PHONING HOME

You might think of a brain cell as something like a telephone—although unlike a phone, it communicates with other brain cells by a combination of chemical and electrical signalling.

Now, like a phone, each brain cell connects with other brain cells—anywhere from one to ten thousand of them. So when you make a connection, one phone may ring, or ten thousand may ring. In all, the brain has to create a network of more than a hundred trillion connections; what's more, the hook-ups have to be very precise so that when you phone home, you reach your house and not a wrong number.

This is a daunting task considering that at the outset, nothing is connected to anything else in the brain. It takes a two-step process.

First, you need trunk lines—the gross wiring. You have to string telephone wires from one city to another, so when you place a call from Kansas City to Washington, DC, you don't reach San Diego. In terms of brain development, this means that the neural connections from the eye have to grow to the visual part of the brain. Connections from the ear have to grow to the auditory part of the brain. And so on.

But the problem of wiring isn't over. Once the trunk lines are in place, you still have to make sure that your call goes to the right address in Washington, DC, so when your grandmother calls you up in Washington, your phone rings and not the phone at the White House.

This is not a trivial problem. Let's take the connections from the eye to the brain. There are about a million connections from each eye, and there are about two million possible destinations that each one of these connections could reach. And yet fewer than 100 connections are selected from this vast number of addresses—and that's just the visual system.

So what is the solution? One possibility is that the brain could be wired like a computer. You could build the machine, program all of the connections, push a button, and pray that the right phone rings in the right city. In other words, the brain could rely on genetic coding for the entire process. But imagine how much coding it would take to program trillions of connections.

Nature's solution is much more adaptive and economical. In the process of development, the gross wiring is pre-programmed primarily by means of genetic coding. And then midway through the process, before all the wiring is complete, it's as if a switch is flipped and the newly functioning brain takes over the wiring process.

In this way, wiring the brain is a two-phase process. In the first phase, an infant's brain sends signals in the right general direction. It reaches the right city; but when it tries to phone home, there is ringing all over town.

But then, in the second phase, the brain takes over. It places trillions of phone calls, using them to correct initial errors in address selection. In a sense, the brain is running test patterns to figure out which are the most efficient connections. The wrong numbers are eliminated, and the right ones are reinforced and proliferate like mad.

So the baby's brain is not just a miniature version of an adult brain. It is a dynamic evolving structure that uses experience to form efficient neural networks.

Adapted from the presentation of Dr. Carla Shatz

THE WHITE HOUSE

WASHINGTON

OFFICE OF THE FIRST LADY

TO Rima Shore

FROM Jennifer Klein

FAX # 718-246-8220

PHONE #

OF PAGES (including cover)

COMMENTS

Get accomp. doc. to Rima

FAX Cover Sheet

Name: Jennifer Klein	
Fax: 456-2878	**Phone:** 456-2599
Date: 6/6/97	**Pages:** 8 including cover

COMMENTS:

Here are some of the documents I owe you for Rima

- CC vision
- Head Start + Early Head Start

Jennifer -
I am re-faxing this
Let me know if I
owe you other
things.

From the desk of...

Miranda Lynch
Office of the Assistant Secretary
for Planning and Evaluation
Human Services Policy
200 Independence Ave, SW - Rm 404E
Washington, DC 20201
Phone: 202-401-6638
Fax: 202-690-6562

Fact Sheet

Administration for Children and Families

Administration on Children, Youth and Families

Head Start

Head Start is a national program which provides comprehensive developmental services for America's low-income, pre-school children ages three to five and social services for their families. Specific services for children focus on education, socio-emotional development, physical and mental health, and nutrition.

Head Start began in 1965 in the Office of Economic Opportunity as an innovative way in which to serve children of low-income families and is now administered by the Administration for Children and Families. In FY 1995, $3.5 billion was available for Head Start. Almost 751,000 children were enrolled in over 37,000 Head Start classrooms. About 13 percent of the enrollees were children with disabilities. Over $3.5 billion is available for Head Start services in FY 1996.

The cornerstone of the program is parent and community involvement -- which has made it one of the most successful pre-school programs in the country. Approximately 1,400 community- based non-profit organizations and school systems develop unique and innovative programs to meet specific needs.

Major Components of Head Start

Head Start provides diverse services to meet the goals of the following four components:

- **Education** - Head Start's educational program is designed to meet the needs of each child, the community served, and its ethnic and cultural characteristics. Every child receives a variety of learning experiences to foster intellectual, social, and emotional growth.
- **Health** - Head Start emphasizes the importance of the early identification of health problems. Every child is involved in a comprehensive health program, which includes immunizations, medical, dental, and mental health, and nutritional services.
- **Parent Involvement** - An essential part of Head Start is the involvement of parents in parent education, program planning, and operating activities. Many parents serve as members of policy councils and committees and have a voice in administrative and managerial decisions. Participation in classes and workshops on child development and staff visits to the home allow parents to learn about the needs of their children and about educational activities that can take place at home.
- **Social Services** - Specific services are geared to each family after its needs are determined. They include: community outreach; referrals; family need assessments; recruitment and enrollment of children; and emergency assistance and/or crisis intervention.

Head Start Funding

Grants for Head Start programs are awarded to local public or private non-profit agencies by the 10 ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Programs Branches. Twenty percent of the total cost of a Head Start program must be contributed by the community. Head Start programs operate in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories.

Most of the Head Start program's appropriation funds local Head Start projects. The remainder is used for: training and technical assistance to assist local projects in meeting the Head Start Program Performance Standards and in maintaining and improving the quality of local programs; research, demonstration, and evaluation activities to test innovative program models and to assess program effectiveness; and required monitoring activities.

Staff Development and Training

Head Start provides training to staff at all levels and in all program areas. The Child Development Associate (CDA) program gives professional and non-professional employees the opportunity to pursue academic degrees or certification in early childhood education. Currently, there are over 75,000 CDA's in the U.S. who have earned a CDA credential, including a number with a bilingual specialization.

The Role of Volunteers and Community Organizations

Volunteers are an important part of all Head Start programs. High school and college students, homemakers, parents of Head Start children, retired senior citizens -- all kinds of people -- have offered critical help to local Head Start programs. Volunteers assist with: indoor creative play; transportation; parent education; renovation of centers; and recruiting and instructing other volunteers. Approximately 1,235,000 individuals volunteer, and community organizations provide a wide array of services to Head Start, including the donation of classroom space, educational materials, and equipment for children with disabilities.

Impact of Head Start

Since 1965, Head Start has served over 15.3 million children and their families. Head Start plays a major role in focusing attention on the importance of early childhood development. The program also has an impact on: child development and day care services; the expansion of state and local activities for children; the range and quality of services offered to young children and their families; and the design of training programs for those who staff such programs. Outreach and training activities also assist parents in increasing their parenting skills and knowledge of child development.

ADMINISTRATION FOR CHILDREN AND FAMILIES EARLY HEAD START FACT SHEET

In recognition of the powerful research evidence that the period from birth to age three is critical to healthy growth and development and to later success in school and in life, the 1994 Head Start Reauthorization established a new program for low-income pregnant women and families with infants and toddlers.

The purpose of this program is to:

- enhance children's physical, social, emotional and cognitive development;
- enable parents to be better caregivers of and teachers to their chidren; and
- help parents meet their own goals, including that of economic independence.

Either directly or through referrals, the program provides early, continuous, intensive and comprehensive child development and family support services to low-income families with children under the age of three. Projects must coordinate with local Head Start programs to ensure continuity of services for children and families. Depending on family and community needs, programs have a broad range of flexibility in how they provide these services.

Early Head Start was designed with the advice of the Advisory Committee on Services to Families with Infants and Toddlers. Established by the Secretary of the Department of Health and Human Services, the Committee consisted of the leading academic and programmatic experts in early childhood development and family support. Early Head Start builds upon both the latest research and the experiences of such pioneering initiatives as the Parent and Child Centers and the Comprehensive Child Development Program.

Based on this expert guidance, Early Head Start focuses on four cornerstones essential to quality programs: child development, family development, community building and staff development.

The services provided by Early Head Start programs are designed to reinforce and respond to the unique strengths and needs of each child and family. Services include the following:

- - quality early education in and out of the home;
- - home visits, especially for families with newborns and other infants;
- - parent education, including parent-child activities;
- - comprehensive health services, including services to women before, during and after pregnancy;
- - nutrition; and
- - ongoing support for parents through case management and peer support
- groups.

In 1995, 68 successful applicants for the new Early Head Start initiative were selected to serve more than 5,000 children and families in 34 States, the District of Columbia and Puerto Rico. In 1996, 74 new applicants were selected to serve an additional 5,000 children and their families in 8 additional states.

Program sponsors include Head Start grantees, school systems, universities, colleges, community mental health centers, city and county governments, Indian Tribes, Community Action Agencies, child care programs and other non-profit agencies. Among the models funded are programs that emphasize center-based and home-based child care and home visiting.

Two contracts were also awarded in FY 1995 to provide training and technical assistance geared to the needs of the Early Head Start programs, and to assess the effectiveness of the programs through a rigorous experimental evaluation design. Fifteen cooperative agreements have also been awarded to conduct local research studies on issues related to Early Head Start.

Total new funding for the Early Head Start program in FY 1995 was $47.2 million. In FY 1996, $40 million is available for new grantees.

Organizational Structure

Child Care Bureau

Mission

The Child Care Bureau is dedicated to enhancing the quality, affordability, and supply of child care available for all families. The Child Care Bureau administers Federal funds to States, Territories, and Tribes to assist low income families in accessing quality child care for children while parents work or participate in education or training. The Child Care Bureau is part of the Administration on Children, Youth and Families in the United States Department of Health and Human Services.

Vision for Child Care

Two Generational Focus

Child care services that promote healthy child development and family self sufficiency

Quality Services

Safe and healthy learning environments

Parent involvement

Training and support for providers

Continuity of care

Comprehensive Services

Child care services that are linked to health, family support, and other community agencies

Information and Referral

Consumer Education

Public Awareness

Outreach to the private sector and community services

Administration for Children and Families
U.S. Department of Health and Human Services

Child Care Bureau

CHILD CARE AT THE CROSSROADS:
A Call For Comprehensive State and Local Planning

The Child Care and Development Block Grant Amendments of 1996 provide an important opportunity for states and communities to plan a more cohesive child care system that responds to the needs of all families and helps promote safe and healthy care for children of all ages. Federal funding levels over a six year period allows for multi-year planning.

Child Care assistance is at a crossroads. It can grow to become a critical support for children and families or it may leave many hard working families without access to the child care support they need and provide only minimum protections for children.

States and communities are encouraged to consider the following five principles during the planning process.

BUILD CAPACITY
to ensure quality, supply, and system support

In order to meet the increasing demands for child care, ensure parental choice and ensure quality environments for children; states and communities will need to build capacity in critical areas. States should consider establishing or expanding:

- **Apprenticeship** and other professional development programs that lead to state recognized credentials for all categories of care and all levels of providers.
- Resource and Referral, including **consumer education** and outreach to parents and providers.
- Adequate **payment rates that assure families equal access** to a range of services in their community.
- **Outreach campaign and resources to build the supply** of family child care, infant care, school-age care, night-time care, and care for special needs populations.
- **Systems** for data collection and reporting.
- **Staff capacity** for administration, coordination, licensing and monitoring and oversight.

EXPAND ASSISTANCE
to families to pay for services

In their efforts to provide child care assistance to more families, states and communities should consider

the need to:

- Serve both working families and those transitioning off welfare
- Make all families below a certain income level eligible for child care assistance (ie a percentage of state median income assistance)
- Provide enough assistance so that no family is forced to pay more than 10 percent of their income for quality care.

DEVELOP LINKAGES
to promote comprehensive services to families

To remain self-sufficient, many families need other services along with child care. State and local planning should link child care to the following ten critical services:

- Health
- Family Support Services
- Head Start
- School and Youth programs
- Employment Services
- Transportation
- Housing
- Child Support Enforcement
- Temporary Assistance to Needy Families
- Child Welfare

LEVERAGE
private sector funds

The growing demand for child care assistance may strain available public funds. In order to build up resources that can be used to provide assistance to an increasing number of working families and to ensure quality, we need to leverage private sector dollars.

States and communities should consider using some of their new child care funds to reach out to businesses in their area to help build child care funds that will grow over time. Public dollars can be used to establish a "*Working Parent Assistance Trust Fund*" in a community or a state. Corporations could be challenged to donate resources to this fund which in turn would help improve the supply of quality services for the total community or provide targeted scholarships to help families pay for care.

EVALUATE
resources, needs and progress

In the past, there have been very few efforts made to evaluate public investments in child care. States and communities should take this opportunity to:

Include parent and provider feedback into the evaluation of services.
Evaluate the supply of child care available, the current level of assistance, and the anticipated demand.
Establish benchmarks or targeted goals for the use of child care funds.
Measure progress in reaching the goals
Develop research and evaluation projects that assess the quality of care provided, the effect on children and the impact on the parents' ability to work.
Improve data collection and reporting

Child Care Bureau Comments


Return to Child Care Bureau Home Page

THE WHITE HOUSE

WASHINGTON

May 30, 1997 June 11, 1997

Dear Jennifer -
The draft is wonderful but see my very minor suggestions EXCEPT for a crucial correction on first page - see attached!
Carla

Dr. Carla J. Shatz
Shatz Lab
Howard Hughes Medical Institute
Division of Neurobiology
Department of Molecular and Cell Biology
Life Sciences Addition, Room 211
University of California
Berkeley, CA 94720

Dear Dr. Shatz:

Enclosed please find a draft of the Report of the White House Conference on Early Childhood Development and Learning for your review. We would very much appreciate it if you would call or send all comments to me by Friday, June 6. I can be reached at:

Office of the First Lady
2nd Floor, West Wing
The White House
Washington, D.C. 20502
(202) 456-2599

PS - Please remember to send me a final copy!

Thank you again for helping to make the conference such a success. We look forward to hearing from you.

Sincerely yours,

Jennifer Klein

Jennifer Klein
Special Assistant to the President
for Domestic Policy

Jennifer- very important! Many, many connections have already formed by birth, but they will not all be saved by adulthood.

I. THE WHITE HOUSE CONFERENCE

Babies can think, reason + learn! Indeed, the baby's brain is an incredible learning machine & learning itself sculpts out the adult sets of connections + networks.

Nature's gifts are awesome—spacious skies, majestic mountains, fruited plains... we have all sung their praises. Today, tireless researchers and innovative technologies are giving us glimpses of smaller miracles that are just as inspiring. Scientists are studying the minute mechanisms that make life possible, and in the process they are illuminating early brain development—a phenomenon of such elegance, complexity, and precision that it surely ranks as one of the world's great wonders.

No! wrong! the cells but the are connected, not properly in adult pattern

Across the nation, nearly four million babies are born each year. Each enters the world with immense promise. Each arrives with billions of brain cells just waiting to have their power unlocked. But for the most part, these cells are not yet connected into the networks that make it possible to think and speak, to reason and learn. For these connections to form and proliferate, cells need a crucial ingredient—experience in the world. Once they have it, from the very first days of life, they connect at an astonishing pace. Young brains forge more than enough connections in the first three years of life; as children move toward adulthood, these connections are pruned and fine-tuned. This is good news for us humans. It means that our newborns' capacities—their unique ways of thinking, knowing, and acting—develop in the world, under the sway of the adults who love them and nurture them.

To be sure, newborns arrive with different temperaments, strengths, and needs. They are born into widely different circumstances and cultures, joining families that have different structures

II. What We Know About Young Children

Children differ from adults

It is natural to think of babies as ourselves in miniature—adults on a smaller scale. But the more we discover about young brains, the more clear it becomes that young children differ from adults in important ways. They have unique ways of developing, learning, and responding to the world around them. By taking these differences fully into account, parents and professionals can do a better job meeting young children's needs.

> "The baby's brain is not just a miniature version of an adult brain. It is a dynamic evolving structure that requires its own function to wire itself...." *Dr. Carla Shatz*

At birth, children's brains are in a surprisingly unfinished state. Newborns have all of the genetic coding required to guide their brain development. What's more, they have nearly all of the billions of brain cells, or neurons, they will need for a lifetime of thinking, communicating, and learning. But these neurons are not yet linked up into the networks needed for complex functioning. It is like having billions of telephones installed around the nation, but not yet connected to each other. [SIDEBAR: PHONING HOME]

The extreme immaturity of the newborn's brain is uniquely human. We tend to take it for granted, but not every species gives birth to such undeveloped infants. At birth, the human brain

AFTER BIRTH, BRAIN DEVELOPMENT PROCEEDS AT A STARTLING RATE

"On the first day of life, a baby can search the room with her eyes, visually trace the edges of a triangle, and look intently at her mother's eyes during a feeding." *Dr. Donald Cohen*

Newborns are relatively helpless. They cannot walk or talk or reason. And so, adults have tended to think of them as mindless—empty vessels waiting to be filled. But because the brain has been "in training" before birth, newborns have more awareness of the world than most of us realized. On the first day of life, a newborn can look at her surroundings, study objects, and gaze in the eyes of her mother or father. Infants as young as two days of age will sometimes suck at the mere sight of a breast or bottle, suggesting that learning takes place from a child's earliest hours of life.[2] But the process of getting to know the world is just beginning. At birth, a newborn cannot yet make sense of the flood of sensation and information that comes his way.

After birth, brain development proceeds at an astonishing rate. Newborn's brains are literally waiting for the experiences that will determine their complex circuitry. As new experiences arrive, young children's brains respond by forming and reinforcing trillions of connections, or synapses, among neurons. In the time that it takes for Mom to nurse the baby or for grandpa to read *Goodnight Moon* , thousands of new synapses are produced. At the same time, thousands of existing synapses are used or "fired" and in the process are reinforced.

Connections form so quickly that by the time children are three, their brains have twice as many synapses as they will need as adults. These trillions of synapses are competing for space in a brain that is still far from its adult size. ~~This makes children's brains extremely dense~~. According

to *Rethinking the Brain*, a report by the Families and Work Institute released at the White House Conference, by the time a child reaches her third birthday, her brain is apt to be more than twice as active as that of her pediatrician.[3] Children are biologically primed for learning, and the first three years are particularly crucial.

growing and strengthening many existing ones, and also

If children have more synapses than they will have as adults, what happens to the trillions of excess connections? The answer is: they are shed as children grow. Scientists report that throughout the development process, the brain is [redacted] producing new synapses and getting rid of those synapses that aren't used often enough. Before the age of three, synapse production is by far the dominant process; from three to ten, the processes are relatively balanced, so the number of synapses stays about the same. But as children near adolescence, the balance shifts, and the shedding of excess neurons moves into high gear.

Brains downsize for the same reason so many other "organizations" do: with streamlined networks, they can function more efficiently. But how does the brain "decide" which connections to shed and which to keep? Here again, early experience plays a decisive role. Each time synapses fire, beginning with the early months and years of life, they get sturdier and more resilient. Those that are used often enough tend to survive; those that are not used often enough are history. In this way, a child's experiences in the first years of life affect her brain's permanent circuitry.

FINALLY, WE KNOW THAT WE NEED TO KNOW MORE

"Scientists have discovered much about the world that surrounds us, but the train inside our skulls remains a source of mystery and wonder, and is, in a sense, the next frontier of human understanding." *Vice President Al Gore*

Decades of research have led to breathtaking discoveries about early child development and learning, but much remains to be known.[9] How can we build on recent findings about how children think and communicate? How can we use insights into young children's relationships with the adults in their lives to strengthen learning? What kinds of stimulation do children need? How much? And when? How does stress affect young children, and how can its impact be blunted? How can the quality of child care be improved? How can different kinds of developmental delays and impairments be overcome? What kinds of education and training can help parents and other caregivers enhance children's development?

We also need to know more about how communities mobilize in order to contribute to children's healthy development. How can families and communities do a better job of supporting young children's learning? And what are the best uses of community resources and social services for early childhood learning and development? Researchers are hard at work, addressing these questions and many more.

Furthermore, some children are born with, or develop, disabilities or illnesses that may impede their ability to form strong relationships and to respond to different kinds of stimulation. Some children are born with severe retardation, or autism, or mental illness. Others may have learning disabilities that do not fully respond to current treatment methods. Research points to new ways to help every child reach his or her full capacities. Working with professionals, parents can gain the information and strategies they need to support their sons and daughters as they gain new skills and new confidence. New ways of approaching impairments like mental retardation or autism are helping to improve conditions that were once considered untreatable. But some children will continue to have difficulties no matter how much love, care, attention, and stimulation their mothers and fathers provide. Professionals and parents alike need to keep their focus on brain development, not blame development.

PREVENTION IS CRUCIAL

The brain does not develop all at once. Different parts of this complicated organ mature at different times and at different rates. Although development continues throughout life, there are periods of great opportunity (and risk) when a particular part of the brain is the site of intensive wiring and is therefore especially flexible. *Rethinking the Brain*, a report issued by the Families and Work Institute that was released at the White House Conference, calls these periods "prime times."

The classic example is vision. The visual part of the brain is wired early in life. If children are born with cataracts, they may lose their sight permanently if surgery is not performed on time. That is because during the "prime time" for vision, input from the outside world is essential. The

DRAFT

Early Childhood Care and Education: Florida's School Readiness Initiative

By Alan Stonecipher

For the Readiness Committee
of the Governor's Commission on Education

DRAFT
(9/2/97)

Early Childhood Care and Education: Florida's School Readiness Initiative

for the Readiness Committee of the Governor's Commission on Education

The condition of Florida's nearly one million children under age five is a growing concern, despite significant current investments in their well-being. Increasingly, we are understanding that the quality of our children's early health care, child care, and education help determine the quality of the remainder of their lives, as well as the kind of society we are creating for the future. More Floridians than ever are realizing that we can do better by our children--not only because of moral conviction, but also because the right kind of investments in children produce savings for society in the long run.

Florida's early child care and education "system" lacks coherence and comprehensiveness. Whether the issue is access to quality child care so parents can work, to quality preschool so children are ready for kindergarten, or to preventive health services, too many children and families fall through the cracks.

For many of Florida's poorest, for the least educated, and for those whose family lives are least stable, the gaps in the state's early childhood programs doom their children to similar lives of underachievement. In recent years, each group of Florida children entering kindergarten is poorer than the one before. Many come to school behind their more fortunate peers, quickly fall further behind in most current school environments, and fail to reach even minimal academic achievement levels. Lack of quality child care consigns too many Florida children to inadequate custodial care, especially inappropriate now that neuroscience is decoding development in the first years of life. The working poor and parents attempting to move off welfare often face the unpalatable necessity of patching together a variety of people to "watch" their children while they work, seek jobs, or obtain job training.

Quantifying the gaps in services is difficult. But it is estimated that more than 100,000 at-risk Florida children, 0 to age 5, are not receiving readiness-enhancing services from state or federal programs. The unserved are particularly large in the birth to three group, where about 53 percent of 150,000 income-eligible children receive some services. Among those three- and four-years-old, about one-fourth of income-eligible children are not in readiness programs or any kind of publicly subsidized care. In total, about 180,000 of Florida's 285,000 at-risk children receive government health, care or education aid.

Some of those unserved children may not need services, of course, because of parental choice or satisfactory unsubsidized private-sector arrangements. But many more parents desire such services than existing programs can satisfy. The names of 25,000 children remain on waiting lists for subsidized child care, and a recent legislatively mandated study by the State Coordinating Council for Early Childhood Services found 14,000 eligible children not enrolled in the state's prekindergarten program because of space and funding limitations.

To dream that Floridians together can improve the lives of many of its 980,000 children, newborn through age five, is not an idle fantasy. In fact, it is rational to believe that many more of our children can come to kindergarten ready to learn, to imagine that the success of welfare reform can be enhanced, and to anticipate saving billions of dollars in future years. Studies of early childhood programs--some following the same children for 30 years--prove that quality services can help achieve these goals. And it is equally rational to believe that all parents in Florida--not only those poor or raising children alone, but also the educated and affluent--can be better parents, nurturers and teachers for their children.

Florida, therefore, can be a leader among the states in creating a vision for, and then actually providing, a coherent, community-based, family-oriented, voluntary system of early childhood services for its youngest children.

This paper is intended as a broad, comprehensive look at early childhood care and education in Florida today. It looks at what is today and what can be tomorrow. It provides facts about current programs, the context in which they operate, and the rationale for necessary improvements. Finally, it offers specific recommendations for a "next generation" statewide emphasis on early childhood.

Why Florida Needs To Improve Early Care and Education

Seven developments of recent years add urgency to the need to improve Florida's early childhood efforts:

▪***Indicators of Children's Well-Being.*** The 1996 National Kids Count data places Florida 48th among the 50 states and the District of Columbia in overall well-being of its children. In a "Children's Environmental Index" by Zero Population Growth released in August, five large Florida cities scored in the bottom half nationally in rankings of quality of life for children (Jacksonville 121st of 219, St. Petersburg 130th, Orlando 145th, Fort Lauderdale 197th, Miami 202nd, and Tampa 210th).

The indicators are grim both for today's teenagers, whose early childhood and education experiences are over, for better or worse, and today's youngest children.

In the Kids Count data, our teens commit crimes at a rate that ranks Florida 39th in the nation in juvenile violent crime arrests. They drop out of school at a rate that ranks us 45th. The

percentage of them not in school and not in the labor force ranks Florida 37th. And teens gave birth to 26,165 babies in 1994, ranking our state 37th in that measure.

Those babies of teenagers constitute only a small portion of Florida infants and toddlers at risk. In 1994, 68,000 of Florida 190,546 births were to unwed mothers. Those young children, combined with their contemporaries in other single-parent families, rank Florida 47th in the percentage of children living in one-parent households. Partly because of these factors, Florida ranks 43rd in the nation in childhood poverty. Nearly one in four of our youngest children live in poverty; among African-Americans under age six, 45 percent are poor.

Conclusion: The status of many of Florida's children is dismal, and as they age, our state may suffer from current inattention to their plight.

▪***Demographics.*** Florida's low ranking on children's well-being is magnified by growth in that population. Today the state's youngest children (0-4) constitute the largest group of all children, a significant change since 1980, and a portent of challenging times ahead for the state. As that group ages, they will make teenagers the largest child age group in Florida by 2010. Today's young children, therefore, represent an impending teenage population surge, with all the potential for youth crime and other societal costs.

Conclusion: Florida's "system" is inadequate to improve child welfare; nor is it postured to address increased demand.

▪***Changes in Family Structure.*** The United States is in the middle of a child-care revolution, the U.S. Bureau of the Census reports. The increasing movement of women into the labor force and the rise in single-parent families have produced a growing need for care for preschool children and other family supports.

"In the middle of the 20th century, most children under the age of six lived in breadwinner-homemaker families, that is, in two-parent families where the father worked outside the home to support the family, and the mother could care for the children at home because she was not in the paid labor force," the chief of the Bureau's Marriage and Family Statistics Branch has written. But that is the case no longer. While in 1940, 87 percent of households contained a nonemployed parent available to provide child care, that number had dropped to 48 percent in 1989, and it is even lower today. In Florida, 60 percent of mothers with children under age six now work, as do half of mothers of babies under age one. By 2005, the Census Bureau says, 83 percent of women between the ages of 25 and 54 will be in the labor force.

The need for care is increased by the growth of one-parent families. In 1993, the Census Bureau reports, 21 percent of white, non-Hispanic children under six, 66 percent of blacks, and 34 percent of Hispanics lived in a single-parent family. Those children have higher risks of dropping out of high school, becoming teen parents, and being unemployed, research indicates.

Conclusion: Shifts in family structure have created more families, with more risk factors, who need child care and supports for school readiness more than ever before.

■***Welfare Reform.*** The success of welfare reform depends in part on the availability of affordable child care. The Florida Children's Forum estimates that 42 percent of families receiving cash assistance have at least one child under three. Their ability to work is contingent on someone caring for their children. Under Florida's welfare reform law, single parents previously exempt from work requirements must now be working, looking for work, or engaged in training for at least 20 hours each week as soon as their babies are three months old.

Conclusion: Welfare reform will increase not only the overall need for child care, but also the need for infant and toddler care and evening and weekend care, both in short supply.

■***School Readiness.*** Never before in American history has so much attention been focused on children's readiness for school. Unsatisfactory student achievement levels and costly remediation have led to demands for better-prepared students, at all grade levels. Although readiness for entry into school is number one in both the national and Florida education goals, it remains an elusive objective. Little in the experience of young children in Florida has changed significantly enough since the adoption of those goals to ensure readiness for tens of thousands of kindergarten students who arrive at school behind their peers. The costs to the state are huge.

Conclusion: Lack of readiness leads too often to costly special education, remediation, school failure, dropping out, lower lifetime wages, fewer taxes paid, more criminal acts committed, and more social services consumed. Unless vast progress in readiness is made, Florida's goal of pushing all its children to world-class achievement in school will remain a faint dream.

■***Brain Research.*** Enabled by new technologies, scientists for the first time are unlocking the keys to children's cognitive and emotional development. "A 5-year-old entering school for the first time, on the threshold of a lifelong education, may already have missed some crucial opportunities for learning that can never be recaptured," according to Frank Newman, president of the Education Commission of the States. "A growing body of research indicates the first three years of life are especially critical to laying the groundwork for future learning," Newman says. "We can no longer wait until children enter grade school or even preschool programs such as Head Start to set the stage for later learning. Early intervention makes sense from a scientific, societal and economic perspective. We need to re-examine early childhood education priorities now, before it's too late for millions of children."

In a February 3, 1997 cover story, *Time* reported that "Rich experiences...really do produce rich brains....The new insights have begun to infuse new passion into the political debate over early education and day care. There is an urgent need, say child-development experts, for preschool programs designed to boost the brain power of youngsters born into impoverished rural

and inner city households...." Lessons from the research? "That remedial education may be more effective at the age of three or four than at nine or 10. That good, affordable day care is not a luxury or a fringe benefit for welfare mothers and working parents but essential brain food for the next generation."

Conclusion: Every experience of young children--at home, in formal preschool, and in child-care settings--is important to readiness; in effect, every program for children is a readiness program.

▪***Research on Early Child Programs.*** Long-term studies "indicate that early childhood programs can have substantial effects on children's lives years after their involvement in the programs", according to an analysis of research into the effectiveness of such programs. (*The Future of Children*, Winter 1995) "For example, such programs have led to enhanced school achievement, higher earnings, and decreased involvement with the criminal justice system. Appropriately designed programs have helped parents strengthen their parenting skills and move toward economic self-sufficiency."

The Consortium on Longitudinal Studies, a long-term analysis of large-scale experiments in early intervention, found that "children who had attended preschool programs were far more likely to have proceeded through the schools in a normal manner. They were less likely to have been assigned to remedial classes; they were less likely to have been retained in grade; and, for those old enough, they were more likely to have completed secondary school." In addition, cost analyses have indicated that each dollar spent on quality preschool can save $3 to $7 for remedial education, crime and other costs.

Conclusion: Although it cannot be said that all early childhood care and education programs are effective in producing these social benefits, most researchers agree that well-designed, quality programs provide significant help for children, their families, and society.

Florida's Response to Children's Challenges Today

So how well is Florida responding today to the implications of our early childhood population boom, of the changes in family structure, and of welfare reform? How well are we acting on the imperatives of the brain research and program outcome data, as they relate to school readiness?

Despite our existing investments in an array of well-intentioned programs; despite the heroic efforts of hundreds of thousands of parents, volunteers, charitable and religious organizations, and public and private child service workers; and despite an ever-growing outpouring of rhetoric about putting children first, we collectively do too little, too late, for too few.

Bright spots are evident, of course. The advent of the Healthy Start program in the early

1990s has helped lower infant mortality, low birthweight, and risks of disabling medical conditions, through pre- and postnatal screenings. Florida's prekindergarten school program, funded by the lottery, now serves 27,000 low-income four-year-olds, a decade after its initiation. Head Start, more than 30 years after its founding as a war on poverty program, remains a strong force for another 27,000 poor preschoolers and their parents. Private child care standards have been raised in Florida in the 1990s, and additional funds have been provided to help welfare recipients make the transition to work. And a continuum of early childhood services has existed since 1989, at least on paper, as official state policy, in a "Florida Prevention, Early Assistance, and Early Childhood Act".

But quality early childhood care and education is not delivered on paper, either in state laws or in the never-ending cycle of bills, reports and recommendations about our children. Care and education happen in the millions of settings--homes, the homes of relatives, family child care homes, child care centers, school-based prekindergartens--in which our one million youngest children find themselves every day.

Our challenge as a state is to find ways to improve as many of those settings as possible. It will require more individual effort, more private-sector involvement, more high-level commitment, more interagency collaboration, and more public and private money.

Florida's Existing "System" for Early Childhood

Florida's public-sector programs for early-childhood services mirror the characteristics of those in other states. They generally have been incremental add-ons to existing health, education, and welfare programs. Despite continual efforts, they remain under-coordinated, both at the state level and in most local jurisdictions. They are funded too little to meet program and statutory goals in terms of numbers served, and they vary widely in quality. In most cases, city and county governments and school districts provide little funding and accept little responsibility for the overall well-being of the youngest children in their communities (except when those children happen to intersect with a public safety, welfare, or education program designed primarily for the broader community). Many local not-for-profit agencies and faith-based organizations provide funding to fill the gaps in services for families and their children.

In many ways, the provision of services by a multitude of public, private and religious organizations is a strength. The varied providers of services add vitality and flexibility to Americans' instinctive desire to help others when they most need it. But one test of the effectiveness of our overall system--the combined product of parents, families, and other providers, public and private--is Florida's dismal rating in the Kids Count statewide aggregate measures of children's well-being.

Other, more important indicators are the individual experiences of each child in their homes. Are they being cared for and educated in the manner each of us would desire for our children and grandchildren? Do parents and their youngest children, regardless of income, find

their way to adequate care and education in today's "system" in Florida, in as effective a way as they find emergency medical care or their proper school when they reach age five?

Numerous analyses indicate that Florida and other states fail those tests.

"In Florida, young children and their families receive services through a broad continuum of state and federal programs," the Office of Program Policy Analysis and Government Accountability (OPPAGA) reported in 1994. "These programs provide economic, health, nutritional, social, therapeutic, and educational services, which are necessary for a child to be physically, emotionally, and mentally ready to succeed in school....

"Together, these family support programs represent a complex system of programs that are funded differently, have different eligibility criteria and regulations, and are implemented by a variety of government, private, and not-for-profit agencies," the OPPAGA report says. "The availability of services may not be sufficient to ensure that all children are ready to start school....

"To better ensure that children and families receive needed services, the Florida Legislature and state and local agencies have taken steps to integrate services and reduce service gaps and hardships placed on parents in obtaining services. However, local agencies implementing these projects are often confronted by several problems that may prevent them from providing services in a more effective manner. *Some of these problems are the result of three state level barriers: different program policies and procedures, limited communication among key individuals and state agencies, and a lack of state level guidance.*" (Emphasis added)

A federal study in 1996 found a similar situation nationally. "Our present set of state and federal early childhood programs constitutes a 'union of insufficiencies'. No single program is funded to serve more than a fraction of its eligible clients and our cumulative public investment fails to provide equal access to services for children from low-income families....Rates and formulas for disbursing funds are often inadequate to support a quality teaching workforce and fall well below the actual costs of delivering comprehensive, quality services.

"The diversity of public funding streams makes it costly and complicated for local managers to deal with proposal preparation, reporting, accounting, compliance with standards, and crafting a coherent approach to program services and staffing. In addition, local agencies have difficulty in reconciling differing stances on quality and differing rates of reimbursement across different agencies....The number of different programs also handicaps policymakers when they try to understand the cumulative effects of existing spending patterns. Thus, as a funding system, early childhood programs provide inadequate levels of investment via an overly complex and opaque set of programs.

"Rather than being overbearing and powerful, government regulation of early childhood programs is fragmented, inconsistent, and inadequate. There are no consistent policies to safeguard children against abuse nor to support the ingredients of environments which will

optimize development and learning. Fragmentation and inconsistency derive from a system of separate standards for Head Start, child care, and school-based programs. Standards for child care centers are weak in a substantial number of states, due to exemptions for major segments of providers, and low standards on key dimensions such as staff:child ratios and staff training....

"Policy decisions about early childhood services occur in a loosely-knit set of separate fiefdoms, including the Head Start policy system, the child care sector, the education for children with disabilities community, and state prekindergarten program structures. Problems of fragmentation are also seen at the community level....(no) community-wide vision, design or funding system for early childhood services." (Emphasis added)

The Development of Care and Education Programs for Children

Within this century, a long but uneven progression of social and policy trends has changed the nature of children's lives, leading to greater emphasis on their education. In the United States' first century, the demands of an economy based on farming prevented most children from receiving extensive formal schooling. In 1870, the Bureau of the Census reports, only about half of children five through 19 were enrolled in school, and school terms were much shorter than now. As the industrial economy took hold, 95 percent of children seven through 13, and 79 percent of those 14 through 17, were in school in 1940. The length of the school year doubled by mid-century. Child labor laws were passed, the child welfare movement began to protect children from unsafe conditions, and compulsory education laws mandated universal school paid for by local governments.

In Florida, statewide public education began as a federal mandate to educate former slaves after the Civil War. A 1869 law mandated a uniform system of free common schools. But even by 1920, only 64 percent of eligible whites and 47 percent of blacks attended school. A complete revision of school laws in 1947, following recommendations of a gubernatorial Citizens Committee on Education, included the first statutory provisions mentioning kindergartens and special courses for exceptional students. Only in the 1983-84 school year did public-school kindergarten become a universal mandate.

Meanwhile, private preschools began early in the 20th century, primarily for upper- and some middle-income children. Subsidized child care began about 1954, as part of the Social Security program. Experiments providing preschool for the poor began in the late 1950s, primarily to prevent school failure by black children migrating to northern cities from the South. Those experiments led to Head Start, which became a presence nationally and in Florida in 1965. State-funded prekindergarten programs for some at-risk three- and four-year-olds followed approval of the state lottery in 1985, and a variety of smaller education programs, such as First Start, followed. The federal government mandated inclusionary education services for children with disabilities. To provide health screenings and interventions, Florida in 1992 began its Healthy Start initiative for pregnant women and their children through their first birthday.

It is within this historical context that current Florida conditions must be evaluated. The movement toward earlier, higher-quality education and care policies appears inexorable. Yet it proceeds in fits and starts, with incremental add-ons that result in the array of programs discussed below.

Florida Programs Today

Following are descriptions of the major education and child care programs operating in Florida, including programs for children with disabilities. Medical programs such as Medicaid and Healthy Start are not described.

1. Prekindergarten Early Intervention

A formal education program, administered in all 67 Florida counties by local school districts, the program serves about 27,000 children through the appropriation of $97 million in lottery dollars through the Department of Education. By law, at least 75 percent of those served should be economically disadvantaged four-year-old children of working parents, including parents in the WAGES welfare reform program.

The remainder of those enrolled may be abused, from foster homes, exposed before birth to alcohol or drugs, children with disabilities, and poor three-year-olds. After steady expansion in its first eight years, funding and the number served have remained constant for four years, since 1994-95.

Children attend prekindergarten six hours a day for 180 days, and often are taught by certified teachers (at the discretion of the school district). School districts may contract with private preschools and child care centers to provide the services, as well as run the programs directly. The state allocation is $3,200 per child per year.

2. Head Start

The largest federally funded program for poor children and their families, Head Start is a two-generation program, with the dual goals of moving families out of poverty and making their children ready for school. Forty-two programs operate in Florida, serving about 27,000 three- and four-year-old children. Some agencies that receive the federal grants run them directly, while others contract with delegate agencies, including school districts in a few counties.

Head Start is designed as a comprehensive program, including health, mental health, food, transportation, before- and after-school programs, and services for children with disabilities. The program contains a strong parental involvement element; 51 percent of the membership of each local Head Start Policy Council must be parents of an enrolled child. Head Start relies on parents and paraprofessionals, rather than certified educators, for service delivery.

Program functions vary by grantee agency. Some provide the minimum of three and on-half hours of services per day; others operate 12 hours a day. The average funding is $4,500 per child. Federal funding is expected to increase nationally in the next few years, to reach the goal of serving one million children by 2000, up from the current 775,000.

In the belief that the earlier the services, the better for the child, Congress has authorized an Early Head Start program, including five grantees in Florida serving several hundred expectant families and children below age four.

3. Child Care

The Prekindergarten Early Intervention and Head Start programs are relatively easily understood as school readiness and family support services, fully funded by the government, for at-risk children. The child care system, however, is more complex. It is a web of private-sector providers, from large child-care chains to neighborhood babysitters, some of whom receive government funds to subsidize child care expenses for welfare reform participants and the working poor.

In Florida the child care system includes more than 10,000 providers--child care centers, family child care homes, and informal providers, such as relatives and neighbors. Some are required to meet minimal standards for licensure by the state or by the few counties that exert local licensing authority, some are only required to be "registered", some are exempt from regulation, and some operate underground. About 400 of the child care centers in Florida impose above-average quality standards, and have been accredited by the National Association for the Education of Young Children.

The market rate in Florida for full-day child care averages $80 per week for an infant and $71 per week for a toddler. For most middle- and upper-income Floridians, their challenge is finding a private-sector child care arrangement for their children that is safe, nurturing, reasonably priced, and open during the hours needed. For a two-parent family with a gross income of $50,000, the $4,000 spent annually for full-time child care represents just eight percent of earnings. For a family making $20,000, that percentage rises to 20 percent. And for a single parent working at a minimum wage job, paying the market rate for one child consumes 40 percent of gross income.

With government subsidies, higher quality care becomes affordable--at least for those who can obtain subsidies. A single mother in the subsidized program earning up to $19,000 annually pays $24 a week for her first child and $12 for the second--about one-fourth of the market rate.

Unfortunately, however, few low-income working families not on welfare are eligible for subsidized care. Priority goes to those transitioning from welfare and to children who have been abused or neglected. About 25,000 Florida children are on the waiting list for subsidized child care. The result is lower access for low-income families to readiness-enhancing care. In 1993,

the National Center for Education Statistics reported, 45 percent of children from low-income U.S. families attended some form of early childhood program, compared to 73 percent of more affluent children.

About 92,000 children from birth to age 13 are served in the subsidized program, at a cost of $332 million in the current fiscal year. Of that amount, the federal government pays about four-fifths, and the State of Florida the remaining $70 million from general revenue funds. As of June 30, 1997, the program served 5,335 children under age one, 9,628 age one to two, 9,758 age two to three, and 37,174 three- and four-year-olds--a total of 61,895 under age five.

Subsidized child care centers offer care 10 hours a day for 249 days annually, at an average government cost of $3,125 per child, excluding parent fees.

Given the waiting list, it is not surprising that informal, below-market-rate child care arrangements (care by a relative or neighbor, for example) proliferate. While many of these informal providers offer adequate or even excellent quality, many more do not.

According to a quality ranking of all Florida's infant and toddler child care programs in 1994, only 36 percent were rated good, 49 percent were considered of minimal quality, and 15 percent inadequate. Those rankings represent a significant improvement from 1992, when 25 percent of programs were rated good, 44 percent minimal, and 31 percent inadequate.

4. Other Programs

Prekindergarten Program for Children With Disabilities. Authorized by the federal Individuals with Disabilities Education Act (IDEA), it entitles all children with disabilities, ages three through five, to a free and appropriate public education. **Infants and Toddlers with Disabilities,** also authorized in IDEA, provides defined services to children birth to three with established handicapping conditions or developmental delays. Together the programs serve more than 40,000 children annually.

Even Start Family Literacy Program provides $3.8 million in federal funds to 17 grantees in Florida to promote child and adult literacy. Services include home visiting, child care, and adult education.

Florida First Start Program provides early family intervention to at-risk infants and toddlers and their families. For five years, $3 million in state funds has been appropriated annually, serving about 3,000 families each year in 24 school districts.

The Teenage Parent Program, designed to reduce dropouts, operates in all 67 school districts, serving 9,000 pregnant teens or school-aged parents. About $17 million annually is appropriated through the public school funding formula for child care for the 7,000 babies of those students.

The Migrant Prekindergarten Program provides early education services to 3,300 three- and four-year old children of migrant workers with about $6 million in state and federal funds.

Title I Prekindergarten provides education supplements to about 3,200 poor three- and four-year-olds, with about $7 million in federal funding.

What Florida Needs to Do to Improve Early Child Experiences

The Readiness Committee of the Governor's Commission on Education has adopted the following as its mission:

> *"To design and create a system that will make certain that all children in Florida are prepared by the age of five to succeed in school."*

In designing such a system, the Committee has said, several principles should be adhered to:

(1) Every program and activity for children before kindergarten is a "readiness" program: preventive medical care, child care, and formal preschool. "Artificially separating programs that provide child care from those that provide early education limits opportunity for learning," writes an early childhood expert for the Education Commission of the States. "This artificial distinction runs counter to what we know about early learning....The current system often forces families to choose between child care, which meets the needs of parents but may not be able to provide sufficient opportunities for early learning, and early education, which benefits children but often cannot meet the needs of employed parents. This is a Hobson's choice. Both child care and early education are needed and both can be provided simultaneously."

(2) The investment by Floridians in early childhood must be increased. Although government has a legitimate role, society's investment must begin with parents and other caregivers, and include additional involvement by the private sector and nonprofit organizations.

(3) Quality counts in early childhood programs and activities. Florida should not dilute quality in existing high-quality programs and should establish higher quality standards for other programs.

(4) Improved collaboration and coordination is an essential component in increasing Florida's effort in early childhood. Florida's early child initiative should build on the programs and providers in place today, should reduce duplication where possible, and integrate funding streams where desirable.

(5) Community-based efforts, supported by state government, hold the most promise for significant improvements in the state of readiness of Florida's children.

(6) Child care and education programs should be available to all children and parents, as desired, although focused on Florida's at-risk populations.

(7) Florida's programs must require accountability for performance. The goals by which programs should be measured should be keyed to improved outcomes for children. Ineffective programs should not receive public funding.

Recommendations

To make a reality of Florida's aspirations in school achievement, a sustained, multi-year commitment to readiness must be made. Without a clear sense of responsibility at the state and local levels, the hope of advancing a coherent early child care and education agenda is doomed. These recommendations establish the framework for a voluntary, community-based, collaborative, public-private partnership, building on what currently exists, subject to statewide standards. The structure and programs should be designed to support parents in their care and education of their children, recognizing that parents are responsible for the well-being of their children, and that they are their children's first and best teachers.

Inevitably, implementation of these recommendations or any other coherent reforms will be gradual. In fact, it may be advisable to phase-in county's participation by beginning with a limited number of demonstration projects, in counties where collaboration, high-level private-sector involvement and needs assessment are most advanced.

The state and local leadership for this initiative should set year-by-year goals to support the achievement of the vision for early childhood care and education.

I. Elevate medical care, child care and early education for children 0-5, and their families, to the top of Florida's agenda, statewide and in every county.

Without a coherent vision for Florida's youngest children, programs too often focus on narrow objectives and lose connection to an overall goal. Pieces of a coherent mosaic are in place, but policy and leadership inertia keep us from moving beyond the status quo. What is needed is a serious, high-level commitment to make a reality of the state's first education goal: "Communities and schools collaborate to prepare children and families for children's success in school."

Accordingly, the State of Florida and each county should adopt the following as a formal goal: having in place by 2000 the organizational structures, programs, services and funding to make available to every family and their children supports to ensure school readiness by age five.

Adoption of this goal requires a leadership and public engagement campaign at the state level, involving the governor, the Cabinet/State Board of Education, the legislature, the commissioner of education, and business and community leaders. The goal requires a real commitment, on the order of Florida's ambitious attempt in the early 1980s to reach the upper quartile in measures of educational quality. State policy should treat the care of preschool children with the same attention and seriousness devoted to school-aged children.

Similarly, each county and city government, each school board and superintendent, and all other public entities that impact readiness should adopt the same goal, encouraged by the state leadership campaign and organizational changes recommended below.

The public engagement campaign should stress these messages: that improving early child conditions is important for all parents and all Floridians; that the brain research dictates a more comprehensive view of early health, care and education services; that parental responsibility remains paramount; and that improving early care is a good investment in Florida's future.

II. Reform state and local governance and organization structures.

When no one is responsible for creating and maintaining a coherent system, fragmentation and duplication are inevitable, as program administrators manage their individual categorical programs. What is needed are strong, state- and county-level coordinating bodies to set goals, to establish program accountability, and to ease conflicting administrative and regulatory burdens.

A. At the state level, the legislature should create a Florida Children's Policy Council at the highest level. This body should include the governor, legislative leaders, the commissioner of education, a representative of the Child Care Partnership Board, and private-sector, community and social service leaders. The Florida Children's Policy Council should receive the active personal involvement of those leaders.

B. The state should create a Children's Cabinet, subordinate to the Florida Children's Policy Council, comprising the heads of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the governor's budget director and children's coordinator, and key legislative staff. It should monitor progress toward the overarching goals established by the state Policy Council, assess gaps in current services statewide, recommend quality standards, approve community plans, assist in local implementation, provide technical assistance, recommend common eligibility requirements for similar programs, and help secure waivers and changes in law from the state and federal governments.

C. The State Coordinating Council for Early Childhood Services, established in 1989 in the Florida Prevention, Early Assistance, and Early Childhood Act, **should be reconstituted and its mission redefined**. The council is charged with ensuring coordination among agencies and programs serving preschool children, as well as recommending legislation. But it has no real authority. The SCCECS should include representation from all sectors of early health care, child care and education, and should serve as an advisory body to the Florida's Children's Policy Council and the Children's Cabinet.

D. Each county should be encouraged, with significant incentive funding and waiver authority, to create or designate local children's services councils or their equivalents, as currently authorized in Chapter 125 of the Florida Statutes. (Under that law, children's services councils or juvenile welfare boards exist in 25 of Florida's 67 counties. Nine

are independent and unfunded, 10 are county-funded entities, and six are independent boards with taxing authority. In 1994-95, the six with taxing authority generated $63 million and spent about 70 percent on direct services.)

The purpose of the councils should be to assume overall responsibility for improving the condition of children from birth through age five in their communities. They should be expected to mobilize communities behind the 0-5 initiative; to coordinate with the United Way and other charitable organizations, faith-based organizations, and foundations; and to seek private-sector sponsorship and assistance. They should be provided state incentives to provide additional local tax support, through either appropriations of existing local government revenues or initiation of levies through independent taxing district authority.

The existing statute should be changed, or new law created, to direct the councils or their equivalents to emphasize children from birth to 5, and to require a holistic approach to children's needs, including health, child care, and early education. The councils must represent a collaborative, inclusive, community-wide approach to early childhood conditions.

The membership of these county-level bodies (similar to Smart Start coalitions in North Carolina), should be broad-based, including parents, school districts, Head Start, Healthy Start, representatives of the 25 local child care resource and referral coordinating agencies, child care providers, social service providers, representatives of children with disabilities, and health care providers. Each should be governed, by statute, by a board of directors containing at least one-half private-sector membership.

The local councils should be required to develop a needs and resource assessment, funded by the state, and to submit comprehensive one-year and three-year plans for the provision of services that each council deems necessary to improve the readiness of children in their community. The councils should be supported by state incentive grants and empowered to recommend to the Children's Cabinet the dissolution of any existing coordinating bodies.

III. Ensure that every program or service for children before kindergarten is a readiness program.

The artificial distinction between "babysitting" and education must end. Over time, each program supported by public dollars or included in local children's services councils should be required to achieve standards for quality. All parents should expect that their children will receive appropriate safe, nurturing, developmental and educational care, regardless of program or provider. At the same time, competition and parental choice of a wide variety of programs and providers must be retained.

To break down the barriers between "child care" and "preschool", two major efforts must be undertaken:

A. Blend early childhood funding streams over which the state and local governments have control to maximize services from existing funding. Specifically, subsidized child care funds administered by the Department of Children and Families and prekindergarten program funding administered by the Department of Education should be pooled, either formally, through deposit into an early childhood trust fund, or informally, through local-level administrative mechanisms. It should be the responsibility of the state agency-level Children's Cabinet to develop the most appropriate structure for combining funding and determining methods for allocation. In addition, the Children's Cabinet should make recommendations regarding coordinated expenditures from other resources, including funds for children's medical services, the Teenage Parent Program through the Florida Education Finance Program, Title I, and other federal dollars, including Head Start.

B. Increase the quality of early childhood programs, particularly child care. The Prekindergarten Early Intervention Program generally is considered the current benchmark for quality in state-funded early childhood programs, based on low staff-to-student ratios and staff training and curriculum requirements. Some private child care centers reach an equivalent quality standard. The PreK program achieves its quality partly because of higher funding than available in most other child care settings. (See Appendix, "Major Early Care and Education Programs".) It is in these other child care situations, however, that the majority of children below age five receive care. The quality of those other settings is uneven at best, and sometimes unsafe and not nurturing at worst.

Indicators of quality include involvement of parents; training of staff; continuity of care and staff turnover; staff:child ratios; group size; and an appropriate curriculum. Without minimal application of these indicators, program effectiveness will be compromised, researchers say. In fact, some studies say, poor care, characterized by too many children per caregiver or high staff turnover, actually increase some children's risk of school failure.

Therefore, using the blended funding streams and other resources, in coordination with the local children's services councils, Florida should undertake a multi-year effort to increase the quality of the child-care sector. A variety of quality-improvement methods exist, many of them incorporated in a Florida Child Care Initiative of the Department of Children and Families, the Florida Children's Forum, and the State WAGES Board. (The initiative seeks to provide "appropriate numbers of well-trained and credentialed staff, well-defined, developmentally appropriate activities, a healthy learning environment and a strong, varied family support component".)

1. Review regulatory requirements and licensing and registration standards, with particular attention to reducing current ratios of one staff for every 15 three-year-olds and one staff for every 20 four-year-olds. (The National Association for the Education of Young Children recommends one staff member for every 10 three- or four-year-old.) More licensin g and registration of providers should be encouraged. Support services should be funded and provided through the resource and referral/child care coordinating agencies or other appropriate

agencies.

2. Improve professional development to improve the quality of caregiving, to provide opportunities for increased pay, and to reduce turnover. At a minimum, as the Department of Children and Families proposes, all informal providers receiving public funds should be required to complete a three-hour orientation within 90 days of receiving funding. Other staff training requirements should be improved, perhaps with incentive funding. Over time, a career ladder for child care staff should be implemented, so that all training should bear credit, lead to credentialing, and increase pay.

3. Encourage accreditation. The legislature should fund the Gold Seal program, paying higher subsidized child care rates to providers that meet higher standards necessary for accreditation by the National Association for the Education of Young Children or equivalent accrediting bodies. Other differential reimbursement rates should be established to encourage increased training and other quality improvements.

In addition, the initiative should aim to require public schools' prekindergarten programs to provide full-year, full-day services, equivalent to subsidized child care providers, in part through requiring payment of some fee, on an income-based sliding scale, by all parents.

4. Link program training and delivery at the local level. For example, expansions of Prekindergarten Early Intervention should include substantial subcontracting to existing private-sector preschools; school-based training for prekindergarten staff might be made open for staff of family day care homes and child care centers; etc.

IV. Use new federal funding and tobacco liability funds to pay for early childhood health enhancements to increase readiness for school.

The State Children's Health Insurance Program in the federal Balanced Budget Act of 1997 and funds from the tobacco liability settlement, both intended for children of all ages, will be the state's vehicles to fully fund the health needs of children 0-5.

The budget agreement will produce $279 million in new federal funds for the next three years, and slightly lesser amounts the following two years. Combined with about $124 million in federal matching funds, the state will have $400 million additional each year for uninsured children. The legislation requires a Florida state plan to be submitted to the federal government this year.

State options include expanding the Healthy Kids program, which provides health insurance for school-aged children, and expanding Medicaid eligibility for children.

As Florida policymakers determine the state plan, and as they work through expenditures of funds from the tobacco settlement, they should do so in recognition of the broad school

readiness needs of children from birth to age five. These new funds can help assure that no child suffers with an untreated medical condition that might hamper school achievement.

V. Make a multi-year commitment to fully fund comprehensive child care and quality early education, as developed in local coalitions, through a combination of federal, state, local and private resources.

As the local children's services councils assume responsibility for improving readiness for children birth to five, they will identify enhancements in services. They will be expected to maximize local resources, including charitable and private-sector funding. Inevitably, however, new state funding will be required.

Several state funding increases flow from the recommendations above:

(1) In its 1998 session, the legislature should fully fund child care subsidies for the approximately 25,000 children of the working poor.

(2) Additional funding will be necessary for child care improvement initiatives, including staff training, accreditation initiatives, and differential funding rates for accredited providers.

(3) As new governance structures are initiated, particularly the children's services councils, collaboration grants and incentive funding will be required.

The Florida Children's Policy Council, with the aid of the Children's Cabinet and the reconstituted State Coordinating Council for Early Childhood Services should prepare a multi-year plan, with funding requirements, designed to make a reality of the readiness for school goal.

VI. Enhance the role of public schools in the provision of coordinated early childhood services.

Florida's more than 2,700 schools provide convenient locations for many early child care and education services. In some locales in Florida, through the Full Service School program and other efforts, schools are the site of family support services other than traditional education programs for prekindergarten children. Although some argue against an expansion of schools' role for children below prekindergarten age, a strong rationale can be offered for more school-based health, parent education, and child care training. In many communities, schools are the most readily identified and accessible public locations.

Through the local children's services coalitions, the role of schools in the design of a coherent 0-5 readiness program should be enhanced. Schools should be encouraged to partner with child care providers in their attendance zones, to help provide additional training for child

care staff and to ease the transition of children from child-care settings to kindergarten. In addition, schools should enhance collaborations with public health and social service agencies.

Although Georgia has established a universal, voluntary, state-funded prekindergarten program for all three- and four-year-old children, this plan stops short of recommending a similar initiative in Florida in the near future. Much can be done to improve education for preschool children in current child care settings, short of the institution of universal preK. In addition, outcome data on school readiness for children in current preschool programs should be collected and evaluated before such a recommendation is made. (See Recommendation IX below.) However, if that data suggests that children in formal, education-based preschool are more ready for school than other children, then the state and local school districts should be called upon to move school-based programs down to younger and younger children.

VII. Maximize parental involvement.

Research indicates that parental involvement in the child care and education provided for their children outside the home improves school readiness. Yet it often is difficult to involve parents substantially, given other demands on their time, resources, and energy. Throughout the implementation of a comprehensive school readiness initiative, the state and local agencies must seek ways to increase parental involvement. Two-generation programs, designed to help parents as well as their children, offer lessons about how to maximize the role of parents. Local coalitions should borrow parental involvement methods from the Head Start program, the Even Start family literacy program, and First Start.

VIII. Increase private-sector involvement.

No comprehensive early childhood initiative will reach its potential without substantial private-sector involvement. Business and civic leaders can play several key roles in improving the quality of early childhood experiences in Florida.

(1) Business and civic leaders should join with policymakers in the leadership and public engagement campaign discussed in Recommendation I. As state and community leaders outside the usual government policy-making environment, they can issue a clarion call to Floridians and their elected officials about the necessity of investing in prevention and intervention for the state's youngest children.

(2) Private-sector leaders should examine the productivity gains that might be achieved through supporting high-quality child care for their employees. An increasing number of national and Florida businesses are subsidizing child-care expenses for their workers as part of their benefit packages. Some, such as Barnett Bank in Jacksonville and a group of small businesses in Tallahassee, have developed on-site centers for their employees' children. These efforts help businesses and their workers while simultaneously increasing the availability of high-quality care and education.

(3) Business and civic leaders must play formal roles in the early childhood care and education structure, at both the state and local levels. Private-sector leadership in the Child Care Executive Partnership Board and WAGES coalitions, for example, is essential to their success. As local children's councils are implemented pursuant to this plan, business, civic and community leaders at the highest level must be willing to serve and to accept responsibility, to ensure that local plans to improve conditions for young children are meaningful commitments of the entire community.

IX. Improve performance measures and evaluations of early childhood care and education programs.

As state government moves toward a performance-based program-budgeting system, in which funding is tied to achievement, it is essential that mechanisms are in place to measure performance of early childhood programs.

In the last few years, the state has mandated three mechanisms for this purpose. As presently designed and implemented, all are inadequate.

(1) In the first few years of the 1990s, third-party evaluations of the Prekindergarten Early Intervention program were funded. Those evaluations generally found substantial benefits for participants in the PreK program, compared to disadvantaged children who did not receive the PreK education intervention. Those evaluations are no longer funded.

Recommendation: Competitive outside evaluations of all state-funded children's readiness programs, including subsidized child care, should be resumed. The state also should consider funding longer-term university research on outcomes of state-funded early childhood programs.

(2) The Florida Commission on Education Reform and Accountability has adopted performance standards for school readiness. In an attempt to measure readiness by those standards, the Department of Education has designed a kindergarten assessment process, in which each child entering kindergarten is to be assessed on readiness. At the beginning of the 1996 school term, the assessments were conducted by each kindergarten teacher. DOE recently completed collation of the data, which reports that about 80 percent of kindergarten students entered ready to learn.

Several problems exist in the assessment process. One is obvious data errors. Secondly, several dozen different assessments were used in school districts, creating concerns about comparability of data. Thirdly, the assessment data does not indicate the child's previous involvement in an early childhood program, if any. Therefore, it is impossible to say whether children who previously were in the PreK program, or at a child care center, are any more or less ready when they reach kindergarten.

Recommendation: The Department of Education should complete its refinement of the kindergarten readiness system to gather more useful information regarding the background of all children assessed in kindergarten for performance budgeting purposes.

(3) The Department of Education also is charged, in coordination with the Department of Children and Families, with developing performance standards for all publicly funded early childhood care and education programs.

Recommendation: Those standards should be completed and circulated in draft form for comment as soon as possible.

Major Early Care and Education Programs

	Subsidized Child Care	Prekindergarten	Head Start
Total Funding	$332 million	$97 million	$129 million
Average Cost Per Child Per Year	$3,125	$3,200	$4,251
Hours of Service	10 hours per day, 249 days per year	6 hours per day, 180 days per year	6 hours per day, 180 days per year
Average Cost Per Child Per Hour	$1.44	$2.96	$4.20-$4.50
Children Served	92,000; 37,000 under 5	27,000	27,000
Maximum Family Income	150% of federal poverty level	130% of federal poverty level	100% of federal poverty level
Parent Fees Charged	Yes; sliding scale	No	No
Staff Requirements	Centers have 1 CDA or equivalent per 20 children Family day care homes complete 3-hour course. No requirements for informal providers.	DOE-certified teachers; others complete a 30-hour training	Teacher must have CDA or equivalent. Aide must have diploma and be enrolled in CDA program.
Staff: Child Ratios			
Birth-12 Months	1:4		
12-24 Months	1:6		
Two-year-olds	1:11		
Three-year-olds	1:15	1:10	1:10
Four-year-olds	1:20	1:10	1:10

(Source: Florida Children's Forum)

Sources

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Maternal and Child Health Bureau
Health Resources and Services Administration
U.S. Public Health Service

Division of Maternal, Infant, Child and
Adolescent Health
Perinatal and Women's Health Branch

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TO: Jennifer Klein

ORGANIZATION: Domestic Policy Council

PHONE:

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FROM: Phyllis Stubbs Wynn

DATE: Oct 9, 1997

PAGES TO FOLLOW: 11

COMMENTS:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

October 9, 1997

from: Phyllis Stubbs-Wynn

to: Jennifer Klein

re: White House Conference on Child Care

At Joan Lombardi's request, I am faxing to you a summary of the Maternal Child Health Bureau's grant to the University of North Carolina at Chapel Hill. The grant supports their development of "A Partnership to Develop and Implement a Child Care Health Consultant Program. Over a 3 year period, this activity will develop and implement a model child care health consultant training program and train over 1500 health consultants. The project's co-directors, Dr. Jonathan Kotch, Chairman-Elect of the American Public Health Association's Maternal Child Health Section and Dr. Richard Clifford, President-elect of the National Association for the Education of Young Children(NAEYC), represent a partnership between public health and early childhood development fields that can serve as a model to be emulated at the federal, state and community levels.

The scheduled start date for this grant is October 1, 1997. We have been holding announcement of the grant in anticipation of the President announcing it at the October 23 White House Conference on Child Care. We hope this is still a possibility and if you need further information about this activity, please call me at 301-443-4489.

I was not able to attend that last Quality Workgroup meeting because I didn't receive notification until 10am that morning, however, I understand that a request was made for background information on the MCHB's child care health and safety activities. The MCHB has a strong commitment to develop and implement programs in support of child care health and safety. Over a 10 year period the Bureau's activities demonstrate the importance of developing and maintaining a partnership between public health and child development professionals. I am faxing. a copy of the requested summary on MCHB child care health and safety activities.

RESEARCH AT CAROLINA
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June 3, 1997

HRSA Grants Application Center
CFDA# 93.110 P
40 West Gude Drive, Suite 100
Rockville, MD 20850

RE: A Partnership to Develop and Implement a Child Care Health Consultant Program

Dear Sir or Madam:

The University of North Carolina at Chapel Hill is pleased to submit this application entitled, "Child Care Health Consultant Training Program." The application is in response to the announcement, "A Partnership to Develop and Implement a Child Care Health Consultant Program," and addresses the competing category CFDA# 933.110 P.

Thank you for considering this proposal, and we look forward to your response.

Sincerely,

Robert P. Lowman, PhD
Director of Research Services

ABSTRACT

Project Title:	Child Care Health Consultant Training Program
Project Number:	(Number will be assigned to the project when funded)
Project Director:	Jonathan Kotch, MD, MPH
Contact Person:	Jonathan Kotch, MD, MPH
Grantee:	Department of Maternal Child Health University of North Carolina CB#7400, 401 Rosenau Hall Chapel Hill, NC 27599-7400
Telephone:	(919) 966-5976
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E-mail Address:	jonathan_kotch@unc.edu
Project Period:	09/01/97-08/31/00

PROBLEM: The majority of the 7.7 million children below the age of five years who are being cared for by someone other than a parent while their mothers work are cared for away from home in child care centers and family child care homes (CDF 1997). Contact with multiple other children, exposure to unsafe playground equipment, and inadequate adult supervision, in some cases, predisposes them to increased rates of illness and injury. Caring for Our Children: National Health and Safety Performance Standards set forth by the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) recommends that to improve the health and safety of children in child care settings, "each community should have access to an identified child health consultant who can provide consultation and technical assistance on health issues to facilities". Currently, however, few health professionals have been trained to serve in this capacity. The University of North Carolina proposes to collaborate with several key national child health and child care organizations to develop and implement a national Child Care Health Consultant Training Program (CCHCTP).

GOALS/OBJECTIVES: The primary goal of the Program is to improve the health and safety of children in child care settings by training licensed health and child care professionals to serve as Child Care Health Consultants (CCHCs) to child care programs. Specific objectives of the Program include:

1.0 To develop and implement a model CCHCTP for the nation, including a 10-day training of trainers workshop for CCHC Trainers; a modular training curriculum for the preparation of CCHCs at the state and local levels; and a model CCHC consultation curriculum for CCHCs to implement in the child care centers and family child care homes.

2.0 To collaborate with existing child health and child care organizations to deliver the CCHCTP to state and local health and child care professionals nationwide.

3.0 To monitor and evaluate the progress and impact of training program activities at the national and state levels to ensure program effectiveness through collaborating with Resource Centers for Health and Safety in Child Care to track the activity of the CCHCs and to assess the impact of the Program, and to train the CCHCs to measure health and safety outcomes in child care centers and family child care homes.

METHODOLOGY: The CCHCTP will develop and implement an instructional program for qualified health professionals to be trained to serve as Child Care Health Consultants to child care programs nationwide. Program activities will include:

- Appointment of a National Advisory Committee and a local Steering Committee
- Partnering with Child Health and Child Care Organizations nationwide

- Designing and Implementing a national Training of Trainers (TOT) workshop; designing the Modular Training Curriculum for trainers to use at the state and local levels; and designing the CCHC Consultation Curriculum for use by CCHCs during consultation with child care centers and family child care homes.
- Supporting states in planning and implementing state level trainings through existing health system development in child care grantees and other state-level child health and child care organizations.
- Linking CCHCs with local Child Care Programs
- Providing technical assistance to states in maximizing use of existing resources

COORDINATION: The University of North Carolina will coordinate the program from the Department of Maternal and Child Health in the School of Public Health. All Program activities will be pursued under the guidance of the Advisory and Steering Committees. The University will partner with national child health and child care organizations for nationwide dissemination of the CCHCTP to state and local health and child care professionals nationwide.

EVALUATION: The evaluation of the CCHCTP will be a continuous responsibility of the Program staff. Training evaluations will involve a pre-test/post-test technique for content evaluation and a subjective evaluation for the TOT course. A mechanism for monitoring, assessing, and evaluating local child care programs' satisfaction with and use of CCHCs at the local level with be developed with assistance from the Advisory and Steering Committees and national and state partners. Outcome evaluation will utilize adaptations of existing instruments, developed by UNC with support from previous and

MATERNAL AND CHILD HEALTH BUREAU
INVESTMENTS IN HEALTH AND SAFETY IN CHILD CARE SETTINGS

TRAINING AND TECHNICAL ASSISTANCE

- 1987-1992. Head Start - MCHB Training/Technical Assistance Interagency Agreement

QUALITY ASSURANCE

- 1988-1992. Caring for Our Children, National Health and Safety Performance Standards. Guidelines for Out-of-Home Child Care Programs. American Public Health Association and American Academy of Pediatrics.
- 1992-1996. Discretionary Grants to support States adopting the National Health and Safety Performance Standards:
  - American Public Health Association provided assistance to Idaho, Louisiana, Oregon, Kansas and Washington.
  - New York State Departments of Health and Human Resources
  - San Diego State University - California
  - Zero to Three provided assistance to Illinois, Utah and Florida
  - Oklahoma
  - Georgia
- 1993-present. National Resource Center for Health and Safety in Child Care
- 1997. Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards. Guidelines for Out-of-Home Child Care Programs--Protecting Children From Harm.

PUBLIC-PRIVATE PARTNERSHIPS FOR CHILD CARE SYSTEMS DEVELOPMENT

- 1995-present. Healthy Child Care America Campaign
- 1997-2001. MCHB Grants: Health Systems Development in Child Care (HSDCC)
- 1997-2001. MCHB Grant. Partnership to Develop and Implement a Child Care Health Consultant Program

MATERNAL AND CHILD HEALTH BUREAU
INVESTMENTS IN HEALTH AND SAFETY IN CHILD CARE SETTINGS

Studies indicate that there are serious problems with the quality of current child care. These problems have a negative impact on the health and safety of young children in child care settings. A multi-state study of child care centers found that 40% of infants and 10% of young children are in care that is dangerous to their health and safety. (1) A study of family child care found that 35% of children were in poor quality care. (2) These studies and others like them have provided documentation that the health and safety of children in child care settings must be regarded as a major public health issue and child care programs must be identified as a key site for public health outreach and intervention.

The Maternal and Child Health Bureau (MCHB) has a long standing history of supporting the health and safety of infants and young children in child care settings. Over an eleven year period, MCHB child care health and safety objectives have focused on training and technical assistance, quality assurance and the formation of public private partnerships for child care systems development.

TRAINING AND TECHNICAL ASSISTANCE

In its creation, the Head Start program recognized the importance of health as one of four mandated program components for a quality child development program. Head Start's need to hire and promote community participants created an additional need to provide a strong training and technical assistance network to support their health coordinators, many of whom did not have background, training or experience in health. Through an intra-agency agreement, the MCHB provided the following training and technical assistance support to Head Start.

- 1987-1992: Head Start Bureau -Maternal and Child Health Bureau Interagency Agreement On January 5, 1987 an Intra-Agency Agreement was signed by the Head Start Bureau and the Public Health Service (PHS). Under the terms of this agreement the Division of Maternal and Child Health (Maternal and Child Health Bureau), Health Resources and Services Administration initiated the development, orientation and training of a medical, dental, nutrition and, mental health Head Start Health Services T/TA network to provide training and technical assistance to local Head Start health coordinators. In addition to MCHB national office staff, the network was composed of Regional Public Health Service medical/health, dental, nutrition and mental health consultants who coordinated the training and technical assistance services of over -1100 state and local public health professionals.

QUALITY ASSURANCE

The MCHB's work in this area was based on appreciation of the Bureau's role as a federal agency to encourage the development of new knowledge. While recognizing the fact that standard

setting was the role of state governments, the MCHB and other child health advocates felt there was a need to establish the knowledge base from which child care health and safety standards could be developed. The National Research Council in its report, Who Cares for America's Children? Child Care Policy for the 1990s, called for "uniform national child care standards based on current knowledge from child development research and best practice from the fields of public health, child care, and early childhood education--as a necessary...condition for achieving quality in out-of-home child care. Such standards should be established as a guide to be adopted by all states as a basis for improving the regulation and licensing of child care and preschool education programs." The MCHB used its Special Projects of Regional and National Significant (SPRANS) funds to support the following child care health and safety quality assurance initiatives.

- 1987-1991. Caring For Our Children: National Health and Safety Performance Standards. Guidelines for Out-of-Home Child Care Programs. The MCHB supported the APHA and AAP in their development of this publication in order to make available new knowledge that states could use as guidance in their development of state standards and licensing regulations they determined to be most needed to promote and protect the health and safety of infants and young children in child care settings.

- 1992-1996: Discretionary grants to support States adopting the National Health and Safety Performance Standards. The MCHB funded grants to 5 organizations to provide technical assistance to States in improving their child care health and safety standards, using the National Health and Safety Performance Standards contained in Caring For Our Children as a model. Over a 4 year period MCHB discretionary grants provided technical assistance to twelve States in up-grading their health and safety standards through this activity.

- 1996-2000: National Resource Center for Health and Safety in Child Care Settings. The MCHB funded the National Resource Center for Health and Safety in Child Care Settings in order to provide a resource for wide spread dissemination of the health and safety standards. The Center, located at the University of Colorado Health Sciences Center, seeks to enhance the quality of child care by supporting state and local health departments, child care regulatory agencies, child care providers, and parents in their efforts to promote health and safety in child care. The Center provides training and technical assistance to support regional, state and local initiatives; conferences for sharing experiences and knowledge; and development and distribution of resource materials. The Center maintains a computerized database containing the text of Caring for Our Children, National Health and Safety Standards for Out of Home Child Care and the text of every States' current child care licensure regulations standards. In 1996 the Center made this information available to a wide variety of potential users by putting the information on its world wide web page on the Internet. This accomplishment allows use of the National Health and Safety Standards as a readily available reference document and the ability to review current health and safety standards from other states.

- 1995-1997 Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards - Guidelines for Out of Home Child Care Programs-Protecting

Children From Harm. This publication was developed from the 981 standards contained in Caring For Our Children. The focus of Stepping Stones is to identify those standards most needed for the prevention of injury, morbidity and mortality in child care settings. Stepping Stones contains 180 standards and can be used by State licensing and regulatory agencies as well as State child care, health and resource and referral agencies, and a variety of other public and private organizations, parents and advocacy groups to promote and protect the health of young children in child care programs.

PUBLIC-PRIVATE PARTNERSHIPS FOR CHILD CARE SYSTEMS DEVELOPMENT

The development of public-private partnerships continues to be a strong vehicle for increasing support for child care health and safety programs. The MCHB currently is involved in the following child care public-private partnerships.

- 1995-present: Healthy Child Care America Campaign. This campaign is the result of a shared vision of the Maternal and Child Health Bureau and the Child Care Bureau to create and maximize linkages between health care providers and the child care community and to develop comprehensive and coordinated child care, health and social services to benefit children across the country. The Campaign is built around a Blueprint for Action which provides communities with steps they can take to either expand existing public and private sector services and resources or to create new services and resources that link families, health care and child care. Support for this activity occurs through a cooperative agreement between MCHB and the American Academy of Pediatrics (AAP). In FY 1998 new activities will include the development of Tribal Child Care Health and Safety Standards and support to the National Association of Pediatric Nurse Associates and Practitioners' initiative to encourage nurses and physicians to "Adopt-A-Child-Care Program" in their communities.

- 1997-2000: Health Systems Development in Child Care (HSDCC) Grants. The HSDCC program was developed by the MCHB in collaboration with State and Federal agency members of the Maternal and Child Health/ Administration on Children and Families (MCH/ACF) Technical Advisory Group. The goals of the HSDCC grants are to develop a common vision in States for healthy and safe child care environments; and to develop and maintain health care and social support systems to attain that vision, thus, implementing the Healthy Child Care America Campaign in each state. The purpose of the grants are to utilize the child care environment as a focal point for State and community planning to integrate health care, child care and social support services in programs serving children and families. Each project is expected to stimulate and support collaborative, coordinated State-wide, community-based efforts to ensure safe, healthy and developmentally appropriate child care environments for all children. MCHB funds support 4 year grants in each of 48 states, the District of Columbia, and two territories.

- 1998-2002: A Partnership to Develop and Implement a Child Care Health Consultant Program The purpose of this activity is to support the health and safety of young children in child care settings through the development and implementation of a National Center

which will train public and private sector health professionals to serve as health consultants to child care programs. The goal is to establish state networks of trained child care health consultants to local communities. Training of child care providers in health and safety is a key component of any quality child care program and a major action step in the Healthy Child Care America Campaign. There are insufficient numbers of health consultants available to train child care providers in health and safety . It is hoped that by developing and implementing a standardized training program, recognized by the health and child care fields, more health professionals will avail themselves of the training and the overall health and safety of young children in child care settings will be enhanced.

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(1) Heilburn S., Culkin M., Howes C. et al. Cost, Quality and Child Outcomes in Child Care Centers. Denver, CO: University of Colorado, 1995

(2) Galinsky E., Howes C., Kontos S., Shin M. The Study of Children in Family Child Care and Relative Care. New York, NY: Families and Work Institute, 1994