
School Readiness and Health



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California Childcare Health Program
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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 links between health and school readiness.

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

To describe how Child Care Health Advocates (CCHAs) can play a role in the preparation of a child's school readiness.

RATIONALE

At the national and statewide level, much attention has focused on when and how children become “ready” for school and how to adequately prepare schools for children starting kindergarten. Physical health plays an important role in school readiness because children who are not physically healthy may have a difficult time getting used to school due to frequent absences and distractions, such as pain associated with dental cavities. Basic health needs must be met before important learning can begin. ECE providers can help families get the health care their children need. In addition to physical health, social and emotional development is also an important part of school readiness (Thompson, 2002). Research in early childhood development clearly shows that intellectual, social-emotional and physical development are all related to each other (National Research Council, 2001). If ECE and health providers can identify children who have difficulties with physical or behavioral problems, children may get help to deal with these problems before they enter kindergarten. Understanding what school readiness is, and how ECE programs can help children become ready for school, is very important for CCHAs.

WHAT A CCHA 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. CCHAs 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.
- By facilitating in-service programs so that schools learn to be ready to receive young children. CCHAs 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 Initiative (SRI) 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 naturally *ready* or *not ready* for school (Maxwell & Clifford, 2004). School readiness is more than being ready to learn new information. Readiness is 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 weak social skills. Other children may be advanced socially but not verbally. Due to these normal differences in development, it is difficult to define *readiness*. Definitions of school readiness must be flexible and broadly defined to take into account these differences in development. The National Education Goals Panel (NEGP) (1997) identifies

three parts to school readiness: readiness in the child, schools’ readiness for children, and supports and services from the family and community 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 requirements for universal school readiness:

- Addressing the inequalities 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 differences related to language and culture.
- Establishing reasonable and appropriate expectations of children’s capabilities when they first start school.

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 areas 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 [the knowledge that printed words have meaning] and developing literacy)
- cognition and general knowledge (including knowledge about the properties of specific objects and knowledge gained 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 affect 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 provide health education and assist families in securing health insurance and consistent health, dental and vision care for their children can help children be ready for school. Efforts to improve school readiness, therefore, begin before children go to 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 when starting kindergarten

There has been a trend towards holding children back a year from kindergarten when their birthdates fall close to the cutoff for starting school (Marshall, 2003). This trend has been especially true for boys (Graue & DiPerna, 2000). In California, children must be 5 years old by December 2nd 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 decrease by the third grade (Stipek, 2002; Stipek & Byler, 2001). Contrary to popular belief, holding back children from starting kindergarten does not give 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 enough. 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 do the following:

- 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 make the transition to school.
- Try to have continuity between ECE programs and elementary schools.
- Help children learn and make sense of their complex and exciting world. For example, they use 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 try 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 change practices and programs if they do not benefit children.

- Serve children in communities. Children are more likely to successfully adjust to school when they have easy access to a range of services and supports in their community. Good health care and nutrition are especially important 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, families living at the poverty level should be encouraged to enroll their children in Early Head Start programs or participate in one of the 209 school readiness programs located throughout the state. Children growing up in families that cannot afford safe housing, good 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 get the skills they need before they start kindergarten.

How to Measure School Readiness

To assess whether children, schools and communities are “ready,” there need to be ways to measure signs of readiness that can be tracked over time. The National School Readiness Indicators Initiative (2005) has put together a list of indicators (signs of readiness) from research carried out in 17 states, including California.

These indicators can be measured and tracked 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 a difficult transition to kindergarten if no intervention took place. When states become aware of the risk factors in their population, services can be provided to improve these risks. Policymakers and community leaders can use the core set of indicators, as well as other indicators that develop from their own work, to measure progress toward improved outcomes for young children and families. Annual monitoring of key school readiness indicators can show 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.

The First 5 California School Readiness Initiative (SRI)

In California, the First 5 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 SRI is to improve the ability of families, schools and communities to prepare children to enter school ready to succeed. The SRI gives “incentive-matching funds” to First 5 County Commissions to fund local school readiness programs in communities that have schools in the lowest 30% of the Academic Performance Index (API). This means that every dollar that the state gives to the counties is matched by a dollar from the local County Commission and its partners. Like the state Healthy Start Initiative, the SRI collaborates to deliver services. School readiness programs must work with many 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

TABLE 1: IMPORTANT SIGNS OF SCHOOL READINESS

	Areas of Importance	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
	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 proven 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 level
	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 who are 19-35 months old 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 4th 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.)

Essential and Coordinated Elements.” There are 209 school readiness 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.

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 the 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 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.

Schools’ readiness for children

This element includes the 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. The smooth provision of health, social services, after-school programs and other supports for children and families are also included. Peri-

odic 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 development. Program evaluation aimed at continuously improving the program, being financially accountable and making decisions collaboratively (with families and community members) is also included (California Children & Families Commission, 2005).

The third element, health and social services, is the focus of the California Childcare Health Program’s (CCHP) training for CCHAs. ECE providers 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.

What the Research Tells Us

It is known that children with behavior problems identified early in life, from birth to 5, are more likely to have difficulties with their performance in schools and their ability to adjust to structured school environments. Several research studies have followed children over time to show the impact ECE programs can have on later development. The results of these studies are briefly summarized in Table 2.

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, better language comprehension and fewer behavior problems than children who did not attend high-quality ECE programs (National Institute of Child Health and Human Development [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 back-

**TABLE 2:
RESEARCH STUDIES THAT SHOW THE IMPACT OF ECE PROGRAMS ON
LATER DEVELOPMENT**

Study Result	Reference
Children from low-income families who attended high-quality ECE programs and other early childhood intervention programs did better in school, and were held back in elementary school less often, than children from similar backgrounds who did not attend the intervention or ECE programs.	Campbell & Ramey (1994); Horacek, Ramey, Campbell, Hoffman & Fletcher (1987); Ramey & Ramey (1992); Reynolds, Mavrogenes, Bezruczko & Hagemann (1996); Reynolds (1999); Weikert (1998)
For children from low-income families, more hours in center-based ECE programs is related to better reading and math scores in kindergarten and first grade.	Halle et al. (2005)
Compared to nonintervention children, vulnerable children (premature or abused) who attended center-based early childhood intervention programs showed the following: <ul style="list-style-type: none"> • positive effects with fewer behavior problems in school (Egeland & Hiester) • greater academic success at age 9 (Hollomon & Scott) • fewer health conditions and positive social-emotional development at age 8 (McCormick, McCarton, Brooks-Gunn, Belt & Gross) 	Egeland & Hiester (1995); Hollomon & Scott (1998); McCormick, McCarton, Brooks-Gunn, Belt & Gross (1998)
In a study of 4- to 8-year-old children, there was a strong relationship between physical health, mental health (e.g., behavior problems) and academic ability. Children who were healthy physically tended to succeed academically.	Essex, Boyce, Goldstein, Armstrong, Kraemer & Kupfer (2002)
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 nonintervention children.	Cohen (1995); Fowler & Cross (1986); Kochanek, Kabacoff & Lipsitt (1990); Saigal, Szatmari & Rosenbaum (1992)
Children with behavior problems identified in preschool had more aggression and acting out behaviors at age 9 than children with no behavior problems.	Campbell & Ewing (1990)
Preschool-age children with mothers who have mental health problems (e.g., depression, intrusive interactions) were more likely than other children to have the following: <ul style="list-style-type: none"> • a hard time socially with their peers (Gross, Conrad, Fogg, Willis & Garvey) • lower academic achievement (McCormick et al.; Greenberg et al.) • higher aggression (Egeland, Pianta & O'Brian) 	Gross, Conrad, Fogg, Willis & Garvey (1995); McCormick et al. (1998); Greenberg et al. (1999); Egeland, Pianta & O'Brian (1993)
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)
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 the following: <ul style="list-style-type: none"> • children's social-emotional development and health during preschool (Alkon, Ragland, Tschann, Genevro, Kaiser & Boyce) • academic success in third grade (Clarke-Stewart; Phillips & Scarr) 	Alkon, Ragland, Tschann, Genevro, Kaiser & Boyce (1999); Clarke-Stewart (1993); Phillips & Scarr (1993)

grounds, with even stronger effects for children at risk. Monitoring and improving the quality of care in ECE programs can have a positive impact on children's school readiness. In addition, health policies in ECE programs that improve children's health by preventing illness and injuries can also have a positive impact on 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). For a list of developmental screening tools that may be useful, see Table 2 in the *Social and Emotional Development of Children* module of this curriculum.

WHAT A CCHA NEEDS TO DO

Be Aware of Local School Readiness Programs

- All counties in California have a school readiness program. Find out what resources the school readiness programs offer and how to link ECE programs with these resources.
- County First 5-funded programs may support some programs or some parts of ECE programs; for example, some county First 5 programs cover the cost of professional development for ECE providers through the Comprehensive Approaches to Raising Educational Standards (CARES) program.

Provide Resources

- Provide resources for ECE staff and families on kindergarten choices in the community and on recommendations for how to pick the right kindergarten.
 - Arrange for a parent's night about the transition to kindergarten by inviting some local kindergarten teachers to come and speak to parents.
 - Make sure there are books and pamphlets available for both parents and children about

the transition to kindergarten and information about how to enroll children in kindergarten.

Train ECE Staff

- Share information on your counties' school readiness program with ECE staff.
- 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

- Encourage ECE providers to communicate directly with local elementary schools to find out what the requirements are for starting kindergarten.
- Identify registration dates for kindergarten and what forms parents need to complete to register.
- Arrange a field trip to visit a kindergarten class to help children prepare for the transition from preschool to kindergarten.
- Arrange for ECE providers to visit kindergarten classrooms and for kindergarten teachers to visit ECE programs to 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 before starting kindergarten.

Encourage School Readiness

- Encourage 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.
- Ensure that school readiness efforts benefit young children.
- Provide in-service education workshops for school staff to learn more about ECE programs: what the programs provide, developmental stages for young children and readiness skills identified in ECE programs.

Use Best Practices

CCHAs can use the guidelines presented in Table 3 to provide comprehensive services and assistance to ECE programs, school readiness programs, children, families and community partners. Table 3 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 CCHA practices as well.

TABLE 3: 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

ACTIVITY

Using the grid below, break up into groups and discuss your activities for supporting school readiness.

Linking Health and Social Services with ECE Programs: How Involved Are You?

Health and Social Services Strategies	What Do You Do?	How Do You Link with These Services?	How Could You Link with These Services?
Outreach services (e.g., medical home, insurance)			
Referrals to basic health (e.g., medical home, insurance)			
Comprehensive screening & assessment (e.g., vision, immunizations, behavior)			
Mental health counseling (e.g., common hurdles, crises, children with special health care needs [CSHCN])			
Nutrition services and obesity prevention			
Oral health services			
Drug and alcohol counseling			
Child abuse and intervention			
Case management			
Health education and parent support			
Other			

NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

2.001, 2.1.

CALIFORNIA REGULATIONS

There are no standards from the *Manual of Policies and Procedures for Community Care Licensing Division* on this topic at this time.

RESOURCES

Organizations and Resources

Organization and Contact Information	Description of Resources
<p>American Academy of Pediatrics (AAP) 141 Northwest Point Blvd. Elk Grove Village, IL 60007 (847) 434-4000 www.aap.org</p>	<p>The American Academy of Pediatrics (AAP) Web site has information on children’s health and immunizations as well as the following relevant publications: <i>Managing Infectious Disease in Child Care and Schools</i> <i>Health in Child Care Manual, 4th Ed.</i></p> <p>Brochures: <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 (CCHP) 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 Child Care Health Consultants (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
Education Commission of the States (ECS) www.ecs.org/kindergarten	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.
First 5 California Children and Families Commission www.cfc.ca.gov	<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>Information about the First 5 California School Readiness Initiative can be found at http://www.cfc.ca.gov/schoolready.htm.</p>
National Association of State Boards of Education (NASBE) 277 S. Washington Street, Suite 100 Alexandria, Virginia 22314 (703) 684-4000 www.nasbe.org	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.
National Association for the Education on Young Children (NAEYC) www.naeyc.org	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.
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	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.
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	The School Readiness Indicators Initiative is a multistate 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.
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	This Web site provides information and resources on First 5 California school readiness programs and reports. A e-mail list is also available.

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