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ABSTRACT
         This introductory packet discusses early development and
learning, and summarizes the research base for early childhood interventions.
The packet also examines implications for school readiness, identifies good
practice to promote healthy early development and address barriers, and
presents resources and references. The packet's introductory section
highlights a perspective for addressing barriers to learning; this
perspective stresses the importance of developing a continuum of
interventions that comprise a comprehensive, multifaceted, and cohesive
approach. Section 2 of the packet details the burgeoning interest in infant
and child development, identifies developmental milestones, and discusses the
importance of screening for problems. Section 3 outlines key lessons related
to early experience and brain development for parents and child caregivers.
Section 4 summarizes the research base for early childhood interventions,
including risk and protective factors for young children and the studies
examining the impact of early childhood programs. Section 5 examines
implications of research on intervention effects for school readiness,
discussing the concept of school readiness, the potential of families for
promoting readiness, Head Start, and school involvement in early childhood.
Section 6 highlights guidelines and principles for good practices to promote
healthy development, identifies specific models and programs, and discusses
policies and initiatives to promote child development. Section 7 presents
resources and references in the areas of: (1) early child development; (2)
brain development; (3) early childhood mental health research and programs;
(4) early childhood education and child care; (5) parenting; (6) resources
available through ERIC; (7) related agencies and organizations; and (8)

materials developed by the Mental Health in Schools Training and Technical Assistance Center. Most sections contain references. (KB)

Mental Health in Schools Center
Training and Technical Assistance

From the
        Center's Clearinghouse ... *

An Introductory packet on

Early Development and Learning
from the Perspective of Addressing Barriers

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

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UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: *To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.*

Through collaboration, the center will

- enhance practitioner roles, functions and competence

- interface with systemic reform movements to strengthen mental health in schools

- assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools

*Technical Assistance   *Hard Copy & Quick Online Resources
    *Monthly Field Updates Via Internet   *Policy Analyses
            *Quarterly Topical Newsletter
    *Clearinghouse & Consultation Cadre
            *Guidebooks & Continuing Education Modules
        *National & Regional Networking

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About the Center's Clearinghouse

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; and available for searching from our website.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks,* and *continuing education units.* These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

- E-mail us at   smhp@ucla.edu
- FAX us at   (310) 206-8716
- Phone   (310) 825-3634
- Write   School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site: **http://smhp.psych.ucla.edu**

All materials from the Center's Clearinghouse are available for order for a minimal fee to cover the cost of copying, handling, and postage. Most materials are available for free downloading from our website.

If you know of something we should have in the clearinghouse, let us know.

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The *Center for Mental Health in Schools* operates under the auspices of the School Mental Health Project at UCLA.* It is one of two *national centers* concerned with mental health in schools that are funded in part by the U.S. Department of Health and Human Services, Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration -- with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Project #U93 MC 00175).

The UCLA Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. In particular, it focuses on comprehensive, multifaceted models and practices to deal with the many external and internal barriers that interfere with development, learning, and teaching. Specific attention is given policies and strategies that can counter marginalization and fragmentation of essential interventions and enhance collaboration between school and community programs. In this respect, a major emphasis is on enhancing the interface between efforts to address barriers to learning and prevailing approaches to school and community reforms.

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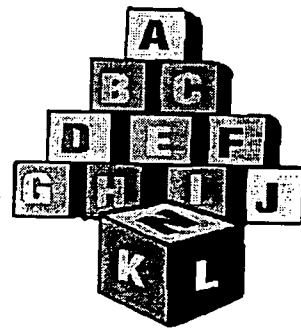 Phone: (310) 825-3634   FAX: (310) 206-8716   E-mail: smhp@ucla.edu
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An Introductory packet on

Early Development and Learning
from the Perspective of Addressing Barriers

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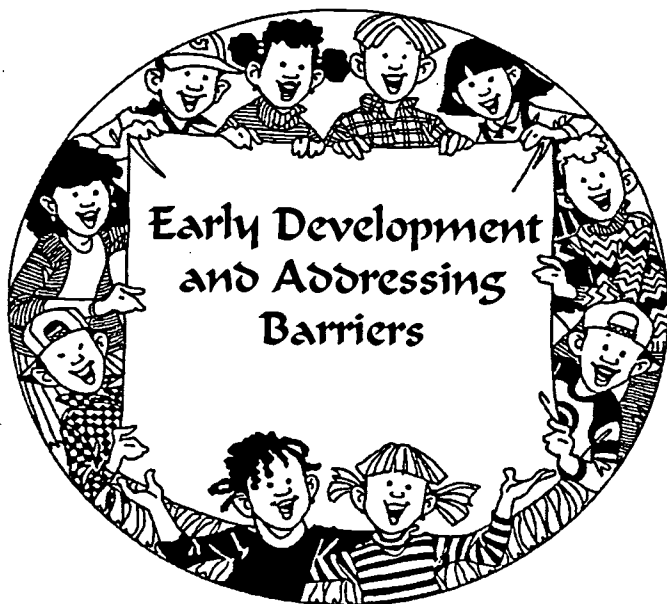
Over the past decade there has been renewed interest in facilitating early development and learning. Beside the normal tendency for us all to want to give our children a good start in life, three movements have added impetus to formalize interventions to ensure this happens. One push comes from the interpretations of recent brain research that underscore the influence of early experiences on the developing brain. A second thrust arises from research showing positive outcomes from early interventions with children who have special needs. A third influence is filtering down from the school accountability movement which is pressuring kindergartens and preschools to focus their efforts on reading readiness.

The lens we bring to the topic in compiling this introductory packet is that of the need to address barriers to learning. In doing so, we are concerned with interventions that can counter the negative impact of external and internal factors that can interfere with development and learning.

There are a variety of genetic, prenatal, perinatal, and postnatal factors that can lead to variations in development and problems with learning and behavior. Because the seeds are planted early, early-age intervention is indicated. In a real sense, early-age intervention represents a basic application of the principle of least intervention needed. This principle calls for efforts to prevent problems before they appear, meeting specific needs as soon as they are apparent, and doing so in the least intrusive and disruptive manner feasible.

Prevention

A proactive approach to addressing barriers involves doing something to prevent them. Thus, in addition to improving prenatal care, there is increasing emphasis on providing programs for young children. Some are broad-band programs designed to reach as many people as possible (for example, public health campaigns, community-based parent education, television programs such as *Sesame Street*). Others are designed for designated groups seen as

high risk populations (i.e., premature babies who have significant early health problems, live in impoverished or hostile environments, manifest serious lags in development, or manifest serious adjustment problems.)

Some high-risk children are easier to identify than others. In the easy cases, procedures are used to find and refer them to special programs. However, because there are spurts and plateaus in human development, it can be difficult to differentiate problems from normal variations. When identification is difficult, rather than screening for individual problems, broad-band prevention programs are indicated. Broad-band, primary prevention for learning, behavior, and emotional problems promotes and maintains family planning and the well-being of infants in utero, as well as their safety and physical and mental health after birth.

Two major forms of preventive intervention are advocated widely. One is the provision of pre-, peri-, and neonatal care, such as prenatal and well-child clinics and infant immunization outreach services. A second form is community education, such as parent programs to improve infant/child nutrition and physical safety and to increase stimulation.

Early-Age Intervention

Perhaps the most familiar early-age intervention programs are health programs, day care, and early education programs (e.g., Head Start). Other examples of early-age interventions specifically designed to address barriers include programs to educate parents about lead poisoning, about the value of cognitive stimulation activities for babies who experienced prenatal anoxia, and about meeting the needs of low-birth-weight and premature infants. Special attention may be given to young children from low socioeconomic and other high-risk populations and for mild to moderately handicapped children. The hope is to prevent problems and, when necesssary, to begin problem correction as early after onset as is feasible, thereby minimizing the severity and pervasiveness of subsequent problems.

A strong intervention emphasis is on enhancing individual capabilities (e.g., assets) and protective factors in order to minimize the impact of current and subsequent environmental deficiencies and personal vulnerabilities. The focus for young, at-risk children may aim at fostering development in a combination of areas (perceptual, motoric, language, cognitive, social, and emotional). Usually there are activities related to gross and fine motor skills, language (especially communication skills), visual and auditory perception and memory, basic cognitive and social competence (problem solving and self-help skills, cooperative social interactions), and positive feelings about self and others.

Sparse public funding tends to force community-based public agencies to focus primarily on a host of designated problems. Clearly, a focus solely on fixing problems is too limited. Moreover, it is counterproductive. Overemphasis on problems diminishes efforts to promote healthy development, limits opportunity, and can be motivationally debilitating to all involved. While community agencies give the appearance of a "fix-problems-first" bias, schools deal with most problems as a last resort. This is not surprising since their assigned mission is to educate. The shift needed is one that moves toward a better understanding of the role schools must play in both promoting development *and* addressing barriers.

Those concerned with bettering the lot of youngsters share a common purpose – development of strategies focused on benefitting youngsters, families, and neighborhoods. Across the country a dialogue has begun about promoting child and youth development and addressing barriers to development and learning.

In our work, we stress the importance of developing a continuum of interventions that together comprise a comprehensive, multifaceted, and cohesive approach. The continuum is illustrated by the figure on the next page. Other documents from our Center discuss the nature, scope, and implications of such a comprehensive approach.

Central Policy Concerns

1. *Coalescing resources in the best interests of youngsters, families, schools, neighborhoods, and society.*

2. *Decreasing marginalization.* Efforts to promote healthy development and address barriers are marginalized in policy and practice. This is true at schools and in communities. Such marginalization contributes to scarcity and fragmentation.

Interconnected systems for meeting the needs of all students.

Aims:

To provide a CONTINUUM OF SCHOOL AND COMMUNITY PROGRAMS & SERVICES

To ensure use of the LEAST INTERVENTION NEEDED

School Resources
(facilities, stakeholders,
programs, services)

Examples:

- General health education
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement

Community Resources
(facilities, stakeholders,
programs, services)

Examples:

- Public health & safety programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education

Systems for Positive Development
&
Systems of Prevention
primary prevention
(low end need/low cost
per student programs)

- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accommodations
- Work programs

Systems of Early Intervention
early-after-onset
(moderate need, moderate
cost per student)

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Special education for learning disabilities, emotional disturbance, and other health impairments

Systems of Care
treatment of severe and
chronic problems
(High end need/high cost
per student programs)

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
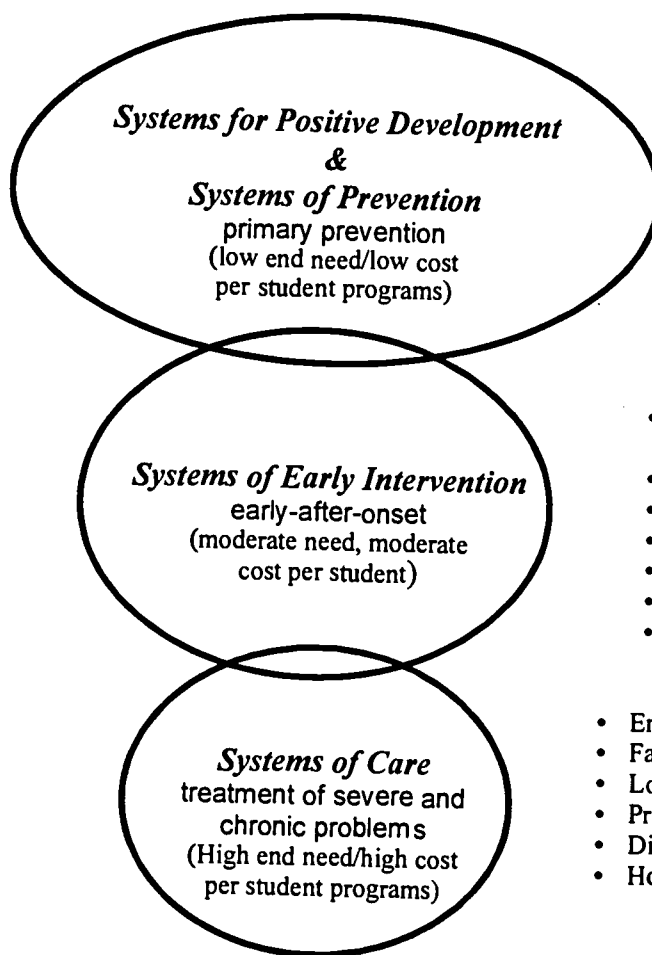
Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems of prevention, systems of early intervention*, and *systems of care.*

*Such collaboration involves horizontal and vertical restructuring of programs and services
(a) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies;
(b) with jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters or schools)

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Young Children, Poverty, and Barriers to Development and Learning

From: *One in Four: America's Youngest Poor.* National Center for Children in Poverty. 1996.

What does poverty mean to the life of a child? Many poor young children are resilient and able to overcome tremendous obstacles. But, scientific research confirms that poverty and near poverty have negative effects on the health and development of children. (Duncan & Brooks-Gunn, in press)

The experience of poverty has particularly damaging effects in early childhood. In the last few years, scientific evidence has also begun to document that extreme poverty early in life (an income of less than 50 percent of the poverty line) has an even greater effect on children's future life chances (like the probability of dropping out of school or becoming a teen parent) than less extreme poverty later in childhood. (Korenman, Miller, & Sjaastad, 1995; Smith, Brooks-Gunn, & Klebanov, in press)

Young children in poverty are more likely to:
* be born at a low birthweight;
* be hospitalized during childhood;
* die in infancy or early childhood;
* receive lower quality medical care,
* experience hunger and malnutrition;
* experience high levels of interpersonal conflict in their homes;
* be exposed to violence and environmental toxins in their neighborhoods;
* experience delays in their physical, cognitive, language, and emotional development which in turn affect their readiness for school.(Klerman & Parker, 1990; Kotch & Shackelford, 1989)

As children in poverty grow into adolescence and adulthood they are more likely to drop out of school, have children out-of-wedlock, and be unemployed. (Klerman, 1991)

How Many Poor and Near Poor Young Children Are There?

* Between 1979 and 1994, the number of children under age six in poverty in the United States grew from 3.5 million to 6.1 million. During this same period, the percentage of young children living in poverty - the YCPR - rose from 18 percent to 25 percent.
* Nearly half of all children under age six-45 percent-lived in poor or nearly poor families in 1994.
* Young children are more likely to be extremely poor, poor nearly poor than any other age group.
* Between 1975 and 1994, the extreme poverty rate for young children rose from 6 to 12 percent.

Where Do Poor Young Children Live?

* Poverty rates for young children are highest in urban areas but also substantial in rural and suburban settings.
* Since the 1970s, the YCPR has grown at a much faster pace in the suburbs than in rural or urban areas.
* State, city, and regional YCPRs vary greatly.

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What Kinds of Families Do Poor Young Children Live In?

> ### *Family Structure*
> •In 1994, young children living with unmarried mothers were almost five times as likely to be poor as those living with married parents.
> •Over one-third of poor children under age six (2.1 million) lived with married couples.
>
> ### *Educational Attainment of Parents*
> •More educated parents are more likely to earn enough to keep their children out of poverty, but many children of high school graduates live in poverty.
> •A staggering 89 percent of children whose more educated parent did not complete high school lived in low-income families (near poverty or below) in 1994.
>
> ### *Employment Status of Parents*
> •In 1994, 62 percent of all poor children under age six lived with at least one parent who was employed part-time or full-time.
> •Less than one-third of poor young children lived in families who relied exclusively on public assistance.
> •The YCPR was 18 percent for young children with unmarried mothers who were employed full-time.
> •Between 1975 and 1994, the YCPR for children living with both parents, one of whom was employed full-time, climbed from 6 to 15 percent.

What Are the Racial and Ethnic Backgrounds of Poor Young Children?

> •Black and Hispanic children are more likely to live in either poverty or extreme poverty than white children.
> •White children are the largest single ethnic group of young children in poverty.
> •Since the 1970s, the YCPR has grown twice as fast among whites as among blacks.
> •The Hispanic YCPR has increased more rapidly than that of other racial and ethnic groups.

References:

Duncan, G. J. & Brooks-Gunn, J. (Eds.) (In press). *Consequences of growing up poor* [edited papers from a conference co-sponsored by the National Institute for Child Health and Human Development and the Russell Sage foundation, February 2-3, 1995, at the National Academy of Sciences]. New York, NY: Russell Sage Foundation.

Klerman, L. V. with Parker, M. B. (1990). *Alive and well? A review of health policies and programs for poor young children.* New York, NY: National Center for Children in Poverty, Columbia University of Public Health.

Korenman, S.; Miller, J. E.; & Sjaastad, J. E. (1995). Long-term poverty and child development in the United States. *Children and Youth Services Review*, 17(1-2), pp. 127-51.

Kotch, J. & Shackelford, J. (1989). *The nutritional status of low-income preschool children in the United States: A review of the literature.* Washington, DC: Food Research and Action Center.

Smith, S.; Brooks-Gunn, J.; & Klebanov, P. (In press). Children in poverty: School readiness and emotional development. In G. J. Duncan & J. Brooks-Gunn (Eds.), *Consequences of growing up poor* [edited papers from a conference co-sponsored by the National Institute for Child Health and Human Development and the Russell Sage foundation, February 2-3, 1995, at the National Academy of Sciences]. New York, NY: Russell Sage Foundation.

Although a number of federal and state programs provided significant funds for early childhood care and education, some types of child care were still difficult for low-income families to obtain, including infant and toddler care; care for children who have special needs, such as children with physical disabilities; and care for children during nonstandard hours (evenings and weekends). In contrast, a majority of the survey respondents indicated that care for 3- and 4-year-olds was generally not difficult to obtain.

Child care administrators identified three major barriers to finding care for low-income children: cost of care, especially for infants and toddlers; availability; and accessibility, such as transportation to get to providers, described as more difficult in rural and remote areas.

The types of care that currently have the greatest need for support are infant and toddler care, care during nonstandard hours, and care for children with special needs.

Adapted from: *Education And Care: Early Childhood Programs and Services for Low-Income Families.* United States General Accounting Office, Report to Congressional Requesters. November 1999.

II. Early Development & Learning: A Growing Field

> ❝ ...there has emerged a dramatic new respect for the importance of the early years and the value of high quality early care and education for later success in life...The growing recognition of the importance of the early years for school readiness and lifelong learning has stimulated major new policy initiatives in states and communities across the United States..."
>
> N. Halfon et al. *Reaching Back to Create A Brighter Future: Promoting School Readiness.* UCLA Center for Healthier Children, Families, and Communities. March 2000 draft.

A.   Burgeoning interest in infant and child development

B   Developmental Milestones & Ways Caregivers Can Promote Healthy Development
  ▸ *Cognitive Development*
  ▸ *Social and Emotional Development*
  ▸ *Physical Development*

C.   Screening for Problems
  1. *Screening: A Note of Caution*
  2. *Social Development in Early Childhood*
  3. *Early Childhood Screening, Diagnoses, and Treatment*

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A. Burgeoning interest in infant and child development

> There's growing excitement about "discovering" the importance of early childhood development. This impetus is prompting public institutions -- health, education, mental health, labor -- to reevaluate their role in enriching the opportunities for infants through preschoolers. Pushing prevention and early intervention to the preschool years comes as a result of the growing awareness of the disparities in skills of entering kindergarten students.
>
> While addressing these disparities and the barriers to all children succeeding is our obligation, if we're not careful, we can move to practices that may not be helpful. We will have much to learn as we see Head Start move from the Department of Health and Human Services, where it addressed social and child care problems, to the Department of Education, where it will become an early reading program. The material in this packet is meant to provide a broad look at practice, research, and policy in this important area.

Concern about addressing barriers to learning leads our Center to join in the national focus on the experiences that children have before entering school. The healthy development of infants and preschool children is being addressed by a broad perspective of groups for a variety of reasons.

* Researchers are pursuing new avenues of investigating early brain development.
* Program evaluators are showing the long term impact of early childhood programs.
* Schools are eager for effective preschool programs and practices to enhance the readiness of entering students.
* Employment trends and welfare policies create a need for policies to enhance availability of quality child care programs.

The media is eager to provide information in response to this converging interest through the quick release of new reports. In a *Newsweek Special Issue*, October 16, 2000, entitled, Your Child, Barbara Kantrowitz writes:

> *"Scientific breakthroughs have given us an extraordinary new understanding of early childhood –and a renewed appreciation for the importance of a parent's nurturing care...The last decade has shown that we can make dramatic improvements in children's lives. The scientific breakthroughs merely give us a road map. With that in hand, parents and policy makers must come together to reach the common goal of giving every child the best possible start...children's early experiences affect not only the quality of their present lives, but also their later ability to learn and reason."*

(Note: Ms. Kantrowitz was referring to a soon to be released Carnegie Corporation Report, *Starting Now.*)

In an interview for *Educational Leadership*, Andrew Meltzoff, Professor of Psychology and Director of Developmental Psychology at the University of Washington in Seattle, says:

"...It is part of our biology to be influenced by our environment, but there is something of a dispute about early stimulation. The dispute arises from the misconception that all stimulation or environmental input is the same...A controversy surrounds the concept of an enriched environment...The developmental psychologists themselves are very fond of emphasizing the dramatic learning that takes place in early infancy. But the science does not support the idea that extra stimulation above and beyond natural interaction is necessary or important for cognitive or emotional growth. Developmental psychologists feel as much at a loss as the parents do about the pressure that is being put on parents by society. There is no scientific data to suggest that parents can build a super baby or a genius baby...

...People used to think that before children learned to talk, children were not thinking, problem-solving human beings. The new research proves that they are. This is why we see pictures of babies on the covers of Time and Newsweek. Those of us who study early learning were flabbergasted by the competence of babies and young children, and the discoveries began to grab a lot of attention. The first three years of life are foundational and terribly important, but I would emphasize that learning does not stop at 3 years of age...When we can get the scientists and the educators together to connect learning from 0 to 3 with learning from 3 and beyond, then we will really be getting somewhere. The window for learning does not slam shut when a child gets to be 3. That contradicts the everyday experience of parents and educators. Learning is a lifelong enterprise. The surprise is that it begins so early, but the enduring truth is that it continues into adulthood. Human beings have a natural drive to learn and experience a pleasure in finding things out. This applies to teachers, scientists, and even our youngest children."

From: The Scientist in the Crib: A Conversation with Andrew Meltzoff. Marcia D'Arcangelo. *Educational Leadership*, Vol 58 (3), November 2000.

A RAND Research Brief on the benefits and costs of early childhood interventions reports:

"Over the last several years, there has been a renewed interest in the influence of the first few years of life on child health and development, educational attainment, and economic well-being. Much of this interest has been given impetus by research findings that the great majority of physical brain development occurs by the age of three. These findings have been interpreted to suggest that early childhood furnishes a window of opportunity for enriching input and a window of vulnerability to poverty and dysfunctional home environments. The response has been an array of programs directing budgetary surpluses to promote healthy child development – particularly among disadvantaged children – with home visits by nurses, parent training, preschool, and other programs."

From: RAND Research Brief: Early Childhood Interventions: Benefits, Cost, and Savings. 1998. This research brief reports on the book, *Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*. Lynn Karoly et al. RAND. 1998.

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Caveats and Cautions

"Media coverage of early brain development not only has focused public attention on early childhood but also has contributed to misunderstanding of developmental neuroscience research.

. . .

'The Decade of the Brain' of the 1990 fostered widespread interest in neuroscience that, when combined with the public's long-standing concern with child development, permitted enduring questions of early childhood influences to be addressed with the technical sophistication and rigor of neuroscience. By the late 1990s, this resulted in a broad range of media reports on the effects of early experiences on young children in relation to critical periods of brain development and the enduring effects of early stimulation or deprivation. As a result, not only have developmental scientists witnessed unprecedented public attention to important questions of early childhood development, but they also have seen developmental research applied inappropriately, such as when critical-period formulations are used to conclude that Head Start begins too late to stimulate the developing brain or in reports that classical music instruction stimulates early intellectual growth. Although parents are encouraged by media coverage to do the right things for their young offspring (e.g., talking to and playing with their infants), it is often for the wrong reasons, thus contributing to unwarranted expectations concerning the long-term effects of early social stimulation on child development. At the same time, other newsworthy conclusions from developmental neuroscience neglected by the media – such as the significant brain capacities that develop after age three, the biological requirements of healthy brain development, and the lifelong adaptability of the brain – have not reached public attention...

...interest in early childhood may evaporate as quickly as it has emerged if parents, practitioners, and policymakers conclude that they were misled about how they could contribute to optimizing early development, especially if simplified interpretations and applications of research on early brain development do not yield expected outcomes for enhanced intellectual and socioemotional growth..."

B. Developmental Milestones & Ways Caregivers Can Promote Healthy Development

From: Your Child: Bringing Up Baby. *Newsweek* Special Issue, October 16, 2000.

Cognitive Development

0-3 Months	
◆ Reacts to sound, light and motion; turns her head when she hears a parents voice ◆ Begins to use hands and eyes in coordination ◆ Imitates some vowel sounds	▸ A newborn's brain is highly attuned to faces. Stimulate her by bringing yours close to hers and letting her meet your gaze. Attach a mirror to the crib so she can see herself.

4-7 Months	
◆ Discovers that objects exists even when they're out of sight ◆ Struggles to get things that are out of reach; explores cause and effects by banging, rattling and dropping objects	▸ Take her to art galleries to see new shapes and colors ▸ Introduce toys that move and make noises. Don't discourade her constant banging and throwing. It's research.

8-12 Months	
◆ Starts linking meanings to gestures, shaking her head no and waving bye-bye ◆ May start pointing with her index finger to show you what she wants	▸ Make storybooks a bedtime routine. Reading together fosters language and closeness. ▸ Try playing peekaboo and hiding games. They encourage new forms of awareness.

13-18 Months	
◆ Recognizes name; may point if asked, 'Where's your nose?' ◆ Knows that combs and telephones have unique functions ◆ Knows when her picture book is upside down	▸ Match words with objects and actions to reinforce the connections. Say 'kitty' each time you see a cat. And when you announce bath time, let her watch you run the tap.

19-23 Months	
◆ Starts to play make-believe ◆ Creates simple phrases such as 'so big' and 'all gone' ◆ May use words (the same ones she hears around the house) to voice frustration	▸ Keep naming things, but don't pressure the child to speak. Responding to her cries, babbles and body language may actually encourage verbal development.

24-36 Months	
◆ Vocabulary and sentence construction improve rapidly ◆ Starts to grasp categories (dogs and cats are animals) ◆ Understands instructions, may refuse to follow them	▸ Avoid using baby talk; expand her vocabulary by using unfamiliar words in contexts that make the meaning clear. ▸ Toys with switches, buttons and knobs have special appeal.

37-48 Months	
◆ Understands the concept of similarity and difference; can sort toys by size and color ◆ Remembers and tells stories ◆ Asks a steady stream of 'why' questions	▸ Whether you're in the house or on a journey, talk to her about what's going on: cookies baking, traffic lights changing, leaves turning color and falling from the trees in autumn.

Social and Emotional Development

0-3 Months	
◆ Develops a social smile; holds your gaze for longer and longer periods ◆ Cries to show discomfort or fatigue; smiles, gurgles and coos when happy or excited	▶ Take pleasure in discovering her quirks; no book can reveal her unique personality ▶ Smile and mimic her coos and gurgles to engage her in 'conversation'
4-7 Months	
◆ Starts to show interest in other kids; may fear strangers ◆ Laughs at funny faces; shows anger when a toy is taken away ◆ Starts to imitate the inflections in other peoples voices	▶ Widen her circle of acquaintances; include her in social gatherings to foster interaction ▶ Praise her and respond enthusiastically whenever she tries to communicate
8-12 Months	
◆ Smiles at, pats or even kisses mirror image ◆ May reject confinement in crib or playpen ◆ Buries head in parents shoulder when meeting people	▶ Look deep into the child's eyes. Studies suggests that parents who establish intimacy though eye contact encounter fewer problems with discipline later on.
13-18 Months	
◆ Shows little understanding of rules and warnings, but smiles when praised and cries when scolded ◆ Throws tantrums (and objects) when angry	▶ Praise child's nascent efforts at cooperation, and don't hold grudges when she is balky. Apply discipline gently and swiftly to help her link her behavior to consequences.
19-23 Months	
◆ Gains increasing awareness of other people's feelings; shows affection for parents by hugging, smiling and kissing ◆ Grows possessive of toys; has little concept of sharing	▶ Kids engage mainly in 'parallel play' at this age, but spending time together helps them overcome shyness and acquire the arts of compromise, sharing and diplomacy
24-36 Months	
◆ Loves chores; may want to help set the table for meals ◆ Can play happily alone but prefers having an audience ◆ Understands authority but tests it; says no more often	▶ Introduce the mail carrier and the grocer. Talk about their responsibilities and how they do their jobs. Let the child 'help' you at home by dusting a table or sweeping a floor.
37-48 Months	
◆ Becomes increasingly sociable with other children ◆ Learns to be sensitive to your feelings. May show first signs of sympathy: will try to comfort you when you are sad.	▶ Keep the child's age in mind when setting limits; asking a 3-year-old not to touch things in a store is unrealistic. Make sure the adults in your house have consistent expectations.

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Physical Development

0-3 Months

◆ Brings closed fists to mouth, sucks, thrusts arms and legs ◆ opens and closes hands ◆ may try to raise her head and chest while supporting herself on her elbows	► Try talking to your baby while she rests in your lap. By turning her head to look at you, she'll show off her vision and hearing, and strengthen the muscles in her neck.

4-7 Months

◆ Rolls over in both directions and maintains balance when placed in a sitting position ◆ Grasps objects within reach, and may transfer them from one hand to the other	► Playpens can be dangerous. Keep the sides up, and keep balloons and strings out. ► Expect to encounter a cold or ear infection as Baby starts handling more objects

8-12 Months

◆ Gains mobility by crawling on hands and knees; stands upright by holding on to furniture for support ◆ Uses thumb and forefinger to grasp objects of interest	► Childproof your home. A clear floor space promotes curiosity and free movement. ► Experts advise against walkers. A wagon with a bar she can grasp is a better choice.

13-18 Months

◆ Growth slows, but Baby becomes stronger and more coordinated ◆ Walk without support ◆ Scribbles with crayon and points with her index finger	► Don't let her near medicine chests, cleaning supplies, trash cans or even a pet's feeding bowl. She is sure to make a mess, and may ingest anything she can get her hands on.

19-23 Months

◆ Starts running and climbing; kicks a ball without tripping ◆ May begin to gain bowel and bladder control ◆ Uses hands to drink from cups and draw crude circles	► Make sure your windows have child guards before the baby starts to climb ► Keep her stocked with blocks, clay and finger paints to foster dexterity

24-36 Months

◆ Loves to tumble; may start dancing to a musical beat and hopping around on one foot ◆ Proceeds with toilet training ◆ Uses wrists to open jars and to turn nuts, bolts and screws	► Encourage the budding acrobat by placing a mattress or a sheet of foam rubber on the floor and letting her bounce around. Just don't leave the room while she's at it.

37-48 Months

◆ Dresses and undresses herself without an adult's help ◆ Pedals and steers a tricycle ◆ Holds a pencil in writing position and uses it to draw recognizable figures	► Introduce toys that help develop new skills. By the age of 3, most kids are ready to handle small scissors, assemble simple puzzles and make noise on musical instruments.

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C. Screening for Problems

1. Screening: A Note of Caution

Formal screening to identify students who have problems or who are "at risk" is accomplished through individual or group procedures. Most such procedures are *first-level* screens and are expected to *over-identify* problems. That is, they identify many students who do not really have significant problems (false positive errors). This certainly is the case for screens used with infants and primary grade children, but false positives are not uncommon when adolescents are screened. Errors are supposed to be detected by follow-up assessments.

Because of the frequency of false positive errors, serious concerns arise when screening data are used to diagnose students and prescribe remediation and special treatment. Screening data primarily are meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, there is a need to guard against tendencies to see *normal variations* in students' development and behavior as problems.

Screens to not allow for definitive statements about a student's problems and needs. At best, most screening procedures provide a preliminary indication that something may be wrong. In considering formal diagnoses and prescriptions for how to correct the problem, one needs data from assessment procedures that have greater validity.

It is essential to remember that many factors found to be symptoms of problems also are common characteristics of young people, especially in adolescence. This means *extreme caution* must be exercised to avoid misidentifying and inappropriately stigmatizing a youngster. *Never* overestimate the significance of a few indicators.

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C. Screening for Problems

2. Social Development in Early Childhood

Early childhood educators have traditionally given high priority to enhancing young children's social development. During the last two decades a convincing body of evidence has accumulated to indicate that unless children achieve minimal social competence by about the age of six years, they have a high probability of being at risk throughout life. Hartup suggests that peer relationships contribute a great deal to both social and cognitive development and to the effectiveness with which we function as adults (1992). He states that:

> Indeed, the single best childhood predictor of adult adaptation is *not IQ, not* school grades, and *not* classroom behavior but, rather the adequacy with which the child gets along with other children. Children who are generally disliked, who are aggressive and disruptive, who are unable to sustain close relationships with other children, and who cannot establish a place for themselves in the peer culture are seriously "at risk" (Hartup, 1992).

The risks are many: poor mental health, dropping out of school, low achievement and other school difficulties, poor employment history, and so forth (see Katz and McClellan, 1991). Given the life-long consequences, relationships should be counted as the first of the four R's of education.

Because social development begins in the early years, it is appropriate that all early childhood programs include regular periodic formal and informal assessment of children's progress in the acquisition of social competence. The set of items presented below is based largely on research identifying elements of social competence in young children, and on studies in which the behavior of well-liked children has been compared to that of less well-liked children (Katz and McClellan, 1991).

The Social Attributes Checklist

The checklist provided in this digest includes attributes of a child's social behavior and preschool experience which teachers should examine every three or four months. Consultations with parents and other caregivers help make the attributes and assessments realistic and reliable.

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In using the checklist, teachers should pay attention to whether the attributes are typical. This requires sampling the child's functioning over a period of about three or four weeks. Any child can have one or two really bad days, for a variety of reasons; if assessments are to be reasonably reliable, judgments of the overall pattern of functioning over a period of about a month is required.

Healthy social development does not require that a child be a "social butterfly." The quality rather than quantity of a child's friendships is the important index to note. Keep in mind also that there is evidence that some children are simply shyer than others, and it may be counter-productive to push such children into social relations which make them uncomfortable (Katz and McClellan, 199 1). Furthermore, unless that shyness is severe enough to prevent a child from enjoying most of the "good things of life," like birthday parties, picnics, and family outings, it is reasonable to assume that, when handled sensitively, the shyness will be spontaneously outgrown...

Teachers can observe and monitor interactions among the children and let children who rarely have difficulties attempt to solve conflicts by themselves before intervening. If a child appears to be doing well on most of the attributes and characteristics in the checklist, then it is reasonable to assume that occasional social difficulties will be outgrown without intervention.

However, if a child seems to be doing poorly on many of the items on the list, the adults responsible for his or her care can implement strategies that will help the child to overcome and outgrow social difficulties. We suggest that this checklist be used as a guide among teachers and parents. The intent is not to supply a prescription for "correct social behavior," but rather to help teachers observe, understand, and support children as they grow in social skillfulness. If a child seems to be doing poorly on many of the items on the list, the adults responsible for his or her care can implement strategies that will help the child to establish more satisfying relationships with other children (Katz and McClellan, 1991).

Finally, it is also important to keep in mind that children vary in social behavior for a variety of reasons. Research indicates that children have distinct personalities and temperaments from birth. In addition, nuclear and extended family relationships obviously affect social behavior. What is appropriate or effective social behavior in one culture may be less effective in another culture. Children from diverse cultural and family backgrounds thus may need help in bridging their differences and in finding ways to learn from and enjoy the company of one another. Teachers have a responsibility to be proactive rather than laissez faire in creating a classroom community that is open, honest, and accepting.

The Social Attributes Checklist

Individual Attributes

The child:
1. Is **usually** in a positive mood
2. Is not **excessively** dependent on the teacher, assistant or other adults
3. **Usually** comes to the program or setting willingly
4. **Usually copes** with rebuffs and reverses adequately
5. Shows the capacity to empathize
6. Has positive relationship with one or two peers; shows capacity to really care about them, miss them if absent
7. Displays the capacity for humor
8. Does not seem to be acutely or chronically lonely

Social Skill Attributes

The child **usually:**
1 . Approaches others positively
2. Expresses wishes and preferences clearly; gives reasons for actions and positions
3. Asserts own rights and needs appropriately
4. Is not easily intimated by bullies
5. Expresses frustrations and anger effectively and without harming others or property
6. Gains access to ongoing groups at play and work
7. Enters ongoing discussion on the subject; makes relevant contributions to ongoing activities
8. Takes turns fairly easily
9. Shows interest in others; exchanges information with and requests information from others appropriately
10. Negotiates and compromises with others appropriately
11. Does not draw inappropriate attention to self
12. Accepts and enjoys peers and adults of ethnic groups other than his or her own.
13. Gains access to ongoing groups at play and work
14. Interacts non-verbally with other children with smiles, waves, nods, etc.

Peer Relationship Attributes

The child is:
1. **Usually** accepted versus neglected or rejected by other children
2. **Sometimes** invited by other children to join them in play, friendship, and work.

From: Diane McClellan & Lilian G. Katz. (1993). Young Children's Social Development: A Checklist. #EDO-PS-93-6.

Did You Know...?

In addition to being eligible for the regular Medicaid services offered under a State Medicaid program, children under the age of 21 are eligible for the mandatory Medicaid benefit known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. EPSDT is Medicaid's comprehensive and preventive children's health care program geared toward early assessment of children's health care needs through periodic examinations. The goal is to assure that health problems are diagnosed and treated as early as possible before the problem becomes complex and treatment more costly. The following are required EPSDT services: .

- Screening Services that contain 5 elements: comprehensive health and developmental history, including assessment of both physical and mental health development; comprehensive unclothed physical exam; appropriate immunizations according to the Advisory Committee on Immunization Practice schedule; laboratory tests; and, health education, including anticipatory guidance.

- Vision Services, which at a minimum must include diagnosis and treatment for defects in vision, including eyeglasses.

- Dental Services, which at a minimum must include relief of pain and infection, restoration of teeth, and maintenance of dental health. Hearing Services, which at a minimum must include diagnosis and treatment for defects in hearing, including hearing aids.

- Other necessary health care, diagnostic services and treatment services. Provision of medically necessary interperiodic screening.

The EPSDT program specifies 12 examinations for children during the first 5 years of life and one every other year for children aged six through 20.

For more information, see the Center for Disease Control and Prevention: http://www.cdc.gov

In recent years, EPSDT screening has been done using the Pediatric Symptom Checklist (PSC). The PSC has proved to be useful and valid screening tool in general pediatric practice as well as in a variety of school, outpatient, and subspecialty clinic pediatric settings. Three studies have validated the PSC for use with low-income and minority children, and recent work in California has demonstrated the reliability and validity of both Spanish and English versions of the PSC with school-aged, low-income Hispanic children in an EPSDT setting. (see: Screening for Psychosocial Problems in 4-5-Year-Olds During Routine EPSDT Examinations: Validity and Reliability in a Mexican-American Sample. Pagano, M et al. *Clinical Pediatrics*, March 1996).

Recently, a revised version of the PSC has been created for children under the age of 6 years (the PSSC). Although unpublished, initial validation studies suggest that this form will have reliability that is comparable to that of the original PSC. Parents and child care providers can use the PSSC to determine if a child is at risk and needs services.

Pre-School and School-aged Symptom Checklist (PSSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please circle the number that best describes your child:	**Never**	**Sometimes**	**Often**
1. Complains of aches and pains	0	1	2
2. Spends more time alone	0	1	2
3. Tires easily, has little energy	0	1	2
4. Fidgety, unable to sit still	0	1	2
5. Acts as if driven by a motor	0	1	2
6. Daydreams too much	0	1	2
7. Distracted easily	0	1	2
8. Is afraid of new situations	0	1	2
9. Feels sad, unhappy	0	1	2
10. Is irritable, angry	0	1	2
11. Feels hopeless	0	1	2
12. Has trouble concentrating	0	1	2
13. Less interested in friends	0	1	2
14. Fights with other children	0	1	2
15. Is down on him or herself	0	1	2
16. Visits the doctor with doctor finding nothing wrong	0	1	2
17. Has trouble sleeping	0	1	2
18. Worries a lot	0	1	2
19. Wants to be with you more than before	0	1	2
20. Feels he or she is bad	0	1	2
21. Takes unnecessary risks	0	1	2
22. Gets hurt frequently	0	1	2
23. Seems to be having less fun	0	1	2
24. Acts younger than children his or her age	0	1	2
25. Does not listen to rules	0	1	2
26. Does not show feelings	0	1	2
27. Does not understand other people's feelings	0	1	2
28. Teases others	0	1	2
29. Blames others for his or her troubles	0	1	2
30. Takes things that do not belong to him or her	0	1	2
31. Refuses to share	0	1	2
32. Gets upset easily	0	1	2
33. Hurts others	0	1	2
34. Hard to like	0	1	2
35. Hard to control	0	1	2

Total score:_____

To score: Sum the 35 items. If the total score is 24 or higher, the child is considered at risk.

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III. What's the Word on Early Brain Development?

> **"** At birth, a child's brain is about 25% of its approximate weight at adulthood. At age 3, a child's brain has reached about 90% of its full potential... the infant's and young child's brain is vastly more complex and active than previously assumed."
>
> Early Brain Development and Child Care: Discoveries about the growth and development of the young child's brain have important implications about child care. *Healthy Child Care America.* Vol 3, No. 1, January 1999.

A. Early Experience Matters
   ▸ *What are implications for parents and child care providers?*

B. Early Experience and the Brain: 10 Key Lessons
   1. New Brain Research Underscores the Importance of Education and the Power of Effort
   2. Early Experience Affects How Brains Are "Wired"
   3. The Young Brain is a Work in Progress
   4. Every Child is Unique
   5. Children Learn in the Context of Important Relationships
   6. Other Caregivers Can Meet Young Children's Needs—But Don't Take the Place of Mom or Dad
   7. "Small Talk" Has Big Consequences
   8. Children Need Many Kinds of Stimulation
   9. Prevention is Crucial
   10. The Cradle Will Rock

A. *Early Experience Matters*

Recent research on brain development emphasizes the importance of early experiences on children's physical, psychological, cognitive, and social development. Relatively new is the discovery of a biological basis for the widely held notion that a loving, secure, stimulating environment fosters healthy development, while a chronically neglectful, physically damaging, or emotionally abusive environment can produce significant, lasting harm. The brain becomes conditioned, via neuronal connections established during the early years of supportive or negative experiences, to respond according to certain patterns.
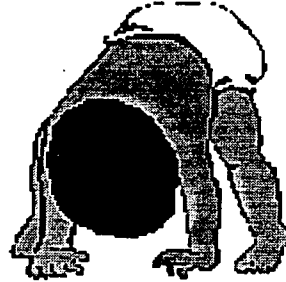
For example, traumatic events increase the production of a hormone in the brain called cortisol. This substance can lead to a destruction of neurons and a reduction in synapse formation, altering brain function in the process. Chemical levels in the brain and blood help determine how a person will respond to challenges in the environment. In this way, chronic stress, including the chronic stress encountered by a child in a neglectful or abusive environment, can impair brain development. Research has found that children with chronically high levels of cortisol experience more cognitive, motor, and social delays than other children.

Two other hormones in the brain, serotonin and noradrenaline, also play key roles in brain development. Serotonin aids in the management of emotions, including aggression, and noradrenaline regulates responses to fear and anger. Normally, these two hormones work in harmony with each other. But when traumatic events or chronic stress throw the balance between these two hormones out of whack, the result can be a host of behavioral, emotional, and cognitive problems.

What are implications for parents and child care providers?

In order to promote their children's health, as well as counteract biological, behavioral, and emotional consequences of abuse and neglect, caregivers need to focus on providing consistent and nurturing relationships, individualized attention, and responsiveness to children's cues.

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Caregivers may need special training and skills to give children the kinds of relationships and individualized responses they need. Dr. Ramey, a university professor of psychology, neurobiology, and pediatrics at the University of Alabama at Birmingham, says, "That requires some real knowledge of human development. In early child care, one size doesn't fit all. That is true of all education broadly speaking, but it is particularly true for young children. You have to know the child and what he or she is capable of doing, and you have to match the program to the child's developmental level. It also requires having the resources at hand to effectively support the child's next steps. Caregivers not only need preservice training before entering the field, but they also need high quality, ongoing training and technical assistance. And they need a backup system that allows them to have knowledgeable people to call on when they need help"

Closely related to the notion of tailoring care to children's individual needs is the idea of teaching caregivers to tune in to children's cues and interests on a day-to-day basis. "The child is not a blank slate," says Dr. Lally. "The infant comes into the world already curious, with a learning agenda, in which he or she tries to figure out distance, perspective, cause and effect, and many other things. We've forgotten that the child has this agenda, and we need to further that agenda by encouraging the child and expanding upon it. It is important to learn how to read the child's cues, to see what the child is interested in, and to participate in experiences around those interests."

According to Dr. Schor, learning to read the child's cues is the most important skill needed to provide quality child care. "We start talking about individual education plans when children get into school, but children need this from birth. You have to be down on the floor with the child, know how they're feeling, what they enjoy, what they're good at and not good at, and when they're anxious."

In summary, a stronger focus on consistent, nurturing relationships, individualized attention, and responding to the child's cues during the first 3 years of life can help children reach their fullest potential, prevent developmental delays and other problems, and even soften the blows of abuse and neglect...
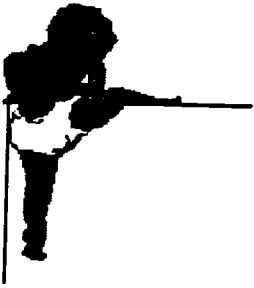
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B. Early Experience and the Brain: 10 Key Lessons

Across the nation, nearly 4 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. Many of these cells have already begun to link up to one another, but a newborn's brain has yet to form the roughly 100 trillion connections that make up an adult's complex neural networks. For these connections to form and proliferate, cells need a crucial ingredient: experience in the world. From the very first days of life, brain cells connect at an astonishing pace. Young brains forge more than enough connections in the first 3 years of life; as children move toward adulthood, these connections are pruned and fine-tuned. This is good news for 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.

The impact of early experience on early brain development is powerful and specific, and may last a lifetime. This is a major finding of recent brain research, and it represents a sharp departure from centuries-old ideas about how children develop and grow. Its implications can be summarized in 10 key lessons.

1. New Brain Research Underscores the Importance of Education and the Power of Effort

Only in recent decades have scientists fully appreciated the significance of early experience...For generations, it was widely believed that based on inborn traits, some children could be expected to become able learners and productive workers, while others were destined to dimmer futures. Experience and education were considered helpful, but could hardly be expected to overcome nature's preset limits.

New scientific evidence turns this assumption on its head. Heredity certainly plays a role, and geneticists are learning more each day about how genes affect development. But as each child grows and matures, early experience exerts a powerful force, sculpting the genetic "clay."

Today, most experts agree that early development is a complex dance between nature and nurture. Some researchers are producing new evidence that in the early years, nurture leads that dance; one recent study suggests that in infancy and childhood, the impact of experience on cognitive ability is significantly more powerful than the influence of heredity.[1] The relative importance of experience appears to decrease as individuals move through the life cycle. This finding is sure to be debated in coming years; but whatever the ultimate conclusion, scientists now underscore the importance of early experience, the power of effort, and the hope of education.

2. Early Experience Affects How Brains Are "Wired"

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 clearer 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 into account, parents and professionals can do a better job of meeting young children's needs.

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 completely connected to each other.

3. The Young Brain is a Work in Progress

Crucial steps in brain development take place early in pregnancy, before many women know that they are expecting. Within weeks of conception, cells that are destined to become neurons have to find their way to the correct position in the part of the brain most responsible for reasoning and learning. For brain development to proceed normally, each cell has to make its journey at the right time, in the right order. Nature has powerful mechanisms to guide the process, including genetic coding, and expectant parents can rest assured that in the vast majority of cases, development proceeds just as it should. But even in the womb, the brain is vulnerable to environmental influences. When pregnant women have inadequate nourishment, when they smoke, drink, or take drugs, or are exposed to toxic substances, their babies' brain development may be jeopardized. Research also suggests that when women suffer abuse, extreme stress, or severe depression, their babies may be affected.

Newborns have more awareness of the world than most of us realize. On the first day of life, a newborn can look at his surroundings, study objects, and gaze in the eyes of his mother or father. Infants as young as 2 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.[3] 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.

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, reinforced.

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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. According to Rethinking the Brain, a report by the Families and Work, by the age of three a young child's brain is apt to be more than twice as active as that of her pediatrician.[4] Children are biologically primed for learning, and the first 3 years are particularly crucial.

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 producing new synapses, strengthening existing ones, and getting rid of synapses that aren't used often enough. Before the age of 3, synapse production is by far the dominant process; from 3 to 10, 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 reasons 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.

4. Every Child is Unique

Because experience in the world so powerfully affects early development, no two brains grow and mature in the same way. Children are individuals right from the start, even if they are raised in the same culture, locality, or even household. Even the brains of identical twins develop differently, based on their early surroundings and interactions with the adults who care for them.

As anyone who has ever raised a child can attest, no parent can completely plan or predict how a son or daughter will grow and develop. The settings and experiences that parents provide are crucial, but many other factors are also at work, and parents cannot regulate (or take responsibility for) every aspect of their children's development. Newborns arrive with different temperaments, strengths, and needs. Many children are born with abilities or disabilities that present them and their families with special challenges. Some boys and girls encounter difficulty despite their families' love and commitment; others show remarkable resilience, growing into hearty children and able learners despite circumstances that overwhelm other young people...The new brain research answers many questions about how children grow and develop, but it does not diminish the reality that every life is unique and complex.

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5. Children Learn in the Context of Important Relationships

In the first years of life, parents have considerable (though not complete) control over the kinds of experiences their children are exposed to. But what kind of experiences do infants and toddlers need? Researchers are finding tha:, more than anything else, young children need secure attachments to the adults who care for them...

Children are...trusting, and they turn to parents and other caregivers for reassurance or help. They believe that these adults will nurture and protect them, unless repeated experience teaches them otherwise. They know that interacting with parents and other important people—communicating, mimicking, playing, snuggling—is the best way to spend their most alert, wakeful hours. Babies respond to touch, sound, images, tastes, and smells. They are at ease when they receive warm, responsive care geared to their needs, moods, and temperament. When this kind of care comes consistently from the same adult or adults, young children form secure attachments. They sense that they are loved and protected even during quiet or sleepy times, and while at play by themselves.

When children form secure attachments, their development tends to flourish. Long-term studies show that children who have secure attachments early in life make better social adjustments as they grow up, and do better in school.[5] But when care is inadequate, mechanical, or inconsistent, young children experience tension, and research shows that this stress affects their heart rate, brain waves, and their brains' biochemistry. A major finding of recent research is that chronic stress can have an adverse impact on the brain, and can result in developmental delays.[6] This finding is borne out by studies of young children who are subjected to extreme social and emotional deprivation over extended periods.

6. Other Caregivers Can Meet Young Children's Needs— But Don't Take the Place of Mom or Dad

Research shows that children are capable of forming strong attachments to more than one adult, but not all attachments are equally strong or compelling. Babies tend to prefer their primary caregivers—usually mom and dad. But they quickly learn that other people can meet their needs, and that different people...have different ways of caring for them. In this way, they begin to get a sense of life's complexity and richness.

Childcare providers can be important people in young children's lives, but they do not take the place of parents. Recent studies show that high quality childcare does not disrupt young children's attachments to their parents—so long as parents spend enough time with their infants and toddlers to know them well, care for them confidently, and read their signals and cues.

In fact, childcare providers—with sufficient training and support—can enhance the development of the children in their care, supplementing the parents' input. Children benefit when parents and childcare providers work together, exchanging information, insights, and problem-solving strategies on a regular basis.

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7. "Small Talk" Has Big Consequences

Many aspects of children's environments affect early brain development, from the sights to sounds to textures that surround them. But recently scientists have been homing in on linguistic experience as a key ingredient. More precisely, they are stressing the importance of "small talk"—the millions of ordinary greetings, exclamations, explanations, complaints, and utterances exchanged between adults and children in the course of the early years...

Adults have special ways of talking to children that help them analyze language. Intuitively, they speak more rhythmically, slowing down their speech, exaggerating phonetic shifts, and simplifying their vocabulary and grammar. Speakers of "parentese" often set their words to enticing melodies that act as acoustic hooks, pulling the baby's attention to them. This kind of talk lets babies know that they are being addressed; punctuated by pauses, it helps young children learn that relating to others is about taking turns. Many kinds of early interactions—a game of peekaboo or mimicry of a baby's faces—can lay the groundwork for effective communication later in life.

8. Children Need Many Kinds of Stimulation

Children need chances to stretch not only their linguistic and conceptual abilities, but also their powers of perception, social prowess, and aesthetic and moral capacities. And of course, all children need physical exercise. When children are severely deprived of experience in any of these areas, their development may be delayed. For example, babies and toddlers who spend most of their waking hours in their cribs develop more slowly than other young children do; some cannot sit up at 21 months, and most cannot walk by age 3.[7] Children need opportunities for vigorous, safe physical activity. They need touch, sounds, and images. They need social and emotional contact. And they need thought-provoking activities...

On the other hand, too much stimulation can be overwhelming. Young children have different temperaments and moods. They also have different daily cycles of wakefulness and sleepiness than adults. Their capacity to respond to different kinds and amounts of stimulation can fluctuate from hour to hour, or even from minute to minute. Aside from seeing to their children's basic health and safety, the most important thing parents can do is to learn to read their children's moods and preferences and, whenever possible, adjust activities, schedules, and even the way they touch and talk to their young children...

9. 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.[8] 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....During these years, responsive care and appropriate stimulation can produce the rapid intellectual, social, and emotional growth that does not usually come as easily to older children...

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At the same time, the early years are also filled with risk. Untreated health problems, poor nutrition, exposure to tobacco, alcohol, drugs, or environmental toxins, and abuse and neglect are always risky, but may be especially perilous in the first years of life.[9] Traumatic experiences and nonstop stress are also particularly harmful early in life; they affect production of a steroid hormone called cortisol that can have an adverse impact on brain development.[10] Maternal depression is another factor that can affect early development. Many new mothers experience postpartum blues for a few weeks or months; this is normal and unlikely to have a lasting impact on her baby. But research shows that if a mother's depression persists, a young child's brain activity may be affected. The good news is that when the depression lifts or is treated, the child's development can usually get right back on track.[11]

The bottom line is that in the early years of life, prevention and early intervention are crucial. When health problems are addressed, when family stress is reduced, when mothers seek treatment for depression, young children tend to fare better. The earlier the intervention, the better. The more follow-up, the better. These are simple lessons. As they are applied more widely, results for young children are bound to improve.

10. The Cradle Will Rock

Unconditional love goes to the heart of what it means to be a parent. But love is not enough. From a child's viewpoint, good care is responsive care. It requires getting to know a particular child very well, and that is not simply a matter of instinct or affection; it usually takes time and practice and help from more experienced caregivers. Parents and caregivers don't always get it right the first time, or even the second, but if they are willing to follow the children and learn from their mistakes, they come to understand the needs and temperaments of their children.[12]

Mistakes are inevitable. As the lullaby promises, the cradle will rock. A baby who is full will be coaxed to eat. A toddler will be tossed into the air by an enthusiastic dad when what he really needs is a cuddle and a nap. And parents will frequently realize, after the fact, that they could have found a better way to handle a problem. No parent gets it right every time. Even experts on child development sometimes make mistakes with their own children.

Of course, some mistakes cannot be tolerated. There is never an excuse for abuse or neglect, or for household dangers that imperil children's lives. But young children will inevitably miss a meal, scrape their knees, or overhear their parents argue. They can easily survive the ordinary ups and downs of daily life, as long as the care they receive day by day is usually warm, responsive, and consistent. In fact, these ups and downs are among the experiences that help their brains to mature. What's more, when children have a secure attachment to the adults who care for them, they are forgiving. When a parent disappoints them, they usually offer another chance.

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IV. A Summary of the Research Base for Early Childhood Interventions

> " ...nationally, 7.6 percent of children repeat kindergarten or first grade. Factors independently associated with increase risk of grade retention were poverty, male gender, low maternal education, deafness, speech defects, low birth weight, enuresis, and exposure to household smoking..."
>
> *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School.* Huffman,L.,Mehlinger,S., Kerivan,A. (2000). Page 6.

A. Risk and Protective Factors for Young Children
   - *Individual Factors*
   - *Family and Peer Factors*
   - *Day Care and School*
   - *Neighborhoods, Community, and Socioeconomic Status*

B. Early Childhood Interventions: What are they and do they work?

C. Long-Term Effects
   1. *Long-Term Effects of Early Childhood Programs on Cognitive and Social Outcomes*
   2. *The Children of the Cost, Quality, and Outcomes Study Go To School: Executive Summary, June 1999.*
   3. *The Early Childhood Longitudinal Study, Kindergarten Class of 1998-99*
   4. *Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency*

D. Controversy over Correlational Study relating Non-Maternal Child Care and Misbehavior

E. A word of caution about the evaluation of early childhood interventions

A. Risk and Protective Factors for Young Children

Prevention and early intervention can be better adjusted if we understand the most salient risk and protective factors for young children. The following document comes from a recent review of the last two decades of relevant scientific literature. Many of the programs and models presented later in this packet strive to address these risk factors.

Material excerpted and adapted from: *Risk Factors for Academic and Behavioral Problems at the Beginning of School.* Huffman, L. C., Mehlinger, S. L., & Kerivan, A. S. The Child and Mental Health Foundation and Agencies Network. 2000. http://www.nimh.nih.gov/childp/goodstart.cfm NOTE: In order to provide the essence of this work for general audiences, the Center has taken excerpts and made slight adaptations. We have tried to respect the integrity of the original, but, of course, any errors are ours.

Individual Factors

Low Birth Weight, Neurodevelopmental Delay, and Other Medical Problems.
Children with an extremely low birth weight as babies have a higher incidence of behavior problems at school entry and poorer cognitive performance, as well as increased incidence of learning disabilities and academic difficulties. Abnormal neurodevelopment places children at risk for increased school behavior problems and for higher rates of learning difficulties. Pregnancy problems, including maternal medical and emotional problems, have been identified as risk factors for later childhood behavior problems.

Cognitive Ability. Cognitive ability accounts for a large proportion of the variance in academic competence and achievement. Cognitive deficits have been associated with more difficult transitions to kindergarten, higher rates of depression in childhood, and increased levels of delinquency. Research suggests that poor verbal and communication skills may mediate these relationships.

Temperament and Personality Dimensions. A difficult temperament appears to increase risk for antisocial behavior and school failure: characteristics such as high activity level, inflexibility, impersistence, distractibility, and low attention increase the probability that a child fails to adhere to classroom rules and follow academic instruction. An "easy" temperament, on the other hand, is a protective factor for behavior problems. In addition, effectance motivation, which is the intrinsic desire to deal competently with one's environment, is an importance factor related to children's ability to adapt at school.

Early Behavior and Adjustment Problems. Research shows that mothers' high ratings of their child's hyperactivity and externalizing behaviors predict adjustment difficulties at home, in school, and with peers. This research provides evidence of mothers' abilities to identify their children's problem behaviors. It also suggests a useful marker or risk for school failure.

Family and Peer Factors

Family Composition. According to the U.S. Census Bureau, more than 50 percent of marriages end in divorce in the United States, and many of these divorces affect school aged children. While children's responses to the change in family structure and lifestyle vary dramatically, studies show that divorce is associated with behavioral problems that may negatively influence success in school. Divorce also adds significant variance to socioeconomic predictors of cognitive-social competence and adaptive behaviors at school entry. School-aged children also experience parental remarraige. While some studies indicate protective effects, others show remarriage to be a risk factor when comparing step families to intact families. Divorce and remarriage have been found to be associated with higher levels of anxiety, aggression, hyperactivity, disobedience, and deviant behavior.
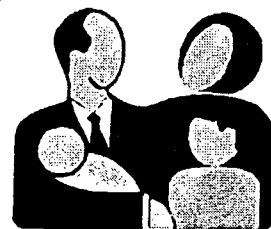
Maternal Education. Lower levels of maternal education predict children's early grade failure, including a lack of reading and math achievement.

Parental Substance Abuse. Numerous studies have focused on the effects of maternal substance abuse during pregnancy as well as the influence of childhood exposure to addicted parents in the home environment. Most studies point to the adverse effect of parental substance abuse on the cognitive, physical, and social development of young children. Because of related risk factors such as lower socioeconomic status, lower maternal age, poor maternal nutrition and health, and irregular or nonexistence prenatal care and increase genetic susceptibility, it is difficult to attribute developmental problems solely to *in utero* drug exposure. In addition, social problems such as financial and housing uncertainties and disturbed relations with families may have some consequences for the child. Any of these confounding factors may enhance or sometimes mask the effects of maternal substance abuse. Still, parental substance abuse is a risk associated with adverse effects on cognitive, physical, and social development in children.

Parental Psychopathology. Maternal depression may be associated with increase behavior problems and lower social competence in preschool, as well as academic problems in kindergarten.

Parenting Practices. Evidence shows that effective parents adjust their parenting behaviors in accordance with their developing child's needs. Poor parenting techniques and harmful peer influences increase the risk of adverse developmental outcomes. Parents who are harsh, disengaged, provide inconsistent guidelines, and are unable to

monitor their children's behavior are more likely to have children with a heightened risk for antisocial behavior. In addition, high levels of maternal coercion and nonaffection may be associated with increased rates of aggression in preschool-aged children. Lastly, parental intrusiveness and overstimulation is thought to be associated with hyperactivity problems. On the other hand, high rates of positive parent interaction with their children is a protective factor for their children's academic success. Furthermore, effective parental supervision has a protective effect and is a positive socializing factor that enhances prosocial behavior. An adaptive and cohesive family pattern, characterized by positive parental coping behaviors, parental support of the children, and their cooperation in coordinating coping strategies, is associated with improvement in school adjustment in at-risk children.

Maltreatment. Research suggests that children who are maltreated have higher rates of school problems, including lower test scores in math and English, lower IQ scores, lower child-perceived social acceptance, increase absence from class, and more grade repetitions.

Peer Relationships. In addition to family members and teachers, friends have socializing influences that provide support for contextual emotional and cognitive learning and development. Friends are also models for later relationships. Conflict with peers is a risk factor for poor school adjustment and decreasing school involvement, especially for boys. The fewer friends and more peer rejection a child has may negatively influence a child's perception of school, school attitude, and school achievement. Social support is also an important protective factor for young children. Children with a larger number of classroom friends at school entry do better in school performance and develop more favorable school perceptions.

Day Care and School

Characteristics of Kindergarten and First-Grade Classes and Teachers. School and classroom characteristics are considered as predictors of children's psychosocial adjustment, including school facilities, class organization (e.g., class size, number of teacher-parent meetings during the year), and teacher-related variables. Social network indices (e.g., contact between pupils) also are considered as predictors: positive interpersonal relations among students is related to fewer teacher-reported behavior problems and increases in children's feelings of well-being at school. In addition, there are unique associations between children's early antisocial behavior and features of their first-grade teacher-child relationships (i.e., negative correlations with closeness, positive correlations with teacher-child conflict and with child dependency). Prosocial behavior is generally related to positive aspects of children's first-grade teacher-child relationships. Lastly, positive relationships with teachers (e.g., relationships that show warmth and open communication) are associated with better than expected or improved outcomes for both risk and nonrisk samples.

Neighborhoods, Community, and Socioeconomic Status

Immigrant Status. Immigrant status is a predictor of increased risk of school failure as well as of psychsocial problems, drug use, and other risk-taking behaviors. A wide range of factors may influence these findings, including language facility, degree of acculturation, level of socioeconomic status, level of family education, and/or family support.

Minority Status. Ethnicity, poverty, gender, and household composition have all been associated with indices of school-based competence among children. Being a male with minority ethnic status and being raised in single-parent, low-income homes is associated with higher rates of childhood behavior problems and with lower academic achievement in the first two years of school. Because these risk factors are known to be interrelated, the assessment of the predictive value of any one factor must consider the effects of the others.

Low SES. Family SES and early language development are positively related to later language development, academic achievement, and school success. Children from higher SES families are exposed to a larger vocabulary in the home environment and have more early language experiences than children from lower SES families. This early advantage for children from high SES families continues into grade school. Thus, higher SES may be viewed as a factor that enhances school success. Conversely, lower SES has a potentially negative effect on school achievement. In particular, persistent poverty has more detrimental effects on IQ, school achievement, and social-emotional functioning than does transient poverty, although children in both groups generally do worse than children who have never been poor. The conditions of family poverty (e.g., long-term versus episodic) may be an important determinant for identifying children at risk. Infants and young children who live in poverty suffer higher levels of prematurity, infant mortality and morbidity, and subsequent developmental delay, behavioral problems, and inadequate preparation for school. Low SES also significantly predicts externalizing problems and aggressive behavior in early grade school. Lastly, low SES is significantly correlated with eight negative factors in the child's socialization and social context, including harsh discipline, lack of maternal warmth, exposure to aggressive adult models, maternal aggressive values, family life stressors, mother's lack of social support, peer group instability, and lack of cognitive stimulation.

B. Early Childhood Interventions:
What are they and do they work?

Early childhood programs are often discussed collectively, but they are in fact a "polyglot array of disjointed programs" that differ widely in their goals, their service delivery strategies, and the ages of the children they serve .... A few definitions are therefore in order ... Early childhood programs are divided into two categories: child-focused programs and family-focused programs. Each category includes two major types of programs that are described below.

Child-focused programs

(1) Preschool, Head Start, and Prekindergarten are typically part-day and part-year programs that bring groups of three- to five-year-old together in centers or school settings. Some offer primarily an educational program; others also provide health and developmental screenings, parent involvement, and social service assistance. Most preschool programs have been designed to promote child development and improve children's readiness to succeed in school. Publicly funded preschool programs typically serve children from disadvantaged families, while private preschool programs supported by parent fees serve children from all backgrounds.

(2) Child Care Programs typically offer care on a full-day basis to children from birth to school age. Such care can be provided either in a center or in a caregiver's home. Most child care programs seek both to promote child development and to free parents from their child care responsibilities so they can work .... Child care services are purchased by parents from a wide array of nonprofit and for-profit providers. Public funds support subsidies that help some low-income parents pay for care while they work or attend school.

Preschool and child care programs are sometimes grouped together and called early childhood care and education, emphasizing their overlapping goals and activities. However, different histories, perceived missions, sources and levels of public investment, and research traditions conspire to perpetuate their separateness and to suggest that they are unlikely to produce equivalent effects on children and families.

Family-focused programs

(1) Family support programs typically serve families with children under three years of age (though many include older children) through weekly or monthly home visits, or through classes or drop-in centers for parents. These programs strive to involve parents in their children's development and to strengthen their parenting skills, with the hope that changes in the parents will help to create, sustain, and amplify positive outcomes for the children.

(2) Two-generation programs, the newest type of early childhood program, link programs for children and parenting support with adult-oriented services such as job training or adult education for the parents. Primarily targeting low-income families, these programs often use a case manager to broker services that are actually provided to families by other community agencies. Two-generation programs seek to promote positive outcomes for both children and

parents (hence, "two-generation"); they try to help families escape poverty while simultaneously promoting child development and helping parents learn new parenting skills.

Both family support and two-generation programs typically rely on funds from public agencies or private foundations to support services which are then usually offered free of charge to families. Although some family-focused programs are open to all families, most concentrate their efforts on families facing such challenges as poverty, teen parenthood, immigrant status, or welfare dependency.

Early Childhood Education: A Meta-Analytic Affirmation of the Short- and Long-Term Benefits of Educational Opportunity.

Kevin Gorey. *School Psychology Quarterly, V 16(1)*, 2001. 9-30.

Some scholars who emphasize the heritability of intelligence have suggested that compensatory preschool programs, designed to ameliorate the plight of socioeconomically or otherwise environmentally impoverished children, are wasteful. They have hypothesized that cognitive abilities result primarily from genetic causes and that such environmental manipulations are ineffective. Alternatively, based on the theory that intelligence and related complex human behaviors are probably always determined by myriad complex interactions and genes and environments, the present meta-analytic study is based on the assumption that such behaviors can be both highly heritable and highly malleable. Integrating results across 35 preschool experiments and quasi-experiments, the primary findings were:

(a) preschool effects on standardized measures of intelligence and academic achievement were statistically significant, positive, and large

(b) cognitive effects of relatively intense educational interventions were significant and very large, even after 5 to 10 years, and 7 to 8 of every 10 preschool children did better than the average child in a control or comparison group

(c) cumulative incidences of an array of personal and social problems were statistically significantly and substantially lower over a 10- to 25-year period for those who had attended peschool (e.g., school drop-out, welfare dependence, unemployment, poverty, criminal behavior).

The need for a very large, well-controlled, national experiment to either confirm or refute these provocative, review-generated findings is discussed.

Early Childhood Interventions

...Targeted early interventions are those intended to overcome the cognitive, emotional, and resource limitations that may characterize the environments of disadvantaged children during the first several years of life. They include programs targeting children as well as those targeting their mothers; interventions aimed at improving educational achievement and those aimed at improving health; and services as diverse as parent skills training, child health screening, child-abuse recognition, and social-services referral.

Lynn Karoly, Peter Greenwood, and their RAND research team have evaluated a set of nine early childhood intervention programs to try to answer the following question: Do early interventions targeted at disadvantaged children benefit participating children and their families? They assessed developmental indicators, educational achievement, economic well-being, and health from program participants and compared them with the same measures for matched controls. Results indicate that each program made participating children better off in one or more ways than those who did not participate.

Specifically, the programs led to the following advantages for participating children:

- Increased emotional or cognitive development for the child, typically in the short run, or improved parent-child relationships.
- Improved educational processes and outcomes for the child.
- Enhanced economic self-sufficiency, initially for the parent and later for the child, through increased participation in the labor force, decreased participation in welfare, and higher incomes.
- Decreased criminal activity.
- Improved health-related indicators such as child abuse, maternal reproductive health, and substance abuse.

Moreover, the study suggests that for especially high-risk, disadvantaged children and their families, government funds invested early in the their lives results in compensating decreases in government expenditures later. Why? Participating children may spend less time in special-education programs. In addition, parents and, as they become adults, children may spend less time on welfare or under the jurisdiction of the criminal justice system. They may also earn more income and thus pay more taxes.

1. Long-Term Effect of Early Childhood Programs on Cognitive and Social Outcomes

The contribution of early childhood care and education (ECCE) to the healthy development and future well-being of children who are economically and socially disadvantaged has become a vital public issue with important implications for families, business, private philanthropy, and government. The following summarizes a review of 36 studies of both model demonstration projects and large-scale public programs, in order to examine the long-term effects of these programs on children from low-income families. The review sought to answer two important questions as well as make policy recommendations.

1. What are the effects of ECCE programs on the cognitive development, socialization, and school success of disadvantaged children? How long to they persist?

The weight of evidence establishes that ECCE can produce large short-term effects on IQ during the early childhood years and sizable long-term effects on achievement, grade retention, placement in special education, high school graduation, and socialization. These effects are large enough and persistent enough to make a meaningful difference in the lives of children from low-income families: for many children, preschool programs can mean the difference between failing and passing, regular or special education, staying out of trouble or becoming involved in crime and delinquency, dropping out or graduating from high school.

2. Are some types of ECCE programs more successful than others? Do some children benefit more than others?

Benefits from ECCE programs appear to be produced via a number of different types of high-quality programs and across a number of different groups of children. Indeed, the best predictor of the size of program effects may be the size of the gap between the program and home as learning environments, rather than whether a child is a member of a particular group. Thus, effects might be expected to be largest for the most disadvantaged, though there is no evidence that meaningful effects cease if a child's family moves above the poverty line. Indeed, there is even some suggestion at the other end of the income spectrum that children from very well-off families may suffer from ECCE inferior to that provided by their homes.

Effects do appear to depend on program quality, and cross-study comparisons indicate that effects are larger for well-designed, intensive EECE interventions than for large-scale public programs. This might be because today's public programs are lower in quality (larger classes, fewer staff members, less educated staff, poorer supervision) than the model programs.

Recommendations
A more comprehensive strategy is needed to increase the public and private resources devoted to ECCE. Such a strategy might include a public information campaign to explain the importance of ECCE quality to parent, paid parental leave for parents of children under one year of age, and public funding for accredited ECCE on a sliding scale with full funding of quality care for children in poverty and partial funding for many more children. Other alternatives are available, but the important point is that the nation needs to move ahead with public support for ECCE.

2. The Children of the Cost, Quality, and Outcomes Study Go To School: Executive Summary, June 1999.

http://www.fpg.unc.edu/~NCEDL/PAGES/cqes.htm

Excerpts from the Summary of Results of the Study:

1. High quality child care is an important element in achieving the national goal of having all children ready for school. Findings showed that the quality of children's experiences in typical child care centers affects their development while they are in child care and their readiness for school. Children who attended higher quality child care centers performed better on measures of both cognitive skills (e.g., math and language abilities) and social skills (e.g., interactions with peers, problem behaviors) in child care and through the transition into school. This influence of child care quality was important for children from a wide range of family backgrounds.

2. High quality child care continues to positively predict children's performance well into their school careers. Longitudinal analysis of children's performance indicated that the quality of child care experienced by children before they entered school continued to affect their development at least through kindergarten and in many cases through the end of second grade. Child care quality was related to basic cognitive skills (language and math) and children's behavioral skills in the classroom (thinking/attention skills, sociability, problem behaviors, and peer relations), both of which are important factors in children's ability to take advantage of the opportunities available in school.

3. Children who have traditionally been at risk of not doing well in school are affected more by the quality of child care experiences than other children. For some outcomes (math skills and problem behaviors), children whose mothers had lower levels of education–children who often are at risk of not doing well in school–were more sensitive to the negative effects of poor quality child care and received more benefits from high quality child care. Moreover, for these children who attended typical child care centers, these influences of child care quality were sustained through second grade.

4. The quality of child care classroom practices was related to children's cognitive development, while the closeness of the child care teacher-child relationship influenced children's social development through the early school years. Children who attended child care with higher quality classroom practices had better cognitive development (language and math skills) through early elementary school. Children who had closer relationships with their child care teachers had better classroom behavior and social skills (greater thinking/attention skills and sociability, fewer problem behaviors, and better peer relations) through early elementary school. It is no surprise that the nature of children's experiences in child care are important, but the results of this study confirm the lasting impact of these early experiences. High quality child care experiences, in terms of both classroom practices and teacher-child relationships, enhance children's abilities to take advantage of the educational opportunities in school.

C. Long-Term Effects
3. The Early Childhood Longitudinal Study, Kindergarten Class of 1998-99

The Early Childhood Longitudinal Study, Kindergarten Class of 1998-99, provides a first-ever look at the knowledge, skills, health, and behavior of a nationally representative sample of U.S. kindergarten children upon entry to school. On the whole, the study provides a portrait of what today's American children are like when they begin school. The take-home message is that American children show considerable variation in skills and knowledge as they enter kindergarten. The ECLS-K results demonstrate that children are neither alike at school entry nor ready to be stretched and molded by the varying qualities and demands of different kindergarten programs. In other words, for kindergartners, one size does not fit all. The findings of the study are summarized below.

Age Differences
* Children who are close to 6 or already 6 when they begin kindergarten have several advantages over children who start school when they have just turned 5 or are not yet 5 years old.
* Better educated parents are more likely than less educated parents to delay their child's entrance to school.

Sex Differences
* Female kindergartners come to school with reading skills that are slightly more advanced, on average, than those of males.
* They are also less likely to have developmental difficulties and are more likely to exhibit good social skills and classroom behavior.
* Though some of the early problems may be transitory and simply reflect different developmental trajectories for boys and girls, others may be predictive of later and more serious disturbances.

School Readiness and Behavior Problems
* One in five beginning kindergartners is overly active.
* One in six has problems concentrating for sustained periods.
* One in nine has difficulties articulating words clearly or fluently.
* One in four is described as eager to learn no more than sometimes or never.
* One in three is described as paying attention in class no more than sometimes or never.

Family Risk Factors
Family risk factors that are associated with poor performance in school-aged children are also linked with lower proficiency in early reading and mathematics skills and general knowledge among children as they enter kindergarten. These risk factors are:
* low maternal education
* welfare dependency (as a marker of family poverty)
* having only one parent in the home
* having parents whose primary language is not English.

The ECLS-K data show that there is a cumulative effect of the number of risks to which a child is exposed early in life. Although many children from multiple-risk families lag behind their classmates in early academic skills, some can overcome the odds and perform at advanced levels when entering kindergarten. This finding seems to argue against stereotyping children from educationally disadvantaged families and assuming that they are all behind when they begin school.
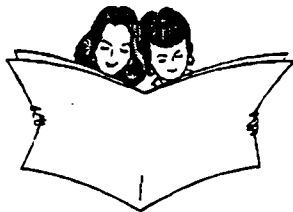
4. Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency

One important way to decrease overall crime rates among youth is to prevent chronic delinquency, and early childhood may be an important developmental period to target for its prevention.

Researchers have long sought factors that are regularly associated with chronic delinquency. The strongest factor is a history of antisocial behavior in childhood, but many other early risk factors have been linked to chronic delinquency. The most important of these factors appear to be low socioeconomic status, having parents who have been convicted of crime, the child's low cognitive ability (especially poor verbal ability), poor parental child relations (especially hostile or rejecting parenting and lack of parental supervision), and the child's own history of antisocial behavior, conduct disorder, or troublesomeness.

Longitudinal evidence on the development of deliquency behavior suggests several promising directions for prevention. First, the evidence suggests that early childhood programs which buffer the effects of a given delinquency risk factor should also be effective in preventing chronic delinquency. Second, because multiple risk factors appear to have such a pronounced negative effect, early childhood programs that reduce multiple risks may be more successful in preventing chronic delinquency than are those that target only a single risk factor. Third, the research implies that the content of preventive early childhood programs should be such that they attempt to enhance parents' social support, foster positive parenting and family interactions, facilitate child cognitive development (especially verbal skills), and reduce family level and community level poverty. In other words, crime prevention programs should seek to reduce or eliminate the risk factors associated with delinquency.

A review of 40 programs that targeted populations at-risk for later delinquency and provided services between the prenatal period and entry into primary school concluded: *the programs that demonstrated long-term effects on crime and antisocial behavior tended to be those that combined early childhood education and family support services, in other words, the programs that addressed multiple risk factors.*

Four combination early education/family support programs demonstrated positive effects. These programs offered both home visits and center-based educational child care or preschool. The four programs are: High/Scope Perry Preschool Project, Syracuse University Family Development Research Program, Yale Child Welfare Project, and Houston Parent Child Development Center. These four programs shared the following common features:

- They provided quality educational child care and/or preschool as well as support to adults in peer group and family settings. Each of these individual components was also intensive, involving home visits for the parents and half-days or full-days for the children, most days a week.
- They were quality programs with child-centered curricula, low staff-child and staff-parent ratios, preservice and in-service training, and ongoing supervision.
- They targeted low-income urban communities, areas which have the highest crime rates.

In conclusion, as one element in a comprehensive plan to address poverty, drugs, guns, and other environmental causes of crime, early education and family support programs may lessen the current devastating impact of chronic delinquency on America's children and families.

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D. Controversy over Correlational Study relating Non-Maternal Child Care and Misbehavior

A study reported at a meeting in Minneapolis (April, 2001) reported a correlation between time in non-maternal care and misbehaving in kindergarten: 17% of children who spent over 30 hours a week in child care showed signs of misbehavior between the ages of 4 ½ and 6, while only 6% of those who spent less than 10 hours in day care demonstrated misbehavior. Jay Belsky, a University of London professor and the study's principle investigator, asserts that although the associations are modest, they should be taken seriously, and he suggests the need of extended parental leaves or the encouragement of part-time work for parents of young children. He stresses that the correlations hold true whether the children came from rich or poor homes, and whether they were boys or girls.

The federally-sponsored, 10-year study followed over 1,300 children in 10 different cities in a variety of childcare arrangements, ranging from child care with relatives to center-based care. None of the information presented at the conference has yet appeared in a peer-reviewed academic journal, and the analyses are still seen as preliminary.

Researchers criticize Belsky for both misrepresenting the findings and deemphasizing other important study results. Several results from the study were all but ignored, namely the finding that high-quality child care was associated with better cognitive skills, memory, and language ability. Researchers suggest that this link between the quality of child care and children's intellectual development is due to the fact that providers with better training and/or who work in settings with high adult-child ratios behave in more sensitive, responsive, and stimulating ways towards children. The results indicate that child care in private homes may not provide as much stimulation to children as center-based care. Lastly, another virtually unmentioned finding is that family interactions had greater correlations with children's future behavior than did hours spent in child care.

The point is not that the results reported at SRCD are necessarily wrong, but rather that given all the data, it is too soon to draw any conclusions from this study. The authors themselves plan to wait before publishing any papers, in order to better analyze and interpret the data.

Resource:
SRCD Press Release: New Research Demonstrates Unique Effectsof Quantity, Quality, and Type of Child Care Experienced from Birth through Age 4 ½. http://www.srcd.org/pp1.html

E. A word of caution about the evaluation of early childhood interventions

Excerpted from: Early Childhood Program Research and Evaluation. ERIC/AE Digest.
Lawrence M. Rudner, 1996. ERIC Identifier: ED410317
http://www.ed.gov/databases/ERIC_Digests

In research and evaluation, a sample of subjects typically receives some form of programmatic treatment then outcome scores for these students are compared with outcome scores of a control or comparison group. Lewis and McGurk (1972) point out some of the implicit assumptions when this design is applied to programs for infants and toddlers: 1) "infant intelligence is a general unitary capacity," 2) "mental development can be enhanced by enriching the infant's experience in a few specific areas," and 3) infant scales can "reflect any improvement in competence that results from a specific enrichment experience." The traditional control group-comparison group design adopts the viewpoint that frequency and nature of observable cognitive activities increase at a steady rate as a result of the growth process.

The contrasting viewpoint is that infants and toddlers are going though a period of rapid, non-linear growth and change along many interwoven lines of development (Horner, 1980). Accordingly, different levels and kinds of cognitive development would be presented by different individuals during different stages of development, short-term consistency of individual traits would be low, traits measured during infancy would have low correlations with later skills, broad programmatic treatment effects will be small, and a different research and evaluation paradigm is needed.

This digest examines these contrasting assumptions...

Short Term Consistency

Test-retest reliability, which measures the consistency of the trait for groups of individuals, tends to be quite low when scales are administered to infants. As the child gets older, test-retest reliabilities tend to improve...The lack of test-retest reliability is consistent with the view of the child going through non-linear growth. It is inconsistent with the notion that the cognitive activity in infants increases at a steady rate as a result of growth.

Long Term Consistency

The classic studies of mental growth in normal infants and toddlers show inconsistent and unpredictable growth rates of these observable skills and traits. Bayley, for example, reported correlations between -.04 and .09 between scores during the first 3 months of life and scores at 18 to 36 months. Looking at race and gender with a sizeable sample, Goffeney, Henderson and Butler (1971) later found virtual no correlation between 8 month and 7 year measures. Escalona and Moriarty (1961) found virtually no correlation between 20 month and 6 to 9 year scores.

"The findings of these early studies of mental growth of infants has been repeated sufficiently often so that it is now well established that test scores earned in the first year or two have relatively little predictive validity" (Bayley, 1970)...There are notable exceptions, however. Many developmental inventories are excellent screening devices capable of identifying students with permanent cognitive disabilities...

Recommendations

... Infant development scales "are unsuitable instruments for assessing the effects of specific intervention programs" and that "the success of specific intervention programs must be assessed according to specific criteria related to the content of the program."

Few early childhood programs seek to improve overall intelligence or to hasten the general cognitive development of infants and toddlers. Rather most programs seek to provide interventions for specific identified needs, either for the family or child or both. The typical early childhood program can be accurately viewed as a collection of individually tailored programs. Thus, the individual intended outcomes should be identified and the program's success gauged against whether those outcomes are worthwhile and whether they were attained.

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V. Implications for School Readiness

❞ Says ZERO TO THREE, a leading child development organization, "We know from rigorous psychological and sociological research, and from compelling clinical experience, that early childhood is a time when infants and toddlers acquire many skills needed to become productive, happy adults." Young children need meaningful learning opportunities to develop skills, competencies, a sense of self, and a foundation for learning throughout life. "Efforts to help all children achieve the basic skills of trust, motivation, and self-control needed for later intellectual and emotional development should not be aimed at creating super-babies, or giving anxious parents one more thing to worry about, or overambitious parents one more reason to push their children. Our aim should be to ensure that all children reach school age with a solid foundation for learning and relating to others, and that all parents know what they can do to help their children develop."

A. What is School Readiness?
1. *The State of Young Children's School Readiness*
2. *The California Department of Education offers a list as basic skills 4 and 5 year-olds should learn and master before they enter kindergarten*

B. Families and Readiness
1. *Raising Readers: The Tremendous Potential* of Families
2. *Parents as Teachers and Role Models*

C. Head Start
1. *Head Start Facts*
2. *Early Head Start Shows Significant Results for Low Income Children and Parents*
3. *Planned Impact Evaluations for Head Start, Early Head Start, and Even Start*

D. School Involvement in Early Childhood

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1. The State of Young Children's School Readiness

Excerpted from: Ready they're not, school reform is red hot. But what good is it to children who are behind before they even begin? Bruce Fuller. *San Francisco Chronicle.* Sunday, January 14, 2001.
http://www.sfgate.com

Thousands of young children are unprepared to begin first grade, a reality shared by middle-class and poor families alike.

One recent assessment of more than 4,000 preschoolers nationwide revealed that 43 percent of all 4-year-olds are unable to consistently recognize letters in a book; 38 percent can't count to 20 out-loud; 30% have not learned how to write their name. Many are unable to play cooperatively with others or sit still long enough to learn in classrooms. Without these most basic social and cognitive skills, youngsters will languish early in their school careers.

Disparities in learning curves are often stark between youngsters from middle-class and poor families. As found in a second study, at the end of kindergarten, children from the latter group were already nine months behind developmentally. And the acquisition of more complex language and math concepts grew at a slower rate among poor children, compared to rates experienced by 5-year-olds from middle-class families.

The learning gaps apparent by age 6 simply widen and calcify as children move through school. Meredith Phillips, a sociologist at the University of California at Los Angeles, recently discovered that the average black second-grader reads at the same level as the average white first-grader. Barely three years into the school system and already one year behind.

Of course, putting a child on track is certainly not simply a matter of blasting Mozart at one's baby in utero or drilling toddlers on the ABCs. Doing well and feeling confident in the first grade stems from a web of cognitive proficiencies and social skills that can be advanced by parents and preschool teachers alike.

Fortunately, recent research has revealed a myriad of practices that parents, child care providers, and teachers can and are using to promote healthy early development, increase school readiness, and put young children back on track.

2. The California Department of Education offers the following list as basic skills 4 and 5 year-olds should learn and master before they enter kindergarten.

Social development

--Cooperates with other children in play and learning tasks
--Can express feelings without getting upset or aggressive
--Can sit calmly, listen and work with other children
--Is able to see the perspective of another child and talk out differences

Building blocks for reading and language

--Recognizes most letters of the alphabet
--Likes to sit and listen when an adult reads
--Draws pictures and letters, rather than scribbling
--Has an increasingly complex vocabulary
--Connects words and expressions to the right context
--Can identify and say words that rhyme
--Is beginning to read one-syllable words

Beginning knowledge of numbers and mathematical patterns

--Can count up to 30 objects
--Can identify which two sets have equal numbers of objects
--Is able to add and subtract objects up to 10
--Demonstrates an understanding of time
--Can identify and describe simple objects, such as circles and triangles

Sources:

Prekindergarten Learning and Development Guidelines. California Department of Education.

Approaching Kindergarten: A Look at Preschoolers in the United States. California Department of Education.

http://www.cde.ca.gov/

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1. Raising Readers:
The Tremendous Potential of Families

Excerpted from the U.S. Department of Education
The ERIC Review, Vol 7 (2), Summer 2000
http://www.accesseric.org/resource/ericreview s

Research demonstrates that the size of a young child's vocabulary is a strong predictor of reading-preschoolers with large vocabularies tend to become proficient readers (National Research Council, 1998). Children's vocabularies can be greatly enhanced by talking and reading with parents. When parents are unable, grandparents, neighbors, and other adults should step in to serve as the child's designated reader for the day. Being read to is an experience that children will remember for a lifetime, and one that will form the foundation for all future learning.

. . .

Recent research into human brain development is proving that parents truly are their children's first teachers. What parents do, or don't do, has a lasting impact on their child's reading skills and literacy. For example, considerable evidence shows a relationship between reading regularly to a child and that child's future reading achievement (National Research Council, 1998).

. . .

Given the course of brain development, it is not surprising that young children who are exposed to certain experiences usually prove to be good readers as they get older. Just as a child develops language skills long before being able to speak, the child also develops literacy skills long before being able to read (National Research Council, 1998).

How Parents Help

By cooing, singing lullabies, or reading aloud to a baby, toddler, or preschooler, parents stimulate their child's developing mind and help build a base for literacy skills. Counting, conveying number concepts, discussing letter names and shapes, and associating sounds with letters are all relevant to learning to read (Wells, 1985). Researchers studying high school seniors found that early educational experiences-such as learning nursery rhymes, watching educational television shows such as *Sesame Street,* playing word and number games, and being read to-are all good predictors of later reading ability (Hanson, Siegel, and Broach, 1987).

Positive parental attitudes toward literacy can also help children become more successful readers (Baker, Scher, and Mackler, 1997). Enthusiasm about books and reading can be shared between a parent and child and can deepen the child's interest in learning to read (Snow and Tabors, 1996).

Children who learn from parents that reading is fun may be more likely to persist in learning to read when the going gets tough (National Research Council, 1998). Some experts believe that parental emphasis on reading as entertainment rather than as a skill helps children develop a more positive attitude toward reading (Baker, Scher, and Mackler, 1997).

Most parents understand that play can enhance learning. Parents can use the arts-from singing a lullaby to dramatizing a favorite story-to help their children develop early language skills (Council of Chief State School Officers, 1998). Music and other language rich creative arts can stimulate a young child's language and literacy development. Dramatic play can develop vocabulary, concepts, and creativity, all part of preliteracy skill building.

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2. *Parents as Teachers and Role Models*

Parents serve as both teachers and role models in reading. You can help your young children become readers by:

★ Giving them rich language experiences throughout the day beginning when they are infants. Talk with them frequently in short, simple sentences. Name things. Tell stories, sing songs, recite nursery rhymes or poems, and describe the world around them to expose them to words. Make connections. Encourage your children's efforts to talk with you.

★ Reading aloud to them for 30 minutes daily beginning when they are infants. Ask caring adults to be your children's daily reader when you are unavailable.

★ Keeping reading materials visible and available throughout the house.

★ Setting up a special place for reading and writing in your home. A well-lit area filled with lots of good books and writing materials (for example, nontoxic crayons, washable markers, paints and brushes, and different kinds of paper) can become a child's favorite place. Remember that this is your *child's* special area-make sure that he or she can reach the materials.

★ Visiting the public library often to spark their interest in books. Help your children obtain their own library cards and pick out their own books. Talk to a librarian, teacher, school reading specialist, or bookstore owner for guidance about what books are appropriate for different ages and reading levels. If your own reading skills are limited, consider joining a family literacy program. Ask a librarian for picture books that you can share with your children by talking about the pictures. Tell family stories or favorite folk tales to your children.

★ Having their eyesight and hearing tested early and annually. If you have concerns about your children's development, call the early childhood specialist in your school system or consult with your pediatrician. If you are concerned specifically about your children's reading, you may want to visit a local university reading center or clinic, where evaluations and assessments are available at little or no cost to parents. The federally funded National Information Center for Children and Youth With Disabilities (1-800-695-0285) can be a helpful source for information and referrals when a child's disability affects his or her reading.

★ Limiting the amount of television and kind of programs your children watch. Seek educational television programs or videos from the library that you can watch and discuss with your children.

★ Seeking child care providers who spend time talking with and reading to children, who make trips to the library, and who designate a special children's reading area.

C. Head Start

Edward Zigler, PhD; Sally J. Styfco

Children raised in poverty can do well in school and later in life, but they face many more obstacles than children reared in wealthier homes. The more obstacles the individual child faces, the greater the likelihood he or she will not achieve success in elementary school. Today 4 million, or more and 1 in 5 US children younger than 6 years live in poverty; the associated risks also affect the large number of near-poor children whose family incomes place them above the artificial poverty index. The scope of the problem has changed little since 1964 when an all-out War on Poverty was declared by President Lyndon Johnson. As the nations leaders pondered the causes and cures for poverty, Johnson's antipoverty chief Sargent Shriver, offered his observation that the children of the poor were ill-prepared when they entered school. Starting with this disadvantage they fell further behind through progressive grades, and they never attained the education needed to break the cycle of poverty. Thus was born Head Start, a nationwide program designed to foster school readiness through comprehensive, 2-generation services targeting the various obstacles poor children face.

The Head Start model had come to be recognized as the prototype of effective early childhood intervention. The program currently enrolls more than 860000 children ages 3 to 5 years in nearly 16000 centers. Most children attend a half-day program for 1 academic year, although some have access to longer days, a second year, or both. Virtually all of the children live in families whose incomes is below the federal poverty level. About 13% have disabilities. While there is considerable local control over program content, all Head Start centers are required to provide the same basic services and conform to precise quality standards. For Example, children must receive physical, dental, and mental health care, sound nutrition, and preschool education. As partners in their children's schooling, parents have access to adult education and family support services, and they are invited to participate at both classroom and administrative levels. The program also links to the communities where it is hosted. While it has served younger children in migrant programs and a longstanding demonstration, the Early Head Start program for families and children ages 0 to 3 years is a new effort that is gradually expanding across the nation.

C. Head Start
1. Facts on Head Start

What is Head Start and Why Is it Important?

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. Approximately 1,400 community-based non-profit organizations and school systems develop unique and innovative programs to meet the specific needs of their families. Head Start programs operate in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories. In FY 1998, Head Start served an estimated 830,000 children and their families, with a budget of over $4 billion.

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.

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.

Other Head Start Services

American Indian Head Start Program. This program is a modified Head Start, with the additional goal of integrating language and culture into their curriculum and program planning.

Migrant Head Start Program. This program is identical to Head Start, but modified to meet the specific needs of migrant farm-worker families.

Early Head Start. This program expands the benefits of early childhood development to low income families with children under three and to pregnant women.

2. Early Head Start Shows Significant Results for Low Income Children and Parents

Early Head Start provides high quality child and family development services to pregnant women and infants and toddlers, from birth to age 3, a time considered one of the most important in a child's cognitive and social development. It was started in 1995 as a new component of the Head Start program that serves children age 3 to 4. There are currently 635 Early Head Start programs serving 45,000 low-income families with infants and toddlers.

Major findings of the preliminary evaluation of 2-year-old children in the program include higher scores in standardized tests of infant and toddler development and reports of larger vocabularies and the ability to speak in more complex sentences. One-third of Early Head Start children were found to be at risk of slower developmental learning compared to 40 percent of the non-Early Head Start children. This indicates that Early Head Start children may also be less at risk of needing special learning intervention services in later years.

The results pertaining to parents present further evidence of Early Head Start's ability to promote learning in the home, to better prepare children for school, and to reduce family stress. The preliminary study reports that Early Head Start parents were more supportive of promoting learning, language and literary at home by reading more to their children and engaging in more structured play activity than parents not in the program. Early Head Start parents also set more regular bedtimes and read to children before sleep. They spanked their children less and were more likely to resolve problems by using distraction, explanation or mild responses rather than physical punishment. Early Head Start parents also reported lower levels of family conflict and stress related to parenting. These findings indicate that the program is equipping parents with strategies to cope with conflict and to help break a cycle of parental stress and potential harm to children.

Early Head Start provides its full range of services in home-based, center-based and mixed settings. The evaluation found that the child development services provided directly by Early Head Start programs were generally of high quality. Though there were differences in results for children and parents among the three program formats, overall findings regarding improvements in children's cognitive development and parental behavior were broad and substantial.

"This study is enormously important for the future of Early Head Start and all early childhood programs by showing that a large national program that is well-implemented, maintains quality, and focuses on specific child development goals for children and parents can succeed," said Olivia A. Golden, HHS assistant secretary for children and families. "There will be more to learn, but we now know that the Early Head Start blueprint of an early, intensive program can yield significant results and brighter outcomes for children."

These findings are officially reported in: *Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families. Summary Report.* The Commissioner's Office of Research and Evaluation And the Head Start Bureau, Administration on Children, Youth, and Families, & Department of Health and Human Services. Early Head Start Research and Evaluation Project. January 2001. Http://www.mathematica-mpr.com/PDFs/buildsumm.pdf

See also the several Head Start reports in the Reference Section.

3. Planned Impact Evaluations for
Head Start, Early Head Start, and Even Start

Many researchers consider impact evaluations to be the best method for determining the extent to which the program itself, rather than other factors, is causing participant outcomes. Impact evaluations can be designed in several ways, but fall into two basic design categories: experimental and quasiexperimental. Experimental designs randomly assign eligible individuals either to a group that will receive services from the program being studied or to a group that will not receive services from the program. The relevant outcomes of these two groups are measured and compared, and any differences found between the two can be attributed to the programs. While rigorous, these evaluations can raise ethical issues because they deny services to eligible individuals. This issue, along with other issues characteristic of complex evaluations, can make experimental impact evaluations especially difficult, time-consuming, and expensive to perform, Quasiexperimental designs use a comparison group that is not created with random assignment. As a result, the comparison group's similarities to program participants are less certain. Quasiexperimental designs are less rigorous, but tend to be less expensive and time-consuming and do not have the same ethical issues.

Three federal programs focused most on early childhood education, Head Start, Early Head Start, and Even Start, are currently being studied using impact evaluations with experimental designs. All of these programs are intended to produce improvements in children's school readiness and educational outcomes, including enhanced literacy.

The Head Start study is a 6-year, $28.3 million national impact study of over 5,000 3-to 4-year-olds that will follow children through first grade. The study's goals are 1) to determine the national impact of Head Start on children's school readiness by comparing children in Head Start to children not in Head Start; and 2) to determine under which conditions and for which children Head Start works best. The evaluation is still in its early stages and data collection has not yet commenced, although a pilot study will be conducted in spring 2001.

The $21-million Early Head Start study will collect information about 17 local programs and follow 3,000 children up to their third birthday. This study includes an impact component as well as an implementation study, which will assess the extent to which the program is being administered as intended. The final report is due in 2002. HHS has also initiated another study that will follow these children through the spring before their entry into kindergarten.

The $3.6-million Even Start study will examine the effectiveness of 400 Even Start families in 18 local programs and will take 6 years to complete. The final report is expected in summer 2003.

D. School Involvement in Early Childhood

> *"Formal education that begins at age five is TOO LATE....While our state continues to spend more and more money correcting problems that occur later in children's lives through remediation, special education, alternative schools and the criminal justice system, we ignore the front end of their lives, where it could truly make a difference....preschool will make more of a difference than anything else we can do to improve the lives of our children and our state."*
> Cecil J. Picard, Louisiana Superintendent of Education.

Why Should Schools Be Involved In Early Childhood?

Family structures and lifestyles have changed, and most parents share responsibility for their children's preschool care and education with a variety of programs. Almost 65% of mothers with preschool children are in the labor force (Bureau of Labor Statistics, 1999). The 1996 welfare reform law requires parents who receive public cash assistance – usually single mothers – to begin working within two years. In 1995, 59% of all preschool-ages children were in preschool care and education programs on a regular basis, including 67% of three-year-olds and 77% of four-year-olds (Hofferth et al., 1998).

Research, including two recent longitudinal studies supported by the U.S. Department of Education, documents the impact of preschool care and education on children's school success. The studies demonstrate that high-quality child care is also education that helps preschool children develop emotionally, socially, and cognitively. The Cost, Quality, and Outcomes study followed approximately 400 children from the time they were three years old in child care centers through second grade. The children who had been in high-quality care demonstrated greater school readiness and success through second grade than children who had been in low-quality care, even after controlling for family differences. The impact was strongest for children whose mothers had not completed high school, compared with children whose mothers had a college education (National Center on Early Development and Learning, 1999).

The first priority of the U.S. Department of Education is making sure young children start school "motivated to read and with the prerequisite language and early literacy skills" (Snow, Burns, & Griffin, 1998, p. 5). However, children's early learning opportunities vary greatly. The Department's study of children who began kindergarten in the fall of 1998 provided national data for the first time about differences in school readiness. Children's literacy and math skills, as well as their general knowledge, were significantly related to maternal education, number of parents in the home, primary language, race or ethnicity, and their age at kindergarten entry. The

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study also found significant differences in children's social skills, physical health, and approaches to learning (West, Denton, & Germino-Hausken, 2000). The National Research Council, therefore, has highlighted the need for high-quality preschool environments that promote skills that predict later reading achievement.

High-quality preschool increases low-income children's IQ scores throughout the first few years of school. Dr. Doris Entwisle, a professor in the Department of Sociology at Johns Hopkins University, thinks that this advantage may be underestimated. She believes that even short-term IQ gains may lay a foundation for success by boosting children's performance "during their critical transition into school." Dr. Entwisle points out that higher ability during early schooling can protect children from being placed in lower-ability groups and retained in grade, raising expectations from parents and teachers (Entwisle, 1995, p. 134).

What States Are Doing

Many states are trying to improve the quality of preschool care and education.

Georgia uses state lottery funds to offer voluntary prekindergarten for all four-year-olds. Initiated in 1993, the program currently enrolls 61,000 children in schools, Head Start, and child care centers. In an ongoing 12-year study of children's outcomes, kindergarten teachers rated 64 percent of the former prekindergartners as above average in readiness for kindergarten, and at the end of the year, rated 68 percent of them as above average in readiness for first grade (Henderson, Basile, & Henry, 1999).

North Carolina initiated Smart Start in 1993, and the program has grown from 18 counties to all 100 counties, with $150 million in state funds. The county-based program is designed to improve school readiness primarily by subsidizing child care costs and improving child care quality. A six-county evaluation found that Smart Start assistance that focused directly on improving child care classroom quality improved children's skills and behavior in kindergarten. Only 9 percent of children from centers that received this direct assistance had low cognitive skills, and only 10 percent had behavior problems, compared with 17 and 18 percent, respectively, of their peers (North Carolina Partnership for Children, Inc., 1999).

Some states and school districts are improving school readiness and increasing children's chances of succeeding in school, often offering prekindergarten as an essential element of school reform.

The Kentucky Early Literacy Initiative is working to ensure all children are able to read at the proficient level on the Kentucky Core Content Test at the end of fourth grade. The initiative encourages preschool care and education programs to promote early literacy and provides professional development to help preschool and primary teachers master effective research-based reading strategies.

The Michigan School Readiness Program, initiated as a pilot program in 1985, is serving over 23,000 children, who are at risk of school failure, in 1999-2000. An ongoing program evaluation found that the children entered kindergarten with significantly higher scores, including language and literacy, than similar children who had not attended the program. The children have continued a higher level of success than their peers through second grade, with significant differences in grade retention, interest in school, and physical ability (Zongping et al., 2000).

Texas has the largest prekindergarten program in the country. The state has required school districts since 1984 to offer prekindergarten if they have at least 15 four-year-olds who are unable to speak or understand English, are eligible for free or reduced lunches, or are homeless.

Collaboration is the Next Essential Step

Most child care programs, Head Start programs, and public schools operate in isolation from each other, even though they are located in the same neighborhoods and serve many of the same children and families. They respond to separate legislation and policies developed and administered by separate federal, state, and local agencies with little systematic coordination, even when agencies are located in the same cities and buildings. Moreover, schools, Head Start, and child care programs develop individual policies and procedures, staff training and development, and procedures for communicating with families. This lack of collaboration wastes resources and, more importantly, provides care that is often fragmented and chaotic. Schools, Head Start programs, and child care programs must begin working together for the greater benefit of their students.

Schools can help child care and Head Start programs.

Public education has an infrastructure of state-certified teachers, ongoing professional development, and professional salaries. While salaries are low compared with other professions, public school teachers have higher education and salaries than Head Start teachers, who have higher education and salaries than child care teachers...*Linking Head Start and child care with public schools can communicate that children in preschool care and education need well-trained teachers with equitable salaries, bringing to life research findings that better educated preschool teachers contribute to children's success in school* (Cost, Quality and Outcomes Research Team, 1995)...Including preschool care and education teachers in the public education infrastructure can increase their access to colleges and universities for teacher certification, professional development, and technical assistance. Innovations in teacher preparation and development – such as professional development schools and other ongoing partnerships between higher education institutions and local schools – can include child care and Head Start teachers, as well as teachers in public schools.

Child care and Head Start programs can help public schools.

Head Start and child care programs have many training and professional development opportunities that can also help school personnel. Regional training and technical assistance providers, local child care resource and referral agencies, and colleges and universities conduct workshops in early childhood development topics that could benefit school personnel who do not have early childhood backgrounds.

Public schools typically operate only 6.5 hours a day, 5 days a week, 9 months a year, leaving most employed parents on their own to find child care during nonschool hours. Most Head Start and prekindergarten programs also operate for only part of the day (U.S. Department of Health and Human Services, 1999). Child care programs, on the other hand, operate 10-12 hours a day, all year, and sometimes at night and on weekends to help parents with atypical work schedules, including the 25% of low-income mothers who work at night (Urban Institute, 1999). Some states are blending child care and education to provide more comprehensive services to children and families. Child care programs have a tradition of responding to working families' needs for extended hours of service, providing critical family support. *Linking with child care programs can help schools offer extended hours for children who need safe, nurturing environments and additional learning opportunities beyond the traditional school day and year.*

Nearly 73% of Head Start families have annual incomes below $12,000, almost 36% are African-American, and more than 26% are Hispanic (U.S. Department of Health and Human Services, 1999). *Partnering with Head Start programs can help public schools build strong relationships with these families, whose children are typically at risk of school failure.*

Federal Head Start regulations require that local programs work with community resources to provide comprehensive educational, health, and family support services to Head Start children and their families. As a result, Head Start is a fully functioning family support program, based on the concept that serving the whole family is the best way to help children succeed. Head Start programs emphasize parent involvement, hire and train parents as Head Start employees, and are required to have Parent Policy Councils that establish local policies and oversee program activities. Head Start parents gave the program the highest consumer satisfaction score, 87 on a scale between 0 and 100, of any federal agency on the 1999 American Consumer Satisfaction Initiative for Federal Government (U.S. Government Consumer Satisfaction Initiative, 1999). Long after their children have left Head Start, families continue to identify with the program, often remaining active members of the National Head Start Association, rallying community, state, and national support for Head Start (Zigler & Muenchow, 1992).

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VI. Good Practice to Promote Healthy Early Development and Address Barriers

Based on many years of practice in the field, leaders have come to identify a set of principles for sound practice, and a variety of respected models and programs have been documented. All of this work has provided the basis for emerging policies and initiatives. In this section, we highlight:

1) guidelines and principles for good practices

2) specific models and programs

3) policies and initiatives

Never in history have so many very young children spent so much time in the presence of nonfamily members. Never before has so much of what an infant imitates and absorbs as he or she begins to forge a definition of self been done in the presence of professional caregivers.

The Impact of Child Care Policies and Practices on Infant/Toddler Identity Formation
J. Ronald Lally. *Young Children, November 1995*

[This situation] demands that scientists, policy makers, business and community leaders, practitioners, and parents work together to identify and sustain policies and practices that are effective, generate new strategies to replace those that are not achieving their objectives, and consider new approaches to address new goals as needed.

National Research Council and Institute of Medicine. (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff & Dedorah L. Coates, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington D.C.: National Academy Press.

Section VI
A

VI. Good Practice to Promote Healthy Early Development and Address Barriers

1. Continuity in Early Childhood Services

With more and more children participating in early childhood programs before they enter school, there is an increasing focus on the transition that occurs when children move from preschool to kindergarten. Many children have problems adjusting to elementary school programs that have a different philosophy, teaching style, and structure than those programs in which they participated during their earlier years. Transition efforts [have been] designed to help ease the entry into school by preparing both children and families for the differences children will encounter.

But more recently, there has been a growing consensus that the key to effective services for young children is less through bridging the gap between different types of programs, and more through ensuring continuity in certain key elements that characterize all good early childhood programs...

If programs are to provide effective early childhood services throughout children's early years, they must share at least three characteristics: developmentally appropriate practice, parent involvement, and supportive services for children and families.

Developmentally Appropriate Practice.

Continuity across early childhood services is facilitated by the degree to which all programs are developmentally appropriate. Naturally, the setting, age range, and abilities of the children will differ across programs. As children progress from preschool to kindergarten and on to the primary grades, they show increased motor and language skills, they can pay attention longer, they can play more cooperatively, and they are more able to develop interests that go beyond their immediate surroundings. Throughout the preschool and early elementary years, children learn best through active exploration of their environment and through interactions with adults, other children, and concrete materials that build on earlier experiences.

Programs for young children should not be seen as either play-oriented or academic. Rather, developmentally appropriate practice, whether in a preschool or a primary classroom, should respond to the natural curiosity of young children, reaffirm a sense of self, promote positive dispositions towards learning, and help build increasingly complex skills in the use of language, problem solving, and cooperation.

Parent Involvement.

One hallmark of any successful early childhood program is the degree to which it involves parents. Such involvement should not stop when children reach the schoolhouse door. Good schools for young children welcome family members in ways that go well beyond traditional parent activities such as fundraising and annual parent-teacher conferences. Ongoing communication between parents and teachers has become increasingly important. Parents can be involved as decision makers, volunteers, and staff. They can participate in parent education and support groups, be encouraged to observe the classroom, and, in general, take a more active role in their child's education both at school and at home.

Schools also need to respond to the diversity among families. Parent activities need to be responsive to the language and culture of the family and be tailored to meet specific needs of teen parents, single parents, working parents, blended families, and families with special service needs.. Given the increasing number of working parents with young children, employers can be supportive of parent involvement by providing release time for parent participation and by initiating policies that support work and family life.

Supportive Services.

Effective early childhood programs, particularly those for low-income families, need to respond to the comprehensive needs of children and families for health care, child care, and other family supports. Traditionally, schools have not played a role in ensuring that such services are provided. Yet there is a growing recognition that schools are the natural hub for child and family services. New relationships between school and other health and human service providers are emerging as comprehensive services are integrated into public education.

Supportive services that include school and parent representation promote collaborative processes and community development. The uniting of school and community resources and concerns, and the clear recognition of the fact that the school is embedded in its community, sustain healthy environments and contribute greatly to continuity for children and families.

A. *Toward Guidelines and Principles for Good Practice*
2. Building Resilience
in Infants and Young Children

Biological, environmental, and psychosocial circumstances combine in various ways to either enhance or stress the healthy development of infants and young children. The resulting constellations of needs, strengths, and vulnerabilities uniquely combine to produce the individuality that is inherent in all human beings.

Influences on Risk and Resilience

Positive perinatal biologic, environmental, and psychosocial circumstances set the stage for healthy development. When all circumstances are positive, the growing child is provided with a reserve of resiliency that will enable the child to handle daily challenges as well as be prepared in case of future adversity. No child is impervious to trauma. The construct of invulnerability or resilience refers to the notion that there is a continuum of potential resilience inherent in all children as a counterbalance to the now acknowledged zone of vulnerability recognized in children at risk.

Children who are healthy, temperamentally easy, and developmentally competent, who are born into families that can provide rich relationships, appropriate expectations, and low environmental stress, tend to develop the internal resources that allow them to easily cope with the demands that are a part of all children's lives.

These resilient children develop the internal self-regulation to respond to and recover from environmental challenges. They acquire a repertoire of responses, and they have the flexibility to respond in a manner that matches the situation in context and intensity. Resilient children accomplish transitions smoothly and easily. They recover from stressful events in a period of time that matches the traumatic significance of the event. Stress and distress responses do not linger.

To the extent a child expands his or her zone of resilience, the stressors that influence emotion and behavior will be better handled. *Resilience* refers to the child's capacity to overcome biologic-psychosocial, and environmental stressful events. Resilience thus is the capacity to withstand stressors, overcome adversity, and, in the process, achieve higher levels of self-mastery and self-esteem and internal harmony.

Conversely, children who are born at biologic risk or who are living in families overwhelmed by psychosocial or environmental circumstance (or both) often confront daily challenges that stress them beyond their capacity to cope. Temperamentally difficult children are more vulnerable to family stressors than are their temperamentally easy counterparts. Without resilience -building intervention, vulnerable children are at higher risk than their nonrisk peers for negative developmental outcomes. When risks are multiple, children are in danger of becoming adolescents who are high school dropouts, teenage parents, juvenile offenders, substance abusers, runaways, and gang members. The early identification of vulnerable children is essential as a first line of defense against negative adolescent outcome.

An understanding of the relationship of biologic, environmental, and psychosocial circumstances to the healthy development of children forms a framework for the provision of resources and services needed to buffer negative circumstance and build resilience in children at risk.

Significant **biologic and constitutional influences** on developmental outcome include
★ health,
★ neurodevelopmental characteristics, and
★ temperament.

Significant **environmental influences** on developmental outcome include
★ family stressors and resources,
★ developmental opportunities,
★ community stressors and resources, and
★ cultural context.

Significant **psychosocial influences** on developmental outcome include
★ child-caregiver relationship, and
★ goodness of fit of parental expectations.

Positive biologic influences endow the infant with internal resilience that impacts how the child perceives and responds to the world. Positive home, family, community, and environmental influences affect the infant directly. Of equal importance is the positive effect home, family, and community supports can have on the parenting figure. Parents can contribute to child resilience only if they are not emotionally overwhelmed by their interpersonal. family. and community lives.

Essential **parental and family resources** are
★ parental capacity to cope
★ parental self-esteem
★ parental emotional availability
★ responsive caregiving
★ appropriate developmental expectations and opportunities
★ capacity to provide protection from overstimulation
★ internal family harmony
★ economic self-sufficiency, availability of food, shelter, medical care.
★ neighborhood safety and freedom from racial discrimination, and
★ social supports

Toddler and young child risk indicators

1. *Organization of play and daily living activities.* The at-risk toddler and young child may be more distracted and less focused than peers and show less self-initiation and organized follow-through in play, learning, and self-help activities. These children are at risk for attention problems.

2. *Precision and direction of movement.* The at-risk toddler and young child may have difficulty with spatial relations or motor coordination (or both), seen in crayon use, block play, puzzle completion, and tricycle riding. These children are at risk for learning problems.

3. *Learning continuity and learning strategies.* The at-risk toddler and young child may show sporadic mastery (ie. Masters a learning strategy, skill, or verbal concept one day and needs to re−learn it again and again). There may be an impairment in sensory information processing, and

these children are at risk for learning disabilities.

4. *Sense of self and interactive behaviors.* The at-risk toddler and young child may have very low stress thresholds and be over reactive to stress. Children who experience multiple foster placements may lack the close attachments or relationships to adults that allow for the use of adults as sources of emotional comfort, security, object attainment, and information. These children are at risk for social and emotional problems.

5. *Language.* The at-risk toddler and young child may not use words to express needs, request comfort, solve problems, or resolve conflict. The at-risk toddler and young child may not respond to verbal prohibitions of behavior or verbal praise given at a distance or in a group situation.

The box entitled Caregiver Strategies for Building resilience in Toddlers and Young children presents caregiving strategies for building resilience in toddlers are young children at risk. The application of strategies must match the particular need of the young child.

Caregiver Strategies for Building Resilience in Toddlers and Young Children

1. Use of proximal behaviors in caregiver-child interactions including call to attention, eye contact, and touch before verbal directions, prohibitions, information and praise are given.
2. Protection from overfatigue by establishment of personalized bedtime rituals and routines.
3. Protection from overstimulation of too many children, adults, transitions, noise, light, commotion, and emotional distress.
4. Use of rituals for hellos, goodbyes, and daily transitions so child can predict behavior.
5. Modeling, encouragement, acknowledgment, labeling and responding to child's expression of feeling while setting limits on harmful behavior.
6. Encouragement of autonomy and decision making by providing "limited" choice, whenever possible.
7. Teaching and guidance of social behavior, provision of language and process for peer conflict resolution.
8. Encouragement of self-dependence that matches child's functional level.
9. Modeling and provision of relaxing time, relaxing place, and relaxing activities for child.
10. Modeling and encouragement of representational play to express feelings and recreate significant events.
11. Observation of child's behavior, and intervention before behavior is out of control.
12. Timely response to toddler or young child's needs and initiation of social interaction.
13. Teaching the at-risk child to learn cause and effect in relationship by providing words that relate affect to action (eg " You grabbed his toy. That makes him upset. Use your words and tell him it's your turn next.").
14. Personalized, one-to-one, child-centered time spent daily to build relationship.

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3. Community Resources to Support Families and Build Resilience in Children

Infant or young child supports:
★ Public health nurse
★ neonatal intensive care unit follow-up
★ well baby clinics:
  ★ health care
  ★ developmental screening
★ women, infants, and children program
★ early identification and referral (child fund)
★ clinic-based, home-based, and center-based developmental services:
  ★ public law 99-15, part H   services
  ★ high-risk infant program
  ★ well baby clinics
  ★ public health nurse
★ infant and child care
★ head start
★ public schools system
★ child guidance clinics.

Child-Parent interaction supports:
★ Mother-child interaction supports
★ developmental services:
  ★ psychologist
  ★ early interventionist
  ★ communication specialist
  ★ feeding team specialist
★ mommy & me classes
★ conjoint mother-infant therapy
★ parental support
★ parent support groups
★ parent education
★ parent counseling
★ social supports
★ church mommy & me activities
★ library mommy & me activities
★ parks and recreation mommy & me activities.

Family supports:
★ Community health clinics
★ family service clinics
★ community mental health clinics
★ welfare and social services:
  ★ Aid to Families with Dependent Children
  ★ food stamps
  ★ housing
  ★ Medicaid
★ drug and alcohol recovery programs
★ job training and job counseling
★ instrumental support for service delivery:
  ★ child care
  ★ transportation
  ★ toy loan
  ★ translator
★ child development warm lines
★ job availability
★ community safety
★ freedom from discrimination.

Strategies for building resilience in infants and young children at risk. Marie Kane Poulsen, Ph.D. *Infants and Young Children 6(2) 29–40.* Aspen Publishers, Inc. 1993.

★ effective programs use explicitly stated, developmentally appropriate active-learning curricula that support children's self-initiated learning activities;

★ effective teaching staff have been trained in early childhood education and do not change jobs often;

★ effective administrators provide systematic inservice training on site and supervisory support of their staff' curriculum implementation;

★ effective programs maintain classes of fewer than twenty 3-to-5-year olds for every pair of teaching adults;

★ in effective programs, staff treat parents as partners and engage in extensive outreach to parents, such as home visits at least monthly, to learn from parents and to help them understand the curriculum and their children's development.

From: *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27. 1993.* Schweinhart, L.J.; Barnes, H.V.; Weikart, D.P.. Ypsilanti, MI: High/Scope Press p. 17.

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1. *The Program is well managed and well monitored.* Supervisors must know what is gong on in their programs on a day-to-day basis. They should be readily available to provide support, give realistic feedback, help solve problems and reward a job well done.

2. *Parents are involved in significant ways in the educational development of the children.* Teaching staff should work with parents as partners. Vehicles for parent involvement might include home visits, parent meetings with opportunities for parents to volunteer to help in the classroom.

3. *At least two adults are in the classroom to provide overall support and individual attention to children.* This team approach is more important than class size (which often gets more attention); a team has much greater flexibility in dealing with situations than does a solitary adult.

4. *A significant amount of time is spent in child/adult interactions.* Talking, sharing ideas, playing together–these are essential, with the child initiating much of the activity. Children need adults to challenge and support them in their activities.

5. *Teachers are trained in the curriculum, and are able to work together as a team and under supervision.* It is teachers who make quality programs work, training and support for them is crucial.

6. *There is an evaluation component in the program emphasizing day-to-day quality maintenance.* Evaluation tells administrators when a program is on the right track, or when it is in trouble.

7. *Emphasizing quality will encourage teacher creativity and experimentation with new methods.* It should never be equated with some narrow definition of perfection that keeps enthusiastic, competent teachers from following their creative hunches. Only through being with creative adults can young children learn to express their own creative impulses.

From: *What makes a quality preschool? April, 1981.* Schweinhart, L.J. Keys to Early Childhood Education, Vol 2, No. 4

5. *Characteristics of a High Quality Early Education Program*

In judging quality, the National Association for the Education of Young Children (1983) cites the following essential elements: physical environment; health and safety; nutrition and food service; administration; staff qualifications and development; staff-parent interaction; staff-child interaction; child-child interaction; curriculum; and evaluation. Few would dismiss any of these, but some see the listing as insufficient. For instance, the staff of the frequently cited Perry Preschool project state:

> *Style of program operations* is the additional ingredient necessary to ensure high quality. The style...is manifested in the skillful blending of program elements...Elements of particular importance are as follows: curriculum implementation, parent involvement, staff supervision, inservice training provision, teacher planning time, staff relationships, ongoing evaluation, and administrative leadership. These elements are not rigidly tied to a "right" way of doing things: for example, it is not as important which curriculum is chosen, as that a curriculum model is chosen to guide program operations (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart; pp. 109-110).

More specifically, Schweinhart & Weikart (1989) state:

> The principle characteristic of a good early childhood development program...is that children initiate their own learning activities – choosing them within a framework created by the teacher and carrying them out as they see fit, unconstrained by the teacher's definition of the "correct" answer or the "correct" use of the materials. Child-initiated activity is distinguished from random activity by its purposefulness; it is distinguished from teacher-directed activity by the fact that the child controls what happens. (pp. 85-86)

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A. *Toward Guidelines and Principles for Good Practice*
6. *Early Childcare Programs -- Quality Checklist*

The following is a set of questions parents can use to evaluate early childcare programs.

A. *Is my child safe?*
___ 1. Is the environment clean, safe and comfortable?
___ 2. Is there an open door policy so that parents may visit the facility at any time?
___ 3. Do teacher/child ratios meet or exceed state requirements?
___ 4. Is there a staff person present at all times who knows CPR (cardiopulmonary resuscitation) and first aid?
___ 5. Is there a strict policy in place for releasing children to people other than their parents/guardians?

B. *How will my child's health and nutritional needs be promoted?*
___ 6. Are all areas cleaned regularly by a professional cleaning group?
___ 7. Are consistent, classroom-specific efforts made to limit illness from spreading?
___ 8. Do caregivers wash hands after diapering, toileting, blowing noses and before handling food?
___ 9. Are medications appropriately stored and administered safely?
___ 10. Are arrangements made for children who don't wish to nap?
___ 11. Do caregivers sit with children at meal times to model appropriate manners, interactions and nutritious choices?

C. *Who will take care of my child and what will my child do all day?*
___ 12. Do the children in the program seem relaxed and happy?
___ 13. Are there special activities and learning programs geared to the needs of each age group of children?
___ 14. Are there field trips for the preschool and school-age children?
___ 15. Are the caregivers supported by professional resource people, training and materials?
___ 16. Are the caregivers involved with the children, rather than just directing their activities?
___ 17. Is there consistent communication between parents and staff regarding children's developmental progress, as well as scheduled conferences?
___ 18. Has the facility achieved accreditation?

D. *What will happen if my child behaves in inappropriate ways?*
___ 19. Is positive guidance used as the guiding philosophy in the classroom?
___ 20. Are aggressive reactions in the classroom responded to quickly and with understanding?
___ 21. Is parent participation and communication in the guidance process encouraged?

E. *How will my child's self-esteem, confidence and independence be promoted?*
___ 22. Will my family's cultural values be respected and incorporated into the curriculum?
___ 23. Are children offered a variety of choices throughout the day?
___ 24. Does the program have a new child orientation system in place?

Adapted from "The Quality Checklist – Children's World Learning Centers"
http://www.ecdgroup.com/cn/cn18def.html

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7. Improving Training for Infant/Toddler Child Care Providers

The need for accessible, high-quality infant and toddler care has increased significantly due to a growing awareness of how crucial the first three years of life are to brain development, coupled with an increase in the number of families needing out-of-home care. Despite this need, the majority of child care for infants and toddlers fails to meet quality standards (Helburn, 1995). One critical factor in promoting quality care is the education and training of child care providers.

The Current State of Training

Currently, educational opportunities designed specifically for infant and toddler child care providers are few (Lally, 1995). Furthermore, issues related to the unique experience of caring for infants and toddlers often are not addressed in early childhood classes/ training, as most training historically has focused on the 3- to 5-year-old range.

Evidence suggests that college-level courses are particularly helpful in providing a training experience related to high-quality interactions (Arnette, 1989; Cassidy, Vardell, & Buell, 1995; Phillipsen, Burchinal, Howes, & Cryer, 1997; NICHD, 1996). Many child care providers are hesitant to enroll in college-level courses, however. They may find tests and the general atmosphere of college to be intimidating (Cassidy et al., 1995). In many cases, it is a lack of confidence, rather than ability, that keeps them from attending courses.

Most important, the pedagogical approach used in many college courses often does not fit the needs of adult learners. Research on adult learning suggests that the course content and pedagogical approach must fit the needs and learning style of the adult learner. Adults will reject information that is too different from their everyday experiences (Zemke & Zemke, 1981). Furthermore, adult learners consume new information and incorporate this information in relationship to their existing knowledge base, building on what is already known, rather than discarding previous experiential knowledge (Saracho & Spodek, 1994). Several researchers have suggested that more creative approaches are needed to make training and educational programs more effective for this population. Among the strategies that have been suggested are role-play and simulation (Winton, 1990), as well as demonstration and practice (Hanson & Brekken, 1991; Odom, 1987). Inservice training may be made more effective if follow-up support and assistance is available (Bailey, Palsha, & Simeonsson, 1991).

Project CREATE

Project CREATE (Caregiver Recruitment, Education, and Training Enhancement) was developed to increase the quality of child care providers' caregiving practices, as well as the quality of infant and toddler caregiving settings....Project CREATE targets center-based and family child care providers who are currently providing services to children under the age of 3. A format of three 1-credit modules allows participants to benefit from the course content in manageable segments...The classes are essentially free, in order to encourage provider participation...In addition, the participants receive a graduated stipend;...this money can be used to purchase supplies and equipment.

The modules are modeled after the "Program for Infant and Toddler Caregivers" (California Department of Education / WestEd / Far West Labs, 1990-1999). The three modules cover social-emotional development, cognitive development and learning, and environments and group care. The modules are infused with information on cultural diversity and working with children with special needs. To accommodate the providers' schedules, the modules are offered on weekends or in the evenings. To make the sessions less intimidating, many hands-on activities are used; very little information is delivered through lectures.

On-site technical assistance is a key component of Project CREATE. In order to make the information from the modules relevant, the program coordinator visits the programs at least once during every module. During these visits, the coordinator models developmentally appropriate interactions and demonstrates techniques reviewed in class. In addition, the coordinator provides suggestions for environmental changes and new approaches to curriculum development. Participants learn to take information from the course and tailor it to meet their specific program needs. This gives the provider an opportunity to receive additional support in addressing programmatic concerns. The program coordinator also uses the visits to boost self-confidence by pointing out specific examples of high-quality care demonstrated by the providers.

Conclusion

Programs such as Project CREATE can help providers make the transition from community-based training to more formal training opportunities. These courses offer community-based child care providers the professional training needed to ensure quality programs for infants and toddlers. Such courses must be sensitive to the unique needs of child care providers, however, by offering a range of supports, including on-site technical assistance and low-cost enrollment. Moreover, programs that accommodate providers' schedules, assist with registration and enrollment, and offer hands-on experiential learning will facilitate providers' entry into the college community. This support, in turn, will increase the likelihood that providers will continue with their professional development and, in so doing, help create more high-quality care for the most vulnerable children-infants and toddlers.

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8. Full-Day Kindergarten Programs

By Dianne Rothenberg (May 1995)

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Changes in American society and education over the last 20 years have contributed to the popularity of all-day (every day) kindergarten programs in many communities (Gullo, 1990). The increase in single parent and dual employment households, and the fact that most children spend a significant part of the day away from home, also signal significant changes in American family life compared to a generation ago. Studies show that parents favor a full-day program which reduces the number of transitions kindergartners experience in a typical day (Housden & Kam, 1992; Johnson, 1993). Research also suggests that many children benefit academically and socially during the primary years from participation in full-day, compared to half-day, kindergarten programs (Cryan et al., 1992).

Families who find it difficult to schedule both kindergarten and a child care program during the day are especially attracted to a full-day program (Jousden & Kam, 1992). In many areas, both public and private preschool programs offer full-day kindergarten (Lofthouse, 1994)...

Research studies confirm that attendance in full-day kindergarten results in academic and social benefits for students, at least in the primary grades (Cryan et al., 1992; Karweit, 1992)....Afer comparing similar half-day and full-day programs in a statewide longitudinal study, Cryan et all (1992) found that full-day kindergartners exhibited more independent learning, classroom involvement, productivity in work with peers, and reflectiveness than half-day kindergartners. They were also more likely to approach the teacher and they expressed less withdrawal, anger, shyness, and blaming behavior than half-day kindergartners. In general, children in full-day programs exhibited more positive behaviors than did pupils in half-day or alternate-day programs.

Observers of trends in kindergarten scheduling argue that changing the LENGTH or the kindergarten day begs the underlying issue: creating developmentally and individually appropriate learning environments for ALL kindergarten children, regardless of the length of the school day (Karweit, 1992; Katz, 1995).

Full-day kindergarten allows children and teachers time to explore topics in depth; reduces the ratio of transition time to class time; provides for greater continuity of day-to-day activities; and provides an environment that favors a child-centered, developmentally appropriate approach...Experts urge teachers, administrators, and parents to resist the temptation to provide full-day programs that are didactic rather than intellectually engaging in tone. Seat work, worksheets, and early instruction in reading or other academic subjects are largely inappropriate in kindergarten. By contrast, developmentally appropriate, child-centered all-day kindergarten programs:

♦ integrate new learning with past experiences through project work and through mixed-ability and mixed-age grouping (Drew & Law, 1990); Katz, 1995) in an unhurried setting;

♦ involved children in first-hand experience and informal interaction with objects, other children, and adults (Housden & Kam, 1992);

♦ emphasize language development and appropriate preliteracy experiences;

♦ work with parents to share information about their children, build understanding of parent and teacher roles, emphasize reading to children in school and at home, and set the stage for later parent-teacher partnerships;

♦ offer a balance of small group, large group, and individual activities (Katz, 1995);

♦ assess students' progress through close teacher observation and systematic collection and examination of students' work, often using portfolios; and

♦ develop children's social skills, including conflict resolution strategies.

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Section VI B

VI. Good Practice to Promote Healthy Early Development and Address Barriers

B. Specific Models and Programs

1. Readiness to Learn/Early Childhood Programs

2. Child-Initiated Active Learning in Preschool: The High/Scope Program

3. Learning Lessons From the Military Child Development Programs

4. Promising Programs

5. Promoting a comprehensive conflict resolution and violence prevention program for young children

6. Promoting Early Childhood Development Through Comprehensive Community Initiatives

7. Starting Early Starting Smart

8. What is Being Done? Efforts with Low-Income Families

9. An Alternative Option for Low Income Families: "Kith and Kin"

10. Effective Preventive Interventions for the First Five Years of Life

11. A Closer Look at Four Model Early Childhood Intervention Programs: Findings and Conclusions

12. Child-Focused Programs: Definitions and Long-Term Outcomes

B. Specific Models and Programs
1. Readiness to Learn / Early Childhood Programs

Head Start Program: The ultimate goal of Head Start is children's social competence. This refers to the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive, emotional, and social development; physical and mental health; and nutritional needs. Social competence has five objectives which support it. (1) Enhance Children's Growth and Development, (2) Strengthen Families as the Primary Nurturers of Their Children, (3) Provide Children with Educational, Health and Nutritional Services, (4) Link Children and Families to Needed Community Services, and (5)Ensure Well-Managed Programs that Involve Parents in Decision-making.

For more information, see:
First Progress Report on the Head Start Program Performance Measures, May 15, 1997, Prepared for: Administration on Children, Youth and Families, Head Start Bureau, Prepared by: Caliber Associates, Ellsworth Associates, Westat, Mathematica Policy Research,
http://www2.acf.dhhs.gov/programs/hsb/html/final_report.html

Long-term Effects of Early Childhood Programs: Long term studies of early childhood programs such as preschool, Head Start, child care, and pre-kindergarten found enhancements in cognitive achievements and social outcomes. Children who attended early childhood programs showed less placement in special education classes, or grade retainment later in their education. Children who attended these programs were also more likely to graduate from high school, and less likely to be involved in future delinquent and criminal behavior. Model programs which combined home visits with center-based child development services were associated with less aggressive behavior. Two criminal justice studies showed that program children had fewer contacts with the criminal justice system. One study that followed its subjects through age 27 also found that preschool participants had fewer out-of-wedlock births, relied less on social services as adults, and had higher average earnings than individuals in the control group.

For more information, see:
Gomby, D.S., Larner, M.B., Stevenson, C.S., Lewit, E.M., and Behrman, R.E. (1995) Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations. *The Future of Children, 5(3),* 6-24.

Early-childhood programs for low income families: Thirty-six studies of both model demonstration projects and large-scale public programs were reviewed to examine the long-term effects of early-childhood programs on children from low-income families. Results indicate that some early childhood programs can produce large short-term benefits for children on intelligence quotient (IQ) and sizable long-term effects on school achievement, grade retention, placement in special education, and social adjustment.

For more information, see:
Barnett, W.S. (1995). Long-Term Effects of Early Childhood Programs: Cognitive and School Outcomes. *The Future of Children, 5(3), 25-50.*

Early-childhood programs on social outcomes and delinquency: Early-childhood programs which seek to ameliorate factors associated with later antisocial or delinquent behavior can prevent these factors.

These programs have in common a combination of intensive family support and early education services, and effect a broad range of child and family risk factors for delinquency. There is also promising evidence of their cost effectiveness. The programs that demonstrated long-term effects on crime and antisocial behavior tended to be those that combined early-childhood education and family support services. Four programs were evaluated: High/Scope Perry Preschool Project, Syracuse University Family Development Research Program, Yale Child Welfare Project, and Houston Parent Child Development Center. Overall, results indicated that the program participants committed fewer delinquent or criminal acts with less later involvement with the juvenile justice system. Antisocial behavior was decreased in the Yale Project and the Houston Center.

For more information, see:
Yoshikawa, H. (1995) Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency. *The Future of Children, 5(3)*, 51-75.

e. *Even Start*: The goal of Even Start is to help break the cycle of illiteracy and poverty by improving the educational opportunities available to low-income families with limited educational experiences. After one year of participation, Even Start children scored significantly higher on the Preschool Inventory (PSI), a test of school readiness, than children in a randomly assigned control group. Children who remained in Even Start more than one year may grow at a-faster-than-expected rate both on the PSI and on the Preschool Language Scale (PLS). A substantial body of research shows that gains are enhanced by exposure to a high-quality, center-based program. Research supports this finding in that adults and children with high levels of participation in Even Start's core services had larger learning gains than those with low levels of participation. Children in projects that emphasize center-based programs had larger learning gains than children in projects that emphasize home-based services. Findings from the first national evaluation showed a positive relationship between the amount of parenting education received and children's vocabulary test scores.

For more information, see:
Even Start: Evidence from the Past and a Look to the Future. Planning and Evaluation Service Analysis and Highlights. http://www.ed.gov/pubs/EvenStart/highlights.html.

f. *Full-day Kindergarten:* Research studies confirm that attendance in developmentally appropriate full-day kindergarten results in academic and social benefits for students, at least in the primary grades. Those in full-day kindergarten programs (compared to half-day or alternate day programs) exhibited more independent learning, classroom involvement, productivity in work with peers, and reflectiveness than half-day kindergartners. They were also more likely to approach the teacher and expressed less withdrawal, anger, shyness, and blaming behavior.

For more information, see:
Cryan, J., Sheehan, R., Weichel, J., and Bandy-Hedden, I.G. (1992). Success Outcomes of Full-day Kindergarten: More Positive Behavior and Increased Achievement in the Years After. *Early Childhood Research Quarterly, 7*(2, June), 187-203. EJ 450 525.
Holmes, C.T., and McConnell, B.M. (1990). Full-day versus Half-day Kindergarten: An Experimental Study. Unpublished paper. ED 369 540.
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B. Specific Models and Programs
2. Child-Initiated Active Learning in Preschool: The High/Scope Program

In a series of studies conducted by the High/Scope Educational Research Foundation, teacher-directed instruction was compared with child-centered learning for young children born in poverty. In the Direct Instruction model, teachers followed a script to directly teach academic skills. In the High/Scope model, teachers set up the classroom and the daily routine so children could plan, do, and review their own activities and engage in key active learning experiences.

Results showed that by age 27, participants of the High/Scope model:

- had fewer emotional problems
- had fewer arrests
- earned more money and were less likely to receive welfare assistance
- had higher average achievement scores and literacy scores, and graduated from high school in higher numbers
- had higher commitment to marriage and fewer out-of-wedlock births

These findings demonstrate that high-quality early childhood programs can have lasting benefits for low-income children. Specifically, child-initiated learning activities empower children by enabling them to initiate and carry out their own learning activities and make independent decisions. This helps develop their social responsibility and skills so that they less often need treatment for emotional impairment or disturbance and are less often arrested for felonies as young adults.

From *Significant Benefits: The High/Scope Preschool Curriculum Comparison Study Through Age 27*. L. J. Schweinhart, H. V. Barnes, and D. P. Weikart, with W. S. Barnett and A. S. Epstein.

To order this and other reports,
contact the High/Scope Educational Research Foundation.
600 North River Street
Ypsilanti, MI 48198-2898.
Phone: 800-40-PRESS. Fax: 800-422-4FAX

B. Specific Models and Programs
3. Learning Lessons
From the Military Child Development Programs

Providing High Quality Child Care–The Military Model.
Under the Clinton Administration, the Department of Defense (DoD) has made important strides to improve the quality of child care for the children of the men and women who serve our country. The DoD Child Care System serves over 200,000 children (age zero to 12) daily making the U.S. military system the largest employer-sponsored child care program in the nation. The DoD Child Care System, known as the Child Development Program, includes Child Development Centers, Family Child Care homes, School Age Care programs, and Resources and Referral service. Through this system, the military offers full-day, part-day, and hourly child care, part-day which includes nights and weekends to accommodate shift workers. Because of the Department of Defense's commitment to excellence in child care, since 1992, the number of military child care facilities that are accredited by the independent National Association for the Education of Young Children has risen from 55 to 353. Currently, over 75 percent of military child care programs are accredited, as compared to only 7 percent of other child care facilities nationwide. Since the early 1990s, the DoD has focused on improving the quality, availability, and cost of child care for military families.

Sharing the Military's Expertise.
Because of the DoD's high quality, comprehensive child care programs, in April 1997, President Clinton directed the Secretary of Defense to share the expertise and lessons learned from the Military Child Development Programs with Federal, State, tribal, and local agencies, as well as with private and nonprofit groups, that are responsible for providing child care. In his Directive the President stated, "The Military Child Development Programs have attained a reputation for an abiding commitment to quality in the delivery of child care. The Department of Defense's dedication to adequate funding, strict oversight, improved training and wage packages, strong family child care networks, and commitment to meeting national accreditation standards is laudatory. I believe that the military has important lessons to share with the rest of the Nation on how to improve the quality of child care for all of our Nation's children." In response to the President's directive, the Pentagon is implementing a plan to reach out to states and civilian child care centers to share its expertise.

From: Caring for America's Children: The Clinton Administration and Child Care.
October 23, 97. http://clinton2.nara.gov/WH/New/Childcare/acomplish.html

B. Specific Models and Programs
4. Promising Programs

Supported by the RAND Corporation, Karoly et al. (1998) very recently examined a set of nine programs that represented attempts by government agencies or other organizations to improve health and development, educational attainment, and economic well-being of disadvantaged children. Of these, six (Early Training Project-, Perry Preschool; Houston Parent-Child Development Center PCDC; Syracuse Family Development Research Program-FRDP; Project Carolina Approach to Responsive Education-CARE; and Infant Health and Development Project-IHDP) collected information about program effects when participating children were 5, 6, and/or 7 years of age, corresponding to kindergarten and first grade levels. in this information, favorable effects seemed to dominate. The programs led to the following advantages for program participants relative to those in control groups: (a) gains in emotional or cognitive development for the child, in the short run, and (b) improvements in educational process and outcomes for the child (decreased frequency of placement in special education class). The size of this advantage for several programs was substantial in the Early Training Project (home visits and preschool program), Perry Preschool (home visits and preschool program), and IHDP (home visits and center-based educational day care).

The Carolina Abecedarian Project. This was an experimental preschool and school-age educational intervention for children from low-income families. At follow-up, 4 to 7 years after the intervention ceased, grade failure rate decreased and intellectual development and academic achievement were most positive for those children who participated in both preschool and school-age programs, supporting evidence that later scholastic achievement and benefits are proportional to duration of treatment received (Campbell *1994.,* Horacek et al. *1987)*

Project CARE, Based on studies and initiatives of the Carolina Abecedarian Project, Project CARE was developed during the *1970s* for children at risk for developmental difficulties because of low family SES or little family education. Wasik reported a longitudinal comparison of two intervention strategies of Project CARE: the Child Development Center Program (a day care program addressing cognitive and social development) and the Family Education Program (a home-based child development and parent support program). Findings after 6 months of intervention showed greater child improvement on measures of development (Bayley Scales of Infant Development and the McCarthy Scales of Children's Abilities at later ages) and IQ (Stanford-Binet) for participants taking part in both the family educational program and the day care program. These results help illustrate the benefits and importance of combining parent support programs and child preschool education to improve child outcomes (Wasik et al. *1990).*

The High/Scope Perry Preschool Study (Weikart *1998).* This education pre-school intervention program was begun in 1962 for disadvantaged African--American children ages 3 to 4 years. One of the many studies that have charac-terized and supported the intervention followed the children through early

adulthood (age *27)* and determined a *$7.16* return (in cost-benefit analysis) for every dollar originally invested in the preschool program; these adults showed improved social responsibility as well as educational achievement. In the High/Scope Curriculum Comparison study, Weikart compared outcomes at age 23 among children who had taken part in a highly intensive educational program versus children from a program focused on building individual choice and initiative. This study showed that children from the intensive academic program were significantly less socially responsible at age 23, suggesting that high-quality, early intervention that includes a focus on the child's independent decisionmaking has long-term benefits that extend into early adult years.

The Mother-Child Home Program (MCHP) (Madden, O'Hara, and Levenstein 1984). Designed for low-income families, this preschool intervention focused on mother-child interaction and later child behavior and academic benefits. The program consisted of 46 home visits, twice a week for two years. Three years later, no significant effects on scholastic achievement, IQ, or teacher-rated school adjustment were found.

Head Start. A small but well-designed study investigated the sustained effects, into kindergarten and first grade, for Project Head Start- Lee et al. (1990) executed a longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. Participation in generic Head Start programs was compared to both no preschool and other preschool experience for disadvantaged children in two American cities in 1969 and 1970. Incorporating pretest/posttest and comparison group information, the study had advantages over other Head Start impact studies. Both preprogram background and cognitive differences were controlled in a covariance analysis design, using dependent measures in the cognitive, verbal, and social domains. Children who attended Head Start maintained educationally substantive gains in general cognitive/analytic ability, especially when compared to children without preschool experience. However, these effects were not as large as those found immediately following the Head Start intervention. Findings suggested an effect of preschool rather than of Head Start per se. Initial findings of greater effectiveness of Head Start for children of below average initial ability were reduced but not reversed. The diminution of effects over time, especially for low-ability children, may reflect differences in quality of subsequent schooling or home environment.

The Child Parent Center (CPQ Program) (Reynolds et al. 1996). This Chicago - based, multisite program utilized a structured half-day care for low-income, mostly black preschoolers to promote school readiness, competence, and academic achievement. Parental involvement and school readiness were rated by teachers at school entry (after preschool) and later at entry to sixth grade (age 12). At follow-up, preschool program participants had significantly higher academic achievement in reading and math as well as less grade retention. In addition, teacher ratings of parent involvement and cognitive readiness in kindergarten significantly mediated the preschool intervention effects. Teacher ratings of school adjustment, school mobility, and grade retention also contributed to the transmission of effects.

5. Promoting a comprehensive conflict resolution and violence prevention program for young children.

There is a growing need for developmentally appropriate hands-on activities for teaching young children the skills to resolve conflict peacefully. Childcare providers around the country report increasing levels of aggression, violence and anger in their programs. Conflicts are a normal and natural part of everyone's life and often cannot be avoided. They are simply the disputes and disagreements that occur between people that can lead to learning and growth. Conflict resolution education aims to help children learn from conflict and avoid the destructive aspects of conflict that can occur to them personally, in the family, and in the community.

Whether working with children in a childcare setting, an after-school program, a kindergarten or preschool, conflicts and problems that arise give you an opportunity to help children learn effective ways to handle their relationships with others and to solve problems peacefully. The Peaceable Approach model envisions these early childhood settings as caring, respectful communities. The program teaches conflict resolution skills that build on several basic tenets of quality early care and education:

1. Recognizing that each child develops in his own way according to his own timetable.
2. Finding teachable moments when the caregiver or teacher can guide the child from one level to the next.
3. Listening to children and observing their behavior.
4. Modeling peaceable behavior by adults.

Example:
Early Childhood Adventures in Peacemaking is a comprehensive conflict resolution and violence prevention program created specifically for young children by the Educators for Social Responsibility (ESR). Throughout 1996 programs involving 3,996 children were piloted in Phoenix, Oklahoma City and Washington, DC. As a result of the initial pilot, the program was revised, and a second pilot involving an additional 2,700 children was conducted in six locations: Dallas; Denver; Morris, NJ; Atlanta; Washington, DC; and upstate New York.

Pilot results showed that noticeably positive changes were seen in the child's behavior throughout the day, and the "peaceable approach" offered practical tools to cope with everyday lives. The overwhelming responses of the pilots were positive, including a third pilot for Los Angeles and New York that involved more explicit research. The program pilots were a result of collaboration between ESR, work Family Directions and the AT&T Family Care Development Fund.

Establishing a physical environment that promotes a sense of trust and safety, a regard for the physical and emotional well-being of others, and an atmosphere of mutual respect is critical to the program's success. The parent-caregiver connection is equally important to helping children integrate experiences at home with what they learn in the preschool setting. Recognized as challenging because of differences in language, culture and religion among families, the "peaceable approach" offers a thorough understanding of the complex issues and concerns about violence that parents and guardians face, as well as practical ways to engage parents in the early childhood setting. For more information on implementing Early Childhood Adventures in Peacemaking and developing peaceable early childhood classrooms, contact ESR (Cambridge, Mass.), (800) 370-2515. In Atlanta, contact Quality Care for Children, (404) 479-4200 or info@qualitycareforchildren.org.

6. Promoting Early Childhood Development Through Comprehensive Community Initiatives

Adapted from: Promoting Early Childhood Development Through Comprehensive Community Initiatives. Berlin, L. J.; Brooks-Gunn, J.; & Aber, J. L. Children's Services: Social Policy, Research, and Practice, 4(10), 2001. 1-24.

What are Comprehensive Community Initiatives (CCIs)?

CCIs are "neighborhood-based efforts that seek to improve the lives of individuals and families, as well as the conditions of the neighborhoods in which they reside" (Roundtable on Comprehensive Community Initiatives for Children and Families, 1997, p. 7). CCIs seek not only to "improve the lives of individuals and families *as well as* [italics added] the conditions of the neighborhood," but also to improve the lives of individuals and families *by* improving the conditions of the neighborhood. Thus, first and foremost, CCIs are interventions that target neighborhoods and, as their title indicates, communities.

A given CCIs activities are likely to include physical revitalization (e.g., improving housing), economic development (e.g., providing technical assistance for small-business development), expansion and improvement of social services, and efforts to improve the quality of life (e.g., working with local police to improve neighborhood safety, establishing community gardens). CCIs also aim to strengthen the capacity of individuals and of neighborhood organizations to cultivate and maintain positive changes. They work to develop leadership and build relationships among people and organizations both within and outside the neighborhood.

An important goal of CCIs is to increase community participation and connectedness (Brown & Richman, 1997). This is accomplished by:

(a) increasing social interaction and communication to develop, transmit, and reinforce shared community values and norms and to build a sense of shared purpose and identity (e.g., establishing after-school programs, babysitting cooperatives, and cleanup campaigns);

(b) fostering the development of intergenerational relationships (e.g., promoting intergenerational activities in schools and religious institutions, developing community-based mentoring programs);

(c) creating opportunities for residents to work with community-based organizations (e.g., recruiting high school or college students as volunteer tutors in after-school programs); and

(d) creating opportunities for residents to have a significant voice in neighborhood affairs and governance (e.g., recruiting parents for community-planning boards or local legislators' campaigns).

How can CCIs serve young children and their families?

Despite the research detailing both the vulnerabilities and opportunities of the early childhood years, and despite the studies illustrating the promise of intervening early in people's lives, early childhood intervention programs generally have not targeted community-level factors, and CCIs have only just begun to focus on children (Brown & Richman, 1997). We propose three sets of intervention strategies that could be incorporated by CCIs for young children and their families. When subsequently present an example of an existing CCI that has added a focus on early child development.

Antipoverty policies and programs. Given that rates of child poverty and extreme poverty are highest for young children (National Center for Children in Poverty, 1996, 1999), and that depth and persistence of poverty in early childhood is most detrimental to later development (e.g., Brooks-Gunn & Duncan, 1997; Duncan, Yeung), we argue for antipoverty policies and programs for families with young children (see also Shirk, Bennett, & Aber, 1999). Recommendations include increasing the minimum wage, expanding the Earned Income Tax Credit for working poor parents, and providing ample parental leave allowances and child support assurances (guaranteed child support to custodial parents even when noncustodial parents do not pay).

Although CCIs, of course, do not directly control such policies, CCIs can work to spread information about these policies, marshal community support and advocacy for these policies, and help parents take advantage of these policies (e.g., by helping parents negotiate the logistics of securing child support, filing income taxes, etc.). CCIs also can help parents access locally administered federal programs for low-income families with young children, including Women, Infant, and Children benefits; food stamps; subsidized child care; subsidized housing; and Head Start and Early Head Start services. Finally, CCIs can organize working parents to advocate for employment benefits-such as child care, sick pay, and health care benefits-that help low-wage earners support their families (Shirk et al., 1999). As parents are better able to support their families and better able to integrate work and parenting responsibilities, children should reap both direct and indirect benefits, including a safer and more cognitively stimulating home, decreased parental stress, increased parental emotional availability and supportiveness, and more and better out-of-home care.

System-reform strategies. Given findings of the benefits of early intervention programs for low-income children and their families, we recommend system-reform strategies to (a) improve the quality of community institutions serving young children and their families; (b) improve the community's public health, education, and transportation systems; (c) enhance the accessibility and quality of community-based social services; and (d) help parents become effective consumers of such services. As parents are generally the brokers of social services for their children (Brooks-Gunn, 1996), increasing parents' knowledge of services, access to services, and abilities to take advantage of programs should bring more and better services to their children. Children's development, as a result, should be affected both directly-by means of increased access to services and, possibly, by means of supportive relationships with service providers-as well as indirectly-by means of enhanced family relationships that result from parents' and other adults' therapeutic experiences. CCIs also must work at the level of service integration to promote coordination and collaboration among service providers. This coordination, in turn, will avoid service duplication and help to create seamless, integrated services for children with multiple service needs.

Community-building strategies. In this section we [propose] community-building strategies to increase social organization and connectedness, especially around young children's needs. CCIs could establish systems to increase the flow of information between parents of young children and child development organizations in the community. CCIs also could establish community forums for identifying children's and families' needs and establishing services and specific practices for meeting these needs. Finally, CCIs could create cooperative groups (e.g., child care groups, play groups) that would not only provide child care, but also facilitate intergenerational relationships, monitoring, and informal social control (i.e., collective socialization).

In addition to stressing community members' participation in CCI building, we recommend that child-focused CCIs capitalize on the opportunities...that are inherent in the many transitions in early development. Two such transitions that come readily to mind are the transition to parenthood and young children's transition to school. Both of these transitions bring together adults with common needs and interests. Both of these opportunities also offer these adults the opportunities to share information, offer social support, create shared norms and sanctions, and monitor one another's parenting and oversee one another's children. As one parent from an early childhood program commented, "It used to be that the whole community raised each other's kids ... people got to know each other ... people got along, watched out for, corrected each other's children ... by getting people together this happens" (McAllister, Mulvey, Green, & Butler, 1998, p. 2). We recommend that CCIs use naturally occurring developmental transitions to "get people together" in this way.

Community Building in Partnership, Inc.: A CCI With an Added Child Focus

Established in 1990, Community Building in Partnership, Inc. is a collaboration between the residents of the Sandtown-Winchester neighborhood of Baltimore, the Baltimore city government, and the Enterprise Foundation (Community Building in Partnership, Inc., 1998). The mission of this CCI is "to transform all the dysfunctional systems in Baltimore's Sandtown-Winchester neighborhood" (Community Building in Partnership, Inc., 1998, p. 1), including the community-building, education, employment, health, public safety, housing, human services, and commercial retail development systems. Community Building in Partnership, Inc.'s mission statement is explicitly child focused:

Every child in Sandtown should have access to the same opportunities that children in more stable Baltimore communities have: decent housing, adequate health care, a safe and welcoming community, needed human services, and quality educational and employment opportunities ... just as the conditions of poverty are interrelated ... so are the solutions. (pp. 5-6)

Community Building in Partnership, Inc. administers eight major programs: (a) the Urban Youth Corps and (b) Youth Build, which are youth job training programs; (c) Sandtown Works, an adult job training and placement program; (d) a family advocacy program for family crisis-management services; (e) a commercial or retail development program, which focuses on revitalizing the business sector; (f) a housing development program; (g) "open-space" programs, devoted to planting gardens in abandoned lots; and (h) New Compact for School, a collaboration between parents and educators designed to promote academic achievement. This collaboration includes the Home Instruction for Preschool Youngsters program (HIPPY), a national home visiting program that centers on parent-child activities to develop preschoolers' school readiness.

In addition, the Community Building in Partnership, Inc. contracts with Healthy Start to provide home-based, parenting education to families with infants that do not already qualify for Healthy Start services. Specific community-building efforts include leadership training and the organization of neighborhood "block captains."

Thus, Community Building in Partnership, Inc. aims to achieve change for individuals, families, the neighborhood, and its larger systems by means of system reform, service integration, economy, and infrastructure building. The principles of comprehensiveness and community building clearly guide this initiative, which also emphasizes building social capital and promoting community participation. Finally, an unusual degree of concern for children's early development is evident in both CPB's mission statement and the two programs that focus explicitly on early development (HIPPY and Healthy Start). Both of these programs, moreover, are two-generation programs that recognize the potential for family development to mediate the effects of system reform on enhanced child development. Evaluation efforts, which are currently underway, should illuminate both the strengths and limitations of this particular CCI.

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B. Specific Models and Programs
7. Starting Early Starting Smart

From: Resource Guide to Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School. Cavanaugh, D.A., Lippitt, J. & Moyo, O. (2000).

The Starting Early Starting Smart (SESS) program is a federal demonstration program that is both child centered and family focused. The mission of the SESS program is to address the needs of young children from birth to age seven who are at high risk for developing substance abuse or mental health related problems that result from adverse situations. Initiated by SAMHSA, with the support of both public and private agencies, this partnership is a first step in the development of a comprehensive system of care for young children and their families.

Background. Research suggests that up to 80 percent of children's distress is related to the combination of substance abuse, child abuse, and/or mental illness in the family. SESS is a mechanism to learn more about effective ways to address these factors. The projects will integrate substance abuse and mental health services into service settings that families already use. By providing substance abuse and mental health services via existing service channels, the programs hope to reach those families who are reluctant to go to sites that deliver substance abuse and mental health services exclusively.

The Program. SESS brings behavioral health services for adults into primary care and child care settings for children. Sponsors hope that this integration of services will lead to increased access and availability of prevention activities, mental health services for young children and their families, and parental substance abuse treatment.

The SESS Program seeks to improve children's cognitive, social, emotional, and physical development, at the same time as it provides treatment for parental substance abuse and psychopathology. It also seeks to enhance parents' life skills, parent/child relationships, family functioning, and the family's interaction with community service systems. In addition, the program provides support to develop services to address risk factors such as neurodevelopmental delay, cognitive deficits and learning problems, temperament and personality issues, early behavior and adjustment problems, lack of maternal education, child maltreatment, insecure attachment, difficulties with peer relationships, preschool experience, relationships with teachers, and low socioeconomic status.

The SESS program will demonstrate the interdependence of adult and child services systems as it targets the two important risk factors of parental substance abuse and parental psychopathology.

8. What is Being Done? Efforts with Low-Income Families

Adapted from: *Education And Care: Early Childhood Programs and Services for Low-Income Families.*
United States General Accounting Office, Report to Congressional Requesters. November 1999.

The federal government invested about $11 billion in FY 1999 on early childhood care and education programs for low-income children through a range of programs, and the states invested almost $4 billion for such programs. The Department of Health and Human Services (HHS) provides most of the federal support for early childhood care and education, about $8 billion, through the Head Start program and the Child Care and Development Fund (CCDF), which subsidizes the child care expenses of low-income working parents.

Thirty-two states reported funding preschool programs, 15 states reported providing state money to supplement Head Start, and 19 states reported child care programs that provided funding to communities.

Educationally oriented services (for example, numeracy and literacy activities) were the most common services providers offered in centers and homes. Providers were less likely to include other services, such as family social services or medical referrals.

Some states and localities are using collaborative initiatives to better bridge child care programs and early childhood education programs as well as the federal and state programs. In Colorado, North Carolina, Ohio, and Oregon, collaboration among child care and early childhood education program officials and nonprofit organizations has improved the availability of education and care services for low-income families and enhanced the quality of care. Officials from these states reported using in these collaborative efforts similar strategies to provide incentives for local collaboration, such as additional funding. For example, in Ohio CCDF and Head Start officials pool resources by sharing staff to add full day care to the half-day Head Start program and to add Head Start services, such as nutrition and medical care, to day care programs. All of these states reported increased availability of full-time care for 3-to-5-year-olds as a result of collaborative efforts and more limited success in increasing the availability of infant and toddler care or care during nonstandard hours. However, barriers to collaboration still remain, according to state officials and survey respondents. Factors they identified as impeding collaboration included differing eligibility requirements; "turf" issues, such as concerns about losing program authority; lack of information on different programs; and the lack of funding to support collaborative activities. These barriers generally reflect the division between the child care and early childhood education communities.

B. Specific Models and Programs
9. An Alternative Option for
Low-Income Families: "Kith and Kin"

The child care field has worked for decades to support programs that will provide children with growth-enhancing child care that will enable them to be ready for school. However, it is easy to forget that many children are in the care of family, friends, and neighbors while their parents work. These caregivers, also referred to as kith (friends) and kin (family) and sometimes as informal providers, often serve as a cornerstone to support families as they manage work and child rearing obligations. Research indicates that parents' choice of kith and kin caregivers reflects a variety of considerations:

● *Child's age.* Many parents prefer home-based care by familiar individuals for infants and toddlers.

● *Scheduling needs.* Many parents need care part-time or during nontraditional hours, such as night or weekend shifts, when formal child care cannot be arranged, and when parents may prefer to have their children in their own homes, anyway.

● *Variable and unpredictable work obligations.* Many parents do not work predictable hours or have permanent jobs and therefore cannot use family child care businesses and child care centers.

● *Availability of alternatives.* Some low-income neighborhoods lack formal child care programs. In addition, certain alternatives may not be acceptable to parents who speak no English, cherish a particular culture, or are fearful of emotional or physical abuse.

● *Cost.* When cash is in short supply, families may turn to kith and kin caregivers who will help for little pay or barter.

While child care by kith and kin may be the oldest form of care, it has only relatively recently received significant attention from policymakers. Issues first surfaced in the late 1980s, when states were required to use federal subsidies to pay for all legal forms of child care. The passage of the 1996 federal welfare law brought wide consensus that success in moving large numbers of parents receiving cash assistance into the workforce will result in increased subsidies going to kith and kin caregivers.

Based on its survey of current research, policies, and program strategies related to kith and kin child care, NCCP has arrived at the following conclusions and recommendations:

1. Millions of families use and will continue to use kith and kin to care for their children. Therefore, strategies need to be further developed and tested to reach out to these providers.

2. Family members who care for children while parents work are not, and may never be, professionals and, with this awareness, should be approached using family support strategies.

3. Parental choice means true choice among a variety of child care options. Therefore, efforts to strengthen regulated care, to make it flexible, available, and affordable, will help strengthen parental choice and help those families who would turn to formal child care if it better met their needs.

4. Parents with three- and four-year old children tend to want them in group learning experiences. Efforts should be explored to reach out to families whose preschool children are cared for by relatives and friends to make part-day and center-based programs known to them.

5. Dialogue among families, caregivers, and those working in the fields of child care, family support, and community development is needed at all levels.

6. Research is needed to enhance the ability of those working in child care and related fields to address issues related to child care by kith and kin adequately.

As the early childhood field struggles to acknowledge kith and kin child care and works to address issues related to it, hundreds of thousands of low-income children are in it each week. As one participant at a recent child care meeting said, it's time to "go to where the children are."

B. *Specific Models and Programs*
10. *Effective Preventive Interventions*
for the First Five Years of Life

Excerpted from: *Reducing risks for mental disorders during the first five years of life: A review of preventive interventions.* Olds., D., Robinson, J., Song, N., Little, C., & Hill, P. Prevention Research Center for Family and Child Health, University of Colorado Health Sciences Center. August 11, 1999. Http://www.sshsac.org/PDFfiles/ReducingRisks.pdf

In recent years, as the role of early experience in later life adjustment has been highlighted by developmental research and the neurosciences, the needs of children in the infancy and early childhood age-range has been given increased attention. Along with this increased attention to the earliest years has come a call for increased funding of services for young children and their families in order to prevent later emotional and behavioral disorders. The following comes from a review undertaken to identify those preventive interventions in the pregnancy-to-five age-range that show strong promise for the prevention of emotional and behavioral disorders in children. Promising studies are summarized below and are grouped according to the types of risks and child adjustment outcomes they affect.

Maternal Depression and Use of Substances

These interventions target select populations: mothers who are either poor or exhibit low social support (Barnard et al., 1988), who are at risk for having their children placed out-of-home (Marcenko & Spence, 1994), or who are drug-abusing (Black et al., 1994) or depressed (Gelfand et al., 1996). All the interventions showing promise have employed home visitors -- usually nurses, but sometimes social workers or paraprofessionals -- to deliver their services. Some of the interventions focus on the development of a trusting, supportive relationship between the home visitor and the mother, in order to provide increased social support and a model for positive parent-child interactions. Other interventions emphasize the provision of information and resources, such as child development information, parenting education, parent-child activities, referrals to community services, material goods, health care, and case management services. Services are provided to pregnant women and/or recent mothers for a minimum duration of 18 months. These interventions appear to be most beneficial to mothers, who show decreased depression, drug-use, and overall psychological distress and increased social support post-intervention; it is not clear yet whether they affect child mental health functioning. In spite of these mixed findings, the populations served by these interventions are so distressed and in need of services that even modest gains are important.

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Mother-Infant Relationship Disturbances

The majority of interventions aimed at improving the mother-infant relationship (specifically, attachment) employ the home visitation model of providing services (Heinicke et al., 1999; Jacobson & Frye, 1991; Juffer et al., 1997; Lieberman et al., 1991; van den Boom, 1995). As with the previously described interventions, these focus in large part on establishing a warm, trusting relationship between the home visitor and the mother that can serve as a model for the mother-infant relationship. In addition, home visitors discuss various parenting issues, particularly how mothers can increase sensitivity to their child's cues and security needs. One exception to the use of home visiting interventions consists of simply promoting physical proximity between the mother and infant, mainly by encouraging mothers to hold their infants (Anisfeld et al., 1990). Results indicate that infants of mothers who receive these interventions are more securely attached than infants in control groups, and that mothers are more responsive to their child's needs. These kinds of interventions may be particularly helpful for low SES mothers as well as adoptive mothers.

Child Behavioral and Emotional Adjustment

The number and variety of programs that have affected some aspect of child behavioral or emotional adjustment is much greater. A few interventions rely solely on home visitors (Gutelius et al., 1977; Aronen & Kurkela, 1996; Olds et al., 1997; Kitzman et al., 1997), although many more employ home visits as ancillary services. The majority of these interventions employ a combination of center-based Early Childhood Education (ECE) programs, aimed at increasing children's cognitive abilities and school readiness and decreasing behavior problems, and parent meetings, where parents receive social support and parent training for behavior management issues (Brooks-Gunn et al, 1993; McCarton et al., 1997; Johnson & Walker, 1987; Miller-Heyl et al., 1998; Moore et al., 1998; Schweinhart et al., 1993; Strayhorn & Weidman, 1989; Webster-Stratton, 1998). Despite the variation in these interventions, they seem to be quite effective, with improved child mental health and decreased behavior problems, as well as improved maternal caregiving and reduced psychological distress. Moreover, some of these gains appear to persist over time, as with the Perry Preschool Program, which reduces the number of adolescent arrests and convictions in participating children (Schweinhart et al., 1993).

Conclusion

It should be noted that early preventive intervention research is barely in its own infancy. The promising interventions summarized here, for the most part, are best conceived as showing sufficient promise that they deserve to be tested repeatedly with larger numbers of families. Clearly, much more work is needed before preventive interventions will reach all the children and families who need them.

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11. A Closer Look at Four Model Early Childhood Intervention Programs: Findings and Conclusions

The Early Training Project served 4 and 5 year olds, and involved weekly home visits during the year in addition to a 10-week part-day preschool for either two or three summers. It showed dramatic reductions in use of special education at age 12 (5% of the treatment group compared to 29% of the controls) and, although there were no statistically significant differences between treatments and controls in achievement test scores, grade retention, or high school graduation, the differences in the latter two outcomes were in the right direction. For example, 68% of the treatment group graduated compared to only 52% of the controls.

The Carolina Abecedarian Project provided enriched, center-based child care services for 8 hours per day, 5 days a week, 50 weeks per year, from birth to age 5. The teacher/student ratio ranged from 1:3 to 1:6, depending on the child's age. At school entry, some of these children were assigned to a "Home School Resource Teacher" who provided additional instruction, maintained contact between parents and school, and who also served as a community resource person for the family. At age 15, children who had received the preschool treatment had higher scores on achievement tests (especially reading) and reductions in the incidence of grade retention and special education, regardless of whether or not they had received further "treatment" once they entered school. At age 21, the children who received the preschool treatment had higher average tests scores and were twice as likely to still be in school or to have ever attended a four-year college.

The Perry Preschool Project involved a half-day preschool every weekday plus a weekly 90 minute home visit, both for 8 months of the year, for 2 years. Teacher/student ratios were 1 to 6, and all teachers had masters degrees and training in child development. The investigators found positive effects of the intervention on achievement tests, grades, high school graduation rates, and earnings, as well as negative effects on crime rates and welfare use (as of age 27).

The Milwaukee Project results are somewhat anomalous when compared to the three programs discussed above. Investigators found that at grade 8, treatment children had higher IQs than control children, but they enjoyed no other advantages. Their achievement test scores, grades, and rates of grade repetition were all similar to those of the controls. The Milwaukee project suggests that an exclusive focus on IQ is unwarranted because other factors also contribute to children's success at school and in life.

Important Conclusions

• While it may be useful to intervene before 3 years old, interventions for preschool and for school age children can also be effective. Thus, the first three years should not be emphasized at the expense of interventions aimed at older children.

• Second, the effects of early intervention have often been found to be larger for more disadvantaged children, which provides a rationale for targeting such programs to these children. In addition to focusing on low-income children, it might be useful to target other aspects of disadvantage, such as lack of maternal education.

• Third, the most important aspect of quality is likely to be the nature of the interaction between the teacher and the child. Small group sizes, better teacher training, and other regulable aspects of quality all make such interactions more likely. Moreover, even rather loose regulation of these observable aspects of quality by Head Start has been shown to be effective in eliminating poor quality programs.

12. Child-Focused Programs:
Definitions and Long-Term Outcomes

Understanding the different kinds of child-focused programs

Child-focused programs include (1) preschool, Head Start, and prekindergarten, and (2) child care programs. *Preschool, Head Start,* and *prekindeigarten programs* are typically part-day and part-year programs that bring groups of four-year-olds (or three- to five-year-olds) together in centers or school settings. Some offer primarily an educational program; others also provide health and developmental screenings, parent involvement, and social service assistance. Most preschool programs have been designed to promote child development and improve children's readiness to succeed in school. Publicly funded preschool programs typically serve children from disadvantaged families, while private preschool programs supported by parent fees serve children from all backgrounds.

In contrast, *child care programs* typically offer care on a full-day basis to children from birth to school age. Such care can be provided either in a center or in a caregiver's home. Most child care programs seek both to promote child development and to free parents from their child care responsibilities so they can work. Recent reports have raised concerns about the quality of typical child care programs. Child care services are purchased by parents from a wide array of nonprofit and for-profit providers. Public funds support subsidies that help some low-income parents pay for care while they work or attend school.

Preschool and child care programs are sometimes grouped together and called *early childhood care and education*, emphasizing their overlapping goals and activities.

Summary of Long-Term Outcomes

Cognitive Outcomes. Preschool improves children's ability to think and reason as they enter school, enabling them to learn more in the early grades. Learning accumulates and their academic success keeps them "on track" toward high school graduation. Moreover, children gain increased motivation and receive increased support from parents and teachers. Therefore, children who attend the programs are less likely to be placed in special education classes or retained in grade. In addition, some studies suggest that children who attend early childhood programs are more likely to graduate from high school.

Social Outcomes. High-quality early childhood programs can have large and persistent benefits for children's social outcomes. Although a few studies indicate that children in high-quality, center-based programs behave more aggressively than other children when they begin school, these differences most often disappear or are reversed later in life. Moreover, early childhood programs can prevent delinquent and criminal behavior in later life.

Health Outcomes. Early childhood programs can affect children's physical health by requiring that children be properly immunized; by linking them to health services; by conducting vision, hearing, and developmental screenings, and by providing them with nutritious meals.

Effects on Parents. Programs that offer full-day activities for the children effectively provide free child care that enables mothers to pursue additional education or to take a job to improve the family's circumstances. These types of programs have produced effects on such maternal life course outcomes as delays in the timing of subsequent pregnancies and reduced reliance on welfare.

Section VI
C
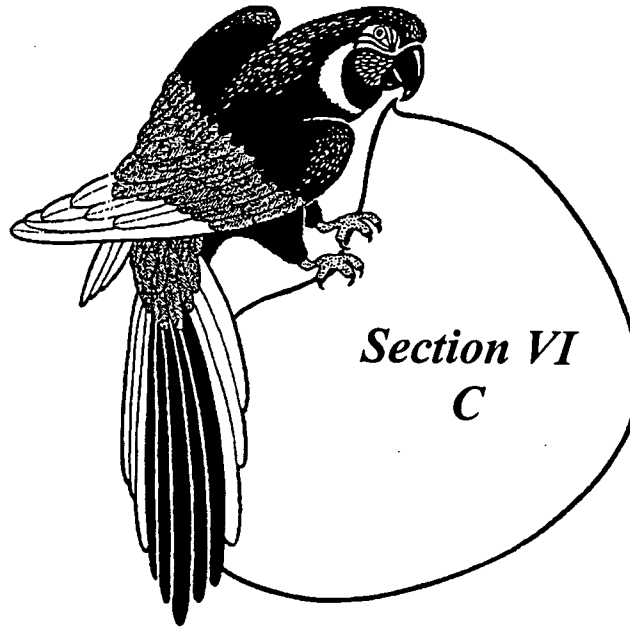
VI. Good Practice to Promote Healthy Early Development and Address Barriers

C. Policy and Initiatives
1. *The Impact of Child Care Policies and Practices on Infant/Toddler Identity Formation*
2. *The Call to Policy-Makers: Integrating Research and the Changing Society*
3. *Universal Preschool*
4. *Reforming America's Early Childhood Education System*
5. *What States Are Doing for Young Children*
6. *A 12-Point Agenda to Create Comprehensive Early Child Development Programs*
7. *Emergence of school-based programs providing comprehensive services to children*

C. Policy and Initiatives
1. The Impact of Child Care Policies and Practices
on Infant/Toddler Identity Formation

J. Ronald Lally. *Young Children*, November 1995

The circumstances under which very young children are cared for have changed dramatically in the last 40 years. In the 1950s and 1960s, most children spent their infancy in the presence of family members and came into group care settings much later in their development, usually at age 3, 4, or 5. Even for the children who were in care, the time spent in group settings was relatively brief, most often for just part of the day. In the 1990s things are quite different. Increasing numbers of infants and toddlers are being cared for in groups outside their homes for long periods of time each day. Infants as young as 5 and 6 weeks of age can be found in infant care. Six-month-olds in care are commonplace. The National Child Care Survey (Willer et al. 1991), conducted in the United States of America, revealed that 23% of babies younger than I year of age, 33% of I-year-olds, 38% of 2-year-olds, and 50% of 3-year-olds are cared for outside their home in regulated and unregulated family child care and in infant/toddler centers. Never in history have so many very young children spent so much time in the presence of nonfamily members. Never before has so much of what an infant imitates and absorbs as he or she begins to forge a definition of self been done in the presence of professional caregivers.
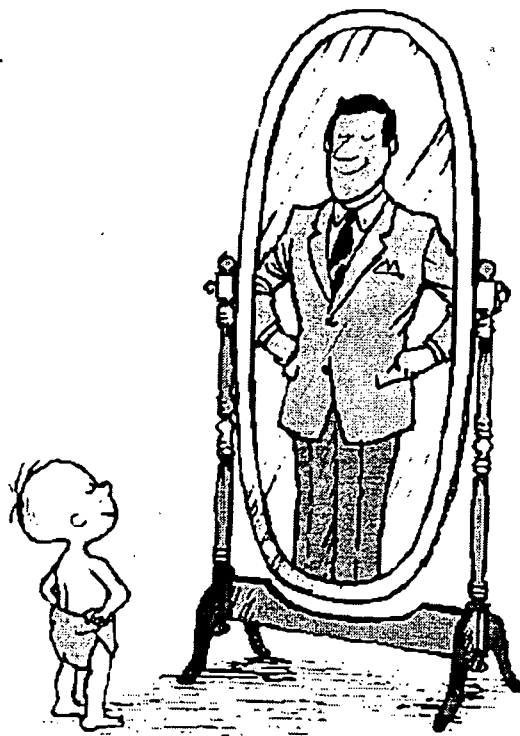
This explosion in the numbers of infants and toddlers in child care has received much attention. In recent years a great deal has been written about the need for quality child care for infants and toddlers. Researchers have addressed the issues of group size, adult-to-child ratio, appropriate environments, separation, caregiver-child interaction, and management policies, with the hope of improving the early experiences of infants. Surprisingly, little attention, however, has been given to the impact that infant/toddler care may have on the child's formation of identity. This oversight has led to policies and practices in the majority of programs that, at best, indirectly support the process of identity formation and, at worst, jeopardize the process by creating environmental, experiential, and developmental obstacles to the formation of a solid sense of self.

A lack of programmatic attention to identity formation in infant/toddler care exists [primarily because] most infant/toddler care programs are based on inappropriate models. Most out-of-home care experiences developed for infants and toddlers were created by people who were experienced in running programs serving older, preschool-age children. They were used to caregivers serving children who had already formed a "working definition" of self- 3- and 4-year-old individuals who could clearly state "I don't like peanut butter" and "I want to fingerpaint."...Preschoolers have formed a somewhat well-developed "working sense of self," with likes and dislikes, attitudes, and inclinations. Infants and toddlers are in the process of forming this preliminary sense of self. Part of what infants and toddlers get from caregivers are perceptions of how people act at various times and in various situations (seen as how the infant should behave), how people act toward them and others (seen as how they and others should be treated), and how emotions are expressed (seen as how they should feel). The infant uses these impressions and often

incorporates them into the self she becomes. This notion of the day-to-day influence of the caregiver on a child's evolving identity has often been overlooked in infant/toddler programs. More is happening than tender loving care and learning games-values and beliefs are being witnessed and incorporated...

Research suggests that infants and toddlers learn many lessons from their caregivers. Some of the lessons that may become incorporated into the child's sense of self are
♦ what to fear;
♦ which of one's behaviors are seen as appropriate;
♦ how one's messages are received and acted upon;
♦ how successful one is at getting one's needs met by others;
♦ what emotions and intensity level of emotions one can safely display; and
♦ how interesting one is.

Analysis of infant care policies with identity formation in mind

When identity formation is considered, the planning of group care for infants and toddlers is done in a whole new light, making some policy and practice recommendations quite understandable and others quite inappropriate. Let us now look at child care policies and practices from the perspective of their influence on identity formation. The policies to be examined are primary caregiver assignments, continuity of care, group size, responsive curricula, cultural continuity, and use of a child's home language.

Policy 1: The assignment of a primary caregiver to each infant in care

From the first weeks of life, connection with a few special caregivers is critical to a child's developing mutual attunement, preferential links, differentiation of loved and trusted ones from others, and differentiation of self from loved ones and others.

When the separation-individuation process is considered as an important component of the child care experience, it makes great sense to limit the number of caregivers with whom a child must interact each day and to structure his experience so that it is easy for him to form an intimate relationship with a known and trusted adult. This is best done by assigning a primary caregiver to each child. Often because of staff turnover, part-time and volunteer staff, or extreme team-coverage approaches, an intimate and secure link between caregiver and child does not have a chance to form. The child struggles in care repeatedly, trying to form caring relationships rather than depending on and using those relationships to make sense of and make their place in the world. How well can a child tune in to a caregiver's rhythms if she is expected to relate to large numbers of caregivers? If a child's "safe and secure base" keeps switching from one caregiver to another, there comes a point when one does not have a safe and secure base from which to venture out and explore the world. How potent can a child feel in exploration when there is no secure base from which to explore? These are the types of questions that should drive policy and practice. They help explain how teamwork should be designed and how primary care should be interpreted. What if a primary caregiver is sick or leaves? Given our understanding of the emotional work the child is doing, wouldn't this change be traumatic to the infant if care had been given exclusively by one caregiver? From this vantage point, teamwork is essential, but teams should be kept small and foster the type of relationship building that allows the child the best chance to navigate the separation-individuation process. It should be kept in mind that a primary-care policy best serves the infant not when that care is expected to be exclusive but when it is seen only as primary. From the point of view of impact on emerging identity, it is crucial that there are other relationships the infant can fall back on when the primary caregiver is missing. This way, a secondary attachment is available and the child won't feel abandoned. This definition of primary care is a good example of how policy decisions become more deeply informed through the use of

the anchor of identity formation. Rather than developing a rigid program policy-team care versus exclusive care-providers consider the impact of the decision on the child as a way to define primary care. The definition-and, subsequently, the practice of care-benefits from attention to the plan's impact on children's identity.

Policy 2: Continuity of care

Not only should caregiver assignment be examined but so, too, should the practice of switching infants and toddlers from group to group be questioned with regard to its impact on children's identity formation. If a child needs strong bonds with caregivers during infancy in order to feel secure enough to venture out on his own, why switch caregivers at all during the infancy period? Children need to feel connected enough to their caregivers to fall back dependently on those traits of the caregiver the child knows he can count on. Why not have children stay with the same caregivers for the first 36 months of life? Wouldn't this practice help ensure that a child's messages are received and understood and provide the clarity of definition needed so that the child, toward the end of infancy, could clearly differentiate self from caregiver while at the same time fall back dependently on those traits of the caregiver the child knows he can count on? Why rupture attachments? What type of message does that give the child about enduring relationships? Having infants change groups two to three times during infancy runs counter to what both Mahler and Greenspan say the child needs. Why not instead develop policies and practices that try to keep children and caregivers together in familiar environments so that the child will have the emotional climate to work through the development of identity, rather than having to repeatedly form new relationships while at the same time trying to define self...

Policy 3: Serve infants in small groups

When groups grow too large, intimacy between caregiver and child suffers. Much has been said in the United States of America about adult-to-child ratio, but little attention has been paid to total group size. Yet keeping groups small promotes personal contact between children, quiet exploration, and one-to-one attention from a caregiver. In contrast, as the number of infants in a group increases, so does the noise level, the stimulation-the general confusion. This oversight, serving large numbers of infants in a group, occurs throughout America. Why? Because the infant is not seen as sufficiently different from the preschooler to warrant different treatment. Awareness of the importance to infants of developing a strong relationship with their caregivers, the importance to their developing sense of self to be heard and understood by those around them, and their need to feel protected enough so that they are encouraged to explore-all lead to the conclusion that small groups for infants work better than large groups. Because the total number of children in a small group is manageable, the caregiver can respond to every child's needs and interests. Instead of the confusion of too many people, small groups offer comfort and a sense of belonging to everyone in the group...

Policy 4: Responsive curricula rather than intellectual stimulation

Experts in the field of early development and care have increasingly come to recognize the importance of infants and toddlers having the freedom to make learning choices and to experience the world on their own terms. This approach is healthy intellectually and emotionally. Rather than teaching specific lessons, the focus is on facilitating natural interests and urges to learn. This is done by providing infants and toddlers with close and responsive relationships with caregivers; by designing safe, interesting, and developmentally appropriate environments; by giving infants uninterrupted time to explore; and by interacting with infants in ways that emotionally and intellectually support their discovery and learning...

Responsivity starts with watching infants and using information obtained to guide interaction. This way, messages the child receives about appropriate and inappropriate behavior optimize child initiative and minimize adult-directed activity. Caregivers thus help infants in their pursuits to:
1. gather knowledge of the physical properties of objects as they mouth, bang, and shake toys;
2. put these objects into relationships and categorize them as they learn, for example, to recognize and anticipate a toy that will make a rattling sound;
3. develop an understanding of who they can trust and rely on for getting their needs met;
4. become aware of the rules of the road in getting along with others, as their tug on another child's toy is rebuffed; and
5. build their motor skills and language skills as they use their bodies as tools for exploring and communicating with the world around them.

When the caregiver respects these pursuits, she also respects the children and teaches indirectly. A strong sense of self is supported when she provides a thoughtful variety of toys matched to the infants' level. She eases with words the frustration of infants and supports them as they struggle with new challenges. She gives labels to the objects, sounds, and feelings that infants experience, and she guides the infants' first interactions with others. When a caregiver trusts that infants and toddlers learn through this responsive approach, she gives them control over their own learning. Thus, through responsivity, a caregiver does more than attend to intellectual games and tasks; she also considers how the child thinks about himself as a learner.

Policy 5: Cultural continuity and common language--Inconsistent guidelines with regard to common language between caregiver and child and cultural background

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Culture is the fundamental building block of identity. Through cultural learning, children gain a feeling of belonging, a sense of personal history, and security in knowing who they are and where they come from. But what happens when infants and toddlers are cared for by caregivers from a different culture, particularly if the caregiver's culture is the dominant culture and the child comes from a minority one? When infants are cared for by caregivers from a different cultural background, particularly by a caregiver from the dominant culture, very often the child has his background either subtly or blatantly challenged. This is done often from the best of intentions. Different ways of doing things are often seen as strange. A child may become torn between how he is expected to behave at home-not to make such a mess and how he is expected to behave in care-to touch and feel most anything. Issues of feeding, sleeping, toileting, and the like often become issues of conflict between home and care settings, with the young child caught in between.

So with grounding in family and culture being key to identity formation, what types of policies about culture should be enacted? First, the child care experience should be in harmony with the culture of the home. Therefore, caregivers should pay great attention to incorporating home practices into care. They should talk with parents and uncover their preferences. Patterns of care should give the child a sense of connection with the home and, more importantly, communicate that where she comes from is respected and appreciated. Staff should reflect the culture of the families served, and the environment should include pictures and objects from home. These connections are important for the infant. Particularly if caregivers come from the same cultural background as the families and children served, the children will have an easy time incorporating their own cultures and values and beliefs into their emerging definition of self. When cared for by caregivers either ignorant of or resistant to his culture, the child will be getting the message from the caregiver that something is wrong with the way his family does things, and he may be set on a path that eventually leads to the rejection of his own cultural identity...

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Conclusions

With just the least bit of attention to issues of identity formation, caregivers can improve infant care outside the home. With child care policy decisions based on this child-focused topic, many of the common faults plaguing infant care today would become glaringly apparent. Too often the child is the last part of the staff-management parent-budget-child equation to be considered. Having an orientation that acknowledges the caregiver's role in an infant's identity formation would place the infant and the infant's work in proper perspective. It would make clear that those who care for infants and toddlers participate either knowingly or unknowingly in the creation of a sense of self and that attention must be paid to this unique responsibility.

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C. Policy and Initiatives
2. The Call to Policy-Makers:
Integrating Research and the Changing Society

Two profound changes over the past several decades have coincided to produce a dramatically altered landscape for early childhood policy, service delivery, and childrearing in the United States. First, an explosion of research in the neurobiological, behavioral, and social sciences has led to major advances in understanding the conditions that influence whether children get off to a promising or a worrisome start in life. These scientific gains have generated a much deeper appreciation of: (1) the importance of early life experiences, as well as the inseparable and highly interactive influences of genetics and environment, on the development of the brain and the unfolding of human behavior; (2) the central role of early relationships as a source of either support and adaptation or risk and dysfunction; (3) the powerful capabilities, complex emotions, and essential social skills that develop during the earliest years of life, and (4) the capacity to increase the odds of favorable developmental outcomes through planned intervention.

Second, the capacity to use this knowledge constructively has been constrained by a number of dramatic transformations in the social and economic circumstances under which families with young children are living in the United States: (1) marked changes in the nature, schedule, and amount of work engaged in by parents of young children and greater difficulty balancing workplace and family responsibilities for parents at all income levels; (2) continuing high levels of economic hardship among families, despite overall increases in maternal education, increased rates of parent employment, and a strong economy; (3) increasing cultural diversity and the persistence of significant racial and ethnic disparities in health and developmental outcomes; (4) growing numbers of young children spending considerable time in child care settings of highly variable quality, starting in infancy; and (5) greater awareness of the negative effects of stress on young children, particularly as a result of serious family problems and adverse community conditions that are detrimental to child well-being. While any given child may be affected by only one or two of these changes, their cumulative effects on the 24 million infants, toddlers, and preschoolers who are now growing up in the United States warrant dedicated attention and thoughtful response.

This convergence of advancing knowledge and changing circumstances calls for a fundamental reexamination of the nation's responses to the needs of young children and their families, many of which were formulated several decades ago and revised only incrementally since then. It demands that scientists, policy makers, business and community leaders, practitioners, and parents work together to identify and sustain policies and practices that are effective, generate new strategies to replace those that are not achieving their objectives, and consider new approaches to address new goals as needed. It is the strong conviction of this committee that the nation has not capitalized sufficiently on the knowledge that has been gained from nearly half a century of considerable public investment in research on children from birth to age 5. In many respects, we have barely begun to use our growing research capabilities to help children and families negotiate the changing demands and possibilities of life in the 21st century.

This report goes on to review and summarize recent research about early childhood development, ending with recommendations about how to put current knowledge into action. Full reports are available from the National Academy Press: http://www.nap.edu/catalog/9824.html

C. Policy and Initiatives
3. Universal Preschool

Knowledge about the effects of early childhood education and preschool experiences on children's development has increased dramatically. Effective early childhood education is crucial to children's later success and well-being. Yet there is a crisis today in the quality of preschool programs and a lack of access to any preschool program at all for far too many children and families.

In a rapidly developing global economy, other states and industrialized nations are far ahead of California in providing universal preschool and child care. Both New York and Georgia, for example, have already launched universally accessible, state-funded early childhood education programs for four-year-olds. In France 99 percent of all children ages three and four attend preschool.

More and more, educators, policy makers, and civic leaders recognize that high-quality, publicly funded, voluntary universal preschool programs are an investment in the future. Teachers are struggling with the gap in school readiness between children who attended preschool and those who did not. The children who are not ready for kindergarten become the children who are not ready for first grade and the children who will not meet the academic standards later on. The need for quality preschool programs in [this country] is real, and the demand will continue to grow into the next century.

Powerful currents of educational thinking and practice, knowledge about child development, and social and legislative reform are converging today to present a compelling case for universal preschool. Any one of these trends in early childhood development and education by itself would be significant. Taken together, they underscore the pressing need for making available a variety of options of high-quality preschool programs.

Research on Child Development and School Readiness

Scientific studies have produced strong evidence regarding the critically important role preschool years play in determining children's capacity for healthy social, emotional, intellectual, and physical development. Some studies have focused particularly on the brain. Positive stimulation of the brain during the early years-for example, through interactions with others and the development of language-creates the foundation for a child's lifelong thinking, attitudes, and behavior. Conversely, a stressful environment can impair healthy development of the brain and have long-term negative effects (Lally 1997).

Numerous studies have documented the short-term influences of the quality of child care on children's development. Children in high-quality child development settings engage in more complex activities with peers and materials and score higher on standardized measures of school readiness (Helburn 1995; Kontos and others 1995; Whitebook and others 1990; Kisker and others 1991; Howes and Hamilton 1993). Children from low-income families who attend high-quality programs benefit in a similar way; these children have higher intelligence quotients during early childhood (Burchinal and others 1989; Lazar and others 1982) and perform better academically compared with children in low-quality programs (Lazar and others 1982; Campbell and Ramey 1994; Hayes and others 1990).

There is considerable evidence that children who attend high-quality early childhood programs are also more successful in later life and become more productive as adults than do their peers enrolled in low-quality programs or those in no programs. A 27-year follow-up study of the effects of the highly regarded Perry Preschool Program in Ypsilanti, Michigan, showed that children from low-income families who attended a high-quality preschool program as four-year-olds had fewer criminal arrests and higher levels of social functioning, including stable jobs and home ownership, compared with a randomly assigned comparison group. When other costs, such as those of remedial programs to address problems of the random comparison group, were factored in, the preschool program yielded more than 87 in benefits for every $1 invested (Berructa- Clements and others 1984; Schweinhart and Weikart 1997; Lally, Mangione, and Honig 1988).

Despite the demand for effective preschool programs and new knowledge about their importance, high-quality early childhood programs are the exception, not the rule (Kagan and Cohen 1997). The mediocre quality of services provided to preschoolers is well documented in two national studies drawn in part from California. A study done in 1995 found that less than 25 percent of preschool classrooms provided children with good or excellent care (Helburn 1995). Classrooms in California were not noticeably different from the average classroom nationwide, the average California classroom fell within the mediocre range. Less formal child care services, such as family child care homes, were of equally poor quality (Kontos and others 1995).

Professionals are not the only group concerned about the lack of high-quality early child care and education services. Parents report that they have few good choices when they search for child care (Helburn 1995). A recent survey in California found that the distribution of programs and services for children leaves the majority of families without good or affordable choices (Fuller and others 1997). Although the ill effects of poor-quality programs also affect children from more advantaged families, children from low-income families are the least likely to receive high-quality services and are the most likely to benefit from them (Helburn 1995; Kontos and others 1995).

Those low-income children who are fortunate enough to be enrolled in publicly supported child development services, such as Head Start, State Preschool, or state General Child Car and Development programs, are the exceptions who generally receive high-quality services (Helburn 1995; Phillips and others 1994). Yet the state provides preschool for only 48,000 children through 1 State Preschool program-an estimated 18 percent of the children eligible for these services (Stokley 1996). The federal Head Start program serves an additional 80,000 low-income children.

Welfare Reform

New welfare reform legislation is placing additional strains on the early child care and education system. At both the federal and state levels, welfare reform laws increasingly require parents to work outside the home and provide funding for child care. As the reforms affect growing numbers of families, there will be a corresponding growth in the demand for preschool, extended hours of child care, and related services. In June 1997 a Field Institute poll found that 62 percent of those polled considered child care services that enable welfare participants to attend school, work training, or work "extremely important" (California Center for Health Improvement 1997).

The expedient method of implementing welfare reform would be to place young children in the least costly care settings with little attention to desired learning results. However, caution should be taken to prevent the children of welfare recipients from becoming the next generation on welfare; the children need stimulating environments in which to develop the skills they need for success in school.

The Relationship Between Child Care and Universal Preschool

A quality child care and development program should be indistinguishable from the proposed universal preschool program. Indeed, many current providers who meet the standards described in this report will elect to participate in universal preschool.

Universal preschool, like quality child care programs, will offer many structured learning activities that support children's emerging literacy and numeracy skills, coping skills, and socialization skills to prepare children for a school setting and to promote a successful transition to kindergarten and the primary grades. There will also be a formal family involvement and education component.

The Task Force makes 6 major recommendations for a universal preschool program to be phased into over the next 10 years in California. For copies of the report, contact the California Department of Education, Publications Division, Sales Unit, P.O. Box 271, Sacramento, CA 95812-0271.

4. Reforming America's Early Childhood Education System

In the past, early care and education was primarily a woman's issue that remained low on the national
agenda and provoke relatively little debate among community leaders, policy markers, or legislators. To
be sure, many families sought out nursery schools or child care for their young children, and some started
parent cooperatives. But compared with today's parents, past generations were less likely to need out-of-
home care, especially for infants and toddlers. And many were reassured by the prevailing views of their
day—that children began learning in earnest only when they entered elementary school and that so long as
little boys and girls were kept out of harm's way, the settings where they spent their days did not matter
much.

Today, American parents have no such solace. By the time most babies reach their first birthdays, their
mothers are in the workforce. In most cases, children are in out-of-home care for much of their early
years. And thanks largely to the mass media, more mothers and fathers are becoming aware of research
showing that children's day-to-day experiences in the early years have a large and lasting impact on their
later learning and life outcomes. Business as usual has become an unacceptable course.

Why is it so urgent to address the needs of young children and their families now?

First, we have the research. Substantial research conducted over the last decade confirms what many
parents and practitioners have long believed: America's young children are in trouble, as documented by
recent studies:

- 80 percent of the nation's children spend their days—up to 50 hours per week—in poor or
mediocre child care settings.
- Care for infants and toddlers, on average, is even worse: 40 percent are in settings that
actually jeopardize their health and safety.
- 40 percent of center-based and 80-90 percent of family child care providers are legally
exempt from regulation.
- Each year, about 40 percent of providers leave the field, often due to low compensation,
inadequate benefits, and limited opportunity.
- Access to programs is uneven, with children from low-income families least likely to receive
services; when they do, the child care services many not meet their health and social service
needs. Parents are frequently forced to settle for care that does not align with their schedules,
values, or expectations.

Second, we have the know-how. More than at any time in our nation's history, we have the knowledge
and the experience to solve the problem. National and international research clearly identifies steps that
can be taken to improve quality child care. What's more, promising solution-oriented programs and
strategies have emerged–solid models upon which to build coherent, effective early care and education
services.

And third, we have unprecedented public support. In contrast to eras past, calls for change now
reverberate in many sectors. Concern about the nation's productivity in a global economy, political and
business leaders want to start education reform efforts at the beginning, with better services for young
children. Parents are calling for improvements in early care and education so their children will be ready

for school. Economists and policy makers, aware of the significant cost savings associated with investments in young children, are making early care and education a priority. A more concerned, better informed public makes visionary change possible–starting now.

The following are eight key recommendations, all of which need to happen if this crisis in early education is to be resolved.

1 By the year 2010, all family child care and center-based programs will use a wide range of proven approaches for improving quality–approaches that allow staff flexibility to use resources creatively and cost-effectively, and to address all domains of development, including health.

2 By the year 2010, clear goals and quantifiable results for children will be developed. These goals will identify skills and knowledge that children should be able to demonstrate across the various domains of development, and will take in to consideration the child, family, and community conditions that promote such development. Appropriate, child-friendly measures to assess the accomplishment of the goals will be developed.

3 By the year 2010, all early care and education programs will address the needs of children, parents, and families; they will engage parents and families as partners in their children's program. Parents will have the user-friendly information they need to be effective parents and consumers of early care and education. Workplaces will be family-friendly.

4 By the year 2010, states will require all staff responsible for children in centers and family child care homes to hold licenses. To acquire these licenses, staff will need to complete high levels of training and education and demonstrate their abilities. To maintain licenses, ongoing training and education–lifelong learning–will be required.

5 By the year 2010, the content of education and training for early care and education staff will be expanded to address the needs of diverse children and families and to implement effective approaches to instruction, management, and leadership.

6 By the year 2010, all early care and education programs offering their services to the public will be required to be licensed and facility licensing will be streamlined and enforced.

7 By the year 2010, a broad array of groups–including the public at large, business, government, parents and community organizations–will generate the needed new funds for a quality early care and education system. Additionally, 10 percent of all public early care and education funds will be invested directly in the infrastructure/quality enhancement.

8 By the year 2010, every state will have a permanent state early child care and education board and every locality will have a permanent local early care and education board, responsible for the infrastructure and governance of early care and education.

C. Policy and Initiatives
5. What States Are Doing for Young Children

The California Children and Families Commission, created by Proposition 10, will support children from prenatal to age five by creating a comprehensive and integrated system of information and services to promote early childhood development and school readiness. The Commission has recently approved nearly $40 million in funding aimed at addressing an array of education, child care and health-related needs for young children. The funding initiatives include **$3.6 million to develop a statewide infant-family mental health pilot program.** To be administered in four counties, this initiative would benefit up to 3,000 families by providing funding for the added training of professionals to help diagnose early mental health problems in children age three and younger, and to provide effective services to young children and their families.
[From: State Commission Approves a Nearly $40 Million Funding Package for Prop. 10 Revenue. News Release by the California Children and Families Commission. January 20, 2000]

Georgia's statewide Children 1st program was expanded in 1998. The program screens children at birth for risk factors that have been correlated with health and developmental delays. Once an at-risk child is identified, the program links that child to a primary health care provider who can provide or coordinate the child's health and developmental needs. In addition, the Children 1st program monitors the child's progress through age three to ensure that the child has access to necessary health care and developmental services.

Nevada's Family-To-Family Connection program divides the state into thirteen infant support districts, and it has started twenty-six new baby centers and thirty-two lending resource centers, as well as provided home and hospital visitations to nearly 50 percent of families with newborn babies.

The Connecticut School Readiness and Child Care Act allocated $40 million in 1998 to improve school readiness for low-income children who are at least three years old and are not eligible to attend school. The money is also designated to train staff and establish local school readiness councils in selected areas of the state.

Washington recently increased funding for child care by $100 million. All of the separately state-funded child care programs were combined to create the Working Connections program. Funding for Working Connections pays for child care slots and improved access to quality child care.

In 1998, the National Governors' Association Center for Best Practices conducted a survey of state early childhood activities between June 1996 and June 1998. Forty-nine states and territories responded. The survey indicated that forty-two of the forty-nine governors made early childhood a keynote issue as they outlined their state agendas. They focused on heightening awareness about brain development research findings, highlighting state accomplishments related to early childhood issues, and defining specific policies aimed at improving the lives of their youngest citizens. Putting words into action, state expenditures on child care increased by 55 percent in those two years, and forty-six states and territories enacted various laws to support the healthy development of young children. These state laws were aimed at increasing access to health care, ensuring the availability of quality child care, developing stimulating early childcare programs, addressing children's safety, and coordinating service delivery programs.
[From: Early Childhood Activities In the States, 1996-1998. http://www.nga.org/Children/Survey1998.htm]

C. Policy and Initiatives
6. A 12-Point Agenda to Create Comprehensive Early Child Development Programs

Many states are currently focusing their efforts on expanding early childcare programs and improving the availability of health and developmental services for young children and their families. Key to these efforts is devising a more integrated approach to delivering social service, health, care, and developmental services to young children. Constructing such a comprehensive child development program requires a multifaceted effort involving policymakers, service providers, parents, and the public. These integrated, comprehensive services can be envisioned as "bridges" from birth to school that will optimize children's preparation for school and enhance the prospect of the fullest use of their capacities in adulthood. The following assumptions and 12-point agenda have been suggested by the California Research Policy Center, working to enhance Proposition 10: The California Children and Families First Act. The agenda is not intended to prescribe a set of specific policies, but rather presents a broad vision for how the needs of young children can be addressed. The following eight assumptions underlie the 12-point agenda presented further below.

KEY ASSUMPTIONS

Central Role of the Family. Because families are a powerful determinant of child health and development, the focus of this agenda is not only on the child, but also on providing families with the community-based services and supports that enable them to fully meet their children's needs. Support for families needs to be accompanied by expectations of parental responsibility.

All Families Need Help. All parents of young children need some assistance to provide the physical, educational, emotional, and social support their children need. The agenda delineated here strives to develop a continuum of services that meet the needs of all families, from basic support services to more intensive interventions.

Developmental Optimization for All Children. Recent research on brain development teaches that all children potentially benefit from an enriched and supportive environment. The goal of childcare reform is to optimize the development of all children, not just those who are the most at risk for problems.

Shared Public Responsibility for Child Development. The public needs to understand the importance of early childhood for later school and adult performance. Building bridges from birth to school will require support or participation from all citizens and from service providers, government, and business.

"Developmentally Informed" Public Policy. A child's growing functional capacity, or "developmental trajectory," is established during infancy and early childhood and has implications for the level of adult achievement. The organization and financing of services and programs for families and children must be responsive to the fundamental role this developmental trajectory plays.

Enhancing Community Capacities. All communities possess resources--human, organizational, and financial--that can assist children's early development. Building bridges for young children involves strengthening relationships and forming networks between these resources and undertaking these efforts in a way that is consistent with community priorities.

Cultural Diversity Means Diversity of Approaches. Variation in child-rearing practices has heightened awareness of the need to be culture-sensitive in developing and implementing programs. The importance of honoring cultural and ethnic differences in parenting practices must be balanced with a shared sense of community norms based on what all its members want for their children and expect families to provide.

A Need for New and Innovative Leadership. Most communities lack broad-scale leadership on behalf of young children. Such leadership, at the state and local level, will be required in order to develop strategies based on new relationships between different programs and funding streams, between professionals and parents, and between different levels of government.

The 12 recommendations below form an integrated set of proactive strategies to transform community environments and improve service systems for young children. Of particular importance is the need to develop points of effective interaction and linkage across programs to create seamless and comprehensive delivery systems.

I. SYSTEM CHANGE

Restructuring Early Childhood Programs

Restructuring the administration and financing of early childhood services is the first, and perhaps the most critical part of this agenda. States need to not only to increase funding for services, but to transform the currently fragmented, underfunded array of programs for young children into a comprehensive, organized, well-funded system. This transformation will require progress on two major agenda items:

1. **Improving community capacity to create strong and appropriate delivery platforms for integrated developmental service programs.** Family resource centers have begun to provide some communities with platforms to integrate programs and provide comprehensive services. Birth hospitals and elementary schools represent two strategic institutions at which to build such integrated service programs. Fiscal incentives could stimulate birth hospitals to provide comprehensive early childhood services; providing schools with information (and increased resources) on developing and operating family resource centers is basic to increasing the use of schools as platforms for early childhood services. WIC clinics and existing and planned child care centers are also logical sites for integrating service delivery.

2. **Using funds to redirect, and increase the flexibility of, existing early childhood program funds, and to provide the fiscal "glue" so that continuums of responsive services can be created.** States should work to leverage other resources, to help redirect the funding capacity from other early childhood programs and services, and to serve as the fiscal "glue" to link programs into a comprehensive continuum of services. To facilitate the improved delivery of early childhood services, state policymakers should develop strategies to ease or eliminate the narrow program requirements that impede service integration.

II. INCREASING COMMUNITY CAPACITY

Improving Program Development, Availability, and Quality

Providing early childhood services is not enough. The second part of a comprehensive approach to early childhood involves ensuring that critical program areas are supported and that services are comprehensive, of sufficient quality, and well integrated with each other. In particular, progress is needed on the following eight agenda items in order to expand the availability and quality of the key services and the linkages among them:

3. Family planning--so that every child is a wanted child. It has been overwhelmingly documented that children born to parents who have planned for pregnancy and are prepared to rear a child have much better outcomes. Therefore, we need to establish better family planning services to enhance the likelihood that every child is a wanted child and that parents are prepared for parenting.
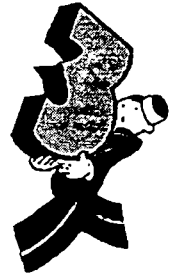
4. Prenatal care--so that every child is born healthy. The foundation for a healthy childhood begins in and even before pregnancy. A comprehensive approach to child health and development therefore needs to involve families before a child is conceived and to continue during the pregnancy

5. Parent education--so that parents are prepared for the job and know when they need help. Many parent education and skill-building services are not available to lower- and middle-income families. There needs to be a more concerted effort at offering all parents the kinds of education and skill-building opportunities that they need to rear healthy children. States should consider launching a parenting initiative to develop a readily accessible system of community-based, culturally sensitive parenting programs.

6. Child care--so that care outside the family enhances education and development. Most child care is of low quality, and much high-quality child care is beyond the reach of most families. Public-private partnerships are emerging as one possible approach for improving child care quality, availability, and affordability Efforts similar to California's blue-ribbon task force to improve classroom instruction must be focused on the education and credentialing of child care providers in both family day care and center-based settings, and on increasing their salaries.

7. Pediatric care--so that developmental problems are identified and addressed. Given changes in the health care system and an increased emphasis on cost containment, many physicians have neither the ability, time, nor incentive to provide adequate developmental assessments and services. To improve the provision of health and developmental services for young children, states could do the following: use Medicaid and Healthy Families contracts to ensure that services are covered; institute quality measures to hold health plans accountable for providing developmental services; provide incentives to pediatric and family residency training programs to include appropriate training on the delivery of developmental services; and take steps to improve insurance coverage for all children.

8. Early intervention services--so that children at risk of developmental delays are provided every opportunity to achieve their potential. State leadership is needed to move beyond existing demonstration projects (directed toward the most high-risk families) and offer early intervention services to a larger population. Improved targeting of these services and further development of risk-based continuums of services are needed so that all families receive services appropriate to their particular needs.
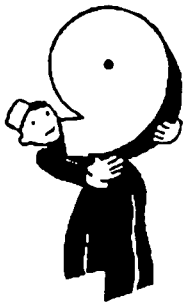
9. Early childhood education--so that the opportunity for early education is available to all. Despite the benefits of high-quality early education programs, very few children have access to them. Together, state preschool programs and Head Start often serve only a fraction of preschool-age children. Universal access to preschool for three- and four-year-olds should be a high priority. The Universal Preschool Task Force's recommendations for improving the quality of preschool programs should be implemented.

10. Workplace supports--so that working parents of young children receive adequate support. With so many more two-earner families, the stresses of managing a family and work are taking their toll on American family life. Many employers have taken steps to make their workplaces more accommodating to the needs of parents, but such arrangements are unavailable to

many families. State policymakers could use several strategies to encourage more widespread adoption of family-friendly workplace initiatives, such as conducting an information campaign targeted to employers to raise awareness of the benefits these services provide to both employers and employees.

III. PUBLIC ENGAGEMENT

Generating Public Awareness and Support

Increasing the public's awareness of, and long-term support for, early childhood development issues is the third critical part of building sustained, broad-based support for young children's programs. Strategies for enhancing public interest and support for early childhood issues include the following two agenda items:

11. Launching a statewide public education campaign to inform all adults about the importance of early childhood and what outcomes to expect from publicly funded programs. To develop the knowledge, skills, and attitudes that are necessary to support early child development will require a broad-based public education campaign focused on parents and the general public. A strategic communication plan is necessary to coordinate various media strategies to create a clear, unified message.

12. Publishing a regular report on the performance of local early childhood programs and their impact on young children's development, to ensure program accountability. The accountability of early childhood service providers is critically important Services funded need to be accessible, be responsive to the needs of families, and must be delivered in a culturally sensitive manner. To foster sustained public interest and involvement in early childhood issues, the state as well as local jurisdictions, together with their respective commissions, should regularly issue a report on the health and development of our youngest citizens.

Taken together, these 12 points present an agenda for helping communities, in conjunction with the state, build a system of supports to put young children on the developmental path to a healthy and productive adulthood. Such an effort will require substantial commitment from both policymakers and the public. By addressing this set of issues in a deliberate and comprehensive manner, states can build the bridges from birth to school that all children need.
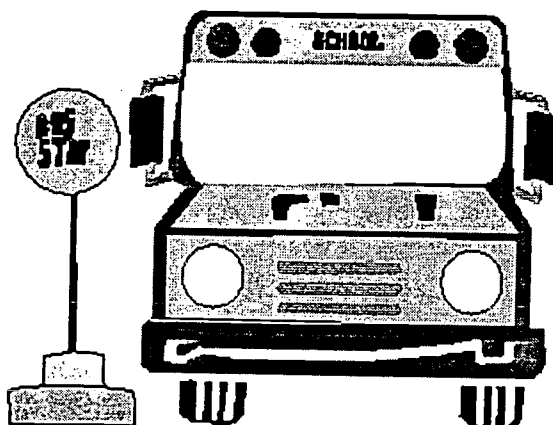
7. Emergence of school-based programs providing comprehensive services to children

From: *Reaching Back to Create A Brighter Future: Promoting School Readiness.* Halfon, N, Sutherland, C., View-Schneider, M., Guardiani, M., Kloppenburg, A., Wright, J., Uyeda, K., Kuo, A., & Shulman, E. (March 2000 Draft). UCLA Center for Healthier Children, Families and Communities.

Recent school reform initiatives have broadened the school's focus on curriculum and instructional innovations to include the concept of schools as centers for change in community systems designed to promote child and family well-being (Adelman & Taylor, 1999). Recognizing that a child's academic performance is integrally linked with his or her physical health, emotional state, economic status and social environment, these systems change strategies have begun to build comprehensive integrated systems of support to assist children and families in need. In California, due to the innovative Healthy Start programs for the elementary school population, many schools and communities have made significant advances in creating integrated systems to provide "Learning Support" co-located on school sites and in community based-family resource centers. "Learning Support" can include healthcare, mental health services, family support and child welfare services, education support and income maintenance assistance, along with a vast array of other vital resources. Activities may also include adult education and support for families with preschool age children.

While most of these efforts have focused on the school-age population, an increasing number of schools are realizing the benefits of providing services even earlier and building on this already established platform of comprehensive services to include services for the preschool population. Schools clearly have a strong vested interest in programs that promote school readiness and overall better outcomes for preschool age children. One option for school districts that want to take advantage of the momentum for providing school readiness is to build on existing programs. These programs include Healthy Start sites, early childhood special education services, and programs for teen parents and their young children. Local schools serve as ideal platforms for reaching out to families with young children for many reasons, including:

♦ For most families, schools are familiar, accessible and trusted institutions in every neighborhood, especially for families with older children in whose lives school already plays a central role.

♦ The school is already obligated to provide education services for youngsters starting at the age of five (or three for special needs children).

♦ Schools, who are increasingly held accountable for academic outcomes, should have a vested

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interest in earlier investments that have lasting effects on academic success.

♦ Children who participate in early intervention programs are less likely to require special education services or to be retained than other children, which ultimately saves districts money.

♦ Supporting healthy development is central to the school's mission.

While early childhood programs exist outside of schools, primarily in the forms of preschool, child development, home visiting, and traditional childcare programs, the quality of these programs varies greatly and barriers that exist to obtaining these services (e.g., cost, transportation, language and cultural issues) remain great for children who are at the most risk. Lacking specific curriculum for developmentally appropriate activities, only a handful of truly "pre-kindergarten" schools function as school readiness programs. In addition, federally funded Head Start programs (which increase access to health, social services and education to 3 and 4 year old children whose families: do not speak English at home, have low incomes, or have other special needs that place children at serious disadvantage when entering school) are not funded to serve all eligible children. Even for the families that are served, Head Start hours have been limited and have not met the childcare needs of working parents.

Over the last decade a new generation of early childhood development programs has emerged, including early literacy school readiness programs like Even Start. Other older programs such as Head Start have evolved to include Early Head Start, which provides services for low-income infants, toddlers and expecting mothers. Overall, however, the array of early childhood programs and services has been fragmented, under-funded, of varying quality and not universally accessible. This makes the increasing trend toward publicly funded prekindergarten and early childhood programs based on the public school infrastructure all the more important.

At present, communities have a varying array of different programs that can potentially serve as the foundation for a comprehensive school readiness program. Unfortunately, due to their history, funding constraints and administrative requirements, many existing programs do not reach all the children and families that could benefit from theses services nor are they coherently linked to school readiness efforts. In order for more integrated systems to be developed, programs and services must be reorganized into a more efficient arrangement that can more effectively serve the needs of families with young children. In this model, the school serves as the hub of a network of neighborhood and community-based services. Through a process of co-location, collaboration, and strategic partnership, a system of services can be created.

Lessons Learned

In creating this report, we sought to identify examples of schools that are making a difference in their community by offering comprehensive early childhood school readiness programs. The school and school districts we selected were identified through a variety of methods in order to capture the innovative models that are emerging in towns and cities across the United States. Our aim in identifying, surveying, and interviewing these sites was to understand the scope and intensity of the programs and services offered, how they were organized and integrated into the school's other activities, and their potential to serve as examples for others contemplating similar efforts. In conducting this research, certain important themes emerged.

Having a champion is essential. This type of change process takes time and persistence and benefits from a leader, such as a superintendent, a principal or a program director, who has the vision and the ability to communicate that vision effectively and to understand and work with the natural resistance to change among teachers and administrators. A superintendent or school board member can be particularly effective because he/she has the ability to champion needed changes in district policy and funding. Leadership and collaboration at the state level can also be important to create the motivation for systems change and legislation for funding allocation or redeployment of resources.
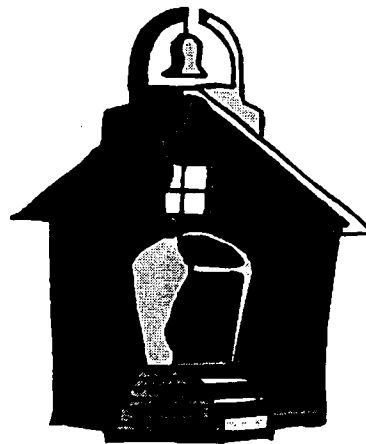
Collaboration and partnership with key individuals and community-based organizations is essential for providing a comprehensive array of services. Collaborating and partnering with providers and programs that already exist in the community is another key ingredient in successful school-based early childhood programs. An inclusive planning process in which the views and experiences of these community members and groups are recognized and represented ensures buy-in from a large number of individuals and organizations. It also builds on the expertise that these individuals and community-based organizations have gained from years of working with families in the community. Moreover, a planning process that facilitates the participation of these individuals and organizations will minimize the duplication of services and result in a coordinated, efficient system of care. Health and mental health care organizations, public health departments, local hospitals, neighborhood clinics, dentists, private physicians, local human and social service agencies, family resource centers, local colleges, existing preschool programs and both center- and home-based child care providers are just some of the potential partners planners should involve early on and throughout the planning and implementation process. It is important for school districts to understand that not all funding or program/service provision has to come from the schools themselves, and that through strategic partnership, resources can be leveraged. When it comes time to actually implement school-based early childhood programs, critical details such as whether and how information, funding, space and staff will be shared needs to be worked out so that the nature of the partnership is clear to everyone involved.

A comprehensive program will target the whole family. The research literature documents that improving child outcomes depends on improving parenting practices and supporting family functioning (Brooks-Gunn, Berlin, & Fuligni, 2000). Programs targeting the development of the youngest children are necessarily more parent-oriented (McCain & Mustard, 1999). Therefore, successful school-based programs will not simply provide childcare and early childhood education to young children, but will engage, support and educate their parents and families as well. Programs that support healthy early childhood development by providing both children and their families with supportive, educational experiences will benefit schools, communities and, in the long run, society as a whole through reduced health and developmental problems, increased family functioning, increased employment, and decreased poverty.

An effective program responds to local needs and priorities. In order to best serve the communities in which they are located, schools cannot create early childhood programs based solely on models that have worked in other areas. Rather, the needs and nature of the target population is an essential consideration in determining which programs and services will be

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effective and which stakeholders ought to participate in the process. For example, the needs of a large, urban, non-English speaking population will differ significantly from the needs of a small, rural community. A thorough needs assessment will be an important first and ongoing step toward ensuring that school-based early childhood programs are responsive and relevant to the communities they are intended to serve. Needs assessments conducted in conjunction with community organizations and practitioners that currently serve families are more likely to reach the target population and accurately reflect its needs and preferences.

Accessing multiple funding sources and using innovative financing strategies such as blended funding improves programmatic flexibility and quality, but there is a need for less burdensome approaches. Funds used to support State preschool, childcare and programs such as Head Start, are often categorical in nature, offering states and localities little or no flexibility in how they are to be spent (Hayes, 2000; Uyeda & Halfon, 2000). Tracking these expenditures and fulfilling the various accounting requirements of the numerous federal and state agencies that provide these funds presents a significant challenge to schools reaching back to young children. Therefore, an important goal of a careful and thorough planning process should be to determine if and how these various funding streams can be blended so that staff, space and service expenses come out of one master account that includes funds from all the various state and federal sources. The type and number of partners involved will be an important consideration in determining which funding scheme will be best suited to a particular site. Several recent reports suggest mechanisms to accomplish this goal and funding streams that can help finance these programs.

Systems change at the district level reduces fragmentation and improves coordination and comprehensiveness of services and programs. A district wide strategic plan for early childhood programs greatly improves the chances for program integration, thereby reducing fragmentation and overlap that often occurs when early childhood programs are dealt with school by school, program by program. District-wide strategies also facilitate the development of funding sources that utilize the fiscal and administrative capacity of the district, a capacity that most school sites do not have. A district superintendent can facilitate systemic changes in infrastructure that can maximize the effectiveness of programs and leverage funding to meet the needs of the greatest number of children and families. A superintendent or school board can assist with the realignment of school district divisions, creating an early childhood consortium that integrates child development, pre-school, parenting and adult education, and health and human services.

State support makes a difference. The information provided by the best practice sites indicated that for some sites, the state mandates for early childhood services and programs was the impetus for their school district to develop early childhood programs. It was particularly effective when funding was allocated or used as an incentive for district engagement in services for children 0-5 and their families. New funds or the reallocation of existing funds support program implementation and sustainability. In California, the State Prop 10 Commission and California Department of Education are actively working to create similar incentives. This process should be encouraged and connected to local efforts.

Paying teachers well makes a difference. Some best practice sites also indicated that they addressed the system wide problem of teacher retention by paying their teachers the best rate for early childhood educators in their area, for some sites this meant paying them on a rate comparable to educators in the K-12 system. When identifying why teachers leave early childhood development or pre-school teaching most indicated for more pay and additional benefits. In some cases teachers left the early childhood field to work for the better paying K-12

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system once they had completed their credential requirements.

Most programs would like to conduct more rigorous evaluations but lack the funds to do so.
Most of the funding streams that sites used to provide services and programs for 0-5, had little or
no funding for evaluation in the budgets. Schools generally are so engaged in providing services
that unless there are dedicated funds or a partner willing to underwrite or provide evaluation
services, it gets left in the "would do if we had the time or money category". Sites that did
evaluation reported that their partners at institutes of higher education provided evaluation or
included the school/district in a funded evaluation study.

References

Adelman HS and Taylor L (1999) Addressing barriers to student learning: Systemic changes at all levels.
Theme issues. *Reading and Writing Quarterly. 15(4):*251-254.

Brooks-Gunn, J, Berlin LJ, Fuligni AS. (2000) Early Childhood Intervention Programs: What About the
Family? In *Handbook of Early Childhood Intervention.* JP Shonkoff and SJ Meisels (eds.) New York:
Cambridge University Press.

McCain MN and Mustard JF (1999). *The Early Years Report. Reversing the Real Brain Drain.* Toronto,
ON: Ontario Children's Secretariat.

Hayes, C (2000) Financing Early Childhood Initiatives.- Making the Most of Proposition 10. In *Building
Community Systems for Young Children.* N Halfon, E Shulman, M Shannon and M Hochstein, (eds.),
UCLA Center for Healthier Children, Families and Communities.

Uyeda, K. and Halfon, NH. (2000) *Schools, Counties and Proposition 10: A New Partnership for Early
Childhood Supports in California, Financing Considerations.* UCLA Center for Healthier Children,
Families and Communities.

VII. Resources and References

1. Early Childhood Development
A. Publications available on the internet
  B. Books, Articles and Journals
  C. Websites and Organizations

2. Brain development in early childhood
A. Publications available on the internet
  B. Books, Articles and Journals
  C. Websites and Organizations

3. Early Childhood Mental Health Research and Programs
A. Publications available on the internet
  B. Books, Articles and Journals
  C. Websites and Organizations

4. Early Childhood Education & Child Care
A. Publications available on the internet
  B. Books, Articles and Journals
  C. Websites and Organizations

5. Resources for Parents
A. Publications available on the internet
  B. Books, Articles and Journals
  C. Websites and Organizations

6. Relevant resources from the Educational Resources Information center (ERIC) and ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE)*

7. Related Agencies and Organizations

8. Special Resources Developed by the Center relevant to this topic...

9. QuickFind

1. Early Childhood Development

A. Publications available on the internet

Annual Editions: Child Growth and Development. Dushkin/McGraw-Hill.
http://www.dushkin.com/annualeditions/
> This annually updated reader is a compilation of carefully selected articles from
> magazines, newspapers, and journals, in the area of child growth and development.

Creating a Shared Vision: How Policy Affects Early Childhood Care and Development.
Evans, J. L. http://www.ecdgroup.com/cn/cn5intro.html
> Addresses the question: How can we influence the development of policy that supports
> young children and their families? Three articles are presented. The first offers a brief
> discussion of what policy is and is not. The second article examines the relationship
> between research and policy, and the third article looks at a specific instance in which the
> combination of a strong program and longitudinal research have led to the creation of a
> national policy.

Early Childhood Longitudinal Study, Birth Cohort (ECLS-B).
http://nces.ed.gov/ecls/Birth/studybrief.htm
> A new study that will provide detailed information on children's development, health, early
> care and education.   The study will follow a nationally representative sample of
> approximately 15,000 children born in 2001 from 9-months of age through the first grade.
> The projects aims to better understand the effects of a wide range of family, school,
> community, and individual variables on children's development, early learning, and early
> performance in school.

From Neurons to Neighborhoods: The Science of Early Childhood Development.
J. P. Shonkoff and D. A. Phillips, Eds; Committee on Integrating the Science of Early Childhood
Development, Board on Children, Youth, and Families. 2000.
http://www.nap.edu/books/0309069882/html/
> Delivers a series of recommendations for decision makers regarding prenatal risks, the
> developing brain, child care, school readiness, mental health issues in the preschool years, the
> evaluation of early interventions, and other pressing issues.

"How Are the Children?" Report on Early Childhood Development and Learning.
September 1999. http://www.ed.gov/pubs/How_Children/
> This report summarizes current research emphasizing the critical importance of a child's
> early years for healthy development and learning. 10 key lessons are presented regarding
> early brain development and the importance of relationships and prevention. Several
> recommendations are given for policy-makers and educators.

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Increase the percentage of children 0-3 who exhibit age-appropriate mental and physical development: Benchmark Overview. http://www.promisingpractices.net/bench_overview.asp
Summarizes approaches for improving developmental outcomes for children ages 0-3 and provides a brief review of brain research findings. Goes on to describe in great detail proven and promising programs.

Policymaking and Early Childhood Care and Development. Myers, R. G. (September 1997). http://www.ecdgroup.com/archive/policy.html
Prepared for The Consultative Group on Early Childhood Care and Development. The purpose of this paper is to provide a basis for a discussion of how policy analysis may be applied to the field of early childhood care and development (ECCD).

Starting Points: Meeting the Needs of Our Youngest Children. Report of the Carnegie Task Force on Meeting the Needs of Young Children. Carnegie Corporation of New York. 1994. http://www.carnegie.org/starting_points/
This reports reviews the current risk factors for young children in America, discusses the critical importance of the early years, and suggests how parents, educators, and policy-makers can better meet the needs of young children.

Status of Children: A mixed report on early childhood. 2000. Katherine Vail. Educational Vital Signs. http://www.asbj.com/evs/00/children.html
A brief article of statistics regarding poverty, unemployment, illiteracy, health problems, and lack of education and support.

The Future of Children. The David and Lucile Packard Foundation, Los Altos, CA. http://www.futureofchildren.org/
This online journal aims to disseminate timely information on major issues related to children's
well-being, with special emphasis on providing objective analysis and evaluation, translating existing knowledge into effective programs and polices, and promoting constructive institutional change.

Years of Promise: A Comprehensive Learning Strategy for America's Children. Executive Summary. Carnegie Corporation of New York, 437 Madison Ave, New York, NY 10022. 800-998-2269. http://www.carnegie.org/sub/pubs/execsum.html
A report to examine all the forces that contribute to children's learning and development during the age span from three to ten. The twenty-three-member group of business and political leaders, scientists, educators, researchers, and practitioners conducted extensive reviews of research and programmatic experience, made site visits to sixty programs in thirty communities throughout the country, and engaged in formal hearings and informal discussions with parents, teachers, administrators, and community leaders. The executive summary presents a brief summary of the main themes and recommendations of the report.

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B. Books, Articles, and Journals

Can Preschoolers Be Effective Peer Models? An Action Research Project. Visoky, A. M. & Poe, B. D. (2000). *Teaching Exceptional Children, 33(2): 68-73.*

Effortful control in early childhood: Continuity and change, antecedents, and implications for social development. Kochanska, G., Murray, K. T., & Harlan, E. T. *Developmental Psychology*, Mar 36(2), 2000. 220-232.

Imaginative play in early childhood: A foundation for adaptive emotional and cognitive development. Singer, J. L. *International Medical Journal*, Jun 5(2), 1998. 93-100.

Infants, toddlers, and caregivers (3rd ed). Gonzalez-Mena, J & Widmeyer, D. Mountain View, CAL Mayfield Publishing Company, 1993.

Needs, urges, and feelings in early childhood : Helping young children grow. Furman, E. Madison, CT: International Universities Press, Inc., 1998.

Promoting Early Childhood Development Through Comprehensive Community Initiatives. Berlin, L. J., Brooks-Gunn, J., & Aber, J. L. *Children's Services: Social Policy, Research, and Practice, 4(1), 1-24.*

Relationships in early childhood: Helping young children grow. Furman, E. Madison, CT: International Universities Press, Inc., 1998.

Self-control and mastery in early childhood: Helping young children grow. Furman, E. Madison, CT: International Universities Press, Inc., 1998.

Social and emotional development in early childhood: The identification of competence and disabilities. Wittmer, D., Doll, B., & Strain, P. *Journal of Early Intervention*, Fall 20 (4), 1996. 299-317.

C. Websites and Organizations

Desired Results for Children and Families.
http://www.cde.ca.gov/cyfsbranch/child_development/DR2.htm
This web site provides an overview of the *Desired Results for Children and Families* initiative, developed by the California Department of Education to evaluate the achievement of desired results for children and families served by state and federally subsidized child care and development programs. Also provides access to all related documents, including developmental profiles.

First Three Years: A Governor's Guide to Early Childhood.
http://old.nga.org/Children/FirstThreeYears/index.asp
    Provides links to the latest reports, initiatives, and information on early childhood.

Florida Starting Points Initiative
http://www.teamfla.org/StartPoint/startingpoints.html
    The Florida Starting Points Initiative is part of a national effort to address the needs of our youngest children, ages birth to 3. The Initiative builds on multiple programs underway in the state and seeks to enhance communication and collaboration among the key players and advocates so that he patchwork of initiatives, both public and private, can be woven into a striking tapestry that can provide more effective coverage for our youngest children.

Investing in Our Children. http://www.national-academies.org
    Has several articles related to early childhood development and interventions.

National Center for Early Development and Learning http://www.fpg.unc.edu/~ncedl/
    NCEDL focuses on enhancing the cognitive, social, & emotional development of children from birth through age eight.

National Institute of Child Health and Human Development. http://www.nichd.nih.gov/
    NICHD conducts and supports laboratory, clinical, and epidemiological research on the reproductive, neurobiologic, developmental, and behavioral processes that determine and maintain the health of children, adults, families, and populations.

Zero to Three Developmental Milestones http://www.zerotothree.org/
    A national, nonprofit organization located in Washington, D.C., dedicated solely to advancing the healthy development of babies and young children. This agency disseminates key developmental information, trains providers, promotes model approaches and standards of practice and works to increase public awareness about the significance of the first three years of life.

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2. Brain development in early childhood

A. Publications available on the internet

Do early childhood experiences really count? National
Association for the Education of Young Children.
http://www.naeyc.org/resources/eyly/1999/13.htm
> Suggests that providing enriching environments to
> stimulate early brain development may be less
> important than identifying and treating children's
> vision problems, ear infections, or developmental
> delays.

**Early Brain Development and Child Care: Discoveries
about the growth and development of the young child's
brain have important implications for child care.** *Healthy Child Care America* Vol 3, No 1,
January 1999. http://nccic.org/hcca/nl/jan99/earlybra.html
> The quality of a child's earliest experiences has a critical impact on brain development;
> therefore, the quality of infant and toddler child care has a critical impact as well. This
> article lists What Young Children Need; What Child Care Providers and Administrators of
> Early Childhood Education and Child Care Programs Can Do; and What Health
> Professionals Can Do.

The Importance of Early Brain Development. Bruce A. Epstein, M.D.
http://www.allkids.org/Epstein/Articles/Brain_Development.html
> An online article highlights these few points: What does a child need in the first three years
> of life to achieve their potential? And Elements of a child's health are important in early
> brain development.

Learning How To Use the Brain. Ronald Kotulak.
http://www.newhorizons.org/ofc_21cliusebrain.html
> This paper was presented at the "Brain Development in Young Children: New Frontiers for
> Research, Policy and Practice" Conference, Chicago, on June 13, 1996.

"Online NewsHour: Brain Development in Babies--May 29, 1997"
http://www.pbs.org/newshour/bb/youth/jan-june97/brain_5-29.html
> Transcript of a dialogue on the topic of recent scientific studies which have found that the
> human brain does much of its development in a child's first three years of life. How these
> findings could have a significant impact on the way children are raised and how childcare is
> funded.

Sarting Smart: How early experiences affect brain development. Ounce of Prevention Fund, 1996.

http://www.bcm.tmc.edu/cta/links/ounce.html

> The Ounce of Prevention has compiled this paper, which has been developed from the work of a number of scientific researchers, to raise awareness of issues vital to early childhood development.

Using Brain-Development Information to Promote Partnerships. Child Care Partnership Project

http://nccic.org/ccpartnerships/facts/fs16.htm

> This article and website feature examples which demonstrate how public-private partnerships are using new brain-development information to enhance systems of early care and education

B. Books, Articles, and Journals

Brain Development in Infancy: A Critical Period. Lally, J. R. *Bridges magazine, California Head Start Collaboration Project. Vol 3, No 1.* Summer 1997.

Inside the Brain: Revolutionary Discoveries of How the Mind Works. Kotulak, R. Andrews and McMeel, 1996.

C. Websites and Organizations

The Amazing Infant Brain
http://www.wttw.com/wttw_web_pages/productions/10things/10_brainfacts.html
> A website for parents including Activities to Make Learning Fun and Choosing a Quality Early Childhood Education Program.

Better Brains for Babies Initiative. University of Georgia College of Family and Consumer Sciences Extension. http://www.fcs.uga.edu/outreach/coopex/bbb/
> The Better Brains for Babies initiative strives to educate the Georgia public about brain development; to lobby for policies and funding to promote healthy development in early childhood; and to help people who work directly with young children apply the research-based information on early brain development to create healthy care and learning environments for young children.

Brain Development in Infants and Toddlers: Information for Parents and Caregivers
http://nccic.org/cctopics/brain.html
> A resource page with links to related webpages.

Building Your Baby's Brain: A Parent's Guide to the First Five Years
http://www.teachingstrategies.com/
> A website for teachers and parents to guide from infancy through kindergarten.

Media Campaign on Early Brain Development http://nccic.org/hcca/nl/may97/media.html
> The campaign is a collaborative effort to create and disseminate resources to help families nurture their young children.

Research Network on Early Experience and Brain Development
http://www.macbrain.org/index.htm
> The goal of this network is to study the role of experience in brain development and thus to enhance our understanding of how neurobiological development and behavioral development are linked.

Zero to Three: National Center for Infants, Toddlers, & Families -- BrainWonders Web site
http://www.zerotothree.org/brainwonders/index.html
> This site is designed to provide parents, care-givers and pediatric and family clinicians with meaningful information about early brain development and the relationships between babies and their parents and caregivers that support intellectual and social-emotional development.

3. Early Childhood Mental Health
Research and Programs

A. Publications available on the internet

Early Childhood Intervention: Views from the Field. Report of a Workshop. Committee on Integrating the Science of Early Childhood Development. J. P. Shonokoff, D. A. Phillips, & B. Keilty, Eds. Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education, National Research Council; and Institute of Medicine. Washington, DC: National Academy Press. 2000. Http://www.nap.edu
> Reports from a workshop designed to provide an open forum in which leading authorities could discuss the diversity of working assumptions, theories of change and views about child development and early intervention that currently shape a wide variety of social policies and service delivery systems for young children and their families.

Long-Term Outcomes of Early Childhood Programs. H. Yoshikawa. The Future of Children. Center for the Future of Children. Vol 5, No 3. Winter 1995. (415)948-3696. www.futureofchildren.org
> This review of literature from criminology, psychology, and education shows that there exist key early childhood factors which are associated with later antisocial or delinquent behavior and that early childhood programs which seek to ameliorate the effects of those factors can prevent later antisocial or delinquent behavior. In particular, the review focuses on programs which have demonstrated long-term effects on antisocial behavior or delinquency.

Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations. D.S. Gomby, M.B. Larner, C.S. Stevenson, E.M. Lewit, & R.E. Behrman. *The Future of Children, 5(3), 6-24.* 1995. www.futureofchildren.org
> This article provides a brief description of the major types of early childhood programs and reviews what is known about the effects of early childhood programs on children and their families.

Map and Track: State Initiatives for Young Children and Families, 1998 edition. Knitzer J. & Page, S. National Center for Children in Poverty. Columbia University School of Public Health.
To order: go to http://cpmcnet.columbia.edu/dept/nccp/main10.html
> This new edition updates and expands the information provided in the 1996 edition of this report on the level of commitment to young children and families across the states. It continues to "map" state initiatives for young children and families (program development strategies, community mobilization and systemic change strategies, high-level leadership) and "track" them over time. New in the 1998 edition is information on whether states are implementing explicit strategies to link welfare reform with children's initiatives.

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What we know about Early Childhood Interventions. Currie, J.. Joint Center for Poverty Research. Policy Briefs, Vol. 2; No 10. 2000.
http://www.jcpr.org/policybriefs/vol2_num10.html

> This policy brief is based on the working paper "Early Childhood Intervention Programs: What do we know?" by Janet Currie. She reviews the evaluations of several early childhood intervention programs. The programs she examines are predominantly center-based programs that emphasize school readiness. She finds that well-designed, well-funded early interventions can have large and significant effects on school readiness and subsequent child outcomes. She also, however, finds a paucity of high-quality research on early intervention programs; only four of the many programs evaluated used random assignment.

B. Books, Articles, and Journals

Behavior problems in preschool children: Clinical and developmental issues. Campbell, S. B.
New York: NY: Guilford Press, 1990.

Best Practices in Adopting a Prevention Program. Hightower, A. D., Johnson, D., & Haffey, W.G. (1995). In *Best Practices in School Psychology III.* The National Association of School Psychologists, Washington, D.C.

Best Practices in Preschool Screening. Gridley, B.E., Mucha, L., & Hatfield, B.B. (1995). In *Best Practices in School Psychology III.* The National Association of School Psychologists, Washington, D.C.

DARE to be you: A family-support, early prevention program. Miller-Heyl, J., MacPhee, D., Fritz, J. J. *Journal of Primary Prevention*, Spr 18(3), 1998. 257-285.

Day care and early childhood settings: Fostering mental health in young children. Zigler, E. F. & Gilman, E. D. *Child & Adolescent Psychiatric Clinics of North America, Jul 7(3)*, 1998. 483-398.

Indirect Service Delivery Through Consultation: Review and Implications for Early Intervention. Nancy File, Susan Kontos. *Journal of Early Intervention, Vol 16, No. 3, 221-233.* 1992.

Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Chil dhood Interventions. Karoly, L.A., Greenwood, P.W., Everingham, S.S., Houbé, J., Kilburn, M.R., Rydell, C.P., Sanders, M., & Chiesa, J. RAND, 1998.

Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes. W. S. Barnett. *The Future of Children. Center for the Future of Children. Vol 5, No 3.* Winter 1995. (415)948-3696.

Preliminary evaluation of a resiliency-based preschool substance abuse and violence prevention project. Dubas, J. S., Lynch, K. B., Galano, J., Geller, S., & Hunt, D. *Journal of Drug Education*, 28(3), 1998. 235-255.

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Promoting development and preventing disorder: The Better Beginnings, Better Futures Project. Peters, R. D. & Russell, C. C. In *Preventing childhood disorders, substance abuse, and delinquency. Banff international behavioral science series, Vol. 3.* R. D. Peters, R. J. McMahon, Eds. Thousand Oaks, CA: Sage Publications, 1996. 19-47.

Regulatory Factors in Early Childhood Services. Kelley, S. Universities Children's Policy Partnership: University of Pittsburgh Office of Child Development & Pennsylvania State University Prevention Research Center.

Successful Early Childhood Interventions. Hendrick, V., Newfeld, S., Del-Homme, M., & The Consortium for Successful Childhood Interventions. For more information: contact John Hatekeyama, Director of Children's Services, Department of Mental Health, Los Angeles (213) 738-2147

Technical Assistance for Meeting Early Intervention Personnel Standards: Statewide Processes Based on Peer Review. McCollum, J. A. & Yates, T. J. *Topics in Early Childhood Special Education*, 14(3), 1994. 295-310.

C. Websites and Organizations

National Early Childhood Technical Assistance Systems http://www.nectas.unc.edu/
NECTAS is a national technical assistance consortium working to support states, jurisdictions, and others to improve services and results for young children with disabilities and their families.

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4. Early Childhood Education & Child Care

A. Publications available on the Internet

Building Bridges for California's Young Children: A 12-Point Agenda to Enhance Proposition 10. Halfon, N., Gonzalez, R., & Hochstein, M. UCLA Center for Healthier Children, Families and Communities. California Policy Research Center. 1999. http://healthychild.ucla.edu/
> Presents a 12-point agenda for building a comprehensive child development program from birth to school.

California Report Card, 1999: How Our Youngest Children Are Faring. Children Now. 1999. http://www.childrennow.org/california/RC99/reportcard-99.pdf
> Children Now focused 1999's California Report Card and accompanying California County Data Book on the status of children from birth to age five and their families, in order to provide information for those developing polocies that seek to capitalize on these years.

Child Trends Research: How can parents and communities prepare children for school? John S. and James L. Knight Foundation. http://www.childtrends.org/schoolreadiness.asp
> Child Trends' new "What Works" table presents proven strategies and best bets for promoting early school readiness.

Children Who Enter Kindergarten Late or Repeat Kindergarten: Their Characteristics and Later School Performance, Stats in Brief. National Center for Education Statistics. June 2000. http://nces.ed.gov/pubs2000/2000039.pdf
> Using information from the 1993 and 1995 National Household Education Survey (NHES), this report describes the numbers and characteristics of children who experienced delayed kindergarten entry or kindergarten retention, as well as their subsequent performance and adjustment in school.

Continuity for Young Children: Positive Transitions to Elementary School. Sacramento: California Department of Education, 1996. http://www.cde.ca.gov/cdepress/catalog_2001.pdf (see Child Development section)
> Discusses the importance of positive transitions into elementary school, reviews recent research, and evaluates current transition programs.

Current State and Local Initiative to Support Student Learning: Early Childhood Programs & Innovative Programs to Better Address the Needs of Youth. 2000.
http://www.ccsso.org/initiatives.html

   Selected presentations from an *Ensuring Student Success Through Collaboration Network* Conference, Louisville, KY, September 12-15, 1999, which examined and discussed early childhood education initiatives, approaches to increasing school safety, and programs to better address the needs of youth.

Eager to Learn: Educating Our Preschoolers. 2000. Barbara T. Bowman, M. Suzanne Donovan, and M. Susan Burns, Editors; Committee on Early Childhood Pedagogy, National Research Council.
http://www.nap.edu/books/0309068363/html/

   Reports on the education of children ages 2-5, with a focus on programs outside of the home, such as preschools, Head Start, and child care centers. Summarizes current research on early child pedagogy, and argues that child care and child education cannot be thought of as separate entities. Makes recommendations for policy-makers and educators.

Early Childhood Longitudinal Study. http://nces.ed.gov/ecls/

   The analytic purpose of this program was to provide data to test hypotheses about the effects of a wide range of family, school, community, and individual variables on children's development, early learning, and early performance in school.

Early Head Start Research. Building their Futures: How Early Head Start Programs are Enhancing the Lives of Infants and Toddlers in Low-Income Families. Summary Report. January 2001. http://www.mathematica-mpr.com/PDFs/buildsumm.pdf

   This summary report highlights the first main impact findings emerging from the analysis of child and family outcomes through the first two years of the children's lives. Findings show a pattern of positive findings across a wide range of key domains important for children's well-being and future development.

Entering Kindergarten: Findings from the Condition of Education, 2000. Zill, N. & West, J.
http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2001035

   This essay from the Condition of Education, 2000, summarizes information from the early Childhood Longitudinal Study, Kindergarten Class of 1998-1999 on the skills and knowledge children possess when they enter school, and their social skills and interest in learning. Children who entered kindergarten at different ages and who are at risk of not succeeding in school are compared in these areas. NCES publication #2001035

Final Report: First Progress Report on the Head Start Program Performance Measures. May 15, 1997. Caliber Associates, Ellsworth Associates, Westat, & Mathematica Policy Research.
http://www2.acf.dhhs.gov/programs/hsb/research/progrpt1/toc.htm

   This report is the Head Start Program's first progress report on its self- assessment using the evolving Program Performance Measures, designed to promote accountability through the assessment of program quality and outcomes.

Head Start 2010: Fulfilling the Promise. Report of the Head Start 2010 National Advisory Panel.
To order: http://www.nhsa.org/pubs/advocacy.htm
Documents the challenges now facing low-income children and their families in the United States. Based on the National Advisory panel's findings, which in turn were based on the testimony of the Head Start community, early childhood organizations, corporations, universities, and others, the research identified five key goals for future focus. The report recommends ways Head Start and the nation as a whole can work together to achieve those goals.

The Kindergarten Year: Findings from the Early Childhood Longitudinal Study, Kindergarten Class of 1998-1999. West, J., Denton, K., & Reaney, L. M. Early Childhood Longitudinal Study (ECLS), 2000. http://nces.ed.gov/pubs2001/2001023.pdf
This report attempts to answer two basic sets of questions about children's knowledge and skill acquisition during the kindergarten year. What gains are children making from the fall of the kindergarten year to the spring of the kindergarten year in their overall reading and mathematics knowledge and skills? What gains are children making in specific knowledge and skills (e.g., recognizing letters, recognizing numbers)? The report also answers the question, do children's gains differ by child, family and kindergarten program characteristics?

Lessons from the Field: Head Start Mental Health Strategies to Meet Changing Needs.
Yoshikawa, H. & Knitzer, J. National Center for Children in Poverty, Columbia School for Public Health & American Orthopsychiatric Association Task Force on Head Start and Mental Health. 1997.
To order: go to http://cpmcnet.columbia.edu/dept/nccp/main10.html
Highlights promising strategies generated by Head Start programs to better meet the changing and intensifying mental health needs of Head Start children, families, and staff. Aims to foster program-to-program learning, to stimulate an open dialogue about these issues, and to spur communication and collaborative partnerships between the mental health and Head Start communities, and others

Reading and Math Gains Measured after year of Kindergarten. December 2000. National Center for Education Statistics. View summary of results at
http://nces.ed.gov/Pressrelease/rel2000/12_01_00.asp
for entire report http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2001023
This report attempts to answer two basic sets of questions about children's knowledge and skill acquisition during the kindergarten year. 1) What gains are children making from the fall of their kindergarten year to the spring of their kindergarten year in their reading and mathematics knowledge and skills? Do these gains differ by child, family, and kindergarten program characteristics? 2) What gains are children making in specific knowledge and skills (e. g., recognizing letters, recognizing numbers, paying attention)? Do children's gains in specific knowledge and skills differ by child, family, and kindergarten program characteristics?

School Involvement in Early Childhood. July 2000. Hinkle, D. National Institute on Early Childhood Development and Education, U.S. Department of Education, Office of Educational Research and Improvement. http://www.ed.gov/pubs/schoolinvolvement/ or call 1-877-4Ed-Pubs (877-433-7827), or write: U.S. Department of Education, ED Pubs, P.O. Box 1398, Jessup, MD 20794-1398.

> Provides schools, families, and communities with information and ideas about public school prekindergarten and other preschool care and education initiatives that are linked with public schools. The publication offers insights about public school involvement in early childhood, and it provides examples of how states and communities are designing programs to expand and improve preschool care and education.

Seeds of Success: State Prekindergarten Initiatives, 1998-1999. Schulman, K., Blank, H., & Ewen, D. Children's Defense Fund, Washington, DC. 1999. http://www.childrensdefense.org/pubs_bestsellers.asp

> Reports on an evaluation of state prekindergarten initiatives, focusing on four components: (1) ensuring the availability of prekindergarten; (2) ensuring high-quality prekindergarten; (3) ensuring accessibility of prekindergarten programs; and (4) integrating prekindergarten initiatives with other early childhood programs.

State Developments in Child Care, Early Education, and School-Age Care 2000. Blank, H., Behr, A., & Schulman, K. Children's Defense Fund, March 2001. http://www.childrensdefense.org/pdf/2000_state_dev.pdf

> This publication provides highlights and updates regarding state actions on child care and early education during 2000. Contains state-by-state snapshots of selected state policies.

B. Books, Articles, and Journals

California Child Care and Development Compensation Study: Towards Promising Policy and Practice. Executive Summary, November 27, 1996. Whitebook, M & Burton, A, National Center for the Early Childhood Work Force. American Institutes for Research. Write P.O. Box 113, Palo Alto, CA 94302, or call (415) 493-3550.
Reviews the research literature on compensation, quality and affordability; surveys current compensation arrangements in a sample of California center-based programs; reviews promising practices in other states and organizations to increase child care compensation; and develops policy recommendations for California.

Changing early childhood development through educational intervention. Weikart, D. P. *Preventive Medicine: An International Devoted to Practice & Theory*, Mar-Apr 27(2), 1998. 233-237.

Child development, cultural diversity, and the professional training of early childhood educators. Bernhard, J. K. *Canadian Journal of Education*, Fall 20(4), 1995. 415-437.

Collaborative Partners: California's Experience with the 1997 Head Start Expansion Grants.
CDE Press, 1999. Item No. 1491. To order, call (800) 995-4099.

Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8. Bredekamp, S. (Ed). Washington, D.C.: NAEYC, 1987.

Easing the Transition from Preschool to Kindergarten. Lombardi, J. (Ed). (1986). Washington, D.C: Administration for Children, Youth and Families, OHDS, USDHHS. ED 313130

Every Child a Reader: The Report of the California Reading Task Force. California Department of Education. 1995. To order, write: Bureau of Publications, Sales Unit, California Department of Education, P.O. Box 271, Sacramento, CA 95812-0271. Presents 10 recommendations made by the California Reading Task Force for both immediate and long-term action to improve student achievement in reading. Based on a review of research and input from various reading experts about what works in effective, comprehensive beginning reading programs.

Examining contributions of child development theories to early childhood education. Aldridge, J., Saxton, D., Goldman, R., Booker, B., & Werner, M. *College Student Journal*, Dec 31(4), 1997. 453-459.

Foundations for Success: Early Childhood and Family Education. Keene, W. B. Council of Chief State School Officers. CCSSO 400 N. Capitol St. NW Suite 379, Washington, DC 20001-1511.
A call for action from the Council of Chief State School Officers about their concern for young children and what society must do to assist them in developing their infinite capacities

From Resources to Results for California's Children and Families: A Guide to Prop 10 Strategic Planning and Implementation. Sutherland, C., Shulman, E., Halfon, N., Gardner, S., & McCroskey, J. (2000). UCLA Center for Healthier Children, Families and Communities.

Integrating home and school: Building a partnership. Larsen, J. M. & Haupt, J. H. *In Integrated curriculum and developmentally appropriate practice: Birth to age eight. SUNY series, early childhood education: Inquiries and insights.* C. H. Hart, D. C. Burts, R. Charlesworth, Eds. Albany, NY: State University of New York Press, 1997. 389-415.

Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations. Gromby, D.S., Larner, M.B., Stevenson, C.S., Lewitt, E.M., & Behrman, R.E. (1995). *The Future of Children, Vol. 5 (3), 6-24.*

Model programs and service delivery approaches in early childhood education. Ershler, J. L. In *Preschool and early childhood treatment directions. Advances in school psychology.* M. Gettinger, S. N. Elliott, T. R. Kratochwill, Eds. Hillside, NJ: Lawrence Erlbaum Associates, Inc., 1992. 7-53.

Partnerships for collaboration: Building bridges in early care and education. Erwin, E. J. & Rainford, B. In *Putting children first: Visions for a brighter future for young children and their families*. E. J. Erwin, Ed. Baltimore, MD: Paul H. Brookes Publishing Co, 1996. 227-251.

Perspectives on early childhood education: Growing with young children toward the 21st century. Elkind, D. Washington, DC: National Education Association, 1991.

"Position Statement: Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages 3 Through 8." *Young Children* 46 (March, 1991) : 21-38.

Prekindergarten Learning and Development Guidelines. CDE Press. For availability, call (800) 995-4099.

Preschoolers: Questions and answers: Psychoanalytic consultations with parents, teachers, and caregivers. Furman, E., Ed. Madison, CT: International Universities Press, Inc., 1995.

Pressure of challenge in preschool? How academic environments affect children. Hirsh-Pasek, K. *In Academic instruction in early childhood: Challenge or pressure? New directions for child development, No. 53, Fall 1991: The Jossey-Bass education series*. L. Rescorla, M. C. Hyson, K. Hirsh-Pasek, Eds. San Francisco, CA: Jossey-Bass Inc., Publishers, 1991. 39-46.

The Project Approach Catalog 2. Helm, J. H. (Ed), Project Approach Study Team. ERIC Clearinghouse on Elementary and Early Childhood Education Publications, 1998. Part 1: Child Development Knowledge and Teachers of Young Children; Part 2: A Developmental Approach to Early Childhood Education.

Staffing Child Care and Development Programs: An examination of the children's center permit. Sandy, M. V., with the Child Development Division, California Department of Education. Commission on Teacher Credentialing, Superintendent of Public Instruction. December 1994.

The Scientist in the Crib. D'Arcangelo, M. *Educational Leadership*, November 2000.

Toward Improved Early Childhood Education in the 21st Century. Dawson, M. & Knoff, H. M. National Association of School Psychologists. To order, write: NASP, suite 1000, 8455 Colesville Rd. Silver Spring, Maryland 20910.

Trends in Early Childhood Education and Counseling. Sears, S. J. & Coy, D. R. American School Counselor Association, To order, write the ASCA: 5999 Stevenson Ave., Alexandria, Virginia 22304.

C. Websites and Organizations

6 Seconds: Emotional Intelligence Network. Http://www.6seconds.com
> Supports educators, parents, trainers, and leaders to learn and teach EQ in their personal and professional lives.

Child Care Now! http://www.childrensdefense.org/head-resources.htm
> Part of the Children's Defense Fund, offers resources and reports about child care and early education, as well as ways to get involved in child care advocacy.

Early Childhood Care and Development. http://www.ecdgroup.com/
> Provides international resources in support of young children (ages 0-8) and their families.

Early Head Start National Resource Center. http://www.ehsnrc.org/
> The EHS NRC works in partnership with the Infant/Toddler Specialists at the regionally-based Quality Improvement Centers (QICs) to ensure that Early Head Start programs have information and training on "best practices" on a range of topics.

EC Policy. http://ericps.crc.uiuc.edu/eece/listserv/ecpol-l.html
> Provides a forum for discussion of policy issues related to young children. Discussion centers on (1) providing information about the development, care, and education of young children for state, federal, and local policymakers; (2) raising the awareness of policymakers, educators, the media, and parents about the issues important to the future of young children; and (3) encouraging responsiveness of the early childhood community to public issues affecting children.

Head Start Information and Publication Center (HSIPC). http://www.headstartinfo.org/
> Supports the Head Start community and other organizations working in the interest of children and families by providing information products and services; conference and meeting support; publication distribution; and marketing and outreach efforts.

Head Start (official government web site)
http://www2.acf.dhhs.gov/programs/hsb/index.htm?
> The Head Start Bureau maintains this web site as an electronic resource for Head Start service providers, parents, volunteers, community organizations, and others who share an interest in helping children look forward to a brighter future

National Association for the Education of Young Children. http://www.naeyc.org/
> NAEYC exists for the purpose of leading and consolidating the efforts of individuals and groups working to achieve healthy development and constructive education for all young children. Primary attention is devoted to assuring the provision of high quality early childhood programs for young children.

Ntional Child Care Information Center. http://ericps.crc.uiuc.edu/nccic/
   NCCIC is a national resource that links information and people to complement, enhance, and promote the child care delivery system, working to ensure that all children and families have access to high-quality comprehensive services.

National Directory of Early Childhood Teacher Preparation Institutes.
http://www.cdacouncil.org/ndir/ndir_intro.htm
   This directory also contains a comprehensive listing of colleges and universities in the United States that provide early childhood education preparation, and it is prepared in a form that can be updated and kept current on an ongoing basis.

National Institute on Early Childhood Development and Education.
http://www.ed.gov/offices/OERI/ECI/
   The Early Childhood Institute (ECI) sponsors comprehensive and challenging research in order to help ensure that America's young children are successful in school and beyond -- and to enhance their quality of life and that of their families.

A. Publications available on the Internet

Building Your Baby's Brain: A Parent's Guide to the First Five Years. 1999. Diane Trister Dodge and Cate Heroman. Teaching Strategies, Inc. Washington DC. www.TeachingStrategies.com 1-800-637-3652
> A downloadable guide to activities for parents and children.

Early Childhood Digest: Family Involvement in Early Childhood Programs: How to use the right program for your child. http://www.ed.gov/offices/OERI/ECI/digests/98may.html
> What is family involvement and how can families choose early childhood programs that encourage it? This issue of The Early Childhood Digest looks at these questions, and provides information on how to choose an early childhood program that encourages family involvement.

Early Years are Learning Years: Raising a Reader. NAEYC. 1998. www.naeyc.org.
> Tips for parents on how to encourage their children to read.

Raising Readers: The Tremendous Potential of Families. US Dept of Education. *The ERIC Review*, Vol 7 Issue 2, Summer 2000.
http://www.accesseric.org/resources/ericreview/vol7no2/splash.html
> Discusses the critical role that parents, child care providers, and other primary caregivers play in helping very young children establish prereading skills. Several educational activities are included to help caregivers start children on the right path.

What to look for in a preschool? Karp, N. *Community Update, Issue 80.* U.S. Department of Education. September 2000. http://www.ed.gov/G2K/community/00-09.pdf
> Provides tips to parents on how to evaluate a preschool.

B. Books, Articles, and Journals

21st Century Babies. Barbara Kantrowitz. *Newsweek Special Issue April 28, 1997.* 1-800-234-8193.
> Newsweek poll shows parents want to raise moral children but also worry about money and crime.

Bain Facts: Learn More About Recent Brain Research and How it Affects Our Lives. A Parent's Guide to Early Brain Development.
Suggests how recent findings by scientists affect parents and children. Part of the *I Am Your Child* campaign.

Bringing Up Baby. Geoffrey Cowley. *Newsweek Special Issue April 28, 1997.* 1-800-234-8193
A poster with general guides to the milestones from birth to age 3.

Caring Communities: Supporting Young Children and Families. Alexandria, VA: National Association of State Boards of Education, 1991.

Communities Supporting the Mental Health of Young Children and their Families. Kaufmann, R. & Wischman, A. In *Where Children Live: Solutions For Serving Young Children and Their Families.* Roberts, R.N. & Magrab, P.R., Eds. Newbury Park, CA: Sage Publications, Inc. October, 1998.

Family Support: Program, Philosophy, Approach or Movement? Kagen, S. L. & Newman, M. J. *Early Childhood Update.* 1996.

For the Love of Language. Geoffrey Cowley. *Newsweek Special Issue April 28, 1997.* 1-800-234-8193.
Scientists are discovering how social and biological forces let children master their native tongue. Includes a small table of "Red Flags" for speech problems.

HELP for Preschoolers: Activities at home. VORT Corporation.
Provides 300 pages of ready to copy parent handouts with developmental activities indexed to the 622 assessment skills. 1-888-757-VORT

Helping Your Child Get Ready for School, with activities for children from birth through age 5. By Nancy Paulu. US Dept of Ed. OERI 1992.

Kids, Start Your Engines. Joan Raymond. *Newsweek Special Issue April 28, 1997.* 1-800-234-8193.
An article of the relativity of children's physical development.

New Research Confirms the Need for Parent Support and Education. *21 Community News,* Winter 2000. School of the 21st Century, Yale University, 310 Prospect St., New Haven, CT 06511-2187. 203-432-9944

The World of the Senses. Joan Raymond. *Newsweek Special Issue April 28, 1997.* 1-800-234-8193.
An article highlighting the delicate senses of infants and young children.

C. Websites and Organizations for Parents

Early Childhood.com www.earlychildhood.com
A resource for teachers and parents. A fun web site including activities, arts and crafts, experts advice area, classifieds and more.

**I Am Your Child Public Engagement Campaign** http://www.iamyourchild.org/
Includes resources on brain development, activities for parents and caregivers, answers to parent's questions, resources and references, expert advice, community action and information about the public engagement campaign.

Kids Campaign's Early Years http://www.connectforkids.org/content1554/content.htm
Provides resources and links to materials on child care, child development, parent care, health and safety, community building, family-friendly workplaces and many other materials for parents and caregivers.

Preschool Education.com http://www.preschooleducation.com/
A fun web page full of suggestions for preschool teachers and parents.
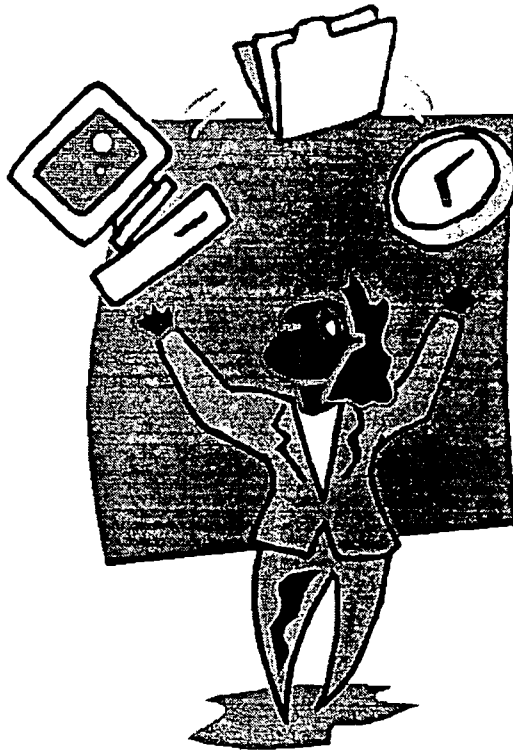
Relevant resources from the Educational Resources Information Center (ERIC) and ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE)*

Articles and Digests:

ERIC/EECE Digests: http://ericeece.org/
ERIC Digests: http://www.ed.gov/databases/ERIC_Digests/

Helping Young Children Deal with Anger. Marion, M. ERIC Digest ED414077. December 1997.

Early Childhood Violence Prevention. Massey, M. S. ERIC Digest ED424032. October 1998.

Four-Year-Olds and Public Schooling. Lubeck, S. ERIC/EECE Digest EDO-PS-90-6. 1990.
Infant Child Care. Howes, C. ERIC/EECE Digest EDO-PS-91-6. 1991.

Multiple Perspectives on Quality of Early Childhood Programs. Katz, L. G. . ERIC/EECE Digest EDO-PS-93-2. 1993.

Assessing the Development of Preschoolers. Katz, L. G. ERIC Digest ED372875 . 1994.
Lasting Benefits of Preschool Programs. Schweinhart, L. J. ERIC Digest ED365478 . 1994.
Appropriate Public School Programs for Young Children. Cummings, C. ERIC Digest ED321890. 1996.

Early Childhood Program Research and Evaluation. Rudner, L. M. ERIC Digest ED410317. 1996.

ERIC/EECE Resource Lists: http://ericeece.org/pubs/reslists.html
Resources on Brain Development. September 2000.
Early Childhood Education Curriculum Models. August 2000.
The Project Approach. September 2000.

Early Childhood Research & Practice: an Internet journal on the development, care, and education of young children. http://ecrp.uiuc.edu/

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*The Educational Resources Information Center (ERIC) is a national information system designed to provide users with ready access to an extensive body of education-related literature. The ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE) is one of 16 clearinghouses in the ERIC system, which identify and select documents and journal articles, and then prepare entries describing the documents and articles to be incorporated in the ERIC database. Clearinghouses also publish digests, monographs, and other publications; answer questions; disseminate information on the Internet; and represent ERIC at conferences and workshops. ERIC/EECE contributes to the database in the areas of child development, the education and care of children from birth through early adolescence, the teaching of young children, and parenting and family life.

Related Agencies and Organizations

National Center for Children's Mental Health
Educational Campaign Office of External
Liason/Center for Mental Health Services
Substance Abuse and Mental Health Service
Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
Phone: (301) 443-9848
Fax: (301) 443-5163
Contact: Valna Montgomery, Manager

National Consortium for Child Mental Health Centers
1424 16th Street, N.W.
Washington, DC 20036
Contact: Patricia Jutz
Phone: (202) 966-7300
Fax: (202) 966-2891

Yale University Child Study Center
230 S. Frontage Road–P.O. Box 207900
New Haven, CT 06520-7900
Phone: (203) 785-2546
Fax: (203) 785-6106
Contact: James Comer, Director; Mary Schwab-Stone

Youth Development Information Center
10301 Baltimore Road
Beltsville, Maryland 20705
Phone: 9301) 504-5719
Fax: (301) 504-5472
Contact: John Kane, Director

Prevention First
2800 Montvale Drive
Springfield, IL 62704
Phone: (217) 793-7353
Fax: (217) 793-7354
Contact: Laurie Carmody, President

Center for Minority Special Education
Hampton University
P.O. Box 6107
Hampton, VA 23668
Phone: (804) 727-5100
Fax: (804) 727-51531
Contact: Pamela Reilly

Children's Mental Health Service Research Center
Office of the Dean
University of Tennessee
College of Social Work
128 Henson Hall
Knoxville, TN 37996-3333
Phone: (423) 974-1707
Fax: (423) 974-1662
Contact: Denny Dukes, Associate Director

Consortium on Inclusive School Practices
Child and Family Studies Program
Allegheny-Singer Research Institute
320 East North Avenue
Pittsburgh, PA 15212
Phone: (412) 359-1600
Fax: (412) 359-1601
Email: salisbu@asri.edu
Website: http://www.asri.edu/cfsp

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Special Resources developed by our Center relevant to this topic

A. Information Packets

Parent and Home Involvement in Schools (updated 6/00)
Provides an overview of how home involvement is conceptualized and outlines current models and basic resources. Issues of special interest to under-served families are addressed. *

Cultural Concerns in Addressing Barriers to Learning (1/97)
Highlights concepts, issues and implications of multiculturalism/cultural competence in the delivery of educational and mental health services, as well as for staff development and system change. This packet also includes resource aids on how to better address cultural and racial diversity in serving children and adolescents. *

School-Based Mutual Support Groups (For Parents, Staff, and Older Student) (8/97)
This aid focuses on steps and-tasks related to establishing mutual support groups in a school setting. A sequential approach is described that involves (1) working within the school to get started, (2) recruiting members, (3) training them on how to run their own meetings, and (4) offering off-site consultation as requested. The specific focus here is on parents; however, the procedures are readily adaptable for use with others, such as older students and staff. *

Volunteers to Help Teachers and School Address Barriers to Learning (9/97)
Outlines (a) the diverse ways schools can think about using volunteers and discusses how volunteers can be trained to assist designated youngsters who need support, (b) steps for implementing volunteer programs in schools, (c) recruitment and training procedures and (d) key points to consider in evaluating volunteer programs. The packet also includes resource aids and model programs.*

Welcoming and Involving New Students and Families (10/97)
Offers guidelines, strategies, and resource aids for planning, implementing, and evolving programs to enhance activities for welcoming and involving new students and families in schools. Programs include home involvement, social supports, and maintaining involvement. *

Guiding Parents in Helping Children Learn (11/97)
Specially designed for use by professionals who work with parents and other nonprofessionals, this aid consists of a "booklet" to help nonprofessionals understand what is involved in helping children learn. It also contains information about basic resources professionals can draw on to learn more about helping parents and other nonprofessionals enhance children's learning and performance. Finally, it includes additional resources such as guides and basic information parents can use to enhance children's learning outcome. *

Protective Factors (Resiliency) (4/99)
This Technical Assistance Sampler contains a sample of diverse resources and links to other resources and information. Topics include: (1) Protective Factors and Resistance to Psychiatric Disorder; (2) Fostering Resiliency; and (3) Intervening in the School, Home, and Community. Approaches the topic of fostering resilience as an inside-out, deep structure process of changing our own belief systems to see resources and not problems in youth, their families, and their cultures. Fostering resilience also is seen as requiring a focus on policy. *

What Schools Can Do to Welcome and Meet the Needs of All Students and Families (12/97)
This guidebook offers program ideas and resource aids that can help address some major barriers that interfere with student learning and performance. Much of the focus is on early-age interventions; some is on primary prevention; some is on addressing problems as soon after onset. The guidebook includes the following: Schools as Caring, Learning Environments; Welcoming and Social Support: Toward a Sense of Community Throughout the School; Using Volunteers to Assist in Addressing School Adjustment Needs and Other Barriers to Learning; Home Involvement in Schooling; Connecting a Student with the Right Help; Understanding and Responding to Learning Problems and Learning Disabilities; Response to Students' Ongoing Psychosocial and Mental Health Needs; Program Reporting: Getting Credit for All You Do and; Toward a Comprehensive, Integrated Enabling Component.

School-Community Partnerships: A Guide (4/99)
This guidebook was developed with three objectives in mind: to enhance understanding of the concept of school-community partnerships; to convey a sense of the state of the art in a way that would underscore directions for advancing the field; to provide some tools for those interested in developing and improving the ways schools and communities work together in the best interests of young people and their families. The entire document is meant to be a toolkit. The material contained here can be drawn upon to develop a variety of resource aids. *

Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom Focused Enabling (2/01)
The material in this continuing education document is designed as an evolving set of modules and units. The material can be read and taught in a straight forward sequence, or one or moreparts can be combined into a personalized course. This design allows learners to approach the materials they would use an Internet website (i.e., exploring specific topics of immediate interest and then going over the rest in any order that feels comfortable). The first module is meant to provide a big picture framework for understanding barriers to learning and how school reforms need to expand in order to effectively address such barriers. This is essential if all youngsters are to have an equal opportunity to success at school. Each of the units in the second module focus on classroom practices. Finally, the third module explores the roles teachers need to play in ensuring their school develops a comprehensive approach to addressing barriers to learning.*

To Accompany these materials, a set of **readings and the beginnings of a tool kit** that expand on topics discussed in the modules were compiled.*

Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services and Enhancing School-Community Partnerships (Oct. 1999)
This Policy Report discusses the need to restructure student support services and fully integrate them with school support; highlights the importance of weaving school and community resources together; discusses the need to rethink how school board's deal with these matters. *

* You may download the document through our website at: **http://smhp.psych.ucla.edu/**   145

B. Feature Articles from Our Newsletter*

Easing the Impact of Student Mobility: Welcoming & Social Support (Fall '97)
Underscores the vital role of welcoming and social support in every school's transition programs to appropriately address barriers to learning. In the light of implementing interventions for welcoming and involving new students and families, the article discusses phases, key tasks, elements, and activities to ensure that proper mechanisms and processes are in place.

Enabling Learning in the Classroom: A Primary Mental Health Concern (Spring '98)
Highlights the importance of institutionalizing the *enabling component* in schools. Discusses how *classroom-focused enabling* (one of six clusters of programmatic activity) enhances the teacher's array of strategies for working with a wide range of individual differences (including learning and behavior problems) and creating a caring context for learning in the classroom.

School Community Partnerships from the School's Perspective (Winter '99)
Discusses issues related to school-community partnerships and collaborations. Recommendations to enhance school-community partnerships are offered with references for further reading.

Promoting Youth Development and Addressing Barriers (Fall, '99)
Discusses how current policies focus on structuring to solve problems and too little on strengthening supports and opportunities to increase potential. A synthesis is presented of various sources related to (1) promoting development and learning and (2) addressing factors that can interfere with healthy development and appropriate learning.

C. Selected Reprints Clarifying the Center's Approach to Mental Health in Schools

H.S. Adelman, & L. Taylor (2000). Looking at School Health and School Reform Policy Through the Lens of Addressing Barriers to Learning. *Children's Services: Social Policy, Research, and Practice.* 3(2), 117-132

H.S. Adelman, & L. Taylor (2000). Shaping the Future of Mental Health in Schools. *Psychology in the Schools*, 37(1), 49-60.

L. Taylor & H.S. Adelman (2000). Toward ending the marginalization of mental health in schools. *Journal of School Health*, 70 210-215.

L. Taylor & H.S. Adelman (2000). Connecting Schools, Families, and Communities. *Professional School Counseling*, 3(5), 298-307.

Note: A small fee is charged to cover copying, mailing, and handling for most items. See our clearinghouse's order and invoice form.

For further information, you can contact the center at:
School Mental Health Project/Center for Mental Health in Schools, Box 951563,
Department of Psychology, UCLA, Los Angeles, CA 90095-1563
Ph: (310) 825-3634 | Fax: (310) 206-8716   E-mail: smhp@ucla.edu
Website: http://smhp.psych.ucla.edu/

* You may download the document through our website at: http://smhp.psych.ucla.edu/   146

The following reflects our most recent response for technical assistance related to EARLY CHILDHOOD DEVELOPMENT. This list represents a sample of information to get you started and is not meant to be an exhaustive list.

(Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one).

Relevant Publications on the Internet

- Beyond Transition: Ensuring Continuity in Early Childhood Services
- Building Your Baby's Brain: A Parent's Guide to the First Five Years
- Creating a Shared Vision: How Policy Affects Early Childhood Care and Development
- Current State & Local Initiatives to Support Student Learning: Early Childhood Programs & Innovative Programs to Better Address the Needs of Youth
- Definitions of Quality in Early Childhood Care and Development
- Eager to Learn: Educating our Preschoolers
- Early Childhood Activities in the States, 1996-98
- Early Childhood Development Resources
- Early Childhood Intervention: Views from the Field
- Early Childhood Longitudinal Study
- Early Childhood Research Working Group
- Even Start: Evidence from the Past and a Look to the Future
- First Progress Report on the Head Start Program Performance Measures
- Four-Year-Olds and Public Schooling
- From Neurons to Neighborhoods: The Science of Early Childhood Development
- Full-Day Kindergarten Programs
- Helping Your Child Become a Reader With Activities for children from infancy through age 6
- "How are the Children?" Report on Early Childhood Development and Learning
- Infant Child Care
- Multiple Perspectives on the Quality of Early Childhood Programs
- National Data on Kindergartners
- Off to a Good Start
    - Research on the Risk Factors for Early School Problems
    - Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School
- Policies and Programs that Affect Young Children Fail to Keep Pace with Scientific Advances, Changing Society
- Policy Issues in Early Care and Education: Recent Citations from the ERIC Database
- Policymaking and Early Childhood Care and Development
- Preschool and Child Care Resources
- Report on Early Childhood Development and Learning
- School Involvement in Early Childhood
- Starting Points: Meeting the Needs of our Youngest Children
- What to Look for in a Preschool
- What We Know about Early Childhood Interventions
- White House Conference: Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children
- Young Children's Social Development: A Checklist

- Head Start 2010
- Children of the Cost, Quality, and Outcomes Study
- Early Head Start Research
- The Future of Children
- Entering Kindergarten: Findings from the condition of Education
- Status of Children: A mixed report on early childhood
- First three years: a governor's guide to early childhood

Selected Materials from our Clearinghouse

- Appropriate Public School Programs for Young Children
- Assessing the Development of Preschoolers, and Lasting Benefits of Preschool Programs
- Caring for our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs
- Investing in our Children: What We Know and Don't Know about the Costs and Benefits of Early Childhood Internvetion
- Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations

Related Agencies and Websites

- Earlychildhood.Com
- Early Childhood Care and Development
- Early Childhood Longitudinal Study
- ERIC Clearinghouse on Elementary and Early Childhood Education
- I am Your Child Foundation
- Links to Early Childhood Development Sites
- National Association for the Education of Young Children
- National Institute of Child health and Human Development
- National Center for Early Development & Learning
- National Early Childhood Technical Assistance Systems (NECTAS)
- National Institute on Early Childhood Development and Education
- National Research Center on Early Development and Learning Begins Work by Building Partnerships
- Preschool Education.Com
- UNESCO: Early Childhood and Family Education Unit

Relevant Publications That Can Be Obtained at Your Local Library

- Changing early childhood development through educational intervention. By Weikart, David P. *Preventive Medicine: An International Devoted to Practice & Theory.* 1998 Mar-Apr. 27 (2): p. 233-237.
- Child development, cultural diversity, and the professional training of early childhood educators. By Bernhard, Judith K. *Canadian Journal of Education.* 1995 Fal. 20 (4): p. 415-437.
- Day care and early childhood settings: Fostering mental health in young children. By Zigler, Edward F.; Gilman, Elizabeth D. *Child & Adolescent Psychiatric Clinics of North America.* 1998 Jul. 7 (3): p. 483-498
- "Development of memory in early childhood." By Bauer, Patricia J..In: Nelson Cowan, Ed; et al. *The development of memory in childhood..* Psychology Press/Erlbaum (Uk) Taylor & Francis: Hove, England UK, 1997. p. 83-111.
- Effortful control in early childhood: Continuity and change, antecedents, and implications for social development. By Kochanska, Grazyna; Murray, Kathleen T.; Harlan, Elena T. *Developmental Psychology.* 2000 Mar. 36 (2): p. 220-232.
- Examining contributions of child development theories to early childhood education. By Aldridge, Jerry; Sexton, David; Goldman, Renitta; Booker, Bobbye; Werner, Melissa. *College Student Journal.* 1997 Dec. 31

(4): p. 453-459.
- Imaginative play in early childhood: A foundation for adaptive emotional and cognitive development. By Singer, Jerome L. *International Medical Journal.* 1998 Jun. 5 (2): p. 93-100.
- *Needs, urges, and feelings in early childhood: Helping young children grow.* By Furman, Erna. International Universities Press, Inc: Madison, CT, USA, 1998. viii, 129pp.
- *Perspectives on early childhood education: Growing with young children toward the 21st century.* Elkind, David, Ed.National Education Association: Washington, DC, USA, 1991. 262pp.
- Social and emotional development in early childhood: The identification of competence and disabilities. By Wittmer, Donna; Doll, Beth; Strain, Phil. *Journal of Early Intervention.* 1996 Fal. 20 (4): p. 299-317.

We hope these resources met your needs. If not, feel free to contact us for further assistance.For additional resources related to this topic, use our search page to find people, organizations, websites and documents. You may also go to our technical assistance page for more specific technical assistance requests.

If you haven't done so, you may want to contact our sister center, the Center for School Mental Health Assistance at the University of Maryland at Baltimore.

If our website has been helpful, we are pleased and encourage you to use our site or contact our Center in the future. At the same time, you can do your own technical assistance with "The fine Art of Fishing" which we have developed as an aid for do-it-yourself technical assistance.

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END
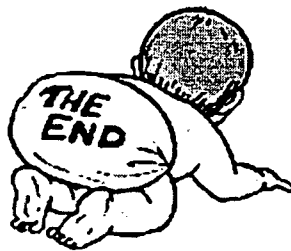
We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)

- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards

Programs and Process Concerns

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)

- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics

Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Gangs
- School adjustment (including newcomer acculturation)

- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gender and sexuality

- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Reactions to chronic illness
- Learning, attention & behavior problems

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