

School Readiness and Health



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California Childcare Health Program
Administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing
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California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

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LEARNING OBJECTIVES

To define school readiness.

To identify the connections between health and school readiness.

To describe how quality of care in early care and education (ECE) programs improves children's readiness for school.

WHY IS SCHOOL READINESS IMPORTANT?

Much attention at the national and statewide level in education has focused on when and how children become “ready” for school and how to adequately prepare schools for incoming kindergarten students. Physical health plays an important role in school readiness because children who are not physically healthy may have a difficult time adjusting to school due to frequent absences and distractions, such as pain associated with dental caries. Basic health needs must be met before substantial learning can begin. ECE providers can help families access the health care their children need. In addition to physical health, social and emotional development is also an important determinant of school readiness (Thompson, 2002). Research in early childhood development clearly shows that intellectual, socio-emotional and physical development are all related to each other (National Research Council, 2001). Understanding what school readiness is, and how ECE programs can help children become ready for school, is crucially important for health professionals working with ECE programs.

WHAT THE CCHC NEEDS TO KNOW

School Readiness involves “Ready Children, Ready Schools, and Ready Communities.” Research shows that ECE programs can have a positive impact on children’s development. CCHCs can help children become ready for school and help ECE programs prepare children for school in the following ways:

- By providing health education and by helping families in securing health insurance and consistent health, dental and vision care for their children, ECE programs can help children be ready for school.
- By facilitating inservice programs for schools to learn to be ready to receive young children, CCHCs can teach primary school personnel about what children do in ECE programs and the skills they acquire in ECE programs.
- By making ECE providers and families aware of resources and services available in their counties to enhance School Readiness.

Using the National School Readiness Indicators to measure School Readiness assures that families, schools, communities, and services are ready to help young children succeed. The First 5 School Readiness (SR) Initiative provides funding opportunities to promote good physical, social and emotional development in children from birth to 5 years of age.

What Is School Readiness?

School readiness, in the broadest sense, involves children, families, early environments, schools, and communities (National Association of School Boards of Education, 1991). Children are not innately *ready* or *not ready* for school (Maxwell & Clifford, 2004). School readiness is more than academic knowledge. Readiness is multi-faceted and based on all aspects of development, including social, emotional, physical and intellectual development. Young children develop in different ways at different rates. Some children may have strong language skills but poor social competence. Other children may be advanced socially but not verbally. Due to this normal variation in development, it

is difficult to define “readiness.” Definitions of school readiness must be flexible and broadly defined to take into account variations in development. The National Education Goals Panel (NEGP) (1997) identifies three components of school readiness: readiness in the child; schools’ readiness for children; and family and community supports and services that contribute to children’s readiness.

School readiness is the preparedness of children to learn what schools expect or want them to learn (Edwards, 1999). The National Association for the Education of Young Children (NAEYC) (1995) describes three prerequisites for universal school readiness:

- Addressing the inequities in early life experience so that all children have access to the opportunities that promote school success
- Recognizing and supporting individual differences among children, including linguistic and cultural differences
- Establishing reasonable and appropriate expectations of children’s capabilities upon school entry

In a national study on the qualities that kindergarten teachers considered to be important for a child to be ready for school, teachers rated the following three qualities highest (National Center for Education Statistics, 1993):

- Is physically healthy, rested and well-nourished
- Can communicate needs, wants and thoughts verbally in child’s primary language
- Is enthusiastic and curious when approaching new activities

Readiness of Children

The NEGP (1997) identified five domains of children’s development and learning that are important to school success:

- Physical well-being and motor development (e.g., gross and fine motor skills)
- Emotional and social development (ability to understand the emotions of others and to interpret and express one’s own feelings)

- Language development (including listening and speaking skills, print awareness and emerging literacy)
- Cognition and general knowledge (including knowledge about the properties of particular objects and knowledge derived from looking across objects, events or people for similarities, differences and associations)
- Positive feelings about learning (including curiosity, enthusiasm and persistence regarding tasks)

Delays or challenges in any of these areas will impact the child's ability to succeed in school. Children who are physically healthy and developmentally ready for kindergarten are more likely to have a successful overall school experience. Thus, ECE programs that incorporate health education and encourage families to seek health insurance and consistent health care for their children can help children be ready for school. Efforts to improve school readiness, therefore, begin before children enroll in kindergarten. They begin with efforts to support families, educate parents, expand access to health care, and raise the quality of ECE programs. Getting all children to start—and continue—school “ready to learn” is the shared responsibility of all adults and institutions in a community (NEGP, 1998).

Age of entry into kindergarten

There has been a trend towards holding children back a year from kindergarten when their birthdates fall close to the cut-off for school entry (Marshall, 2003). This trend has been especially true for boys (Graue & DiPerna, 2000). In California, children must be 5 years old by December 2nd in order to start kindergarten. Some parents with children who will turn 5 in the fall (September through December) decide to wait a year to start their children in kindergarten to perhaps give their children an academic and social advantage. But research findings are unclear about whether holding a child back from starting kindergarten is beneficial or not. There are small advantages to being relatively older than classmates, but this advantage lessens with age (Stipek, 2002). Older children do not necessarily learn more in school than younger children. Modest gains in reading and math skills tend to diminish by

the third grade (Stipek, 2002; Stipek & Byler, 2001). Contrary to popular belief, holding back children from entry into kindergarten does not give the children a social advantage (Marshall, 2003; Shepard & Smith, 1986; Graue & DiPerna, 2000). It is possible that holding a child back may provide the child with experiences that are not challenging enough, and this could potentially lead to behavior problems (Marshall, 2003).

Readiness of Schools

Many school readiness experts focus on what schools can do to meet the social and educational needs of young children (Stipek, 2002; Graue, 1993). Children's readiness is a necessary part of defining school readiness, but it is not sufficient. The NEGP urged a close examination of “the readiness and capacity of the nation's schools to receive young children” (Kagan, Moore, & Bredekamp, 1995, p. 41). It is the school's responsibility to educate all children who are old enough to legally attend school, regardless of the children's skills (Maxwell & Clifford, 2004).

To aid this examination of schools, the NEGP proposed 10 characteristics of “ready schools”—schools that are ready to support the learning and development of young children. As stated in the Panel's 1998 report, ready schools:

- Smooth the transition between home and school. For example, they show sensitivity to cultural differences and have practices to reach out to parents and children as they transition into school.
- Strive for continuity between ECE programs and elementary schools.
- Help children learn and make sense of their complex and exciting world. For example, they utilize high-quality instruction, appropriate pacing and an understanding that learning occurs in the context of relationships.
- Are committed to the success of every child. Schools should be aware of the needs of individual children, including the effects of poverty and race. They should also attempt to meet special needs within the regular classroom.

- Are committed to the success of every teacher and every adult who interact with children during the school day. They help teachers develop their skills.
- Introduce or expand approaches that have been shown to raise achievement. For example, they provide appropriate interventions to children who are falling behind, encourage parent involvement and monitor different teaching approaches.
- Are learning organizations that alter practices and programs if they do not benefit children.
- Serve children in communities. Children are more likely to make a successful adjustment to school when they have easy access to a range of services and supports in their community. Adequate health care and nutrition are especially vital to children's well-being and success in school.
- Take responsibility for results. Ready schools challenge every child and set high standards for all children.
- Have strong leadership. Ready schools have strong and committed leaders who have an agenda guided by a vision for education that is responsive to the needs of the children they serve.

Readiness of Communities

Communities need to support families with infants and toddlers, and help the families find the services they need. For example, children living in families at the poverty level should be encouraged to enroll in Early Head Start programs. Children growing up in families who cannot afford safe housing, adequate nutrition, health care, or quality child care need to be supported by the community and offered services to meet the basic health needs of children. According to the National Association of State Boards of Education (1991), communities have a stake in the healthy development of young children and an obligation to support families. Research has shown that children with certain risk factors (such as living in a family that receives food stamps, living in a single parent home, having parents whose primary language is not English) enter school with fewer skills and are more

likely to be in poorer health compared to children with no risk factors (Zill & West, 2001). Communities need to be able to address this concern and help children acquire the skills they need prior to entering kindergarten.

How to Measure School Readiness

In order to assess whether children, schools and communities are “ready,” there need to be objective, measurable factors or indicators that can be tracked over time. The National School Readiness Indicators Initiative (2005) has compiled a list of indicators from research carried out in 17 states, including California. These indicators can be measured and tracked in order to show progress and increased school readiness overall. Some of these indicators represent a risk for school failure and a need for services. For example, if low birth weight were a child indicator, states with a high percentage of children who were born with low birth weight would have a greater likelihood of these children having difficulty with the transition to kindergarten if no intervention took place. When states become aware of the risk factors present in their population, services can be provided to ameliorate these risks. Policymakers and community leaders can use the core set of indicators, as well as other indicators that emerge from their own work, to measure progress toward improved outcomes for young children and families. Annual monitoring of key school readiness indicators can signal whether changes are going in the right direction—and whether they are not. Measuring progress over time can lead to more informed decisions about programs, policies and investments (National School Readiness Indicators Initiative, 2005). See Table 1 for a list of the compiled indicators.

TABLE 1: CORE INDICATORS OF SCHOOL READINESS

| | Areas of Importance (Indicators) | Specific Measurement |
|--|---|---|
| Ready Children | Physical Well-Being and Motor Development | % with age-appropriate gross and fine motor skills |
| | Social and Emotional Development | % of children with positive social behaviors with their peers |
| | Approaches to Learning | % of kindergarten students with moderate to serious difficulty following directions |
| | Language Development | % of children almost always recognizing the relationships between letters and sounds at kindergarten entry |
| | Cognition and General Knowledge | % of children recognizing basic shapes at kindergarten entry |
| Ready Families | Parents' Education Level | % of births to parents with less than a 12th grade education |
| | Births to Teens | # of births to teens ages 15-17 per 1,000 girls |
| | Child Abuse and Neglect | Rate of substantiated child abuse and neglect among children birth to age 6 |
| | Children in Foster Care | % of children birth to age 6 in out-of-home placement (foster care) who have no more than two placements in a 24-month period |
| Ready Communities | Young Children in Poverty | % of children under age 6 living in families with income below the federal poverty threshold |
| | Supports for Families | % of infants and toddlers in poverty who are enrolled in Early Head Start |
| | Lead Poisoning | % of children under age 6 with blood lead levels at or above 10 micrograms per deciliter |
| Ready Services – Health | Health Insurance | % of children under age 6 without health insurance |
| | Low Birth Weight Infants | % of infants born weighing under 2,500 grams (5.5 pounds) |
| | Access to Prenatal Care | % of births to women who receive late or no prenatal care |
| | Immunizations | % of children ages 19-35 months who have been fully immunized |
| Ready Services – Early Care and Education | Children Enrolled in ECE Program | % of 3- and 4-year-olds enrolled in a center-based ECE program |
| | ECE Provider Credentials | % of ECE providers with a bachelor's degree and specialized training in early childhood |
| | Accredited Child Care Centers | % of child care centers accredited by the NAEYC |
| | Accredited Family Child Care Homes | % of family child care homes accredited by the National Association for Family Child Care (NAFCC) |
| | Access to Child Care Subsidies | % of eligible children under age 6 receiving child care subsidies |
| Ready Schools | Class Size | Average teacher/child ratio in K-1st grade |
| | Fourth Grade Reading Scores | % of children with reading proficiency in fourth grade as measured by the state's proficiency tests |

(From National School Readiness Indicators Initiative [2005]. *Getting Ready: Executive Summary of the National School Readiness Indicators Initiative. A 17 State Partnership.* Providence, RI: Rhode Island Kids Count.)

The First 5 California School Readiness Initiative (SRI)

In California, the First 5 School Readiness Initiative (SRI) provides funding opportunities to promote good physical, social and emotional development in children from birth to 5 years of age. Using the NEGP definition of school readiness, the SRI works across systems to address all aspects of a child's development. The purpose of the First 5 California-sponsored SRI is to improve the ability of families, schools and communities to prepare children to enter school ready to succeed. SRIs award incentive-matching funds to county First 5 commissions to fund local SRIs in communities with schools in the lowest three deciles of the Academic Performance Index (API). This means that every dollar allocated to the counties has a cash match (1:1) from the local county commission and its partners. SRIs emphasize a collaborative model of service delivery, similar to the state Healthy Start initiative. SRIs must work with multiple community partners to coordinate supports and services for children ages birth to 5 and their families. Partners must include families, formal and informal ECE providers, district and school staff, and participants (including health services providers) in the "5 Essential and Coordinated Elements." The premise of First 5 California is that systems change is necessary to achieve the goals of the SRIs. There are 209 SR programs operating in the state and they are located in every county. Contact the First 5 Commission in your county to learn more about SR programs in your area.

Essential and Coordinated Elements Required of Every School Readiness Program

Every school readiness program is required to include the following five elements in their services: early care and education; parenting and family support services; health and social services; schools' readiness for children/school capacity; and program infrastructure, administration and evaluation. The third element, health and social services, is the focus of the California Childcare Health Program's training for Child Care Health Consultants (CCHCs). CCHCs and other health care professionals who participate in this training will be prepared to implement this element

with confidence, increase their knowledge, and contribute fully to the goal of school readiness.

Early care and education

This element includes ECE services; improved access to quality ECE through referrals, information and outreach to parents and providers; and improved implementation of effective practices through training of ECE providers. Periodic school readiness assessments for children are part of this element.

Parenting and family support services

This element includes services to improve literacy and parenting skills, home visitation, employment development and family court services.

Health and social services

This element includes services such as health plan enrollment, and provision and/or referral to basic health care, including prenatal care, mental health counseling, services for children with disabilities and other special needs, nutrition, oral health, drug and alcohol counseling, child abuse prevention, and case management. This element is the focus of the California Childcare Health Program's (CCHP) training for CCHCs. Health professionals who participate in this training will be prepared to put this element into practice with confidence, increase their knowledge, and contribute fully to the goal of school readiness.

Schools' readiness for children/school capacity

This element includes communication of kindergarten standards; schools' outreach to parents; kindergarten transition programs; and cross-training, shared curriculum, and planning for ECE providers and early elementary teachers. A seamless provision of health, social services, after school programs, and other supports for children and families are also included. Periodic school readiness assessment for schools is part of this element.

Program infrastructure, administration and evaluation

This element includes participant/site/district/county coordination and staff training and devel-

opment. Program evaluation aimed at continuous program improvement, fiscal accountability and collaborative governance (with families and community members) is also included (California Children & Families Commission, 2005).

What the Research Tells Us

There are several longitudinal studies that show the effectiveness of ECE programs for young children ages 3 to 5 years old. Young children living in impoverished neighborhoods or in low-income households participating in the High Scope (Weikert, 1998), Abecedarian Project (Ramey & Ramey, 1992; Campbell & Ramey, 1994; Horacek, Ramey, Campbell, Hoffman, & Fletcher, 1987), and Chicago Longitudinal Study of Children at Risk (Reynolds, Mavrogenes, Bezruczko, & Hagemann, 1996; Reynolds, 1999) have shown more positive school performance, higher intellectual scores, and lower levels of grade retention in elementary school than children from similar backgrounds who did not attend the intervention programs. For children from low-income families, more hours in center-based ECE programs was found to be related to better reading and math scores in kindergarten and first grade (Halle et al., 2005).

Other longitudinal studies that included vulnerable children (premature or abused) attending center-based early childhood intervention programs also showed positive effects with fewer behavior problems in school (Egeland & Hiester, 1995), greater academic success at age 9 (Hollomon & Scott, 1998), fewer health conditions, and positive socio-emotional development at age 8 (McCormick, McCarton, Brooks-Gunn, Belt, & Gross, 1998) than non-intervention children in the same studies. Ladd and his colleagues have found that children who have positive relationships with their peers and teachers in preschool have a more successful transition to kindergarten (Ladd, Birch, & Buhs, 1999; Ladd, Buhs, & Troop, 2002). In addition, children's ability to cooperate and resolve conflict is also an important predictor of school readiness. In one study, conflict in the relationships between kindergarten teachers and children predicted children's academic performance and behavior problems through eighth grade (Hamre & Pianta, 2001).

The quality of ECE or early intervention programs

has been shown to affect children's socio-emotional development and health during preschool (Alkon, Ragland, Tschann, Genevro, Kaiser, & Boyce, 1999) and academic success in third grade (Clarke-Stewart, 1993; Phillips & Scarr, 1993). Therefore, the quality of the ECE environment affects children's capacity for school readiness. The most commonly used rating scale for quality, the Early Childhood Rating Scale-Revised (Harms, Clifford, & Cryer, 2004), includes measures of health and safety as components of quality. Thus, ECE programs must make health and safety issues a priority in order to provide high-quality care.

Children's academic success and socio-emotional development are closely linked to their physical and mental health (Essex, Boyce, Goldstein, Armstrong, Kraemer, & Kupfer, 2002). In a study of 4- to 8-year-old children, there were strong inter-correlations between physical health, mental health (e.g., behavior problems), and academic functioning. Children who were healthy physically tended to succeed academically as well.

It is known that children with behavior problems identified early in life, from birth to 5, are at high risk of problems with their performance in schools and their ability to adjust to structured school environments. Children with behavior problems identified in preschool had more externalizing problems (i.e., aggression and acting out behaviors) at age 9 (Campbell & Ewing, 1990) than children with no behavior problems. Preschool-age children with mothers who have mental health problems (e.g., depression, intrusive interactions) were more likely to show a lack of social competence (Gross, Conrad, Fogg, Willis, & Garvey, 1995), lower academic achievement (McCormick, et al., 1998; Greenberg, et al., 1999), and higher aggression than other children (Egeland, Pianta, & O'Brian, 1993). When children with special health care needs (e.g., low birth weight, disabilities and developmental delays) attend enriched intervention ECE programs, they perform better in school and have fewer special education needs and academic problems than similar non-intervention children (Cohen, 1995; Fowler & Cross, 1986; Kochanek, Kabacoff, & Lipsitt, 1990; Saigal, Szatmari, & Rosenbaum, 1992).

Link between Quality of Care in ECE Programs, Children's Health and School Readiness

Children's skills and development are strongly influenced by their families and their experiences in ECE programs (Maxwell & Clifford, 2004). ECE programs affect children's development and learning. Research has shown that children who have attended high-quality ECE programs had better school readiness and language comprehension, as well as fewer behavior problems (NICHD Early Child Care Research Network, 2002; Peisner-Feinberg, et al., 1999; Peisner-Feinberg, et al., 2001). These differences were true for children from a wide range of family backgrounds, with even stronger effects for children at risk. Monitoring and improving quality of care in ECE programs can positively impact children's school readiness. In addition, health policies in ECE programs that improve children's health by preventing illness and injuries can also positively enhance children's readiness for school. Children who are healthy can more readily focus on learning. Children with significant problems with health or physical development may face special challenges in terms of their self-perception in adapting to the school setting and in terms of developing independence within the school setting (Halle, Zaff, Calkins, & Margie, 2000).

WHAT THE CCHC NEEDS TO DO

Be Aware of Local School Readiness Programs

CCHCs should be aware of the school readiness program in their county. CCHCs should investigate what resources the school readiness programs offer and how to link ECE programs with these resources. County First 5 school readiness programs may support some programs or components of ECE programs; for example, some programs cover the cost of professional development for ECE providers.

Provide Resources

CCHCs can provide resources for ECE staff and families on kindergarten choices in the community and on recommendations for how to pick an appropriate kindergarten. CCHCs can arrange for a parent's night about the transition to kindergarten by inviting some local kindergarten teachers to come and speak to parents. CCHCs can make sure there are books and pamphlets available for both parents and children about the transition to kindergarten and information about how to enroll their children in kindergarten.

Train ECE Staff

CCHCs can share information on their counties' School Readiness Program with ECE staff. CCHCs can educate ECE staff about the definition of school readiness, how to help children and families be ready for kindergarten, and what to do to prepare for the transition to kindergarten.

Link with Public Elementary Schools in the Area

CCHCs can encourage ECE providers to communicate directly with the local elementary schools to find out what the requirements are for kindergarten entry. Finding out when registration dates for kindergarten are and what forms parents need to complete in order to register are also important. Arranging a field trip to visit a kindergarten class would be a good way to help children prepare for the transition from preschool to kindergarten. Arranging for ECE providers to visit kindergarten classrooms and for kindergarten teachers to visit ECE programs may help build partnerships between ECE and kindergarten programs. By visiting the classrooms, the ECE providers can observe what is expected of kindergarten students and the kindergarten teacher can see what the children experience prior to kindergarten entry.

Advocate for School Readiness

Advocate for schools to be ready for children and for children to be ready for school at the local, state

and national level. Attend conferences, read current research and be aware of changes in trends in the school readiness field. Make sure that school readiness efforts benefit young children.

Use Best Practices

CCHCs can utilize guidelines presented in Table 2 to provide comprehensive services and assistance to ECE programs, school readiness programs, children, families, and community partners. Table 2 was developed from a recent literature review of School Readiness programs in the United States (not including California), *Health and School Readiness: A Literature Review of Selected Programs, Components, and Findings in the U. S.* (Emel & Alkon, 2006). This table summarizes best practices for school readiness programs. While these findings address components of the programs themselves, they also provide important guidelines for CCHC practices as well.

TABLE 2: BEST PRACTICES

| Topic | What Seems to Work Best | What Does Not Work As Well |
|--|---|---|
| Comprehensive services | Providing an integrated array of services designed to effectively address children’s health issues | Picking and choosing one or two interventions |
| Collaboration | Planned, strategic collaboration with health care providers, mental health systems, and schools | Trying to provide quality services in isolation |
| Two-generation format | Programs that involve direct services to the child and parent involvement/education. | Services directed at parents only |
| Parent education | Providing education for parents regarding health and development of their children | Directing services at the child only |
| Home visiting | a. Home visiting in combination with other interventions b. Utilizing nurses as home visitors | Home visiting as a primary intervention or home visiting that is the only intervention utilized |
| Child Care Health Consultation | Utilizing professionals trained to provide health consultation for community SR programs | Trying to provide health components without technical assistance |
| Medical home/ regular place of care | Ensure that all staff encourage families to access and utilize a regular place of health care | Using the emergency room for health care |
| Access to health insurance | Assisting families to obtain health insurance for children by merging applications or having health insurance information readily available at community centers and sites utilized by families | Minimal assistance with accessing health insurance; no hands-on approach |
| Access to available services | Outreach to families to assist with access to available services such as WIC, Food Stamps, Medicaid/MediCal, early care and education programs | Assuming families know what services are available to them and how to access the services |
| Health screenings | Providing health screenings, assessments, and referrals for medical, vision, oral health, mental health, and social/emotional development | No health screening, assessments, or referrals |
| Mental health | Use of mental health consultants to assist with screening for and access to mental health care | Trying to provide mental health screenings without professional consultation |
| Immunizations | Send parents letters prompting them to have their child vaccinated on time | Giving parents an immunization schedule without accompanying prompts. |
| Nutrition | Provide nutrition education to parents and link to WIC and food stamp programs. | No health education for parents; difficulty accessing needed services. |
| Lead poisoning | Provide education to parents regarding lead poisoning and effective home maintenance practices to reduce lead exposure. | Assuming there is no problem with lead poisoning anymore; assuming parents know what to do regarding possible presence of lead. |
| Oral health | <ul style="list-style-type: none"> • Include oral screening in other health screenings. • Utilize points of entry into WIC, child care, home visits, and during immunizations to make referrals for oral health care and provide parent education. • Provide transportation to dental services. • Provide dental services directly. | <ul style="list-style-type: none"> • Neglecting to include oral health in screenings; making referrals difficult to obtain. • Assuming that families will use public transportation to get to dental services |

RESOURCES

| Organizations and Resources | |
|---|--|
| Organization and Contact Information | Description of Resources |
| <p>American Academy of Pediatrics 141 Northwest Point Blvd. Elk Grove Village, IL 60007 (847) 434-4000 www.aap.org</p> | <p>The American Academy of Pediatrics Web site has information on children’s health and immunizations as well as the following relevant publications:</p> <p><i>Managing Infectious Disease in Child Care and Schools</i> <i>Health in Child Care Manual, 4th Ed.</i></p> <p>Brochures:</p> <p><i>Your Child and Antibiotics</i> <i>Common Childhood Infections</i> <i>Urinary Tract Infections in Young Children</i> <i>A Guide to Children’s Medication</i> <i>Croup and Our Young Child</i> <i>Bronchiolitis and Your Young Child</i> <i>Tonsils and Adenoids</i> <i>Anemia and Your Young Child</i></p> |
| <p>California Childcare Health Program 1333 Broadway, Suite 1010 Oakland, CA 94612-1926 (510) 839-1195 Healthline (800) 333-3212 www.ucsfchildcarehealth.org Administered by the UCSF School of Nursing</p> | <p>The Child Care Healthline provides health and safety information to ECE providers, the families they serve, and related professionals in California. The Healthline team of specialists consults on issues such as infectious disease, health promotion, behavioral health, serving children with disabilities and special needs, nutrition, infant-toddler development, car seat safety, lead poisoning prevention and more.</p> <p>The Child Care Health Linkages Project, funded by the First 5 California, created child care health consultation programs in 20 counties, staffed by trained CCHCs and CCHAs.</p> <p>The <i>Child Care Health Connections</i> newsletter, a bimonthly publication disseminated statewide, provides current and emerging health and safety information for the ECE community. Articles are designed to be copied by programs and broadly distributed to direct service providers and parents. Other publications include Health and Safety Notes and Fact Sheets for Families, available in both English and Spanish.</p> |
| <p>California Child Care Resource and Referral Network 111 New Montgomery Street, 7th Floor San Francisco, CA 94105 Trustline (800) 822-8490 www.rrnetwork.org/rrnet/index.htm</p> | <p>This private nonprofit organization is a network of all county R & R services. California’s R & R services have evolved from a grassroots effort helping parents find child care to a well-developed system that supports parents, providers and local communities in finding, planning for, and providing affordable, quality child care.</p> |

| Organization and Contact Information | Description of Resources |
|---|---|
| <p>California Department of Education (CDE) 1430 N Street Sacramento, CA 95814 (916) 319-0800 www.cde.ca.gov Child Development Division: www.cde.ca.gov/cyfsbranch/child_development/</p> | <p>The official site of the California Department of Education (CDE) includes press releases, recent reports, parent and teacher resources, budget and performance data, educational demographics data, etc.</p> |
| <p>California Department of Social Services www.dss.cahwnet.gov/cdssweb/default.htm</p> | <p>This is the official site of the California Department of Social Services (CDSS). CDSS' primary goal is to aid and protect needy and vulnerable children and adults by strengthening and preserving families, encouraging personal responsibility and fostering independence.</p> |
| <p>Child Care Aware 1319 F Street, NW, Suite 500 Washington, DC 20004 (800) 424-2246 phone (202) 787-5116 fax www.childcareaware.org</p> | <p>Child Care Aware is a nonprofit initiative committed to helping parents find quality child care and child care resources in their community.</p> |
| <p>Children's Defense Fund (CDF) 25 E Street, NW Washington, DC 20001 (202) 628-8787 www.childrensdefense.org</p> | <p>The Children's Defense Fund (CDF) began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants. The mission of the CDF is to Leave No Child Behind and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.</p> |
| <p>Child Development Training Consortium 1620 North Carpenter Road, Suite C-16 Modesto, CA 95351 www.childdevelopment.org/intro.html</p> | <p>The Child Development Training Consortium is a statewide program funded by the First 5 California, California Department of Education, Child Development Division. It provides services, training and technical assistance which promote high-quality programs.</p> |
| <p>Children Now 1212 Broadway, 5th Floor Oakland, CA 94612 www.childrennow.org www.100percentcampaign.org/</p> | <p>Children Now is a research and action organization dedicated to assuring that children grow up in economically secure families, where parents can go to work confident that their children are supported by quality health coverage, a positive media environment, a good early education, and safe, enriching activities to do after school. Recognized for its expertise in media as a tool for change, Children Now designs its strategies to improve children's lives while at the same time helping America build a sustained commitment to putting children first. Children Now is an independent, nonpartisan organization. Publication: California Report Card 2004 focuses on children in immigrant families. 100% Campaign ensures health insurance for every child in California.</p> |

| Organization and Contact Information | Description of Resources |
|---|--|
| <p>Education Commission of the States (ECS) www.ecs.org/kindergarten</p> | <p>Education Commission of the States (ECS) houses research and readings on kindergarten and an up-to-date database of kindergarten policies across the United States.</p> |
| <p>First 5 California Formerly the California Children and Families Commission www.cffc.ca.gov</p> | <p>The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, all children prenatal to 5 years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality child care, parent education, and effective intervention programs for families at risk, children, their parents, and their caregivers will be provided the tools necessary to foster secure, healthy and loving attachments.</p> |
| <p>National Association of State Boards of Education (NASBE) 277 S. Washington Street, Suite 100 Alexandria, Virginia 22314 (703) 684-4000 www.nasbe.org/</p> | <p>The National Association of State Boards of Education (NASBE) is an organization representing state and territorial boards of education. It focuses on strengthening state leadership in education policymaking, promoting quality education for all students and ensuring continued citizen support for public education.</p> |
| <p>National Association for the Education on Young Children (NAEYC) www.naeyc.org</p> | <p>The National Association for the Education of Young Children (NAEYC) is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8.</p> |
| <p>National Education Goals Panel (NEGP) 1255 22nd Street, NW, Suite 502 Washington, DC 20037 (202) 724-0015 http://govinfo.library.unt.edu/negp/index-1.htm</p> | <p>The National Education Goals Panel (NEGP) is an independent executive branch agency of the federal government charged with monitoring national and state progress toward the National Education Goals. This Web site includes several reports on school readiness.</p> |
| <p>School Readiness Indicators Initiative Elizabeth Burke Bryant Executive Director Rhode Island KIDS COUNT One Union Station Providence, RI 02903 (401) 351-9400 www.getready.org</p> | <p>The School Readiness Indicators Initiative is a multi-state initiative that uses child well-being indicators to build a change agenda in states and local communities in order to improve school readiness and ensure early school success. The task of participating states is to develop a set of child outcome and systems indicators for children from birth through the fourth-grade reading test, an important red flag for children most at risk for poor long-term outcomes, such as dropping out of school, teen pregnancy and juvenile crime.</p> |
| <p>UCLA Center for Healthier Children, Families and Communities 1100 Glendon Avenue, Suite 850 Los Angeles, CA 90024-6946 (310) 794-2583; Fax: (310)794-2728 http://www.healthychild.ucla.edu/First5CAReadiness/Default.asp</p> | <p>Website provides information and resources on First5 California School Readiness programs and reports. A listserv is also available.</p> |

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