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FOLDER TITLE:

Princeton Speech-Early Childhood Education Conference, 4/25/97

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RESTRICTION CODES

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TEACHERS COLLEGE COLUMBIA UNIVERSITY

NEW YORK, NEW YORK 10027

CENTER FOR YOUNG CHILDREN AND FAMILIES

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TO:

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Jeanne Brooks-Gunn

DT:

4/23/97

RE:

As Requested.

PAGES:

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INCLUDING COVER PAGE

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

JEANNE BROOKS-GUNN
VIRGINIA AND LEONARD MARK PROFESSOR
CHILD DEVELOPMENT AND EDUCATION

April 23, 1997

David Shipley
Office of The First Lady
The White House
Washington, DC

Dear David,

We are attaching a few pieces that might be helpful to you. I have circled the key pages to read (knowing that you have a quick turn-around).

POINTS:

Different types of programs for young children and families

All focus on supporting parents in the daily tasks of rearing healthy youngsters

Most also focus on providing children the experiences necessary for learning and for entering school.

Home visiting for pregnant women & new parents-Healthy Families America Healthy Steps--evidence from Hawaii that Healthy Families American home program reduces child abuse and neglect and promotes better relationships between parent and child-- the Elmira Project, another perinatal program, reduced the incidence of low birthweight and smoking in pregnant women.

Home visiting for parents of toddlers and preschoolers--HIPPY and PAT New evidence from Jeanne Brooks-Gunn (JBG) of Center for Young Children at Teachers College--that HIPPY's literacy program is associated with better reading achievement scores in 1st grade and less grade failure (repeating grade).

Center-based programs for 2 and 3 year old children, coupled with home visiting over the first three years of life--Infant Health and Development Program has found significant sustained effects on IQ and math achievement at age 8--5 years after the program ended. This is largest study of early intervention--8 sites with about 1000 families followed by JBG and colleagues at Teachers College, Columbia University (effects for children who were not very low birth weight--i.e., works for vast majority of children, but not the most biologically vulnerable--but too much for a speech). This program also found increased maternal emotional well-being (decreased depressive symptoms) and increased ability to cope with life's daily hassles--both of these were related to lower behavior problems in the children in the treatment group.

Early Head Start major initiative by feds with home visiting and center based care--like the IHDP. Being evaluated by Columbia University--JBG and Mathematica, Inc (located in Princeton, NJ).

BROOKS-GUNN
WHITE HOUSE MEMO
PAGE 2

Quality of Child care in centers and in family homes makes a difference
(from White House conference and Galinsky).

WHAT CAN STATES DO?

- Healthy Families America programs funded by about 30 state departments of health
- Child care block grant money to provide wrap-around care, or more openings in EHS and HS-like programs in communities
- State technical centers and outreach to help existing centers to improve--a pilot conducted in Patterson, NJ a few years ago on this model. In part funded by NJ State.

Call if questions (212-678-3369 today and 609-258-5868 thursday)

Sincerely,

JBG

The Effectiveness of Early Intervention:**Examining and Pathways to Enhanced Development**

Jeanne Brooks-Gunn & Lisa Berlin
Teacher's College, Columbia University

Cecelia McCarton
Albert Einstein School Medicine

Marie McCormick
Harvard School of Public Health

Early Human development: Vulnerability and Opportunity

Early human development is at once a time of great vulnerability and great opportunity. Humans' first three years comprise a longer period of immaturity and dependence than is experienced by any other species. At the same time, this period is characterized by rapid and dramatic physical and mental developments. These developments, in turn, are increasingly being viewed as the principal building blocks of adult cognitive and emotional functioning. Evidence of the current, widespread interest in understanding and enhancing early development include the Carnegie Corporation's recent pair of reports (Starting Points [1994] and Years of Promise [1996]),¹ the cover article of a current Time ("How A Child's Brain Develops" [February 3, 1997]),² and the President's recently-established Early Childhood Initiative³. A theme common to each of these endeavors is the importance of early experiences—especially supportive relationships and intellectual stimulation—for later development.

The current interest in early development originated in part from a series of early intervention programs implemented in the 1960's as part of the Johnson administration's "war on poverty." Many of these programs drew on the writings of contemporary scholars emphasizing the power of early experiences for shaping individual development.⁴ According to this perspective, early development lays the groundwork for cognitive and perhaps emotional development. Although individuals can change over the life course, once a trajectory is initiated, changes are difficult to implement and even hard to sustain. During the 1970's and 1980's, developmentalists questioned whether this focus on the first few years of life was too rigid, suggesting instead that limited or injurious early experiences do not necessarily doom people to a lifetime of limited competence. Instead, later life changes can and do occur.⁵ The current perspective on early development and intervention takes an even more nuanced approach. This approach eschews determinism but at the same time presumes that altering the life trajectories of people who have not had supportive early experiences is more difficult than providing these experiences in the first place.⁶

Recent findings from some of our work on the effects of income poverty further illustrate this perspective. Specifically, income poverty, as has long been assumed, has negative consequences for children.⁷ These negative consequences span the life course from birth (e.g., low birthweight) through toddlerhood and the preschool years (e.g., cognitive test scores), to adolescence (e.g., high school completion, literacy, and teenage childbearing). The effects of poverty have been documented above and beyond the effects of other demographic and social indicators including single parenthood, parental education, parental occupation, neighborhood poverty/affluence, and ethnicity.⁸ To build on and add to this knowledge, members of our research team have recently drawn on data for 1300 youth from the nationally representative Panel Survey of Income Dynamics.⁹ Specifically, we have

examined the question of whether the timing of income poverty effects high school graduation and entrance into post-secondary school education.¹⁰ We investigated three developmental periods: early childhood (one to five years), middle childhood (six to 10 years), and early adolescence (11 to 15 years). Only income poverty during the early childhood period was associated with high school graduation rates.

The Promise of Early Intervention

As the "Synthesis and Profile" report will illustrate, to date, many evaluations of early intervention have focussed principally on outcomes related to children's cognitive development and have neglected outcomes centering on children's socioemotional development. Similarly, although parents are generally viewed as playing a pivotal role in early intervention programs, relatively little attention has been paid to parenting beliefs and behaviors as either outcomes or mediating pathways.²⁴ Finally, the "Synthesis and Profile" report will emphasize the importance of researchers looking beyond intervention group differences to examine the extent to which early intervention effects are more pronounced for some children and families than others and to examine the processes underlying children's and families' participation in early intervention programs. In the subsequent sections of this article we will summarize findings from the Infant Health and Development Program that help address these outstanding issues.

The Infant Health and Development Program

Background

The Infant Health and Development Program served a particularly vulnerable group of infants--low birthweight, premature infants. Low birthweight premature infants are disproportionately likely to face a host of difficulties including major neurosensory handicapping conditions, neurodevelopmental deficits, cognitive delays, academic failures, and social and psychological problems.²⁵ Currently ongoing, the IHDP evaluation is a longitudinal, eight-site randomized trial of the effectiveness of early child development and family support services for approximately 1000 low birthweight premature infants from birth to age three. The IHDP's large, heterogeneous sample and the availability of a randomly assigned comparison group make the IHDP data a singularly rich source of information on early intervention and on early development, on the whole.

Eligible low birthweight premature infants were those who weighed 2500 or less grams at birth, who were 37 weeks or less post-conceptual age between January, 1985 and October, 1985, and who were born in one of the eight participating medical institutions.²⁶ Shortly after hospital discharge, eligible infants were stratified by two birthweight groups, "lighter" (< 2001 grams) and "heavier" (2001-2500 grams), and then randomized into either the "intervention" or the "follow-up only" group. Two thirds of the sample came from the lighter group and one third of the sample came from the heavier group. In addition, one third of the infants within each birthweight group was randomly assigned to the intervention group, and two thirds were assigned to the follow-up group. Of the 1302 eligible participants, 985 were successfully randomized and have since constituted the principal sample. The sample is racially and socioeconomically diverse, with 52% African-American families, 37% European-American families, 11% Hispanic-American families, and a broad range of family incomes represented.

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The Intervention Program

The IHDP intervention program began immediately following hospital discharge and continued until three years corrected age. All infants received a pediatric follow-up of medical and developmental assessments and were referred for other services as needed. The Intervention infants received three types of additional services: (a) home visits designed to provide the family with health and child development information and family support were conducted on a weekly basis during the first year and a bi-weekly basis during the infants' second and third years; (b) child development centers provided the intervention children with an enriched extrafamilial education from 12 months for approximately 20 hours per week; (c) parent groups designed to provide child-rearing information and social support met at the child development centers every other month from the time the centers opened until the end of the program.

The Effectiveness of the Infant Health and Development Program for Children and Their ParentsIntervention Effects on Young Children's Cognitive Development

Significant intervention effects emerged for children's cognitive development, according to the Bayley Scales of Infant Development²⁷ at 24 and 36 but not 12 months (the Bayley Scales and all other cognitive tests have a mean of 100 and a standard deviation of 15 or 16, based on normative samples). At 24 months, intervention group children scored 9.75 points (about 60% of a standard deviation) higher than follow-up group children. This effect persisted even after controlling for children's 12-month Bayley scores.²⁸ Similarly, at 36 months, intervention children scored 9.31 points (60% of a standard deviation) higher than follow-up children on the Stanford-Binet Intelligence Scale.²⁹ Finally, at 36 months, children in the intervention group also received higher scores than follow-up children on the Peabody Picture Vocabulary Test, Revised Version.^{30,31}

Another view into the role of both child and family characteristics in moderating the effects of the intervention has come a study focussing on the intersection of the intervention with (a) families' multiple risk factors (13 factors including birthweight, maternal education, and maternal mental health) and (b) family poverty.³⁵ The intervention was found to be equally effective in enhancing children's cognitive development for children with few and many risk factors. There was, however, a different intervention effect in poor than non-poor families: in poor families, the intervention was more effective for those children with fewer than 5 risk factors; there was no such effect for non-poor families. These findings imply that when there was an extreme accumulation of risk, the usefulness and/or effectiveness of the intervention may have declined.

Intervention Effects on Parents and Parenting

With regard to changes in parenting, intervention effects were observed across four domains: (a) intellectual stimulation in the home environment; (b) warmth in the home environment; (c) the quality of mothers' assistance to their children during problem-solving; (d) mothers' disciplinary practices with their sons. Specifically, at 36 months, intervention families' homes were found to provide more opportunities for learning and to be emotionally "warmer" than follow-up families' homes, as assessed by an adapted sub-scale of the Home Observation Measurement of the

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Environment.⁴⁴ Moreover, at 30 months, in the mother-child problem-solving assessment, intervention mothers provided higher quality assistance to their children than follow-up mothers; intervention children and their mothers also received higher scores than follow-up dyads on "mutuality" (extent to which the interaction appeared mutually satisfying). Finally, for boys only, there were intervention effects on mothers' disciplinary practices: at 36 months, intervention mothers were less likely to hit and harshly scold their sons than follow-up mothers.⁴⁵

Sustained Intervention Effects: The Five- and Eight-Year Follow-upsAge 8 Findings

The five- and eight-year follow-up inquiries indicated that initial successes of the IHDP intervention were sustained into early childhood for the heavier but not lighter low birthweight children.⁴⁶ Specifically, at age five, heavier intervention children had higher full-scale IQ scores (by 3.7 points) and higher verbal IQ scores (by 4.2 points) than the follow-up children. At five, the heavier low birthweight children in the intervention group also received higher scores (by 6.0 points) on the PPVT-R assessment of receptive language and marginally lower scores ($p < .07$) on mother-reported behavior problems than the heavier low birthweight children in the follow-up group. Similar findings emerged from the eight-year follow-up: heavier low birthweight children in the intervention group had higher full-scale IQ scores (by 4.4 points), higher verbal IQ scores (by 4.2 points), higher performance IQ scores (by 3.9 points), higher mathematics achievement scores (by 4.8 points), and higher receptive language scores (by 6.7 points) than the children in the follow-up group.

Conclusion and Policy Implications

In conclusion, the data we have shared illustrate the value of early intervention. Effective interventions, however, increasingly require striking a fine balance among the characteristics of the participants, the characteristics of the services, and service use (especially participants' active involvement). Policy-makers, moreover, cannot expect early interventions to inoculate vulnerable infants to future difficulties. Rather, as a nation we must support multi-faceted early intervention programs and evaluations that will, in turn, continue to shed light on enhancing development throughout the lifespan.

For additional information please contact:

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**Storytimes: Mother and Child Book Reading in the Context of
Literacy Intervention Programs**

**Pia Rebello Britto & Jeanne Brooks-Gunn
Center for Young Children & Families
Teacher College, Columbia University**

**Summary of findings presented for the Committee on the Prevention of Reading Difficulties in Young
Children, National Academy of Science, Washington, D.C., March, 1997.**

Storytimes- NAS Presentation

Storytimes: Mother and Child Book Reading in the Context of
Literacy Intervention Programs

Pia Rebello Britto & Jeanne Brooks-Gunn
Center for Young Children & Families
Teacher College, Columbia University

As per the Commission on Reading of the National Academy of Education (1985), "the single most important activity for building the knowledge required for eventual success in reading is reading aloud to children". Numerous researchers have documented the positive associations between mother and child shared book reading and language development, reading achievement and school readiness. Children from economically impoverished backgrounds are considered to be at high risk for illiteracy. There is ample evidence linking poverty and limited maternal education to low levels of academic achievement. Scholars have attributed, in part, the literacy difficulties of poor youth to their lack of participation in storyreading interactions with their parents during the preschool years. Several types of programs address child and family literacy skills both directly and indirectly.

In this presentation we discuss an evaluation of a home based literacy program, the Home Instruction Program for Preschool Youngsters (HIPPY), conducted by Amy Baker at the NCJW Center for the Child; Chaya S. Piotrkowski at the Graduate School of Social Work, Fordham University; and Jeanne Brooks-Gunn at the Center for Young Children and Families, Teachers College, Columbia University.

The Home Instruction Program for Preschool Youngsters (HIPPY) is a home-based early intervention program that helps educationally and economically disadvantaged parents provide an educationally stimulating environment and activities for their preschool-aged children. As of 1996 HIPPY programs served over 15,000 economically disadvantaged families in 28 states and Washington D.C. The HIPPY Program spans 90 weeks over 2 to 3 years. It serves families with children between the ages of three, four, and five years. The core elements of the program are bimonthly home visits by paraprofessionals and bimonthly group meetings with parents and paraprofessionals led by a HIPPY program coordinator.

The evaluation of Home Instruction Program for Preschool Youngsters (HIPPY) demonstrates the effectiveness of this program on improving children's academic achievement, and classroom adaptability and the home educational environment, parental involvement in two cohorts across two sites, Arkansas and New York. In Arkansas, in the first months of school following the HIPPY program completion, teachers rated the HIPPY children as better adapted to the classroom. In New York, adjustment to the classroom was a sustained effect of participation in the HIPPY program as HIPPY children were rated as better adapted to the classroom both at the end of the program and one year later. Additionally, HIPPY children performed significantly better on standardized testing one year after the end of the program.

The findings from this study suggest that participation in HIPPY does impact having more literacy materials in the home (Arkansas) and higher parental expectations of their children's school performance (New York). Thus overall, these positive findings lend support to the HIPPY program's goals of preparing children for school, and that of enhancing the parent's role in their child's school life and promotion of an educationally stimulating environment in the home.

For additional information, please contact

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**HFA RESEARCH NETWORK
FIFTH MEETING
MARCH 4 AND 5, 1997
SUMMARY OF PROCEEDINGS**

Efforts to enhance early parent child bonding and child development are widespread. Indeed a significant number of early intervention and support programs have emerged throughout the country, supported by educational systems, health care systems and numerous community-based agencies. Looking across all such interventions, a general consensus is emerging regarding the unique benefits and potential of home visitations services. Extensive review of the literature by a number of Governmental and private organizations have consistently identified home visitation as perhaps the most promising strategy for developing or improving access to early intervention services that can help at-risk families become healthier and more self-sufficient.

The National Committee to Prevent Child Abuse (NCPCA), in partnership with Ronald McDonald Children's Charities, launched Healthy Families America (HFA) in February, 1992 with the goal of laying the foundation for a nationwide, voluntary home visitor program for all new parents through state level organizations. At present, HFA programs are operating in over 230 communities in 36 states and the District of Columbia. While much of our existing knowledge suggests the further proliferation of this model is the correct course of action, our knowledge is incomplete. More importantly, very little systematic exchange of information has occurred across those conducting research on these topics at various sites. Evaluators, both those with the resources to conduct randomized trials of the method as well as those numerous program and policy managers implementing more modest quasi-experimental designs, have had limited opportunities to exchange information or build upon each others efforts. As the momentum for home visitation continues to grow, it remains prudent to promote extensive program evaluations and to foster greater collaboration among these diverse research activities.

In response to this need, the National Center on Child Abuse Prevention Research, an NCPCA program, requested and received funding from the Carnegie Corporation of New York in 1994 to establish a research network of those evaluating the effectiveness of Healthy Families America pilot sites and other home visitation initiatives. Given the potential importance of the overall HFA effort, we believed it was critical for each site to include as comprehensive and as rigorous an evaluation component as possible. The funding of this network has provided an excellent opportunity for researchers assessing individual programs to come together to address a broad range of methodological and policy concerns.

At present, over 50 evaluators representing research projects underway in 25 states are active Network members. NCPCA Research staff have played a major leadership role in the management and supervision of all Network's activities, assisted by the ongoing input from our Technical Advisory Panel. Members of this panel include: Dr.

Larry Aber, Director of the National Center for Children and Poverty at Columbia University; Dr. Jeanne Brooks-Gunn, Professor of Child Development at Columbia University; Dr. Byron Egeland, Professor of Child Development, University of Minnesota; Dr. Gary Melton, Director of the Institute for Families in Society, University of South Carolina; and Dr. David Olds, Director, Prevention Research Center for Family and Child Health at the University of Colorado Health Sciences Center. These individuals have worked with the Network in addressing a wide range of issues central to the effective assessment of comprehensive prevention efforts, paying particular attention to the issues of risk assessment, measurement and research questions and design. In addition, Network activities have enhanced the overall development of Healthy Families America by providing empirically-based guidance to changes in the initiative's training strategies, refinement of the program's critical elements, development of a quality assurance system and enhancement of the overall relationship between research and practice at the individual HFA sites.

The purpose of this document is to summarize the content of the Network's most recent two day meeting. As summarized in the agenda provided in Attachment A, Network members spent the majority of their time focusing on the Network's three committee issues and related products (e.g., risk assessment, measurement and research questions). The Network's discussions in each of these areas were informed by Roundtable discussions held on each of these topics during the larger HFA Conference which proceeded the Network meetings. In addition to committee work, the Network meeting included a formal presentation and discussion on the role of neighborhoods and community context in defining the HFA target population and in influencing parental capacity. The meeting also provided an opportunity for Network members to review Phase I of the proposed HFA Program Information and Management System (PIMS) and other HFA programmatic concerns.

TEACHERS COLLEGE COLUMBIA UNIVERSITY**NEW YORK, NEW YORK 10027****CENTER FOR YOUNG CHILDREN AND FAMILIES****Young Children's Education, Health, and Development: Profile and Synthesis Project**

What are the current large-scale research initiatives on early childhood development? How have these initiatives drawn on and expanded on the findings of past research? How is the current generation of studies breaking new ground and, once concluded, how will these studies transform our knowledge and our thinking? What will be the implications of the findings vis-a-vis research, practice, social service, and social policy? These are questions presently being addressed by the "Young Children's Education, Health, and Development: Profile and Synthesis Project."

The Profile and Synthesis Project focuses on selected contemporary large-scale federally funded initiatives on young children's health, development and education as well as selected privately funded initiatives. The initiatives are of two general types. Initiatives of the first type are major longitudinal studies of children and their families. Initiatives in this category include (but are not be limited to) the following: the Early Childhood Longitudinal Study (ECLS); the NIMH Multi-Site Study of Service Use, Need, Outcome, and Costs in Child and Adolescent Populations (UNOC-CAP); the NICHD Study of Early Child Care; the Project on Human Development in Chicago Neighborhoods (PHDCN); initiatives of the U. S. Department of Education's recently established National Center for Early Development and Learning. The second set of initiatives to be profiled are major demonstration programs designed to assess both the effectiveness of a set of services on child and family well-being as well as the development of children within specific community settings. As such, these initiatives will yield key knowledge not only about program efficacy, but about how families, schools, and other community institutions are interconnected and work together to enhance child well-being. The five programs in this category include (but are not be limited to) the following: Early Head Start (EHS); Healthy Start; the Comprehensive Child Development Program (CCDP); Home Visiting 2000; the Job Opportunities and Basic Skills (JOBS) Evaluation.

The Profile and Synthesis Project will be devoted to the preparation of a report that may be disseminated as a stand-alone document. It may also be used as a starting point for other phases of this work. For example, subsequent documents may focus more explicitly on methodological issues or on specific populations of families or programs. Additionally, smaller summaries of the report may be developed for groups such as parents, service providers, community school districts, community health districts, state and local policy makers, and federal policy makers.

The Profile and Synthesis Project is part of a research collaboration among the National Institute on Early Childhood Development and Education of the U.S. Department of Education, the Family and Child Well-Being Research Network of the National Institute for Child Health and Human Development, and the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Development. The contacts for this project are Naomi Karp (National Institute on Early Childhood Development and Education), V. Jeffrey Evans (NICHD), and Martha Moorehouse (ASPE). The project is being directed by Jeanne Brooks-Gunn (Virginia and Leonard Marx Professor, Teachers College, Columbia University) and Lisa Berlin (Research Scientist, Center for Young Children and Families, Teachers College, Columbia University) with wide collaboration from scholars and practitioners with expertise in early childhood development and social policy.

OVERVIEW OF THE EARLY HEAD START RESEARCH AND EVALUATION PROJECT

Mathematica Policy Research, Inc.
Princeton, New Jersey

The Early Head Start Research and Evaluation project launches an intense study of the new Early Head Start program and simultaneously begins a far-reaching longitudinal study of infants and toddlers in low-income families. The Early Head Start study will include approximately 3,400 families living in 17 diverse communities that reflect the socioeconomic and political context of low-income families in the United States in the late 1990s. We will measure a broad range of outcomes, collect extensive information about the programs and the individual families' experiences with them, and conduct state-of-the-art analyses to link experiences with outcomes. The findings from this national evaluation and longitudinal study will have the potential to influence policies affecting the lives of low-income American families with young children.

Responding to the "Quiet Crisis"

Early Head Start comes at a time of increasing awareness of the "quiet crisis" facing families with infants and toddlers in the United States, as identified in Carnegie Corporation of New York, Starting Points report. The Administration on Children, Youth and Families (ACYF) designed the Early Head Start program in response to the 1994 Head Start reauthorization, which established a special initiative setting aside 3 percent of 1995 Head Start funding for services to families with infants and toddlers (and 4 percent of 1996 and 1997 funding and 5 percent of 1998 Head Start funds). Secretary Shalala's Advisory Committee on Services for Families with Infants and Toddlers then set forth a vision and blueprint for Early Head Start programs to address the fragmentation of community services and expand programs to serve more families with infants and toddlers. This comprehensive, two-generation program includes intensified services that begin before the child is born and concentrate on supporting families during the critical first three years of the child's life. Early Head Start programs are designed to produce outcomes in four domains: (1) children's development (including health, resiliency, secure attachments, social competence, and cognitive and language development); (2) family development (including parenting and relationships with children, the home environment and family functioning, family health, parent involvement, and economic self-sufficiency); (3) staff development (including professional development and relationships with parents and children); and (4) community development (including enhanced child care quality, community collaboration, and service integration to support families with young children). Sixty-eight local programs were funded in September 1995 and another 74 in September 1996 to serve about 75 families each; 17 of these have been selected as sites to participate in the national evaluation, and 15 will participate in additional site-specific research studies.

Structuring a National Research and Evaluation Project

A comprehensive national evaluation conducted in tandem with a cluster of local research and evaluation studies will address a broad range of issues. ACYF has articulated four central purposes for the Early Head Start Research and Evaluation Project: (1) create a system for continuous program improvement through formative feedback; (2) conduct a rigorous cross-site impact study; (3) encourage

a new generation of research for understanding the role of program and contextual variations; and (4) create the foundation for a series of longitudinal research studies.

To fulfill these purposes, the Early Head Start Research and Evaluation Project encompasses four major components:

1. An implementation study to examine service needs and use for low-income families with infants and toddlers, assess program implementation, illuminate pathways to quality, examine program contributions to community change, and identify and explore variations across sites
2. An impact evaluation to analyze the effects of Early Head Start programs on children, parents, and families in depth, using an experimental design and state-of-the art analytic methods, and to assess changes in outcomes for program staff and communities
3. Local research studies by local researchers to learn more about the pathways to desired outcomes for infants and toddlers, parents and families, staff, and communities
4. Feedback for continuous program improvement to systematically provide information on indicators of program implementation and operations that will be useful to local programs in developing program improvement plans

Creating a Strong Evaluation Team

Following a competitive procurement process, ACYF contracted with Mathematica Policy Research, Inc. (MPR) of Princeton, NJ, and its subcontractor, the Center for Young Children and Families (CYCF) at Columbia University, Teachers College. MPR and CYCF have national reputations for the quality of their work and their commitment to working with program operators and policymakers to plan and implement research and evaluations that address central policy issues for low-income families and their young children. Dr. John M. Love and Dr. Ellen Eliason Kisker of MPR and Dr. Jeanne Brooks-Gunn of Columbia University are leading the national evaluation team.

By drawing on nationally known experts in key areas related to Early Head Start program and evaluation issues, MPR and CYCF have created a cadre of consultants to work closely with the national contractor so that the Early Head Start evaluation capitalizes on the best knowledge available. A Technical Work Group of nationally known experts is providing further input and review to the contractor. We are working closely with ACYF to guide the study and maximize its policy relevance.

Enriching Research and Evaluation Through Collaboration

A national evaluation contractor could not effectively conduct the Early Head Start evaluation alone. ACYF has also funded local research grants at 15 of the EHS sites. In addition to conducting their own research on issues especially central to the local program, the local researchers will participate in many national evaluation activities, including providing field support for the national data collection. MPR has worked with ACYF and the local researchers to create an Early Head Start research consortium to facilitate collaboration on issues relating to policy, assessment, and the use of research and evaluation data.

Collaboration among the many stakeholders is essential. Drawing upon examples of program collaborations and the experiences of other national research collaborations, we have developed 15 principles for successful collaboration and a structure and process involving a steering committee and subcommittees to conduct the work of the national-local research consortium. Shared commitment, bolstered by written policies and procedures, will ensure effective collaboration.

Conceptualizing Program Implementation and Outcomes

Strong research requires a sound conceptual base. We have developed preliminary conceptual frameworks for understanding Early Head Start programs during startup and the early phases of mature implementation and for thinking about the causal connections between program participation, receipt of services, and the intermediate-term outcomes for children and families. Our conceptual frameworks also consider the forces likely to influence staff development and community change. Relationships are central to the study's conceptual frameworks. The frameworks describe in broad terms the important intrafamilial relationships (parent-child, parent-parent, child-sibling) and the other relationships that create the context for child and family development. These include staff-parent and staff-child relationships; family-family and family-community relationships; and staff-community relationships. Highlighted in our thinking are the role of contextual variables and the reciprocal nature of all relationships. Throughout this process, we are working with ACYF, the EHS programs, and the local researchers to identify the theories of change describing how programs seek to achieve their outcomes. These theories will have particular salience for future Head Start policies on services to families with infants and toddlers.

Describing and Analyzing Early Head Start Implementation

The implementation analysis serves three major purposes: (1) gaining a picture of the new Early Head Start program across all 142 sites; (2) understanding program dynamics; and (3) providing contextual data that are essential for interpreting findings from the cross-site impact study. Rich descriptive data on service needs and use will provide a basis for promoting the process of continuous program improvement that Early Head Start hopes to achieve. The implementation study will place Early Head Start in its community context by describing the characteristics of the community population, the nature and extent of community resources and services, and community strengths and weaknesses. We will create a dynamic analysis of Early Head Start programs by describing the implementation of program components and variations within (and across) programs, and also charting how local programs create quality and adapt to their local context in a changing policy environment. We will create criteria for identifying "fully implemented" programs for the impact study. We will also identify program characteristics that will enable us to cluster programs that fit model profiles. Systematic qualitative analysis procedures will provide information at the level needed to understand program implementation and pathways to quality and to guide future program decisions.

Studying Early Head Start Impacts on Children, Parents, and Families

A true experimental design is critical for a sound impact analysis. As programs recruit their families, we are randomly assigning them to the Early Head Start program group or a comparison group. Comparison-group families will not be eligible for Early Head Start services but can receive all other services available in the community. We have worked with local programs and their research partners to

design random assignment procedures that are sensitive to program concerns while attending to possible threats to the integrity of the design.

To measure child and family outcomes, we are choosing (with input from the Technical Work Group, consultants, and the local researchers) a comprehensive array of measures that will support a rich impact evaluation but also permit investigations by local researchers and the broader research community into a wide range of hypotheses, both in the short term and longitudinally. Our measurement plan relies on proven, state-of-the-art instruments and procedures yet remains open to promising innovations. We are especially sensitive to the need for measures that are appropriate for the racial/ethnic and cultural diversity of Early Head Start program participants. An annual review of measures will provide the opportunity to adapt measurement plans on the basis of new measures that become available. We plan to use multiple data collection methods—parent reports, direct assessments of children, observations by trained observers, and coding of videotaped mother-child interactions in problem solving and free-play situations.

Careful, rigorous training and monitoring of local data collection staff are critical in a multisite, multiyear study. We have developed a strong program for training and monitoring field staff within the context of a management process that ensures coordination of complex data collection activities in multiple sites and guarantees the highest quality cross-site data for the evaluation. In this endeavor, we are working closely with the local researchers in each site.

We are training local staff to conduct assessments with children at their 14-, 24-, and 36-month birth dates. Staff from the communities will interview parents at the same times to obtain information about family functioning and their children's development. We will measure parents' use of services and children's health at 6-month intervals after enrollment (except for 30 months) to ensure that information for comparison-group families is comparable to program data on Early Head Start families. In addition, we will ask parents about progress toward economic self-sufficiency, involvement in the program, and family health annually after enrollment. We will also develop design options for a 48-month assessment (which could be conducted under a subsequent contract).

Analytic models that include growth curve analysis, hierarchical linear models, and adjustments for selection bias will enable us to (1) examine the overall impact of Early Head Start on children and families, (2) assess differential effects for families with certain characteristics living in particular contexts, (3) explore differential impacts related to differences in program implementation across sites, and (4) investigate how within-program variations in services received affect child and family outcomes.

Studying Outcomes for Program Staff and Communities

To ensure that Early Head Start families and children receive high-quality services, programs make staff development and compensation integral parts of their ongoing program improvement plans. Early Head Start programs also forge strong relationships with staff of other community-based agencies to foster the development of comprehensive, high-quality services for families with young children.

As part of the impact study, we will systematically measure the most important outcomes for staff and communities. For staff, we will assess (1) their professional development, continuity, and health through surveys of Early Head Start program directors and of key staff working with children and families; and (2) staff-parent relationships, which may influence the success of parenting education efforts, through parent surveys. For communities, we will gather qualitative information about the process of building

relationships among families and service providers and building collaborative service networks. In addition, because Early Head Start programs are also expected to influence the quality of services in the community, we have singled out child care--the most important community service for children--for special investigation. We plan to conduct observations of the quality of both EHS and comparison-group children's nonparental child care arrangements when children are 14, 24, and 36 months of age. This study of child care will provide an assessment of all forms of infant, toddler, and preschool child care in the community over the entire period of the study. It will also provide important information on children's environments and their relationships with caregivers for the impact study of families and children.

Producing Policy- and Program-Relevant Reports

We will document all plans, designs, procedures, and results of the national evaluation in periodic reports. At appropriate times, we will incorporate reports of local research activities so that the story of Early Head Start will benefit from both local and national perspectives. The central principles guiding our proposed reports are relevance and timeliness. We will prepare annual reports on all implementation and impact data collection and analysis activities, as well as periodic reports covering activities of the national-local research consortium and TWG. For the evaluation to be useful, its findings must be accessible. We will direct our reports to audiences of federal policymakers, local program staff, and the research community. In a series of reports, we will integrate findings of local researchers with cross-site data to present reports on (1) an interim picture of impact findings, (2) a complete longitudinal impact analysis in the fifth year, (3) characteristics of Early Head Start programs, (4) formats for continuous program improvement, (5) program variations, (6) pathways to quality, and (7) special reports on topical policy concerns. We will hold special ACYF briefings for timely communication of significant findings, and we will look for other means of dissemination to the wider policy and research community.

Obtaining Additional Information

For more information on the Early Head Start program, contact Mireille (Mimi) Kanda, Head Start Bureau, Administration on Children, Youth and Families, 2227 Mary Switzer Building, 330 C Street SW, Washington, DC 20201 (202-205-8308). For more details on the national research and evaluation project, contact Helen Raikes, Research, Demonstration and Evaluation Branch, Administration on Children, Youth and Families, 2411 Mary Switzer Building, 330 C Street SW Washington, DC 20201, 202-205-2247 heraikes@acf.dhhs.gov or John M. Love at Mathematica Policy Research, P.O. Box 2393, Princeton, NJ 08543, 609-275-2245, jml@mprnj.com. For more information on the local research projects, contact Esther Kresh (202-205-8115, ekresh@acf.dhhs.gov).

For information about the local studies contact: <Add local research directory...>

9/25/96

Jeanne Brooks-Gunn

Address: Teachers College, Columbia University
525 West 120th Street
New York, New York 10027

Phone: 212-678-3904 **Fax:** 212-678-3676
Email: jb224@columbia.edu

Education: B.A. Connecticut College, 1969
Ed.M. Harvard University, 1970
Ph.D. University of Pennsylvania, 1975

Major: Psychology
Major: Human Learning & Development
Major: Human Learning & Development

Dr. Jeanne Brooks-Gunn is Virginia and Leonard Marx Professor of Child Development and Education at Teachers College, Columbia University. She is the first director of the Center for Children and Families, which was founded in 1992, at Teachers College. In addition, she has directed the Adolescent Study Program at Teachers College and the College of Physicians and Surgeons at Columbia University for the past 15 years. She is also a Visiting Scholar at the Princeton Child Research Center at Princeton University.

Formerly, she was a Senior Research Scientist at Educational Testing Service and was a Visiting Scholar at the Russell Sage Foundation. She has served on three National Academy of Sciences Panels (one on child abuse and neglect, one on preventing HIV infection, and one on defining poverty). She is a member of the Social Science Research Council Committee on the urban underclass focusing on neighborhoods, families and children. She is past president of the Society for Research on Adolescence and is a fellow in the American Psychological Association and the American Psychological Society.

Author of over 250 published articles and 15 books, she has been awarded the John B. Hill Award for her life-time contribution to research on adolescence, from the Society for Research on Adolescence (1996). She has also received the Nicholas Hobbs Award from the Division of Children, Youth, and Families of the American Psychological Association, for her contribution to policy research for children (1997).

Her specialty is policy-oriented research focusing on family and community influences upon the development of children and youth. Her research centers around designing and evaluating interventions aimed at enhancing the well-being of children living in poverty and associated conditions. She is conducting the national evaluation of the Early Head Start program and the middle childhood and adolescent follow-up of the Infant Health and Development Program. Both are early childhood and family support intervention programs. She has contributed to the design of several national longitudinal studies for children and families -- the National Longitudinal Study of Youth (child supplement); the Panel Study of Income Dynamics (child and youth supplement); and the Early Childhood Longitudinal Study. Currently, with her collaborators, she is conducting two long-term (30 year) longitudinal follow-up studies of children, youth and families in the Baltimore area.

Her books on these topics include Consequences of Growing up poor (1997); Escape from poverty: What makes a difference for children? (1995); Adolescent mothers in later life (1987), and Neighborhoods Poverty: Context and consequences for children. Six studies of children in families in neighborhoods. Volume 1. Conceptual, methodological, and policy approaches to studying neighborhoods, Volume 2. (in press).

In addition, she also conducts research on transitional periods during childhood and adolescence, focusing on school, family, and biological transitions in childhood, adolescence, and adulthood. She is interested in the factors that contribute to positive and negative outcomes, and changes in well-being over these years.

Her books on transitions in childhood and adolescence include, He and she: How children develop their sex role identity (1979); Social cognition and the acquisition of self (1979); Girls at puberty: Biological and psychosocial perspectives (1983); The encyclopedia of adolescence (1990); Transitions through adolescence: Interpersonal domains and context (1996); Depression In adolescence (in press); and Family conflict and cohesion (in press).

Profile

Center for Young Children and Their Families Teachers College, Columbia University

Jeanne Brooks-Gunn

The goal of the Center is to conduct high-quality, policy-relevant, and interdisciplinary research on the development of children and families, to train young scholars and policy analysts, to provide information to those working directly with children and families, and to take a leadership role in national and state policy on children and families. The importance of the Center's work is particularly relevant given that the needs of families with young children (and, indeed, all children) will be a major social and educational issue in the 21st century.

The Center is located at Teachers College, Columbia University. It brings together scholars from developmental psychology, educational psychology, health and nutrition education, early childhood education, family studies, and special education. The Center also has affiliates in other Columbia University schools and departments—social work, psychology, anthropology, sociology, public health, pediatrics, child psychiatry, and economics.

Research, Policy, and Practice

Under the direction of Dr. Jeanne Brooks-Gunn, Virginia and Leonard Marx Professor in Child Development and Education, Teachers College and College of Physicians & Surgeons, Columbia University, the Center emphasizes the importance of both biological and environmental circumstances that render young children vulnerable to deficits in health and developmental well-being. Biological and environmental issues under current investigation by the Center include family circumstances, parenting behaviors, child care, schooling, and neighborhood influences. The Center addresses these issues within a framework that links research, policy, and practice.

The Center's research mission promotes theory construction, a better

understanding of child and family well-being, and empirically tests the efficacy of various child and family interventions. The policy product of the Center's research is guidance relating to public decisions made regarding the well-being of children and their families.

The Center's policy function facilitates linking the probable impact of empirically tested interventions that can be initiated through public decisions. The Center's practice objectives include a variety of interdisciplinary training experiences such as Graduate Fellowship appointments, Summer Institutes, a Summer Fellowship in Child and Family Policy, a Columbia University Seminar Series, and various national and New York City consortium opportunities. The Center also has an archive for secondary data analysis relevant to child and family policy.

The practice mission takes many forms, including practicums in intervention programs (which stress various aspects of health, development, and education), training early childhood educators to become leaders in the preparation of child care workers, and examination of "best practices" in the field.

Themes

The research, policy, and practice framework of the Center emphasizes four specific themes. The first theme, **Child Care and Early Intervention**, examines the types of child care decisions parents make, the availability of options supported by the community, and how these affect child and family interaction outcomes. The efficacy of early child care intervention programs are also examined under this theme. Additionally, the consequences of policy initiatives such as the Family Support Act are investigated. The second theme, **Families and Parenting**,

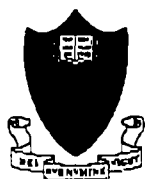


Photo courtesy of Suzanne Szasz

probes how health and developmental outcomes are affected by parenting styles, parental characteristics, interactions, cultural beliefs, and available economic and social resources. The third theme, **Vulnerable Families**, focuses on a variety of risk factors including poverty, low birth weight, teen parents, single mothers, and drug-abusing pregnant women and their offspring. Work within this theme investigates the effects of these risk factors on health and developmental outcomes and how various interventions have affected child health and development, and family interaction and function outcomes. The fourth theme, **Neighborhood and Community Influences**, addresses the influence of economic and social environments, culture and literacy, and schools on child and family outcomes. This theme considers how neighborhoods with concentrated poverty, joblessness, and limited social resources support or constrain optimal child and family outcomes.

Training

The Center provides training in research, policy, and practice to members of the Columbia community, as well as to university graduate students and associates throughout the country. Graduate and postdoctoral fellowships are available. The Center is part of the NIMH Family Research Consortium. ♦



News from
**PRINCETON
UNIVERSITY**

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For Immediate Release:
April 15, 1997

**First Lady Hillary Rodham Clinton To Give Keynote Address
at Symposium on Early Childhood Education**

Session is First Joint Conference with New Jersey Legislature

Princeton, N.J. -- First Lady Hillary Rodham Clinton will give the keynote address April 25 at the first annual Symposium on New Jersey Issues, a joint effort between the New Jersey Legislature and the Woodrow Wilson School of Public and International Affairs that will give lawmakers an opportunity to discuss topics of current interest with scholars and practitioners.

The first symposium will address the subject of early childhood education and will feature a panel discussion led by Princeton Professor of Sociology and Public Affairs Sara McLanahan, director of the newly formed Bendheim-Thoman Center for Research on Child Wellbeing. McLanahan is well-known for her research on single-parent families and women's economic dependency.

The morning session of the symposium, including the First Lady's address, will be held in McCosh 50. The afternoon sessions will be in the lower level of Robertson Hall in the Woodrow Wilson School. Members of the media planning to attend should be in place by 9:30 a.m.

In the morning session, Woodrow Wilson School Dean Michael Rothschild will welcome visitors and discuss the role of symposium and the Bendheim-Thoman Center. New Jersey Senate President Donald T. DiFrancesco and Assembly Speaker Jack Collins will offer remarks, and Princeton University President Harold T. Shapiro will introduce the First Lady. Speakers on the panel that will follow include William Steven Barnett, of Rutgers University, and Dr. Barry Zuckerman, of Boston University and the Boston Medical Center.

In the afternoon workshops, legislators will lead discussions on four topics: cost, financing and facilities, program quality and evaluation, professional development, and agency coordination and partnerships.

The Symposium on New Jersey Issues was announced on Oct. 3, 1997, during a commemorative session of the state Legislature held on the Princeton campus. The Woodrow Wilson School sponsors the symposium in consultation with the New Jersey Legislature and the Princeton University Office of Community and State Affairs.

(more)

Early Childhood Education Symposium, page 2

The Bendheim-Thoman Center for Research on Child Wellbeing has been established to study a broad range of children's issues, including education, healthcare, income sufficiency and family/community resources. The Center's long-term goal is to identify economically efficient, politically feasible policies that address children's needs in each of these areas.

The Center is named for Robert Bendheim, Class of 1937, and Lynn Bendheim Thoman, Class of 1976, whose previous gifts to the University include an endowed chair currently held by Professor of Economics and Public Affairs Alan B. Krueger.

Attendance at the event is by invitation only. A simulcast will be available in Dodds Auditorium, Robertson Hall, during the morning session.

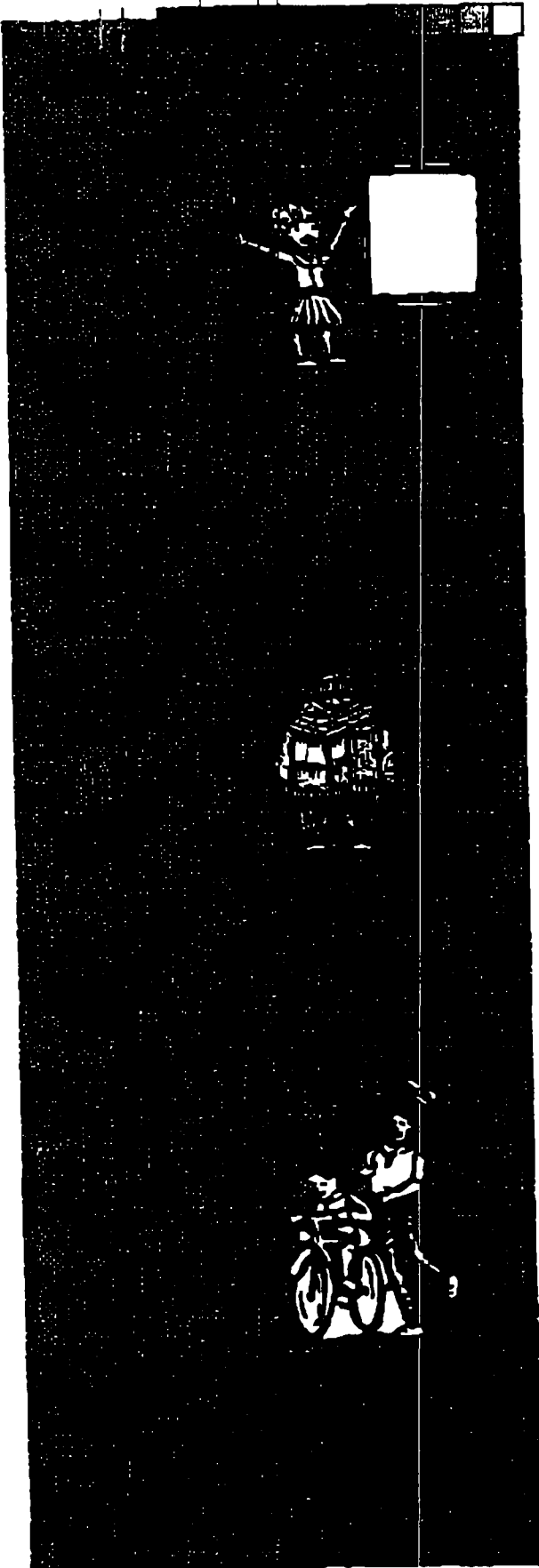
FOR THE MEDIA: The First Lady is expected to speak at approximately 10:30 a.m. Members of the media who wish to attend the event MUST contact the Office of Communications and Publications by 4 p.m. April 23. Information on credentials and press accommodations will be available only to those who call the office in advance.

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Early Childhood Education

April 25, 1997

The Symposium on
New Jersey Issues, at
Princeton University

*Sponsored by the
Woodrow Wilson School of
Public and International Affairs
and the Princeton University
Office of Community and State
Affairs, in conjunction with the
New Jersey Legislature*

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The Symposium on New Jersey Issues, which gives lawmakers an opportunity to discuss topics of current interest with scholars and practitioners, was announced on October 3, 1997, during a commemorative session of the state legislature held on the Princeton campus as part of the University's 250th anniversary celebration.

The Woodrow Wilson School sponsors the symposium in consultation with the New Jersey legislature and the Princeton University Office of Community and State Affairs. The annual symposium addresses issues of particular concern to New Jersey state legislators.

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The Schedule

8:30 a.m.-9:30 a.m. Registration
Outside of McCosh Hall

10 a.m. McCosh Hall, Helm Auditorium

Opening Remarks

- ♦ Dean of the Woodrow Wilson School Michael Rothschild
- ♦ Senate President Donald DiFrancesco
- ♦ Assembly Speaker Jack Collins
- ♦ Princeton University President Harold T. Shapiro

Keynote Address

- ♦ First Lady Hillary Rodham Clinton

Panel Discussion

Moderated by Dr. Sara McLanahan, professor of sociology and public affairs and director of the Bendheim-Thoman Center for Research on Child Wellbeing

Panelists

- ♦ Dr. William Steven Barnett
Professor of Economics and Policy, Rutgers University
- ♦ Dr. David Olds
Professor of Pediatrics, Psychiatry, and Preventive Medicine, University of Colorado Health Sciences Center
- ♦ Ms. Helen Taylor
Associate Commissioner, Head Start Bureau, Department of Health and Human Services, Washington, DC
- ♦ Dr. Barry Zuckerman
Professor of Pediatrics and Public Health, Boston Medical Center

12:30 p.m. Lunch

George P. Shultz '42 Dining Room, Robertson Hall

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2:00 p.m. Workshops

*Workshops will be held in various Woodrow Wilson School bowls,
on the lower level of Robertson Hall*

*** Agency Coordination and Partnerships**

Senator Gordon MacInnes, Chair

*** Cost Financing, and Facilities**

*Assemblyman Joseph Doria or
Assemblyman Raul Garcia, Chair*

*** Professional Development**

Assemblywoman Barbara Wright, Chair

*** Program Quality and Evaluation**

Senator Robert Martin, Chair

3:00 p.m. Reception

Robertson Hall

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Princeton University

Chartered in 1746 as the College of New Jersey, Princeton was British North America's fourth college. First located in Elizabeth, then in Newark, the College moved to Princeton in 1758. For nearly half a century, the College was housed in Nassau Hall, which was newly built on land donated by Nathaniel FitzRandolph. The College was officially renamed Princeton University in 1896.

Fully coeducational since 1969, Princeton enrolls approximately 6,400 students per year. The ratio of full-time students to faculty members (in full-time equivalents) is less than eight to one.

Living up to its motto "In the Nation's Service," adhering to its tradition of being in the service of all nations, Princeton University has educated thousands of individuals who have dedicated their lives to public service, including two U.S. presidents (Woodrow Wilson and James Madison); hundreds of U.S. and state legislators; and 44 governors, including 11 New Jersey governors. Each year, more than 2,500 members of the student body, faculty, and staff volunteer in community service projects throughout the region.

Today Princeton's main campus in Princeton Borough and Princeton Township consists of more than 5.5 million square feet of space in 160 buildings on 600 acres. The James Forrestal Campus in Plainsboro consists of one million square feet of space in four complexes set on 340 acres.

As Mercer County's largest private employer and one of the largest in the Mercer/Middlesex/Somerset County region, with more than 4,500 permanent employees, the University plays a major role in the educational, cultural, and economic life of the region.



Early Childhood Education Conference, April 25, 1997

10

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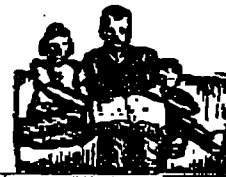
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The Woodrow Wilson School of Public and International Affairs

The Woodrow Wilson School was founded at Princeton University in 1930 as the School of Public and International Affairs. In those days, it was a small interdisciplinary program at the undergraduate level in Princeton's liberal arts college. In 1948 the School was given Woodrow Wilson's name, and a graduate professional program became part of its curriculum. The program was greatly strengthened in the 1960s through a generous gift from Charles and Marie Robertson, for whom the School's primary building was renamed. A distinguished faculty was recruited, and the School became a major international center of advanced training and research in public affairs. Today the School emphasizes experiential, policy-oriented research and learning in its graduate program. It serves interests in both domestic public policy and international affairs.

The fledgling School shaped the internationalist outlook of a new generation of leaders that emerged from World War II, counting among its alumni two secretaries of state, a secretary of defense, several senators, a chair of the Federal Reserve Board, many ambassadors and chiefs of mission, and other influential policymakers.

On the domestic side, the School's graduates include leaders who shape federal, state, and local public policy, and guide philanthropic foundations and nonprofit organizations. The international and domestic focuses of the School strengthen one another. Today's graduates who pursue careers in international affairs understand the domestic roots of foreign policy issues. Those who deal with domestic policy issues have a sense of the experience of other countries that face similar problems.



Princeton University

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The Bendheim-Thoman Center for Research on Child Wellbeing

(CRCW) is an interdisciplinary research center located within the Woodrow Wilson School of Public and International Affairs and the Office of Population Research. The Center is concerned with a broad range of children's issues, including education, health care, income sufficiency, and family/community resources. Its long-term goal is to identify economically efficient, politically feasible policies that address children's needs in each of these areas. To achieve this goal, the Center supports basic research in child health and development as well as evaluations of specific policies and programs.

The Center takes a multidisciplinary approach—its faculty is drawn from Princeton's Departments of Economics, Politics, and Sociology, as well as from other universities and institutions. The Center hosts a number of distinguished visitors and provides support for postdoctoral fellows and graduate students. It also sponsors weekly seminars, university lectures, and courses at the graduate and undergraduate levels.



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Princeton's 250th Anniversary Celebration

On February 23, 1996, Princeton University opened a year-long celebration of the 250th anniversary of its founding in 1746 as the College of New Jersey. Dozens of events and projects—from academic conferences to theatrical performances, from tiger buttons to commemorative books—have been created to mark the occasion. The festivities, a sampling of which are listed below, continue through June 3, 1997.

A lecture series examining many aspects of Princeton's history began in September 1995 and closed this past October.

Conferences on a wide variety of subjects, including higher education, architecture, astrophysics, and mathematics have been presented.

Last April, a dance concert showcased prominent alumni choreographers, including Douglas Dunn '64, and their work.

A commemorative book, *Princeton University: The First 250 Years*, written by former *Washington Post* correspondent Donald Oberdorfer Jr. '52 and illustrated by photographer and artist J. T. Miller '70, was published by Princeton University Press in 1995.

From October 25–27, 1996, a weekend celebration honored the issuance on October 22, 1746, of the charter that created the corporation originally known as the Trustees of the College of New Jersey. Throughout the weekend, the university teemed with alumni and other visitors, who participated in events that ranged from the Harvard-Princeton football game to the conference, "Ethics and Education," sponsored by the Center of Human Values.

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About the Speakers

◆ First Lady Hillary Rodham Clinton

During the 12 years that she served as First Lady of Arkansas, Mrs. Clinton worked as a full-time partner of a law firm and chaired the Arkansas Education Standards Committee, which was an education committee that set public school standards in Arkansas. She also founded the Arkansas Advocates for Children and Families. She introduced a pioneering program called Arkansas' Home Instruction Program for Preschool Youth, which trains parents to work with their children in preschool preparedness and literacy. Mrs. Clinton also served on the board of the Arkansas Children's Hospital.

Earlier this year, the First Lady's recording of her bestselling book on child rearing, *It Takes a Village*, won a Grammy award for best spoken-word or nonmusical album.

◆ Assembly Speaker Jack Collins

A professor at Rowan College's School of Education, Mr. Collins was a member of the Pittsgrove Board of Education in 1984-85. He is currently serving his sixth term in the Assembly (3rd district). Mr. Collins had previously been the Assembly's assistant majority whip (1986-87), deputy minority leader (1990-91), and majority leader (1992-95); he was selected as speaker by his fellow Republicans in 1996. Collins holds a law degree from Rutgers University and is a member of the state bar.

◆ Senate President Donald DiFrancesco

Senator DiFrancesco has sponsored many laws designed to assist families in crisis situations, including the Catastrophic Illness Relief Fund, which provides grants to families burdened by extraordinary medical expenses for their children, and New Jersey's Family Leave Law, which allows employees to take up to three months of unpaid, job-protected leave to care for a newborn or adopted child or seriously ill family member.

Senator DiFrancesco was elected to the Senate in 1979 and has been reelected five times since then. He has been president of the

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Senate since January, 1992, and was previously minority leader (1982-84). He was a member of the Assembly from 1976 to 1979. He holds a law degree from Seton Hall University Law School, and practices law in Warren Township.

† **Woodrow Wilson School Dean Michael Rothschild**

Formerly the dean of the Division of Social Sciences at the University of California, San Diego, Dr. Rothschild has served on the faculties of various universities, including Princeton from 1972 to 1973, Harvard University, and the University of Wisconsin, Madison. During his ten-year term as dean at UCSD, he worked to establish a school of international affairs and now departments of cognitive science and ethnic studies within the division of social sciences. Under his leadership, social sciences became the largest division of UCSD in terms of permanent faculty.

An economic theorist, he has written on a wide range of topics, including decision making under uncertainty, investment, taxation, finance, and jury-decision processes. He is a fellow of the American Academy of Arts and Sciences and the Econometric Society and has held a Guggenheim fellowship and various research grants from the National Science Foundation.

† **Princeton University President Harold T. Shapiro**

Harold T. Shapiro is Princeton University's 18th president. Installed on January 8, 1988, he holds a faculty appointment as a professor of economics and public affairs. Dr. Shapiro, who holds a Ph.D. in economics from Princeton, was previously president of the University of Michigan.

In July 1996, he was appointed by President Clinton to chair the National Bioethics Advisory Commission, which is currently reviewing the legal and ethical issues associated with the use of cloning technology. He had also served as a member of President Bush's Council of Advisers on Science and Technology and chaired the Institute of Medicine's Committee on Employer-Based Health Benefits, whose report, *Employment and Health Benefits: A Connection at Risk* was published in March 1993. He is a member of the Institute of Medicine and the American Philosophical Society and a fellow of the American Academy of Arts and Sciences.

Early Childhood Education Conference, April 26, 1997

About the Panelists

◆ Professor Sara S. McLanahan

Dr. McLanahan is professor of sociology and public affairs at Princeton and director of the University's Bendheim-Thoman Center for Research on Child Wellbeing. She is currently involved in several research projects dealing with the effects of family change, income change, and neighborhood change on child wellbeing. She is also working on an evaluation of child support reform, which focuses on nonresident fathers as well as custodial mothers. She has published numerous articles in books and scholarly journals concerning single mothers and women's economic dependency. She is coauthor of *Single Mothers and Their Children: A New American Dilemma* and *Growing Up with a Single Parent*, and coeditor of *Child Support and Child Well-Being and Social Policies for Children*.

◆ Professor William Steven Barnett

Dr. Barnett is professor of economics and policy in the Graduate School of Education at Rutgers—the State University of New Jersey. Dr. Barnett received his Ph.D. in economics from the University of Michigan and has studied the economics of early care and education for the past 15 years. He is best known for his research on the economic benefits of preschool education for children in poverty, work that has been cited by the President in the State of the Union address. His current research includes a longitudinal study of the cost, quality, and outcomes of New Jersey's early intervention system for children under age three with disabilities and for their families.

◆ Professor David Olds

Dr. Olds is professor of pediatrics, psychiatry, and preventive medicine at the University of Colorado Health Sciences Center, where he directs the Prevention Research Center for Family and Child Health. He has devoted his career to investigating methods of preventing health and developmental problems in children and



Princeton University

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parents from low-income families. His original work, conducted in Elmira, New York, examined the effects of prenatal and postpartum nurse home visitation on the outcomes of pregnancy, infant caregiving, and maternal life-course development, and determined the impact of those services on government spending. A member of the American Pediatrics Society, he has received numerous awards for his research, including the Charles A. Dana Award for Pioneering Achievements in Health, the Lela Rowland Prevention Award from the National Mental Health Association, and a Senior Research Scientist Award from the National Institute of Mental Health.

♦ **Helen Taylor**

Ms. Taylor is the associate commissioner of the Department of Health and Human Service's Head Start Bureau in Washington, DC. She is a member of the governing board of the National Association for the Education of Young Children, a past member of the Johnson and Johnson/UCLA Head Start Fellows Program Advisory Board, a member of the Head Start Mental Health Task Force, and a member of the Day Care Advisory Committee of the National Black Child Development Institute. She serves as the chair of the Mayor's Advisory Committee on Early Childhood Development and as a board member of the Washington Child Development Council and the Bright Beginning Program for Homeless Children. She holds an M.A. in curriculum and instruction, with a concentration in early childhood education, from the Catholic University of America.

♦ **Dr. Barry Zuckerman**

Barry Zuckerman MD is professor of pediatrics and public health and associate dean for clinical affairs at Boston University School of Medicine, and chief of pediatrics and medical director at Boston Medical Center.

His major interests are in promoting the health and development of children through generating information, training child professionals from all disciplines, and establishing more effective services. Dr. Zuckerman developed and imple-

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mented special programs for children in Boston, some of which are being disseminated nationally. These programs emphasize prevention, and go beyond traditional medical care:

The Reach Out and Read (ROR) Program, which is being replicated nationally, promotes literacy for young children in primary-care settings by having pediatricians give a book to each child at every health supervision visit.

The Pediatric Pathways to Success Program is a primary-care program that expands access to needed basic services and child development and parenting information and services. This program serves as the model for The Healthy Steps Program, a multisite national trial of similar expanded pediatric services.

The Family Advocacy Program provides legal advocacy, staff, housing, and policy work to ensure that families have their basic needs (health care, housing, food, safety) met, in order to improve the effectiveness of pediatric care.

The Women and Infant's Program provides addiction counseling in a pediatric setting and served as a model for federal legislation.

The Boston Training Center for Infants trains clinicians (doctors, nurses, social workers), educators, graduate students, and others who work with young children and their parents by disseminating knowledge regarding the "whole child—whole family" approach to care.

Dr. Zuckerman is the author of more than 120 scientific publications emphasizing the relationship and impact of biological, social, health services, and psychological factors on children's health and development. He is the editor of four books and played a significant role in the development of the American Academy of Pediatrics Child Health Supervision Guidelines and the government-sponsored Bright Futures Guidelines for Preventive Health Care. He is the recipient of a National Leadership Award from the Children's Defense Fund.



Princeton University

Princeton University Symposium on New Jersey Issues
Early Childhood Education

Friday, April 25, 1997

WORKSHOPS (4) ON IMPLEMENTATION

Purpose: Opportunity for an exchange of essential information and viewpoints. Round-tables discussion.
Each workshop will have a legislative person as a moderator.

Each workshop will take approximately one hour and run concurrently.

1. Coordination and Partnership

Ms. Sarane Boock
Rutgers Graduate School of Education
10 Seminary Place
New Brunswick, NJ 08903
Response to letter of invitation: Yes

Ms. Lorraine Johnson
Director
North Hudson Head Start Program
535 41st Street
Union City, NJ 07087
Response to letter of invitation: Not as of 04/08/97

Ms. Martha Moorehouse
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Response to letter of invitation: Not as of 04/08/97

Ms. Elisabeth Schaeffer
Director of Early Learning Services
Massachusetts Department of Education
350 Main Street
Malden, MA 02148-5023
Response to letter of invitation: Not as of 04/08/97

Ms. Sharon Lynn Kagan
Bush Center in Child Development & Social Policy
Yale University
300 Prospect Street
New Haven, CT 06511
Response to letter of invitation: Not as of 04/08/97

Mr. James Smith
Assistant Commissioner of Public Affairs
New Jersey Department of Human Services
CN 700
Trenton, NJ 08625-0700
(Representative for Commissioner William Waldman, New Jersey Department of Human Services)
Response to letter of invitation: Yes

2. Cost, Financing and Facilities

Ms. Kimberly L. Barnes-O'Connor
Children's Policy Coordinator
U.S. Senate Committee on Labor & Human Resources
Republic Staff
SH 635 Hart Office Building
Washington, DC 20510
Response to letter of invitation: Not as of 04/08/97

Mr. Phil Benson
Chair
NJ Child Care Advisor Council
Center for Social and Community Development
Rutgers University, Bldg. 4086, Rm. 139
New Brunswick, NJ 08903
Response to letter of invitation: Not as of 04/08/97

Mr. Douglas Besharov
American Enterprise Institute
1150 17th Street, NW
Washington, DC 20036
Response to letter of invitation: No

Ms. Barbara Reisman
Executive Director
Child Care Action Campaign
330 7th Avenue, 17th Floor
New York, NY 10001
Response to letter of invitation: Yes

Mr. Ciro Scalera
Association for Children of New Jersey
35 Halsey Street
Newark, NJ 07102
Response to letter of invitation: Not as of 04/08/97

Ms. Barbara Willer
Public Affairs Director
NAEYC
1509 16th Street, NW
Washington, DC 20036-1426
Response to letter of invitation: Yes

3. Professional Development

Ms. Sue Bredakamp
Director of Professional Development & Accreditation
NAEYC
1509 16th Street, NW
Washington, DC 10036-1426
Response to letter of invitation: Not as of 04/08/97

Ms. Linda DeCausey
Early Childhood Education
Department of Education
240 W. State Street, CN 500
Trenton, NJ 08625
Response to letter of invitation: Not as of 04/08/97

Ms. Susan Golbeck
Rutgers Graduate School of Education
10 Seminary Place
New Brunswick, NJ 08903
Response to letter of invitation: Not as of 04/08/97

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	List of workshops and participants (partial) (1 page)	04/25/1997	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Nicole Rabner)
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FOLDER TITLE:

Princeton Speech-Early Childhood Education Conference, 4/25/97

2012-1035-S
kc1046

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

4. Quality & Evaluation

Ms. Ellen Frede
Department of Elementary & Early Childhood Education
The College of New Jersey
Hillwood Lakes, CN 4700
Trenton, NJ 08650
Response to letter of invitation: Not as of 04/08/97

Ms. Ellen Galinsky
Families and Work Institute
330 7th Avenue, 14th Floor
New York, NY 10001
Response to letter of invitation: Not as of 04/08/97

Ms. Deborah Phillips
Board Director
National Research Council
Commission on Behavioral & Social Sciences & Education
2101 Constitution Avenue, NW, HA 156
Washington, DC 20148
Response to letter of invitation: No

Ms. Muriel Rand

P6(b)(6)

Somerset, NJ 08873
Response to letter of invitation: Not as of 04/08/97



OFFICE OF THE GOVERNOR NEWS RELEASE

CN-001**TRENTON, NJ 08625****CONTACT: Pete McDonough
(609)777-2600****RELEASE: Thurs., April 24, 1997**

GOVERNOR ANNOUNCES COMPREHENSIVE EARLY CHILD CARE INITIATIVE

Gov. Christie Whitman today announced an \$8.5 million early childhood initiative to improve the quality and quantity of child care in New Jersey and provide parents with the information they need to become better educated child care consumers.

The initiative will help licensed day care centers and Head Start programs expand, increase the number of registered family day care providers and increase training for child care professionals. The initiative will be funded through a combination of new federal funds and savings from administrative efficiencies.

"In order to work, parents must have the piece of mind that their children are well cared for, safe and in a loving environment that will stimulate them," said Gov. Whitman. "This package will help good child care programs grow and improve, and give parents more choices to decide which child care is best for their sons and daughters."

The initiative will:

- Fund parenting education services to each of the 21 unified child care agencies, so that parents can become better educated child care consumers -- \$400,000;
- Issue planning grants to promote full coordination and partnership for pre-kindergarten programs among schools, Head Start and non-profit child care providers -- \$300,000;
- Expand the capacity at state-sponsored day care centers and Head Start programs to enroll more infants, toddlers and pre-schoolers -- \$4.1 million;
- Create more registered family day care homes that provide special services to children during non-traditional hours -- \$1.3 million;
- Boost the quality of child care programs by expanding professional training for early childhood providers and staff -- \$400,000;
- Help fund the creation and expansion of child care centers and family day care homes throughout New Jersey -- \$2 million.

**GOVERNOR CHRISTINE TODD WHITMAN
REMARKS
BRIGHT BEGINNINGS: AN EARLY CHILDHOOD INITIATIVE
OUTER OFFICE
THURSDAY, APRIL 24, 1997**

Good afternoon.

I am delighted to welcome to the Statehouse these three- and four-year old members of New Jersey's family. They form a precious portion of our future.

Frankly, we can't wait until children begin kindergarten to start making a positive difference in their lives. We know now that first three years of life are the most crucial in a child's development. In no other period does the human brain absorb and process so much so fast.

Give that infant or toddler plenty of love, care, guidance, and stimulation, and that child will likely grow up physically and mentally healthy, intellectually curious, self-confident and trusting, socially adept, and empathetic toward others — all the things that lead to a healthy, happy, and productive life.

By the same token, a child deprived of love, care, guidance, and stimulation during the first three years of life is much more likely to become a burden to society. We all pay a price when a young girl becomes a teen-age mother, when a child enters school unable to learn, or when a young boy winds up in jail. We all pay a price when a child suffers preventable illnesses throughout his or her life.

In short, early childhood is an opportunity for positive growth that none of us can afford to waste.

That's why we're here today -- to make sure we as a society make the most of this opportunity.

As you know, I will be attending the Presidents' Summit on Volunteerism in Philadelphia next week. The summit will focus a lot of attention on giving children a healthy start in life, and I am looking forward to talking about what we're doing in New Jersey for infants and toddlers.

New Jersey already has a large number of very successful childhood programs.

We have an early intervention program that offers a comprehensive set of services for infants and toddlers with developmental disabilities. Our Even Start program provides literacy and vocational training for eligible parents and their children. Our HealthStart program offers comprehensive maternity and preventive pediatric care services to low-income expectant mothers, while Healthy Mothers. Healthy Babies is working to reduce the infant mortality rate among our at-risk population.

We have a host of prevention and early intervention initiatives that target alcohol and substance abuse on the developing fetus. And we have a mentoring program for children with special needs.

These are just a portion of the successful programs that promote brighter futures for New Jersey's children.

As we head toward the Summit, I am pleased to announce Bright Beginnings, a new initiative that will help parents get their children off to a better, healthier start in life.

This initiative, which we are launching with a commitment of 8.5 million dollars, will improve the quality and quantity of child care in New Jersey while giving hard-pressed families the education and supports they need to raise their kids well.

I'd like to highlight the program's main points and goals.

First, Bright Beginnings recognizes that good parenting is still the hardest job in the world. Until you've had a child, nothing really prepares you for the rigors and challenges of raising a child. You don't have to take the parenting equivalent of driver's education to have a child. You're really left to pick up the knowledge and skills of good parenting as you go along.

That is why we will fund parenting education services to each of the 21 unified child care agencies, so parents can become better educated consumers of child care services.

Second, we will create more dynamic learning environments for three- to five-year old children from low- and middle-income families.

Our new school funding formula allocates \$288 million for early childhood education. To ensure that we make the best use of all new and existing moneys, we will issue planning grants to promote full coordination and partnership among the schools, Head Start, and the non-profit child-care providers.

That way, all of them can pool both their resources and expertise to benefit the children.

Third, we will expand the capacity of Head Start and licensed child care centers to enroll infants, toddlers, and pre-schoolers by 1,650 slots.

Fourth, we will create more registered family day care homes that provide special services, such as child care for sick children, respite care, school-age child care, infant care, and care during non-traditional hours. Right now, there are 2,500 prospective family day care providers awaiting registration. Our plan will register 1,600 of these providers, which will create openings for up to 6,000 children in family day care homes.

Fifth, we will boost the quality of child care programs in New Jersey by expanding professional training, development, and accreditation for care-givers.

And sixth, we will help fund the creation and expansion of child care centers and family day care homes throughout New Jersey. To provide quality child care, we have to maintain and improve the infrastructure for child care.

Grants and loans will create 950 additional spaces at eligible licensed centers for children from low- and middle-income families.

All told, our plan will help create 8,600 additional openings for quality child care in New Jersey.

Bright Beginnings is the culmination of a year-long public process, in which the Department of Human Services and the New Jersey Child Care Advisory Council heard testimony from hundreds of parents, professionals and advocates. This initiative reflects their valuable recommendations.

I want to thank Phil Benson and members of the New Jersey's Child Care Advisory Council for coming here today.

Just as the birth of a child is the starting point of lifelong growth and learning, today is a starting point for Bright Beginnings.

I have asked Commissioner Waldman to take the lead in coming up with a long-range plan to promote affordability and greater accessibility to quality child care for low- and middle-income families. The Department of Human Services will join with Education and with Health and Senior Services to reach out to parents, caregivers, county and local agencies, the non-profits, and the business community in giving New Jersey the highest quality of child care in the nation.

We can and we will come together as communities and as One Family, to ensure that all infants and toddlers get the start in life that they deserve. Our well-being as a society demands nothing less.

Now I will ask Commissioner Waldman to say a few words.

WHITMAN ADMINISTRATION EFFORTS TO SUPPORT THE DEVELOPMENT OF NEW JERSEY'S CHILDREN

"Clearly, one of the most fundamental missions of government is to enable our youngest citizens to enjoy the pleasures of childhood and the promise of a bright future."

Governor Christine Todd Whitman

Budget Address, January 29, 1997

Adolescent Parenting: In conjunction with several private organizations, the New Jersey Department of Human Services is working to insure the health of adolescent parents and their children, to reduce repeat adolescent pregnancies, and to preventing child abuse and neglect.

Birth Defects / Special Needs Registry: More than 9,000 children annually are identified as having a birth defect or special need. Of these, 88 percent are three years old or younger. The Birth Defects / Special Needs Registry, coordinated through the New Jersey Department of Health and Senior Services, helps provide for the identification of these children.

Case Management / Care Coordination: The Case Management / Care Coordination initiative links children identified as having special needs with necessary health, education, rehabilitative, and other programs.

Child Care and Nutrition: Eligible children in public and non-public schools, licensed child care centers, and registered family day care homes can receive nutritious meals and nutrition education through the Child Care and Nutrition program.

Child Health Regional Network: Through the Child Health Regional Network, the New Jersey Institute of Nursing and local health departments coordinate to provide continuing education to Public Health Nurses who work in child health services in local health departments and to other nurses who work with children.

Childhood Lead Poisoning Prevention: Using combined State and federal funds, New Jersey is committed to preventing lead poisoning in children under six and identifying and helping children with elevated blood lead levels.

Children First: Approximately 100,000 New Jersey children living in low- or moderate-income families have no public or private health insurance. Without this insurance, they receive little, if any, health care outside of the emergency room.

Governor Whitman is challenging New Jersey's health insurance companies to bring some of these children into mainstream health care by joining in "Children First" -- a public-private partnership that represents an important investment in the health of New Jersey young. By making subsidies available to low- and moderate-income families, Children First will enable them buy health insurance for their children. The plan will offer comprehensive benefits, including hospitalization, doctor visits, preventive care, and prescriptions.

Early Intervention Program: Coordinating across several agencies and programs, the Early Intervention Program seeks to offer a comprehensive set of services for infants and toddlers with developmental disabilities. Among other responsibilities, the program offers access to public and private services, and coordinates identification and referral of children with developmental disabilities.

Even Start: Income eligible parents and their children in participating school districts or community-based organizations can access literacy and vocational training through the Even Start program.

FAS and Perinatal Addiction Services: Since 1988, New Jersey has coordinated an effort aimed at reducing the effects of alcohol and substance use and abuse on the developing fetus. Risk Reduction Specialists work to provide identification and assessment of pregnant clients likely to put their developing children at risk while four pre-natal substance abuse treatment programs attempt to mitigate the risk of FAS and perinatal addiction.

Head Start / State Collaboration Project: Established in 1990, this project coordinates Head Start with health, welfare, childcare, education and other services.

HealthStart: Since 1987, HealthStart has been providing comprehensive maternity and preventive pediatric care services to pregnant women whose income is up to 185 percent of the poverty level.

Healthy Mothers, Healthy Babies: Healthy Mothers, Healthy Babies is an ambitious program that seeks to reduce the infant mortality rate in the 11 New Jersey cities at the highest risk. Through this initiative, 8 community coalitions were formed. These coalitions are responsible for community outreach, education, and coordination of community-based services.

Maternal and Child Health Consortia: Working to provide the infrastructure for the coordination of local hospital and community-based maternal and health services, the Maternal and Child Health Consortia serves approximately 1 million women and 2.5 million children with about \$6.6 million in local hospital assessments and foundation grants.

New Jersey Child Care Advisory Council: Established by statute in 1984, this advisory council is mandated to advise the state Departments of Human Services and of Community Affairs on child care issues, policies, and programs. The volunteer membership of 37 meet monthly.

New Jersey Sows the Seeds for Growth: A one-year grant to develop a plan for early childhood professional development in the state, this project involves over 125 early childhood education professionals in the development of a five year plan.

Parent Mentoring: Parents of special needs children require strong coping abilities and other skills. The Parent Mentoring program employs the parents of special needs children to provide mentoring and case management to parents who need advice.

Pediatric AIDS: More than 800 infants and children with or at risk for AIDS are served by the statewide regional Pediatric AIDS network. Sixty-five percent of those served through this program are less than five years old.

Pediatric Primary Care: Targeted at children under 18 years old, this initiative seeks to provide comprehensive pediatric primary care services -- including dental services -- to uninsured children whose family income is less than 250 percent of the poverty line and who are not eligible for Medicaid.

Special Child Health Services (SCHS) Network: The SCHS Network provides infrastructure support to assure that special needs children have geographic access to comprehensive specialized pediatric ambulatory services.

Supplemental Nutrition Program for Women, Infants, and Children (WIC): The Supplemental Nutrition Program for Women, Infants, and Children is aimed at improving the health and nutrition of women, infants, and children who are below 185 percent of the poverty level. The program provides supplemental food, health screening and referral, and nutrition education and counseling to eligible people.

Unified Child Care Services Delivery System: A revised contracting system with one agency per county, this unified system provides eligible families with child care resource and referral services as well as family day care provider registration.

WIC / Immunization: This program provides immunization services to all infants and children enrolled in the WIC Program.