Parents' familiarity with all of these institutions also benefits children. Community involvement not only increases parents' knowledge and contacts; it also interrupts the isolation so many mothers and fathers feel. And as young children grow, their parents' ability to access services and programs on their behalf becomes very important.

As parents reach out for information and support, two kinds of learning are particularly important. The first is learning to observe children closely, to notice their rhythms and preferences, and to read and respond to the signals they send by means of body language, crying and other sounds, facial expressions, and responses to various stimuli.

The second kind of knowledge challenges parents to know not only their babies, but also themselves. Child development specialists often speak of the "ghosts in the nursery"—the experiences in mothers' and fathers' pasts that affect their own parenting, consciously or not.[21] By thinking and talking together about their own upbringing, parents and other caregivers can gain insight into their own responses to their children. Why does the sound of crying drive Yvonne so crazy? Why does Kyle lose his temper so quickly when the children squabble? Thinking about their own responses can make parents more patient and intentional as they react to their own children.

too negative

> "One of the things I learned [by taking part in the Early Childhood PTA] is that there is always opportunity to take advantage of a teachable moment. You don't have to take your child out to a "fun fair." You can begin at home. You can begin in your kitchen. You can go right outside your back door." *Sheila Amaning*

WHAT LOCAL COMMUNITIES CAN DO

At satellite downlink sites around the nation, the local residents who gathered to view and discuss the White House Conference responded to speakers' viewpoints, related research findings to the concerns of their own communities, and sent feedback to the White House. Some emphasized the need for better preparation for child care providers. Others called for a special focus on teen parents. Many expressed a deep concern for the fate of abused and neglected children. But one theme was sounded most emphatically: the needs of young children and their families are so diverse and complex that no single institution can fully meet them. There is an urgent need to mobilize whole communities, and to ensure greater coordination of efforts.

Coordination of efforts requires strenuous effort, and efficient, frequent communication among a wide range of service providers. It challenges professionals who may have only superficial knowledge of each other's roles to work together, negotiating crossings into different organizational cultures. Police officers need to be talking to mental health specialists; welfare caseworkers need to be in frequent contact with the staffs of family support organizations; health care professionals need to link up with child care providers. All of these professionals—and many more—need to be sharing information in ways that benefit children and families without violating their rights to privacy.

> "In my career, I never thought that I would see police officers and mental health professionals working together as a team. Through the Child Developing/Community Policing partnership, we no longer work in isolation from each other. We no longer need to turn away from the devastated faces of children who have been traumatized." *Chief*

ment?

Melvin Wearing

When coordination is strong, fewer children fall through the cracks. Most communities have a long way to go, because services for children and families are spread among so many agencies and organizations, and are so fragmented. The challenges are immense—both in terms of logistics, record keeping, and communication, and will require a great deal of time and effort. It requires every community institution to make active, sustained efforts to link up with other institutions, agencies, or programs that affect children development and learning, or have potential for doing so. This kind of collaboration might include monitoring and documenting children's health, safety, and progress toward developmental milestones, analyzing the factors that promote or hinder healthy development and learning, and make the changes needed to improve results for all children.

But coordinating existing services is not enough. People must also come together to envision a future in which children and families will thrive, and to take steps to move the entire community toward that future. This is happening more and more frequently. In mayors' offices, town halls, houses of worship, and parent gatherings across the nation, a promising movement to mobilize communities is now underway. Parent groups, community leaders, policy makers, business groups, and many others are working together to shape broad-based action strategies aimed at improving results for young children and their families. As a foundation program officer recently observed, "leadership for change is bubbling up from the local level, as it must because one-size-fits-all solutions will not work in diverse communities...."[22] In many places, community mobilization efforts have resulted in the creation of Children's Councils to bring together the concerns and ideas of community members and policy makers. In other places, leadership on behalf of children has taken other forms—from parent groups, clergy, community

organizers, educational leaders, health professionals, or other sources.

not featured in conf (right?)

Howard Dean, the pediatrician who won election as Governor of Vermont, reports that successful community mobilization efforts in his state have hinged on several key factors: a clear focus on results; inclusiveness in asking people to help; timely sharing of decisions and plans; good humor; creative use of resources; and a timely celebration of every accomplishment. He adds that these efforts are most successful when parents of young children are seen as contributing to the community, not just asking for help.[23]

Communities can come together in many ways. Each pursues a vision that make sense for its people and circumstances. But in any community, children and their families benefit when all of the institutions that touch children's lives work together to articulate a set of common principles, and then align their policies and practices with those principles. That way, wherever children and families turn, they find people who share basic assumptions and commitments. Common principles would vary from community to community, but might include the following:[24]

- Ensure that every expectant mother receives timely prenatal care.
- Give every child access to the health care and support they need to get a good start in life, physically and emotionally.
- Help children build stable, trusting relationships with the adults who care for them.
- Support the adults who influence development and learning, and include both mothers and fathers in all parent involvement efforts.
- Focus on prevention, and respond quickly when problems arise.
- Set high expectations for every child.
- Offer varied, engaging appropriate activities that foster development, including

opportunities for conversation and turn-taking that begin in the early weeks of life.

- Make efficient, equitable use of resources, expanding successful efforts and eliminating those that are not effective.
- Collaborate with other institutions.
- Take responsibility for results.

WHAT EDUCATIONAL LEADERS CAN DO

The well-being of young children depends not only on coordination among diverse institutions, but also on collaboration among institutions in the same field. Elementary school principals hear from their kindergarten teachers that large numbers of children—by some estimates, one-third— are not "ready to learn."[25] That is, they are unprepared for the kinds of academic, social, and emotional challenges they will meet in their kindergarten classrooms. Many principals address this problem by shifting their focus from "ready children" to "ready schools"—rethinking kindergarten settings and programs to make them ready for the children who will fill them.

That approach is wise—but insufficient. As the education research plan issued recently by the U.S. Department of Education noted, there is mounting evidence that educational efforts that begin only ~~a~~ at age five—the traditional age of entry into public schools—are too late and have limited payoff for children's schooling.[26] School leaders need to work more closely with the preschools and child care programs whose children will be soon be moving into their kindergartens, sharing curricula and engaging teachers and caregivers in joint professional development activities. Educational leaders need to become involved in community-based efforts to support young children's healthy development and learning. To the extent possible, they need to widen their focus, communicating with and providing support to parents from the time their future

(relation to H.S.?)

students are born.

As things stand, few districts or elementary schools make systematic efforts to stay in contact with their communities' early care and education programs. In a national survey, 10 percent of schools reported systematic communication between kindergarten teachers and their kindergartners' previous caregivers or teachers; 12 percent said that their kindergarten curricula were designed to build on preschool programs. The vast majority of our elementary schools have no formal policy governing activities aimed at strengthening continuity and smoothing transitions. Different communities and schools benefit from different kinds of transition activities, but research shows that across the nation, the success of such efforts hinges on the involvement and support of principals and district-level administrators.[27]

In short, educational leaders can take many concrete steps, at the national, state, and local levels, to support the healthy development and learning of children before the age of five. In so doing, they can not only provide more continuity for children, but also move the nation toward the first national education goal—school readiness for all.

WHAT BUSINESS LEADERS CAN DO

Business leaders are increasingly acknowledging that they share significant responsibility for the well-being of the families with young children who count among their customers, employees, and neighbors. They are keenly aware that today's tots are tomorrow's work force. And they are realizing that investments in early development and learning will save billions of dollars now spent by corporate America on basic skills training for employees.

Some are making very active efforts, leading community mobilization efforts, pioneering more "family-friendly" employee practices, and supporting innovation and research. Some are creating or subsidizing child care programs for their employees' small sons and daughters. Others are forming coalitions of business leaders to address these issues on a larger scale.

Business leaders have unique access to American households through their products and services, and through their advertising capacity. As one panelist noted, the back panels of cereal packages are one of the most powerful communication vehicles in America. Those who sell to families with small children tend to have a great deal of credibility with consumers. All of these companies can provide to parents and other caregivers important information—including insights that spring from recent brain research.

> "We looked at research conducted in Michigan which concluded that factors outside of the school are four times more important in determining a student's success on standardized tests than are factors within the school.... This reaffirmed for those of us in business that we cannot just sit on the sidelines and criticize. We must be involved." *Arnold Langbo, CEO, Kellogg Corporation*

WHAT THE MEDIA CAN DO

Media experts have often remarked that in America, if it isn't on television, it isn't real. This is hyperbole, of course, but it does suggest the powerful impact of the broadcast media on our society and its institutions. Television shows like "I Am Your Child"—Rob Reiner's hour-long special stressing the importance of the first three years of life reach many more Americans than a report or pamphlet ever will.

Do we know the show's ratings - is this a fair statement?

Should we say reaches parents quicker / better received format?

"There are people in this room who have been wrestling with these problems for 15, 20, 25 years, and we have the solutions. My job is to take this information and disseminate it to the public, because we have to create a public will. Once we create a public will, there will be a wave that is inescapable." *Rob Reiner*

Media decision makers are increasingly taking young children into account as they make decisions about programming. They have also responded to President Clinton's call for V-chips and a TV rating system, giving parents more control over their children's program selections. These measures—once considered unlikely—are now in place. However, the broadcast media can do much more, supporting more programming aimed at parents with small children, increasing educational fare on TV and the radio, and disseminating new research findings. As the "I Am Your Child" campaign has demonstrated, media figures are powerful influencers who can help engage Americans from every walk of life in a large-scale effort.

explain what the campaign is.

The print media are devoting more space to children's issues, and more journalists are now devoting themselves to the children's beat. To be sure, when a toddler is kidnapped or falls in a well, they capture headlines. But new findings about how children develop or the state of America's child care still tend to appear on back pages, or the "women's page." There has been significant progress, but the print media can do still more to communicate the importance of healthy development in the early years of life.

Finally, any discussion of the media's role must include the Internet and other electronic outlets for the dissemination and exchange of knowledge. Many web sites, reflecting diverse concerns and emphases, offer advice to parents or let parents and caregivers chat on-line. Some are sponsored by corporations that specialize in baby products. Others have been created by

national organizations, child advocacy groups, and research institutions or universities. Over time, these resources will expand. But information on the Internet is not always reliable; it has not been fact-checked as articles in reputable newspapers and magazines usually are. Parents may need help evaluating the knowledge and advice they receive. Efforts to strengthen Internet offerings for parents need to take into account the wide gap that now exists between technology "haves" and "have nots." Communities can provide access to more of their residents by placing appropriate technology in libraries, workplaces, schools, community organizations, museums, ~~housing projects~~, and other places where parents can use them.

+ it is difficult to assess if it is factually based

public housing

WHAT GOVERNMENT CAN DO

At every level, government can make sure that parents have a range of choices about how to raise and care for their young children, as well as the tools and information that can help them make sound decisions. The federal government has a strong role to play in shaping legislation and policies that promote the health, well-being, and learning of young children and their families; supporting research; disseminating its findings; and providing technical support to states and communities as they plan, implement, and evaluate new initiatives. It also creates and supports programs that meet a clear national interest, such as Head Start and Early Head Start.

explain H.S.

→ Pres. Clinton thru budget agreement . . .

Many of the most exciting initiatives will come from states and communities that can tailor programs to local needs and adjust to changing circumstances. Across the nation, many states are launching or expanding family support efforts, home visitation programs, and a variety of health care initiatives designed to safeguard young children. They are setting higher standards for child care accreditation, and focusing more on enforcement. They are encouraging or requiring professionals from diverse fields to work together. States and localities must keep children at the top of their

agendas, confident that their investments will, over time, strengthen the fabric of their communities, while increasing workplace productivity and containing social spending.

"Our challenge as elected officials is to work together at all levels of government. The federal government can and should have a role....State governments should have a role, not just in working with the federal government, but on their own. We're putting several million dollars into the family concept that I've put forth in the State of Nevada. And I think more can and should be invested in future years. We should also coordinate with local government." *Governor Bob Miller*

VI. How Are the Children?

"A civilization flourishes when people plant trees under whose shade they will never sit."[28] This Greek proverb—thousands of years old—poses the challenge that faces us today. Are we willing, as a society, to invest in our children, even if those investments may not pay off fully for a decade or more? Are we willing, moreover, to invest in other people's children?

It has often been said that to gauge a nation's well-being, the first question one should ask is: "How are the children?" Today, we must respond to this question with a mixed report. But if we act now—if we look at the research, if we build on success, if we root out programs and practices that do not work, if we consider the impact on young children before making any new policy or program—we can make a difference. And if we do, imagine the answer today's infants and toddlers will be able to give when they are asked, in coming decades, "How are the children?"

Many things we need can wait. The child cannot.
Now is the time his bones are being formed;
his blood is being made: his mind is being developed.
To him we cannot say tomorrow. His name is today.

Gabriela Mistral

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what abt fed. resources

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FEDERAL SOURCES OF ASSISTANCE FOR YOUNG CHILDREN AND THEIR FAMILIES

Corporation for National Service
Training and Technical Assistance, Rm 9821
1201 New York Avenue NW
Washington, DC 20525

Even Start
U.S. Department of Education
Compensatory Education Programs
Office of Elementary and Secondary Education
600 Independence Avenue SW
Room 4400-Portals Building
Washington, DC 20202-6132

Head Start
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Public Affairs
370 L'Enfant Promenade SW
Washington, DC 20202

Child Care Bureau
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Public Affairs
370 L'Enfant Promenade SW
Washington, DC 20202

National Institute of Child Health and Human Development
U.S. Department of Health and Human Services
National Institutes of Health
Building 31, Room 2A32, MSC-2425
31 Center Drive
Bethesda, MD 20013

National Information Center for Children and Youth with Disabilities
P.O. Box 1492
Washington, DC 20013

Office of Special Education Programs
U.S. Department of Education
600 Independence Avenue SW
Switzer Building, Room 4613
Washington, DC 20202

Do we have other/better letters?

Dear President and Mrs. Clinton:

Thank you for your support of young children and their families. Please include in future meetings a focus on the importance of the parent and caregiver partnership in caring and nurturing the child, as well as the caregiver's important role in responding to the child's needs. Let's look carefully at the working parent and the caregiver team in the three-way relationship wit the child.

Donna Overcash
Atlanta, GA

Dear President and Mrs. Clinton:

Throughout my training and career as a pediatric psychologist, my work with families on "parenting" issues has been central. I have personally seen the difference it can make for an entire family to work on the temperament match of child and parent.

Laura L. Mee, Ph.D.
Atlanta, GA.

Dear President and Mrs. Clinton:

Having worked with vulnerable children (ages 0-3) and families since 1984, my fervent thanks for focusing our nation on the importance of this period. Thanks for supporting Early Head Start. And thanks for modeling in your own family what all families can do to optimize learning during the first years of life.

Lois Sexton
Franklin, NC

HOW ARE THE CHILDREN?

Most of our nation's young children are healthy, energetic, and look forward to bright futures. You can see them building castles in sandboxes, donning paper hats at birthday parties, scanning the universe from their strollers. Many—though not enough—are achieving well in school and taking active part in the lives of their communities.

But too many young children are running into hurdles that impede or delay their development. Too many have parents who want to do right by their children but lack the resources or information they need to meet their many needs. And too many children are entering school without the cognitive, social, and emotional capacities they need to succeed in the kindergartens that await them.

Here are some recent statistics:

- One in five expectant mothers receives no prenatal care in the crucial first trimester. For African American, Latina, and American Indian women, the figure is one in three.
- Ten million children lack health insurance coverage—including 2.2 million children under the age of three.
- Despite recent improvement in immunization rates, more than a million children have not received their full complement of recommended shots by the age of two.
- Most young children who are enrolled in child care attend programs that have been judged, on the basis of observation by professionals, to be of mediocre to poor quality.
- Approximately one in three children is considered by their teachers to lack important readiness skills when they enter kindergarten.
- Forty percent of our children cannot read well on their own by the time they finish the third grade.

See attached
1.7m under 3
2.2m under 4

Does the report support 'most' rather than 'majority'

May want source these!

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

CITIZENS OF THE WORLD

Over the past 25 years, we've learned a tremendous amount about the child's acquisition of language. The new research shows that in the first year of life, infants are mapping the sound structure of language. In fact, by six months of age, they are well on their way to cracking the language code.

It takes both nature and nurture—or, to say it another way, both biology and culture—to bring this about. Newborns are very well prepared to acquire language. At birth, infants across the world can discriminate all of the sound contrasts that are used in any language of the world. I like to refer to them as citizens of the world. They don't know which language they are going to have to acquire, so they are prepared for anything. This is quite a feat because the acoustic events they have to pay attention to are very, very minute.

Over time, infants have to change from citizens of the world to culture-bound language specialists. There is now evidence that by 12 months of age, they are well on their way to mapping the sound structure of their particular language. We know this because we have been doing studies in all over the world, observing babies as they listen to different languages.

In Stockholm and Seattle, for example, we observed that by six months of age, babies are already focusing on the particular language sounds that their language uses contrastively, rather than the sounds of all languages. We have just learned, from studies in Japan, that infants who at six months of age were able to hear the distinction between R and L no longer do so at 12 months. In other words, by the time they reach their first birthdays, babies have begun to ignore the variations that are not essential to their language and to pay attention only to that set of sounds that are critical for distinguishing words in their particular language.

What this research shows is that by six months of age, infants' perceptual systems have been altered simply by listening to us ~~speech~~ Speak

Now, six-mothers are very little babies. They have yet to produce a single word; the have yet to understand a single word, and yet the lesson from the research is that they are listening to us speak and their brains are busy coding the sound structure of the language they are going to have to master in order to be able to talk back. So the language we produce to infants is vital to them, and that puts a great deal of responsibility on us.

Adapted from the presentation by Dr. Patricia Kuhl

– These findings should not put additional pressure on parents, but our infants are born to learn. Our role is to be good partners in their learning process.

not proper sampling to be representative

CHILD CARE AND THE FAMILY

Just as research on the inner workings of the brain has ironically directed attention outward to the importance of the environment, research on child care has affirmed the centrality and durability of the family in the development in young children.

Today, the vast majority of families are sharing the rearing of their children with child care providers, starting in the very first few weeks of life. ~~We know from~~ the new national study of infant child care funded by the National Institute of Child Health and Human Development, ~~that~~ 80 percent of infants in the ~~United States~~ experience some regular non-maternal child care during the first 12 months of life. Most of these babies started child care before their four-month birthday; ~~they are~~ in care typically for close to 30 hours a week. We are talking about a very high "dosage" of early child care for most U.S. babies.

study — were — good institute (0-3)

The good news is that, according to research, young children—including babies—can thrive in child care when it is of high enough quality. In fact, by placing your children in high quality child care, you can actually supplement what you are giving them at home. That is why the importance of making high quality child care affordable for more families cannot be undervalued.

Moreover, placing a baby in child care does not interfere with the development of the mother-infant attachment relationship or the father-infant attachment relationship. So long as parents spend enough time with their babies to become confident caregivers and understand their needs, their bonds with their children will be extremely resilient. No matter when families first start child care, no matter how much child care they use, during the first three years the family remains by far the most powerful influence on children's development.

The bad news is that most of the settings where American children receive out-of-home care fall short of any standard that could be considered optimal. "Barely adequate" has become the term of art to describe the typical child care arrangement in this country. Virtually every study that has involved actually going inside child care settings and observing what happens has found that about 15 to 20 percent—one out of every five or six programs—are in fact dismal and even dangerous. And those are the settings that will let us in to observe them! Infants seem to get the poorest quality of all. Of course, we also see fabulous child care in all kinds of arrangements, whether it is from grandma or a teacher in a child care setting.

Neuroscience tells us that these suboptimal child care environments should affect early development. Child care research confirms that they do. The quality of the child care environment significantly affects virtually every aspect of development that we know how to measure, whether it is problem-solving skills or social interactions or attention span or verbal development.

The key to raising quality lies with the caregiver. Good caregiving looks a lot like good mothering and good fathering. Children show significantly better cognitive and language skills, as well as social and emotional development, when they are cared for by adults who engage with them in frequent, affectionate, responsive interactions, who are attentive and know how to read a baby's signals and respond to the baby's temperament.

We know how to provide high-quality child care. The unified efforts of the four branches of the military have proven this, as has Head Start. We need to improve adult-to-child ratios; expand training and create career ladders for caregivers; reduce staff turnover by improving pay and benefits; and strengthen parent involvement.

Adapted from the presentation by Dr. Deborah Phillips

ON THE LAND, IN THE AIR, ON THE SEA...AND IN THE SANDBOX

Americans can take pride in the fact that their armed forces are state-of-the-art strategists and—when necessary—superb combatants. But few realize that they are also among the world's finest child care providers. That is why President Clinton has asked the Department of Defense to share its success with civilian child care centers.

Today, about 1.5 million men and women are on active duty in our nation's armed forces. Nearly 40 percent of them have small children who need care while their parents are at work. But affordable, high-quality is often hard to come by in the places where military families are stationed. The military responded, over recent decades, by setting up its own child care centers, but these facilities tended to be overcrowded and understaffed. Pay was low, staff turnover was high, and parents' morale plummeted. By 1990, the situation was considered serious enough to undermine military 's readiness.

Since 1990, the Department of Defense has committed substantial resources to expanding and improving its child care services. The goal was to reduce absenteeism, increase commitment, and most importantly, allow men and women in uniform to focus on their jobs, reassured that their children are safe and well cared for.

Worldwide, the military's child care programs now serves more than 150,000 children each day. Every military base offers a range of child care options, including full-day, part-day, and hourly child care services, as well as part-day preschools. The military oversees more than 530 child care centers on bases as well as some 10,000 family child care homes in base housing run primarily by soldiers' spouses. There are also some 300 facilities where school-aged children can receive care before or after school hours.

By investing in its staff and stressing training, the Department of Defense has become not only one of the nation's largest child care providers, but also one of the best. Anyone with a high school diploma can begin work in one of its preschools, but "basic training" is a must. In addition, all staff must take part in at least 24 hours of training annually—more than twice the national average for child care workers. Those who provide care in their homes must also take part in a demanding training program run by specialists in early childhood education and are monitored on a monthly basis. The military pays for the training, which follows a sequential curriculum and leads to certificates and academic degrees. The military has also created a career ladder for caregivers—something that is sorely lacking in most early care and education. As staff become more qualified, they can earn pay hikes and move into more responsible positions.

A key to effective reform was the recognition that children suffer when their caregivers are underpaid. By law, the Department of Defense is now required to provide child care workers wages and benefits equivalent to those for other entry-level jobs on military bases. Higher pay has dramatically reduced staff turnover, so children can form secure attachments to consistent, experienced caregivers. Other reforms have included improved teacher/child ratios, strict enforcement of standards, frequent inspections, and active parental involvement. As a result, 70 percent of the military's child care centers have been accredited by the National Association for the Education of Young Children, compared with 5 percent of centers nationwide.

These improvements have doubled the costs per child of care, but parents and the government split the bill. Parents' fees are set on a sliding scale based on family income. The Department of Defense's total costs for subsidizing all child care facilities on military bases totalled $269 million in 1996.

THERE'S NO PLACE LIKE HOME

bad analogy

The story goes that when a notorious thief was asked why he robbed banks, he answered: "Because that's where the money is." When it comes to family support and parent education, home visitation has proven to be one of the most effective approaches because—at least in the first weeks of life—that's where the babies are. Home is also where new mothers and fathers are likely to be most comfortable, and coming to them signals to parents that what they do matters, that the effort they have spent creating a safe, secure home for their family is appreciated.

Except in cases where children are considered to be at risk of abuse or neglect, home visits are generally voluntary. Some parents choose not to open their doors to visitors, but will accept written information and referrals; others may prefer to meet visitors in public places, such as a church, community center, or even a local diner. Flexibility is a key to successful home visitation.

But most parents welcome the information and advice that nurses or other trained home visitors can offer. They are grateful for advice based not on theory or on assumptions about typical families, but on the realities of their day-to-day lives. They look forward to having a professional (or experienced caregiver with special training) give feedback based on how their child responds at home—not in an office or examining room. And parents can also chat and ask questions more comfortably, and accept suggestions more readily, when the conversation takes place on *their* turf.

Home visits can benefit all kinds of families, but have been shown to be especially helpful to mothers who are young, have little income, or are raising a child alone. Research shows that in these cases, regular home visits by nurses during pregnancy and a child's first two years improve children's health status and social adjustment.

Home visitation services may be offered through community-based organizations, preschools, health clinics, or neighborhood family-child centers. The visitors may be nurses, social workers, or parent aides. In many cases, home visits are offered as part of more comprehensive family support and parent education programs. Many well established programs, including Parents as Teachers (PAT), Healthy Families America (HFA), Home Instruction Program for Preschool Youngsters (HIPPY), Avance, and Parent-Child Centers, include home visits. In addition, a number of states, including Vermont and Missouri, have made home visitation a cornerstone of their efforts to improve results for young children and their families.

Avance sticks out as only local program in list.

FAX Cover Sheet

Name: Jennifer Klein	
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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

From the desk of...

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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

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* Child Care Bureau Comments

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