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BUILDING COMMUNITY SYSTEMS FOR YOUNG CHILDREN: Early Childhood Education

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This series of reports is designed to support the planning and implementation of the Maternal and Child Health Bureau (MCHB) State Early Childhood Comprehensive Services (SECCS) initiative. The reports are written by a team of experts to provide guidance on state policy development within this initiative. The policy reports on cross cutting themes include strategic planning, communications strategies, financing, results-based accountability, cultural proficiency, and data analysis and use. The policy reports on programmatic topics include medical home, parenting education, family support, infant mental health, and dental health.

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INTRODUCTION

The federal Maternal and Child Health Bureau (MCHB) launched a 5-year initiative to support states as they build comprehensive early childhood service systems. The State Early Childhood Comprehensive Systems Initiative (SECCS) is providing planning and implementation grants to state Title V/Maternal and Child Health agencies for the purposes of coordinating, integrating and improving access to and quality of health, early education and family support services for young children and their families.

The goal of the SECCS initiative is to help states and communities build early childhood service systems that promote the health and development of young children. The components include:

- Access the health insurance and a medical home,
- Child care and early care,
- Mental health and social-emotional development,
- Parenting education, and
- Family support.

Early care and education (ECE) is included as an essential component because of its potential to support children's early learning, health, and development of social competence. The 2001 Institute of Medicine report *From Neurons to Neighborhoods* shows that experiences in early childhood predict school success as well as lifelong achievement. The ability of the family environment and parenting to shape a child's early experiences may have the greatest impact on young children's development. The protective and risk factors experienced by young children (such resources available to parents and low family income) influence their capacity to achieve their greatest potential. Broadly defined, ECE refers to parenting practices that directly affect learning as well as child care and educational programs for young children.

The SECCS initiative is based on the foundation that any system aimed at improving health and development in early childhood must involve ECE. The initiative focuses on the availability and capacity of care arrangements and programs for young children to provide optimal experiences, support parenting, and link families with needed resources. It is important to remember that a vast number of children are not in formal care arrangements, and ECE includes enhancing these caregiver's ability to provide a learning environment.

Importance of Early Care and Education

ECE is an increasingly important part of young children's lives due to certain demographic trends in the U.S. As parents face growing pressures to spend less time with their children and more time in the workforce, children are spending more time in early care and education arrangements. This trend is partly driven by major demographic and economic changes. The number of women in the workforce has increased from 18.4 million (29.6% of total labor force) in 1950 to 66 million (nearly 47%) in 2001.ⁱ About two-thirds (65%) of mothers with children under the age of six are employed.ⁱⁱ In the U.S. today, 75% (13-14 million) of children are in some form of either formal or informal care.ⁱⁱⁱ About 41% of children under five years of age spend at least 35 hours per week in child care or non-parental care.^{iv}

Including ECE in the SECCS initiative also stems from growing interest in preparing children to be ready to learn at school entry. Emerging research shows the potential benefits of enriching young children’s early experiences through their early care arrangements. As a result, the notion of child care as a passive process and "waiting time" for children has evolved into that of “early care and education” in which the early care-giving environment is intimately linked to a child's life long learning. Research shows that:

- Brain development is an ongoing process and learning begins at birth--not at school entry. Longitudinal studies clearly show that the complex process of learning is cumulative and that the “scaffolding” is built in the first few years of life.
- Learning includes more than building cognitive intelligence through skills in reading, writing, arithmetic, and logical reasoning. It also includes building “emotional intelligence” (e.g., empathic communication, “reading” people, getting along).
- Early learning encompasses those experiences, conditions, and contexts that facilitate the development of cognitive and emotional intelligence. Early learning builds not only the "know what" but the "know how."
- Studies clearly show that the nature of a child's early learning environment influences long term academic abilities, interpersonal skills, social achievement, and health behaviors.

“Children reared in families with a large number of negative influences will do worse than children in families with few risk factors. Such a view militates against any simplistic proposal that by changing one thing in society, we will change the fate of our children. Competence is the result of a complex interplay of children with a range of personalities in different kinds of families in communities with varying economic and social resources. Only by attending to such complexity will the development of competence be understood and perhaps altered for the better.”

Sameroff and Fiese (2002)

The concept of school readiness emerged initially from the educational sector to describe the capacities that children should have as the early childhood period transitions into the school age years. School readiness refers to the physical, cognitive, social, and emotional competencies needed for children to start school ready to learn. While this term is not widely used in the health sector, Part C of the Individuals with Disabilities Education Act (IDEA)—administered by maternal and child health agencies in about 50% of states—shares a similar goal for children 0-3 whom it serves.

Many young children are not entering school with the capacities that they need for early school success and for lifelong learning. In a recent study, up to 46% of kindergarten teachers reported that at least half of entering children lacked the social and emotional competence they need for kindergarten (Cox et al., in press). Moreover, gaps in important capacities often stem from problems that could have been detected and addressed earlier in life. Due to numerous obstacles, pediatric health care providers have been unable to identify developmental delays in many children. Some have suggested that more than 50 percent of children with developmental problems are not identified until school entry or later.¹

¹Glascoe FP (2000)

Children are entering kindergarten without the capacities they need, and ECE has the ability to influence them. The multiple risk factors for early school failure include behavior problems, cognitive deficits, problems in parenting practices, and psychological problems of the parent.² Early care and education can play a pivotal role in each of these areas. Well-trained providers can provide high quality care, monitor a child’s development, and provide parents with guidance on child development, parent-child interactions, and resources that can help parents optimize their young child’s development. ECE providers can assist parents with parenting issues and disciplinary techniques. One reason that ECE is an important platform in the early childhood years for promoting development is that parents often develop trusting relationships with their children’s caregivers and rely on them for transmitting knowledge, skills and values to their children. We know that parents are helped most by support that is relationship-based (i.e., provided by a health or ECE provider who has an ongoing positive relationship with the parent and child).

The SECCS initiative uses the term “early care and education” because the distinction between caring for children while their parents are working and promoting learning/competencies has become less meaningful. We now recognize that safety, nurturing, and specific activities to promote learning are all needed to achieve optimal health and development. Children’s early experiences—in arrangements defined as child care as well as early education programs—can help optimize child development. This can occur if the child is in a safe and healthy learning environment that can support cognitive, social, emotional and physical development, assist parents with parenting skills, and link parents to any community resources that they may need. All young children need a cognitively stimulating, language-rich, and educational environment no matter what arrangement is chosen for them by their parent.

ECE Policy Issues in the SECCS Initiative

ECE presents many challenges and opportunities for states within the SECCS initiative. Many ECE policy issues such as child care accessibility and quality continue to pose challenges throughout the U.S. but are fairly well understood. This policy report focuses on two areas of ECE policy that are particularly relevant to the strategic goals of the SECCS initiative. Strategies in these two areas have great potential to improve young children’s health and development:

- 1) The quality and accessibility of early childhood education programs for young children;
- 2) Building the capacity of early care and education programs as a platform for promoting young children’s health and development.

State Title V/MCH directors can help bring initiatives in their states focusing on ECE and addressing these two issues into contact with initiatives in other areas—e.g., medical care, infant mental health.

² Child Mental Health Foundations and Agencies Network (2000).

1. Improving ECE quality and access

Helping parents and young children access enriching care arrangements is an ongoing policy challenge in the field of early care and education. The National Association for the Education of Young Children (NAEYC) is one of many organizations focused on the antecedents of school readiness, and has identified several policy areas that are relevant to promoting school readiness universally among young children. These include improving the quality of ECE services, addressing inequities in early life experience so that all young children have access to the experiences that promote school success, and fostering high quality in service delivery.³ Clearly not all children achieve the competencies they need for school success during the early childhood period. Because the quality of early care and education influences the quality of the experiences for children whose parents use these arrangements, these policy issues are clearly relevant to the SECCS initiative.

Policy issues: Supply and capacity issues for ECE include the following:

- The children of low-income parents most in need of subsidized day care are the same children who are at greatest risk of school failure, and thus most in need of early childhood education intervention.
- With the rising number of two-parent families in which both parents are employed full time, along with the large increase of single mothers moving from welfare to low-wage jobs, half-day preschool programs are becoming increasingly impractical.
- Head Start, the nation's largest and best known early education program, is struggling to address the increased needs for full-time, all-year day care for enrolled children.
- Not all parents choose to participate in center-based child care arrangements; consequently there is a need to enhance the care given to children in less formal arrangements.

Desired outcomes: The SECCS initiative provides an opportunity to strive for the following results in ECE supply and capacity:

- Increased quality of ECE programs;
- Greater access of young children to ECE programs, particularly lower income children and children with special needs;
- Greater acceptability of ECE to parents of all racial/ethnic and cultural backgrounds, thereby providing all parents with a real choice of early care and education arrangements;
- Improved quality of early care and education for those children not receiving program-based care (e.g. in-home care).

The partnership between Title V/MCH and early care and education programs within states is a natural one. Although access to quality early care and education is not a new policy issue, the relationship of health to child care continues to evolve. Some of the most important child outcomes are of concern not only to early childhood educators but also to maternal and child health programs and agencies. For example, both education and health sectors would consider indicators of socio-emotional development (mental health), emotional regulation, and parent-child attachment as key goals of public services for young children.

³ NAEYC 1989.

2. ECE as a platform for broader SECCS initiative goals

The SECCS initiative envisions building within each state a comprehensive, family-centered and community-based approach to providing early childhood services. The SECCS initiative is not seeking to create an entirely new system of services. Instead, SECCS initiative goals will be achieved by linking current sectors and by enhancing the scope and quality of services within these sectors. This implies building the capacity of current platforms, such as ECE, to support parents and their young children.

Policy issues: Many early care and education providers including Head Start and center-based ECE can build on their infrastructure and knowledge of early learning to:

- Serve as platforms for providing direct services to families, such as providing parenting information, health promotion materials, and guidance on child development issues;
- Serve as community based partners in a systems-building effort;
- Provide linkage, coordination and integration;
- Serve as sites for delivery of key health education,
- Play a role within a comprehensive, communitywide developmental services system that can identify health, behavioral and developmental problems in young children as early as possible, and that can help parents make the kinds of parenting adaptations that will best help young child grow and develop.

Desired outcomes: Specifically, the SECCS initiative creates an opportunity to improve early childhood outcomes that include:

- Improved health and safety of young children;
- Enabling children with behavioral and emotional problems to participate in ECE programs;
- Greater inclusion of children with special health care needs in ECE, and providing them with appropriate experiences to meet their special needs;
- Greater capacity to identify developmental concerns and disabilities as well as to promote development for all children through parenting education and new linkages with the pediatric medical care sector;
- Increased capacity to link parents and children to other community resources.

Organization of this Report

Section I presents what is known about the importance of ECE, quality and access..

Section II describes the current funding sources of ECE and presents examples of recent efforts to merge the often distinct child care sector and early education sector into a more integrated system.

Section III presents a broader vision of how early care and education providers can help promote positive parenting and link parents with needed services. Increasingly there is attention to ways that early care and education arrangements can be enhanced to either provide or to serve as a link to the parenting supports and health care that families with young children may need. Because

child care providers are often the professionals with training in early childhood development who interact most frequently with parents of young children, these providers can serve as one entry point into the broader early childhood service system.

Section IV concludes the report with recommendations for (1) improving access to quality ECE programs and (2) increasing capacity of ECE providers to play an expanded role for young children and families.

THE IMPORTANCE OF ECE, QUALITY, AND ACCESS

Research on the Effects of Early Childhood Education

This section summarizes what has been learned from research related to early childhood education. This report distinguishes between programs that are primarily designed to care for children so that parents can work, and programs that are primarily designed as educational interventions to promote children’s cognitive and social development.⁴ While we focus primarily on early childhood education in this report, we emphasize throughout this report how essential it is that policy makers establish or revise programs to consolidate these two purposes. In terms of the types of programs considered, this report does not include a number of intervention strategies that have been used to promote positive development before children enter school, including home visitor programs during infancy and toddlerhood and parent training programs. We focus in this report on strategies that include direct educational services to preschool-age children.

Lessons Learned about the Importance of ECE, Quality and Access
<ul style="list-style-type: none">• Children from low-income families begin school, on average, with substantially poorer cognitive skills than children from middle- and upper-income families.• Children’s cognitive skills when they enter school predict fairly well their achievement in high school and their educational attainment.• Low-income children are less likely than middle- and upper-income children to have access to an early childhood education program.• Early childhood education programs can have both short- and long-term benefits for low-income children.• Quality counts• The nature of the instructional program affects learning and motivation.• Early Childhood Education can help, but it will not erase income differences in child outcomes.

⁴ The distinction is based largely on funding mechanisms and their intent. For example, Head Start is considered an educational program because it was originally designed primarily to enhance cognitive and social development and in so doing promote success in elementary school. In contrast, programs like California’s CalWORKS provide child care subsidies to families with the primary intent of helping parents or guardians become employed.

Children from low-income families begin school, on average, with substantially poorer cognitive skills than children from middle- and upper-income families.

Studies have found repeatedly that children from families low in socioeconomic status (SES) begin school, on average, with substantially poorer basic academic skills than more economically advantaged children.⁵ A study completed in southern California is one of the more comprehensive accounts of SES differences in young children's preparation for schooling.⁶ The study included an ethnically diverse sample of 262 children who were assessed at the beginning and end of their last year of preschool or kindergarten. The middle-class children scored substantially higher than their disadvantaged peers on all eight of the cognitive and academic achievement measures used. For four of the eight cognitive tasks, the middle-class preschool children scored higher, on average, than the disadvantaged kindergarten children, indicating that *the low-income children began school more than a year behind middle-income children in cognitive skills*. Other studies have found as much as a year and a half difference between low-income and middle-class children's cognitive skills at the time of school entry.⁷

Children's cognitive skills when they enter school predict fairly well their achievement in high school and their educational attainment.

Studies show that children's cognitive skills (e.g., school readiness, verbal skills, general cognitive abilities) before they enter school are highly predictive of their achievement in high school⁸ and even in early adulthood.⁹ Studies have shown further that cognitive skills as early as preschool predict high school completion, presumably because low academic performance in the early grades predicts low academic performance in the later grades, which in turn is associated with dropping out of school.¹⁰

Low-income children are less likely than middle- and upper-income children to have access to an early childhood education program.

A number of studies have documented disparities in access to preschool programs associated with income levels. One recent study that analyzed a nationally representative sample of 16,000 children at the beginning of their kindergarten year, found that only 20% of children in the lowest socio-economic status quintile were likely to have attended center-based preschool, compared to 65% of children in the highest quintile.¹¹ Findings from another study indicate that in California the opportunity to enroll children in an early childhood program is largely dependent on a family's income and where they live. In Los Angeles, California for instance, the

⁵ Entwisle & Alexander (1990); Entwisle, Alexander, Cadigan, & Pallas (1987); U.S. Department of Education (2001); Willms (1999)

⁶ Stipek & Ryan (1997).

⁷ Case, Griffin, & Kelly (1999)

⁸ Stevenson & Newman (1986)

⁹ Baydar et al. (1993).

¹⁰ (Brooks-Gunn, Guo, & Furstenberg, (1993); Luster & McAdoo (1996).

¹¹ Lee, V. & Burkam, D. (2002)

number of child care slots is three times greater in affluent zip codes than in low-income neighborhoods¹²

Early childhood education programs can have both short- and long-term benefits for low-income children.

Three decades of research on early childhood education programs designed for low-income children have demonstrated definitively that positive effects *can* be achieved. Although the advantages that are seen immediately after the intervention often diminish over time, many studies have also shown sustained effects.¹³ An essential consideration is that the home environment and family practices have the greatest influence on young children’s development. It is nearly impossible to distinguish between home and parenting effects and the influence of early education in part because ECE performance is endogenous to parent choices, home practices, and environmental factors such as poverty.

The services provided by programs that have been evaluated vary—from preschool education only to preschool education plus a variety of medical and social services, as well as parenting programs. Consequently, although some health outcomes can be clearly attributed to health components (e.g., vaccinations), it is difficult to identify the program component responsible for most outcomes. Most experts suggest an intervention that combines directly targeting the child with parent involvement opportunities and education.¹⁴

Effects of ECE Programs

The early childhood education programs that were evaluated fall roughly into two categories: (1) small-scale “models” often university affiliated programs, and (2) large-scale federal-, state-, or school-district funded programs. Generally, there is weaker evidence for the long-term effects of large-scale programs than for small, experimental programs. Most likely the weaker impact is explained by the greater variability in the quality and by the amount of time children spend in large-scale programs.¹⁵

Small-Scale, Experimental Programs

Best known for its long-term positive effects on children’s development is David Weikart’s Perry Preschool Program that served 123 three- and four-year-old children. Researchers have followed children who attended this preschool program through age 27. Findings show higher achievement levels in eighth grade, higher high school completion rates, higher employment rates, lower levels of juvenile crime and arrests, and lower rates of teenage pregnancy compared to control children who did not attend the preschool.¹⁶

¹² Cuthbertson, B., Burr, E., Fuller, B. & Hirshberg, D. (2000).

¹³ See Barnett (1995) for a review.

¹⁴ Frede (1995)

¹⁵ Heckman (1999)

¹⁶ Berrueta-Clement et al. (1984); Schweinhart, Barnes, Weikart, Barnett & Epstein (1993); Schweinhart & Weikart (1980)

The Carolina Abecedarian Study is another well-known early childhood education program with strong positive effects.¹⁷ The program was intensive, from infancy to the age of five, with a full day educational program supplemented with medical and social services as well as parent education. Follow-up studies of the 57 experimental and 54 control children show that at age 21, the children who received the intervention had significantly higher IQs as well as higher achievement test scores in both reading and math. Program participants were more likely to have ever attended a four-year college and on average were one year older when their first child was born.

A consortium of 12 early childhood intervention programs was created in the early 1980s to examine, collectively, long-term program effects. The programs varied in the age at which children entered them and the kind of services they provided. On the whole, program graduates were less likely to be assigned to special education classes and less likely to be retained in a grade than were children in the control groups. In the four programs in which children were old enough to have completed high school, program participants had higher completion rates than control children. These positive effects were found regardless of children's gender, ethnic background, or initial ability level. Program graduates also rated their school performance better and there was some, albeit relatively weak, evidence for higher achievement levels.¹⁸

In a comprehensive review of small-scale model programs, Steven Barnett reports that five of 11 studies with achievement test data found significant positive program effects beyond third grade. All of the 10 studies that reported grade retention and special education rates showed lower rates for the early childhood intervention group; the two studies that followed children long enough to assess graduation rates found higher rates among intervention children.¹⁹

Large-Scale Programs

The Head Start Synthesis Project, a meta-analysis and review of over 200 studies prior to 1985, concluded that:

“...children enrolled in Head Start enjoy significant immediate gains in cognitive test scores, socioemotional test scores, and health status. In the long run, cognitive and socioemotional test scores of former Head Start students do not remain superior to those of disadvantaged children who did not attend Head Start. However, a small subset of studies find that former Head Starters are more likely to be promoted to the next grade and are less likely to be assigned to special education classes.”²⁰

Nearly 600 citations and documents were included in a later review of Head Start evaluations by the General Accounting Office. The report was critical of the methodologies used and the conclusions that could be drawn.²¹ A counterargument to the positive findings from Head Start

¹⁷ Campbell, F. A., Ramey, C. T., Pungello, E. P., Sparling, J., & Miller-Johnson, S. (in press).

¹⁸ Lazar & Darlington (1982)

¹⁹ Barnett, W.S. (1995).

²⁰ McKey et al. (1985)

²¹ GAO (1997)

evaluations is that the program has grown significantly over time and the quality and intensity of the program may have diminished over this time period, thus limiting the generalizability of earlier studies. In addition, no experimental data on Head Start are available.

Despite the difficulties of demonstrating broad and systematic effects of a program as large and varied as Head Start, some of the studies cited showed positive long-term effects:

- A study of thousands of sixth through eighth graders who had attended Head Start in 33 programs throughout Philadelphia showed that they had better school adjustment than peers who had no preschool.²² And in a study of three waves of Head Start graduates (nearly 2,000 children) at the end of high school the oldest cohort performed better academically than control subjects.²³
- A study comparing Head Start participants in the National Longitudinal Survey of Youth (NLSY) to their siblings found that Head Start was associated with significant gains in cognitive skills and reductions in grade repetition for white students.²⁴ Applying the same method to the Panel Study of Income Dynamics, researchers found that Head Start participation led to positive effects in high school completion and college attendance for white students as well as a reduction of crime convictions for African-American participants.²⁵

Another example of a large-scale program is the Chicago Child-Parent Center Program (CPC), a Title I-funded preschool program in the Chicago Public Schools that began in 1967. The program was integrated into public elementary schools and provided comprehensive services for children aged three to nine years. In addition to the preschool, the programs offered nutrition and medical check-ups for children, parent intervention and reduced class size in the primary grades. CPC Program participants had significantly higher achievement test scores in reading and math through age 15. Furthermore, long-term evaluations at age 21 showed that, relative to a comparison group, preschool participants had a 29% higher rate of high school completion, a 41% reduction in special education placement, a 40% reduction in the rate of grade retention and a 42% reduction in arrests for violent crime.²⁶ The evaluation indicates that children who were enrolled in both the preschool and the primary grade components benefited the most.²⁷

In Barnett's review of early childhood education program evaluations, the ability of programs to achieve long-term effects was not conclusive. Program effects on achievement were divided roughly evenly among those that found no initial positive effects, those that found initial effects that faded by third grade, and those that found effects persisting beyond third grade.²⁸

Implications of Research

²² Copple, Cline, & Smith (1987)

²³ Hebbeler (1985)

²⁴ Currie, J. & Thomas, D. (1995)

²⁵ Garces, E., Thomas, D., & Currie, J. (2000).

²⁶ Reynolds, A., Temple, J, Robertson, D., & Mann E. (2002).

²⁷ Reynolds, A. (1994).

²⁸ Barnett (1995)

Research on the short and long-term effects of early childhood education indicates that children, on average, have:²⁹

- higher academic achievement, which in some cases is sustained several years beyond the intervention;
- lower grade retention rates in school;
- lower special education placement in school;
- higher graduation rates;
- lower delinquency rates.

Programs vary considerably, however, in whether such benefits are seen at all, and whether they persist past a year or two after the intervention. A variety of approaches produce similar effects, but one reviewer of the research concluded that the magnitude of effects is roughly related to the program's intensity, breadth, and amount of involvement with children and their families.³⁰

Quality counts

As one well-known economist put it: "You get what you pay for."³¹ Recent national studies of day care provide strong support for the importance of quality. The National Cost, Quality, and Outcomes Study suggests that children who attended higher quality child care centers have better outcomes through second grade.³² In particular, higher quality classroom practices were associated with better cognitive outcomes, more positive teacher-student relationships, better classroom behavior (including attention), and better social skills. Generally, children at greatest risk (those who had mothers with the lowest levels of education) were most affected by program quality.

The national study of day care, being conducted under the auspices of the National Institute for Child Health and Human Development (NICHD), has found that children in programs that met the standards recommended by the American Public Health Association and the American Academy of Pediatrics³³ had greater school readiness, higher language test scores, and fewer behavioral problems than their peers in other centers that did not meet the standards. These differences were found even with family variables (e.g., income, and mother's education and marital status) held constant.

Studies of Head Start have shown that the quality of the program substantially affects children's outcomes, regardless of the quality or nature of their home environments.³⁴ Initial data from the FACES study of more than 3,000 children in 40 nationally representative Head Start programs (begun in 1997) show that children scored higher on early literacy measures when they experienced relatively sensitive teachers who encouraged independent interactions and provided rich language learning opportunities and a lower child/adult ratio.³⁵ The National Child Care

²⁹ See Karoly et al. (1998) for a recent review

³⁰ Ramey, Bryant & Suarez (1985)

³¹ Heckman (1999)

³² Cost, Quality and Outcomes Study ,(1999); Cost, Quality and Outcomes Study (1995).

³³ NICHD, (1999).

³⁴ Bryant, Burchinal, Lau, & Sparling (1994)

³⁵ U.S. Department of Health & Human Services, 1998.

Staffing Study found, similarly, that children who had more sensitive teachers showed more positive outcomes.

After the 1996 federal welfare reform act, many parents—and particularly single mothers—moved off the welfare rolls and into jobs, thus creating a large surge in the demand for child care. A recent study examined how child care quality impacts poor children whose mothers entered welfare-to-work programs in 1998. Using a sample of 451 Florida and California children age 12-42 months, the study found that child care quality strongly effects students’ cognitive, social and language development. The study also suggests that the educational level of a care provider has a strong positive effect on a child’s cognitive proficiency.³⁶

In summary, the following qualities of programs have been associated with positive outcomes for children:

- Overall quality (usually measured by the ECERS)—e.g., curriculum, environment, teacher-child interactions, teaching practices, personal care, furnishings, fine and gross motor activities, etc.³⁷
- Language-rich environments³⁸
- Sensitive teachers who develop close, supportive relationships with children³⁹
- Child-focused communication between school and home.²³

The above qualities of preschool programs are associated with the following characteristics—many of which might be amenable to policy development:

- greater teacher formal education and early childhood education training⁴⁰
- smaller class sizes & low child/teacher ratios⁴¹
- lower staff turnover⁴²
- higher teacher compensation.⁴³

Teacher education tends to be more strongly associated with program quality than years of teaching.⁴⁴

³⁶ Loeb, S., Fuller, B., Kagan, S., Carrol, B., Carrol, J. & McCarthy, J. (forthcoming).

³⁷ Loeb, S., Fuller, B., Kagan, S., Carrol, B., Carrol, J. & McCarthy, J. (forthcoming); Bryant, Burchinal, Lau, & Sparling (1994); Bryant, Peisner, & Clifford (1993)

³⁸ NICHD, (1999)

³⁹ Bryant, Peisner-Feinberg, & Clifford (1993); Love, Ryer, & Faddis (1992); Whitebook, Howes, & Phillips (1989); U.S. Department of Health and Human Services (1998); Children of the Cost, Quality, and Outcomes Study Go to School, Executive Summary (1999)

⁴⁰ Bryant, Burchinal, Lau & Sparling (1994); Frede, 1995; Layzer, Goodson & Moss (1993); Love, Ryer, & Faddis (1992); Children of the Cost, Quality, and Outcomes Study Go to School, Executive Summary (1999); NICHD Early Child Care Research Network (1999); Roupp, Travers, Glantz, & Coelen (1979); Berk (1985); Howes (1983);

⁴¹ Frede, 1995; Ruopp, Travers, Glantz & Coelen (1979); Seppanen, Godin, & Metzger (1993); The Cost and quality Team (1995); Layzer, Goodson & Moss (1993); Whitebook, Howes, & Phillips (1989)

⁴² Whitebook, Howes, & Phillips (1989); NICHD Early Child Care Research Network (1999)

⁴³ Children of the Cost, Quality, and Outcomes Study Go to School, Executive Summary (1999)

⁴⁴ Bryant, Burchinal, Lau & Sparling (1994)

Research has also shown the value of integrating specific curriculum or teaching strategies into programs. Whitehurst and his colleagues, for example, integrated an emergent literacy intervention, involving interactive book-reading (“dialogic reading”) and phonemic awareness, into Head Start programs.⁴⁵ The effects varied substantially among the participating programs, underscoring the importance of program quality in promoting children’s cognitive skills, but in many cases the curriculum substantially contributed to children’s language and literacy skills.

The nature of the instructional program affects learning and motivation.

Trends in the nature of early childhood programs designed to promote cognitive skills have moved in two divergent directions in the U.S. in recent years—toward more child centered approaches or more teacher-directed approaches. The National Association for the Education of Young Children’s (NAEYC) published Guidelines for early childhood education have been successful in promoting a very child-centered approach.⁴⁶ The Guidelines recommend considerable child choice and open-ended opportunities for children to explore concrete materials and to interact with each other. Basic skills are taught, but practitioners are advised to embed them in everyday, meaningful activities (e.g., cooking, reading stories). The Guidelines also suggest that teaching be individualized so that it is appropriate to the skill level of each child.

A minority of researchers, however, endorse a greater emphasis on basic skills using direct teaching approaches.⁴⁷ There is some evidence that an increasing number of schools in the U.S., at least at the kindergarten level, are adopting a more didactic, basic skills approach, using commercially prepared curricula that involve many paper-and-pencil tasks.⁴⁸ In highly teacher-directed programs children are given fewer choices about what to do and spend relatively more time doing such basic skills tasks as counting, identifying and writing letters, and doing worksheets (e.g., circling pictures of words beginning with a particular letter).

Programs that focus on basic skills may increase proficiency, but may do so at considerable cost to the child in non-academic areas of School Readiness.

Empirical evidence does not support a basic skills emphasis over a more child-centered approach. Even for academic outcomes, several studies have shown that children enrolled in more child-centered programs have some advantage over children enrolled in more teacher-directed programs.⁴⁹ There is also evidence suggesting negative effects of direct instruction on social-motivational development,⁵⁰ stress,⁵¹ and motivation-related beliefs and behaviors (e.g., perceptions of competence, expectations for success, independence, classroom behavior).⁵²

⁴⁵ Whitehurst, Zevenbergen, Crone, Schultz, Velting, & Fischel (1999).

⁴⁶ Bredekamp (1989); Bredekamp & Copple (1997); see also Bredekamp & Rosegrant (1992, 1995).

⁴⁷ Becker & Gersten (1982); Carnine, Carnine, Karp, & Weisberg (1988); Meyer, Gersten, & Gutkin (1983)

⁴⁸ Bryant, Clifford, & Peisner (1991); Durkin (1987); Educational Research Service, (1986); Hiebert (1988); Shepard & Smith (1988); Walsh (1989).

⁴⁹ Marcon, (1993); Miller & Bizzell (1983)

⁵⁰ DeVries, Reese-Learned, and Morgan (1991)

⁵¹ Charlesworth, Hart, Burts, & DeWolf (in press, for a review). Burts, Charlesworth, and Kirk (1990); Burts, Hart, Charlesworth, Fleege, Mosley, & Thomasson, 1992).

⁵² Stipek, D., Feiler, R., Byler, P., Ryan, R., Milburn, S. & Salmon, J. (1998); Stipek, D., Feiler, R., Daniels, D., & Milburn, S. (1995).

Decision-makers will need to determine if the potential to increase the basic skills of economically disadvantaged children⁵³ outweighs the possible negative effects.

Early Childhood Education can help, but it will not erase income differences in child outcomes.

An important finding from NICHD-funded research is that while early care and education studies do detect cognitive effects, the effect sizes are quite small compared to the effects of home environment and parenting practices.⁵⁴ The relative gains of investing in structured programs and of investing in parenting education and family supports should be considered with this essential finding in mind.

In the late 1960s, when Head Start and a variety of other early childhood and family intervention programs were created, scholars and policy makers alike were exceedingly optimistic about their benefits. Despite three subsequent decades of research showing generally positive effects, we have learned that early childhood education is not a panacea for the negative effects of poverty on children's development.

As positive as the Perry Preschool Project was, for example, over 30% of the graduates were arrested at least once by the time they were young adults, and one third dropped out of high school. Although studies have shown cognitive advantages of Head Start participants over control children, Head Start participants' cognitive skills are still substantially below those of middle-class children's.⁵⁵ Similarly, although the Chicago Child-Parent Centers appear to have improved high school graduation rates, the rates still did not even approach national norms.⁵⁶ Partially, this may be explained by the poor quality of schools low-income students are likely to attend after preschool or Head Start.⁵⁷

CURRENT FUNDING OF EARLY CARE AND EDUCATION

Because ECE includes informal "babysitting," licensed child care centers, licensed and unlicensed family child care providers, Head Start programs, public school preschool programs, and more, both funding and administrative oversight vary. There is no formal system that ties the various forms of child care and early childhood education programs together. Consequently, local programs have to find funds from various sources, manage varying contract and program requirements, and enroll families based on different eligibility requirements. The system for subsidized child care services and the regulation of licensed facilities is, moreover, entirely separate from and often uncoordinated with early childhood education services or child development programs such as the federally-funded Head Start programs. The current disarray makes it difficult for agencies, large and small, to merge or blend funds from different sources.

⁵³ Bereiter, (1986); Carnine, Carnine, Karp, & Weisberg, (1988); Gersten, (1986); Gersten, Darch, & Gleason, (1988).

⁵⁴ Peisner-Feinberg et al (2001)

⁵⁵ Hebbeler (1985)

⁵⁶ Fuerst & Fuerst (1993)

⁵⁷ Fryer, R. & Levitt, S., (2002);. Lee, V. & Loeb, S. (1995)

This section outlines

1. Funding Sources
2. Efforts to Integrate Funding
3. Efforts to Integrate Sectors/Programs.

Federal and State Funding

Below is a brief overview of the federal and state systems for administering subsidized programs. All of these programs are accessed differently, have different eligibility and enrollment criteria and program and documentation requirements, and are administered on a local level by various entities and non-profit organizations.

Sources and Administration of Funding: Federal

While families pay the majority of costs for early childhood education, the federal government has long been a major player in supporting early childhood education and care. Federal financing is provided by myriad sources and is mostly targeted towards low-income children. In 1999, sixty-nine federal programs—administered by nine federal agencies and departments—all provided some support for early childhood care and education.⁵⁸ Some of the largest programs include:

Programs administered through the Department of Health and Human Services

Launched in 1965, **Head Start** is the largest federal early childhood care program. Head Start provides comprehensive care for low-income three and four year-olds and their families. The three major components of the program are early childhood education (primarily half-day programs), nutrition and social services for families, and parent education. Unlike most federal early care programs, which are administered by states, the federal Head Start Bureau directly funds local agencies. Programs are regularly monitored to ensure they are meeting federal performance standards. In 1994 Head Start was expanded to include **Early Head Start**, and serves children under age three. For additional information regarding Head Start, please see Appendix A.

Much of federal support for early care and education comes in the form of block grants such as the **Child Care Development Fund (CCDF)**—which is the primary source for federally subsidized child care. These subsidies are provided to families with incomes less than or equal to 85 percent of the median income, and who are working or “preparing to work.” Most of CCDF funds are distributed to parents as vouchers exchangeable for child care in various settings. The 1996 Welfare Reform Law created a new block grant called **Temporary Assistance for Needy Families (TANF)**. States can use TANF funding towards child care, both through direct funding to welfare recipients and by transferring TANF funds into the CCDF, which allows the state to serve families who would otherwise not qualify for TANF funding. The **Social Services Block Grant** also provides significant funding towards early care.

⁵⁸ GAO (2000)

Programs administered through the Department of Education

Title I grants originated with the Elementary and Secondary School Act of 1965 and are targeted towards low-achieving children in high poverty areas. Funds are provided to schools based on the percentage of disadvantaged students served. Under the legislation, all Title I schools must develop a plan to transition children from early childhood education programs into kindergarten. Allocation of Title I funds towards preschool is growing, and in 2000 was second only to Head Start in its level of federal preschool education funding.⁵⁹

Other Department of Education funding sources for early education and care include the **Individuals with Disabilities Act (IDEA)**, which supports preschool programs for children aged three-five years with disabilities, and **Even Start**, a literacy program targeted towards low-income children and their families.

Additional Programs

In addition to the grants discussed above, indirect federal funding is available through the **Child and Dependant Tax Credit**. Families are allowed to deduct up to \$2,400 per child from their federal income tax for child care related expenses.

Sources and Administration of Funding: State

Commitment at the state level for early childhood care and education has increased dramatically over the past fifteen years. State funding for pre-k education programs was approximately \$190 million in 1998 and soared to almost \$2 billion in 2002.⁶⁰ The bulk of state funding is linked to the federal CCDF and TANF programs, which require states to match funds and maintain their level of spending from a set base period. In order to improve the quality of and access to early childhood care and education, many states are providing funds that exceed the federally required amounts. Thirty-nine states and the District of Columbia support early education programs either as independent programs or as a supplement to Head Start.⁶¹

Nationwide, sources of funding have included various taxes (state and local property taxes, sales, income and excise taxes) tobacco settlements, lotteries, and public-private partnerships. Below are a few examples that highlight the diversity of state financing approaches.⁶²

- *California's Proposition 10-funded Children and Families Commission:* California voters approved a ballot initiative in 1998 that imposed taxes on cigarettes and other tobacco products with the revenues dedicated to programs serving children from birth to age five. A state commission distributes 80 percent of the funds to counties based on the number of annual live births. In turn, counties have flexibility to allocate the resources towards education, child care, health care, social services, and research. The State

⁵⁹ Bassoff, B., Tatlow, J., Kuck, B., Tucker-Tatlow, J. (2001).

⁶⁰ Quality Counts (2002)

⁶¹ Barnett, W.S. & Masse, L. (2002).

⁶² Mitchell, A., Stoney, L. & Dichter, H. (2001).

Commission and some of the 58 county Commissions are launching universal preschool programs in addition to some ECE enhancements that vary across localities.

- *Connecticut's School Readiness Initiative*: Launched in 1997, Connecticut's program provides full-day, full-year early childhood education programs to high needs students through a collaboration between Connecticut's Departments of Education and the Department of Social Services. Grants are provided on a non-competitive basis to 17 districts designated as "high priority" and through competitive grants to "severe needs" schools not in the high priority districts. By combining funding streams, the departments are able to substantially increase child care slots and to enhance the quality of the federal Head Start Program. In addition, through the Child Care Facilities Loan Fund, Connecticut funds long-term, low-interest loans for renovation and construction of child care facilities.
- *Florida's Child Care Partnership Act*: More than 20,000 children were on Florida's wait list for state-subsidized child care in 1995. To expand availability, the State legislature created a matching grants program—the Child Care Executive Partnership Program. Employers of low-income workers pay a portion of the cost of child care and the state of Florida matches the private funding dollar for dollar. The program aims to simultaneously increase access to child care and improve productivity by reducing worker absenteeism. In three years of operation the Partnership Program raised \$10 million from 39 businesses for state matching—funding for more than 8,000 low income children.⁶³
- *New York's Child and Dependent Care Credit*: Modeled after the federal tax credit, 26 states as well as the DC offer child care income tax breaks. In New York, all families with child-care expenses—regardless of their income—can claim a tax credit. A report by the New York State Child Care Coordinating Council found that roughly 750,000 parents received assistance with child care expenses through this tax credit.⁶⁴ Though tax credits do not eliminate the challenge of paying the front-end costs of child care, they are a way to subsidize costs for working tax-payers.

Integrating and coordinating ECE systems and programs

The convergence of three phenomena has created a promising policy environment for rethinking the current state of child care and early childhood education:

1. Public recognition that early brain development and environmental factors influence learning and developmental trajectories;
2. Greater awareness that child care is necessary for parents to work; and
3. Welfare reform policies that have brought into clear relief the limits of the currently disjointed, informal system of child care.

In recent years, many efforts, legislative mandates and funds have focused on restructuring the child care and early childhood education system. On the federal, state and local levels, collaboration and coordination of resources is increasingly emphasized in programs and funding streams.

⁶³ Childcare Executive Partnership Program: <http://www.ccswnl.org/sponsors.htm>

⁶⁴ New York State Child Care Coordinating Council, *Investing in New York*. Albany, NY: 2004.

- In 2002, President Bush announced the “Good Start, Grow Smart” Early Childhood Initiative which aims to ensure all young children will enter school ready to learn. One major component of the initiative involves strengthening federal-state partnerships towards providing higher quality care. To this end, every state is asked to create a state plan for coordinating at least four early childhood programs, which may include CCDF, Head Start, programs in the public schools, and TANF, among others. This coordination can prove very challenging and involves developing a shared mission, addressing regulatory differences, and restructuring funding streams. For more information regarding the “Good Start, Grow Smart” Early Childhood Initiative, see Appendix C.
- In addition, certain tools are already in place to facilitate this level of program coordination. In 1998, the Head Start Bureau, the Child Care Bureau, and the Administration for Children and Families in the U.S. Department of Health and Human Services, launched a training and technical assistance project called “Quality in Linking Together (QUILT).” The purpose of the project is to support partnerships between pre-kindergarten, state-funded child care and Head Start in order to “ensure continuity of services for children, better meet the needs of working families, and maximize the effective use of funds.”⁶⁵
- Head Start collaboration grants are another source of support. Because Head Start is administered by the federal government with grants allocated directly to local providers, there has traditionally been a disconnect between state-level early childhood education planning and the Head Start program. The purpose of the grants is to encourage visible multi-agency partnerships that collectively work towards quality full-day, full-year services. Collaboration offices were funded under three years since the beginning of the effort in 1990. A list of state collaboration offices can be found at on the Head Start Bureau’s website.⁶⁶ For further discussion regarding Head Start, please see Appendix A.
- Many states have already made progress towards meaningful partnership building. A 2002 survey of the 50 states reported that 36 states have statutory language encouraging or requiring programs to coordinate child care and early childhood education programs, and 21 states *require* such coordination before programs can receive funding.⁶⁷ These state and local efforts provide opportunities for creating a user-friendly child-care infrastructure.

⁶⁵ QUILT webpage: <http://quilt.org>

⁶⁶ <http://www.acf.hhs.gov/programs/hsb/contacts/statecollab.htm>

⁶⁷ Groginsky, S. (2002).

Examples of initiatives that have taken advantage of funding and support for creating greater coordination

Georgia's Pre-K Program is the first in the nation to offer free high-quality preschool to all four year olds in a state, regardless of family income or parents' employment status. In 2001, more than 70% of Georgia's four year olds were enrolled in preschool and Head Start programs, which is a higher proportion of four year olds than any other state.⁶⁸ Initially targeted towards low-income children, the Pre-K Program was piloted in 1993 after the public approved a bill that established the Georgia Lottery for Education. All funds raised through this lottery are used towards pre-kindergarten, HOPE college scholarships and technology improvements for public schools.

Between 1992 and 1995, Georgia's Department of Education (DOE) oversaw the Pre-K Program and encouraged collaboration by creating coordinating councils that include parents and representatives from the Department of Family and Children Services, the Health Department, the Board of Education and Head Start. Despite these efforts, many key stakeholders such as Head Start and private child care providers initially saw the Pre-K program as a potential competitor, rather than an ally.⁶⁹

In 1995, the program was expanded to all four year olds in the state. Successfully moving towards this "universal" expansion of the Pre-K Program involved building a collaborative relationship and a shared vision among private and public early education providers as well as Head Start and the Georgia public schools. A critical step in this collaboration effort was the creation of the Office of School Readiness (OSR)—a completely independent office directly accountable to the governor. The OSR serves as a "one stop children's preschool department."⁷⁰ Aside from administering the Pre-K program, the OSR manages the Head Start Collaboration Office, licenses child care centers that offer a Pre-K component, and provides nutritious meals to children through the United States Department of Agriculture's Child and Adult Care Food Program.

The Pre-K Program requires programs to run for at least six and a half hours a day for 180 days. Further, it requires pre-K providers to choose among several researched curricula and to maintain a 1:10 teacher/child ratio.

Through collaboration, OSR has been able to increase the capacity of and access to the Pre-K Program. For example:

- By incorporating private non-profits and for-profit preschools, the Pre-K Program was able to address serious facilities shortages. The private/public partnership has expanded and now more than half of the children in the Pre-K Program are served through private providers.
- Interagency agreements with the Department of Human Resources and Head Start have created subsidies so that low-income families have access to extended day services beyond those provided by the Pre-K Program.

⁶⁸ Quality Counts (2002)

⁶⁹ Raden, A. (1999).

⁷⁰ See Georgia's Office of School Readiness website: <http://www.osr.state.ga.us/>

California's Contra Costa County has merged federal and state children's programs and is the "only county-government entity in California that provides state-subsidized child care and development and federal Head Start programs in directly operated centers."⁷¹ As a result of welfare reform and the need for additional and increased services, Contra Costa County's Community Services Department (CSD) sought to develop a full-day, full-year program to meet the changing needs of families and their children. In 1998, after receiving permission from the California Department of Education (CDE) and the Federal Administration for Children and Families, a pilot program was developed. Using a "crisscross" model, children spent one part of each day in a Head Start classroom and the other in a CDE-funded child-care classroom. This proved to have administrative benefits, but did not support continuity of care and was confusing to both parents and staff. After additional pilot projects, Head Start and CDE-funded Child Development programs have been merged into one division: the Family and Children's Services Division. "Under one administration, the program is gradually folding eligible part-day Head Start and full-day Child Development children into a common unit called "Child Start." Child Start will adhere to the higher standard of either federal Head Start or state-funded child care and development programs...In subsequent stages of the merger, Child Start will grow larger and Child Development and part-day Head Start will grow smaller. There will always be a need for some strictly Head Start and State Preschool half-day slots. Therefore, not all slots will be converted to the full-day model."⁷²

Key to the success of these coordinated systems are strong organizational leadership, stable funding sources, and common understandings and a commitment to shared decision-making, community-organizing and -building, and flexible allocation of resources. It has been suggested that "having leaders with a vision and willingness to invest the time and resources to 'sell' the vision to a critical mass of stakeholders leads to successful collaborations that work better for children and families."⁷³

While there has been a dramatic rise in federal and state funding for early care and education at the end of the century, the low level of initial funding combined with the complex system of programs responsible for administering these funds can create the false illusion that sufficient resources are already allocated. In fact, during 2000 only fourteen percent of the children eligible for federally funded child care assistance were actually served.⁷⁴ Further, even those families that do have access to child care and early education are finding that program hours are too limited to meet their needs. The problem is exacerbated by the serious fiscal crises that states have been experiencing since 2001. Since then, 23 states have reduced the availability of child care assistance.⁷⁵ This has primarily affected working poor families who do not qualify for TANF assistance. There is clearly a need for increased resources, greater efficiency, and better coordination.

⁷¹ Davisson (Fall, 1999), p. 12

⁷² Davisson (Fall, 1999), p. 13

⁷³ Davisson (Fall, 1999), p.13.

⁷⁴ Mezey, J., Greenberg, M., & Schumacher, R. (2002).

⁷⁵ GAO (2003)

It has been noted that with regard to ECE for low-income children, “child care has been regarded largely as a marginal child welfare service. It was seen as an adjunct to welfare to enable families to work and get off welfare.”⁷⁶ Yet the context has changed somewhat in recent years with a greater focus on child care quality and on ECE as an opportunity to improve child outcomes. The current state of funding for early childhood education results in greater choice of quality options for families based on household income. NICHD-funded studies show that some of the higher quality ECE programs are available to young children from the lowest-income households (e.g., Head Start). On the other hand, parents in lower-income households face financial and geographic barriers to accessing quality ECE programs.

While combining federal Head Start and state-funded programs will not achieve the policy goal desired by some to provide similar ECE experiences to children in lower-income and middle-income households, this strategy is one modest beginning to laying the foundation for universal access to child care and developmental services. For example, as in the Contra Costa Head Start/State Preschool model described above, the melding of Federal Head Start and California Department of Education child care resources, while challenging, provides opportunities to bring family resources, quality early childhood experiences, greater staff support, and increased salaries to local community-based early childhood programs. Issues of income eligibility, contract requirements, conflicting philosophies, staffing requirements, fiscal oversight, and administrative structures make the blending of these two funding sources difficult. The key is finding a common mission and fostering flexibility to diminish differences in program requirements. For example, communities in Colorado’s Consolidated Child Care Pilot Programs can receive waivers of certain state regulations that would otherwise create barriers to partnership goals.

In summary, improving ECE is not only a policy concern for children in the lowest income households. Rather, studies by Howes et al. show that (1) there are relatively few high quality ECE programs for children across income groups, and (2) there is not a simple income gradient in access to quality ECE. This underscores the importance of a comprehensive ECE approach that recognizes the value of more universal strategies that will benefit children from lower-income households as well as middle-class households. A more unified approach also has the advantage of engaging broader public support from parents and parent organizations.

AN EXPANDED ROLE FOR ECE IN THE SECCS INITIATIVE

ECE is an important component of the SECCS initiative because of its potential to support early learning as well as optimizing child social, emotional and physical development through direct service provision and serving as an entry point to other resources. The daily interaction between ECE providers and parents also enables the ECE sector to promote access to and use of other services by making parents aware of their availability. The ECE field is continuing to move forward in response to parent and child needs. Recent innovations that are particularly important to the SECCS initiative are those that extend the role of ECE as a family-oriented provider that can provide education, referrals, follow-up/coordination, and advocacy for parents as they seek to access other kinds of community services.

⁷⁶ Phillips Tebb (1998), p. 78.

Reasons for using ECE as a platform for further aiding young children and parents include the following:

- ***Childcare providers regularly see young children.*** Childcare constitutes a natural opportunity to support young children’s learning and to provide parenting support to families. ECE providers and pediatric providers are the professionals who interact with young children most broadly. The level of awareness a provider has about each individual child and family can be used to identify when children or their parents need assistance, and link them to community resources. Understanding the young child and the family also enables an appropriately trained child care provider to advise the parent on prevention and health promotion.
- ***Early care and education is increasingly being provided as part of more comprehensive child development and family support centers that serve as community based Family Resource Centers, with the mission of improving health and development.*** Examples of this model include the Ounce of Prevention Fund, which supports the Educenter—a service platform that addresses all components of the SECCS initiative.^v Such comprehensive delivery platforms help to integrate the kinds of health and social services that many young children and their families need.
- ***Often ECE is provided based on a “two generation” approach that considers the child’s health, education and development as occurring within the context of a family.*** ECE providers are well positioned to understand the health, education and developmental capacities of young children’s parents. ECE providers can screen for and identify maternal depression as well as problematic parenting practices. Given the relatively small gains of ECE experiences relative to home effects, using ECE as a platform for other parenting supports could greatly leverage the expertise of ECE providers.

As states develop plans within the SECCS initiative, it is important to consider the roles of different early childhood programs as platforms that bridge service sectors. There are potentially large gains to be realized from greater alignment and connectivity of pediatric care and ECE services. The most valuable resources to the pediatric provider in the process of prioritizing health education and other developmental services are the parent and (for many children) the ECE provider. The emerging vision for pediatric primary care in the MCHB and AAP-supported Bright Futures program is a pediatric practice that is better connected to community resources for parenting and developmental support services. The ECE sector is likely the most important connection to be made.

Family resource centers can be an effective platform to help parents learn about ECE options, choose the right ECE provider for the family, and learn about developmental issues. The Elizabeth Street Learning Center in Cudahy, CA (east of Los Angeles) is a model Urban Learning Center site, and one of the eight designs for the New American Schools of the 21st Century. Surrounded by a predominantly Hispanic population, it serves over 3,000 pre-kindergarten through 12th grade students. The center has a parent cooperative childcare center for parents attending adult school as well as parenting classes, Head Start and Preschool classrooms. The center has a full-service Community Health Center that has a full time nurse practitioner and rotating physicians from pediatrics, family care and OB-GYN. In addition, there is a Family Resource Center located on the Elizabeth Street Learning Center campus that provides additional learning supports and parenting education programs. This Family Resource Center also

coordinates volunteer training, handles case management for all social service referrals and provides counseling from an on-site psychologist and social worker.^{vi}

Roles of ECE providers can be expanded in the following areas:

- (1) ***Developmental services:*** Identifying developmental problems as well as problematic parenting practices and maternal depression, and providing parenting advice;
- (2) ***General health needs within health care:*** Improving the health of children in ECE programs by promoting safety and healthy behavior, and reducing disease transmission;
- (3) ***Inclusion of children with special health care needs:*** Enabling as many ECE providers as possible to include CSHCN in their programs, and ensuring that the unique needs of CSHCN are met once enrolled;
- (4) ***Behavioral and mental health issues:*** Addressing behavioral and mental health issues and helping children with behavioral problem participate in ECE programs.

Detailed roles for ECE providers are provided in the following paragraphs for each of these four areas.

Developmental services

A number of efforts are underway nationally to promote the identification of developmental concerns or problems and more timely intervention with parents and young children. These interventions include not only referral to early intervention programs for children with possible disabilities, but also greater attention within the pediatric office to counseling topics that meet the particular needs of a family. For example, behavioral issues in young children often result from or are exacerbated by parenting practices, including inappropriate guidance and discipline, which for some families can be modified with appropriate pediatric counseling as part of primary care.

Better communication between parents and early care and education staff helps to identify parental concerns, provide parents with the child development information they need to improve their parenting practices, and connects parents with the primary health care their child needs. A framework and toolkit have been developed by the Centre for Community Child Health in Melbourne, Australia.

- Increase assessment activities (assessing how children are growing, learning, behaving)
- Track development through a surveillance process
- Talk about development with parents
- Help parents understand more about health care, the pediatric visit, what they should expect/advocate for in terms of quality health care

Several ways that ECE can contribute to creating a more seamless, family-oriented service system that addresses the developmental care needs of young children include the following:

- *ECE providers can help identify possible developmental problems in young children.* Tools that ECE providers can use to elicit parent concerns about development appear to be a good communication mechanism between the pediatric provider, the parent, and the ECE provider. For example, the Parent Evaluation of Developmental Status (PEDS) is a simple and brief tool that ECE providers can discuss with parents to elicit concerns about the child's behavior and development (Glascoe). ECE providers can complete the tool

themselves or help parents complete it, but ultimately can use this information to encourage parents to discuss important concerns with their child's pediatric provider.

- *Given their familiarity and often good relationships with parents, ECE providers are also well-positioned to identify family functioning concerns, such as maternal mental health (e.g., depression, anxiety).* ECE providers see families frequently and often have a trusting relationship with the parents of children cared for. Once potential problems are recognized, ECE providers can encourage parents to seek help and provide referral information.
- *Like pediatric providers, ECE providers need to know about available community resources for parents of young children.* ECE providers can provide a setting for parenting education or at minimum provide information and referral resources.

General health needs within child care

Health and safety within ECE is an ongoing policy issue that influences not only young children's health and well-being but also the choices that some parents make between parent or relative care and more formal ECE settings. The capacity of ECE providers to address the health needs of young children is also a major policy issue for inclusion and mainstreaming of children with disabilities, special health care needs (chronic health conditions), or emotional and behavioral problems.

Beginning in 1995, Healthy Child Care America (HCCA)⁷⁷ now receives funding through a partnership between the Maternal and Child Health Bureau (MCHB) and the American Academy of Pediatrics (AAP). Health care professionals work with child care providers to improve the quality of child care programs and advance the health and safety of young children. Each state has a HCCA program to provide quality assurance, infrastructure, and links to medical homes to improve identification of health problems and health care access for young children in child care. Activities, educational materials, and technical assistance reach parents, pediatricians, and child care providers. The intent is to transfer knowledge and skills to child care providers by increasing communication between health care professionals and parents and child care centers.^{vii}

The Healthy Child Care America initiative began with a vision to have a pediatrician adopt a child care center and provide the consultation needed. Given the time constraints of pediatric providers, the MCHB subsequently contracted with the University of North Carolina (UNC) to develop the National Training Institute. The Institute provides training on health issues, generally using a school nurse or a public health nurse to provide the consultation, while some states such as California have developed their own training programs. As an example of HCCA activities, Pennsylvania Early Childhood Education Linkage System (ECELS) provides technical assistance and other materials that are gathered from thousands of health consultants who are collaborating with care providers throughout the state. Consequently the HCCA initiative is one leveraging opportunity to expand consultation about developmental services and connectivity to the pediatric sector. For more information regarding HCCA, please see Appendix B.

⁷⁷ www.nccic.org/hcca, www.healthychildcare.org/

Inclusion of children with special needs

Inclusion of children with special needs into child care environments, including not only centers but also family-based child care arrangements, is part of many state Title V programs. Inclusion enables CSHCN to participate in the best learning environment possible and also has the potential to impact on their young peers in the care arrangement. Child care health consultant and inclusion specialists are key staff for inclusion. ECE providers may have fewer concerns about inclusion and also provide better environments for young CSHCN if they receive training on additional needs and how to adapt the care environment. Achieving inclusion in more ECE programs may require supplemental staffing either directly to the ECE program or as back-up in a linked comprehensive center.

Mental health and behavioral problems

Child care providers are challenged by young children with behavioral problems. Often ECE providers have no training that would help them deal with these challenges. In addition, services are often lacking in the community for children with risks or moderate problems who do not meet eligibility criteria for Early Start (age 0-3) or other programs. This not only prevents young children from receiving the evaluations or care they need but also may jeopardize their ability to stay in the child care arrangement.

Having a health consultant (if possible, a mental health consultant as some programs do have) is a way to help evaluate what behaviors can be modulated through behavior modification, environmental manipulation etc., and which need to be referred to community resources or to the pediatric provider for further evaluation and care. For larger ECE providers, having a consultant on-site helps to model behavior management for the providers in the center. Such a consultant can also provide staff with training about how to deal with behavioral problems they have encountered.

Challenges to States

Some of the challenges and considerations to work through in the SECCS initiative planning process within each state include the following:

- *The expanded vision for ECE quality and roles in promoting health will need to be strategically communicated and negotiated with ECE providers.*
Not all ECE providers may share the broad vision of the ECE role in promoting access for all, or consider the health and other sectors as partners. ECE programs vary in their capacity and orientation.
- *Like pediatric providers, many ECE providers are relatively independent.*
Other than some structured programs (e.g., Head Start, Early Start) in which statewide and community-based enhancements can be coordinated, much of child care is decentralized and informal. It is difficult to connect independent providers to established service systems. It is also hard to reach and extend appropriate training to all ECE providers. Linking family day care providers to a nearby center where training can take place, and offering educational opportunities, is one way of extending the benefit to a broader number of young children.
- *ECE-based strategies will not reach parents who do not choose structured arrangements for their young child.*

Many young children are not in child care and instead are cared for by parent or relative. Given that not all child care is provided in centers, within a universal, population-based SECCS planning process it is important to address the different modes of child care, including kinship care and family-based care. Outreach to families (especially children who could be in preschool) is part of some state initiatives. Some parents do not use/trust child care as a setting, especially for children 0-3 years. Increasing the acceptability of these arrangements to more parents is one option to make ECE more accessible and give parents a better choice of options. Strategies to increase the abilities of parents to provide positive learning environments for children not in formal care arrangements are also important. Platforms to support families outside of ECE include the WIC program.

- *Although well-positioned for an enhanced role by being community-based and trusted by parents, the knowledge and skills among ECE providers vary.* Professional standards in child care are such that even among licensed providers, not all have substantial training in child development. Enhancing the capacity of ECE providers as a platform for broader child services will involve a training effort—either toward current providers or directed at modifying certificate programs.

RECOMMENDATIONS

There are a variety of systems and structures currently in place for early childhood education in the United States. Given the diversity of state contexts and community-specific issues and concerns, the common policy strategies include greater collaboration, coordination, and enhancements of systems. States can use some general strategies to build on ECE platforms as a way of increasing the parenting resources available to parents and also linking parents and children to other community resources that may be helpful to them. States can work toward a set of process improvements that will improve ECE programs as a platform for supporting parents and young children. This section provides a set of action steps for the planning phase of the SECCS initiative.

Policy Goals

There are a number of improvements that can be made to the system of ECE programs to promote young children's experiences. These include improved access to ECE programs and improving the quality of ECE programs. A second set of improvements focus on enhancing the role of ECE programs as an essential platform for supporting parents.

(1) Improving access to quality early childhood education

The following strategies should be considered for improving access to quality early childhood education that will promote positive development in children:

- Prioritize ECE access to children at-risk for abuse and neglect and those living in poverty.
- Put into place mechanisms (e.g., regular program evaluation) that will promote high quality child care and educational programs.

- Strengthen those systems promoting professionalism in early childhood education—recognizing that educational attainment and training vary considerably among ECE providers. Fund initiatives that promote and support well-qualified and trained caregivers and teachers.
- Enhance the ability of ECE providers to identify, refer and manage the behavioral and mental health issues of children in care
- Ensure that the quality of ECE delivered outside a formal setting is improved
- Develop a foundation for quality child care and development services for all families, rather than focusing exclusively on access for lower-income households. Laying the groundwork for universal access to quality early childhood education will not only reach a larger proportion of the children in need but also potentially engage a broader sector of the public.
- Support statewide and local efforts to inform parents about the benefits and importance of good quality early childhood experiences.
- Support local collaboration that can help programs maximize funding streams and better access for parents and families.

(2) Enhancing ECE as a platform for promoting early childhood health and development

The following strategies should be considered for enhancing ECE to more fully reflect the vision of the SECCS initiative. Strategies to increase the scope of ECE activities around health promotion, and the partnering between MCH and child care, include the following:

- Link primary care providers and child care not only through HCCA but through a more systematic approach to developmental surveillance with defined roles for ECE providers and for pediatric providers (e.g., administer PEDS or Ages and Stages tools in ECE setting for review by pediatric provider).
- Create or expand the current role of ECE providers in talking to parents about child development, identifying parent concerns about development, and helping refer parents to their pediatric provider for problems that should be assessed. MCH can provide education/training/support around health and especially developmental issues for young children to child care providers in the community.
- Help pediatric providers to request and take advantage of the observations and concerns of the child's ECE provider.
- Explore establishing centers that promote early childhood development through a comprehensive set of services, supports and resources (e.g., the Elizabeth Learning Center).

Strategies for the SECCS Planning Phase

States can use the following strategies to increase chances of success and to accelerate the implementation process:

- *Identify the range of ECE providers and the central administration, organizations, and networks that can be engaged in SECCS for discussion and planning.*

Each state should identify not only the big programs but also any networks that can serve a communication and dissemination role. During the planning process, states can assess the relative focus of the range of ECE programs and providers on health and develop a strategic plan in light of the state-specific environment.

- *Begin with established and more comprehensive programs and organizations*
The typical large state programs include state preschool programs, state Head Start, and other ECE programs administered by state departments of education as well as programs certified by the state social services/welfare departments for ECE vouchers to eligible families. Large state programs that have some centralization and that already have a health component are a good starting point. Head Start has a large health component that could expand to include more developmentally-oriented health promotion, while preschool programs have less health orientation, and welfare-supported programs have potentially even less health orientation. Nearly half of children in Early Head Start receive home visits and are already receiving some health promotion. Beginning with Head Start and the larger child care centers may be a successful approach to develop and test strategies that can then be diffused to other less structured ECE settings.
- *Recognize that options within highly regulated ECE centers may be limited without state-level regulatory or administrative changes.*
State-contracted centers may be more regulated and thus have less flexibility in the services they offer, which creates bureaucratic challenges for the SECCS planning process to consider. However, buy-in from the state-level regulatory agencies can leverage strong and rapid change at the local level.
- *Develop strategies that reflect the complexity of the administration and networks of ECE providers.*
Despite the fact that only a few state agencies are involved in ECE funding and administration, at the local level ECE is often chaotic rather than centralized and organized. Reaching all ECE providers will at some point involve a local, community-based outreach strategy.

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APPENDIX A

Head Start

The Head Start Program is the largest childhood/family development program in the nation. It is administered by the Head Start Bureau, the Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), and the Department of Health and Human Services (DHHS). Head Start began serving low-income children and their families in 1965 and has grown from serving 561,000 to over 900,000 children between the ages of three and five throughout all 50 states, Puerto Rico, the Pacific Trust Territories and the Virgin Islands (http://www.nhsa.org/research/research_position_prek.htm). The overall goal of Head Start is to increase the school readiness of young children from economically disadvantaged families. Early Head Start, which began in 1994, provides services for pregnant women, infants and toddlers up to three years of age. Its goal is to promote prenatal care and enhance the development of very young children and to promote healthy families. Early Head Start serves over 62,000 children under the age of three each year.

The ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Program Branches awards grants directly to local public agencies, private non-profit and for-profit organizations and Indian Tribes and school systems to operate community-level Head Start programs. Grantees provide a range of services that are included as part of the comprehensive Head Start Program. These services include: medical, dental and mental health as well as early childhood education and development, nutrition and parent education and involvement. Head Start Program Performance Standards outline the expectations and requirements for all grantees.

Specifications in the Head Start Performance Standards encourage collaboration with state, local and private organizations. Improving collaboration and coordination that already exists, and building it where it does not exist, between Head Start and other state early care programs is imperative to improve efficiency and quality. A current focus within some Head Start programs is coordinating efforts with early childhood care providers to supply families with full-day services instead of the usual half-day services. Head Start has leveraged child care subsidies for approximately 42 percent of those families who reported a need of full-day services and has either provided this service directly through the program or through collaborative efforts with child care providers (Ryan and Allen, 2003).

The Head Start Bureau has catalogued the extent of collaboration for every state in the country. The following are some examples of how various states are coordinating collaboration. In Ohio, Head Start programs and the Ohio Head Start-State Collaboration Office, have worked with Ohio's pre-kindergarten programs, the Ohio Department of Education, the Ohio Department of Job and Family Services, State Early Intervention Coordinating Council, the Interagency Early Childhood Team for Ohio's Help Me Grow Program, the Ohio Family Literacy Initiative Task Force, the Ohio Read Alliance, the Ohio Department of Health, the Ohio Higher Education Program and the Ohio Family and Children First organization. In Mississippi, a state without a state-funded pre-kindergarten program, Head Start Programs have worked with the Head Start-State Collaboration Office along with Mississippi's Department of Education, the Mississippi Department of Health, the Mississippi Education Television Network, the Early Childhood

Institution at Mississippi State University, Mississippi's historically black universities and school districts throughout Mississippi. (Head Start Bureau, 2002)

The community-level Head Start programs are supported by a number of third-party organizations and associations including four resource centers, Head Start-State Collaboration Offices, the National Head Start Association, and Regional and State Head Start Associations.

The Head Start Bureau's resource centers working to support Head Start and Early Head Start programs include:

- The Early Head Start National Resource Center which provides both training and technical assistance to Early Head Start Programs. Responsibilities and activities consist of providing each Early Head Start program with information and materials, technical assistance, and enhancing the work of the Infant/Family Network as well as participating in each region's Infant/Family Network activities.
- The Head Start Information and Publication Center which provides access to Head Start information and materials, disseminates materials throughout the Head Start community and builds capacity of the user groups to service their information and materials needs. Additionally, the Center recommends plans to enhance the excellence and quality of Head Start programs.
- The Head Start Research Library which collects all published and unpublished Head Start research documents and provides access to these materials and information for researchers, the Head Start community and the general public.
- The National Head Start Training and Technical Assistance Resource Center which is responsible for producing the National Head Start Bulletin, providing editorial assistance in the production of policy manuals, training materials and other national publications, coordinating national conferences, maintaining a national calendar of events, and supporting the program development and networking activities of the Head Start State Collaboration Offices.

These resource centers support the continuous learning environment for Head Start and Early Head Start staff. They provide access to highly relevant information, publications and research. In addition, they sponsor and facilitate information exchanges and collaboration. For more information on each of these centers visit: <http://acf.hhs.gov/programs/hsb/contacts/national.htm>.

The Head Start-State Collaboration Offices, which exist in every state as well as Puerto Rico and the District of Columbia, support the development of multi-agency and public/private partnerships at the state level. Their purpose is to create a visible partnership at the state level in an effort to:

- Help build early childhood systems and enhance access to comprehensive services and support for all low-income children;
- Encourage widespread collaboration among Head Start and other appropriate programs, services and initiatives; and
- Facilitate the involvement of Head Start in state policies, plans processes and decision affecting the Head Start target population and other low-income families.

These partnerships enhance the capacity of Head Start and other early childhood programs in order to improve outcomes for children and families. To obtain contact information for your state collaboration office visit: <http://www.acf.hhs.gov/programs/hsb/contacts/statecollab.htm>.

The National Head Start Association (NHSA) is a private, not-for-profit membership organization dedicated to actively expanding and improving the Head Start program. NHSA conducts training and professional development for Head Start staff at annual conferences, advocates for policies that strengthen services to Head Start families and children, and develops and disseminates research, information and resources.

Barriers to collaboration between Head Start and state early care and education programs include: having performance standards that are not aligned across programs, differing eligibility requirements, and a lack of strong incentives to pool resources and to work together. Despite the challenges to improving early childhood education, the NHSA recommends five strategies for improvement:

- Reform and Expand the Training and Technical Assistance Program
- Develop a Process for Joint Community Assessments and Recruitment
- Establish a Vehicle to Blend Funding
- Expand Eligibility Requirements
- Hold Every Early Head Start Childhood Program to the Highest Standards

NHSA believes that these recommendations can be accomplished easily and without any radical changes to the Head Start Act itself, consequently improving the quality of early childhood education and Head Start (Ryan & Allen, 2003).

Twelve Regional Head Start Associations support individual State Head Start Associations. The associations work in coordination with State collaboration offices to enhance the development of children, empower families and strengthen communities. The associations are made up of agencies who are united in a common goal to improve the lives of low-income children by providing quality comprehensive child development services that are family focused, including education, health, nutrition and mental health. The collaborative efforts between these agencies along with the coordination of the State and Regional Head State Associations collectively provide leadership and advocacy for the Head Start community. To find out who your state's regional office contact is visit:

http://www.headstartinfo.org/publications/hsbulletin64/hsb64_07.htm.

A National Head Start Impact Study is being conducted by Westat in collaboration with the Urban Institute, American Institutes for Research and Decision Information Resources. This study has two goals: 1) To determine, on a national basis, how Head Start affects the school readiness of children participating in the program as compared to children not enrolled in Head Start, and 2) To determine under what conditions Head Start works best and for which children. The impact study is a longitudinal study that will include 5,000-6,000 three and four year old preschool children. Data collection began in fall 2002 and will continue through 2006 following children through the spring of their first grade school year. The data includes parent interviews, annual child assessments, annual surveys with care providers and teachers, observations of child care settings, and teacher ratings of children. Child, family and program data has already been collected for 2002 and 2003 with response rates being approximately 80 percent for both the child assessments and parent interviews. With three more years of data collection and analysis, the final report of findings is on track to be published in spring 2006. To view the entire Head Start Impact Study Interim Report visit:

http://www.acf.hhs.gov/programs/core/ongoing_research/hs/imptstdy_interim/imptstdy_interimrpt.pdf.

Head Start, Early Head Start, the technical assistance resource centers, and associations are valuable resources for SECCS planners. Head Start programs can serve as best practice examples for other early care and education programs, technical assistance and materials provided by the resource centers will be relevant to other programs, and Head Start-related associations are valuable partners with extensive histories that can serve as resources and advocates.

APPENDIX B

Healthy Child Care America

The Healthy Child Care America (HCCA) program was launched in 1995 by the US Department of Health and Human Services Administration for Children and Family's Child Care Bureau (CCB) and Health Resources and Services Administration Maternal and Child Health Bureau (MCHB).

HCCA improves the health and safety of children in child care in order to maximize their developmental potential. Under HCCA, more than 180 health and child care agencies, organizations, advocates and parents assisted in the development of a "Blueprint for Action." The Blueprint identifies five goals and 10 steps for communities to develop comprehensive and coordinated services for children by expanding existing services and resources, or to creating new ones that will link families, child care and health care professionals. To access this "Blueprint for Action" visit: <http://www.healthychildcare.org/blueprint.cfm>.

The five goals for Healthy Child Care America are:

- Safe, healthy child care environments for all children, including those with special health care needs
- Up-to-date and easily accessible immunizations for children in child care
- Access to quality health, dental and developmental screenings and comprehensive follow-up
- Health and mental health consultation, support and education for all families, children and child care providers
- Health, nutrition and safety education for children in child care, their families and child care providers

In 2000, 50 HCCA grantees were funded by the MCHB with goals in the following areas:

- Infrastructure Building: the development of a statewide system of child care health consultation
- Quality Assurance: addressing gaps in state licensing regulations compared to "Caring for our Children (CFOC): National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs"
- Access to Health Care: linking children in child care to health insurance (public or private) and a medical home.

The "Transitioning Healthy Child Care America" (THCCA) grants extended funding past the 2003 termination and have helped programs improve their sustainability and integration into the state's current system of services for early childhood care.

The American Academy of Pediatrics (AAP), the designated campaign coordinator for HCCA, initiated the Healthy Child Care America newsletter and The Pediatrician's Role in Promoting Health and Safety in Child Care manual--two publications valuable in promoting the efforts of the program. They also established a Child Care Special Interest Group which provides educational and training opportunities for AAP members and allied health professionals. For state AAP chapter child care contacts and HCCA grant information contacts visit: <http://www.healthychildcare.org/chapters.cfm>.

The National Resource Center for Health and Safety in Child Care (NRC), located in Denver Colorado at the University of Colorado Health Sciences Center, is funded by the MCHB, and U.S. DHHS, HRSA provides information for providers, parents, consultants and regulators. The mission of the center is to promote health and safety in out-of-home child care settings across the nation. This resource center is valuable to HCCA grantees as well as to the general public and other professionals involved in the child care arena. To visit NRC online go to:
<http://nrc.uchsc.edu/>

The National Training Institute for Child Care Health Consultants (NTICCHC) is another resource associated with HCCA. The goal of this program is to improve the health and safety of children in child care settings by training licensed health and child care professionals to serve as Child Care Health Consultants (CCHCs) to child care programs. The first part of the program involves several days of on-site training covering topics such as cultural diversity and children with special health care needs. The second part of the program includes three months of home study on topics such as child abuse and neglect, nutrition and mental health and behavioral issues. The third part of the program involves more on-site training including a field practicum and field observations of children as well as Practicing consultation and training with peer feedback. For more information about the NTICCHC visit:
http://www.sph.unc.edu/nutr/about/national_training_institute.htm

The State Early Childhood Comprehensive Systems (SECCS) initiative is an important sustainability and expansion mechanism for these activities. The SECCS goal of providing leadership for the creation of a comprehensive early childhood service system includes the HCCA goals. While SECCS is broader than HCCA, the strategies that grantees developed through HCCA grants constitute an important point of departure or initial strategy for the system of services planned and implemented through SECCS. States have found continued funding for these activities through state Child Care Bureaus, Title V and Child Care Block Grants.

The HCCA grantees have been successful in attaining their goals. Data from 43 states participating in the MCHB's Interim Progress Report show that

- In these states approximately 410,564 child care providers enroll a total of 8,150,821 children,
- 43% of all child care providers in these 43 states are covered by Child Care Health Consultants (CCHCs),
- 36 states had completed a comparison of their state health and safety regulations to CFOC,
- Thirty-five grantees stated that there was an increased number of trained health consultants available to providers,
- 30 grantees reported drafting new guidelines on health and safety in child care,
- Nineteen grantees were able to facilitate passage of new regulations into law or official state standards,
- Fifteen grantees reported specific data on the number of site visits and 14 documented telephone consultations by CCHCs to child care providers.
- 11 grantees indicated that their CCHCs actively distribute health insurance information brochures.

(MCHB Transitioning Health Child Care America Grantees Summary of Progress Report Data. December 2003)

State Examples

Making a Positive Difference in the Health of Children in Child Care is a recent publication from HCCA (summer 2004) that highlights examples of what states are doing towards meeting the goals of HCCA to improve the health and safety of children in childcare. The examples provided here, as well as many others are available in this publication which can be found at: <http://www.healthychildcare.org/pdf/TellingHCCA.pdf>.

California provides an example of how one state has addressed the infrastructure building component of the HCCA grant. HCCA money was used to establish the California Training Institute for Child Care Health Consultants, based on the National Training Institute model created by MCHB at the University of North Carolina at Chapel Hill. Health Consultants who receive training at this institute are then funded in counties throughout the state using money from First 5 of California. There are 20 counties who currently have a funded health consultant working in their communities and are compiling data on the impact of that health consultant.

The state of Washington is making advances in the area of linking children in child care to a medical home. Health consultants receive training and technical assistance on the subject of medical homes, which they then pass on to early care and education providers. Washington also used HCCA money to sponsor a meeting focusing on the pediatrician's role in early care and education, which included discussions on the medical home.

New Jersey has had success in the addressing both the areas of quality assurance and access to health care. The state's Bureau of Licensing for Child Care Regulations and the director of Healthy Child Care New Jersey have created the Universal Child Health Record, a one-page form that lists a child's health history, to replace the numerous (and often complex) forms required for a child's enrollment in child care or school. The record has been approved by the New Jersey chapter of the AAP, the New Jersey Department of Health and Senior Services and the New Jersey Academy of Family Physicians and it has already been adopted by the state's Head Start Program and two of the largest school districts in the state. New Jersey has also implemented a model program, Educating Physicians in the Community-Child Care, and expanded the education of pediatric residents by facilitating visits to early care and education programs with health consultants.

APPENDIX C

Good Start, Grow Smart

The Good Start, Grow Smart early childhood initiative was introduced by the Bush Administration in April 2002 as the next step in education reform following the 2001 No Child Left Behind Act (<http://www.whitehouse.gov/infocus/earlychildhood/earlychildhood.pdf>). The Initiative focuses on improving school readiness by focusing on children's cognitive development. The initiative addresses three major areas:

- Modifications to Head Start
- Partnering with States to Improve Early Childhood Education
- Providing Information to Teachers, Caregivers and Parents

Good Start, Grow Smart evaluates Head Start (HS) on its effectiveness in preparing children to meet selected standards of learning, and trains Head Start teachers to use chosen practices of instruction in order to meet those standards. The administration has implemented Project STEP—a teacher education program that provides intensive early literacy training. This project also provides follow-up mentoring and coaching to aid in the implementation of strategies learned during the training, and information on responding to diverse groups of children. An impact evaluation will be designed to assess the effectiveness of this training.

Additional steps are being taken to ensure cognitive development for children in Head Start. Every Head Start center is expected to assess learning in early literacy, language and numeric skills. The U.S. Department of Health and Human Services (HHS) has developed an evaluation system that requires the assessment of all Head Start-enrolled children between ages three and five on these three measures at the beginning, middle and end of each year. In addition the programs will be required to analyze the assessment data on the development and growth of all participants. A national reporting system will be implemented to gather data from each local program to construct a comprehensive database on local program data and administer staff training in targeted areas.

At the state level, the initiative attempts to encourage states to set quality criteria for early childhood education. States are required to outline in their biennial State plan a set of quality-related criteria including:

- Early Learning Guidelines
- A Professional Development Plan
- A Program Coordination Plan

Other plans may make additional and more flexible resources available to states for teacher training and program guidance. Elements of these plans include:

- Expansion of State Flexibility in Child Care Match
- Establishing New State Program Integration Waivers
- Establishing Early Childhood Educator Academies
- Providing Guidance to States on Coordination of Services

Finally, the Good Start, Grow Smart initiative will disseminate early learning information to parents, teachers and caregivers. Guidebooks will be provided for parents and families with information regarding child development. Guidebooks will also be provided for early childhood

educators and care givers to provide information regarding cognitive development as well as concrete examples to use in their daily interactions with children.

To provide recognition to model programs, “Sunshine” awards will be granted by the Department of Education (DE). Preschool programs and initiatives will be highlighted from states, counties, school districts, Head Start sites, pre-k programs and child care centers throughout the United States.

The Good Start, Grow Smart is administered through HHS, Administration for Children and Families (ACF) and the Department of Education. The National Child Care Information Center (NCCIC), a service of the Child Care Bureau (CCB), and other Child Care Technical Assistance Network partners have been providing technical assistance to States and Regions on the Good Start, Grow Smart Initiative since its inception. Tools, presentations and resources have been developed to be used with the States and Regions on all the major components of GSGS: early learning guidelines, professional development and program coordination and financing. These materials are available at: <http://www.nccic.org/pubs/goodstart/>. Contact information for state technical assistance specialists (one per ACF region) can be found at: <http://www.nccic.org/about/staff.html>.

Accomplishments since the new initiative was launched in April 2002 include:

- Input from state and other stakeholders with experience in guideline development and professional development system building.
 - New and improved relationships between the National Institute of Child Health and Human Development (NICHD), contractors, the Department of Education and ACF Regions resulting in joint planning.
 - Development of an integrated strategic plan across ACF on early literacy, and involving Head Start and Child Care Bureaus, Regional Offices and research offices.
 - More HS/EHS and Child Care collaboration at state and local levels promoting quality through professional development, full-day/full-year, contracting, joint planning for infants and toddlers.
 - Increased capacity and momentum among staff, consultants, TA providers, and grantees.
 - Engaged ACF Regions in outreach and joint planning with stakeholders and new partners.
 - Increased awareness of issues and underlying research among early care and education community.
 - Promoted attendance at STEP Training and Early Childhood Educator Academies.
- (Presentation on *Good Start, Grow Smart* by the Child Care Bureau Associate Commissioner, Shannon Christian available at <http://www.nccic.org>)

Like many other national and state initiatives, the goals of the Good Start, Grow Smart initiative are aligned with those of the State Early Childhood Comprehensive Systems Initiative. GSGS focuses on school readiness through a cognitive development focus, and emphasizes capacity building for both parents and other caregivers such as child care providers. The initiative promotes collaboration, joint planning, and growing the body of stakeholders involved in early childhood planning. The planning activities, as well as the tools, presentations and resources created by technical assistance providers may be valuable to SECCS grantees as they continue work toward comprehensive systems of care for children and families.

APPENDIX D

Informational Resources

The following list of organizations represents a limited sample of resources available to provide information about early childhood education programs and services. Organizations below may offer referrals to local experts and resources.

Centre for Community Health

6th Floor, South East Building
Royal Children's Hospital
Flemington Road
Parkville VIC 3052
Australia
International Telephone: 0011 61 3 9345 6150
International Fax: 0015 61 3 9345 5900
Website: <http://www.rch.org.au/ccch/>

The Centre for Community Child Health is an internationally recognised centre of excellence supporting and empowering communities to continually improve the health, wellbeing and quality of life of children and their families, now and for the future.

The centre promotes good health practices, preventive action, early detection and early intervention. It considers that:

- The early years of children's lives have a significant impact on their physical, behavioural and social development later in life.
- Many conditions and common problems faced by children are preventable or can be improved if they are recognised and managed early.
- The best results are achieved where professionals work in close partnership with parents who are supported and empowered to make the best choices for their children.
- Supporting and strengthening community-based professionals and organisations ensures the best chance of good outcomes for children and their families.
- Academic institutions can play a major role in contributing to public policy, as well as facilitating integration and continuity between preventive and curative health care, and between hospitals and community-based services.
- Up to date research and evidence of what has shown to be effective and appropriate should inform policy formulation for children and families, the organisation of clinical services, professional practice with children and families, and community development.

Center for Law and Social Policy

1015 15th Street, NW
Suite 400
Washington, DC 20005
Telephone: (202) 906-8000
Fax: (202) 842-2885
Website: www.clasp.org

The Center for Law and Social Policy conducts research and provides advocacy on issues related to economic security for low-income families with children. Their publications on child care and early education provide useful information on a variety of policy issues including universal preschool, the effects of welfare reform on access to child care, and the reauthorization of Head Start.

Center for the Study of Child Care Employment

Institute of Industrial Relations
2521 Channing Way, #5555
Berkeley, CA 94720
Phone: (510) 643-7091
Fax: (510) 642-6432
E-mail: mwhbk@uclink.berkeley.edu
Director: Marcy Whitebook, PhD

Children's Defense Fund

25 E. Street NW
Washington DC 20001
Telephone: (202) 628-8787
Website: www.childrensdefense.org
Email: cdfinfo@childrensdefense.org

Children's Defense Fund is a nonprofit organization advocating for all children, particularly poor and minority children and those with disabilities. Among other issues, the Children's Defense Fund focuses on child care and early education as well as early childhood health issues. The website includes state-by-state data.

Children Now

1212 Broadway, 5th Floor
Oakland, CA 94612
Telephone: 510.763.2444
Fax: 510.763.1974
Email: children@childrennow.org
Website: www.childrennow.org

Children Now provides policy expertise and up-to-date information on the status of children. It uses communications strategies to reach parents, lawmakers, citizens, business, media and community leaders, to create attention and generate positive change on behalf of children.

Early Childhood Research and Practice

Email: ecrp@ericps.crc.uiuc.edu

Website: <http://ecrp.uiuc.edu/>

Early Childhood Research and Practice is an online, peer-reviewed journal which focuses on the care, education and development of children from birth to age eight years.

Elizabeth Learning Center

4811 Elizabeth St.

Cudahy, CA 90201

Phone: (323) 562-0175

Fax: (323) 560-8412

Website: http://www.greatschools.net/modperl/browse_school/ca/2054/

The Finance Project

1401 New York Avenue, NW

Suite 800

Washington DC 20005

Telephone: (202) 587-1000

Fax: (202) 628-4205

Website: www.financeproject.org

E-mail: fininfo@financeproject.org

The Finance Project aims to provide research, analysis and technical assistance to improve policies, programs and financing strategies that affect children, families and communities. Their program areas include child care, child welfare, early learning and school readiness.

Frank Porter Graham Child Development Institute

Campus Box 8180

105 Smith Level Road

Chapel Hill, NC 27599-8180

Phone: 919-966-4295

Fax: (919) 966-7532

Donna Bryant, Ph.D.

Co-Director

E-mail: bryant@mail.fpg.unc.edu

Healthy Child Care America (an MCH health and safety initiative)

American Academy of Pediatrics
Department of Community Pediatrics
Healthy Child Care America
141 Northwest Point Blvd
Elk Grove Village, IL 60007
Inquiries, orders/requests: (888) 227-5409
Questions about the program: (847) 434-4016
Fax: 847/228-6432
Email: hcca@aap.org
Website: <http://www.healthychildcare.org/>

HCCA-- California

Abbey Alkon

Contact Person

E-mail: alkona@itsa.ucsf.edu

The California HCCA grantee is funded by the [US Department of Health and Human Services Maternal and Child Health Bureau](#) (MCHB). The focus of each state grantee is to work toward increasing access to quality child care programs for all children.

High Scope

600 North River Street
Ypsilanti, MI 48198-2898
Telephone: 734 485-2000
Fax: 734 485-0704
Website: www.highscope.org
E-mail: info@highscope.org

High Scope is a non-profit that aims to improve the lives of children through high quality educational programs. Their Perry Preschool Program is one of the most well-known experimental studies of the long-term effects associated with high quality preschool.

Hope Street Family Center

California Hospital Medical Center
1401 South Grand Avenue
Los Angeles, CA 90015
(213) 742-6385
FAX: (213) 765-4093

Vicki Kropenske

Director

Email: Kropensk@chw.edu

Hope Street Family Center is a public-private partnership that provides services and supports to nearly 2,000 young children and families living in inner-city Los Angeles. It focuses on enhancing children's intellectual, social, emotional, and physical development.

Mar Vista Family Center

5075 S. Slauson Ave.
Culver City , CA
(310) 390-9607
Website: <http://www.marvistafamilycenter.org>

To enhance parent involvement in literacy education in the classroom and through at-home learning exercises.

National Association for the Education of Young Children (NAEYC)

1509 16th St. N.W.
Washington, DC 20036
Telephone: (202) 232-8777 or (800) 424-2460
Fax: (202) 328-1846
Website: www.naeyc.org
Email: naeyc@naeyc.org

Started 75 years ago, the NAEYC is the one of the largest organizations committed to quality in early care and education. Comprised of early childhood educators, their action center promotes national, state and local public policies that support a system of well-financed, high quality early childhood education programs in a range of settings, including child care centers, family child care homes, and schools. They sponsor conferences and support others put on by their affiliates. They also focus on improving professional preparation and development for individuals who care for and educate children birth through age eight through their *Professional Preparation and Program Review*. NAEYC also has the jurisdiction to accredit high quality care facilities and programs.

National Center for Early Development and Learning

Website: <http://www.fpg.unc.edu/~ncedl/>

The National Center for Early Development and Learning conducts research on critical issues in early childhood practices. Their Cost, Quality, and Outcomes Study is a national study of day care that assesses the effect of various aspects of quality, on child outcomes.

National Center for Children in Poverty

Website: <http://www.nccp.org>

The National Center for Children in Poverty (NCCP) is a nonprofit, nonpartisan research and policy organization at Columbia University. Its mission is to identify and promote strategies that prevent child poverty in the United States and that improve the lives of low-income children and families.

Concentrating on the links between family economic security and child development, the NCCP researches policies that promote three goals:

- Economically secure families
- Children entering school ready to succeed
- Stable, nurturing families

NCCP has a national reputation for policy analysis, academic research, and demographic statistics. It promotes the broader understanding that a family's financial situation affects how children develop, their readiness to succeed in school, and ultimately, their ability to create better lives for themselves.

Their work begins with the premise that family economic security means much more than income above the poverty level. True economic security includes (1) adequate, stable, and predictable income, (2) savings and assets that can help families survive crises and plan for the future, and (3) human and social capital (i.e., education, skills, support systems) that help families improve their financial status in the long term.

National Child Care Information Center (NCCIC)

243 Church Street, NW 2nd Floor

Vienna, Virginia 22180

Telephone: (800) 616-2242

Fax: (800) 716-2242

Website: www.nccic.org

The National Child Care Information Center was created by the Child Care Bureau, part of the Administration for Children and Families, provides practical information towards improving the child care delivery system. Their Child Care Partnership Program offers resources to facilitate public-private partnerships in child care.

National Economic Development and Law Center

2201 Broadway, Suite 815
Oakland, CA 94612
Telephone: 510.251.2600
Fax: (510) 251-0600
Website: www.nedlc.org

The NEDLC is a non-profit public interest law and planning organization that specializes in community economic development. It works in collaboration with community organizations, private foundations, corporations and government agencies to build the human, social, and economic capacities of low-income communities and their residents. They design and implement demonstration projects in job creation and employment, training, work force development, and income enhancement.

National Institute for Early Education Research

120 Albany Street, Suite 500
New Brunswick, NJ 08901
Telephone: (732) 932-4350
Fax: (732) 932-4360
Website: www.nieer.org

W. Steven Barnett, PhD

Director
Phone: (732) 932-4350 x 228
E-mail: sbarnett@nieer.org

The NIEER provides nonpartisan early education research to policy makers, journalists, researchers and educators to promote educational opportunities for children at ages three and four years.

Nation's Network of Child Care Resources and Referral

1319 F. Street, NW
Suite 500
Washington, DC 20004-1106
Telephone: (202) 393-5501
Fax: (202) 393-1109
Website: www.naccrra.net
E-mail: info@naccrra.org

NACCRRRA promotes national policies and practices to support learning for all children. Nationwide, Child Care Resource and Referral programs provide useful information to parents seeking child care. In addition, they work to improve the quality and supply of child care.

Ounce of Prevention

122 S. Michigan Ave., Suite 2050
Chicago, IL 60603-6198
Telephone: 312.922.3863
Fax 312.922.3337
E-mail: info@ounceofprevention.org
<http://www.ounceofprevention.org/>

Policy Analysis for California Education (PACE)

University of California, Berkeley
School of Education
3653 Tolman Hall
Berkeley, CA 94720-1670
Telephone: (510) 642-7223

Stanford University
School of Education
485 Lasuen Hall
Stanford, CA 94305-3096
Telephone: (650) 725-1235

Sacramento Office
1130 K Street
Suite 210
Sacramento, CA 95814
Telephone: (916) 441-5062

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Phone: (510) 642-7223
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Website: www-gse.Berkeley.edu/research/PACE

Email: PACE123@socrates.berkeley.edu

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Bruce Fuller: b_fuller@uclink4.berkeley.edu
Gerald C. Hayward: hayward@ns.net
Michael W. Kirst: mwk@leland.stanford.edu

Founded in 1983 as a cooperative venture between the schools of education at UC Berkeley and Stanford University, PACE is an independent policy research center whose primary aim is to enrich education policy debates with sound analysis and hard evidence. PACE provides analysis and assistance to California policymakers, education professionals, and the general public

Quality in Linking Together Early Education Partnerships (QUILT)

Telephone: 877-867-8458

Website: www.quilt.org;

QUILT works to foster and facilitate partnerships among child care, Head Start, prekindergarten and other early education programs at the local, state, tribal, territorial, and regional levels to support full-day, full year programming. The program is funded by the Federal Head Start and Child Care Bureau.

Southern Regional Initiative on Childcare

Christi Stewart

Contact Person

803.779.2607

Email: christi@kidsouth.org.

The Southern Institute on Children and Families established the Southern Regional Initiative on Child Care in January 2000 with support from [The David and Lucile Packard Foundation](#).

U.S. Department of Health and Human Services

Headquarters: Hubert H. Humphrey Building

200 Independence Avenue SW

Washington, D.C., 20201

Telephone: 1-877-696-6775

Website: www.hhs.gov

Within the U.S. Department of Health and Human Services (HHS) is the **Administration for Children and Families (ACF)**, which is responsible for programs that promote the economic and social well-being of families, children, individuals and communities including Temporary Assistance to Needy Families (TANF), the national child support enforcement system, Head Start, foster care and adoption assistance and programs to prevent child abuse and domestic violence.

Head Start Bureau:

Website: www.acf.dhhs.gov/programs/hsb

State Collaboration Offices Website:

<http://www.headstartinfo.org/partnership/statecollaboration.html>

Head Start and Early Head Start provide comprehensive services to low-income children from birth to age five and their families. The primary purpose is to improve school readiness.

Child Care Bureau:

Website: www.acf.dhhs.gov/programs/hsb

Aimed at improving quality, affordability and availability of child care.

WestEd

730 Harrison Street

San Francisco CA 94107-1242

Telephone: (415) 565-3000

Website: www.WestEd.org

WestEd is a non-profit research, development and service agency dedicated to improving learning opportunities for children, youth and adults. Staff works with practitioners and

policymakers to address critical issues in education, including early childhood care and education.

Wisconsin Center for Education Research

University of Wisconsin-Madison
1025 W. Johnson Street, Room 467
Madison, WI 53706
Phone: (608) 263-1902
Fax: (608) 265-3496

Zero to Three

National Center for Infants, Toddlers and Families
2000 M Street, NW, Suite 200
Washington, DC 20036
Phone: (202) 638-1144
Website: <http://www.zerotothree.org/>

Functioning initially as an advocacy group and now as a national resource on research for the first three years of life, this organization is currently involved with many projects including: a professional journal, Zero to Three, a fellowship program, and an annual conference. They provide training and consultation through the Early Head Start National Resources center and their Center for Program Excellence. Their policy center is a non-partisan effort committed to promoting healthy growth and development of children through publishing information from their national, state and community initiatives, projects and partnerships.

This list of addition experts is extremely limited and is included for informational purposes only. All possess expertise in the field of early childhood education. Expertise in the field is not limited to the list of individuals identified below. This list is provided as a resource to the reader.

ⁱ U.S. Bureau of the Census, *The Statistical History of the United States—from Colonial Times to the Present*, 1976.
Bureau of Labor Statistics, *Handbook of Labor Statistics—Bulletin 2340*, August 1989.
Bureau of Labor Statistics, *Employment and Earnings*, January 2002.

ⁱⁱ U.S. Department of Labor, *Employment Characteristics of Families in 2000, 2001*.

ⁱⁱⁱ K. Smith (2000), Who's Minding the Kids? Child Care Arrangements: Fall 1995 (Current Population Reports P70-70) Washington, DC: U.S. Census Bureau.

^{iv} Dean Brick, Pat, Genevieve Kenney, Robin McCullough-Harlin, Shruti Rajan, Fritz Scheuren, Kevin Wang, J. Michael Brick, and Pat Cunningham. 1999. *1997 NSAF Survey Methods and Data Reliability*. Washington D.C.: The Urban Institute. National Survey of America's Families Methodology Report No. 1.

^v <http://www.ounceofprevention.org/index.php?section=programs&action=program&program=5&page=9>

^{vi} Reaching Back to Create a Brighter Future; N. Halfon, C. Sutherland et al, UCLA Center for Healthier children Families and Communities, 2001

^{vii} <http://nccic.org/hcca/>, Healthy Child Care America website, accessed, October 17 2003.

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