underserved children and families. Family and workforce perspectives on choice, access, and participation supplement analyses of administrative and related data to illuminate needs across the state.

The needs assessment draws on multiple methods and data sources to provide a comprehensive accounting of need in the ECCE mixed delivery system and related programs in Oklahoma. These include the following:

- **Existing needs assessments and related documents.** This document reflects the review of more than 50 needs assessments and related documents, including relevant reports, fact sheets, and scholarly articles. Documents have been catalogued and coded according to a rubric based on ACF guidance. Their implications for current need reflect key findings interpreted in the context of funding and policy changes since their publication.
- **American Community Survey (ACS) data.** Census-type information collected from households provides rich insights on the demographic and economic characteristics of children, families, and the ECCE workforce in Oklahoma. The five-year file covering 2013–17 provides the greatest level of depth and breadth and allows for the analysis of characteristics at the state and regional levels (defined in appendix B).
- **Administrative data exports.** Programmatic data on ECCE and related services come from the Oklahoma Departments of Education, Health, and Human Services; the Oklahoma Child Care Resource and Referral Agency; the US Department of Education; the US Department of Health and Human Services' ACF; and the Bureau of Indian Education. Most data included are publicly available, but some (including child care licensing data) come from custom data pulls completed for OKFutures.
- **Qualitative data from parents and providers.** In coordination with OPSR, the Urban Institute conducted semistructured focus groups and interviews with more than 100 Oklahoma parents and

providers in June 2019 across all regions of the state (figure 1). Focus group hosts represented a diverse array of ECCE programs and community-based organizations (appendix A) and helped recruit key populations, including Latino and Native American families. Conversations took place in English and Spanish. The Urban Institute team noted parent and provider perspectives with the aid of audio recordings, analyzed notes through an emergent coding scheme, and extracted key themes and variations across communities.

- **Rapid-response surveys of key stakeholders.** In coordination with OPSR, the Urban Institute fielded surveys with select stakeholders in the state's ECCE mixed delivery system and related programs. OPSR supported data collection by disseminating surveys to its staff, board, steering committee, and OKFutures work group members, along with additional leaders in partner agencies throughout Oklahoma. The Urban Institute synthesized survey responses and extracted findings for incorporation into the needs assessment.

Additional details of data collection and analysis appear in appendix C.

The needs assessment also reflects input from numerous stakeholders, including OKFutures partners from across Oklahoma, state agency leadership, and PDG B-5 support staff (appendix A). Preliminary findings and drafts were shared and revised through an iterative process, and comments, supplemental data sources, and findings from other OKFutures project components have been incorporated into this final report. This document builds on a version submitted to ACF on August 30, 2019, and accepted on September 13, 2019.

The needs assessment proceeds in seven sections. First, Oklahoma advances definitions of key terms required by ACF. Second, descriptions of young children characterize the focal populations of OKFutures, especially vulnerable and underserved children and children in rural areas. Next, three sections assess need in ECCE, health, and family support services, respectively, focusing on quality, availability, and unduplicated counts of children enrolled and awaiting service in select programs. Sixth, assessments of unmet need look across the ECCE mixed delivery system to highlight relationships among programs, issues of system integration and collaboration, and fiscal and policy matters. Seventh, a summary of key findings leads to priorities for the OKFutures strategic plan and future grant activities. Sections are organized around key domains and questions identified by ACF.

Definitions of Terms

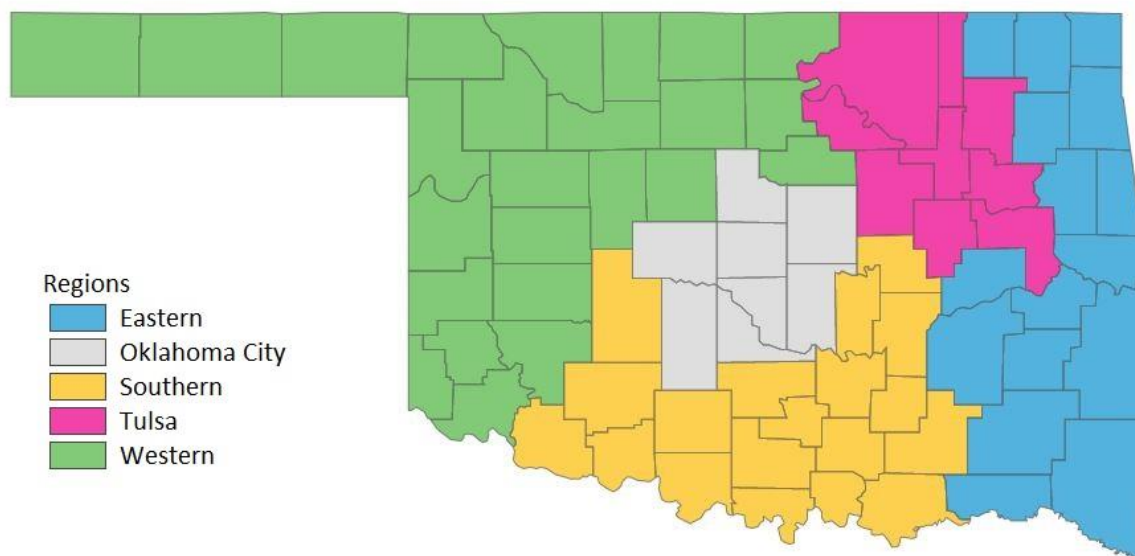
PDG B-5 tasks Oklahoma with developing definitions for key terms. These terms are central to understanding need, and unmet need, for ECCE. OKFutures adopts the following definitions, noting their aspirational nature and iterative development through input from key stakeholders:

- **Quality early childhood care and education.** Oklahoma believes that high-quality ECCE begins with safe facilities staffed by a skilled and supportive workforce. It continues with enriching interactions between children and adults in culturally responsive environments focused on children's holistic development. For many parents and providers, quality centers on trust. The state values comprehensive early learning standards, rigorous provider qualifications and core competencies, professional development, family engagement activities, quality ratings, and the use of integrated data for program improvement. Oklahoma's vision for quality spans the ECCE mixed delivery system while acknowledging differences in policies and funding across program types. It involves clear communication about quality with parents and the public, collaboration across programs, and well-supported transitions for children and families.
- **Early childhood education and care availability.** Oklahoma defines availability at the nexus of accessibility and choice. Available programs have sufficient capacity to meet demand in locations desirable to families with young children. In some cases, programs provide transportation, easing the burden of access. Available programs are also made affordable to all families through public subsidy or direct investment through program provision. In Oklahoma, availability involves choice. Considerations of quality, including safety, trust, cultural and linguistic responsiveness, and child outcomes, all factor into family, provider, and stakeholder perceptions of ECCE availability.
- **Vulnerable or underserved children.** Oklahoma identifies vulnerable or underserved children as those from marginalized communities or experiencing developmental disabilities, including children living in poverty (earning below 100 percent of the federal poverty level) or in low-income families (earning below 200 percent of the federal poverty level); children from historically marginalized racial and ethnic groups; children involved in the child welfare system and foster care; children exposed to trauma and adverse childhood experiences (ACEs); children facing homelessness; children of parents who are incarcerated, have mental illnesses, or have substance abuse disorders; English language learners; and children with developmental delays and disabilities.
- **Children in rural areas.** Oklahoma adopts a broad definition of children in rural areas as those outside the Oklahoma City and Tulsa metropolitan areas and their contiguous counties. Figure 1 illustrates these areas in blue, yellow, and green. Where possible, we refine this definition based on

available data sources. For example, small towns (with fewer than 2,500 residents) and sparsely populated “frontier” areas may be identified in select sections of the needs assessment.

FIGURE 1

Regions in Oklahoma



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Mixed delivery system. A *mixed delivery system*, as defined by the Every Student Succeeds Act, is a system of early childhood care and education services—delivered through a combination of programs, providers, and settings, such as Head Start, licensed family and center-based child care programs, public schools, and other community-based organizations—that is supported by public and private funds.³

Oklahoma’s ECCE mixed delivery system includes 11 programs, policies, and funding streams, along with related services (figure 2):

1. **Universal prekindergarten.** Operated by the Oklahoma State Department of Education, Oklahoma is one of just nine states funding prekindergarten through a state aid formula with unrestricted eligibility and no cap on total funding. State funding totaled \$145 million for the 2017–18 school year. Nearly all school districts offer prekindergarten in full-day and half-day classrooms. In 152 districts, prekindergarten capacity is expanded through layering child care or Head Start funds. In 1993, SB 183 authorized school districts to offer prekindergarten for 4-year-olds.⁴ In 1998, HB 1657 entitled children who turn 4 on or before September 1 to attend half-day or full-day prekindergarten with funds through the state aid formula.⁵ In 2016, the Oklahoma Academic Standards included prekindergarten for the first time.⁶

2. **Head Start and Early Head Start.** Since its launch in 1965 as part of the War on Poverty, Head Start has followed federal standards to serve children living below the federal poverty level through services that support school readiness and successful transitions to kindergarten. Early Head Start began in 1995 to extend services to pregnant women and children younger than 3. In fiscal year 2018, Oklahoma received \$119.2 million in federal Head Start and Early Head Start grants operated through community-based organizations or schools. Head Start and Early Head Start resources can be braided and blended with other ECCE funds, including those for prekindergarten, child care subsidies, and other programs. The Oklahoma Head Start State Collaboration Office is located in the Oklahoma Association of Community Action Agencies and is overseen by the Oklahoma Department of Commerce.
3. **American Indian and Alaska Native (AIAN) Head Start and Early Head Start.** In 26 states, including Oklahoma, federal Head Start and Early Head Start funds are awarded to tribal governments and implemented with tailored supports for AIAN communities. Fifteen American Indian tribal organizations in Oklahoma received \$29.7 million in fiscal year 2018.
4. **Early Head Start–Child Care Partnerships (EHS-CCP).** This federal initiative expands ECCE quality and availability by merging Early Head Start and child care subsidy funding to serve low-income infants, toddlers, and their families. The model supports stable, enriching care by leveraging the developmental expertise of Early Head Start staff to support peers in child care centers and homes. Oklahoma organizations administer nearly \$25 million in federal EHS-CCP grants, with two of these programs operated by tribal organizations.
5. **Educare.** Educare is a national model for comprehensive, high-quality ECCE for low-income children and their families. Educare blends public and private funding to provide services to break cycles of intergenerational poverty. In addition to providing full-day, full-year ECCE and family support services, the model includes a national learning network and research agenda. Two Educare programs operate four schools in Oklahoma: three in Tulsa and one in Oklahoma City. A fourth Tulsa school is scheduled to open in 2020. Each Educare program serves 150 to 200 children a year. Educare leverages federal (Head Start and Early Head Start–Child Care Partnerships), state (Oklahoma Early Childhood Program), and private resources.
6. **Oklahoma child care.** The Oklahoma Department of Human Services (OKDHS) operates child care licensing, a quality rating and improvement system (QRIS) called Reaching for the Stars, and the state child care subsidy program. Following the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) and the 2018 expansion, total funding for young children has grown to \$77 million. State funds for maintenance of effort are appropriated through the annual budgeting process by the legislature. The state’s child care subsidy program is funded through

various sources, including the Child Care and Development Fund (CCDF) block grant, state funds, and Temporary Assistance for Needy Families (TANF). Rules for Reaching for the Stars are promulgated by the OKDHS and approved by the legislature.

7. **Tribal child care.** OKDHS contracts with tribal child care programs to expand accessibility and supply of state-subsidized child care. Tribal families can receive state-subsidized child care even if the tribe has its own subsidy program. Across Oklahoma, 62 child care programs are operated by tribes, 81 state-licensed programs (homes and centers) contract with tribes to provide care, and 3 additional programs are licensed by the Native American Coalition of Tulsa. OKDHS has cooperative licensing agreements with four tribes (Cherokee, Chickasaw, Choctaw, and Muscogee Creek) that allow for coordination with the licensing units representing these tribes for acceptance of agency monitoring reports. Tribal child care programs may apply for star certification through the Reaching for the Stars rating system. All training listed in the searchable database (okregistry.org) and professional development requirements are available to tribal organizations, Indian tribes, the general public, school districts, parents, and others.
8. **State-administered home visiting.** The Oklahoma State Department of Health (OSDH) administers the state's home-visiting programs: Children First, SafeCare, and Start Right. Program models are Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented. In 2017, programs were supported with an investment of nearly \$14 million in federal, state, and local funds. OSDH recently received an additional \$7 million Maternal, Infant, Early Childhood Home Visiting (MIECHV) grant.
9. **Tribal home visiting.** The Choctaw Nation of Oklahoma is the only tribal MIECHV grantee in Oklahoma. The Parents as Teachers program model is delivered to and enhanced by culturally relevant activities for tribal members.
10. **IDEA Part B and Part C.** The Oklahoma State Department of Education (OSDE) Special Education Services is the lead agency for administration of SoonerStart (Part C) of the Individuals with Disabilities Act (IDEA). OSDE contracts with the Oklahoma State Department of Health and directly employs regional staff to deliver statewide early intervention services to children with disabilities and developmental delays from birth to age 3. SoonerStart is designated in state statute as a collaborative model between Health, Education, Human Services, and the Oklahoma Commission on Children and Youth.⁷ State investment in Part C is higher than in many states, demonstrating Oklahoma's commitment to supporting children with disabilities. Local school districts provide Part B services once children turn 3.
11. **Child Guidance.** The Child Guidance Program provides center-based screening, assessment, parenting, and treatment services to all families, regardless of income, on a sliding fee scale. The Oklahoma Child Care Warmline and the Oklahoma Child Care Mental Health Consultation network

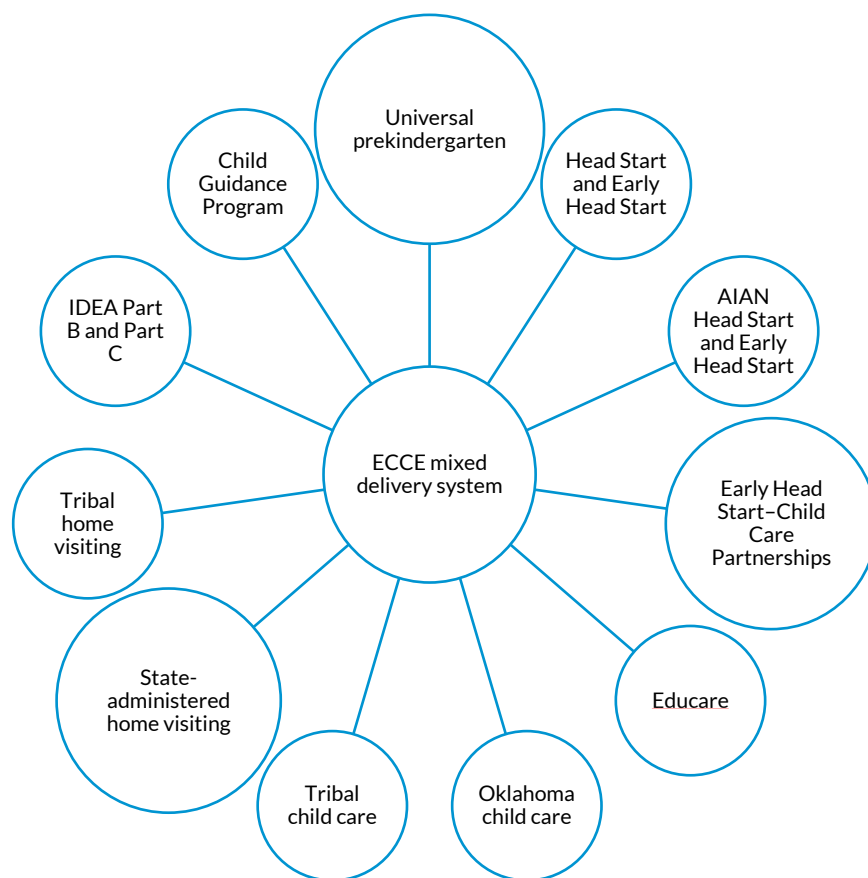
are administered through the Child Guidance Program, and these services are supported through the CCDF and targeted to child care providers who receive subsidy payments.

12. **Additional mixed delivery system components.** In consideration of the mixed delivery system, Oklahoma recognizes the role many nontraditional caregivers play. License-exempt child care providers, such as family members, friends, and neighbors or part-time programs, can meet the needs of many vulnerable and underserved families. Nutrition programs such as the Child and Adult Care Food Program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) support healthy development. Libraries help families access early literacy resources, and access to the internet and technology is valuable in rural communities. Health centers and physicians are trusted sources for families supporting their child development and early literacy through 86 Reach Out and Read programs. Finally, faith-based organizations of all denominations and religions are sources of important support and information to families of young children.

OKFutures' description of the ECCE mixed delivery system is the first definition of its kind in Oklahoma. PDG B-5 allows the state to take stock of its comprehensive set of ECCE programs and related services—including path-breaking programs such as universal prekindergarten, the Oklahoma Early Childhood Program (OECF), Educare, and EHS-CCP—and advance new goals for system integration and interagency coordination. This approach reveals long-standing data limitations and challenges aligning funding streams, program standards, and concepts of need among children and families. But it also represents a new opportunity to think broadly about parental choice and to propose solutions to persistent systemic gaps that will inform all activities under OKFutures.

FIGURE 2

Components of Oklahoma's Mixed Delivery Early Care and Education System



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Note: AIAN = American Indian and Alaska Native; ECCE = early childhood care and education; IDEA = Individuals with Disabilities Act.

This needs assessment focuses on the programs that directly provide ECCE: universal prekindergarten, Head Start and Early Head Start and American Indian and Alaska Native (AIAN) Head Start and Early Head Start, Early Head Start-Child Care Partnerships, Educare, Oklahoma child care, and tribal child care. This focus facilitates estimates of unduplicated counts of children served and awaiting service in key programs. At the same time, OKFutures acknowledges the critical roles other programs play in fostering children's growth and development and meeting their families' social and economic needs.

Focal Populations for the Grant: Oklahoma's Young Children

Oklahoma is home to more than 317,000 children, ages birth to 5.⁸ Tables 1 and 2 provide statewide and regional demographic information for children in Oklahoma. The state's children are racially and ethnically diverse. Nearly 20 percent of young children in Oklahoma identify as Hispanic, and about 8 percent of children are American Indian or Alaska Native. Fifty-three percent of young children are white, 7 percent are black, 11 percent identify with more than one or some other race, and 2 percent are Asian. Mirroring the adult population, about 6 percent of children are affiliated with four tribes: Cherokee, Chickasaw, Choctaw, and Muscogee Creek. Additional children affiliate with less populous tribes.

Oklahoma has a sizable immigrant population. Thirteen percent of young children have at least one foreign-born parent. Sixteen percent of these children speak a language other than English at home; more than 40,000 of these speak Spanish. These figures suggest that resources the state and many communities provide to families should be accessible to Spanish speakers and English language learners.

One-quarter of young children in Oklahoma live in single-parent households. Given the working patterns of Oklahoma families, more than two-thirds of young children are likely to need child care, and nearly 22,000 children are likely to need care during nontraditional hours. Access to high-quality, safe, and affordable child care is essential for families of young children trying to achieve economic stability.

Many young children face economic need. Nearly half come from low-income families (earning below 200 percent of the federal poverty level). Around one in five children younger than 6 lives in poverty (earning below 100 percent of the federal poverty level). The economic challenges many Oklahoma families face are likely to have negative effects on young children's health and well-being.

Ten percent of parents with children younger than 6 have not attained a high school diploma. Sixty percent have a high school diploma, and 30 percent have attained a four-year college degree.

TABLE 1

Select Characteristics of Young Children in Oklahoma

	Number of young children	Share of young children
Total population	317,409	100%
Race or ethnicity		
White	168,187	53%
Hispanic	57,203	18%
Black	23,462	7%
Asian	6,035	2%
Native American	26,001	8%
Other race or multiracial	36,521	11%
Tribal affiliation		
Cherokee	9,712	3%
Choctaw	4,925	2%
Muscogee Creek	2,844	1%
Chickasaw	1,351	0%
Seminole	572	0%
Iroquois	305	0%
Potawatomie	300	0%
Other American Indian or Alaska Native tribe	5,096	2%
Combination of American Indian tribes	3,085	1%
Lives in a rural region	107,757	34%
Family composition		
One parent	79,782	25%
Two parents	223,309	70%
No parents	14,318	5%
At least one parent is an immigrant	42,197	13%
Language spoken at home^a		
English only	248,397	78%
Spanish	41,449	13%
Other languages	9,966	3%
Parental work status^b		
One-parent household, not working	19,838	6%
One-parent household, working part time	15,765	5%
One-parent household, working full time	48,679	15%
Two-parent household, not working	4,412	1%
Two-parent household, one working part time	6,162	2%
Two-parent household, one working full time	84,047	26%
Two-parent household, both working part time	3,357	1%
Two-parent household, one working part time one working full time	44,423	14%
Two-parent household, both working full time	89,349	28%
Parents work nontraditional hours ^c	21,838	7%
Family lives in poverty	66,711	21%
Family is low income	153,131	48%
Parents' highest educational attainment		
Less than high school	32,164	10%
High school diploma or some college	187,832	59%
Four-year college degree or more	96,036	30%

Source: Estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA.

Notes: “Young children” refers to children from birth to age 5. A family in poverty earns below 100 percent of the federal poverty level, and a low-income family earns below 200 percent of the federal poverty level. Percentages may not add up to 100 percent because of rounding and nonresponse.

^a This variable reflects parents’ primary language; if one parent speaks a non-English language, we use that language.

^b We define this variable using caregiver work status in place of parents when there are no parents in the household.

^c To align with definitions set by the Oklahoma Child Care Resource and Referral Association, nontraditional hours include any time worked between 6:01 p.m. and 5:59 a.m. weekdays. Children were included in this count if they lived in a two-parent household and both parents worked during this period or if they lived in a one-parent household and their parent worked during this period. Because of data limitations, this measure does not capture need for nontraditional-hour weekend care, care while parents are engaged in education and training, or care needed during commuting.

Although many young children live in the urban areas around Oklahoma City and Tulsa, 34 percent live in rural areas. Rural Oklahomans face unique challenges reaching child care, health care, and other services important for children’s growth and development. Community members and key stakeholders often cite the lack of public transportation in rural areas as a serious challenge to families working to access available resources.

Differences between Rural and Urban Areas

Table 2 and figure 3 contain demographic information specific to each of Oklahoma’s five regions. The eastern region is the most racially and ethnically diverse (figure 2). Twenty-two percent of children in the eastern region are Native American, and 17 percent identify as more than one race. This region has the fewest young children, with around one-third as many children as the Oklahoma City combined statistical area (CSA). Children in the eastern region are more likely to live in poverty or in low-income families than children in any other region.

The Oklahoma City CSA is the largest region and has nearly 120,000 young children. In addition to Oklahoma City, this CSA contains Norman, Edmond, Moore, and Midwest City, each of which has a population between 50,000 and 100,000. More than 20 percent of children younger than 6 speak a language at home other than English, and the CSA has the state’s largest share of children with at least one immigrant parent. In addition to having the highest share of parents with a college degree, the Oklahoma City CSA has the second-lowest prevalence of families living in poverty and families classified as low income.

Among the rural regions, the southern region has the largest population of young children. This region has the second-highest share of Native American children (10 percent), though substantially lower than the eastern region (22 percent). The southern region has the second-highest share of low-income families and the second-lowest share of parents with a college degree. The largest city is Lawton, with a population of more than 92,000.

The Tulsa CSA is the state’s second-largest region, with more than 90,000 children younger than 6. While the Tulsa CSA has the second-highest share of parents with a college degree, the area also has the second-highest share of families living in poverty. This area contains several of the state’s largest cities, including Tulsa, Broken Arrow, and Muskogee.

TABLE 2

Select Characteristics of Young Children in Oklahoma, by Region

	Eastern region	Oklahoma City CSA	Southern region	Tulsa CSA	Western region
Urban or rural	Rural	Urban	Rural	Urban	Rural
Total population	33,235	119,686	40,416	90,067	34,106
Race or ethnicity					
White	46%	53%	53%	52%	63%
Hispanic	10%	21%	17%	16%	21%
Black	2%	10%	7%	9%	2%
Asian	1%	2%	1%	2%	2%
Native American	22%	4%	10%	9%	3%
Other race or multiracial	17%	9%	13%	13%	9%
Tribal affiliation					
Cherokee	14%	1%	1%	4%	1%
Choctaw	5%	1%	3%	1%	0%
Muscogee Creek	0%	0%	1%	2%	0%
Chickasaw	1%	0%	2%	0%	0%
Iroquois	1%	0%	0%	0%	0%
Other American Indian or Alaska Native tribe	1%	1%	1%	0%	2%
Combination of American Indian tribes	3%	2%	3%	2%	2%
Metropolitan status					
Not in metropolitan area	0%	0%	46%	0%	85%
Metropolitan status indeterminable (mixed)	100%	15%	30%	24%	15%
In metropolitan area	0%	85%	23%	86%	0%
Family composition					
One parent	29%	23%	28%	27%	19%
Two parents	65%	73%	67%	68%	75%
No parents	5%	4%	4%	4%	6%
At least one parent is an immigrant	7%	16%	7%	14%	13%
Language spoken at home^a					
English only	84%	75%	83%	79%	76%
Spanish	6%	16%	10%	12%	15%
Other languages	4%	5%	3%	5%	3%
Parents work nontraditional hours ^b	8%	6%	7%	8%	6%
Family lives in poverty	28%	18%	22%	23%	17%
Family is low income	57%	45%	54%	48%	43%
Parents' highest educational attainment					
Less than high school	11%	11%	7%	10%	9%
High school diploma or some college	70%	51%	70%	59%	66%
Four-year college degree or more	19%	37%	22%	30%	25%

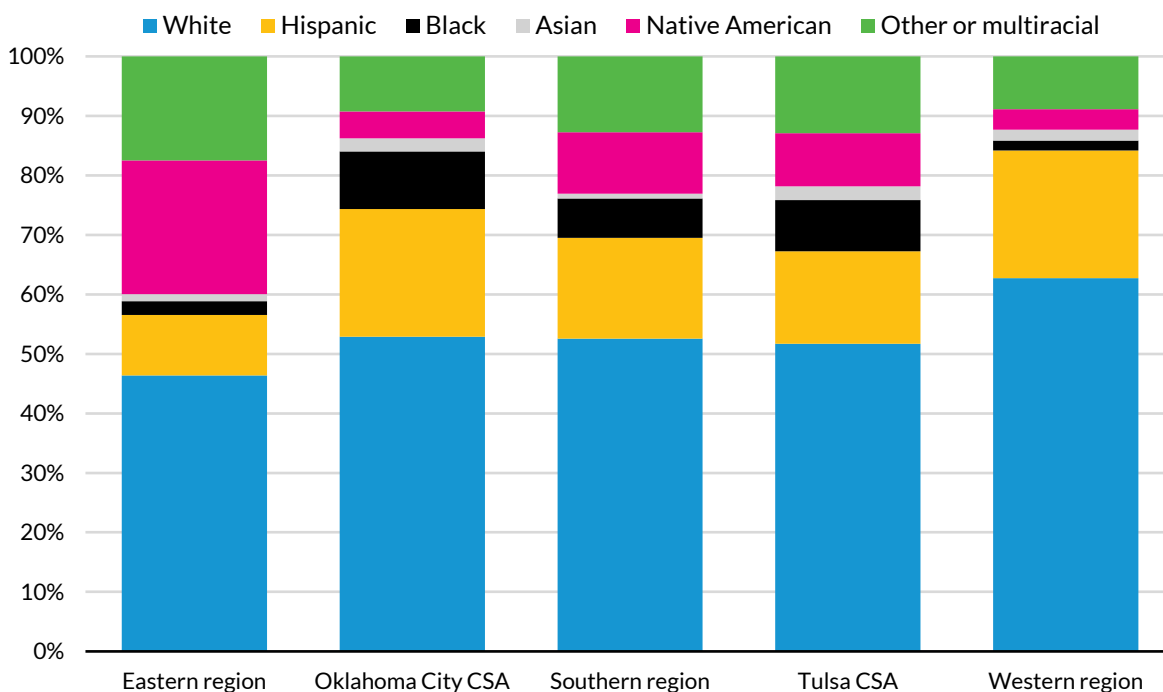
Source: Estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA.

Notes: “Young children” refers to children from birth to age 5. A family in poverty earns below 100 percent of the federal poverty level, and a low-income family earns below 200 percent of the federal poverty level. CSA = combined statistical area. Percentages may not add up to 100 because of rounding and nonresponse.

^a This variable reflects parents' primary language; if one parent speaks a non-English language, we use that language.

^b To align with definitions set by the Oklahoma Child Care Resource and Referral Association, nontraditional hours include any time worked between 6:01 p.m. and 5:59 a.m. weekdays. Children were included in this count if they lived in a two-parent household and both parents worked during this period or if they lived in a one-parent household and their parent worked during this period. Because of data limitations, this measure does not capture need for nontraditional-hour weekend care, care while parents are engaged in education and training, or care needed during commuting.

FIGURE 3

Race or Ethnicity of Young Children, by Region

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Source: Estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA.

Note: CSA = combined statistical area.

The western region is less racially and ethnically diverse than the rest of Oklahoma. Sixty-three percent of young children are white, the highest share in the state. This region has the lowest poverty rate and the highest rate of two-parent households. Although defined as a rural area for this study, the western region contains 2 of the state's 10 most-populous cities: Enid and Stillwater.

Strengths and Weaknesses of Available Data

These demographic estimates rely on data from the American Community Survey, which allow us to provide detailed information on young children living in Oklahoma. Estimates rely on the ACS five-year files. These files support regional disaggregation but obscure demographic trends that have occurred in the past two or three years. Additionally, the American Indian and Alaska Native community and data experts have raised concerns about the undercounting of AIANs in ACS and other census data (DeWeaver 2013; O'Hare, Griffin, and Konicki 2019). Our estimates might underrepresent the true number of Native American children living in Oklahoma.

The regions shown in figure 1 were created for OKFutures to better characterize the children and families living in the two major metropolitan areas and three rural areas. We used the combined statistical areas for Tulsa-Muscogee-Bartlesville and Oklahoma City-Shawnee as a starting point for creating these regions. The remaining counties were divided into regions using an OKDHS Child Care Services map. Because regional definitions vary across ECCE programs and related services, the OKFutures definitions offer a unified understanding of state geography but may pose challenges to stakeholders accustomed to alternative regional definitions.

Assessing Need in Early Childhood Care and Education

Oklahoma’s ECCE mixed delivery system includes 11 programs: universal prekindergarten, Head Start and Early Head Start, AIAN Head Start and Early Head Start, Early Head Start–Child Care Partnerships, Educare, Oklahoma child care, tribal child care, state-administered home visiting, tribal home visiting, IDEA Parts B and C, and Child Guidance. Each program has its own standards, governance structure, and target population. Importantly, individual children and families can participate in multiple programs, even at the same time and at the same site, and providers can braid and blend resources from several funding streams.

To the extent practicable given these complexities, this needs assessment seeks to provide an unduplicated count of children receiving and awaiting service across the mixed delivery system to estimate true unmet need. Considerations of unmet need involve an important shift from descriptions of young children in the previous section. These descriptions include children eligible for public kindergarten (5-year-olds turning 6), who are part of the overall population of young children but are unlikely to use main ECCE programs.⁹ Accordingly, ACS data on quarter of birth are used to identify kindergarten-eligible children and omit them from comparisons of ECCE supply and potential demand. Additional information on these adjustments appears in appendix C and in the notes following tables and figures, below.

Unduplicated Count of Children in Main ECCE Programs

About 139,913 children in Oklahoma may be served by universal prekindergarten, Head Start and Early Head Start, AIAN Head Start and Early Head Start, or a licensed child care provider.¹⁰ This number comprises 53 percent of all young children not eligible (by age) to enroll in kindergarten. Table 3 presents capacity and enrollment information for three main programs operating within the ECCE mixed delivery system in Oklahoma: licensed child care, universal prekindergarten, Head Start and Early Head Start, and AIAN Head Start and Early Head Start.

TABLE 3

Capacity and Enrollment in Select Early Childhood Care and Education Programs in Oklahoma*Licensed child care, universal prekindergarten, and Head Start and Early Head Start*

	Estimated number of young children	Age group covered	Share of age group covered
Total capacity of licensed child care facilities	81,981	0–5 ^a	31%
Total enrollment in universal prekindergarten	41,686	3–4	39%
Total enrollment in Head Start/Early Head Start	16,246	0–5 ^a	5%
Capacity of licensed child care facilities, by type			
Center-based child care	70,007	0–5 ^a	27%
Home-based child care	5,530	0–5 ^a	2%
Large home-based child care	6,444	0–5 ^a	2%
Enrollment in universal prekindergarten, by age and schedule			
3-year-olds enrolled full time	1,780	3	3%
3-year-olds enrolled half time	366	3	1%
4-year-olds enrolled full time	34,581	4	64%
4-year-olds enrolled half time	4,959	4	9%
Enrollment in Head Start/Early Head Start, by age and type			
<i>Head Start</i>	11,418	2–5	7%
2 years old	475	2	1%
3 years old	7,165	3	14%
4 years old	5,176	4	10%
5 years old	16	5	0%
<i>American Indian and Alaska Native Head Start</i>	2,357	2–5 ^a	1%
2 years old	41	2	0%
3 years old	1,215	3	2%
4 years old	1,309	4	2%
5 years old	44	5	0%
<i>Early Head Start</i>	1,887	0–2	1%
Less than 1 year old	778	0	1%
1 year old	931	1	2%
2 years old	1,038	2	2%
<i>American Indian and Alaska Native Early Head Start</i>	584	0–2	0%
Less than 1 year old	207	0	0%
1 year old	224	1	0%
2 years old	228	2	0%

Sources: Total population estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Capacity of licensed child care facilities (both centers and homes) comes from data from the Oklahoma Department of Human Services for fiscal year 2018. Enrollment in universal prekindergarten comes from data from the Oklahoma State Department of Education and reflects enrollment in public school programs in the 2017–18 school year. Enrollment in Head Start comes from data from the Office of Head Start Program Information Report to identify Administration for Children and Families–funded enrollment for fiscal year 2018. Children served by Oklahoma home-visiting programs was reported by the Oklahoma Partnership for School Readiness (OPSR) in OPSR, “Oklahoma Home Visiting: Annual Outcomes Report State Fiscal Year 2017” (Oklahoma City: OPSR, 2017). Children served under the Individuals with Disabilities Act in Oklahoma use US Department of Education data reported by the state.

Notes: “Young children” refers to children from birth to age 5. Licensed child care facilities serve children from birth through school age, but most slots are filled by children from birth to age 5.

^a We define the ages of these children using their age on October 1, which closely aligns with the September 1 cutoff for kindergarten and universal prekindergarten enrollment. Although we include 5-year-olds in our descriptive analysis of young

children, all 5-year-olds are eligible for kindergarten and are not included in the focal service population for early childhood care and education.

Child care programs have a current licensed capacity of 81,981 slots, with 70,007 available in centers. The remaining 11,974 slots are available in family child care homes (licensed to care for 7 or fewer children) or large family child care homes (licensed for 8 to 12 children). This estimate, based on program-level data from the Oklahoma Department of Human Services, excludes child care programs that serve only children ages 6 and older, are open only during holidays or summers, or are Head Start programs. All Oklahoma Head Start programs are either licensed (and therefore included in the child care database) or administered within public schools and are therefore exempt from licensure.

Oklahoma public schools serve an additional 2,146 3-year-olds and 39,540 4-year-olds through universal prekindergarten. Of prekindergartners, about 87 percent of 4-year-olds and 83 percent of 3-year-olds are enrolled full time. The remaining children are enrolled half time for either a morning or an afternoon session.

In addition to universal prekindergarten serving 3- and 4-year-olds, 16,246 children attend Head Start through funding provided by ACF. Most of these children are served by Head Start (70 percent), followed by AIAN Head Start (14 percent), Early Head Start (12 percent), and AIAN Early Head Start (4 percent). Although Oklahoma is home to two Migrant and Seasonal Head Start centers (in Tahlequah and Anadarko), their funding comes from a Texas-based grantee, making it difficult to estimate the number of children served in Oklahoma. Of children in these Head Start programs, 937 are foster children (5 percent) and 1,059 are homeless (6 percent). Fourteen percent speak Spanish.

Differences between Rural and Urban Areas

There is a small gap in the share of children served by ECCE programs in rural and urban areas. Fifty-two percent of children in rural areas and 54 percent of children in urban areas may be served through one of the three main ECCE programs. These trends mask enrollment differences in the different regions (table 4). Fifty-three to 54 percent of young children are served in the eastern region, in the Oklahoma City CSA, and in the Tulsa CSA. But in the western region, only 44 percent of children are in one of these ECCE programs. Fifty-eight percent of children in the southern region are being served.

Enrollment rates in universal prekindergarten are lower in Oklahoma City (37 percent) and in Tulsa (35 percent) than in other regions. Notably, the Oklahoma City CSA has the highest rate of 4-year-olds enrolled half time (18 percent). Conversely, these two regions have higher rates of child care capacity

than the rural regions. The eastern region has the highest rate of Head Start and Early Head Start enrollment at 12 percent, followed by the southern region at 11 percent. This is partially because these two regions have the highest enrollment in Head Start and AIAN Head Start programs, with 25 percent of children ages 3 to 5 served in the eastern and southern regions.

TABLE 4

Capacity and Enrollment in Select Early Childhood Care and Education Programs in Oklahoma, by Region

Licensed child care, universal prekindergarten, and Head Start and Early Head Start

	Age group covered	Eastern region	Oklahoma City CSA	Southern region	Tulsa CSA	Western region
Urban or rural region		Rural	Urban	Rural	Urban	Rural
Total capacity of licensed child care facilities	0–5 ^a	22%	35%	29%	32%	24%
Total enrollment in universal prekindergarten	3–4	46%	37%	45%	35%	44%
Total enrollment in Head Start/Early Head Start	0–5 ^a	12%	4%	11%	6%	3%
Capacity of licensed child care facilities, by type						
Center-based child care	0–5 ^a	18%	31%	25%	27%	18%
Home-based child care	0–5 ^a	1%	2%	2%	2%	4%
Large home-based child care	0–5 ^a	3%	3%	2%	2%	2%
Enrollment in universal prekindergarten, by age and schedule						
3-year-olds enrolled full time	3	10%	1%	6%	2%	2%
3-year-olds enrolled half time	3	0%	1%	0%	0%	1%
4-year-olds enrolled full time	4	84%	51%	84%	61%	76%
4-year-olds enrolled half time	4	0%	18%	1%	3%	13%
Enrollment in Head Start/Early Head Start, by age and type						
Head Start	3–5 ^a	19%	7%	19%	10%	5%
AIAN Head Start	3–5 ^a	6%	1%	6%	2%	1%
Early Head Start	0–2	1%	1%	1%	2%	0%
AIAN Early Head Start	0–2	1%	0%	1%	0%	0%

Sources: Total population estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Capacity of licensed child care facilities (both centers and homes) comes from data from the Oklahoma Department of Human Services for fiscal year 2018. Enrollment in universal prekindergarten comes from data from the Oklahoma State Department of Education and reflects enrollment in public school programs in the 2017–18 school year. Enrollment in Head Start comes from data from the Office of Head Start Program Information Report to identify Administration for Children and Families–funded enrollment for fiscal year 2018.

Notes: AIAN = American Indian and Alaska Native; CSA = combined statistical area. Licensed child care facilities serve children from birth through school age, but most slots are filled by children from birth to age 5.

^aWe define the ages of these children using their age on October 1, which closely aligns with the September 1 cutoff for kindergarten and universal prekindergarten enrollment. Although we include 5-year-olds in our descriptive analysis of young children, all 5-year-olds are eligible for kindergarten and not included in the focal service population for early childhood care and education.

Differences between Racial and Ethnic Groups

Where practicable, we estimate enrollment rates by race or ethnicity (table 5). Data reveal substantial differences across racial and ethnic groups, but we need further research to understand whether gaps stem from program and funding availability or family preferences.

TABLE 5

Enrollment Rates in Select ECCE Programs and Share of Eligible Children Receiving Child Care Subsidies in Oklahoma, by Race or Ethnicity

Licensed child care, universal prekindergarten, Head Start and Early Head Start, and OKDHS child care subsidies

	Age group covered	White	Hispanic	Black	Asian	Native American	Other
Share of eligible children receiving subsidies	0–5 ^a	19%	8%	27%	3%	7%	9%
Total enrollment in universal prekindergarten	3–4	37%	38%	35%	54%	59%	36%
Total enrollment in Head Start/Early Head Start	0–5 ^a	4%	7%	12%	5%	17%	4%
Enrollment in universal prekindergarten, by age							
3-year-olds	3	4%	3%	2%	4%	10%	3%
4-year-olds	4	68%	75%	68%	98%	100% ^b	72%
Enrollment in Head Start/Early Head Start, by type							
Head Start (including AIAN Head Start)	3–5 ^a	8%	14%	22%	11%	33%	8%
Early Head Start (including AIAN Early Head Start)	0–2	1%	2%	3%	2%	5%	1%

Sources: Total population estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Capacity of licensed child care facilities (both centers and homes) comes from data from the OKDHS for fiscal year 2018. Enrollment in universal prekindergarten comes from data from the Oklahoma State Department of Education and reflects enrollment in public school programs in the 2017–18 school year. Enrollment in Head Start comes from data from the Office of Head Start Program Information Report to identify Administration for Children and Families–funded enrollment for fiscal year 2018. Share of eligible children receiving subsidies comes from data on eligibility according to Oklahoma’s state threshold from Rebecca Ullrich, Stephanie Schmit, and Ruth Cosse, *Inequitable Access to Child Care Subsidies* (Washington, DC: Center for Law and Social Policy, 2019).

Notes: AIAN = American Indian and Alaska Native; ECCE = early childhood care and education; OKDHS = Oklahoma Department of Human Services. In the Ullrich, Schmit, and Cosse analysis, racial or ethnic categories are white, Hispanic or Latino, black, Asian, Native American or Alaska Native, and multiracial. Oklahoma’s state eligibility threshold is set at 174 percent of federal poverty level.

^aWe define the ages of these children using their age on October 1, which closely aligns with the September 1 cutoff for kindergarten and universal prekindergarten enrollment. Although we include 5-year-olds in our descriptive analysis of young children, all 5-year-olds are eligible for kindergarten and are not included in the focal service population for ECCE.

^bThis percentage was estimated above 100 percent but top-coded to 100 percent.

Among low-income children, black and white children are more likely to receive child care subsidies than their peers, with 27 percent and 19 percent of eligible children receiving subsidies, respectively (Ullrich, Schmit, and Cosse 2019). Less than 10 percent of eligible Hispanic, Asian, and Native American children receive subsidies. In contrast, Native American children have the highest enrollment rate in universal prekindergarten, followed by Asian children. Black children have the lowest rate of prekindergarten enrollment. Native American children also have the highest enrollment rates in Head Start (33 percent of children ages 3 to 5). Twenty-two percent of black preschoolers are enrolled in Head Start.

Count of Children in Other ECCE Programs

In addition to the three main ECCE programs, other programs provide critical services to children and families but are difficult to identify in unduplicated counts of children served. These other programs include Early Head Start–Child Care Partnerships (EHS-CCP), Educare, IDEA Parts B and C, and state-administered and tribal home-visiting programs. EHS-CCP served 912 children from birth to age 2 in licensed child care facilities. Educare served 700 children in Tulsa and Oklahoma City. IDEA Part C funded services for 5,558 children with disabilities from birth to age 2, and Part B funded services for 9,751 children with disabilities ages 3 to 5 in combination with state education funding.

In fiscal year 2017, the National Home Visiting Resource Center (NHVRC) estimates that 6,494 young children benefited from home-visiting programs in Oklahoma.¹¹ These estimates include children served through several different models: Attachment and Biobehavioral Catch-Up, the Early Head Start home-based option, Family Connects, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. In total, 82,767 home visits were provided to young children and their families. According to the NHVRC, 57 percent of these children were white, 15 percent were American Indian or Alaska Native, 13 percent were black, 7 percent were multiracial, 3 percent were Asian, and 5 percent were some other race.

Oklahoma Home Visiting served 3,768 young children in fiscal year 2017. Eighty-two percent of these children were 2 or younger. These estimates reflect children served through Parents as Teachers, Nurse-Family Partnership, and SafeCare. According to the most recent report on Oklahoma Home Visiting, the number of children served declined 20 percent from 2017 to 2018, with only 3,001 children served in 2018 (OPSR 2018). During this same period, the number of counties served declined from 77 to 71.

TABLE 6

Capacity and Enrollment in Select Early Childhood Care and Education Programs in Oklahoma
Early Head Start–Child Care Partnerships, Oklahoma home-visiting programs, and IDEA Parts B and C

	Number of young children	Age group covered	Share of age group covered
Total enrollment in EHS-CCP	912	0–2	1%
Total served by Educare	700	0–5	0%
Total served by IDEA	15,309	0–5	5%
Total receiving home-visiting programs	6,494	0–5	2%
Total in Oklahoma Home Visiting program ^a	3,768	0–5	1%
Enrollment in EHS-CCP, by type			
EHS-CCP	888	0–2	1%
AIAN EHS-CCP	24	0–2	0%
IDEA, by part and age			
Part C	5,558	0–2	4%
Part B	9,751	3–5	6%
3 years old	1,769	3	3%
4 years old	3,088	4	6%
5 years old	4,894	5	9%
Home-visiting programs, by age			
Less than 1 year old	2,468 ^b	0	5%
1–2 years old	2,663 ^b	1–2	3%
3–5 years old	1,364 ^b	3–5	1%
Oklahoma Home Visiting program, by age			
Less than 1 year old	1,240	0	2%
1–2 years old	1,846	1–2	1%
3–4 years old	678	3–5	0%

Sources: Total population estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Enrollment in EHS-CCP comes from data from the Office of Head Start Program Information Report to identify Administration for Children and Families–funded enrollment for fiscal year 2018. Enrollment in Educare is reported in program documentation. Children served under IDEA represent the total number of children that received services through an Individualized Family Service Plan (Part C) or Individualized Education Program (Part B) over the 2017–18 school year, as identified in US Department of Education data reported by the state. Children served in home-visiting programs were reported by the National Home Visiting Resource Center in its 2018 yearbook with data for fiscal year 2017. Children served by Oklahoma home-visiting programs were reported by the Oklahoma Partnership for School Readiness (OPSR) in OPSR, “Oklahoma Home Visiting: Annual Outcomes Report State Fiscal Year 2017” (Oklahoma City: OPSR, 2017).

Notes: AIAN = American Indian and Alaska Native; EHS-CCP = Early Head Start–Child Care Partnerships; IDEA = Individuals with Disabilities Act. “Young children” refers to children from birth to age 5.

^aOklahoma home-visiting programs also served 89 children ages 5 and 6 in fiscal year 2018, but these children were excluded from the overall total to avoid including some 6-year-olds in this estimate.

^bThese estimates of number of children served are based on percentages in the National Home Visiting Resource Center Yearbook for 2018 and, because of rounding, do not add up to the total number of children served.

The estimate of children served by the NHVRC also includes the Choctaw Nation of Oklahoma, which provides services through two primary programs: the Chahta Vlla Apela Tribal MIECHV Program and the Chahta InChukka Tribal MIECHV Program.¹² Chahta Vlla Apela was established in 2012 and provides home-visitation services in six counties in the eastern and southern regions (ACF, n.d.-a). Chahta InChukka was more recently established and provides home-visitation services to children in

five counties in the eastern region (ACF, n.d.-b). These are just two programs in the Tribal Early Learning Initiative,¹³ which also includes Child Care Assistance, Child Care Development Program, Early Head Start, Head Start, and Support for Expectant and Parenting Teens.¹⁴ This initiative is a partnership between ACF and American Indian tribes and early childhood programs. Although ACF does not fund it, the Cherokee Nation operated the Positive and Rewarding Educational Nurturing Tribal Services program in three counties in the southern region until 2018 (ACF, n.d.-c).

Strengths and Weaknesses of Available Data

Enrollment and capacity data provide a good overview of the services provided to children in each program. Head Start and Early Head Start and AIAN Head Start and Early Head Start data are the most detailed, providing grantee-level counts of children by race or ethnicity and age, along with other information on eligibility for Head Start, such as income and whether the child is in foster care or is homeless. The Oklahoma State Department of Education also has detailed data on the number of children served in prekindergarten for 3-year-olds and 4-year-olds by race or ethnicity and half-time or full-time enrollment status in each school. Finally, child care licensing data are the least granular, providing information on each child care facility's capacity (rather than desired capacity or enrollment), quality, and age groups served. Because these data are at the facility level, centers that are also Head Start programs can be identified and removed from unduplicated estimates of ECCE capacity.

To refine estimates of unmet need, facility-level data on capacity (or desired capacity) could be linked to child-level data on enrollment across the primary ECCE programs. One challenge of using existing data to estimate an unduplicated count is that we cannot identify children being served by two or more programs at the same time. For example, children who attend universal prekindergarten part time or are enrolled in districts with four-day school weeks might also enroll in a child care center or Head Start program. Additionally, there are no available data on actual enrollment in child care facilities; capacity is a proxy and likely overestimates the number of children that can use licensed child care. Finally, data on the other ECCE programs are limited and do not support deduplication from overall counts of children served across the mixed delivery system. This limitation poses challenges for efforts to serve vulnerable children defined by foster care participation, homelessness, limited English proficiency, and disability status who are not easily identified in administrative data.

Finally, the data are imperfect for regional analysis because of parental choice and programmatic boundaries. Many factors, such as quality and availability of ECCE, influence parental choice. Without an in-depth understanding of these factors, data reveal only what arrangements parents use, which may

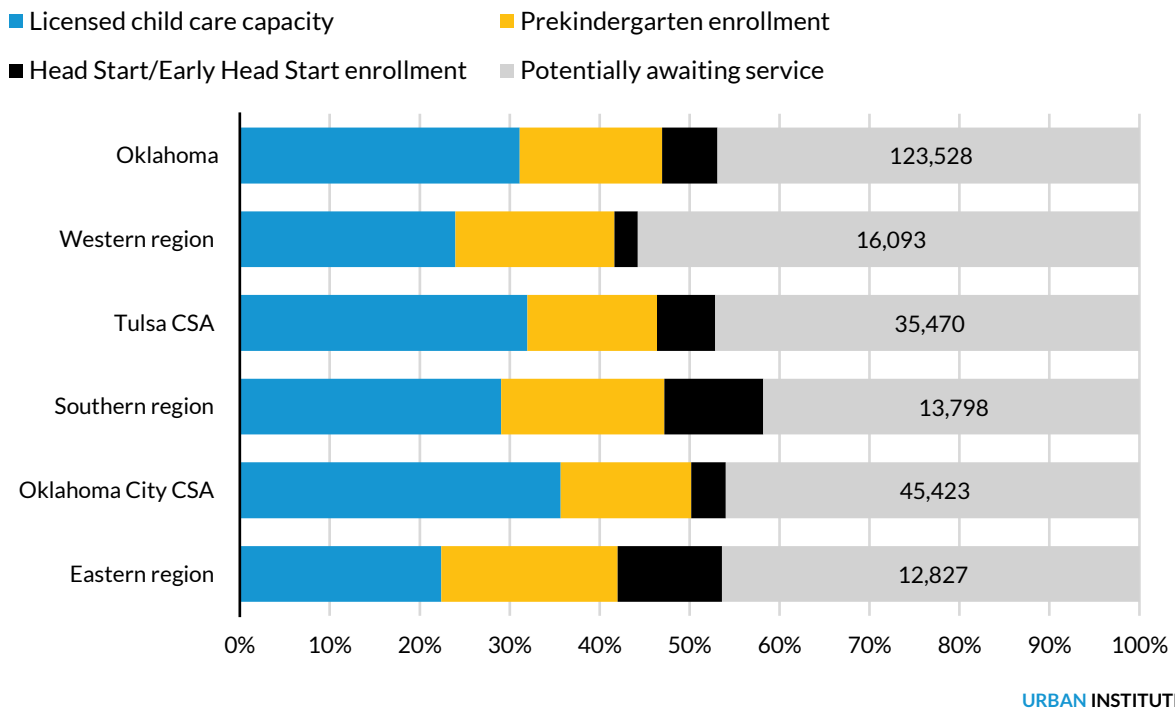
differ from what arrangements parents prefer or what arrangements they would choose if they had additional options. Parents may consider ECCE programs near home, work, extended family, or older children's schools, and ECCE use patterns may cross regional or other administrative lines. Because ECCE programs are organized across various jurisdictions—school districts in the case of universal prekindergarten, counties for child care subsidy, two Head Start and Early Head Start regions (region 6 and region 11, for AIAN programs)—it can be challenging to align existing data and estimate unduplicated counts of children in the mixed delivery system. Ideally, all data would be reported at the same geographic level to facilitate comparison across programs and to support assessments of unmet need.

Unduplicated Count of Children Potentially Awaiting Service

We estimate that about 124,000 children in Oklahoma are not being served by one of the three primary ECCE programs (figure 4). Although 65 percent of these children are in urban regions, those living in the most rural region, the western region, have the greatest potential unmet need for ECCE (56 percent). Although these children are not being served by one of the three main ECCE programs, they may be served by one of the home-visiting programs, IDEA, or one of the other ECCE programs in Oklahoma.

FIGURE 4

Potential Gaps in Early Care and Education Availability for Young Children



Sources: Total population estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Capacity of licensed child care facilities (both centers and homes) comes from data from the Oklahoma Department of Human Services for fiscal year 2018. Enrollment in universal prekindergarten comes from data from the Oklahoma State Department of Education for the 2017–18 school year. Enrollment in Head Start comes from data from the Office of Head Start Program Information Report to identify Administration for Children and Families–funded enrollment for fiscal year 2018.

Notes: CSA = combined statistical area. “Young children” refers to children from birth to age 5. Licensed child care facilities serve children from birth through school age, but most slots are filled by children from birth to age 5. Regional counts sum to more than counts for Oklahoma because of a small number of children reported in households in more than one region in the American Community Survey. We define the ages of these children using their age on October 1, which closely aligns with the September 1 cutoff for kindergarten and universal prekindergarten enrollment. Although we include 5-year-olds in our descriptive analysis of children ages birth to 5, all 5-year-olds are eligible for kindergarten and are not included in the focal service population for early childhood care and education.

Figure 4 offers a first step in understanding where new investments and policy development can address unmet need. Additional information on parent and provider preferences, transportation, and other conduits to enrollment can refine these estimates and inform future federal, state, and local activities.

Quality and Availability

Quality and availability vary across Oklahoma’s ECCE mixed delivery system, as shown by administrative data and by parent, provider, and stakeholder perspectives. OKFutures definitions of quality and availability are included above and provide context for this section. Generally, universal prekindergarten, Head Start and Early Head Start, and tribal child care perform better on available indicators of quality than does private child care, but some private programs meet high marks under Reaching for the Stars, Oklahoma’s QRIS, and many programs serve satisfied families. The National Association for the Education of Young Children accredits 53 center-based programs, the National Accreditation Commission accredits 49 center-based programs, and the National Association for Family Child Care accredits 29 home-based programs statewide.

Many ECCE programs face challenges making care available and accessible to young children because of high costs and inadequate supply, among other factors. Yet Reaching for the Stars and the Oklahoma Early Childhood Program are working to expand ECCE quality and availability across the state.

Quality in the ECCE System

OKFutures provides a unified definition of quality that sits alongside many existing definitions developed by ECCE agencies, stakeholders, and families. Each definition is important for assessing the system’s overall quality.

Oklahoma pioneered one of the nation’s first quality rating and improvement systems in 1998 and remains one of a few states with mandatory QRIS participation. Reaching for the Stars, the state’s QRIS, assigns star ratings to child care facilities according to the following criteria (OKDHS 2016):

- One-star programs meet minimum licensing requirements (and all licensed programs are given one star and must apply to advance)
- One-star-plus programs meet additional quality criteria, which include additional training for staff, reading to children daily, and parental involvement and program assessment
- Two-star programs meet additional quality criteria or meet licensing requirements and are nationally accredited or are Head Start grantees and compliant with Head Start performance standards

- Three-star programs meet additional quality criteria and are nationally accredited or meet additional criteria and are Head Start grantees meeting the Head Start performance standards

Table 7 and figure 5 display the quality of child care facilities by star level in each region. The southern and eastern regions have the highest shares of two- and three-star facilities, followed by the urban Oklahoma City and Tulsa CSAs. Programs in the western region are of lower quality than the ones in other regions (65 percent of facilities have one-star ratings). The lack of high-quality facilities poses challenges to parental choice and child well-being.

TABLE 7

Quality of Child Care Facilities in Oklahoma

Ratings on Reaching for the Stars, Oklahoma's Quality Rating and Improvement System

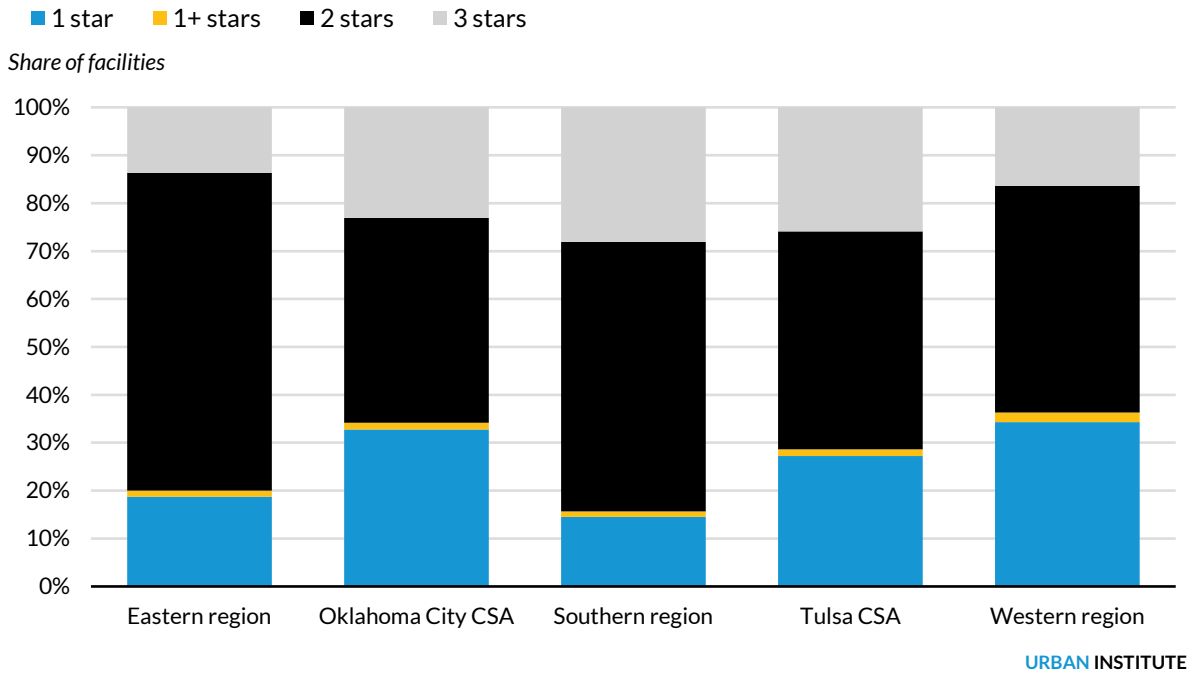
	Oklahoma	Eastern region	Oklahoma City CSA	Southern region	Tulsa CSA	Western region
Number of facilities	2,262	213	894	265	611	281
Star level						
1	46%	31%	49%	41%	41%	65%
1+	4%	4%	4%	3%	4%	2%
2	42%	56%	39%	45%	46%	29%
3	9%	9%	8%	12%	9%	4%
Total capacity	81,957	6,167	35,228	9,579	24,064	6,919
Star level						
1	28%	19%	33%	15%	27%	34%
1+	1%	1%	1%	1%	1%	2%
2	47%	66%	43%	56%	45%	47%
3	16%	14%	23%	28%	26%	16%

Source: Star-level data come from "Oklahoma Child Care Locator," Oklahoma Department of Human Services, exported July 12, 2019, <http://childcarefind.okdhs.org/childcarefind/>.

Notes: CSA = combined statistical area. Percentages may not add up to 100 percent because of rounding. We excluded child care facilities that have applied for licensure but have not yet been approved and so are listed as having 0 stars.

FIGURE 5

Quality of Child Care Facilities in Oklahoma, by Region



Source: Star-level data come from “Oklahoma Child Care Locator,” Oklahoma Department of Human Services, exported July 12, 2019, <http://childcarefind.okdhs.org/childcarefind/>.

Notes: CSA = combined statistical area. Percentages may not add up to 100 percent because of rounding.

As of July 2019, two- and three-star facilities provide more than 80 percent of subsidized child care statewide. Yet, in 41 counties, all facilities have a QRIS rating below three stars, suggesting substantial variation in quality across Oklahoma.

In interviews and focus groups, parents and providers identified what they believe to be the most important elements of quality in ECCE. In order of frequency, the elements most commonly mentioned were

- facility and classroom safety and cleanliness;
- high-quality learning and preparation for kindergarten;
- teacher quality, including meaningful interaction with children, individualized attention, and teacher qualification and experience;
- for Spanish-speaking parents, staff members who are bilingual and programs that provide bilingual instruction;
- open communication between staff and parents; and

- low teacher-child ratios.

Interviews also revealed that parents' assessments of program quality include the program's star rating (with two- and three-star programs considered high quality). Previous focus groups conducted with parents of young children found that quality was one of the most frequent reasons for enrolling a child in a child care program (Smart Start Oklahoma 2012).

WHAT WOULD YOU DESCRIBE AS YOUR ECCE CURRENT STRENGTHS IN TERMS OF QUALITY OF CARE ACROSS SETTINGS (E.G., ACCESSING ACCURATE DATA FROM RURAL AREAS, CENTRAL POINTS OF DATA ENTRY [+ OR -], POPULATION MOBILITY)?¹⁵

Oklahoma pursues ECCE quality across the mixed delivery system and within specific programs. At the state level, the Oklahoma Department of Human Services (OKDHS) developed early learning guidelines for young children, which are implemented in child care facilities. These guidelines align with the Oklahoma Academic Standards for prekindergarten and with the National Head Start performance standards, ensuring all children encounter similar expectations for developing early learning skills to prepare them for school. In addition, the OSDE works with local education agencies (e.g., school districts) to support the continuum of early learning as children transition into prekindergarten and kindergarten.

On the most recent National Institute for Early Education Research report, Oklahoma's universal prekindergarten program met 9 of 10 benchmarks on the quality standards checklist (Friedman-Krauss et al. 2019). The program's high quality is a product of several factors, including stable funding through the prekindergarten-through-12th-grade system, inclusion in the state funding formula, high standards for teachers (a bachelor's degree and specialized training in ECCE are required), and teacher pay parity between prekindergarten and later grades. Additionally, a recent study found that universal prekindergarten in Tulsa had lasting, positive effects on math achievement scores, grade retention, and enrollment in honors courses as late as middle school (Gormley, Phillips, and Anderson 2018; OSDE 2017).

Educare, Head Start and Early Head Start, AIAN Head Start and Early Head Start, and tribal child care are seen as models of quality among parents and providers. These programs are widely regarded as being of higher quality than other Oklahoma child care options, and many parents of children in other programs admire their quality and affordability. For Head Start programs that collaborate with public school prekindergarten programs, teachers follow state requirements for bachelor's degrees and specialized training in ECCE. In others, Head Start requires half of teachers, nationwide, to have bachelor's degrees in fields such as child development or ECCE and all teaching staff to have a minimum

of a child development associate credential. Early Head Start and Head Start parents cited facility cleanliness, teacher quality, and wraparound family support services as key drivers of their satisfaction with these programs. Additionally, tribal sick care centers, which care for sick children so their parents are not forced to miss work, are valued in neighboring communities.

In interviews, parents and providers attributed the excellence of Educare, Head Start and Early Head Start, AIAN Head Start and Early Head Start, and tribal child care programs to higher quality standards and a commitment to public service. Some tribal providers also cited additional revenue streams, including gaming and oil field taxes, as enabling them to provide higher-quality care.

In interviews, Oklahoma parents communicated high levels of trust in Head Start programs and prekindergarten. This differs from parents of children in other ECCE programs and parents whose children did not participate in ECCE programs, who voiced mistrust of non-family members caring for children as a major barrier to enrolling their children in child care programs. In many cases, the same parents who were opposed to enrolling their young children in private child care said that they would feel comfortable putting their children in a Head Start program and that they planned to enroll their children in universal prekindergarten once they turn 4. These perspectives highlight the importance of trust in parental choice and ECCE selection.

The quality of other components of the state's mixed delivery ECCE system is also strong or improving:

- Early Head Start–Child Care Partnerships fund Early Head Start grantees to partner with private child care providers who agree to meet Early Head Start performance standards, combining the high quality of Early Head Start with the flexible hours and full-day services of child care and allowing low-income children from birth to age 3 to be served in high-quality, comprehensive programs that meet the needs of working families. EHS-CCPs are required to provide services that benefit children, families, and teachers, including health, developmental, and behavioral screenings; high health, safety, and nutrition standards; increased professional development opportunities for program staff; and increased parent involvement (The Ounce, n.d.). Oklahoma has invested heavily in these partnerships and is among the few states that have agreed to pay at the full-time, full-day rate for children participating in EHS-CCP and that have waived copayments for families earning at or below the federal poverty level.
- Parents report benefiting from support services provided by ECCE programs. In a recent survey, 69 percent of parents receiving home-visiting services said the visits helped them better understand their child's development, 67 percent said their parenting skills improved, 62

percent said the visits supported their child's early learning, and 57 percent said the visits helped them feel more confident as a parent (Smart Start Oklahoma and ZERO TO THREE 2018). Another survey found that 90 percent of Child Guidance clients strongly agreed that the services were helpful to their children and families, 70 percent found the services to be respectful of their cultural and ethnic backgrounds, 64 percent reported a decrease in their children's inappropriate socioemotional behaviors, and 55 percent reported a decrease in risk factors for child abuse and neglect (Child Guidance Service 2012).

- The Oklahoma Early Childhood Program was created in 2006 as a funding stream to improve early education quality and to expand capacity to serve children from birth to age 3 statewide. In 2017–18, the OECP served 2,830 children in 237 classrooms throughout Oklahoma, promoting high-quality standards tied to minimum teacher qualifications, ongoing professional development, and parental supports designed to foster low-income families' independence and success. Public funding for the OECP flows through the OSDE as a match to private funds from philanthropists and corporations. Stakeholders said that enhanced CCDBG funding for 2018 is being used to support a collaborative effort between the OECP and OPSR. In 2017–18, OECP funding was restored to historical funding levels, as state budget cuts to the program in previous years had precluded its expansion (OECP, n.d.). The OECP offers a unique avenue for local direction of ECCE quality improvement using state funds.
- Finally, strong professional development opportunities in the state, led by the Center for Early Childhood Professional Development (CECPD), improve teacher quality. Created in 1998, the CECPD provides comprehensive services to Oklahoma's early childhood workforce. In fiscal year 2017, early care and education professionals completed more than 550,000 hours of approved online and in-person training. The CECPD's professional development services also include credentialing, consultation and technical assistance, educator training, leadership academies for center directors and family child care providers, and curriculum development. The CECPD houses the Oklahoma Professional Development Registry, which captures the training and professional level of more than 20,500 providers (CECPD 2017).

WHAT WOULD YOU DESCRIBE AS KEY GAPS IN QUALITY OF CARE ACROSS SETTINGS?

In surveys, Oklahoma stakeholders identified improving quality in early childhood programs as tied (with interagency collaboration, which we will address in a later section) for ECCE's most pressing priority. Oklahoma has made substantial investments in quality, but stakeholders suggest that additional work is required to align standards across ECCE programs and to increase the use of available quality-enhancing resources, such as shared services under the Oklahoma Child Care

Resource and Referral Association. Additional gaps in quality suggest a need to revisit standards for programs and teaching staff. For example, even though Oklahoma met all but one quality benchmark in the most recent National Institute for Early Education Research report, the state did not meet the benchmark for assistant teacher credentials.

Despite the high marks Oklahoma's ECCE system receives on quality, studies have found that many students—particularly low-income children—do not enter kindergarten with the skills they need to succeed. In 2014, the OKDHS developed the county-level Oklahoma School Readiness Risk Index to measure children's readiness for kindergarten and found that 46 percent of young children live in counties classified as high risk or high-medium risk for poor school readiness. The report found that counties with the highest risk are concentrated in the southeast, southwest, and northeast quadrants of the state (Lazarte Alcalá and James 2016). Socioeconomic status also has implications for school readiness, as more than one-third of children from low-income households enter kindergarten behind their higher-income peers (OSDE 2015).

Stakeholders identified staff quality both as a primary need and as one of the most important components of a well-aligned and streamlined ECCE system. They agree that providers are too often undereducated and underqualified to provide trauma-informed care, meet the needs of diverse learners, and implement whole-child approaches to teaching. The greatest barriers to professional development for providers are time and cost. Parents and providers voiced concerns about high teacher-child ratios and implications for teacher burnout and for the quality of care teachers can provide. Stakeholders also cited uneven implementation of ratios and other staff standards as a source of inequity among providers. And a top area for improvement was enhancing providers' cultural sensitivity—a sentiment expressed strongly by tribal child care providers, who shared concerns about discrimination against Native American children in nontribal programs. In past studies, parents have also noted the low quality of centers accepting child care subsidies (Smart Start Oklahoma 2012).

Several studies have also found that mistrust of child care providers is a major reason parents do not enroll their children in ECCE programs, suggesting gaps in quality. In one survey, 29 percent of respondents agreed with the statement "I don't trust anyone to care for my child except family" (Smart Start Oklahoma 2012). In interviews and focus groups, parents of unenrolled children stated that child care programs put children at higher risk for child abuse, neglect, and illness, citing stories on the news and on social media as the foundation for these beliefs.

I don't trust [child care providers]. There are a lot of wrongful things that go on in day cares. I know I'm probably taking away a lot of [my son's] interactions with other kids, but I don't want to take any chances until he's old enough to tell me what's going on.

—Parent

Finally, key stakeholders identified high overall levels and racial and ethnic disparities in school discipline practices as particularly concerning, given a growing body of research that demonstrates their lasting toll on children's cognitive and social development (Stegelin 2018). During the 2015–16 school year, Oklahoma reported that at least one child ages 3 to 5 was suspended, was expelled, or received corporal punishment in 27 percent of schools statewide, the country's second-highest rate.¹⁶ National data show these discipline practices are not meted out evenly. In preschool, black students are 3.6 times more likely to receive an out-of-school suspension than their white classmates, and boys constitute 79 percent of all preschool suspensions. Additionally, students with disabilities are suspended at higher rates than their peers (Stegelin 2018).

Recognizing this issue, one of the charges of the state's Task Force on Trauma-Informed Care, signed into law in 2018, is to recommend best practices to reduce punitive discipline in early childhood and to move toward positive behavior strategies.

WHAT ARE THE STRENGTHS AND THE WEAKNESSES OF THE DATA YOU HAVE AVAILABLE ON QUALITY?

Across Oklahoma, select programs and initiatives—including the Oklahoma Professional Development Registry and Reaching for the Stars—generate valuable data on ECCE quality, but varying program standards and data collection efforts across the mixed delivery system create weaknesses in data comparability and comprehensiveness overall.

For example, quality standards for Oklahoma's universal prekindergarten program are measured differently than for private, tribal, and Head Start and Early Head Start programs. Educare and Parents as Teachers programs have separate quality standards, as well. This makes it difficult to compare the quality of care that children receive across different providers in the ECCE system and difficult to assess links between observed quality and child and family outcomes. Recently, Oklahoma's Partnership for School Readiness Foundation: Smart Start Oklahoma worked with Oldham Innovative

Research to examine the alignment between ECCE program standards and develop a cross-sector QRIS, but it has not been implemented (Oldham Innovative Research 2013).

In addition, data on quality may not support disaggregation by program, child, and family characteristics, an important barrier to understanding disparities in access and experience. Although Oklahoma monitors and tracks the quality of its licensed child care programs, disaggregated data on the quality of programs young children attend (according to Reaching for the Stars ratings, by race, ethnicity, and income) are available only for children receiving subsidies and are not aggregated to the program, regional, or state levels. Given the state's goal to improve access and quality of care for vulnerable populations, these data are necessary to assess whether the distribution of high-quality care is equitable and to understand how program quality improvements should be targeted.

Finally, stakeholders noted that more data on the ECCE workforce are needed to properly assess quality. They emphasized the need to collect data on teacher wages and turnover, as the only current source of relevant information is self-reported data from several years ago. The Oklahoma Professional Development Registry has plans to collect wage data and is determining whether turnover data can be captured from the registry as well. Information on workforce credentials and training, especially related to the care of infants and toddlers, can shed light on the availability of qualified caregivers for these vulnerable populations.

WHAT INITIATIVES DO YOU CURRENTLY HAVE IN PLACE TO INFORM PARENTS ABOUT WHAT CONSTITUTES A HIGH-QUALITY CHILD CARE CENTER AND HOW DIFFERENT CENTERS MATCH UP IN TERMS OF QUALITY? IS THIS INFORMATION DELIVERED IN A CULTURALLY AND LINGUISTICALLY SENSITIVE MANNER? HOW EFFECTIVE ARE THE INITIATIVES AND INFORMATION? WHAT COULD BE IMPROVED IN THIS AREA?

The Oklahoma Child Care Resource and Referral Association (OCCRRA) began in 1999 through collaborative conversations among nine state agencies and the OKDHS. It operates under a board of directors and coordinates with regional agencies to expand access to high-quality ECCE for all Oklahoma families. OCCRRA efforts center on parent referrals, provider resources and supports, and community data collection on ECCE demand, availability, quality, and affordability.

OCCRRA is a key state initiative for improving ECCE quality through two channels: (1) informing parents about ECCE quality and boosting demand for high-quality programs, and (2) offering resources directly to providers through shared services that save time, money, and effort in disseminating best practices around business administration, family engagement, and instructional practices. In 2005, OCCRRA hired specialists focused on infant and toddler care and on Hispanic families and providers to

address growing needs. OCCRRA also hosts an annual Hispanic provider conference and, through ongoing translation and interpretation assistance, delivers information in a culturally and linguistically responsive manner.

OCCRRA provides substantial resources to families and ECCE providers in Oklahoma, but stakeholders report that its services are often underused. Research to understand where information barriers lie and how to overcome them can help OCCRRA maximize its potential.

Availability in the ECCE System

Families with young children access ECCE through various avenues, including the public prekindergarten system, Head Start and Early Head Start, AIAN Head Start and Early Head Start, EHS-CCP, Educare, and private and tribal child care. Public prekindergarten is free for all Oklahomans, and Head Start and its associated programs are free for children of parents living near or below the federal poverty level, but private and tribal child care providers determine their own rates, and parents pay either in full or in part using child care subsidies administered by the OKDHS.¹⁷ To qualify for subsidies, (1) families must have a child younger than 13, (2) the child must reside with a family whose income does not exceed 85 percent of the state's median income for a family of the same size and whose assets do not exceed \$1 million, and (3) the child either (a) resides with a parent or parents who are working or attending a job training or educational program, or (b) receives or needs to receive protective services (OKDHS, n.d.).

Parents across Oklahoma have reported accessibility to be among their most important considerations when enrolling in a child care program. In terms of accessibility, affordability and the convenience of the location are most important. Other factors that influence parents' decisions include hours of operation, whether other programs they wanted are full, recommendations from a family member or friend, and whether the program accepts child care subsidies (Smart Start Oklahoma 2012).

WHAT WOULD YOU DESCRIBE AS YOUR CURRENT STRENGTHS IN MAKING CARE AVAILABLE ACROSS POPULATIONS AND SETTINGS?

Community members and professionals have identified high-quality early childhood education as one of the easiest services to access in the state (McCarthy 2018). Oklahoma's public prekindergarten program is universally available to 4-year-olds free of charge, ranking the state fourth in the nation in providing access to prekindergarten (Friedman-Krauss et al. 2019).

Oklahoma has also demonstrated concerted effort in making ECCE programs available to low-income families. Head Start, Early Head Start, EHS-CCP, Educare, the OECP, and state-administered home-visiting programs are all invested in this effort. Notably, a 2016 OKDHS report found that the reach of publicly funded early childhood education and home-visiting programs is higher in counties at greater risk for poor school readiness (Lazarte Alcalá and James 2016).

The state's child care subsidy program also increases access to child care for children in low-income families. Oklahoma recently expanded child care subsidies by taking advantage of a historic boost in federal funding from the CCDBG for fiscal years 2018 and 2019 to establish eligibility at the maximum federal level of 85 percent of state median income. New family eligibility changes also decrease copayments for most families and caps copayments for most families at 7 percent of family income. Oklahoma child care subsidy rates are now in the 65th percentile nationally for families with children from birth to age 3 (Fine 2019). Additionally, in focus groups, tribal child care providers reported that some tribes have more flexibility than do state-administered child care providers to determine the income limit for receiving child care subsidies, enabling them to expand access to affordable child care to families higher up the income spectrum.

WHAT WOULD YOU DESCRIBE AS KEY GAPS IN AVAILABILITY?

For children too young to enroll in universal prekindergarten, ECCE program availability is often limited. Head Start has waiting lists across the state and is working to balance the need for Early Head Start with the need for preschool-age slots and smooth transitions into prekindergarten and kindergarten. Oklahoma does not maintain a waiting list for child care, but parents, providers, and stakeholders confirmed substantial gaps in availability for infants and toddlers. The same stakeholders that identified high-quality early childhood education as one of the easiest services to access in the state also identified high-quality child care as one of the hardest to access (McCarthy 2018). In 2011, child care and social service providers ranked child care as a top need across the state, and the number of operating facilities has declined since then (Smart Start Oklahoma 2012).

Studies of Oklahoma's child care system consistently find that the high cost and inadequate supply of child care options—particularly high-quality child care options—are the two largest barriers to children's participation in ECCE programs. Other barriers include a shortage of Spanish-speaking caregivers, a dearth of child care options for families working nontraditional hours, the low share of children with disabilities receiving services through SoonerStart, and insufficient awareness of available early childhood services among communities. These challenges can prevent parents from working. In one survey, 1 in 10 mothers of toddlers in Oklahoma reported that someone in their family had to quit a

job, not take a job, or greatly change a job because of problems with child care in the 12 months before the survey (OKDOH 2016).

I had to stay at home because if I worked, it would only pay for child care. It does not make sense for me to work.

—Parent

Studies of Oklahoma’s mixed delivery early childhood system consistently find that parents perceive affordability to be the main barrier to accessing child care. Interviews and focus groups with parents and providers and surveys of stakeholders all reveal that the issue of affordability is acute for families of infants and toddlers and for families earning just above the income threshold to qualify for child care subsidies. The cost of child care is also slightly higher in centers than in homes (table 8). One study found that income, educational attainment, and employment were all positively associated with difficulty accessing child care (Smart Start Oklahoma and ZERO TO THREE 2018). Parents and providers echoed this finding, expressing that families earning just above the income threshold are falling through the cracks because they do not qualify for subsidies and cannot afford tuition and fees. Parents communicated frustration at being penalized for working by losing subsidies.

TABLE 8
Average Weekly Costs of Child Care in Oklahoma, by Age

	< 1 year old	1 year old	2 years old	3 years old	4–5 years old	School age
Child care center	\$134	\$127	\$119	\$114	\$106	\$97
Child care home	\$113	\$111	\$108	\$106	\$104	\$97

Source: Oklahoma Child Care Resource and Referral Association (OCCRRA), *2017 State Summary* (Oklahoma City, OCCRRA, 2017).

Recent evidence shows that only a small share of Oklahoma children who are potentially eligible for child care subsidies receives them, mirroring national trends that stem from a chronically underfunded CCDBG system. The extent to which need for subsidies is being met varies by region, age, and race or ethnicity (table 5). The share of eligible children receiving subsidies based on state income eligibility limits is lowest in the eastern region and highest in the Oklahoma City CSA. In all regions, eligible

children ages 1, 2, and 3 are most likely to receive subsidies, while the share of eligible infants and 5-year-olds receiving subsidies is substantially lower (table 9).

TABLE 9

Share of Eligible Children Receiving Subsidies, by Age

	< 1 year old	1 year old	2 years old	3 years old	4 years old	5 years old
Oklahoma	15%	19%	20%	20%	16%	13%
Eastern region	9%	11%	13%	11%	9%	7%
Oklahoma City CSA	21%	26%	29%	28%	23%	18%
Southern region	12%	16%	17%	16%	15%	9%
Tulsa CSA	13%	17%	18%	19%	13%	13%
Western region	11%	14%	14%	14%	14%	10%

Source: State and regional estimates of total subsidy-eligible population come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Number of children receiving subsidies comes from the Oklahoma Department of Human Services.

Notes: CSA = combined statistical area. Percentages are the number of children receiving a child care subsidy divided by the number of subsidy-eligible children. If an age group within a region had fewer than 10 children receiving subsidies, the exact number of children receiving subsidies was not available. When this occurred, we used 5 to obtain an estimate of the number of children receiving subsidies within that age group in the region.

Additionally, even families who can secure child care subsidies may find that the subsidy is not large enough to cover the cost of child care, particularly for expensive infant care. According to a recent report from the US Department of Health and Human Services, 64 percent of providers of full-time licensed center child care and 48 percent of providers of full-time family child care in Oklahoma charge prices for infant care that are higher than the state’s CCDF payment rates (Murrin 2019).

It’s a catch-22—parents work hard to pay for their children but are making too much to get subsidies and too little to afford high-quality child care.

—Provider

After years of decline, recent trends in the receipt of child care subsidies point in a promising direction.¹⁸ Between 2015 and 2018, the number of children receiving subsidies increased 38 percent, from 31,525 to 43,642 (Fine 2019). This is largely a result of the 2018 CCDBG funding increase, which allowed Oklahoma to expand subsidy eligibility, reduce family copayments, and serve more eligible children. Continued CCDBG expansions in 2019 and proposed for 2020 may continue these trends.¹⁹

Parents and providers also said that the high price of child care leads some parents to drop out of the labor force because it can be more economical to quit working than to pay for child care. Often, parents decide to put only one of their children in a child care program because they cannot afford to enroll additional children. Parents also identified common child care payment structures (which require that parents pay for a certain number of days and hours each week regardless of whether their child attends) as barriers to entry, particularly for families working irregular hours who may not require care every day.

Beyond affordability, the second major barrier to child care is inadequate capacity. In every region, the demand for care is not being met, with unmet need the largest in the western region (figure 4). Past studies document capacity constraints as particularly dire in rural areas and for infants and toddlers (Smart Start Oklahoma 2012). Though the state does not maintain waiting list data, parents and professionals commonly cited long waiting lists as a major barrier to finding a provider, and parents reported being on waiting lists for up to a year before being accepted into a program, or in some cases never hearing back.

TABLE 10
Count of Child Care Facilities and Capacity
Change from 2018 to 2019

	Oklahoma	Eastern region	Oklahoma City CSA	Southern region	Tulsa CSA	Western region
Number of facilities in 2019	3,038	339	1,185	349	795	370
Change in facilities from 2018	-5%	-2%	-7%	-2%	-3%	-6%
Total capacity in 2019	117,031	10,411	49,498	12,604	35,099	9,419
Change in capacity from 2018	-3%	1%	-4%	-4%	-3%	-6%

Source: Facilities and capacity count come from the Child Care Monitoring Administration and Safety System database from the Oklahoma Department of Human Services.

Note: CSA = combined statistical area.

Capacity concerns have been exacerbated by the steady decline of child care facilities following reductions in child care spending over the past 15 years (McCarthy 2018). According to the OKDHS, the number of licensed child care centers and homes in Oklahoma declined 43 percent between 2005 and 2017, lowering the total number of slots available by 15 percent.²⁰ These trends have continued, with the total number of facilities falling 5 percent and the total number of slots falling 3 percent since 2018. The western region and the Oklahoma City CSA have experienced the largest declines (table 10). In May 2019, the Governor’s Early Childhood Education Subcommittee recommended an evaluation of access to child care, especially for vulnerable and underserved populations and in rural areas, and urged the formulation of strategies to address the declining number of child care providers.

Oklahoma's geography also makes it difficult to serve all children, with some families living in rural areas completely isolated from child care options. Analysis by the Center for American Progress shows that 55 percent of Oklahomans live in child care deserts, in census tracts that either lack any child care options or have so few that there are more than three children for every licensed child care slot (Malik et al. 2018).

High-quality options in particular are difficult to access. As of 2018, just 9 percent of all licensed child care facilities, housing 21 percent of all slots, achieved the highest rating on Reaching for the Stars.²¹ High-quality options, which are generally more expensive than low-quality options, can be particularly difficult to access for middle-income families, who do not qualify for child care subsidies but cannot afford the tuition and fees of high-quality programs.

Additionally, studies note a mismatch between ECCE programs and the needs of families with young children along multiple dimensions. Past needs assessments have identified a shortage of Spanish-speaking caregivers in communities with growing Spanish-speaking populations, particularly in Oklahoma City and Tulsa. One survey found that while 44 percent of child care center directors reported Spanish-speaking children enrolled at their center, only 56 percent of those directors had at least one Spanish speaker on staff. Most Spanish-speaking parents interviewed for that study said they could not speak with their child's teacher (Smart Start Oklahoma 2012).

Families working nontraditional hours, who are disproportionately low income, also experience challenges finding care for their children in the early morning, in the late evening, overnight, and on the weekend, mirroring national patterns (table 11). Statewide, child care facilities operating during nontraditional hours have a total capacity of less than 6,000. In focus groups, tribal child care providers said this is an acute problem in tribal communities, where some adults work odd hours in casinos. But parents and providers statewide said that while some providers could benefit from opening one hour earlier in the morning or staying open an extra hour in the evening to accommodate working parents, there may not be enough demand to justify the cost of extended care. Further research is required to understand families' preferences for nontraditional-hour child care and to inform strategies to fill unmet need.

TABLE 11

Characteristics of Availability of Child Care Facilities in Oklahoma

	Oklahoma	Eastern region	Oklahoma City CSA	Southern region	Tulsa CSA	Western region
Accepts subsidy	60%	71%	56%	69%	64%	45%
Operates during nontraditional hours	10%	5%	13%	2%	14%	3%
Ages served						
<1	83%	87%	82%	87%	83%	80%
1	89%	93%	88%	92%	88%	92%
2	92%	94%	91%	94%	90%	94%
3	100%	94%	93%	94%	90%	95%
4	93%	93%	93%	94%	93%	94%
5	89%	91%	88%	92%	90%	86%

Sources: "Oklahoma Child Care Locator," Oklahoma Department of Human Services, exported July 12, 2019, <http://childcarefind.okdhs.org/childcarefind/>; custom data pull from the Oklahoma Child Care Resource and Referral Agency, exported November 16, 2019.

Notes: CSA = combined statistical area. Percentages may not add to 100 percent because of rounding. Facilities are considered to operate during nontraditional hours if they accept children in the evening (from 6:01 p.m. through 11:59 p.m.), overnight (from 12:00 a.m. through 5:59 a.m.), 24 hours a day, or on weekends.

Stakeholders emphasized that Oklahoma's ECCE system also struggles to meet the needs of children with disabilities, particularly infants and toddlers. The rate of children with disabilities receiving services under IDEA is well below the national average for children from birth to age 3 (0.71 percent in Oklahoma versus 1.24 percent nationally) and for 3-to-5-year-olds (1.65 percent in Oklahoma versus 3.12 percent nationally) (OSEP 2016a, 2016b). Oklahoma serves a higher share of severely disabled children than moderately disabled children.

Although still below the national average enrollment, Part B performance metrics demonstrate positive trends. The state met federal requirements for Part B in 2017, and the share of children served increased 19 percent between 2008 and 2016. But Oklahoma was one of 23 states that failed to meet federal requirements for Part C, and the share of children served by SoonerStart, which administers Part C, decreased 12 percent during the same period (OSERS 2018).

Two key factors produce the low IDEA enrollment rates. First, state budget deficits several years ago hindered the expansion of SoonerStart's Child Find activities and have led to reductions in service providers and resource coordinators. Additionally, Oklahoma has narrow eligibility requirements for Parts B and C compared with the rest of the country—based on a statistical formula that has not changed since IDEA legislation passed in 1990—which diminishes the pool of children eligible for services (Smart Start Oklahoma 2012).

Stakeholders emphasized a need for more providers dedicated to meeting the needs of families of children with disabilities. They shared that the state would benefit from adding more SoonerStart providers, increasing the frequency and intensity of SoonerStart services, and adding a full-time coordinator in every hospital to connect families of children with disabilities to services. Stakeholders also noted that these families often find the services they need for their children to be out of reach because of costs.

Other ECCE programs that have traditionally served low-income families, including home-visiting programs and Child Guidance, have also faced recent budget cuts that limit their ability to meet demand. The National Home Visiting Resource Center Yearbook reported that in 2017, Oklahoma's home-visiting programs served 6,900 families and 6,494 children but estimated that an additional 242,500 families and 313,200 children could benefit from home visiting (NHVRC 2018). Stakeholders also noted that the expansion of EHS-CCP and the OECP in rural communities has been hindered by difficulty finding private or philanthropic dollars to match public funds for these programs.

Finally, in some cases, ECCE programs may be available to parents, but parents may not know they exist, hindering uptake. In focus groups, parents reported hearing about programs primarily through word of mouth, highlighting the importance of increasing community awareness. Stakeholders stressed the need for adequate promotion of existing services. In particular, stakeholders noted that providers face difficulty recruiting children who are homeless or in foster care. Additionally, stakeholders and child care providers emphasized a need to increase parents' awareness of the importance of early learning through positive, approachable messages so they understand the value of enrolling their children in ECCE programs. Addressing issues related to quality and availability are critical for maximizing choice and filling unmet need for ECCE.

Existing Workforce

The quality, availability, and potential future expansion of ECCE in Oklahoma rests on its workforce. Oklahoma makes substantial investments in workforce training and education through initiatives such as the Scholars for Excellence in Child Care Program and supports for infant and toddler providers. Yet changes to the ECCE landscape have given rise to new needs. The declining number of centers and homes, heightened requirements under the reauthorized CCDBG, and the expansion of EHS-CCP and state quality improvement initiatives, along with growing diversity and vulnerability among Oklahoma's young children, are reshaping the work of ECCE in Oklahoma.

TABLE 12

Demographic Characteristics of the Early Childhood Care and Education Workforce in Oklahoma
Center-based, family-based, and private home-based child care workers; preschool teachers; and assistant teachers as defined in the American Community Survey

	Center-based child care worker	Family-based child care worker	Private home-based child care worker	Preschool teacher ^a	Assistant teacher
Estimated number of workers	8,171	2,749	1,508	5,670	1,102
Race or ethnicity					
White	63%	64%	67%	72%	42%
Black	19%	18%	3%	14%	23%
Hispanic	6%	9%	17%	4%	14%
Asian	1%	0%	3%	0%	5%
Native American	7%	5%	4%	7%	10%
Other race or multiracial	4%	4%	6%	2%	6%
Educational attainment					
High school diploma or less	43%	38%	47%	25%	41%
Some college	33%	38%	30%	33%	33%
Associate's degree	10%	10%	9%	14%	14%
Bachelor's degree or more	13%	15%	14%	27%	12%

Sources: Estimates come from the 2013–17 American Community Survey Uniform Extracts downloaded from Center for Economic and Policy Research. Occupation definitions come from the Government Accountability Office (GAO), *Early Child Care and Education: HHS and Education Are Taking Steps to Improve Workforce Data and Enhance Worker Quality* (Washington, DC: GAO, 2012).

^a Preschool teachers are self-identified based on occupations defined in the American Community Survey and may or may not teach in Oklahoma's universal prekindergarten program.

There are now between 19,200 and 21,464 ECCE workers statewide.²² Table 12 summarizes the characteristics of the ECCE workforce using data from the ACS. The ACS allows respondents to select from among five ECCE occupations. These occupations do not align neatly with federal and state programs and policies. For example, a private child care provider might identify as a center-based child care worker or a preschool teacher, while a license-exempt family, friend, or neighbor caregiver might identify as a family-based child care worker or a private home-based worker. Although these options have limitations, the ACS supports analyses of the full ECCE workforce and provides detailed information on workforce characteristics not available in other sources.

Center-based child care workers make up the largest share of the ECCE workforce (42 percent), with preschool teachers making up the second-largest share (30 percent). Home-based child care workers and assistant teachers make up smaller shares of the overall workforce. Nearly 97 percent of the ECCE workforce is made up of women. Oklahoma's ECCE workforce is also racially and ethnically diverse. The ECCE workforce is predominantly white, but 17 percent is black and 8 percent is Hispanic. Compared with the ECCE workforce at large, assistant teachers are more likely to be people of color,

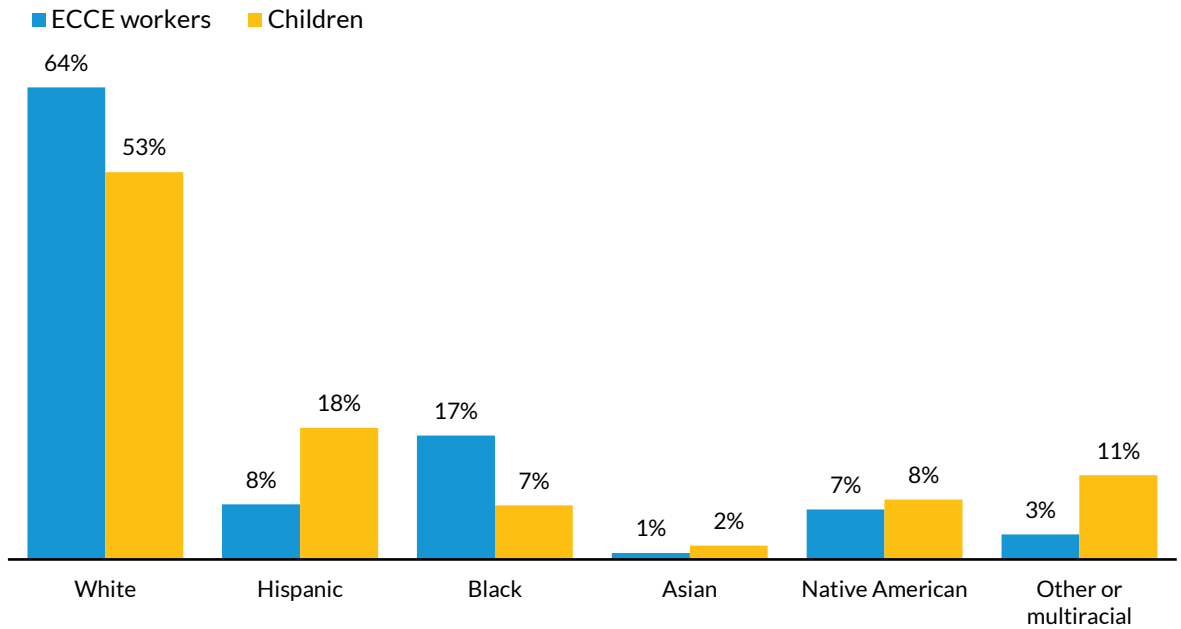
making up more than 58 percent of their occupation. Private home-based child care workers are nearly twice as likely to be Hispanic than the rest of the state's ECCE workforce.

ECCE workers look racially and ethnically similar to the children they serve (figure 6). Yet because gaps in representation are larger in Oklahoma than at the national level,²³ any new investments or policy changes to meet need may be accompanied by demographic tracking to ensure that the existing diversity of the ECCE workforce—a strength in creating culturally and linguistically relevant programming—is not lost.²⁴ In particular, stakeholders note a shortage of bilingual teachers in many programs. Head Start programs have access to excellent resources to support dual-language environments but may not have staff members who can communicate with families.

ECCE workers have low formal educational attainment. Statewide, 18 percent of the ECCE workforce has at least a bachelor's degree. Preschool teachers in Oklahoma are more likely to have attended college (75 percent) than the rest of the workforce (60 percent) and are nearly twice as likely to have a bachelor's degree (27 percent versus 14 percent). These rates are much higher for universal prekindergarten teachers in public schools because Oklahoma requires a bachelor's degree and specialized training (Friedman-Krauss et al. 2019). The OSDE reports that 82 percent of prekindergarten teachers hold a bachelor's degree, 18 percent hold a master's degree, and less than 1 percent hold a doctoral degree, as of the 2017–18 school year.

FIGURE 6

ECCE Workers and Children in Oklahoma, by Race or Ethnicity



URBAN INSTITUTE

Sources: ECCE workforce data come from State Reporting Certification databases. Child population estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Occupation definitions come from the Government Accountability Office (GAO), *Early Child Care and Education: HHS and Education Are Taking Steps to Improve Workforce Data and Enhance Worker Quality* (Washington, DC: GAO, 2012).

Notes: ECCE = early childhood care and education. Program directors are excluded. Workforce data include all teachers—as defined by job code 110—who have both personnel and certification records. Racial categories exclude people of Hispanic ethnicity. People of Hispanic ethnicity are classified as such, regardless of race.

Across the ECCE workforce, professional qualifications are directly related to compensation. Low wages challenge workforce quality and stability in Oklahoma and nationwide. Because of the reliance on families to cover the cost of care and inadequate public financing, compensation has proven to be the most challenging and significant issue for the field. In 2015, child care workers had average annual wages of \$18,520, and wages have declined since then (CSCCE 2018).

Although we focus on how poverty and stress affect families, many child care providers struggle with financial stability and access to health and mental health care and transportation. Oklahoma discontinued a wage supplement program because of state budget cuts but is currently launching a \$600 Certificate of Achievement and Stipend Program for child care providers that have a child development associate credential or 40 hours of approved training and serve families receiving subsidies. Research needs to be conducted to determine whether this stipend reduces the projected 33 percent turnover rate among providers.

Average wages for prekindergarten teachers in 2015 was \$32,030, substantially higher than for child care workers and better aligned with required qualifications and professional responsibilities. Oklahoma has the second-lowest wage gap between preschool and kindergarten teachers (83 percent) in the nation.²⁵

Compared with ACS data, administrative data reported by ECCE programs are more limited but better aligned with counts of children served by the three main ECCE programs. There are 21,464 workers in the ECCE workforce by administrative records (table 13). As with the ACS estimates, most of this workforce is made up of child care workers. In addition, 2,180 full-time equivalent teachers are in prekindergarten, 822 preschool classroom teachers are in Head Start, and 893 infant and toddler classroom teachers are in Early Head Start.

TABLE 13
Additional Characteristics of Early Childhood Care and Education Workforce in Oklahoma
Center-based, family-based, and private home-based
child care workers; preschool teachers; and assistant teachers

	Estimated number of workers	Share of respective workforce
Estimated total of ECCE workforce	21,464	
Accounts in Oklahoma Professional Development Registry	20,500	100%
Universal prekindergarten teachers^a	2,181	100%
Full-day teachers	1,968	90%
Half-day teachers (full time equivalent)	213	10%
Head Start preschool classroom teachers	822	100%
Less than an associate's degree	22	3%
Associate's degree	248	30%
Bachelor's degree or more	552	67%
Head Start preschool assistant teachers	885	100%
Less than an associate's degree	581	66%
Associate's degree	94	11%
Bachelor's degree or more	210	24%
Head Start infant and toddler classroom teachers	893	100%
Less than an associate's degree	629	70%
Associate's degree	143	16%
Bachelor's degree or more	121	14%
Other Head Start staff	2,783	100%

Sources: Estimates for total ECCE workforce come from 2013–17 American Community Survey Uniform Extracts downloaded from the Center for Economic and Policy Research. Number of accounts in Oklahoma Professional Development Registry come from a Center for Early Childhood Professional Development 2019 data pull. Universal prekindergarten workforce information comes from the Oklahoma State Department of Education for the 2017–18 school year. Head Start workforce information comes from Head Start Program Information Report data for fiscal year 2018.

Note: ECCE = early childhood care and education.

^aAll universal prekindergarten teachers have a bachelor's degree or more. The number of half-day prekindergarten classroom teachers was calculated using half the number of teachers who teach the morning session (226) and half the number of teachers who teach the afternoon session (199).

Facilities: Concerns and Issues

The environment in which young children learn and play is important for their school preparedness and for parents' level of comfort participating in an ECCE program. In interviews and focus groups, parents most frequently identified ECCE facility safety and cleanliness as indicators of a high-quality program. Stakeholders pointed to facility funding through the CCDBG and a sunsetted state tax credit as useful in the past, but funding declines and the burden of related requirements suggest a need for new approaches to resolving facility concerns.

WHAT ISSUES HAVE BEEN IDENTIFIED INVOLVING ECCE FACILITIES?

Across the state, parents voiced concerns about old or run-down child care facilities and identified safety as one of the most important elements of quality. Persistent issues related to safety and cleanliness may consequently challenge parents' willingness to enroll in programs. In particular, parents worried about the absence of tornado shelters in child care centers, both because of their children's safety and because tornado warnings often force parents to leave work to pick up their children. Parents of children enrolled in public prekindergarten reported greater confidence in the safety and security of elementary school facilities.

Stakeholders noted that there is little funding available for ECCE facilities, as the OKDHS did not use the recent increase in CCDF funds for facility improvement, citing previous administrative burdens.

WHAT CURRENT PLANS ARE IN PLACE TO ADDRESS ECCE FACILITY ISSUES?

There are no state-level plans to improve safety and cleanliness in ECCE classrooms. But some providers are independently working to leverage other funds to improve facilities. The federal funding opportunity to expand EHS-CCP has provided Oklahoma an opportunity to improve buildings and classrooms in urban and rural areas and have already helped educate the community and parents about high-quality ECCE facilities. Additionally, in focus groups, tribal child care providers said they would use increased CCDBG dollars largely for ECCE facility improvements, including construction and renovation.

Finally, given the lack of state funding for facility improvement, stakeholders said Oklahoma plans to explore more creative financing strategies to maximize funding and reduce administrative barriers, such as leveraging private funds or community development opportunities.

Interagency Collaboration within ECCE

ECCE in Oklahoma is administered by the Oklahoma State Department of Education, Department of Commerce, Department of Health, and Department of Human Services, as well as tribal governments. Providers braid and blend funds across agencies, necessitating consideration of multiple program standards, curricular requirements, and accountability systems. Children are served in multiple programs from birth through age 5, and some families participate in multiple programs at the same time. PDG B-5 provides an opportunity to develop an efficient and effective mixed delivery ECCE system across these diverse programs, and stakeholders are invested in doing so, rating interagency collaboration among their most pressing priorities.

WHAT POLICIES AND PRACTICES ARE IN PLACE THAT EITHER SUPPORT OR HINDER COLLABORATION?

In surveys, stakeholders identified system integration and interagency collaboration as tied with quality for the most pressing priority in the Oklahoma early childhood system and as the number one attribute of a well-aligned and streamlined system. To that end, regional ECCE partners and the Tribal-State Child Care Network meet quarterly. Stakeholders also noted the importance of the Oklahoma Partnership for School Readiness in coordinating early childhood programs statewide and in providing education and resources to parents.

OPSR is a primary state initiative designed to foster collaboration. Beginning in the 1990s, advocates were interested in strengthening Oklahoma's early childhood system through a structure under which all child-serving state agencies and other influential stakeholders convene to coordinate programs, create efficiencies and accountability, and strengthen families to support young children on a path to school readiness. 10 O.S. § 640.1 created OPSR and required its board to be the state's Early Childhood Advisory Council, fulfilling the responsibilities described in the Head Start Act of 2007 and outlining the board's responsibilities (O.S. 10 § 640.2).²⁶ This 32-member public-private board has been in existence since 2003 and has convened members to discuss early childhood system considerations and makes recommendations in its annual report. But state statute does not require that agencies collaborate through the OPSR board structure, allowing room for fragmentation of program standards and eligibility rules. There is a need to consider strategies to strengthen this collaboration to best support state-level interagency collaboration across ECCE and to improve collaboration between ECCE and agencies serving older children and youth.

Within the ECCE mixed delivery system, EHS-CCP and Educare demonstrate the most notable examples of interagency collaboration. Participating programs bridge Early Head Start, child care

subsidies, and other systems, allowing them to combine high standards with the flexibility of private child care. EHS-CCP has addressed coordination barriers through quarterly meetings hosted by the Head Start Collaboration Office, OPSR (state advisory council), and child care services (OHSCO 2018).

In focus groups with providers, other components of the ECCE system were noted for their strength in collaboration. Head Start and Early Head Start, AIAN Head Start and Early Head Start, and tribal child care programs connect parents to other services within the system, such as state-administered and tribal home-visiting programs, SoonerStart services, and the Child Guidance Program. Early Head Start programs often incorporate home visits as part of their programming. In interviews and focus groups, parents of children in Head Start and tribal child care programs reported that these programs help parents apply for and obtain child care subsidies case by case.

The dispersion of ECCE program administration across various government agencies presents challenges to coordination and collaboration. One study identified concerns about universal prekindergarten and Head Start “taking” children from private child care providers, exacerbating resource scarcity (Smart Start Oklahoma 2012). Aligning quality standards across programs is also a challenge. A crosswalk of ECCE program standards found that standards aligned most closely in family engagement and learning environment but that there was little alignment in transportation, nutrition, health and safety, disabilities, professional development, and Eligibility, Recruitment, Selection, Enrollment, and Attendance in Head Start programs (Oldham Innovative Research 2013).

Collaboration challenges are often most acute at the local level. Parents and stakeholders cited a need for coordinated enrollment in local communities to maintain an accurate count of children awaiting services and to improve access to ECCE programs based on eligibility. Head Start experiences unique collaboration challenges given its federal-to-local structure and integration with state and local ECCE programs, as demonstrated by a recent survey of Head Start directors across Oklahoma. Some programs have no relationship with child care resource and referral agencies, the subsidy system, or planning committees that address child care issues. Head Start directors also indicated little relationship with non-Head Start committees, interagency coordination councils, or preschool special education work or advisory groups. In several programs, relationships with SoonerStart are nascent, and numerous programs indicate difficulty in obtaining timely Part B and Part C evaluations and evaluation results. Additionally, Head Start directors identified some aspects of collaboration with state and local agencies as difficult, including obtaining timely background check results of prospective employees (OHSCO 2018).

Stakeholders said Oklahoma is addressing these coordination challenges by using PDG B-5 funds to design an Early Childhood Integrated Data System (ECIDS). The system design work includes examining the state's data inventory across multiple agencies, proposing technological solutions to connect data from each of those agencies, and proposing a governance structure for agencies to work together to manage data use.

Transition Supports and Gaps

Transitions among early childhood programs and between ECCE and elementary schools aim to make the most efficient and effective use of program resources, especially for vulnerable and underserved children and families. Sustained transition supports are a long-standing priority in Oklahoma and a focus of OKFutures grant activities. Yet insights from parents, providers, and stakeholders, along with existing needs assessments and related documents, suggest that additional transition supports may be required to ensure all young families are prepared for success in school and beyond.

WHAT ARE THE STRENGTHS AND WEAKNESSES OF THE TRANSITION SUPPORTS FOR CHILDREN MOVING FROM EARLY CARE AND EDUCATION TO SCHOOL ENTRY?

Support for transitions from ECCE to school entry can come from early childhood programs and from elementary schools. The Oklahoma State Department of Education provides school readiness resources directly to parents and through local education agencies to smooth the transition to prekindergarten and kindergarten. The OSDE has also adopted vertically aligned learning standards that span prekindergarten through 12th grade and offers summer learning programs for children entering kindergarten who did not participate in public prekindergarten. In its recent Every Student Succeeds Act plan approved by the US Department of Education, the OSDE committed “to collaborate with relevant stakeholders at the state and local levels on policy, resources, and funding streams to support early childhood initiatives focusing on an aligned system to facilitate smooth transitions and school success” (OSDE 2017).

Similarly, the state departments of health and human services support strong school transitions through coordinated professional development for the ECCE workforce and programs such as the Child Guidance Program and SoonerStart, which bridge the transition from infant and toddler care to preschool and kindergarten.

Processes are also in place to support smooth transitions between IDEA Parts B and C and between Early Head Start and Head Start. Before a child's transition from SoonerStart to Part B services

(provided by school districts) at age 3, the child's family works with a SoonerStart resource coordinator to develop a plan that will be part of the Individual Family Service Plan. The plan process helps families set goals and connects them with necessary services and supports. If a comprehensive evaluation by the child's school district finds the child to be eligible for specialized services under Part B, a team meets with the family to develop an Individualized Education Program for the child, which, based on the family's goals and child's needs, determines the intensity of services the child receives. Stakeholders noted this transition sometimes presents challenges, as eligibility requirements are different for Parts B and C, and some services provided by SoonerStart may not be available to families after age 3 (OSDE and SoonerStart, n.d.).

Early Head Start and Head Start require a similar transition plan to be in place before a child's third birthday. This plan must account for the child's developmental level and health and disability status, progress made by the child and family while in Early Head Start, family circumstances, and the availability of other ECCE services in the community that can meet the needs of the child and family. If the child is enrolling in a Head Start program, the Early Head Start and Head Start programs are required to work together to ensure a successful transition. But stakeholders noted there are not always enough Head Start slots for children graduating from Early Head Start.

Stakeholder and parent perspectives suggest a mixed picture of the quality of transition supports, particularly between ECCE programs and kindergarten. Stakeholders cited a need for improved coordination between ECCE and elementary schools, and parents across the state experienced little communication or data sharing as their children transitioned to kindergarten. Additionally, providers have communicated a need for more professional development around transitions at all ages.

In interviews, respondents did not always perceive the lack of communication between ECCE programs and kindergarten as a weakness. Many parents reported feeling their children were well prepared for kindergarten and experienced smooth transitions. Some parents credited the school-based prekindergarten environment, while others cited the quality of Head Start programs, in discussing their positive transitions. But other parent perspectives, captured in recent needs assessments commissioned by OPSR, suggest a lack of resources designed to help parents understand and foster school readiness, including for children with suspected disabilities who could benefit most from additional supports (Rackliff Cyiza, n.d.; Smart Start Central Oklahoma 2017). Unevenness in perspectives and experiences suggests a need for renewed effort to ensure a strong start to school for every child.

HOW DO THE SUPPORTS DIFFER BASED ON THE TYPE OF EARLY CARE AND EDUCATION PROVIDER (E.G., HEAD START, STATE/TERRITORY PRE-K, HOME CARE PROVIDER, PRIVATE OR RELIGIOUS-BASED PROVIDER)?

Supports for strong transitions differ based on location, program standards, and local collaborative agreements between ECCE programs and elementary schools. Academically oriented programs such as universal prekindergarten and Head Start tend to focus more on school readiness and therefore foster greater success among graduating families than other ECCE programs, whether or not explicit supports are provided.

Head Start warrants particular attention. A 2018 survey of Oklahoma Head Start directors found that school transitions and alignment with K–12 was only the ninth-most-pressing priority, down from fifth the previous year. The survey revealed improved relationships between Head Start programs and public schools, with several touting successful collaborations. Yet comprehensive transition policies, joint staff training, data sharing, and aligned curricula, assessments, and family supports remained elusive for other programs (OHSCO 2018). Continued progress within Head Start may offer strategies and solutions for expanding transition supports.²⁷

Gaps in ECCE Data and Research

High-quality data linked across the ECCE mixed delivery system are critical for developing accurate estimates of service use and unmet need. Efforts in Oklahoma to create an Early Childhood Integrated Data System occur through OKFutures under the coordination of OPSR. The system's highest priority is to capture an unduplicated count of children served in Oklahoma's mixed delivery system. At the governor's direction and under the Health and Human Services Cabinet's leadership, nine state agencies have signed a data-sharing agreement to participate in this effort. In addition, the Master Person Index was selected to create a unique identifier.²⁸ The index holds 65 million records and 16.6 million unique identifiers. Records were successfully matched between Part C and MIECHV programs in 2018, the first use of the index to link data. The state prioritizes sustainability and will use OKFutures funding to continue this effort. Yet challenges remain.

WHAT ARE THE MOST IMPORTANT GAPS IN DATA OR RESEARCH ABOUT THE PROGRAMS AND SUPPORTS AVAILABLE TO FAMILIES AND CHILDREN? WHAT ARE THE MOST IMPORTANT GAPS IN DATA OR RESEARCH REGARDING COLLABORATION ACROSS PROGRAMS AND SERVICES?

WHAT CHALLENGES DO THESE GAPS PRESENT? WHAT EXISTING INITIATIVES ARE BEING UNDERTAKEN IN YOUR STATE/TERRITORY TO ADDRESS THESE GAPS?

Data gaps stem from the different histories, goals, and agency homes of programs across the ECCE mixed delivery system. Data from state-administered and tribal child care are the least detailed and most distinct from other programs. Because they serve licensing and regulatory purposes, they focus on capacity rather than enrollment and cannot support fine-grained participation estimates by child age, race or ethnicity, income, subsidy receipt status, or other characteristics. The state does not maintain a waiting list for child care subsidies, making it difficult to estimate unmet need. These gaps present challenges to estimating the total number of children served and identifying disparities in access that could be addressed through funding and policy development. These data limitations are likely to affect vulnerable and underserved children and families more than others in Oklahoma, given preexisting barriers to access and participation.

Gaps in data linked across ECCE facilities and children and families pose additional challenges to understanding program availability and unmet need. Data linkages are key to producing unduplicated estimates of children experiencing and awaiting service because many ECCE facilities braid and blend funding from multiple sources (e.g., Head Start and Early Head Start, child care subsidies, and private tuition), and many children and families use more than one ECCE program at the same time and over the course of their children's early years. Our estimates in this needs assessment attempt to remove duplicates. For example, we drop facilities with "Head Start" in their names from overall counts of licensed child care capacity because of the availability of Head Start and Early Head Start enrollments. Still, this fix is incomplete. Children who attend half-day prekindergarten in the morning and half-day Head Start in the afternoon are counted twice, suggesting an overestimate of the number of children served and underestimate of unmet need. Similarly, a lack of longitudinal data on children's progression among ECCE programs (e.g., from Early Head Start to Head Start to prekindergarten) may limit the developmental boosts provided by each one and lead to suboptimal trajectories in early learning (Jenkins et al. 2016).

Challenges also arise from the lack of data integration between some of the main ECCE programs and others in the mixed delivery system. For example, understanding coenrollment in EHS-CCP programs, state-administered home visiting, IDEA Part C, and the Child Guidance Program might allow for streamlined eligibility determination and service tailoring that meets the needs of Oklahoma's most vulnerable children and families. The current lack of data integration may lead to missed opportunities and inefficiencies that have long-term costs, such as remediation and retention once children enter school.

Statewide, universal prekindergarten offers an exception to this gap in its inclusion in OSDE data systems, standards, and accountability frameworks. In Tulsa, studies of prekindergarten and Head Start draw on extraordinary data linkages facilitated by researchers and state and local agencies (Gormley, Phillips, and Anderson 2018; Phillips, Gormley, and Anderson 2016). These studies address gaps and provide evidence to inform parents, ECCE providers, and state and community leaders.

This section has focused on gaps in the availability and use of administrative data to measure child outcomes in relation to ECCE experiences. The ECIDS effort is under way to address this gap and provide a state-of-the-art data system with a sustainable, collaborative governance structure that allows for cross-sector impacts and longitudinal analysis on child outcomes. But other data sources would be useful in designing a strong mixed delivery early childhood system and understanding parental choice, including parent surveys representative of the state as a whole and different segments of Oklahoma's population. Another need is to take a systems-level approach to evaluation, an approach that includes multiple areas of focus, including the child, parent, and family unit; school and child care environments; the workforce (e.g., education and credentials, particularly for infant and toddler providers); community conditions; and the state and national policy and political environments. Evaluation efforts may involve specific programs and strategies to improve programs and to measure impact, but efforts can also measure the combined impact of all the supports and services young children receive in Oklahoma. Aware of this need, OKFutures is building a systems-level evaluation plan.

As the strategic plan is developed and implemented, other research and evaluation gaps and needs will emerge. Building a strong state and university partnership to be responsive to emerging needs and to demonstrate a commitment to research-informed practice is one aspect of a robust system designed for sustainability, quality, and continuous improvement. Such a partnership has begun under the OKFutures grant and builds on other examples of such partnerships throughout Oklahoma.

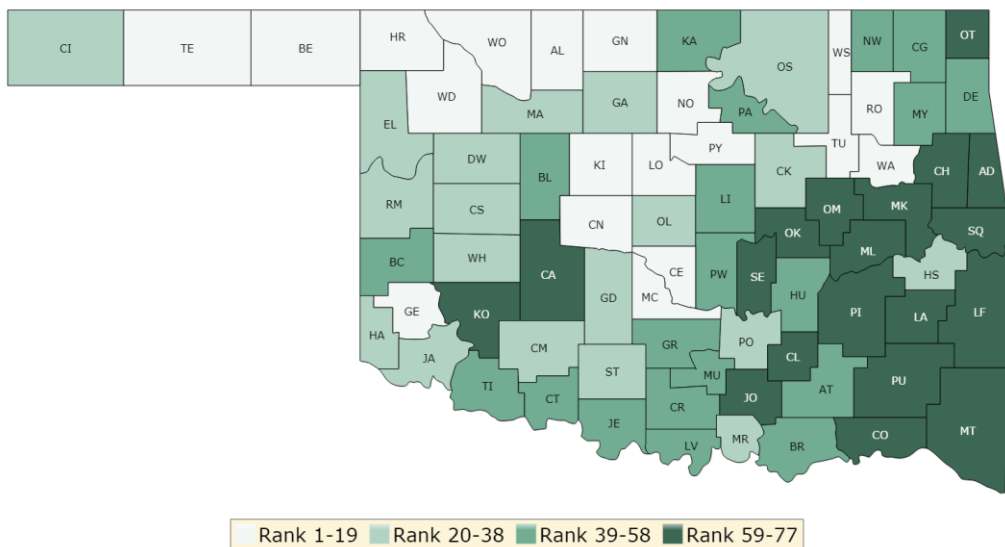
Assessing Need in Health

ECCE has a long history of supporting the health of children, families, and communities. Oklahoma's early childhood system continues this tradition. Recognizing the strong body of research that shows that healthy students have better attendance, behavior, and achievement, many state ECCE programs foster access to health-related services for children and families, especially those with the greatest need (Basch 2010). Addressing issues related to health, mental health, and substance abuse is critical to ensuring family well-being and allowing families to enjoy all the potential benefits of participation in high-quality ECCE programs.

Health

As of 2018, Oklahoma ranked 47th out of 50 states in overall health and was well below the national average on several indicators (United Health Foundation 2018). The state ranked 41st for no or delayed prenatal care, 40th for preterm births, 42nd for infant mortality, and 38th for mothers who initiated breast-feeding (NHVRC 2018). Health outcomes are distributed unevenly throughout the state, with outcomes notably worse in the northeast and southeast regions (figure 7).

FIGURE 7
Health Outcomes in Oklahoma, by County



Source: The Robert Wood Johnson Foundation's 2019 Oklahoma County Health Rankings & Roadmaps.

Health insurance coverage is a pressing issue, and the state has declined to expand Medicaid under the Affordable Care Act. Lack of coverage can create challenges for young families and for ECCE providers. As of 2017, Oklahoma ranked 48th in the nation in the rate of uninsured children younger than 18 and 49th in the nation in health insurance enrollment for adults ages 18 to 64 (Alker and Pham 2018).²⁹ Table 14 shows health insurance coverage, by source, for young children in Oklahoma.

TABLE 14
Health Insurance Characteristics of Young Children in Oklahoma

	Number of young children	Share of young children
Any health insurance	294,526	93%
Type of health insurance		
Employer or union	123,502	39%
TRICARE or the Veterans Administration	8,997	3%
Medicaid	140,314	44%
Direct purchase	16,079	5%
No health insurance	22,883	7%
SoonerCare and Insure Oklahoma insurance	212,642	67%

Sources: Estimates come from 2013–17 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. Estimates on SoonerCare (Oklahoma Medicaid) and Insure Oklahoma insurance come from the Oklahoma Health Care Authority for the 2018 fiscal year.

Notes: “Young children” refers to children from birth to age 5. Percentages may not add up to 100 percent because of rounding and nonresponse. To determine the type of health insurance the child may be predominantly using, we use the hierarchy shown above. Those who were marked as receiving health insurance through Indian Health Services are included under having no health insurance.

Existing studies and original data analysis also document substantial racial, ethnic, and socioeconomic disparities in child and adult health and in health care coverage, mirroring national trends. The preterm birthrate among black women in Oklahoma is 39 percent higher than the rate among all other women, and the rate of very low birthweight among black children is nearly three times higher than among white and Native American children (OKDOH 2019). Among the nonelderly, disparities in insurance coverage are substantial, with 12 percent of white individuals uninsured, compared with 17 percent of African American individuals, 25 percent of Hispanic individuals, and 30 percent of Native American individuals.³⁰ Gaps narrow somewhat for young children, but remaining disparities still raise concerns about health and well-being during a critical developmental period: 5 percent of white, black, and Asian children are uninsured, while 7 percent of Hispanic children and 19 percent of Native American children are uninsured.

Although uninsurance among Native Americans is particularly high, the Indian Health Service and select tribal providers offer care to all children and families, regardless of ability to pay. Yet access to

services beyond preventive care can pose challenges, given the location of specialists and transportation limitations. Across all racial and ethnic groups, low-income Oklahomans have poorer health outcomes and lower rates of health insurance coverage than their higher-income counterparts.

Mental Health and Substance Abuse

Poor mental health and substance abuse are pressing problems. Past needs assessments and qualitative data document substantial challenges statewide (CAP Tulsa 2017; Child Guidance Service 2012; NHVRC 2018). Oklahoma has the country's fifth-highest rate of frequent mental distress among adults, and the rate increased 19 percent between 2016 and 2019 (NHVRC 2018).³¹ Maternal depression is an acute problem, with one in four mothers suffering from symptoms of postpartum depression (OKDOH, n.d.-a). Infant mental health is also a growing concern, as 65 percent of young children have at least one risk factor known to affect healthy development.³²

Substance abuse is also a major issue. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) identifies substance abuse as Oklahoma's number one public health problem. Although total overdose deaths involving opioids have declined from their highs in 2009, deaths involving synthetic opioids and heroin have increased, and the incidence of neonatal abstinence syndrome and neonatal opioid withdrawal syndrome increased fivefold between 2004 and 2014 (NIDA 2019). The economic cost to Oklahoma is estimated at \$7 billion annually for expenses related to lost productivity, health care, public safety, social services, costs to business, and property loss. Addiction contributes to 85 percent of homicides, 80 percent of prison incarcerations, 75 percent of divorces, 65 percent of child abuse cases, and 55 percent of domestic assaults.³³

Children with Disabilities and Developmental Delays

Children in Oklahoma are more likely to have a disability (4.9 percent) than are children in the United States as a whole (4.0 percent). Of children with a disability, one-third live in poverty in Oklahoma versus 30.9 percent nationwide (Murphey, Cooper, and Moore 2012). Serving children with disabilities and developmental delays is a challenge for many ECCE programs, which struggle to provide specialized educational instruction and supports.

Screening young children for developmental delays is an important way to ensure children with disabilities and their families receive the supports they need. Research shows that children who receive screening and early intervention for developmental issues are more likely to enter school ready to

learn. The number of Oklahoma children referred for screening increased from 6,638 in 2004 to 9,088 in 2014 (OKDOH, n.d.-c).

WHAT PROGRAMS AND SUPPORTS DO YOU HAVE AVAILABLE THAT HELP ENSURE THAT EARLY CARE AND EDUCATION SETTINGS ARE HELPING VULNERABLE AND UNDERSERVED CHILDREN ACCESS NEEDED SUPPORT SERVICES SUCH AS HEALTH CARE? WHAT WORKS WELL ABOUT THESE PROGRAMS OR SUPPORTS? WHAT COULD WORK BETTER? WHAT ELSE DO YOU NEED TO KNOW ABOUT THESE PROGRAMS AND THE POPULATIONS THEY SERVE?

Families with young children may receive health insurance through an employer, by direct purchase from the market, or through one of several public programs, including SoonerCare (Oklahoma Medicaid) and Insure Oklahoma. About half of insured young children receive private coverage; the other half receive public coverage. Table 14 details health insurance coverage, by source, for young children.

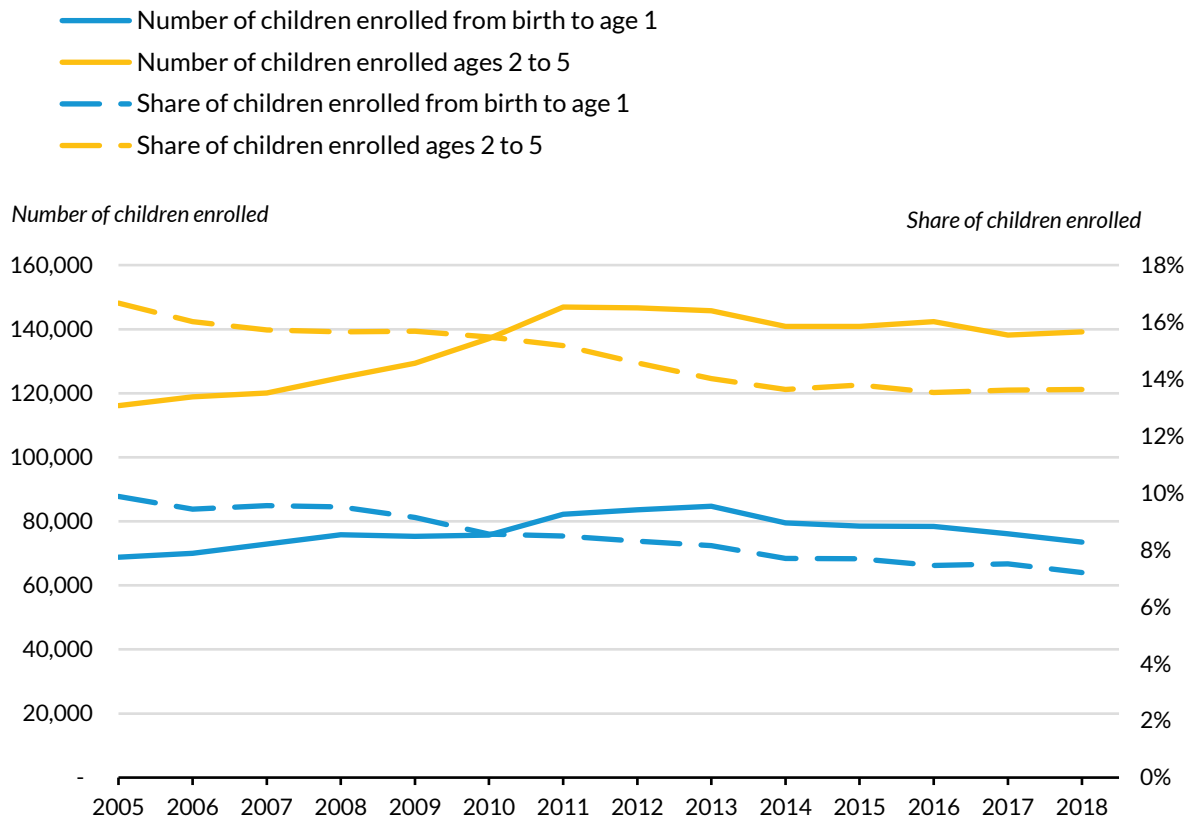
SoonerCare is administered through the Oklahoma Health Care Authority and provides health insurance coverage to low-income children and seniors, as well as people with a disability, those being treated for breast or cervical cancer, and those seeking family planning services. Federal law requires SoonerCare to provide certain core services for free to those who meet income guidelines, and the program allows recipients to purchase additional benefits for a fee. Among the optional benefits are dental services and services for speech, hearing, and language disorders.

In interviews, some parents shared the belief that SoonerCare services were of lower quality than those obtained through private health insurance. Additionally, the number of children from birth to age 5 enrolled in SoonerCare has steadily declined since 2013, and the share of SoonerCare enrollees that this age group represents has declined since 2005. These declines have been much larger for children between birth and age 1 (figure 8). We do not know what is driving these trends, but they may reflect shifting priorities as the state's population ages.

Young children in Oklahoma also receive health insurance coverage through other government-run programs. TRICARE is free, government-managed health insurance for active military members, veterans, and their families. Depending on their status, children with TRICARE coverage receive free or subsidized medical and dental care.³⁴ Insure Oklahoma, administered by the Oklahoma Health Care Authority, bridges the gap in health coverage for low-income working adults by helping them obtain coverage for themselves and their families. Insure Oklahoma shares premium costs with the employer and the employee or allows those who cannot access benefits through their employer to buy health insurance directly through the state.³⁵

FIGURE 8

SoonerCare Enrollment Rates, Children from Birth to Age 1 and Ages 2 to 5



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Sources: Oklahoma Health Care Authority, Office of Data Governance and Analytics data from June 2019. Data extracted from Medicaid Management Information System claims history.

Certain groups can also access health care through targeted federal funding streams. In 2017, 1.3 million Oklahomans benefited from the Title V Maternal Health and Child Services Block Grant (MCH), a federal program that provides money to states to improve the health of women, children, and families. In Oklahoma, the MCH is administered jointly by OSDH and OKDHS in close partnership with the Oklahoma Family Network and contracts with providers to administer services that include prenatal risk assessment, physical examination and treatment, social work, nutrition, and health education. MCH funds also support the Children with Special Health Care Needs Program to provide specialty services through contracted providers (HRSA 2017).

Additionally, American Indians and Alaska Natives can access health care services through the Indian Health Service, a federal program that delivers health care and provides funds for tribal and urban Indian health programs. These services can be accessed using any health insurance type

described above or supported through federal and tribal funds (CMS 2016). Tribal health care systems have grown over the past 10 years, particularly within the Choctaw, Cherokee, and Chickasaw tribes, leading to a substantial expansion of care.

Though these various state-, tribal-, and federally funded programs work to ensure that families in Oklahoma can obtain health care, many families still face difficulty accessing services. Seven percent of young children and 14 percent of the general population remain uninsured.³⁶ In interviews and focus groups, parents and providers said that obtaining health insurance is most difficult for families earning just above the income threshold to qualify for SoonerCare.

Families who are insured also face difficulty accessing health services. Oklahoma Head Start directors and parents identify health as their top priority area, citing insufficient opportunity for screenings and services with physicians and dentists, particularly in rural areas (OHSCO 2018; Smart Start Oklahoma and ZERO TO THREE 2018). These challenges are also evident in the data (table 15). Nearly one in three parents reports experiencing difficulty accessing health services, citing quality and affordability as major concerns (Smart Start Oklahoma and ZERO TO THREE 2018).

TABLE 15

Availability of Medical Care

Ratio of medical professionals to Oklahoma residents, by region

	Eastern region	Oklahoma City CSA	Southern region	Tulsa CSA	Western region
Regional population	446,596	1,469,124	477,133	1,114,002	418,808
Residents per primary care physician	2,380	1,531	1,977	1,248	2,133
Residents per dentist	2,710	1,362	1,269	1,745	2,042
Residents per mental health provider	263	216	269	277	380

Sources: Medical professional information comes from County Health Rankings. The primary care physician data come from the 2016 Area Health Resource File from the Health Resources and Services Administration. The dentist data come from the 2017 Area Health Resource File. The mental health provider data come from the 2018 National Provider Identifier Registry.

Notes: CSA = combined statistical area. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care.

Further research is needed to investigate how well government-run health insurance programs provide services to young children and their families in Oklahoma, as well as the distribution of available services across geographic areas and populations.

WHAT PROGRAMS OR SUPPORTS DO YOU HAVE AVAILABLE THAT HELP ENSURE THAT EARLY CARE AND EDUCATION SETTINGS ARE ABLE TO CONNECT FAMILIES IN CRISIS TO NEEDED

PROGRAMS OR SERVICES (E.G., FAMILY VIOLENCE PROGRAMS, EMERGENCY ECONOMIC ASSISTANCE, MENTAL HEALTH CARE, SUBSTANCE ABUSE TREATMENT)? WHAT WORKS WELL ABOUT THESE PROGRAMS OR SUPPORTS? WHAT COULD WORK BETTER? WHAT ELSE DO YOU NEED TO KNOW ABOUT THESE PROGRAMS AND THE POPULATIONS THEY SERVE?

Oklahoma has programs that support positive family mental health and children with disabilities and developmental delays. ODMHSAS is the “payer of last resort” for mental health treatment and prevention services for low-income adults and children. Treatment services include inpatient hospital and outpatient community-based mental health treatment services, forensic services, and residential treatment and outpatient services for substance use dependence and addiction, as well as targeted services to address the needs of high-risk and justice-involved populations. Prevention services are also provided by area health providers, schools, law enforcement, veterans’ groups, and other community stakeholders at the state and local level. In addition, ODMHSAS manages the state’s behavioral health Medicaid services.³⁷ But ODMHSAS estimates that between 700,000 and 950,000 adults are not getting the mental health or substance abuse treatment they need (OKDOH, n.d.-b). Past needs assessments, interviews with providers, and surveys of key stakeholders identify this as one of the state’s most pressing needs and as critical for the well-being of young children (OHSCO 2018).

Oklahoma’s ECCE system has also increasingly focused on ensuring that children with disabilities and developmental delays have their needs met. Young children may receive developmental screenings through SoonerStart or their early childhood program. For infants and toddlers with disabilities and their families, SoonerStart is the main provider of support services. In addition to screenings, SoonerStart provides case management, family training, counseling, and home visits, certain health services, nutrition services, and special instruction.³⁸ Head Start, Early Head Start, and associated programs also address the needs of children with disabilities, requiring all students to undergo a developmental screening during enrollment. Nationally, Head Start also serves a disproportionately high share of children with disabilities. Once children turn 3 and transition from SoonerStart, school districts bear the responsibility of providing services.

Many programs and initiatives are under way to address these challenges, but stakeholders highlighted several that are noteworthy. Sooner Success and the Oklahoma Family Network provide health and educational services to children and families with special health care needs statewide. Also operating in communities throughout Oklahoma are A Better Chance, a clinic for substance-exposed children, and Healthy Steps, a pediatric primary care program that offers developmental feedback and monitoring during doctors’ appointments for babies and toddlers from low-income families. Other programs are in their infancy, yet early results show promise. These include the Oklahoma Child

Protective Services Nursing Program, a support program for children in the child welfare system deemed medically fragile; the Oklahoma Partnership Child Well-Being Initiative Phase-3, which seeks to meet the needs of families involved with both the substance use disorder treatment and the child welfare systems; and the Cherokee Nation's National Health Emergency Dislocated Worker grant, which connects parents with substance abuse history to the workforce.

The state also coordinates supports to help ECCE providers address the mental health needs of the children and families they serve. Within ODMHSAS, Oklahoma Systems of Care works with various partners—including OSDH, Oklahoma State University, and the Oklahoma Association for Infant Mental Health—to expand evidence-based training and technical assistance to providers. ODMHSAS also funds Early Childhood Mental Health Consultation to train teachers in early childhood social and emotional development.

Despite these services, interviews with parents, providers, and stakeholders confirm the difficulty that past needs assessments have documented in families' ability to access mental health and substance abuse screenings and services, particularly in rural areas, because of a dearth of service providers, high costs, and judgment and stigma around using these services (Smart Start Oklahoma and ZERO TO THREE 2018). Stakeholders also identified an acute need for services focusing on infant mental health, maternal depression, and mothers with drug and alcohol addictions.

WHAT POLICIES AND PRACTICES ARE IN PLACE THAT EITHER SUPPORT OR HINDER COLLABORATION?

ECCE providers connect families to health services by facilitating outreach and making case-by-case referrals. In interviews, parents of children in Head Start programs reported receiving helpful referrals to health services in their communities. But Head Start directors report difficulty working with or even finding providers for substance abuse prevention and treatment, particularly in rural areas (OHSCO 2018). In addition, stakeholders suggested a need for greater alignment between tribal and state-administered health services. Interagency collaboration across tribal, state, federal, and local governments can best serve vulnerable children and families in Oklahoma and ensure that available resources are used with maximal efficiency and impact.

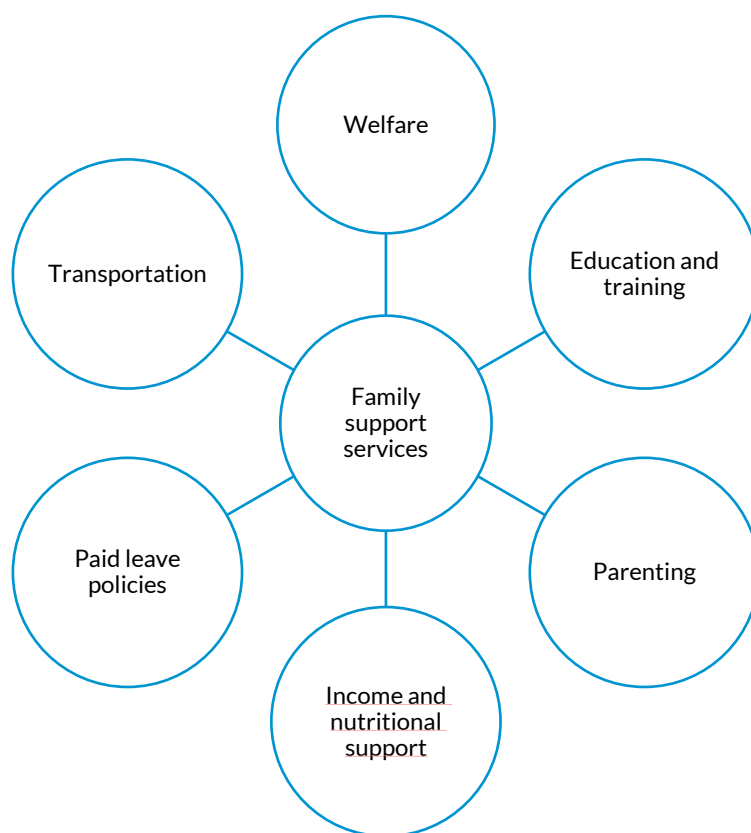
Assessing Need in Family Support Services

Family support services supplement health services to improve family well-being. These services ensure children can participate and succeed in the ECCE system, as healthy growth and development are bolstered by family economic security, supportive parenting, and adequate supports for ECCE access (figure 9).

In Oklahoma, family support services are delivered through state-administered and tribal home-visiting programs, parenting programs such as those offered through the Child Guidance Program, Child Welfare Services, Head Start and Early Head Start, the Oklahoma Office of Workforce Development, community-based organizations, and agencies focused on income and nutritional support, such as the Supplemental Nutrition Assistance Program (SNAP), WIC, and TANF. Family support services also include paid and unpaid leave policies (covering sick and parental leave) and access to transportation. Figure 9 provides an overview of the major components of family support services.

FIGURE 9

Key Family Support Services in Oklahoma



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Economic, familial, and structural barriers stand in the way of statewide child and parent well-being. For more than a decade, the state's poverty rate has been higher than the national average, and this gap has widened. Young children in Oklahoma are more likely than the general population to live in poor and low-income households. Twenty-one percent live in households earning below the federal poverty level, and an additional 48 percent live in households earning below 200 percent of the federal poverty level (table 1).

Though Oklahoma's unemployment rate is at a historic low, the state faces a substantial gap between the skill level of its current workforce and that which will be required in a decade. Fifty-four percent of Oklahomans have some education beyond a high school diploma, but by 2025, 70 percent of the state's jobs will require postsecondary certificates, credentials, and degrees (Oklahoma Works 2018a).

Access to food is a major issue, largely because of the state's rural geography. Oklahomans are more likely to have low or very low food security than the average American, and an estimated 654,640 Oklahomans are food-insecure, meaning they do not have consistent access to food.³⁹ Contributing to food insecurity is the prevalence of food deserts, defined by the US Department of Agriculture as low-income areas with low access to supermarkets. Of the state's 77 counties, 54 contain food deserts, and in 45 counties, at least 50 percent of the population lives in areas with low access to food (LaVarnway and Craven 2017). This causes particularly serious hardship for people receiving government food assistance from SNAP and WIC who have restrictions on what they can buy.

Family stability is also a major concern. Oklahoma ranks 41st in confirmed cases of child abuse and neglect, at a rate of 15.9 children out of every 1,000, and the number of confirmed cases more than doubled between 2010 and 2017 (NHVRC 2018; OKDOH, n.d.-b). Victims of child abuse and neglect are disproportionately young children, in part because neglect makes up 79 percent of confirmed cases in the state (Child Trends, n.d.). Oklahoma has the eighth-highest homelessness rate for children younger than 18 (Bassuk et al. 2014), and nearly 9,600 children are in foster care.⁴⁰ And although housing in Oklahoma is affordable overall compared with other states, past needs assessments in Oklahoma City and Tulsa have found affordable housing to be one of the most pressing issues residents in those cities face (CAP Tulsa 2017; Sunbeam Family Services 2017). Finding affordable housing that is also safe and of high quality presents additional challenges.

The nontraditional structure of many of Oklahoma's families also shapes the need for support services. Oklahoma's teen birthrate, at 33 percent, is the second highest in the country; 18 percent of Oklahomans ages 18 to 24 are parents (compared with 10 percent nationwide) (Annie E. Casey Foundation, n.d.). Young parents are more likely to live in low-income households and often lack the resources to nurture their child's well-being and development (Sick, Spaulding, and Park 2018). Additionally, 10 percent of children younger than 18 live in homes where householders are grandparents or other relatives, ranking the state above most others.⁴¹ Stakeholders emphasized that in communities with military bases, children of military parents are often cared for by a designee when both parents are deployed simultaneously.

Structural barriers associated with the state's rural geography make it difficult for many families to access ECCE programs and other family support services. Oklahomans who do not have a car and lack adequate access to public transportation may struggle to get to child care, work, school, job training, and health care services. Additionally, Oklahoma is ranked 41st in the nation for internet access, which can limit families' awareness of services and parents' ability to apply to jobs.⁴² Stakeholders noted this problem is particularly severe in rural areas.

Finally, past needs assessments have identified paid and unpaid leave (covering parental and sick leave) as major needs in the state. Most working Americans do not have paid family leave, and in Oklahoma, even unpaid leave is inaccessible for 63 percent of workers (National Partnership 2019). In a statewide survey, 39 percent of parents reported paid sick leave from work as the most difficult family support to access, followed by unpaid leave, and low-income people faced the most difficulty in accessing these services (Smart Start Oklahoma and ZERO TO THREE 2018). Interviews with parents revealed that many Oklahoma mothers, even those in married, middle-income families, routinely return to work when their infants are 2 months old, well before they are ready.

These issues can cause trauma. Research has increasingly recognized the consequences of types of trauma known as adverse childhood experiences (ACEs). A recent study found that at least 10 percent of children and 15 percent of adults have experienced four or more ACEs. Oklahoma is the only state that falls in the highest-prevalence quartile for eight of the most commonly assessed ACEs (OKDOH, n.d.-b; Sacks, Murphey, and Moore 2014). A survey also found that at-risk families with a child between birth and age 3 in Oklahoma are more likely to experience ACEs than the general population; 21 percent reported experiencing four or more ACEs.

The prevalence of ACEs in Oklahoma is concerning, given that research has linked ACEs to higher likelihood of risky health behaviors, chronic health conditions, incarceration, and lower educational attainment and earnings. Adults' ACEs can also affect children's development. One study found that for each identified maternal or paternal ACE, a child's suspected risk of developmental delay increased 18 percent (Folger et al. 2018). Another study found that Early Head Start teachers' depressive symptoms were associated with lower classroom quality and behavioral problems among students, suggesting the importance of intervention and prevention strategies (Kwon et al. 2019).

WHAT PROGRAMS AND SUPPORTS DO YOU HAVE AVAILABLE THAT HELP ENSURE THAT EARLY CARE AND EDUCATION SETTINGS ARE HELPING VULNERABLE AND UNDERSERVED CHILDREN ACCESS NEEDED SUPPORT SERVICES, SUCH AS FOOD ASSISTANCE, HOUSING SUPPORT, AND ECONOMIC ASSISTANCE? WHAT WORKS WELL ABOUT THESE PROGRAMS OR SUPPORTS? WHAT COULD WORK BETTER? WHAT ELSE DO YOU NEED TO KNOW ABOUT THESE PROGRAMS AND THE POPULATIONS THEY SERVE?

Families can benefit from services that help them meet their needs, including income and nutritional support, education and training programs, parenting supports, public transportation, and paid leave. But recent state budget cuts and persistent poverty have increased demands on a limited system of service providers. Themes from analyses of family support service needs highlight limited resources and

barriers to access, particularly in rural areas. In past statewide surveys, parents have also reported difficulty accessing culturally appropriate family support services. Awareness of available support services is a barrier to uptake, with communities of color reporting lower awareness of and more difficulty accessing services (McCarthy 2018).

Federal public assistance programs provide income and nutritional support to low-income Oklahomans, yet these programs serve only a portion of the eligible population that could benefit from them because of inadequate funding, stringent eligibility requirements, administrative hurdles, and eligible people's lack of awareness that they qualify for these programs. WIC served 55 percent of eligible Oklahomans in 2016 (Trippe et al. 2019). TANF, which provides block grants to states to provide for families' basic needs (including child care), served less than 1 percent of Oklahomans living in poverty in fiscal year 2015.⁴³

SNAP, the nation's food assistance program, served 76.3 percent of eligible Oklahomans in 2014.⁴⁴ SNAP in Schools works to address the remaining enrollment gap (OKDHS 2018). Yet the number of children receiving SNAP benefits in Oklahoma decreased 12 percent from 2010 to 2016. The eastern region saw the greatest decline, with a nearly 20 percent reduction in children receiving SNAP benefits.⁴⁵

ECCE programs help children and parents access public assistance programs by providing referrals and guiding parents through the application process. But past studies have noted that resources for food, utilities, and rent are still difficult to access, and in interviews and focus groups, parents and providers said that many parents struggle to make ends meet. They cited problems with the way the eligibility structure for these public assistance programs creates a "benefits cliff," where parents earning just above the income threshold to qualify for benefits lose them altogether.

The Oklahoma Office of Workforce Development also promotes family economic stability. Oklahoma Works, the state's workforce development initiative, coordinates the state's network of American Job Centers that helps job seekers obtain employment and training services to obtain high-quality employment and to help businesses find qualified workers. In 2016, Oklahoma Works created Launch Oklahoma, a statewide goal to increase the number of Oklahoma workers with postsecondary education to 70 percent by 2025. Launch Oklahoma connects workers looking to upskill with resources to help them pay for education and training and to plan career pathways.

Another key component of the family support services system is parenting supports. These may be provided through state-administered and tribal home-visiting programs, OSDH, ODMHSAS, OKDHS, and community-based organizations. Typically, these programs help parents improve their parenting

skills and enhance their relationships with their children through practicing positive discipline techniques, learning age-appropriate child development skills and milestones, and promoting positive interaction between parents and children.⁴⁶ In particular, Child Guidance services focus on strengthening environments and relationships to mitigate the impacts of adversity and promote young child well-being. Stakeholders identified several professional development programs for home visitors as particularly promising for parenting interventions. These include Facilitating Attuned Interactions, Child-Parent Psychotherapy, and Circle of Security Parenting. Additionally, the state's continuous quality improvement for home-visiting programs has had promising results, facilitating successful implementation and sharing of best practices from local implementing agencies.

Families are often connected to parenting services through their ECCE providers, either through direct service provision or through referrals to other programs. Early Head Start programs incorporate home visits into their programming, which are designed to improve the parenting skills of low-income and teen mothers and to track child development. In interviews, parents of children in Early Head Start reported high satisfaction with the home visits they received and believed they had improved their parenting skills and helped them understand their children's development. Head Start programs also conduct developmental screenings for children to check for developmental delays and to help parents understand their children's development.

But the need for additional parenting support remains. Family Success Plan and Head Start Program Information Report data point to families' desire to improve their parenting skills, and a statewide survey showed a large need for parenting skills training (CAP Tulsa 2017; Child Guidance Service 2012; NHVRC 2018). Another recent survey revealed that parent support services are the least-known resources among parents, pointing to a need to increase awareness of these services. Parents also reported services to address child development to be one of the hardest to access, and Hispanic parents, black parents, and parents with low educational attainment reported knowing less about child development in general (McCarthy 2018).

Additionally, Oklahoma's public transportation system, which consists of 4 urban transportation systems and 20 rural transportation systems, connects residents to services and employment. Tribal nations also use public transportation funds to partner with local transit operators to service both tribal and nontribal community members. Several initiatives and programs make public transportation more available and accessible, including the statewide United We Ride Council and the Regional Transit Authority, and local programs such as Enid Public Transit's Business Bus Pass (which serves low-income people) and the Chickasaw Nation's Road to Work Program (which serves rural commuters) (Oklahoma Works 2018b).

But stakeholders and parents reported a lack of transportation options as a barrier to accessing child care and other services, particularly in rural areas. Additionally, they reported the cost of public transportation was sometimes prohibitive.

Finally, a recent grant to Oklahoma from the Federal Communications Commission will improve access to high-speed internet access in rural areas over the next decade. The grant will affect more than 43,000 homes and businesses in more than 60 rural counties.⁴⁷

WHAT PROGRAMS OR SUPPORTS DO YOU HAVE AVAILABLE THAT HELP ENSURE THAT EARLY CARE AND EDUCATION SETTINGS ARE ABLE TO CONNECT FAMILIES IN CRISIS TO NEEDED PROGRAMS OR SERVICES (E.G., FAMILY VIOLENCE PROGRAMS, EMERGENCY ECONOMIC ASSISTANCE, MENTAL HEALTH CARE, SUBSTANCE ABUSE TREATMENT)? WHAT WORKS WELL ABOUT THESE PROGRAMS OR SUPPORTS? WHAT COULD WORK BETTER? WHAT ELSE DO YOU NEED TO KNOW ABOUT THESE PROGRAMS AND THE POPULATIONS THEY SERVE?

ECCE programs connect children and families in distress to programs and services, such as Child Welfare Services, Child Protective Services, and community-based organizations offering support for other urgent issues. Child Welfare Services is administered by OKDHS and manages child well-being, including the foster care system. Child Protective Services, housed within Child Welfare Services, identifies, treats, and prevents child abuse and neglect through OKDHS programs or through community resources. Additionally, community-based organizations provide services for families in need of emergency economic assistance or temporary housing support.

Recognizing the impact that ACEs can have on social, emotional, and behavioral development, Oklahoma's ECCE system has been responding to providers' demand for professional development around trauma-informed care in early childhood settings. Signed into law in 2018, the state's three-year Task Force on Trauma-Informed Care aims to help this effort gain traction. The task force will make evidence-based, results-oriented policy recommendations to the legislature on best practices with respect to children and youth who have experienced or are at risk of experiencing trauma.⁴⁸ Oklahoma's approach to combating ACEs has recently been buoyed by a study at the University of Oklahoma Health Sciences Center that found that positive parenting practices have protective effects on young children affected by ACEs (Yamaoka and Bard 2019).

Despite the existence of these programs for families in crisis, concerns remain around the adequacy of available services and of parent and provider knowledge about how to address child abuse and neglect. Head Start directors report it is difficult to find providers for prevention and treatment of child abuse, particularly in rural areas (OHSCO 2018). Additionally, in a past survey, Native American,

Hispanic, and low-income parents and parents with low educational attainment were less likely to know how to report child abuse and neglect appropriately (McCarthy 2018). Increased awareness about the impact of ACEs on early childhood development has also led stakeholders to emphasize the importance of providing trauma-informed care in ECCE environments.

WHAT POLICIES AND PRACTICES ARE IN PLACE THAT EITHER SUPPORT OR HINDER COLLABORATION?

Several components of the ECCE system—including Educare, OECP-participating programs, tribal child care, Head Start and Early Head Start, and EHS-CCP—demonstrate notable strength in working with family support service agencies and community providers to meet the needs of children and parents. In focus groups, tribal child care providers shared that their rules require interagency collaboration, making this a strength of tribal programs. Head Start programs also provide resources and referrals to other family support services, and Early Head Start programs incorporate home visits as part of their programming. Most Head Start programs are either somewhat or fully cooperating and coordinating with community services (OHSCO 2018), and in interviews and focus groups, Head Start parents reported receiving helpful referrals to programs that helped with health, housing, and economic stability.

Tribal child care is best at collaboration. We're required to collaborate with everyone, including Indian Health Services and other tribal programs.

—Tribal provider

The Families First Prevention Services Act, passed by Congress in 2018, provides Oklahoma an opportunity to create stronger coordination between child welfare and ECCE programs, as previous research suggests that there has been a disconnect between the two systems. The act represents a major shift toward preventing the placement of children in foster care by enabling and encouraging states to use federal funds for pre-removal services and by requiring states to develop an evidence-based, trauma-informed prevention plan to track and address child maltreatment deaths.⁴⁹

Since this law's passage, Oklahoma has expanded its definition of vulnerable children to include children involved in the child welfare system and foster care, children exposed to trauma and ACEs, children facing homelessness, and children of parents who have substance abuse disorders. A work

group has also been created with members of the OKFutures steering committee and state child welfare leadership to highlight the needs of young children at risk of being removed from their homes, to discuss evidenced-based programs that are available or that may be developed to be included in the Families First Prevention Services Act plan, to discuss strategies for improving collaboration through joint training opportunities, and to embed practices in child welfare practice to support engagement in ECCE programs. OKFutures will offer professional development in trauma-informed care and infant and early childhood mental health consultation and explore expanding the Infant and Early Childhood Mental Health Consultation network into supporting foster care.

Additionally, to confront the ECCE system's challenges in recruiting children who are homeless, the Governor's Interagency Council on Homelessness recently established an early childhood and youth focus to increase partnerships between the ECCE system and homeless service providers.

For both parents and providers, coordination between the mixed delivery early childhood system and family support services can prove challenging. Stigma may arise. Particularly in rural areas, Head Start directors report difficulty working with or even finding family support service providers. This includes services for prevention and treatment of domestic violence and child abuse, literacy programs, and housing agencies and planning groups serving people who are homeless. Some Head Start programs have limited relationships with TANF, child welfare agencies, or economic and community development councils (OHSCO 2018).

Finally, Head Start directors identified some aspects of collaboration with state and local agencies as difficult, including sharing data on the prevention and treatment services that Head Start children and families use. Programs also found it difficult to work with TANF, employment and training, and related support services to recruit families. Addressing these needs is crucial for supporting vulnerable and underserved children in Oklahoma.

Toward an Effective Early Childhood Mixed Delivery System

The vision for OKFutures is that all Oklahoma’s infants, toddlers, and preschoolers will be prepared for happy, healthy, and successful lives. Stakeholders in Oklahoma have adopted this vision, citing system integration and interagency collaboration as tied with quality for the most pressing priority in the Oklahoma early childhood system and as the most important attribute of a well-aligned and streamlined system. This needs assessment identifies strengths statewide and in select communities and highlights areas for additional investment, coordination, and policy development as Oklahoma moves toward an effective and efficient ECCE mixed delivery system.

The Oklahoma Early Childhood Program, Educare, and Early Head Start–Child Care Partnerships emerge as exemplars of system integration. These programs provide professional development and resources that allow site directors and staff members to connect parents to other services within and beyond the ECCE mixed delivery system, such as state-administered and tribal home-visiting programs, SoonerStart services, nutrition and income supports, and the Child Guidance Program. Parents of children enrolled in Educare and EHS-CCP report that these programs help parents apply for and obtain public benefits, including child care subsidies, and help them identify resources available from public and private agencies that help their families meet basic needs. Although interagency collaboration in these programs is still evolving, particularly in rural areas with limited infrastructure for health and family support services, these programs often overcome key barriers in other areas of ECCE (OHSCO 2018).

WHAT POLICIES AND PRACTICES ARE IN PLACE THAT EITHER SUPPORT OR HINDER INTERAGENCY COLLABORATION?

Because the ECCE mixed delivery system is dispersed, effective interagency collaboration requires shared policies and practices for all participants, including administrators, providers, and the workforce. Oklahoma can pursue these policies and practices in two ways. First, participants can develop a working knowledge of available resources, given time to develop that knowledge, accessible professional development, and capacity to forge institutional and professional relationships that help meet the needs of children and families. Second, as in a growing number of communities like Tulsa, new program models can be layered onto the existing system to help families navigate service options and secure access.⁵⁰ Educare and EHS-CCP programs, along with programs that participate in the OECP, adopt a

mix of these approaches, training existing staff while employing family support specialists, family service workers, advocates, and others, where resources allow.

Policies and practices that can support interagency collaboration and benefit Oklahoma’s children and families, especially the most vulnerable and underserved, include the following:

- a statewide policy agenda, informed by families, that leads with equity, increases coordination, and removes bureaucratic barriers to participation in services that support young children and their families
- a network of early childhood ambassadors to inform and engage lawmakers and cabinet members in a statewide policy agenda that supports young children and their families
- tools for policymakers and OKFutures stakeholders to increase efficiency of program oversight across ECCE (Bipartisan Policy Center, n.d.), maintain accountability, and make informed decisions, including data linked across agencies and programs (ECIDS)
- professional development for existing ECCE, health, and family support program staff that is accessible statewide
- expanded networks of family support workers and system navigators, especially in vulnerable and rural communities
- additional investments in health and family support infrastructure in rural communities
- intentional engagement of nontraditional early childhood programs, including nutrition and income supports, libraries, health providers, and faith-based organizations of all denominations and religions

Together, these strategies—and the required underlying funding, whether layered from multiple sources or provided through a unified funding model—can build a more seamless network of supports that makes efficient use of scarce resources and serves the diverse needs of Oklahoma’s children and families.

WHAT BARRIERS CURRENTLY EXIST TO THE FUNDING AND PROVISION OF HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION SUPPORTS? ARE THERE CHARACTERISTICS OF THE CURRENT GOVERNANCE OR FINANCING OF THE SYSTEM THAT PRESENT BARRIERS TO FUNDING AND PROVISION OF HIGH-QUALITY ECCE SERVICES AND SUPPORTS? ARE THERE

POLICIES THAT OPERATE AS BARRIERS? ARE THERE REGULATORY BARRIERS THAT COULD BE ELIMINATED WITHOUT COMPROMISING QUALITY?

Across Oklahoma, parents, providers, and stakeholders note the high cost of ECCE and need for new funding and innovative governance structures to meet the true cost of high-quality care and education. Child Care Aware of America estimates that

- child care for two children in a married family costs roughly 20 percent of total family income,
- infant care for a single parent costs more than 30 percent of total family income, and
- center-based care for an infant is nearly the cost of public university tuition (\$8,400).⁵¹

These cost challenges are not unique to Oklahoma, as many states are pioneering new financing approaches to maximize revenues and service delivery efficiency (Gould et al. 2019). But Oklahoma faces distinct barriers, including outdated facilities, public budget shortages, issues of trust exacerbated by the news media, and limited private resources in many communities stemming from high substance abuse and incarceration rates, lower educational attainment and earnings, and historic barriers faced by tribal, immigrant, and other communities. Even with the current high cost of care, many ECCE providers struggle to compensate their workforce fairly and keep their programs afloat.

Siloed program administration and budgeting, including federal, state, local, and private sources, present barriers to funding and provision of high-quality ECCE services and supports. Regulatory requirements around monitoring and reporting are often duplicative and burdensome to parents, providers, and system administrators. New strategies to estimate the cost of quality and to match available resources to meet that cost, especially as public investment expands (Fine 2019), are critical.

Through OKFutures, Oklahoma is supporting new cost estimation guided by the definition of quality included in this needs assessment. The Oklahoma Policy Institute is leading budget and policy analyses to provide additional insights on barriers and conduits to an effective ECCE mixed delivery system. Findings to date have been incorporated throughout this document. Together, these activities provide a comprehensive picture of existing resources and new investments required to address the unmet needs for ECCE we have identified. The companion strategic plan will go further to advance a statewide strategic financing plan that increases the efficiency and effectiveness of local, state, federal, tribal, and private resources by pursuing flexible fiscal and administrative requirements that promote interagency coordination, support, and shared services.

Priorities for the OKFutures Strategic Plan

The OKFutures needs assessment is the first of five activities to be completed under the Oklahoma PDG B-5. It provides a rationale for the strategic plan and will inform new efforts to maximize parental choice; share best practices to increase program quality, collaboration, and efficiency; and improve overall quality across the ECCE mixed delivery system. The needs assessment also serves as a baseline against which to measure future change. In the coming years, Oklahoma will use this needs assessment to gauge the progress of policy shifts, public and private investments, and programmatic improvements that address unmet need for early childhood services and support program and workforce quality.

The OKFutures needs assessment is both a cumulative assessment of the current ECCE mixed delivery system and a road map for its path to excellence.

WHAT MEASURABLE INDICATORS CURRENTLY EXIST THAT CAN BE USED TO TRACK PROGRESS IN ACHIEVING THE GOALS OF THIS GRANT AND STRATEGIC PLAN? WHAT ARE THE STRENGTHS AND WEAKNESSES OF THESE INDICATORS?

Since 2018, OPSR has developed pathway indicators to measure progress toward desired outcomes in ECCE, health, and family support services. These indicators focus on vulnerable, underserved, and rural populations while maintaining relevance for all children and families in Oklahoma. Indicators align with OKFutures' key desired outcomes and include the following:

- Desired outcome: All children meet optimum health and developmental milestones upon entry to school
 - » share of mothers who carry babies to full term (more than 37 weeks)
 - » share of babies born weighing more than 5.5 pounds
 - » share of mothers with access to prenatal care, including early (first trimester) prenatal care
 - » share of children with health insurance
 - » infant mortality rate
 - » share of children who eat the recommended dietary guidelines of fruits and vegetables
 - » share of children who receive coordinated care with a medical home
 - » share of children, ages 9 months through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
 - » share of kindergartners who enter school ready to learn, as determined by assessments

- Desired outcome: All families can provide safe, positive, and nurturing environments for children
 - » number and share of children living in poverty
 - » share of parents reporting their children's health is excellent or very good
 - » number and share of substantiated cases of child maltreatment for children younger than 6 (includes abuse and neglect)
 - » number and share of parents who report reading to their child
 - » share of children living in food-insecure households
 - » unemployment rate of families with children younger than 6
 - » median household income
 - » number and share of children younger than 6 in foster care who are placed in a permanent home

- Desired outcome: All children and their families live in healthy and supportive communities
 - » number and share of parents who are satisfied with ECCE settings
 - » crime rate (number of reported crimes per 1,000 residents)
 - » number of Oklahoma census tracts that are low income with low access to nutritious food options
 - » number and share of people living in ECCE child care deserts
 - » share of ECCE workforce who are culturally and linguistically reflective of the community
 - » share of ECCE programs that meet standards of high program quality
 - » number of revised state and local policies that support young children and their families

- Desired outcome: Oklahomans benefit from the efficient use of tax dollars and other resources and from a healthy, productive workforce
 - » number and share of licensed ECCE programs reporting sustainable financing throughout previous 12 months of operation
 - » job earnings growth rate by industry
 - » prevalence of high benefit-to-cost ratio for ECCE services

These indicators provide a strong start for efforts to track progress toward the goals of OKFutures. OPSR will continue to review and refine them in collaboration with state partners and other stakeholders throughout the five-year strategic plan.

Looking Ahead

Findings from the OKFutures needs assessment motivate a set of working goals and action areas for Oklahoma. Goals will inform the strategic plan and related activities and be guideposts for program improvement across the ECCE mixed delivery system:

- Goal 1. Align systems of care to produce more seamless, high-quality, and cost-effective services for families with young children
- Goal 2. Secure affordable, quality early care and education for children from birth to age 3
- Goal 3. Boost choices families have for culturally responsive care and services that support parents' ability to work and family well-being
- Goal 4. Prioritize the urgent health and mental health needs of young children and their families
- Goal 5. Communicate better with families about how to support the development and well-being of their children

Goals are supported by four pillars identified as critical for the long-term success of OKFutures, including human, physical, intellectual, and financial capital. Investments in these pillars, and systemwide, are key to addressing the state's unmet need.

Oklahoma has created a rich set of ECCE programs and services, but the state needs a strong collaborative governance structure and additional resources to realize its goals. Guided by the OKFutures needs assessment, OPSR and state partners will continue their leadership to ensure a seamless, effective, and efficient ECCE mixed delivery system that meets the need of all young families, especially those who are most vulnerable and underserved.

Appendix A. Full List of Acknowledgements and OKFutures Partners

We thank the numerous OKFutures partners listed below who made thoughtful, important, and timely contributions to this report.

State Leadership

- Office of the Oklahoma Governor, Kevin Stitt
- Steven Buck, Cabinet Secretary for Human Services and Early Childhood Initiatives, Executive Director, Oklahoma Office of Juvenile Affairs
- Carter Kimble, Deputy Secretary of Health and Mental Health
- Joy Hofmeister, State Superintendent of Public Instruction
- Justin Brown, Director, Oklahoma Department of Human Services
- Ed Lake, Former Director, Oklahoma Department of Human Services
- Tom Bates, Interim Commissioner, Oklahoma State Department of Health
- Annette Jacobi, Director, Oklahoma Commission on Children and Youth

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- Ann Cameron, Community Volunteer
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- Misty Montgomery, Community Volunteer
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- Ryan Posey, HSI Sensing
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- Tulsa Community Service Council
- Infant Crisis Services
- Oak Grove Head Start
- Cherokee Nation Child Development Center
- Oklahoma Child Care Resource & Referral Agency
- Enid CDSA
- Chickasaw Nation Nutrition Services
- Cherokee Nation Child Care & Development
- Muscogee (Creek) Nation Child Development
- St. Paul's United Methodist Church, Shawnee, OK
- Latino Community Development Agency (LCDA)
- Oklahoma Tribal Child Care Association

Appendix B. Counties and Assigned Regions

County	Assigned region	County	Assigned region
Adair	Eastern region	Le Flore	Eastern region
Alfalfa	Western region	Lincoln	Oklahoma City CSA
Atoka	Southern region	Logan	Oklahoma City CSA
Beaver	Western region	Love	Southern region
Beckham	Western region	Major	Western region
Blaine	Western region	Marshall	Southern region
Bryan	Southern region	Mayes	Eastern region
Caddo	Southern region	McClain	Oklahoma City CSA
Canadian	Oklahoma City CSA	McCurtain	Eastern region
Carter	Southern region	McIntosh	Eastern region
Cherokee	Eastern region	Murray	Southern region
Choctaw	Eastern region	Muskogee	Tulsa CSA
Cimarron	Western region	Noble	Western region
Cleveland	Oklahoma City CSA	Nowata	Eastern region
Coal	Southern region	Okfuskee	Southern region
Comanche	Southern region	Oklahoma	Oklahoma City CSA
Cotton	Southern region	Okmulgee	Tulsa CSA
Craig	Eastern region	Osage	Tulsa CSA
Creek	Tulsa CSA	Ottawa	Eastern region
Custer	Western region	Pawnee	Tulsa CSA
Delaware	Eastern region	Payne	Western region
Dewey	Western region	Pittsburg	Eastern region
Ellis	Western region	Pontotoc	Southern region
Garfield	Western region	Pottawatomie	Oklahoma City CSA
Garvin	Southern region	Pushmataha	Eastern region
Grady	Oklahoma City CSA	Roger Mills	Western region
Grant	Western region	Rogers	Tulsa CSA
Greer	Western region	Seminole	Southern region
Harmon	Western region	Sequoyah	Eastern region
Harper	Western region	Stephens	Southern region
Haskell	Eastern region	Texas	Western region
Hughes	Southern region	Tillman	Southern region
Jackson	Western region	Tulsa	Tulsa CSA
Jefferson	Southern region	Wagoner	Tulsa CSA
Johnston	Southern region	Washington	Tulsa CSA
Kay	Western region	Washita	Western region
Kingfisher	Western region	Woods	Western region
Kiowa	Western region	Woodward	Western region
Latimer	Eastern region		

Note: CSA = combined statistical area.

Appendix C. Detailed Data and Methods

This needs assessment draws on multiple methods and data sources, including existing needs assessments and related documents, American Community Survey data, administrative data exports, qualitative data from parents and providers, and rapid-response surveys of stakeholders. We provide a more detailed description on select sources below.

American Community Survey Data

We used two primary sources for ACS data: Public Use Microdata Samples downloaded from IPUMS-USA for analyses of children and their families and Center for Economic and Policy Research Uniform Extracts for the workforce analysis.

ACS data are nationally representative data available at the individual level for each year the survey was conducted. We used the five-year estimates on children, families, and the workforce from 2013 to 2017. The version of the ACS by IPUMS-USA includes information on parent-child relationships, demographics, employment status and hours of work, and insurance rates.

With consultation from OPSR, the Urban Institute developed the map of five regions in Oklahoma. These regions were designed to align as much as possible with OPSR's definition of rural and urban and the Child Care Service regions.⁵² Aligning the public use microdata areas (PUMAs) in the ACS with a level of geography in our administrative data was also desirable. Most administrative data were available at the school or program level, including the county where they were located. We first used the combined statistical areas, composed of PUMAs, for Oklahoma City and Tulsa to define the two urban regions. Then, we divided the three rural regions along county lines similar to the child care service areas but taking care to avoid splitting PUMAs across regions. We perfectly matched 25 PUMAs into the five regions, based on county lines, leaving 3 PUMAs that crossed regional and sometimes county lines (into four regions).

Relying on previous Urban Institute research (Sandstrom et al. 2018), we reallocated people in these 3 PUMAs across the four regions. We assigned each of the 25 PUMAs to its respective region and created duplicate copies of people that exist in the three PUMA-crossing regions. For these duplicates, we reweighted each person in each PUMA based on pretabulated 2010 Census block-level population

data on age, race or ethnicity, and poverty level. After this initial reweighting and regional allocation, we used raking (iterative proportional fitting) to adjust the person weights in our ACS microdata to align with margins of Oklahoma's population in these three PUMAs across the four regions. We relied on aggregate regional estimates of PUMAs crossing the boundaries built from pretabulated 2013–17 ACS block-group-level estimates. Using only the population in these three PUMAs, this raking adjusted allocations based on margins of this population in each region and race or ethnicity, in each region and age group, and in each region and poverty level.

Our minimum tolerance for raking was 0.25, and our maximum tolerance was 4.00, which prevented each observation from increasing or decreasing in weight by more than a factor of 4. The age groups we used were younger than 1 to 2, 3 to 4, 5 to 9, 10 to 14, 15 to 29, 30 to 49, 50 to 64, and 65 and older. The specific racial or ethnic groups we used were non-Hispanic white, non-Hispanic black, Hispanic, non-Hispanic Native American, non-Hispanic Asian, Pacific Islander, "other" race, and two or more races. We used the following federal poverty level cutoffs in our margins: less than 100 percent of the federal poverty level, at least 100 percent but less than 200 percent of the federal poverty level, and 200 percent or more of the federal poverty level. We ran tests to verify that our reallocation produced accurate estimates of different demographic statistics for people at the state level, region level, and PUMA level.

We downloaded all pretabulated data from the National Historical Geographic Information System⁵³ and downloaded all crosswalks of PUMAs, counties, block groups, and blocks from the Missouri Census Data Center's 2018 Geographic Correspondence Engine.⁵⁴

For the analyses of children and their families, we focused on children younger than 5 as defined by the academic year. We used birth year and birth quarter to estimate children's ages as of October in the respective years of their surveys and include only children who were younger than 6 at this time. This later allowed us to easily exclude 5-year-olds who would have been eligible to enroll in kindergarten in that year for our estimates of the share of children being served by the three primary ECCE programs.

We linked children with their parents and caregivers in their household using the parent-child relationship variables. For children with no parents in their household, we used head of household in lieu of parents in most variables, except for family type. For this variable, we separated out children with no parents in their household into their own category. After this linking, we could estimate the characteristics of parents of young children, including immigration status, language spoken at home, English proficiency of parents, linguistic isolation, family composition, poverty level, employment status, working during nontraditional hours, educational attainment, and insurance rates. For children, we

estimated age, race or ethnicity, disability status, immigration status, region, and health insurance rates by type of insurance.

To estimate characteristics of the ECCE workforce, we relied on the definitions in the Government Accountability Office report *Early Child Care and Education: HHS and Education Are Taking Steps to Improve Workforce Data and Enhance Worker Quality* (GAO 2012). The definitions from pages 32 and 33 of the report are as follows:

- **“Family-based child care worker:** Individual was self-employed, worked in the child day care services industry (8470) under the child care worker occupation (4600) or under the education administrator occupation (0230).”
- **“Center-based child care worker:** Individual was not self-employed and worked in either the child day care services industry (8470) or in the elementary or secondary school industry (7860) under the child care worker occupation (4600).”
- **“Teaching Assistant:** Individual worked in the child day care services industry (8470) under the assistant teacher occupation (2540).”
- **“Preschool teacher:** Individual worked in the child day care services industry (8470) under either the preschool or kindergarten teacher occupation (2300) or under the special education teacher occupation (2330).”
- **“Private home-based child care worker:** Individual worked in the private household industry (9290) under the child care worker occupation (4600).”

Under these definitions, universal prekindergarten teachers in Oklahoma’s school system could identify themselves as preschool teachers or could go beyond the designated ECCE options and identify as K–12 teachers. To clarify the size and characteristics of the prekindergarten workforce, we relied on OSDE administrative data.

Administrative Data Exports

Programmatic data on ECCE and related services come from the following sources:

- Enrollments and demographics of children in universal prekindergarten were estimated using 2017–18 school site data from the Oklahoma State Department of Education,⁵⁵ and counts of teachers by grade and half-day or full-day classrooms were estimated using 2017–18 teaching assignment data from the Oklahoma State Department of Education.⁵⁶

- Enrollments and demographics of children and counts and demographics of staff in Head Start, Early Head Start, and Early Head Start–Child Care Partnerships by program type were estimated using an extract of Program Information Report data for the 2017–18 program year from the Office of Head Start in the Administration for Children and Families at the US Department of Health and Human Services.⁵⁷
- Information on quality, capacity, and child care facility type for each child care facility was provided by Child Care Services within the Oklahoma Department of Human Services.
- Counts of child care workers use the number of active participants in the Oklahoma Professional Development Registry for fiscal year 2018, as reported by the Center for Early Childhood Professional Development at the University of Oklahoma in its 2018 annual report.
- Counts of children served under IDEA Parts B and C in Oklahoma are based on tables downloaded from the US Department of Education’s IDEA section 618 data products: state-level data files.⁵⁸
- Estimates of the number of children being served by home-visiting programs are based on estimates in the Oklahoma Home Visiting annual outcomes report for fiscal year 2017 (OPSR 2017) from Oklahoma Partnership for School Readiness and the state profile in the National Home Visiting Resource Center data supplement for fiscal year 2017 (NHVRC 2017).

To estimate the share of children in Oklahoma and in each region being served by these ECCE programs, we used the administrative data as numerators and ACS estimates of the relevant age group in the state and in each region for the denominators of total children that could be served.

Qualitative Data from Parents and Providers

In coordination with OPSR staff, we conducted nine semistructured focus groups and 18 interviews with parents and five semistructured focus groups with providers. Qualitative data collection occurred over three days in June 2019 in communities across all five regions of the state. Focus groups were hosted by the following organizations, who recruited participants from their service populations:

- Tulsa Community Service Council
- Infant Crisis Services
- Oak Grove Head Start
- Cherokee Nation Child Development Center

- Oklahoma Child Care Resource and Referral Agency
- Enid Community Development Support Association
- Chickasaw Nation Nutrition Services
- Cherokee Nation Child Care & Development
- Muscogee (Creek) Nation Child Development
- St. Paul's United Methodist Church, Shawnee, OK
- Latino Community Development Agency
- Oklahoma Tribal Child Care Association

Focus group conversations were 60 to 90 minutes long, depending on the group's size, while interviews were generally 10 to 15 minutes long. Parent and provider focus groups ranged in size from 2 to 15 participants, with all participants following informed consent procedures and the research team following protocols in appendix D. There were separate protocols and consent procedures for parents with a child in an ECCE program, parents not in an ECCE program, and providers. All parents received \$20 for their time, in addition to refreshments. Conversations took place in English and Spanish, with translators signing confidentiality pledges (appendix D).

The Urban Institute team signed confidentiality pledges before collecting data. We wrote detailed notes on parent and provider perspectives with the aid of audio recordings. All participants consented to the conversations being recorded, and these recordings and notes were stored according to Institutional Review Board procedures on a secure laptop. We then transferred these data to a secure drive upon returning to our office, and only staff members on this team who had signed confidentiality pledges had access to these data.

We cleaned and transcribed notes from the interviews, stripping out personally identifiable information, and then analyzed notes through an emergent coding scheme and extracted key themes and variations across communities defined by race, ethnicity, and urbanicity.

Appendix D. Qualitative Data Collection Tools

Parent Informed Consent Form

Thank you so much for coming today. We are researchers at the Urban Institute, an independent nonprofit research organization located in Washington, DC. We are speaking with you today as part of a project with Oklahoma Partnership for School Readiness focused on improving early childhood care and education for all Oklahomans. This work is funded by the US Department of Health and Human Services Administration for Children and Families.

So, our goal today is to learn more about your perspectives on early care and education options in your community, accessibility of programs, quality of programs, and areas for improvement. Before we begin, we would like to read you all the consent form and ask for you to read over the form we have handed out as well. We want to let you know that the information you share today will be combined with the information from other groups and will not be used in any way that would identify any particular person. For example, although we are taking notes today, we will not be including names in these notes and therefore will not use anyone's name in the report. If you decide to participate, please consider using an alias, such as the name of your favorite superhero or musician, in place of your name or the names of your family members, friends, or colleagues.

[For focus groups: While our team will make every effort to protect your privacy and confidentiality, we cannot guarantee that what you say will not be repeated by others in this discussion group. Please be mindful of this when you decide whether and how to participate. We strongly urge each of you to respect the confidentiality of others in the group and not repeat anything you hear in this discussion outside the group, especially anything that identifies other participants.]

Your participation today is completely voluntary and choosing not to participate will in no way impact your status in any program or your eligibility for any services. Additionally, you can always choose not to discuss any particular issue or not to respond to any specific questions.

Although we won't be asking questions on particularly sensitive topics, there is a possible risk that information about abuse or child abuse, neglect or child neglect, verbal abuse, or exploitation would be reported during the course of the focus groups, which may require the researcher to break the respondent's confidentiality. If such an incidence occurs, we will document all evidence in detail and notify the Urban Institute project director, who will evaluate the situation, determine whether it qualifies for reporting, and take appropriate steps to notify local authorities.

I expect that our session will take about one hour. We will provide \$20 to thank you for coming.

With your permission, we would like to audio record our conversation for future reference. We will store all audio recordings on a secure computer, along with notes. Only members of the research team will have access to these recordings, and they will be destroyed at the conclusion of the project.

Do you have any questions about the study or the Urban Institute before we hand out the consent forms and then begin? Again, we really appreciate your time.

I agree to participate in this research. _____

Participant Initials (please print)

Do you agree to have this conversation audio recorded?

☐ Yes

☐ No

Moderator Signature _____ Date _____

Provider Informed Consent Form

Thank you so much for coming today. We are researchers at the Urban Institute, an independent nonprofit research organization located in Washington, DC. We are speaking with you today as part of a project with Oklahoma Partnership for School Readiness focused on improving early childhood care and education for all Oklahomans. This work is funded by the US Department of Health and Human Services Administration for Children and Families.

So, our goal today is to learn more about your perspectives as providers on early care and education options in your community, accessibility of programs, quality of programs, affordability of programs, and areas for improvement. Before we begin, we would like to read you all the consent form and ask for you to read over the form we have handed out as well. We want to let you know that the information you share today will be combined with the information from other groups, and will not be used in any way that would identify any particular person. For example, although we are taking notes today, we will not be including names in these notes and therefore will not use anyone's name in the report. If you decide to participate, please consider using an alias, such as the name of your favorite superhero or musician, in place of your name or the names of your family members, friends, or colleagues.

[For focus groups: While our team will make every effort to protect your privacy and confidentiality, we cannot guarantee that what you say will not be repeated by others in this discussion group. Please be mindful of this when you decide whether and how to participate. We strongly urge each of you to respect the confidentiality of others in the group and not repeat anything you hear in this discussion outside the group, especially anything that identifies other participants.]

Your participation today is completely voluntary and choosing not to participate will in no way impact your status or program funding. Additionally, you can always choose not to discuss any particular issue or not to respond to any specific questions.

Although we won't be asking questions on particularly sensitive topics, there is a possible risk that information about abuse or child abuse, neglect or child neglect, verbal abuse, or exploitation would be reported during the course of the focus groups, which may require the researcher to break the respondent's confidentiality. If such an incidence occurs, we will document all evidence in detail and notify the Urban Institute project director, who will evaluate the situation, determine whether it qualifies for reporting, and take appropriate steps to notify local authorities.

I expect that our session will take about one hour. We will provide \$20 to thank you for coming.

With your permission, we would like to audio record our conversation for future reference. We will store all audio recordings on a secure computer, along with notes. Only members of the research team will have access to these recordings, and they will be destroyed at the conclusion of the project.

Do you have any questions about the study or the Urban Institute before we hand out the consent forms and then begin? Again, we really appreciate your time.

I agree to participate in this research. _____

Participant Initials (please print)

Do you agree to have this conversation audio recorded?

☐ Yes

☐ No

Moderator Signature _____ Date _____

OK PDG Protocol: Providers

Quality of Care

1. How would you define quality care?
2. What are the key elements of quality care?
 - a. Teachers
 - b. Curriculum
 - c. Space
3. What do you see as the state priorities for quality care?
 - a. How do these differ from yours?

Provider Perspective

4. What are the key challenges that you all face as providers in terms of quality, budget, and capacity?
5. How have these changed over time?
6. How have state policies and actions improved your ability to serve families and children?
7. How have state policies and actions made it harder to serve families and children?
8. What improvements could be made to support you all in service delivery?

Coordination between systems

9. How often do you collaborate with other providers? What is the nature of this collaboration?
 - a. Professional development?
 - b. Best practices?
 - c. Serving families?
10. What opportunities are there for stronger collaboration?

Availability of Care

11. What do you think about the availability of care to serve all families that want it in your community?
 - a. By age?
 - b. By type of care?
 - c. By hours?
12. Why do you think some families are not enrolled in care?

Conclusion

13. What is one improvement you would like to see in the early care and education system in the state?
14. What are you most proud of in terms of your center's work?

OK PDG Protocol: Parents without care

Introduction/Icebreaker

1. How old is your child?
2. What is one activity that you like to do with your child?

Parental Choice/Information/Access

3. What is your current arrangement for care of your child during the day?
4. Over the last six months, have you spent any time searching for early care and education provider options for your child?
5. If so, what obstacles have you faced in finding care for your child?
 - a. Information?
 - b. Affordability?
 - c. Options?
 - d. Hours?
 - e. Language?
 - f. Fit?
6. Have you received any assistance in this process?
 - a. Did you want assistance?
7. Have you previously enrolled your child in an early care and education setting?
 - a. Center based
 - b. Home based
 - c. Head Start
8. How would you describe your previous experiences with providers?

Support Services

9. Do you work with other non-ECCE providers or partners that support your children or families?
10. How is this support coordinated across partners?

Conclusion

11. What is one improvement you would like to see in the early childhood care and education system in the state?

OK PDG Protocol: Parents with care

Introduction/Icebreaker

1. How old is your child?
2. What is one activity that you like to do with your child?

Parental Choice/Information/Access

3. How did you find your current child care provider?
 - a. Word of mouth?
 - b. Online?
 - c. Advertisement?
 - d. Application
4. When you were searching for a child care provider, did you have enough information on your options?
 - a. Why or Why not?
 - b. Is there any information you did not have that you wish you had?
5. Have you faced any challenges in finding a child care or early education provider that fits you and your family's needs? If so, what challenges?
 - a. Hours?
 - b. Location?
 - c. Safety?

Navigating Systems

6. How was the process applying for and enrolling in a child care program?
 - a. What steps are part of this process?
 - b. What could be improved?
7. Do you work with other providers or partners that support your children or families?
8. How is this support coordinated across partners?

Quality

9. How would you define quality child care?
10. What is the quality of your current child care provider?
11. How do you think it could be improved?

Conclusion

12. What is one improvement you would like to see in the early care and education system in the state?

CONFIDENTIALITY PLEDGE

Oklahoma's Preschool Development Grant

The Urban Institute assures all respondents and participating organizations that the information they release to this study will be held in the strictest confidence by the contracting organizations and that no information obtained in the course of this study will be disclosed in such a way that individuals or organizations are identifiable. Access to the data in this study is by consent of the respondents who have been assured confidentiality. This assurance of confidentiality does not prevent researchers from voluntarily disclosing information as may be required by law or if they have good reason to believe a subject intends self-harm or harm to others.

The undersigned hereby confirm the following:

"I have read a copy of the "Confidential Data at the Urban Institute – Guidelines for Data Security," which has been provided for me with this Confidentiality Pledge. I understand that I must comply with all of data security requirements adapted from those Guidelines for this project as approved by the Urban Institute Institutional Review Board. I understand that I am prohibited from disclosing any such confidential information which has been obtained under the terms of this contract/grant to anyone other than authorized contractor staff. **I will report any suspected breach of confidentiality/data security immediately to the CIO and Data Security Officer at security@urban.org as well as the IRB at irb@urban.org.** I understand that any willful and knowing disclosure of information released to this study may subject an employee of The Urban Institute or contractor to disciplinary action, up to and including termination of employment or contract as may be appropriate."

(Print Your Name) (Signature) (Date)

(Witness Print Name) (Signature) (Date)

The Urban Institute 500 L'Enfant Plaza SW, Washington, DC 20024

Appendix E. Rapid-Response Survey of Stakeholders

1. Which organization/program do you represent?
2. Which three of the topics below are the most pressing priorities for the Oklahoma early childhood system?
 - ___ The number of children unserved or awaiting service overall
 - ___ The number of children unserved or awaiting service from specific groups (e.g., infants and toddlers, children from low-income families, children with tribal affiliation)
 - ___ Quality of early childhood programs
 - ___ Accessibility of early childhood programs
 - ___ Level and availability of information to support parent choice
 - ___ Barriers to funding programs/services
 - ___ System integration and interagency collaboration
3. Thinking about all the different programs and services for early childhood in the state:
 - a. What are the current strengths of the Oklahoma early childhood system?
 - b. What are the current weaknesses of the Oklahoma early childhood system?
 - c. What are the most important areas for improvement for the Oklahoma early childhood system?

In your opinion, what are the key attributes of a well-aligned and streamlined system of early childhood care and education?

Notes

- ¹ Short title, Okla. Stat. tit. 10, § 10-640 (2014).
- ² “Oklahoma ESSA Consolidated State Plan,” Office of the Oklahoma State Department of Education State Superintendent, last updated July 11, 2018, <https://sde.ok.gov/ok-essa-state-plan>.
- ³ Pub. L. 114-95, Section 9212(b)(5).
- ⁴ Early Childhood Education Programs–Standards, Okla. Stat. tit. 70, § 70-11-103.7 (2014).
- ⁵ Free Attendance–Admission to Early Childhood Programs–Enrollment in Kindergarten and First Grade–Nonresident Tuition Fee, Okla. Stat. tit. 70, § 70-1-114 (2014).
- ⁶ Early Childhood Education Programs–Standards, Okla. Stat. tit. 70, § 70-11-103.7 (2014).
- ⁷ Short title, Okla. Stat. tit. 70, §§ 13-121–129.
- ⁸ We define the ages of these children using their age on October 1, which closely aligns with the September 1 cutoff for kindergarten and universal prekindergarten enrollment. Although we include 5-year-olds in our descriptive analysis of young children, all 5-year-olds are eligible for kindergarten and not included in the focal service population for ECCE.
- ⁹ Oklahoma’s universal prekindergarten program and Head Start mirror public kindergarten by setting September 1 of each school year as the birthdate cutoff for eligibility. To be eligible for prekindergarten, children must be at least 4 years old but not more than 5 years old on September 1. Children must be 3 by September 1 to be eligible for Head Start. Implementation of these cutoffs is subject to local discretion. Children may enter prekindergarten later than age 5 if the school district has adopted a relevant policy and the child is eligible under the district’s policy. These exemption policies can relate to differences in developmental age because of premature birth and significant illness or injury during childhood.
- ¹⁰ We use “may be served” to convey limitations in data sources. Our estimate of an unduplicated count of children served draws from sources that tabulate program capacity (which likely overstate the number of current participants) and enrollment (which may understate available capacity, should additional families seek to enroll). We also cannot adjust for coenrollment or blended program funding. The challenges of using existing data to develop unduplicated counts are described in additional detail on page 23.
- ¹¹ “Home Visiting by State,” National Home Visiting Resource Center, accessed December 5, 2019, <https://nhvrc.org/explore-research-and-data/hv-by-state/>.
- ¹² “Chahta Villa Apela (Tribal Maternal Infant Early Childhood Home Visiting),” Choctaw Nation, accessed December 5, 2019, <https://www.choctawnation.com/tribal-services/member-services/parents-teachers>.
- ¹³ “TELI-Tribal Early Learning Initiative,” Inter-Tribal Council of Michigan Inc., accessed December 5, 2019, <https://www.itcmi.org/teli-tribal-early-learning-initiative/>.
- ¹⁴ “Tribal Early Learning Initiative,” US Department of Health and Human Services, Administration for Children and Families, Office of Early Childhood Development, accessed December 5, 2019, <https://www.acf.hhs.gov/ecd/tribal-early-learning-initiative>.
- ¹⁵ This question and others appearing in gray capital letters are taken directly from ACF guidance. They serve to structure and guide the needs assessment, as do OPSR and state stakeholders’ priorities and Urban Institute assessments of data availability and data quality.

- ¹⁶ Christina A. Samuels and Alex Harwin, “Corporal Punishment and Preschoolers: What New Federal Data Show,” *Education Week*, last updated May 11, 2018, <https://www.edweek.org/ew/articles/2018/05/08/corporal-punishment-and-preschoolers-what-new-federal.html>.
- ¹⁷ “Oklahoma Head Start: Program Description,” Benefits.gov, accessed December 6, 2019, <https://www.benefits.gov/benefit/1934>.
- ¹⁸ Carly Putnam, “Child Care Is Getting Less Accessible for Oklahoma’s Working Parents,” Oklahoma Policy Institute, last updated May 2, 2019, <https://okpolicy.org/child-care-getting-less-accessible-oklahomas-working-parents/>.
- ¹⁹ Charles Joughin, “FY2020 Funding Bill Includes More Than \$1 Billion Increase for Early Learning and Child Care,” press release, December 16, 2019, <https://www.ffyf.org/fy2020-funding-bill-includes-more-than-1-billion-increase-for-early-learning-and-child-care/>; Cody Uhing, “Breaking: 26 States Awarded Preschool Development Grant Funding for 2020,” press release, December 20, 2019, <https://www.ffyf.org/breaking-26-states-awarded-preschool-development-grant-funding-for-2020/>.
- ²⁰ “9 Investigates: State of Oklahoma Seeing Decline in Daycares,” News9, October 10, 2017, <https://www.news9.com/story/36567450/9-investigates-state-of-oklahoma-seeing-decline-in-daycares>.
- ²¹ Star-level data come from “Oklahoma Child Care Locator,” Oklahoma Department of Human Services, exported July 12, 2019, <http://childcarefind.okdhs.org/childcarefind/>.
- ²² The first estimate of 19,200 workers is based on 2013–17 American Community Survey data and defines the ECCE workforce using occupation definitions from GAO (2012). The second estimate of 21,464 workers is based on administrative data from Oklahoma, including the State Department of Education’s data on teacher assignments for fiscal year 2018, Head Start Program Information Report data for fiscal year 2018, and the Center for Early Childhood Professional Development annual report for fiscal year 2018 (CECPD 2018).
- ²³ Erica Greenberg, Constance A. Lindsay, and Erica Blom, “Will Stricter Education Requirements for Early Childhood Educators Hurt Teacher Diversity?” *Urban Wire* (blog), Urban Institute, January 17, 2018, <https://www.urban.org/urban-wire/will-stricter-education-requirements-early-childhood-educators-hurt-teacher-diversity>.
- ²⁴ Greenberg, Lindsay, and Blom, “Stricter Education Requirements.”
- ²⁵ US Department of Education, “Fact Sheet: Troubling Pay Gap for Early Childhood Teachers,” press release, June 14, 2016, <https://www.ed.gov/news/press-releases/fact-sheet-troubling-pay-gap-early-childhood-teachers>.
- ²⁶ Oklahoma Partnership for School Readiness, Okla. Stat. tit. 10, § 10-640.1 (2014); and Powers and Responsibilities of Board, Okla. Stat. tit. 10, § 10-640.2 (2014).
- ²⁷ “Head Start Pre-K Local Partnerships That Work: Tulsa, Oklahoma,” US Department of Health and Human Services, Administration for Children and Families, Head Start Early Childhood Learning and Knowledge Center, accessed December 6, 2019, <https://eclkc.ohs.acf.hhs.gov/local-early-childhood-partnerships/article/head-start-pre-k-local-partnerships-work-tulsa-oklahoma>.
- ²⁸ Oklahoma Departments of Human Services, Mental Health and Substance Abuse Services, Corrections, Rehabilitation Services; Office of Juvenile Affairs, Oklahoma Health Care Authority, Oklahoma Commission on Children and Youth, Oklahoma State Department of Health, Oklahoma State Department of Education.
- ²⁹ See also “Health Care Rankings,” US News and World Report, accessed December 6, 2019, <https://www.usnews.com/news/best-states/rankings/health-care>.
- ³⁰ “Uninsured Rates for the Nonelderly by Race/Ethnicity,” Henry J. Kaiser Family Foundation, accessed December 20, 2019, <https://www.kff.org/uninsured/state-indicator/rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

- ³¹ “Public Health Impact: Uninsured,” United Health Foundation, accessed December 6, 2019, <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/OK>.
- ³² “Infant/Early Childhood Mental Health Services,” Sunbeam Family Services, accessed December 6, 2019, <https://sunbeamfamilyservices.org/counseling/infantearly-childhood-mental-health-services/>.
- ³³ “Frequently Asked Questions,” Oklahoma Department of Mental Health and Substance Abuse Services, accessed December 6, 2019, <https://www.ok.gov/odmhsas/faqs.html#q473>.
- ³⁴ Rod Powers, “Understanding Military Medical Benefits and TRICARE,” The Balance Careers, April 25, 2019, <https://www.thebalancecareers.com/understanding-military-medical-care-3332686>.
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- ³⁶ Carly Putnam, “Fact Sheet: Hunger in Oklahoma,” Oklahoma Policy Institute, last updated May 2, 2019, <https://okpolicy.org/fact-sheet-hunger-in-oklahoma/>.
- ³⁷ “Agency Overview,” Oklahoma Department of Mental Health and Substance Abuse Services, accessed December 6, 2019, https://www.ok.gov/odmhsas/Additional_Information/Agency_Overview/index.html.
- ³⁸ “SoonerStart/Early Intervention,” Ok.gov, accessed December 6, 2019, https://www.ok.gov/health/County_Health_Departments/Carter_County_Health_Department/SoonerStart_Early_Intervention/.
- ³⁹ Putnam, “Fact Sheet.”
- ⁴⁰ “Statistics,” Oklahoma Fosters Initiative, accessed December 6, 2019, <http://www.oklahomafosters.com/statistics/>.
- ⁴¹ “GrandFacts: Oklahoma,” Grandfamilies.org, accessed December 6, 2019, <https://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-Oklahoma2.pdf>.
- ⁴² “Internet Access Rankings,” US News and World Report, accessed December 6, 2019, <https://www.usnews.com/news/best-states/rankings/infrastructure/internet-access>.
- ⁴³ Devon Douglass, “The Program Known as ‘Welfare’ Barely Exists in Oklahoma,” OK Policy Blog, last updated May 2, 2019, <https://okpolicy.org/the-program-known-as-welfare-barely-exists-in-oklahoma/>.
- ⁴⁴ “SNAP Community Characteristics–Oklahoma,” US Department of Agriculture, Food and Nutrition Service, last updated August 20, 2019, <https://www.fns.usda.gov/ops/snap-community-characteristics-oklahoma>.
- ⁴⁵ Data come from the Oklahoma Department of Human Services, State Expenditures for Children under Five, 2011–18.
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- ⁴⁷ “Grant Bringing Access to Broadband Internet to Rural Oklahoma Communities,” KFOR-TV, July 16, 2019, <https://kfor.com/2019/07/16/grant-bringing-access-to-broadband-internet-to-rural-oklahoma-communities/>.
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- ⁵⁰ For example, the *promotoras de salud* model has been shown to support health care access in immigrant communities. See Villalta and coauthors (2019).
- ⁵¹ “The US and the High Cost of Child Care: A Review of Prices and Proposed Solutions for a Broken System,” Child Care Aware of America, accessed December 6, 2019, <https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/>.
- ⁵² “Oklahoma Child Care Services: Region Five Licensing Personnel,” Oklahoma Department of Human Services, last updated July 20, 2015, <http://www.okdhs.org/services/cc/Pages/region5.aspx>.
- ⁵³ See the website for the National Historical Geographic Information System at <https://www.nhgis.org/>.
- ⁵⁴ “Geocorr 2018: Geographic Correspondence Engine,” Missouri Census Data Center, last updated December 4, 2018, <http://mcdc.missouri.edu/applications/geocorr2018.html>.
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