

A CLOSER LOOK:
Lessons from Local Initiatives for Children

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I. INTRODUCTION

Over the past several years, there has been a growing recognition of the importance of the early years in preparing children to enter school ready to learn and succeed. Research on early brain development confirms children’s experiences in their first years of life help lay the groundwork for their future growth and progress. Young children need support for all aspects of their development—physical, cognitive, social-emotional—in order to ensure their success. This emphasis on the early years, combined with a growing need for child care as more parents enter the workforce as a result of changes in the nation’s welfare laws and other factors, has helped spur increased investments in early care and education over the past several years.

At the same time, more responsibility for decisions about early childhood policies, like many other policies, has shifted from the federal level to states and localities. This development reflects the view that people who are closer to issues in their communities are better able to identify effective strategies for solving problems. Thus, many communities now have control over how they can use federal, state, and local resources to make supports available to young children and their families in the most appropriate and efficient way possible.

These developments have come together in several states and communities. They have led to the implementation of state-driven initiatives that encourage local collaborative efforts to determine where and how to focus state resources for early childhood. Under these initiatives, communities form councils with representatives from a range of sectors, including child care, health care, education, and business. They decide how to use resources to improve early childhood programs and provide comprehensive services, including health care and family support, so children are healthy and ready to succeed when they enter school. Other communities have developed similar initiatives independently, without guidance from their states. In addition to state resources, communities may decide how to use their allocations of federal early childhood funds, including funding through the Child Care and Development Block Grant (CCDBG), Temporary Assistance to Needy Families (TANF), and the Early Learning Opportunities Act (ELOA), as well as local funding from public and private sources.

Communities with local collaborative efforts, like all communities across the country, face tremendous challenges in trying to provide the broad range of supports their children and families need. These supports include child care that enables parents to work, early education that gives children a strong start, and health care that ensures children’s well-being. This report provides an in-depth look at just a few of the

communities working to address these needs through local collaboration, along with the successes they have had and the work that remains to be done.

While local collaboration has given communities increased control over their resources, it also places burdens on them, particularly as the nation continues to grapple with difficult economic times. In past years, communities have been able to take advantage of new resources—including federal child care funds, state prekindergarten dollars, and, in some states, funds specifically targeted at local collaborative early childhood projects—to support early childhood programs, although resources still fell far short of being sufficient. Now federal and state budget deficits and competing demands are squeezing resources even further. Local communities will be forced to make their funds stretch as far as possible to avoid reducing crucial supports for children and families. The success of their efforts will depend on each community's ability to develop strong collaboration among diverse local partners, build and maintain a stable foundation for progress, and provide leadership and vision, as well as the extent to which they receive state and federal support for their efforts.

II. A CLOSER LOOK AT LOCAL INITIATIVES FOR YOUNG CHILDREN AND FAMILIES

This report is a follow-up to a 2002 Children's Defense Fund report that examined state-driven community early childhood initiatives in several states, including California, Colorado, Florida, Iowa, Kansas, Kentucky, Massachusetts, North Carolina, and South Carolina. That report, *Bringing It Together*, described each state's program and laid out a blueprint for states on how to develop an effective local collaborative initiative. This report examines how communities with these types of initiatives are actually working to meet the needs of their children and families for high quality early care and education. The focus is on how collaborative efforts play out at the local level, and what factors aid or inhibit the potential that these efforts will positively impact the services children and families receive.

This report includes case studies of eight communities—Alameda County and Solano County in California; the Lakes Area and Sioux City in Iowa; Durham and Region A in North Carolina; Rochester, New York; and York, Pennsylvania—with local collaborative efforts that were initiated at either the state or local level. All of these initiatives focus on improving early childhood services for children age zero to five as well as services to support their families. Depending on their “starting place,” the communities focus to varying degrees on building new services or combining and strengthening existing programs to help children be healthy and ready for school, and to support low-income working parents.

The case studies in this report offer snapshots of what was going on in each community in the summer and fall of 2002. They are meant to provide insight into how collaborative initiatives work in practice and what they may mean for early childhood programs and the children and families they serve. The case studies are not intended to

be an exhaustive review of everything that occurs in each community, or a thorough evaluation of the effectiveness of the community collaborations, or necessarily representative of other communities across the country. However, the progress and setbacks experienced by these communities offer lessons for other communities on what it takes to improve the quality, availability, accessibility, and comprehensiveness of early care and education supports.

The report attempts to examine several issues:

- How do these new partnerships work?
- How have communities developed, expanded, and/or improved services such as child care, early education (including public and private preschools and prekindergarten, Head Start and others), health care, parent support, and others? Have they connected these supports with each other? If so, has this improved the quality of these programs, made them more responsive to families' needs, and/or easier to access for parents?
- Have partners in the initiative broadened their vision beyond their own specific program or services—whether child care, Head Start, prekindergarten, health, or some other component—to consider how all of the pieces of the system fit together?
- Have the partnerships attempted to link programs to provide comprehensive services to young children and families, or have they had to focus on filling in gaps in services on a piecemeal basis?
- Have the partnerships gained additional financial and political support for early childhood from members of the community as well as those from outside of the community?
- What gaps remain, and what additional steps are communities considering?

While this report cannot always give definitive answers to these questions, it does provide a glimpse of how eight very different communities and their local initiatives were addressing these issues in 2002. Taken together, the snapshots of the local initiatives included in this report offer lessons, cautions, and cause for optimism for other communities embarking on new collaborative efforts or trying to strengthen existing efforts.

Methodology

In selecting communities for this study, we tried to include those with relatively advanced collaborative efforts that had begun to see at least some results and had enough experience to begin to assess what was working and what was not. The communities vary in their demographic makeup, represent diverse regions of the country, and include

both rural and urban areas. Although we chose communities of various sizes, we decided not to cover large cities so as to keep our case studies manageable.

We gathered information about the communities through in-person and telephone interviews with administrators from local agencies, organizations, and programs involved in the initiative. We made site visits to all of the communities and conducted focus groups with early childhood professionals and parents in each community visited. We also visited child care centers, family child care homes, Head Start programs, and prekindergarten classes where they existed. In addition, we relied on written reports and other materials, such as community assessments prepared by local councils, strategic plans, evaluations, or other reports. Representatives from each community reviewed a draft of the report to verify the information for 2002, and provided updated information in cases where there were substantial changes in 2003.

The Structure of This Report

Following this introduction, the report is divided into five sections. The first three—Local Initiatives for Young Children and Families: How They Work; Accomplishments That Result from Local Initiatives; and Continuing Gaps and Challenges for Local Early Childhood Initiatives—describe lessons drawn from all eight communities regarding the importance of collaboration, the structure of local initiatives, their achievements, and the challenges that exist in all of the communities. The fourth section provides case studies of each community. The fifth section is an appendix that offers state information to provide some context for each initiative included in this report.

III. LOCAL INITIATIVES FOR YOUNG CHILDREN AND FAMILIES: HOW THEY WORK

Local Initiatives: The Process of Collaboration

Collaboration provides an opportunity for local programs to work together to use resources more effectively to address the comprehensive needs of children and families. Yet collaboration does not occur easily by any means. It involves a slow process of individuals, different programs, and groups subsuming their own interests to a common purpose. It requires a commitment of time and resources by participants to achieve consensus on all aspects of the collaboration, from the broad vision required to set lofty goals for children and families in communities, to the nitty-gritty details of delivering services. There is also a delicate balancing act involved in ensuring an inclusive process that allows participation on an equal footing by all affected partners.

Each community's initiative has both characteristics that are similar to those of other communities' initiatives and characteristics that are unique. There are variations in aspects of the initiatives, such as how they came about, what structure they take, and who

is involved. The approach that a community takes in each of these areas depends on the community's particular needs and circumstances, and the state context, which can profoundly influence the likelihood of the initiative's success.

State-Initiated Versus Locally-Initiated Collaboration

The collaborative initiatives we examined originated at the state or local level. In some cases, a statewide initiative may require collaboration and hold out the prospect of additional resources in return for collaboration. Durham and Region A in North Carolina collaborate under the state's Smart Start program, which distributed approximately \$200 million to the state's 100 counties in 2002. Sioux City and the Lakes Area in Iowa collaborate as part of the state's Empowerment initiative, which provides state funds and allows localities to use federal CCDBG and TANF funds as well for early childhood. Alameda and Solano Counties receive funding through California's Proposition 10 initiative, which provides funding drawn from a statewide tax on sales of tobacco. Such state support offers an important incentive for collaboration. Representatives of various groups and programs serving children and families come to the table because they have an interest in seeing that the funds are well spent to help their children and families. They also have an interest in receiving a portion of the funds themselves so that they can expand and improve their programs, which are often operating on a shoestring budget.

The prospect of receiving state funding also can encourage a community to collaborate so that it gets as large a share of total state funding as possible. In some states, the amount an individual community receives is already established by a formula based on population, income, and other data, and the county simply applies for the maximum amount. In other cases, the amount varies depending on the merit of the community's application through a competitive grant process. In state-driven initiatives, there also may be funds left unspent by some communities that become available for redistribution, which well-organized communities can capture. Durham, the Lakes Area, Alameda, and other communities have been able to take advantage of such openings. Recent changes in state policies have limited the ability of many of these communities to continue receiving additional funds. However, capitalizing on opportunities for additional funding when it is available has enabled many communities to get a head start in the early stages of collaboration. Some communities have been able to use these funds to leverage additional resources from private foundations, businesses, organizations, or individual donors.

In addition to funding, statewide initiatives can support community-level collaboration in other ways. These initiatives lay out a framework for collaboration, indicating to communities how to form a local council, what partners to involve, and what is required to maintain a cooperative effort. Some states, including California, Iowa, and North Carolina, also provide technical assistance to foster collaborative efforts, either through regional meetings, visits to communities, or other means.

While state legislation and funding can spur collaboration, state involvement is not necessarily a prerequisite for local collaboration. Some cooperative efforts bloom

from the county-level. For example, Rochester's collaborative initiative was developed prior to any statewide initiative. Instead, a variety of stakeholders, from business leaders to community foundations to research institutions to child care providers came together on their own. They were motivated by a common concern over the state of the city's schools and children's low performance, and the desire to improve the city's early care and education system so that children could enter school better prepared to learn and with greater chances for success. Rochester's initiative, rather than being driven by the state, actually has driven some early care and education policy changes at the state level. Setting a higher limit on eligibility for assistance in paying for child care is one example. Similarly, York County initiated its own collaborative effort and has tried to encourage Pennsylvania to follow its lead in making a commitment to early childhood programs.

Developing a collaborative effort from the ground up rather than imposing it from above has certain advantages. A community that institutes its own collaborative initiative, rather than being asked to do so by the state, may have more buy-in and commitment to the effort from local organizations and agencies. In addition, it is not subject to changing state policies on how the collaboration has to be formed, or who has to be involved, or how funds can be spent. However, there are also some disadvantages. A community collaborating on its own cannot turn to the state for advice on strengthening the collaboration or for funds if they hit a difficult patch. Without a state infrastructure to sustain the collaborative initiative, a community may be at risk of having its commitment to collaboration weaken over time as the original participants in the initiative leave or retire.

It is important to note that there is not always a clear dichotomy between state-initiated and locally-initiated collaboration. Many of the communities described in this report had long stressed collaboration prior to the establishment of the state-driven local initiative. For example, Alameda County had an active local child care council that worked to develop innovative strategies for strengthening the quality of its early care and education. In Region A, there was already a history of collaboration among several counties that set the stage for their cooperative efforts on early childhood issues when North Carolina's Smart Start initiative was implemented. In these and other communities, collaboration was not a new idea introduced by a state initiative. Rather, the state gave them a structure for their initiatives as well as new resources, including technical assistance and significant new funding to develop programs and staff the local collaboration.

Formal versus Informal Collaborative Structures

Some collaborative initiatives, such as those in North Carolina, are run by formal, incorporated entities with paid staff, while others, like Rochester's, are more informal and directed by volunteers. Once again, there are advantages and disadvantages to each approach. Formal organizations can give a collaborative initiative more permanence and ensure that the effort continues beyond any changes in leadership. Formal rules and mechanisms can facilitate the collaborative process by clearly establishing that a particular entity is responsible for making the final decisions and is accountable for

outcomes. On the other hand, creating a new entity or consolidating existing organizations can be a time-consuming process. It can also eat up resources for administration that might be better used to fund direct services for children and families.

Informal collaboration can allow for greater flexibility and make partners feel that they themselves have joint ownership of the initiative, rather than a separate entity. However, the informality of the collaboration can make the initiative vulnerable when there is a change in leadership. Rochester has been fortunate to have new leaders come forward to ensure continued commitment to the collaboration and partners that feel invested in the initiative, even without requirements or formal agreements.

Partners

The partners involved in a collaborative initiative can have a profound impact on what the initiative does. State-driven initiatives generally require that certain partners be involved, and provide guidance concerning which groups must be represented. Since the focus of these collaborations is to provide comprehensive supports to young children and families, the initiatives require broad representation involving multiple sectors, including child care, Head Start, prekindergarten, schools, health care, mental health care, business, local government, parents, the faith-based community, and others. Yet, which particular groups within each sector are represented, and the extent of their participation, will also be driven by a community's individual circumstances and characteristics.

Different sectors of the early care and education community, including Head Start, child care centers, and family child care providers, are all involved in collaborative initiatives to some extent, but how active a role each plays varies. For example, in communities such as Sioux City and Rochester, directors of child care centers have formed associations that can have some influence on the local councils. However, family child care providers in these communities, while involved to some extent and having some access to resources available through the collaborative efforts, feel that they have less of a voice and less of an impact on the local initiative. In contrast, in a rural community such as the Lakes Area, where family child care is much more prevalent than center-based care, family child care providers receive more attention from the initiative than center-based programs.

Child care resource and referral agencies (CCR&Rs) often play a central role in local early childhood initiatives. They may serve as the focal point for various types of services that are funded by the local initiative or must be coordinated with other funded services. CCR&Rs may offer training for child care, Head Start, and other early education providers; process applications for child care assistance; refer parents to early childhood programs; or sponsor parenting education or support classes, among other functions. CCR&Rs also collect data on child care programs and parent requests for different types of child care that are crucial for analyzing community needs, which in turn helps local councils decide where to devote their resources.

The role of schools also varies from community to community. In some cases, such as the Cherokee School District in Region A of North Carolina, an energetic school leader recognizes the importance of preschool experiences in getting children ready for kindergarten and takes advantage of resources and connections available through the local initiative to make early education experiences more available and accessible. In other cases, schools may be reluctant partners. Rochester's local initiative actually had to apply for state prekindergarten funds on its own when the school district failed to apply for available funding. Once the school district began receiving funds, it managed to find a committed administrator to get the program up and running. Yet the school district as a whole has not made a clear commitment to prekindergarten, and the retirement of the administrator in 2002, a time when state funding for the universal prekindergarten program was at risk, left a great deal of uncertainty. The involvement of school districts also may vary within a community, since some, like Alameda, cover numerous districts, each of which may have a differing level of understanding of and commitment to early care and education.

In some communities, research institutions are important partners. For example, Rochester and Alameda are fortunate to have established research institutions in their communities—the Children's Institute and PACE (Policy Analysis for California Education).¹ These institutions can play a valuable role in assessing community resources and needs and evaluating the effectiveness of programs and services. They can offer technical expertise and analysis, and collect data to ensure accountability.

Child care assistance programs, including federal CCDBG funds or those supported by state early childhood initiatives, such as Smart Start in North Carolina, and the local agencies responsible for administering them, can be essential components of local efforts. These programs provide a significant source of child care funding in communities. Coordinating child care assistance with other programs can make it easier for families to get help paying for child care and enable children in part-day Head Start or prekindergarten programs to receive care before or after regular hours and sometimes year-round if their parents work full-time. Coordination also allows child care assistance programs that help families pay for care to be more closely linked with training, incentive grants, and other efforts aimed at improving the quality of care. In Rochester, the leaders of the local initiative formed a close relationship with the county administrator of the child care assistance program. This enabled collaboration partners to influence policies, i.e., income eligibility limits, and address bureaucratic problems, i.e., delays in reimbursements to child care providers. While the collaborative effort does not fund or have any direct control over the child care assistance program, communication and informal ties help different components of the early care and education system to function together to give more families access to good quality early childhood programs.

Child care assistance programs are not always included as an integral part of collaborative initiatives. Some communities choose to focus on improving the quality of early childhood programs rather than address issues of affordability. In some cases, the

¹ For more information about PACE, visit www.hewlett.org. For more information about the Children's Institute, visit the Web site at www.childrensinstitute.net.

planning councils of local initiatives see the initiatives' role completely separate from the assistance program. In others, bureaucratic impediments may prevent close collaboration. In Sioux City, the local office where parents apply for child care help is physically separated from other programs for children and families, as it is located in a different part of town. Alameda County, which has made major progress in efforts to improve the quality of care, is only beginning to address the county's maze-like system for applying for child care assistance.

Other important partners in local initiatives include colleges and universities, which host classes for early childhood providers, enabling them to enhance their knowledge and skill levels. Some communities offer early childhood providers scholarships to attend classes, and salary supplements for completing courses or a degree program and remaining in their positions. Community colleges often work with partners in local initiatives to better meet the needs of early childhood providers. The colleges sometimes offer classes at night or on the weekend so providers working full-time can attend, and offer bilingual classes for providers for whom English is not their native language. In York County, Pennsylvania State University played an important role in developing a curriculum for providers and offering classes. The involvement of the state university gave the initiative clout and increased the prominence of early childhood issues. As one member of the community noted, it was "a big university paying attention to little people."

Organizations that address broader early childhood issues can be particularly strong partners in local initiatives. For example, in Sioux City, members of the local initiative's leadership council include representatives from a hospital and from a long-running program for low-income pregnant women. These institutions receive support through the initiative for services such as domestic violence prevention and treatment, and pre-natal health care. The role of institutions like these in local initiatives may depend on whether state or local guidelines stress more comprehensive early childhood supports, such as health care, child welfare, and other child and family services, as opposed to focusing more narrowly on early childhood education. It also may depend on how strong their influence is in the community.

The business community is a logical candidate for a partner in a collaboration effort. Parents rely on child care so they can work, and children need a good start to get ready for school and eventually become productive members of the workforce. In some cases, like Rochester, business executives have recognized how they benefit from high quality early care and education, and have played an important leadership role in collaborative efforts. A respected business executive was the first head of the collaborative initiative there. In York County, one business leader who has developed a strong interest in early childhood issues has been instrumental in gaining support for the initiative among others in the business community. Yet in many other communities, the business sector is not involved. Alameda County is just beginning projects to engage the business sector, including efforts in 2002 to analyze the economic impact of child care in the community and to incorporate child care needs into plans for community development.

What Makes an Initiative Work

Collaboration is not an easy process. It can be extremely challenging for different groups with divergent interests and priorities to reach a consensus on how limited resources should be used. Simple inertia can work against collaboration—the various groups may feel that programs are working just fine as they are, and that it is not worth their time to rethink everything from the bottom up to determine how to reconfigure resources and programs to better meet the needs of children and families. Yet the communities in this report all managed to overcome these obstacles to make progress in their efforts to collaborate. They were able to succeed because of several factors—resources, vision, leaders, communication, experience, and data.

Adequate Resources

For local initiatives to be truly effective, they must be supported with adequate resources. Communities require funding to assess their needs and develop plans for services and programs that address those needs. These stages of the collaborative process involve staff with expertise and tools for analysis. Funds are also required to support programs and services that can fill the existing gaps in the community. An initiative cannot be successful by simply making more efficient use of existing community resources. Although instances of overlap among different funding streams may occur, funding gaps are far more prevalent. Current resources are nowhere near adequate to ensure that children and their families have the comprehensive early care and education, health care, nutrition, social services, and other supports they need.

Common Vision

In addition to resources, local initiatives require a common vision among partners to move forward. This vision provides a guiding force and grounding principles. While each community described in this report has developed a slightly different vision, all are fundamentally focused on the mission of helping young children and families succeed. Members of local initiatives can return to their vision when debates about how to use funds or other issues arise, and judge competing options based on what would best enable them to fulfill their mission. The process of developing the vision, as one of the first steps for a community council, can also be extremely important. It enables partners to get to know and respect one another and understand each other's point of view while recognizing commonalities, shared interests, and concerns.

Effective Leadership

Effective leaders are essential to successful collaboration. While the type of leadership style that works in a given community will depend on that community's character and circumstances, certain characteristics are common to all effective leaders of community collaboration. Strong leaders are committed to the mission of helping children and families, able to build consensus, energetic, decisive, and action-oriented. Good leaders are able to listen to various opinions from different interests, but know when to stop discussion and debate so a project can move forward. They are flexible enough to make adjustments as the initiative progresses and apply lessons learned in implementing programs, yet they are persistent in pursuing the overall expansion and improvement of services for children and families. Leaders in the communities included in this report came from a variety of backgrounds, including child care as well as business and education. They were able to use the specialized skills and experiences they brought with them, while also developing new ones in their leadership roles.

Effective leaders inspire loyalty among partners in local initiatives, but also work to empower partners and build leadership skills in others. They recognize the importance of mentoring new leaders who are able to sustain the initiative and broaden its reach. In Alameda, a leader of the local initiative expressed concern about developing a new generation of leaders who were able to have their voices heard in the current discussion and who were prepared to deal with future challenges.

Time

Developing a solid collaboration takes a good deal of time and patience. In successful initiatives, partners build trust and learn to communicate openly with one another. This can take time, but eventually the partners are able to put the joint goals of the initiative ahead of the individual interests of the organizations or groups they represent. York County took four years of planning before it could even begin implementing its strategies for improving early education. While this was a time-consuming process for participants, it enabled them to develop more effective, coherent programs.

Partners need opportunities to learn about each other so they can build good working relationships. In the Lakes Area, all staff administering programs funded by the initiative, such as child care resource and referral staff, Parents as Teachers staff, and health consultants, receive training on services provided by other agencies. There are also ample opportunities for communication among team members through telephone calls and monthly strategy meetings. Informal communication and connections strengthen collaboration as well. In the Lakes Area, a rural community with a small population, many family child care providers know each other and the child care consultants funded by the initiative through family or friends. Although in Alameda there is no formal network for center directors, one director noted that there was a great deal of interaction among them, especially those who have contracts with the city to serve children receiving child care assistance. The director described, in particular, how she worked with a nearby center that serves children with special needs.

Inclusiveness

Local initiatives are effective when they are inclusive and give all the different interests in a community plenty of opportunities to voice their concerns, offer their insights, and propose solutions. One member of Alameda County's initiative stressed that they tried to learn from everyone who wished to give their input. Even if they were not directly involved with providing child care or administering programs, they might have a child or grandchild and could offer insight from a different perspective. As the Alameda County member said, "You can't have too many advocates."

In York County, members of the local initiative also have found that collaborative efforts work best if participants meet regularly and are given responsibility for specific tasks. This encourages them to make a commitment and stay involved. The community there ensured that participants remained engaged by dividing the local planning team into three committees (outreach, recruitment and retention, and public education) and asking each to complete assignments.

Experience

Some communities have the advantage of having had experience in collaboration. For example, Alameda County already had a strong child care council that worked on joint projects to improve the quality and availability of early care and education. The counties comprising Region A in North Carolina had long worked together on various programs and services. Solano County in California noted that its child care constituency dated back to World War II, when the federal government supported child care centers so women could work, filling jobs of men who had been sent overseas. While most government-funded child care centers disappeared when the war ended, California retained and built on their system of centers.

Data and Research

Data and research play a role in moving collaboration forward by providing information for identifying the needs that exist in a community and strategies that hold the greatest promise for addressing those needs. In this way, the data can offer a focal point for collaboration. In Sioux City, data were used to identify a need for teen pregnancy prevention efforts and determine in which parts of the community the problem was most serious. Rochester used data to evaluate the quality of care in early childhood programs and track their progress. In the Lakes Area, data collection has been a challenge, but the initiative recognizes the value of gathering reliable information about the initiative's achievements as well as gaps in services that may still exist. As a result, the initiative has hired a consultant to help gather and analyze data.

Ultimately, collaborative initiatives can succeed by falling back on partners' common interests and functions. As a Lakes Area representative commented, prior to their initiative, staff from various agencies had never worked together, although they were often serving the same children and families. Once an initiative enables partners to begin to recognize this, and emphasizes that they are working for the good of the same children and families, there is an incentive for the partners to continue working together and building closer relationships.

Challenges to Developing and Sustaining Successful Initiatives

Even communities that have many factors working in their favor face significant barriers to building local initiatives that can achieve improved services for young children and families. These include a lack of resources, conflicting interests, inertia, structural barriers, and a lack of public support.

Lack of Resources

One major obstacle is the lack of resources for planning and implementing early childhood programs. While collaboration can allow available resources to be used in the most effective way possible, it is no substitute for sufficient investments in early care and education. No matter how collaborative the partners, local initiatives need funding to staff planning efforts, collect and analyze data on community needs as well as program results, and produce materials to inform local initiative members and the broader community about programs supported by the initiative. A carefully designed plan can lead to efficient use of resources, but funds must be provided up front to support the planning process. Without these funds, initiatives may never even get off the ground.

While funds for planning are essential, so are funds to support the early childhood programs and services that are determined through the planning process to be needed in the community. If a local council designs a perfect plan, but cannot carry it out because funds are not available, initiative partners may become frustrated by the lack of results and abandon the effort. Large gaps exist in communities' early childhood systems, and these gaps cannot be filled by simply rearranging existing programs and resources. Many of the communities in this report did receive at least some new resources, although not always enough to fully implement their plans.

Conflicting Interests

Conflicting interests, priorities, and methods also can hamper collaboration. Partners all share a general interest in improving the well-being of the community's children and families, but partners may have different perspectives on how that goal can best be reached. For example, in Rochester, family child care providers felt that they

were negatively impacted by the state-funded prekindergarten program. Not only did they have to compete with the prekindergarten program to enroll children, but they also were asked to take on the additional responsibility of transporting children receiving wrap-around care to and from their half-day prekindergarten program, with no compensation. In addition to balancing the interests of different programs within the early care and education sector, communities must also balance those interests against other types of early childhood programs, such as child health care, child mental health care, and social services. While partners may agree that all of these services are essential to meeting the comprehensive needs of children and families, there may be debate, as in Alameda County, about the proportion of resources each area should receive, and how efforts in each area can best complement one another.

Inertia

Local initiatives are sometimes up against simple inertia as well. It is often easier for busy parents and program administrators to continue to do what they have been doing. Because collaboration is a tedious process that usually does not produce immediate results, people may feel it is not worth the investment of time and energy for benefits that seem far down the road. They may not be able to even perceive of a way to do things differently. As one participant in the initiative in Alameda County observed, it takes persistence to make people see they have a reason to collaborate.

Structural Barriers

Established programs sometimes can present structural barriers to building a collaborative effort. For example, communities in California are trying to work around the unwieldy, convoluted child care subsidy system, which consists of multiple funding streams and programs and can require parents to apply at many different locations in an effort to get assistance. Local initiatives are attempting to coordinate these long-standing programs with new resources but are finding it difficult to manage multiple programs with conflicting rules.

Perhaps due to such constraints, communities sometimes focus more on developing new programs and services than on bringing programs already in place into the fold. Established programs can remain on the periphery, rather than becoming an integral part of the initiative. This can limit the impact of the initiative on the early childhood system as a whole, particularly when the programs that receive less attention, such as the child care assistance program, are so important in determining the ability of families to access good care.

Clear rules and procedures are essential for carrying out collaborative efforts, but in some cases, become an obstacle. Depending on the type of initiative and how it was established, rules may be set at the state level or developed at the local level by participants in the initiative. Rules usually lay out who can sit on a local governing

council and how decisions are made. Effective rules help ensure that there is broad participation on local councils with representatives from throughout the community. They also ensure that community members have a fair chance to have their views heard, and that the process for deciding how resources will be used is accepted by members of both the local council leading the initiative and the community at large. Yet, rules that are not carefully designed may unintentionally make it harder for certain groups to participate or for those in the initiative to reach consensus. For example, formal rules for conducting meetings can be intimidating to early childhood providers, parents, and other community members who are unfamiliar with these rules. As a result, they may be reluctant to speak out. Some people involved in local initiatives feel there are disadvantages to state rules requiring that all meetings be held in public. They believe that participants in the collaboration are better able to come together and form a consensus if they are able to work out their differences in private.

Sometimes, rules can restrict the participation of a broad range of agencies and organizations as well. In Sioux City, requirements that only private nonprofit organizations can receive funding through the collaborative initiative made it difficult for private family child care providers—which are for-profit entities—to participate.

Lack of Public Support

Another barrier to building and sustaining local initiatives is lack of public support and awareness. In some cases, parents who benefit from an initiative may not know of the initiative because the effort is collaborative and no one organization or agency takes credits for the initiative's achievements. Local initiatives aim to bring programs and resources together so that families can more easily access help without having to know which funding stream they qualify for. As a result, families may not realize the help they are receiving is supported or facilitated by the initiative. While this enables families to get the services they need, it means that those who have the greatest reason to advocate for the initiative may not even know it exists.

Some communities face active opposition to the collaborative efforts for early care and education. There may be some individuals in a community who feel young children should be cared for by their mothers at home rather than in an early childhood program.

Possibilities for Expanding Initiatives

If communities are able to overcome the various obstacles to establishing an early childhood initiative, they can use several opportunities to strengthen collaboration and increase its sustainability over the long term. Communities can take advantage of initial successes to gain additional support for the initiative and its expansion. New resources, in turn, can enable the initiative to have a greater impact on the community, which can

lead to even further investments from diverse sources impressed with the community's achievements—a cycle that allows the collaborative effort to grow and thrive.

Positive Results

One strategy for gaining public support for local early childhood initiatives is to demonstrate positive results. Communities can integrate evaluation into their initiatives from the initial stages of the planning process. An early evaluation can demonstrate the benefits of projects supported or facilitated by the initiative, thereby showing why additional resources should be invested in the effort. By evaluating programs, local initiatives also indicate that they are willing to be held accountable, and therefore can be trusted to spend public funds effectively. Rochester strategically used early evaluation to build public support for its collaborative efforts in the initial stages. From the start of the project, a local research institution conducted assessments of participating child care centers and the children they served. Evaluation results showed that the quality of the centers improved and that children made significant gains in their readiness for school. These results were publicized and enabled the community to gain funding for continuation and expansion of the early childhood initiative. Evidence that their efforts were paying off also helped encourage partners in the initiative to remain actively involved.

Strengthening New Partnerships

Local initiatives grow and expand by encouraging and strengthening new partnerships throughout the community. For example, communities in North Carolina use Smart Start funds to enable early care and education providers to attend trainings and college classes so they can increase their knowledge and skill level. As a supplementary benefit, child care providers and teachers from different programs and sectors—including Head Start, child care centers, family child care, and prekindergarten—who attend the same trainings and classes have an opportunity to get to know each other, gain respect for one another, and learn from one another. This can break down barriers between programs and help to set the stage for collaboration among different programs on additional efforts, such as bringing together resources for full-day early care and education. In this way, projects supported by the local initiative can foster connections that can facilitate other collaborative projects.

Developing New Leaders

Another way in which early childhood initiatives increase their long-term viability is by ensuring that new leaders are continually being cultivated. Just as leadership is extremely important for initiating a collaborative effort, there must be new leaders to ensure that the effort is sustained over time, expanded, and adapted to address new problems. These new leaders, in turn, encourage the active involvement of others in their own networks. For example, a director of a bilingual child care center in Alameda

County has become increasingly involved in training efforts in the community. She now mentors other bilingual speakers and helps them receive training in early care and education so they can serve as teachers to fill an unmet need in the community. Her participation in the initiative has helped to expand the involvement of the Hispanic community.

Learning by Trial and Error

Communities strengthen their early childhood initiatives not only by building on successes, but also by identifying projects that are not working or efforts that need adjustment. One participant in a local initiative likened the process to “building a plane in mid-air.” Members of local councils should begin with a thorough planning process before they begin implementing any projects so that they can avoid any foreseeable problems. Of course, other problems that could not have been predicted and only are revealed as policies are put into practice will arise during implementation. Communities must be willing to acknowledge their mistakes and examine ways to revise projects so that they work as effectively as possible. Most engage in constant evaluation of their efforts. For example, Alameda County revised its tool for evaluating family child care to address elements of quality that had not been included in the original.

Spreading the Word

A local initiative’s success can foster collaboration in other communities as well. A community that is considering beginning an early childhood initiative might be encouraged to move ahead if they see collaboration working somewhere else first. Local initiatives also can learn from each others’ strategies for developing and improving early childhood programs. For example, Alameda County shares information about its Child Development Corps, which encourages increased training, education, compensation, and professionalism among child care providers, with other communities around the state. Although the current state budget crisis limits travel to other counties to speak with colleagues in person, one member of Alameda County’s local initiative uses an email listserv and takes advantage of any regional or other meetings to explain and promote the project.

Leveraging Additional Resources

When a community is effective in collaborating and producing results, it can be easier to generate additional funding from a variety of outside resources. Such additional resources enable communities to further expand successful projects. Communities with strong initiatives and demonstrated results are well positioned to compete for private and public funds that become available. For example, Alameda County received a federal Early Learning Opportunities grant, which supported a six-week summer program prior

to kindergarten entry for children who had not had any other prekindergarten experience outside the home; a grant from Providian, a private company, and United Way to support facilities; a Packard Foundation grant to connect child care and economic development planning; and a Robert Wood Johnson Foundation grant for violence prevention training for early childhood staff. Solano County received a Packard Foundation grant to fund its consolidated waiting list. Rochester obtained a grant from the Robert Wood Johnson Foundation to support a telemedicine project, allowing a child in a child care center to be diagnosed by a doctor at a remote location over the Internet. Region A received a grant from the Kellogg Foundation to expand its work toward building an early childhood system to support young children and parents.

Threats to Collaboration

Although the communities in this report have made significant progress in building their initiatives, several factors may jeopardize the chances that these initiatives will be maintained and expanded.

Funding Cuts

Many local initiatives are threatened by state deficits and budget cuts. Without continued funding, communities will not be able to carry out plans for improving and linking early childhood services or have an impact on the well-being of children and families. This in turn will make it difficult to keep partners involved and engaged.

North Carolina's long-standing state-driven Smart Start initiative has endured repeated funding cuts over the past several years. This makes it difficult for local communities to support the projects necessary to improve the quality and availability of early childhood programs for their children and families. For example, child care providers express concerns about losing their scholarships for training and education and the salary bonuses that give them an incentive to stay in the field. Such budget cuts may also mean that communities will have to choose between early education, parent support, and health care initiatives, because they can not fund them all.

In Rochester, budget shortfalls resulted in the county lowering the income eligibility limit for child care assistance. This makes it more difficult for many low-income families who are no longer eligible for help to afford the higher quality care that the community has worked so hard to support. Some parents have even turned down raises so they can continue to meet the restrictive income eligibility criteria and receive the help they need to afford good care for their children while they work.

Iowa has cut funding for its child care resource and referral agencies, which provide many of the services, such as training and mentoring, that the initiative helps support and coordinate. Agency representatives express concern that they already have

cut as much spending as they can, and any further reductions will require them to reduce core services, such as visits to family child care homes and training.

The weak economy has not only had a negative impact on the public funding available to support early care and education, but also other sources of funding as well. Many foundations have seen a decline in their resources and have scaled back their contributions to various projects. Communities that rely on these funds to help support their early childhood initiatives may have no choice but to reduce the size and scope of their efforts.

Communities in California are also grappling with a decrease in the funding specifically targeted for their local early childhood initiatives. This is due to the way in which these efforts are supported. California's early childhood initiative is funded by a 50-cent per pack tax on cigarettes, which was established by a voter-approved ballot measure. The higher tax has discouraged cigarette purchases in the state, which has beneficial health effects, but which also means lower revenues with which to support the early childhood initiative. The steady decline in funding since the initiative began can constrain local initiatives' plans to expand their efforts, since they expect to have fewer resources available to support programs from one year to the next.

New Policy Restrictions

For state-driven local initiatives, frequent changes in rules set by the state can also make it difficult to plan ahead. North Carolina changed its policy so that local communities can no longer use Smart Start funds for construction of facilities. Under the previous policy, Durham had been able to support projects such as building a new facility for a Head Start program that had been housed in an old high school building with lead contamination problems. New restrictions on the use of funds can make it more difficult for communities to address their greatest needs. In addition, policy changes can make communities more wary in general about starting innovative, long-term projects out of concern that they will be prohibited from using funds in this way in the middle of implementation.

Lack of New Leaders in the Pipeline

Looking forward, another obstacle for local initiatives, as expressed by a community leader in Alameda County, is that not enough is being done to develop new leaders. Emerging leaders need to be taught not only the skills that are required of existing leaders but also new skills to handle challenges not faced before. With current leaders busy with so many responsibilities just moving the collaboration forward—particularly in times of economic difficulty—there is often little time to identify and

mentor new leaders. Existing leaders may be so focused on pushing ahead that there may not be time to step aside and give others opportunities for leadership, which may jeopardize the prospects of the initiative in the long term if there is no one available to lead it in the future. Leaders in the communities covered in this report recognized the importance of nurturing new leaders and devoted time to finding and supporting others who could follow in their footsteps.

Unrealistic Expectations

Collaborative efforts can also be undermined if expectations are set too high. Improving early childhood programs and building an early childhood system takes time. It can take even longer for such improvements to have a visible impact on children and families. Expectations must be realistic, especially given the limited resources available for early childhood programs and services, even in communities that receive funds to support their initiatives. While evaluations can be used to show progress and build support for early childhood initiatives, they may not always reveal positive results—sometimes several steps forward are followed by a step or two backwards. Evaluations often demonstrate only modest results, which should still be viewed as an accomplishment given the numerous other factors influencing the well-being of children and families.

Partners in local initiatives must be careful in deciding what areas to measure, ensuring that they are related to goals the initiative is aiming to achieve and that can be affected by the initiative. In Solano, the local council chose to use third-grade reading scores to assess the initiative's effects. The early childhood initiative only serves children up to age five, so even if the impact of the initiative on third-grade reading scores could be determined independent from all of the other influences on children in the intervening years, this impact could not be measured until children ages five and under reach third grade. Many of the results of the initiative that are currently being felt in the community are more intangible, such as increased pride and professionalism among child care teachers participating in professional development activities. These help to improve teachers' performance and programs, but it will take time to measure the impact of these on the children.

If expectations are set too high or early childhood initiatives are judged based on outcomes over which they have no direct influence, there will inevitably be disappointment when promised results are not realized. The initiatives could be seen as failing, making policymakers unwilling to provide public funds to support it. Overpromising may gain support for starting an early childhood initiative, but could damage its chances in the long term.

IV. ACCOMPLISHMENTS OF LOCAL INITIATIVES

Collaboration takes a great deal of effort, but the results can make all the work worthwhile. Communities that collaborate successfully can increase the affordability, availability, and quality of early childhood programs and help more children be healthy and ready for school. In this report, we highlight activities in communities where more low-income parents received help paying for child care, more programs had opportunities to improve their quality, and more children had access to the full range of services—health, mental health, nutrition, family support—they need for healthy development and their future success.

Making Early Care and Education More Affordable

Many low-income families cannot afford decent child care for their children. Child care can easily cost \$4,000 to \$10,000 a year—more than the cost of public college tuition.² These costs are extremely difficult to handle on a limited budget. Yet, nationwide, only one out of seven children eligible for child care assistance under federal law receives it.³ Low-income families who cannot get help with child care costs struggle to pay for other necessities such as rent and food, go into debt, and may be forced to settle for less than satisfactory child care.

Most communities in this report relied primarily on their state child care assistance program to help families pay for care. Funds for their local initiatives were largely directed to quality improvement and other projects. However, several communities used at least a portion of the funding they received for the initiative to help some families pay for care. These were often families who qualified for state child care assistance but were stuck on waiting lists, or families who had low incomes but were just above the income cutoff for assistance.

The Lakes Area and Sioux City in Iowa each offered scholarships to low-income families just above the income cutoff for assistance. These communities were trying to address a serious gap in the state's child care assistance policies—an income cutoff that was extremely low (135 percent of poverty, or \$20,500 per year for a family of three in 2002). Such a low income cutoff denies help to many families who are working their way off welfare and others who are just making enough to get by.

Rochester's collaborative initiative does not provide direct funding for child care subsidies or have any direct control over state funds for child care assistance. However, the presence of a vocal, committed constituency for early care and education led the

² K. Schulman. (2000). *The High Cost of Child Care Puts Quality Care Out of Reach for Many Families*. Washington, DC: Children's Defense Fund. Also see the Web site at www.childrensdefense.org

³ Calculations by the Children's Defense Fund using data on the number of children served from U.S. Department of Health and Human Services. (February 2002). *FY 2003 Budget in Brief*. Washington, DC: U.S. Department of Health and Human Services; and data on the number of children eligible from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, as presented by Julie B. Isaacs at the State Administrators Meeting in Washington, DC, August 13, 2001.

community to take advantage of a state option allowing counties to set higher income eligibility cutoffs. Budget cuts in 2002 forced the county to lower the cutoff, but continued advocacy prevented families above the revised cutoff who were already receiving assistance from losing help immediately.

Improving the Quality of Early Care and Education

Research has repeatedly shown that high quality early care and education promotes children's successful development and helps prepare them for school.⁴ Yet access to good care is limited, particularly for low-income children. Across the country, the quality of many early childhood programs is poor to mediocre, depriving children of what they need to learn and grow and, in some cases, jeopardizing their immediate health and safety. Care for infants and toddlers is particularly poor.

Communities are working to address the need for better early care and education through a variety of innovative strategies. Local early childhood initiatives support training and education for early childhood professionals, increased compensation, facility improvements, and early childhood program accreditation. These efforts are often interconnected, as local councils design them, not as piecemeal projects, but as comprehensive strategies to improve the general quality of early care and education and enable programs to sustain these improvements. For example, communities link increased training to higher salaries for early childhood professionals, and quality assessments of programs to quality improvement grants that can move programs closer to meeting criteria required for accreditation. Local initiatives give communities the opportunity to carefully plan these efforts and the resources to implement them.

Recognizing that one of the strongest determinants of the overall quality of early childhood programs is the quality of the providers and teachers, many communities invest in early childhood training and education. Child care providers often lack adequate training and education for working with children. In several of the states visited, including Iowa, New York, North Carolina, and Pennsylvania, teachers in child care centers are not required to have any training in early care and education before they begin work. Even when states do have training requirements, they are typically minimal. Communities in this report are attempting to encourage providers to go beyond these minimum state requirements to attain the knowledge and skills that will enable them to offer the best care possible.

Communities generally attempt to make training available to a broad range of providers, including those working in child care centers, family child care homes, Head Start programs, and prekindergarten classrooms, as well as informal providers, such as relative caregivers and others exempt from licensing. For example, Rochester opens training available through the state-funded prekindergarten program to Head Start and child care teachers. In Sioux City, the child care resource and referral agency, Head Start, Even Start, and the Area Education Agency (which coordinates services for children with special needs) partner to offer training for family child care, child care

⁴ See a summary of research at www.smartstart-nc.org

center, and Head Start staff. In the Lakes Area, the child care resource and referral agency and Head Start have started an apprenticeship program that conducts joint training for family child care providers and Head Start staff. Head Start trainers visit participating family child care providers every other week. Child care resource and referral agencies in Alameda County also work with informal providers.

Many communities serve providers who are diverse not only in where they work but also in other ways. Several communities started bilingual training projects for providers who do not speak English as their primary language. In Alameda County, a child care resource and referral agency convinced a community college to offer a course on child development that is primarily for immigrants. The course is spread out over a year and gradually moves from being taught in one of four foreign languages to being taught in English. Sioux City sponsors a training program with a similar approach, with the course taught completely in Spanish at the beginning but completely in English by the end.

In addition to offering courses in multiple languages, several communities have worked with community colleges and other institutions to make the training they offer available at hours convenient for child care providers. Since many child care providers work full-time, they usually have to take classes in the evenings and on weekends. They also may need a course to be spread out over a longer time period given the other demands on their time.

Training is provided on a range of topics, covering children's developmental needs as well as topics not traditionally covered by child development courses. For example, in Alameda County, staff can take classes on literacy, health, and nutrition. They can also receive training on business practices and tax preparation to help them better handle the financial responsibility of operating a child care program. This training is provided by the community college in partnership with financial institutions, the community licensing agency, and child care resource and referral agencies.

Some communities work to structure the training so that is it not simply a series of individual, unrelated courses but rather part of a coherent curriculum that steadily builds providers' skills. For example, in the Lakes Area, the child care resource and referral agency has developed a curriculum for family child care providers that addresses 13 areas of child development. Consultants from the agency make regular visits to family child care providers to cover topics included in the curriculum. Monthly themes correlate with the curriculum, and at each visit, consultants discuss activities that providers can do with the children that are related to the theme. They also bring materials for those activities, which family child care providers can use for a month. Those who complete the curriculum can earn a Child Development Associate (CDA) credential.

Several of the communities link their training and education efforts to increased compensation for providers. These communities recognize that their efforts will go to waste if they invest in training providers only to have them leave the field due to low

wages. In North Carolina, communities use Smart Start funds for innovative initiatives such as T.E.A.C.H., which supports scholarships for continuing education and bonuses for providers who complete additional levels of education and remain in their program for a specified period of time. The funds also are used to support WAGES, which provides wage supplements to teachers who have already attained higher education credentials. A statewide evaluation found that these initiatives are having a positive impact on teacher education levels and retention rates. Directors of child care centers agree that such initiatives make a real difference for their staff. Alameda County has made similar efforts to link training and education with salary incentives through its Child Development Corps. The community attempts to make the initiative more accessible to Spanish-speaking providers by having a Spanish-speaking enrollment specialist.

Communities also help teachers improve their skills and knowledge through mentoring programs. In Alameda County, a state-supported mentoring program allows experienced directors and family child care providers to receive a stipend for working with a mentee and the mentee to receive course credit. More providers applied to this program than could be supported with state funds, so the county used its Proposition 10 funds to pick up the full cost of additional mentors. The effort will be evaluated by the University of California at Berkeley and P.A.C.E. (Policy Analysis for California Education).

Some efforts to enhance providers' skills are specifically targeted to family child care providers. For example, Sioux City funds monthly visits with child care consultants so that family child care providers can review health and safety requirements. The initiative also supports visits from a regional health consultant. In Rochester, family child care providers have a network that gives them access to training and other resources and provides an opportunity to develop peer support networks.

Efforts aimed at child care providers, including training, scholarships, compensation, mentoring, and other initiatives, help increase provider skill levels, salaries, and retention rates. These projects also can have a broader, often less tangible, impact on providers by increasing their professionalism, because providers begin to see their work not just as a job but as a profession deserving respect. Providers may have an increased sense of pride in their work and a greater desire to continually learn and improve. By bringing providers together for training and developing networks, while emphasizing that they belong to a profession, collaborative initiatives can encourage providers to see themselves as part of a coherent group. This in turn can lay the groundwork for providers to use their collective voice in advocating for common interests, such as increased investments in early childhood.

Just as many communities take a comprehensive, strategic approach to addressing the quality of child care providers, many communities take a similarly holistic approach to improving the overall quality of programs. Local initiatives in this report used quality assessments by an outside observer first to determine strengths and weaknesses of early childhood programs. They then provided grants to help programs address areas that had

been identified as needing improvement. (Grants typically can be used for minor facility renovations, purchase of materials and equipment, or other purposes.) Next, follow-up evaluations were conducted to determine whether programs had improved. In some communities, the ultimate objective was to move programs toward accreditation. As an additional incentive, programs could receive a bonus or higher reimbursement rate for achieving accreditation.

In another strategy aimed at sustaining quality improvements, the Heinz Foundation has helped seven child care centers in York County start endowments. The centers will be able to use interest earned from the endowments to support quality enhancements, which will allow them to maintain a continuing flow of resources to support ongoing efforts to improve their programs.

Boosting the Supply of Early Care and Education

Quality early care and education is in short supply across the country. Certain types of care, such as care for infants, for children with special needs, care in low-income neighborhoods, and during hours outside of the usual 9 a.m. to 5 p.m. workday, are particularly hard to find. A number of local efforts are directed at increasing the supply of care and ensuring that the types of care available meet families' varied needs.

Collaboration has made possible the construction of new facilities in several instances. In Durham, the Head Start program worked with the public schools so that when a new elementary school was built, it incorporated Head Start classrooms, allowing the program to move out of the older high school building.

The Lakes Area in Iowa used state Empowerment funds to develop a preschool program based on a Head Start model for low-income children from families with incomes just above the income cut off for Head Start. The initiative provided scholarships to low-income children so that more children in the community could have a preschool experience.

Increasing Access to Child Care and Early Education for All Families

Many families cannot gain access to services for which they are eligible and from which they could benefit because they do not know the services are available, become frustrated with unresponsive administrative systems, or are confused by conflicting program rules or regulations. There may be insurmountable barriers for some families, such as those who do not speak English, those who lack their own means of transportation to programs, and those whose children have disabilities or other special needs. These obstacles often result in under-utilization of services, which can be misinterpreted as indicating that the services are not needed, when in fact the need is immense. Several communities in this study have pulled together to reduce the

roadblocks that can prevent families from taking full advantage of the programs available to them.

Solano County's initiative has made it easier for families to obtain services by linking together different points of access to services. It has developed a consolidated waiting list for child care assistance so that families do not have to navigate through multiple, unconnected administrative systems trying to apply for help. The consolidated waiting list also helps the community better identify the need for assistance and, to the extent possible, match resources to meet that need. Solano has also developed a network of family support services so that families receiving one set of services are connected to other services they may need.

Sioux City's initiative has increased families' access to resources by making multiple types of services available through a single location. At the district health center, parents can apply for various assistance programs, take classes, and shop at the agency's store for items such as car seats and diapers. Parents make purchases at the store using points earned for attending classes and meeting other goals for positive parenting. With a welcoming atmosphere where parents can socialize, the district health department attracts families who are more likely to use the resources available there. The district health department is directly across the street from the community health center, which serves as a one-stop health clinic and has a social services worker available to take applications for the State Child Health Insurance Program, Medicaid, and welfare assistance.

In some communities, different types of early care and education programs coordinate intake so as to take full advantage of all available slots. In the Cherokee School District of Region A, the public school prekindergarten coordinates intake with Head Start. In the Lakes Area, Head Start works with the child care resource and referral agency to find child care spaces for children enrolled in the part-day Head Start program who need wrap-around care to cover the remaining hours of the day while their parents are at work.

Some communities have focused on ensuring access to families whose special situations often prevent them from obtaining services or participating in programs. Sioux City and Durham have made an effort to reach out to the Hispanic community by hiring bilingual staff.

Some communities increase access to services by making them available to all children and families, regardless of income or other risk factors. This approach is intended to lessen the stigma often attached to requesting support services and to demonstrate that anyone can benefit from them. In the Lakes Area, the Better Baby Care initiative, which provides home visits to new parents, is available to all families who want to participate. In taking this approach, the local initiative recognizes that all parents, regardless of income level, family structure, or other factors, have questions about caring for their children. Similarly, Alameda offers home visits by public health

nurses for every newborn. Approximately 90 to 95 percent of parents choose to participate.

Making Early Care and Education Supports More Comprehensive

Preparing children to enter school ready to learn involves promoting not only their successful cognitive development, but also their physical, emotional, and social development. Children need good nutrition and medical care in their early years so that any problems are identified and addressed and so that poor health does not interfere with their learning. Children need to learn social skills as well so that when they enter school they are able to follow directions from their teachers, pay attention in class, and get along with their classmates. In addition, children can only be fully ready for school if their parents are actively involved in their children's education throughout their school careers. The communities in this report undertook various projects to address these comprehensive needs of children and their families.

In Solano County, 22 agencies formed a network to provide integrated family support services. The network includes family resource centers, the county health and social services agency, a teen parenting program, Head Start, and Healthy Start, among others.

Sioux City offers comprehensive family support through the HOPES (Healthy Opportunities for Parents to Experience Success) initiative. Parents can participate, on a voluntary basis, from the time they are pregnant until their children are four years old. Family support workers develop individual goals with parents and provide a range of services, including referrals to other community resources, follow-up on medical issues, lead screening, and budget planning assistance. The initiative is funded by the community-based initiative, state grants, and United Way contributions.

Several communities choose to devote funds to children's health care. For example, the Lakes Area supports Better Baby Care home visits by public nurses, who do a basic health screening and check to see if children are reaching expected developmental milestones. This effort is coordinated with other programs such as Head Start; representatives from the programs meet monthly to discuss families served by both programs and conduct joint home visits. Sioux City has decided to use some of the funds available through the collaborative initiative for dental health care. The funds support a dental hygienist who works in the community health center and makes referrals.

In Rochester, the YMCA, which hosts state-funded prekindergarten and Early Head Start classes, uses various funding streams from public and private sources to support innovative health care projects. A nurse visits the center's Early Head Start program twice a week, with one day paid for by Early Head Start and the other day paid for through child care subsidy funds. The center also has a Telemedicine project, which allows children who are sick to remain at the center and have a doctor at another location examine them and give medical advice over the Internet. Children are able to receive

health care without their parents having to leave work in the middle of the day to take them to the doctor.

Durham's Head Start program recognizes that children's health depends on good nutrition. The program employs a nutrition specialist to ensure all children have a balanced diet and aims to help both undernourished children and overweight children and to educate their parents.

Several communities are placing an increasing emphasis on mental health care. In North Carolina, Region A targeted resources for behavioral therapy consultants in response to a growing incidence of serious behavioral problems among children. In Alameda County, a community college developed a course on mental health targeted at child care providers.

Ensuring Continuity

Children need to form stable relationships with their caregivers so they gain a sense of trust and feel secure. Children living in poverty or otherwise at risk need some source of constancy in their lives, given the instability they often experience in their home situations. Stable child care arrangements can provide children with the consistency that is so important to their development. Of course, children will inevitably have to make transitions, from one early care and education program to another, or from preschool to kindergarten. Yet communities, programs, teachers, and parents can take steps to make these transitions as smooth as possible.

Some communities promote continuity by ensuring there are programs that cover children at all stages from birth to age five and that these different programs are connected, allowing no gaps for children at certain ages. For example, families in the Lakes Area can transition smoothly from the Better Baby Care program, which provides home visits and parenting education for families with children up to age three, to the Parents as Teachers (PAT) program, providing parenting education to families with children ages three and older. The two programs are coordinated so families are referred from one to the other, and each builds on the other in strengthening parents' skills as their child's first teacher.

Several communities have undertaken efforts to ease the transition from prekindergarten to kindergarten. In the two North Carolina communities studied, local initiatives helped to begin collaborative projects between early childhood programs and schools that include visits by preschoolers to kindergarten classrooms and by kindergarten teachers to prekindergarten classes; portfolios of prekindergarten students' work prepared for kindergarten teachers; parent information sessions on transitions; and joint trainings. Durham's Head Start program also groups its classes based on which elementary school the children are expected to attend, so that they remain with the same group of children when they enter school. Such efforts illustrate how local collaborative initiatives help to foster communication between early education programs and schools

and make it easier for them to link their programs to respond to children's needs and issues.

Links between early childhood programs and schools not only help ease the transition for children as they enter kindergarten, but also help strengthen the effectiveness of schools in educating children. Schools can gather information about children before they enter kindergarten and, as a result, be better prepared to respond to children's individualized needs. In interacting with early childhood programs, schools also can learn from these programs and adopt some of their approaches. For example, in the Lakes Area, the initiative placed a new Head Start model preschool program at a public school site. This gave the school an opportunity to gain a better understanding of the importance of parent involvement and how to encourage it.

Promoting Public Awareness and Support

Public support is critical for maintaining and expanding investments in early care and education. Numerous opinion polls demonstrate that the public recognizes the importance of the early years in children's growth and development and in determining their success in school and in life. Yet, supporters of increased early childhood investments are often not vocal or powerful enough to compete with efforts by well-financed special interest groups. Some communities, through their collaborative initiatives, are working to correct this imbalance by promoting public engagement and advocacy. This is done by informing the public about the connection between early childhood investments and children's development and school readiness; helping organize parents and providers to participate in specific advocacy efforts; getting parents and providers to see themselves as advocates who can make a difference; and teaching parents, providers, and the public the skills they need to be effective advocates. In this way, collaborative initiatives not only provide direct support to early childhood programs and services but also help build a constituency that can be sustained over the long term and can continue to push for additional public investments.

York County is one community that sponsored a public education campaign to inform the public about what quality care looks like. The campaign involved billboards, brochures, and booklets. The message about quality care was included on placemats at McDonald's, mousepads, bumper stickers, and brochures mailed with cable television bills.

In most communities, advocacy efforts are still in their infancy, although some communities have had success in lobbying on behalf of their early childhood programs. In Rochester, a public advocacy campaign could not prevent a reduction in child care assistance, but it did prevent families already receiving assistance from being cut from the system. The initiative has demonstrated its commitment to advocacy over the long term by establishing a group that meets monthly to discuss advocacy strategies for the state and local level, including voter registration drives. It has provided leadership in

Albany as well, advocating for full funding for the state's universal prekindergarten program.

V. CONTINUING GAPS AND CHALLENGES FOR LOCAL EARLY CHILDHOOD INITIATIVES

Through collaborative efforts and the use of new funding, communities have demonstrated notable progress in making comprehensive, quality early care and education more affordable, available, and accessible to families. However, due to a lack of sufficient resources to address the extensive and varied needs of children and families and continuing barriers to collaboration, gaps persist. Communities are often forced to make difficult tradeoffs—between making early care and education more affordable and improving quality; between providing extensive assistance to a limited number of families and providing limited help to a greater number of families; and between increasing the availability of basic child care and supporting broader early childhood services such as health care or mental health care that children need to grow and develop. With supports for young children and their families continuing to fall short, even in communities with the deepest commitment to early care and education and the most intensive collaborative efforts, it is clear that local collaboration is not a cure-all and that expectations for this approach should be realistic.

Child Care and Early Education Remain Unaffordable for Many Families

Many low-income families living in the communities described in this report remain without help to pay for child care. These families are left to struggle with the high cost of care on their own or leave their children in care that may be unsatisfactory but is the only option parents can afford. Even when state or local funds are available to support early care and education, the communities have only a small fraction of the resources required to fully meet the need for child care assistance. Many of them choose to focus their limited amount of resources on improving child care quality rather than on supplementing state and federal funds for child care assistance. Communities often conclude that they can have a greater impact on the quality of care than on parents' ability to afford care, since their initiative's resources—even if spent solely on child care assistance—would barely make a dent in the problem.

Without sufficient funds for child care assistance, income eligibility limits to qualify for help remain extremely low. In Iowa, a family of three earning just \$20,500 a year would not be eligible for assistance. Communities provide a small number of scholarships for some families just above the income cutoff using initiative funds. In Rochester, the cutoff for assistance, which is determined at the county level within state parameters, was lowered in 2002 from 200 percent of the federal poverty level to 140 percent of poverty. In Oakland, there was some concern expressed that the state would lower the income cutoff without recognizing that what might be a sufficient income in other communities is barely enough to get by on in such a high-cost area. To avoid

exceeding the income cutoffs, parents in the several communities visited said they had refused raises, since it would mean losing their child care assistance without enabling them to earn enough to afford the cost on their own. A parent in Solano County was postponing her marriage because the combined income of her and her fiancé, while still limited, would put them over the income cutoff.

Even if families meet the eligibility guidelines, they may not be able to receive assistance but instead may be placed on long waiting lists. They may not receive help for months or years, or maybe not at all. Communities covered in this report that have waiting lists include Alameda County, Solano County, and Rochester. In 2002, the Lakes Area used up its child care assistance funds by October and had to freeze intake for the rest of the year and turn away new families.

Resources for High Quality Early Childhood Programs Are Still Lacking

Although communities have taken some steps to improve the quality of their programs, there is still a long way to go. It remains difficult to completely and thoroughly cover all of the bases of a quality program, including having well-trained staff able to develop warm, close relationships with children; providing comprehensive services to address children's health, nutritional, and social-emotional needs; ensuring safe, roomy, clean facilities; and having sufficient materials and equipment. Achieving higher quality requires significantly more resources than are currently available; ensuring lasting quality improvements also requires sustained efforts. Yet communities do not always follow up on initial efforts to improve quality and, as a result, programs quickly reverse any progress they have begun to make. In addition, uncertainties about future funding for quality initiatives can make programs reluctant to invest their time and resources in multi-stage improvement efforts; some programs are concerned that when the time comes to collect their payoff, such as bonuses for becoming accredited, funds for any quality enhancement efforts will be gone due to federal, state, or local cutbacks.

While many communities have used some of their initiative funds, or taken advantage of other state resources, to support salary enhancements for child care providers, salaries remain abysmally low for most providers. In O'Brien County, Iowa (located in the Lakes Area), child care center staff are paid on an hourly basis, but are not always ensured a consistent schedule with a sufficient number of work hours. Staff also lack health care benefits, which is a major problem, since many are married to farmers who do not have health insurance through their work. The lack of adequate wages and benefits makes it difficult for child care workers to remain in their jobs.

In the City of Berkeley (in Alameda County), some child care staff benefited when a living wage went into effect for any organization that had a contract with the city, including child care programs. This increased wages for workers at the bottom end of the pay scale in some programs, however, it did not address the overall lack of resources to support suitable wages for child care staff across the board. As a result, centers had to use any limited funds available to raise the salaries of their lowest paid staff, leaving even

fewer resources to lift the salaries of workers who were earning above the minimum but still making relatively little. This is a particular concern since these higher-paid workers are often more experienced and better educated and, therefore, should be encouraged to stay.

Efforts to increase the education and compensation levels of providers remain limited, despite being critical to quality improvement efforts. Unable to make training and professional development available to all child care providers, communities often have to make difficult choices. They must decide between focusing their training initiatives on the least qualified providers—who may need training so that the children they serve receive care that is of, at least, decent quality, but who may require the greatest amount of resources and efforts to reach—and more experienced and better educated providers—who may already be offering good care, but who could still benefit from the training and may be easier to work with. Communities, in allocating scarce resources, must also choose between targeting their efforts to staff in child care centers that serve large numbers of children and, therefore, can impact many lives when they improve their quality, and family child care providers who are serving fewer children but may be most isolated and most in need of help.

Various groups of providers in each of the communities expressed disappointment with the lack of sufficient training and professional development opportunities. In Alameda County, directors of child care centers were upset when they discovered that they were not able to participate in a professional development and compensation initiative. In Solano County, family child care providers and center-based providers each felt they were being neglected and that the other group was receiving more resources. The child care resource and referral agency serving the Lakes Area partnered with Iowa Lakes Community College to offer classes toward an early childhood degree, but only seven out of 54 family child care providers who expressed interest in classes were able to participate, due to limited funding.

Professional development initiatives may become even more limited in the future as a result of funding cuts. Sioux City reduced funding for training of family child care providers after one year of the project, which discouraged many providers and made it difficult for them to sustain any progress they had made. In Solano County, there has been concern about the possibility of funding cuts in the near future. In North Carolina, cuts to the comprehensive teacher education and compensation initiatives have been only narrowly avoided. York County scrambled to find funding to continue a program to support child care teachers slowly working toward their Master's degrees in early education; the state funding for this program was eliminated. This creates uncertainty about the sustainability of these initiatives, which in turn dampens commitment among providers. Providers, who are already busy and exhausted from their day jobs, are not willing to spend their time and energy on taking classes or pursuing an advanced degree if they fear that their scholarship funds will be cut off before they complete their coursework, or that promised bonuses will not materialize.

Child care programs not only lack resources to pay decent wages for staff, but also funds for adequate facilities, equipment, and supplies. A prekindergarten in Solano must use an old school building that was not designed for young children and has not been modified to meet their needs. For example, the sinks are too high, so teachers have to lift the children up when they wash their hands. In Oakland, a director of one program spoke with excitement about receiving a grant for a climbing structure for the playground, highlighting the fact that even basic equipment, which should be a staple in every program, is a challenge to come by.

Programs that want to improve their overall level of quality are often thwarted in their efforts by resource limitations both within their communities and from outside. In the Lakes Area, only one accredited child care center is available to provide the mentoring that family child care programs are required to receive in order to achieve accreditation. Many programs in Rochester cannot become accredited because there are not enough licensed representatives from the national accrediting organization to visit them. A provider from York County, which has experienced similar problems, was concerned that her program would no longer be operating by the time it finally received a visit from an accreditor.

The quality of many child care programs remains inadequate not only because there are insufficient investments in quality but also because licensing policies fail to offer adequate assurances of quality. In many states, rules for child care programs are very weak—they allow too many children per teacher, or have too few requirements for staff, or neglect other steps to ensure the health and safety of children. Established rules are not always enforced because the state does not require monitoring or there is not enough licensing staff to visit programs. In addition, states often exempt large numbers of child care programs from all regulations. As a result, while communities' collaborative efforts may improve the quality of some programs, many programs not even offering a minimally adequate level of care continue to operate.

Providers in Iowa, in particular, noted the weak state licensing policies. In fact, state licensing requirements are so weak that insurers are often reluctant to offer insurance policies to child care programs because they see it as too great a risk. Several Sioux City family child care providers who play by the rules and try to offer the best care they can expressed frustration that other family child care homes can get away with offering poor quality care. Family child care providers serving large numbers of children can operate legally (or, due to weak enforcement of those regulations that the state does have, serve more children than is legally allowed without any consequence) and as a result earn more money. Meanwhile, providers who choose to limit the number of children they serve so they can offer one-on-one attention struggle financially. They cannot charge higher fees to parents, because then they would not be able to compete with providers who have lower rates.

Another impediment to quality improvement efforts is that parents still do not have enough information about identifying and choosing quality care. North Carolina has adopted a five-star rating system that offers parents some guidance. However, some

feel that the bar for achieving the highest rating is still set too low or based on criteria that are easier to measure but not as accurate in reflecting true quality. More sophisticated methods for assessing quality must be developed so that poor quality programs can be identified and improved and good quality programs can be used as a model for others trying to improve.

The Supply of Child Care and Early Education Remains Inadequate

Parents continue to search fruitlessly for quality child care or early education programs that meet their families' needs. When parents do find a program they like, they often must wait a long time for a space to open up. They may also discover it does not entirely meet their needs—it may open too late or close too early for their work schedule, may not have bilingual teachers, or not take young children still in diapers.

York County has barely been able to maintain its current capacity, much less expand it, because many child care programs have had difficulty staying in business. Between March 2001 and February 2002, one licensed center closed and none opened; one regulated group child care home opened and two closed; and 22 family child care homes opened while 32 shut their doors. Approximately 500 children were on the waiting list for Head Start in 2002.

As more parents have started working full-time, child care and early education programs have been unable to keep pace with families' changing needs. For example, many prekindergarten programs are structured to offer only part-day services. While there have been some efforts to provide wrap-around care by coordinating resources, these have not been sufficient to meet the demand. Full-day programs remain in short supply in many communities.

Care for infants and toddlers is especially hard to find. Parents searching for care for their infants may be told that they should have gotten on a center's waiting list for a space the minute they knew they were pregnant. As some communities have begun to provide more resources for preschool-age children (ages three and four), their efforts to address the demand for care of the youngest children have tended to lag behind. In Alameda County, most centers only accept children who are at least two years old and out of diapers. One center that does accept two-year-olds still in diapers had a waiting list of 80 children for 16 slots. In Region A of North Carolina, some areas have only one or two centers providing infant care. Sioux City has only four centers that provide infant care, and these have waiting lists with hundreds of families on them. In some cases, it is not even known by those involved with community initiatives where very young children stay while their parents are at work.

Communities face numerous challenges as they try to increase the supply of quality infant/toddler care. It is difficult to find providers with specialized skills to support the development of very young children or to train providers on caring for infants and toddlers. Care for infants and toddlers also requires low child-staff ratios that enable

young children to receive the one-on-one attention they need at this early stage, but which also make it more expensive to provide this care.

Other types of specialized care, such as programs with bilingual staff for families who do not speak English as their primary language, are also in short supply. Even in communities with large populations of non-English speaking families, the child care market has been slow to respond. In Alameda County, some neighborhoods that had been home to large numbers of Latino families are gentrifying, making it unaffordable for these families to continue living there. They often must move to a new neighborhood where there are no bilingual child care programs. In Sioux City, which has a growing Latino population, many Latino families take advantage of the Even Start program to develop their language and literacy skills. Yet there are not nearly enough slots available to meet the demand, as is evident from the program's long waiting list.

Early Care and Education Programs and Services Remain Inaccessible for Many Families

Families continue to confront barriers that prevent them from receiving the early childhood supports they need or from participating in the programs that could benefit them. Even if families are eligible for services and there are resources to serve them, they may be prevented from actually receiving the services by bureaucratic obstacles or may be unable to take advantage of programs due to transportation or other barriers. Once a family does eventually manage to gain access to programs or services, there is no guarantee that they will be able to retain access.

Alameda County's experience demonstrates how a community can work to expand and enhance early childhood resources but still fall short in addressing the process for accessing those resources. There are seven different agencies administering child care assistance programs, so families needing child care assistance must apply to numerous different waiting lists, without any idea whether they will ever get to the top of any of the lists. When they apply for help, families must often fill out lengthy applications even if they have already provided the same information to receive other services. In addition, families trying to move from welfare to work are not consistently referred to child care agencies for help. These bureaucratic barriers can discourage parents from applying for assistance. The county is starting to develop strategies to streamline the system, but some problems are the result of differences in policies between separate programs, which were in place long before the community's collaboration and over which the community has no control.

Families with special circumstances may face a unique set of difficulties applying for help, because the application process is not always designed to respond to families' individual situations. For example, a woman from Alameda County who was serving as the foster mother for her sister's children (her nieces and nephews) expressed frustration at her inability to qualify for various programs. She felt that the system was set up to

address the needs of foster parents who were not related to their foster children, yet it could not be adapted to her situation.

Families who are able to find a quality early childhood program, secure a space in the program, and receive any help they might need to pay for the program, then must grapple with how to get their child to and from the program. This is a significant challenge for many families who cannot afford their own vehicle and live in communities without adequate public transportation, and it is a problem often beyond the control of early childhood initiatives. In the Lakes Area, there is no public transportation and communities are widely scattered. A low-income family who cannot afford a dependable car may be unable to transport their child to their preschool or child care program each day. In Solano County, the limited bus service makes it difficult for many families. One mother could not bring her child into his child care program because if she got off the bus that had brought them there, she would have to wait a long time for the next bus to get her to work. Instead, the child care teacher would come to the bus stop to meet the child while his mother stayed on the bus. In Alameda County, many specialized services are only available in the northern part of the county, and traffic and congestion make it very difficult for families from other parts of the county to receive these services. As a result, getting access to services requires additional time that parents often do not have.

Resources to Address Broad Early Childhood Needs Are Insufficient

Many early childhood programs remain limited in scope, addressing only certain components of children's development, rather than the full array of their educational, social, emotional, and physical needs. Programs that do cover all of these areas are only able to reach a small number of young children in their communities. Some communities do invest a substantial proportion of the resources from their collaborative initiatives in health care, mental health care, services for children with special needs, and other comprehensive services. Yet these communities still face an uphill battle because these resources are in such scarce supply.

The Lakes Area offers home visits from a public health nurse to new parents. During the visit, the nurse conducts a basic check-up to compensate for the fact that there are no pediatricians in the entire area. The resources offered by the community initiative are necessary just to provide this basic service that parents in other areas of the country take for granted.

Some communities have a shortage of dental care. In Region A, children cannot get the dental care they need because there are few dentists willing to accept Medicaid reimbursements. As a result, even when Head Start, which offers comprehensive services, identifies a dental problem, it is difficult to get it addressed. In many other communities, mental health care resources are insufficient. Several communities noted that they are witnessing a growth in behavioral problems among children and lack the resources to respond.

Services for children with special needs also are often difficult to access. In Solano, several parents told of how they had experienced significant challenges in getting their children's needs recognized and addressed. In Durham, preschool-age children with special needs are able to receive services but only at the public schools. As a result, children in child care programs must be transported during the day to these schools rather than being able to stay at their child care location.

Children Face Disjointed Transitions Between Programs

Many communities have worked to coordinate programs in order to ease children's transition from one child care setting to another, from child care to prekindergarten, or prekindergarten to kindergarten. Yet individual early childhood programs do not always communicate extensively with each other or with the schools. As a result, children experience a great deal of disruption as they move from one program or setting to another.

Even the highest quality programs may have difficulty overcoming various barriers that prevent a smoother transition as children age out of one program. For example, the YMCA in Rochester hosts an Early Head Start program for infants and toddlers (birth to age three), but it does not have a Head Start program for preschool-age children (ages three to five). Families who wish to continue to benefit from the program's comprehensive services after their children age out of Early Head Start must go to another location. This creates a dilemma for parents who may have younger children attending Early Head Start or older children attending before- or after-school programs at the YMCA, who would prefer to have all of their children at the same location. One mother who had become head of the parent council while her child was attending Early Head Start did not know whether to enroll her child in a Head Start program or a state-funded prekindergarten class at the YMCA. She wanted to continue playing an active role in the Head Start community, but her other children were attending different programs at the YMCA.

The Public Remains Largely Unaware of the Need for New Investments in Early Childhood

Some communities have begun to launch efforts to inform parents about the importance of high quality care and how to choose it, as well as efforts to help the general public understand the benefits of investing in early childhood education. However, these public awareness campaigns have only just begun and have not yet had much of an impact in most communities. Representatives of many local initiatives did not have much to tell when asked about their activities related to informing and engaging the public. Many communities said that even parents benefiting from early childhood collaborative initiatives are not necessarily aware of these initiatives. When communities

do encourage local action, they are often unable to translate that into broader action at the state level, where the major decisions about funding and policies for these local initiatives and other early childhood programs are made. There is still a long way to go in gaining the public support necessary to sustain these initiatives and encourage further investments.

Broader Economic and Social Developments Create Additional Challenges

Communities have made some progress in addressing the needs of their children and families, but the work is far from complete. Unfortunately, it will only become more difficult for communities to accomplish their goals as broader economic and social changes create additional challenges. Communities are running just to keep up as new problems arise for children and families and for the programs trying to help them.

A Faltering Economy

One major challenge facing communities is the weak economy, which has left families across the country struggling to make ends meet. Families' financial hardships do not stem only from the short-term downturn, but also longer-term shifts in the economy. In North Carolina, many factories have closed over the past several years as the manufacturing sector has declined. This has resulted in numerous job losses, with high school graduates without a college education being particularly hard hit. Factories that had been a source of secure jobs offering health insurance are no longer available in our growing service sector. Job losses not only create economic difficulties for families but also create stress that can lead to marital tensions and family problems.

Even working families find it difficult to cover their basic expenses. In California, exorbitant housing prices in many areas often make it unaffordable for parents to live near their place of employment. This means a longer commute time, which in turn means that parents must find child care programs that can take their children for longer hours, and then they must pay for those additional hours. In the Lakes Area, parents frequently work two or more jobs just to get by. Many young families in the community lack health insurance because it is not available through their jobs, and they cannot afford to pay for it on their own.

While economic hardship is widespread, some communities are in especially poor financial shape. Poverty has become more heavily concentrated in many urban areas as more middle- and upper-income families, who can afford to, move out. In Rochester, the city core has become increasingly poor as higher-income families have relocated to the suburbs, particularly as their children reach school-age. As a result, nine out of ten of the school district's students live in families with incomes low enough for them to qualify for free and reduced-price lunches.

With more families struggling economically, there is a greater demand for assistance with child care costs that families could not possibly afford themselves. At the same time, child care and early education becomes increasingly important to enable families to get and keep jobs that will allow them to improve their economic situation and to offer children the support and resources that they may not be able to get at home.

Bleak Budget Realities

At the same time that more families need help, budget deficits make it increasingly difficult for states to provide that help. States face a vicious cycle where declining tax revenues leave them with fewer resources, which means they cannot offer child care and other work supports to help families get on their feet. This in turn hampers parents' ability to work and earn salaries on which they can pay taxes that would boost state revenues. States trying to reduce large budget deficits also may lay off state workers, which only worsens the state's economic situation.

The communities visited were already feeling the impact of state budget cuts in 2002, and their problems have only intensified since that time. Even when funding for early childhood initiatives is not directly affected, these initiatives may be indirectly affected by cuts in other areas. The initiatives are particularly vulnerable since, by their nature, they are collaborative efforts involving multiple types of services that overlap and are dependent on one another.

In North Carolina, community efforts to expand and enhance early care and education are being hampered because the state has cut funding for Smart Start several years in a row. At the same time, cuts to partner organizations and resources—such as to community colleges that sponsor provider training—impact projects trying to raise the quality of early care and education.

Iowa has cut funding for its child care resource and referral agencies, which provide and administer a range of services offered through the collaborative initiatives in many communities. The agencies dealt with the initial round of cuts by scaling back some peripheral functions, but any further funding cuts would force the agencies to reduce their core services. Child care resource and referral agencies may expect funds from the collaborative initiative to fill in any gaps, but there are already other demands on these resources. Funding available through the collaborative initiative is also being stretched to cover shortfalls in other areas. For example, the budget for the state prekindergarten program has remained stagnant for years. As the number of children participating in prekindergarten has increased and costs have risen, other sources—including the collaborative initiative funding—have constituted a growing proportion of total funding for prekindergarten programs.

Rising Social Problems

Communities are expanding their resources to meet the needs of children and families, but these needs grow daily. As social problems rise, families require more services to help them overcome their challenges and provide a stable environment for their children. Yet collaborative initiatives do not have nearly enough resources to address existing problems, much less new issues.

In Oakland, representatives of child care programs discussed the rise in behavioral problems among young children. One program hired a psychologist to help address mental health issues, and he was quickly booked, indicating that demand continues to outpace the supply of services. The Lakes Area has witnessed a rise in drug use, which often leads to other social problems that communities must find the resources to address. Partners in Alameda County's collaborative initiative noted that the community is struggling to respond to changes in family structure, such as a large increase in the number of children being raised by grandparents. The community is still working to design a network of services that is accessible to all types of families and is responsive to their diverse needs.

Changing Demographics

In many communities, the population is becoming increasingly diverse. This can make communities more vibrant, open up new economic opportunities, and allow for a productive mix of ideas and skills. However, communities must be prepared to respond to new demands that result from this diversity in order to fully realize the advantages it offers.

Oakland residents speak 50 different languages, but there are relatively few bilingual child care programs or training opportunities for bilingual providers. Similarly, North Carolina has a growing Latino population, but programs have few Spanish speakers on staff. In Durham, a Head Start program has just one Spanish-speaking staff member. This person is expected to handle both home visits to Spanish-speaking family members and any problems that arise at the center—a nearly impossible task, given that it often means being in two places at one time. This staff person also must try to communicate with families speaking several different dialects of Spanish.

Policy Implications for Community-Based Initiatives

The communities studied in this report demonstrate the benefits and pitfalls of community collaborative initiatives. Through collaboration, communities can make significant strides in creating a more comprehensive system of early care and education, although collaboration is not a panacea. Gaps in early care and education programs and services run deep and cannot be eliminated overnight or even over several years of planning and collaboration. The experiences of these communities also illustrate how locally-based initiatives can present a new set of challenges.

Increasing opportunities for local control can allow communities to use their resources in a way that will best suit their needs, since they are closer to the problems and more familiar with the families and children they serve. Communities can design targeted strategies that are aimed at their particular concerns and are specifically tailored to their residents. Yet some issues, such as the need for quality improvements, higher teacher salaries, and more help with child care costs, are universal. Communities should be allowed flexibility to address these issues and should not be made to feel isolated.

In addition to allowing communities to tailor their programs and policies to fit their needs, local control also creates opportunities for communities to experiment with different strategies. Local communities can serve as laboratories where new approaches can be developed, and those that are successful can be replicated in other communities. Yet too much emphasis on local control could convince communities that they are so unique that strategies effective in another community could not possibly work in their own. As a result, communities may fail to take advantage of innovative approaches that could help many of their children and families. For example, in North Carolina, Durham felt that, as a city, other communities viewed it as being different; while Region A felt that, as a rural, mountainous area, other communities looked down on it. Greater local control can encourage increased variation among communities in their programs and policies, but it should not lessen the willingness or ability of communities to share good ideas with one another. An effective strategy for expanding and improving early care and education, with only minor adjustments, often works well everywhere, whether the community is rural or urban, poor, or endowed with vast resources.

Focusing on individual communities can also be problematic because it is often extremely difficult to define a distinct community. The challenges confronted by one community may not be contained within town, city, county, or even state borders. A community may be able to come up with an early childhood plan for its own children and families, but it still will be affected by, and will affect, others outside the community. For example, a parent who lives on one side of the border and works on the other side may at some point decide to move her child from a center near their home to some place closer to work. However, this may mean moving her child from a program that benefits from a community's quality improvement or other initiatives to another without access to such resources. Sioux City faces a particular challenge because the metropolitan area extends over two states, Iowa and South Dakota. In designing its collaborative initiative, the community had to deal with two different sets of state policies on early care and education on issues such as licensing, child care assistance, and prekindergarten.

Another major concern that local initiatives raise is that they will only serve to reinforce existing inequalities between strong and weak communities. Rather than enabling communities to design strategies that meet their specific problems, communities will be left on their own to cope without outside resources or assistance. Communities that are well organized are able to take full advantage of all available state and federal resources and capture additional private and foundation funding. On the other hand, communities that lack the expertise and organization may miss out on opportunities to

receive their fair share of funds or may lack the capacity to implement effective efforts to improve and expand early care and education. It may appear that they do not need or deserve the funds when in fact the problems they desperately wish to address may prevent them from getting the resources they need to start moving forward. Local flexibility should not be an excuse for abandoning communities that are at the greatest disadvantage. There must be a safety net to ensure that the children and families in those communities have access to the early care and education they need.

Local initiatives hold great promise for enabling programs to work better, serve more families, and prepare young children to enter school healthy and ready to succeed. Yet to realize this promise and allow communities to address the challenges they face, local initiatives must be supported with additional resources. When they have been given those resources, as well as guidance and time, the communities in this report have made meaningful improvements in children's lives. Their ability to maintain and expand on their success relies on receiving continued resources for early childhood services.

A CLOSER LOOK:
EIGHT COMMUNITY CASE STUDIES

THE COMMUNITY: ALAMEDA COUNTY, CALIFORNIA

Alameda County lies east of the San Francisco Bay. It is a large and ethnically diverse community with Oakland, Fremont, Berkeley, and Hayward among its cities.

- **Population:** Alameda County has a population of approximately 1.4 million including 98,000 children under age six.⁵
- **Demographics:** Alameda County is a very diverse community, with large African-American, Hispanic, and Asian populations. The county has the largest Afghan population in the United States.⁶ There are more than 50 languages spoken in the Oakland school district alone.
- **Income:** Although once a lower-income community, Alameda County's median family income was quite high by 2000—nearly \$66,000. However, 12 percent of families with children under age five fell below the federal poverty line.⁷ In the Alameda area, a family with one parent and two children requires at least \$37,000 annually to pay for housing, food, child care, transportation, health care, and other necessities.⁸
- **Employment:** Alameda was largely agricultural a couple of decades ago, but the area is now a mix of urban and suburban communities. Oakland and Fremont are the largest cities. The county is home to the University of California at Berkeley and major research centers. Professional, scientific, management, administrative, manufacturing, and retail jobs are other significant employers.⁹
- **Resources:** Alameda is blessed with strong resources: the University of California at Berkeley, California State University, Hayward, several community colleges, strong child care resource and referral organizations, and active children's advocates.
- **Child Care:** In Alameda County, there are approximately 42,000 children in child care centers; 25,000 of these children are under age six. There are more than 700 centers, and approximately 20 of these are nationally accredited. The county has approximately 2,000 registered family child care providers. More than 12,000 children received child care subsidies, and more than 7,500 children were on the waiting list for child care assistance in 2002.¹⁰
- **Head Start and Early Head Start:** There were four Head Start grantees and two delegate agencies in Alameda County serving 3,054 preschoolers and 421 Early Head Start children.¹¹

⁵ U.S. Census Bureau, Census 2000.

⁶ Oral communication, Sue Story, Rory Darrah.

⁷ U.S. Census Bureau, Census 2000.

⁸ Income estimates based on costs for housing, food, transportation, health care, and some other items from the Economic Policy Institute Basic Family Budget Calculator, retrieved from the Internet at www.epinet.org.

⁹ U.S. Census Bureau, Census 2000.

¹⁰ Data provided by Alameda County Child Care Planning Council and First 5 Alameda County Commission, October 2003.

¹¹ Data provided by Alameda County Child Care Planning Council and First 5 Alameda County Commission, October 2003.

- **Prekindergarten:** Millions of state dollars go to public school districts to provide part-day prekindergarten. The Oakland Unified School District provides two three-hour sessions of prekindergarten daily. It also receives funding from the State Department of Education for a child development program, which is available to preschool-age children. With these funds, the school district operates approximately 40 child development centers that run full year and full day. Together, the district's prekindergarten and early childhood programs serve approximately 3,500 preschool children in public school settings.¹²

THE INITIATIVE: ALAMEDA COUNTY FIRST 5 CHILDREN AND FAMILIES INITIATIVE

The First 5 Alameda Children and Families initiative is funded by Proposition 10, which imposes a 50 cent tax on every package of cigarettes sold in California. The First 5 Alameda initiative supports a number of efforts to reach its four major goals: to help every child from birth through age five reach his or her developmental potential and be ready for school; to promote optimal physical and mental health for all children from age birth through age five; to support optimal parenting, health, and economic self-sufficiency for families; and to create an integrated, coordinated early childhood system that maximizes existing resources and minimizes duplication of services.

The initiative funds a number of programs and strategies to support young children and their families in their homes, their early childhood programs, and the community. The initiative also provides some services directly, such as family support services including universal home visits for families with newborns. In 2002, this service was provided to families discharged from three hospitals, which accounted for 25 percent of births in the county. The commission hoped to extend this service to all newborns.

Accomplishments

In the area of early childhood, the First 5 Alameda Children and Families Commission, the local council that developed and implements the First 5 Alameda initiative, chose to focus on improving the quality of services. The Commission has developed three major projects: a provider training and leadership development program, a mentoring project, and a project to build capacity and upgrade facilities. The Commission also is working on building technological capacity for various agencies to share information and improve the case management for families receiving services from a number of agencies.

The Commission has accomplished the following:

¹² Data provided by Alameda County Child Care Planning Council and First 5 Alameda Children and Families Commission, October 2003.

- Formed the Child Development Corps, which trains early childhood professionals and provides a stipend of \$500 to \$2,500 annually based on education and experience. To date, approximately 2,000 providers have benefited from this program.
- Increased professional development opportunities for providers from diverse communities. Trainings and college courses, as well as program evaluations, are now offered in several languages.
- Provided funding to help approximately 50 child care programs improve their facilities.
- Bridged the gaps between early childhood and health programs in Alameda. A committee of representatives from health, family support, mental health, and child care agencies developed Alameda County's First 5 plan with strong health, wellness, and early education components. Alameda was the first county to have its local plan approved.
- With partners, leveraged additional support for early childhood. First 5 Alameda has generated several private and public grants. This includes a grant from Providian Financial for facilities funding and a federal Early Learning Opportunities Act grant used to support a six-week camp prior to kindergarten for children who have not had an early education program experience. The First 5 Commission and the county's Child Care Planning Council also worked closely with other local initiatives to help them leverage additional funding. For example, the Commission's and the Council's input on an Oakland-based initiative funded by the Robert Wood Johnson Foundation enabled them to secure additional city bond funds to support violence prevention training for early childhood staff. Also, the Commission and the council staff work with providers and developers to utilize David and Lucille Packard Foundation funds to develop and improve child care facilities.

ALAMEDA COUNTY FIRST 5 CHILDREN AND FAMILIES INITIATIVE: A CASE STUDY

History

California's Children and Families Act of 1998 provides funding from a statewide tobacco tax to every county to support early childhood services for children from prenatal to age five and their families. This tax generates approximately \$700 million annually. Alameda County became the first county to use its allocation of these funds when the state-level First 5 Commission (which oversees similar initiatives supported by the tax in all of the state's counties) approved Alameda's plan in December 1999. The plan was developed based on information gathered through public hearings held in English, Chinese, Spanish and Vietnamese; a survey of families with children age five or younger

as well as families expecting a child; and input from early childhood, health, and parenting organizations throughout the county.

Alameda's initial planning process was effective because the members of the Commission were able to draw on a pre-existing foundation of cooperative efforts. A number of agencies with years of experience in advocacy and planning efforts worked on the initiative. Staff from the county's Child Care Planning Council worked with and eventually joined the Commission's staff. Local child care resource and referral agencies and service providers also were engaged.

Funding

The First 5 Alameda Commission's funds from the tobacco tax (commonly referred to as Proposition 10 funding) totaled \$20 million in 2002; \$6 million of this amount was designated for child care.¹³ The Commission will receive decreasing amounts from Proposition 10 annually, although the exact amount will vary depending on the amount generated by the tobacco tax. The budget crisis in California also has put pressure on Proposition 10 funds by reducing the availability of other sources of funding for early childhood services.

Several other early childhood agencies that provide early childhood services for young children throughout the county—including local school districts, Head Start agencies, community colleges, and child care resource and referral agencies—use their own funding and sometimes apply jointly for federal and state funding to bring additional resources into the county's early childhood system and complement the Commission's programs. There are several examples of other funding:

- California C.A.R.E.S. (Compensation and Recognition Enhances Stability), a state law enacted in 2000, contributed \$1 million toward provider stipends offered by the Commission in 2002. The First 5 Alameda Commission administers the County's C.A.R.E.S. funding as well as Proposition 10 funds and combines the two funding sources to support bonuses for a range of different providers. By coordinating these two initiatives, the Commission is able to cover gaps in each. For example, the state program is limited to center-based providers. While Proposition 10 funds can be used for training providers who work with children ages zero to five, C.A.R.E.S. can be used for a broader age range.

¹³ The Commission allocated \$6 million for early childhood programs, the focus of this report. The remaining \$14 million supported preventive health programs for children prenatal through age five, parent support programs, and efforts to improve the health of children in foster care, mental health initiatives, and other related programs.

- The First 5 Alameda Commission has received approximately \$1.5 million in School Readiness funds from the state. These funds will be used to improve low-performing schools in Alameda.¹⁴
- The David and Lucille Packard Foundation provided \$95,000 in 2002-2003 for the Local Investment in Child Care (LINCC) project, which is designed to forge links between child care and economic development in Alameda County. The project makes the connection between the two apparent to the business community through work on zoning regulations, economic impact reports, and outreach. It is administered by the Alameda County Child Care Planning Council.
- Oakland's Unified School District uses approximately \$2.3 million from the State Department of Education for prekindergarten. The district offers morning and afternoon sessions of half-day prekindergarten as well as full-day and full-year care in child development programs on site at elementary schools that are open from 7 a.m. to 5 p.m. Oakland's program is the largest subsidized early childhood program in Alameda, serving 3,500 children.

Partners

The First 5 Alameda Commission includes nine representatives from the health, mental health, social services, and early childhood communities as well as the County Board of Supervisors. The Commission plans and leads the implementation of First 5, and works closely with several partners to strengthen health, community health, and early childhood programs throughout the county. Several early childhood planning efforts and groups in the county had already been organized prior to Proposition 10, and the Commission works with these organizations to coordinate their efforts. Because working with multiple early childhood agencies and efforts can be challenging, Commission staff frequently meet with representatives from other organizations to facilitate coordination of early childhood services.

The major partners working together to improve early childhood in Alameda include:

- **First 5 Alameda Children and Families Commission:** The Commission oversees the First 5 initiative and is comprised of members of the County Board of Supervisors as well as representatives from the health, mental health, and early childhood sectors. Its staff works on three main issues: family support and optimal parenting; health and mental health; and child care. For the child care side, the group developed the Child Development Corps, a major quality improvement initiative of the First 5 Commission supported by Proposition 10

¹⁴ The California First 5 Commission, which administers funds from Proposition 10 and provides guidance to local Children and Family Commissions, funds School Readiness projects with some of its Proposition 10 administrative dollars. Funds are distributed based on a formula to support school readiness efforts connected to low-performing schools.

funding and California C.A.R.E.S. The Commission also developed an Early Childhood Education Mentor program and a Director Mentor program, offering experienced directors, teachers, or family child care providers stipends for working with a mentee, while those being mentored earn college credit. The Commission also established the Child Care Fund, which supports facilities and originated from CALWORKS and lead poisoning prevention dollars, as well as Providian Financial and United Way funds. The First 5 Commission also uses Proposition 10 funds to support one to three voluntary home visits for every newborn by public health nurses. This effort is meant to provide universal coverage to all families, regardless of their income. The Commission had expected a 75 percent participation rate, but the actual rate has topped 90 percent.

- The Alameda County Child Care Planning Council: The Council incubates programs, heads research and data collection, and brings diverse groups together to start talking. It recently brought mental health and child care providers together to identify common beliefs as a first step in developing joint programs. Alameda started the Child Care Planning Council in 1991 when federal Child Care Development Block Grant (CCDBG) money first became available. The Planning Council has 35 steering committee members who must represent four categories (consumers, providers, business, and community), all offering different perspectives. The full Child Care Planning Council meets five times a year at public meetings, with 50 to 100 people attending, while several workgroups of the Council meet monthly. One of the council's committees serves as liaison to the First 5 Commission. The First 5 Commission has funded the Council for various projects, including the development of a centralized eligibility list for families applying for early childhood programs. (The council also received support for this project from the Social Services Agency, the Hewlett Packard Company, and a local foundation.) The Council and other partners have been working on this for several years.
- Head Start grantees in Alameda: One of the planning council's mandates is to work on developing full-day Head Start and child care programs to meet the needs of working families.
- School districts: School districts in California receive millions of state dollars to run prekindergarten programs, but at only three hours a day, this program doesn't meet the needs of families with parents who work. Oakland provides full-day services to preschool children in child development centers in the public schools that are open year round from 7 a.m. to 5 p.m. These centers use state and federal funds to support low-income parents who are working or in school.
- Community colleges: Four community colleges provide education and training to early childhood professionals in Alameda County.

Leadership and Governance

The First 5 Alameda Children and Families Commission plans and implements how the county will use Proposition 10 funding to support the First 5 initiative, and also evaluates the impact of the initiative. The Commission, which meets every month, has nine members, who include representatives from the County Board of Supervisors, the Alameda County Social Service Agency, Alameda County Health Care Services, the California Early Childhood Mentor Program, the Child Care Planning Council, pediatricians, developmental disabilities groups, the higher education sector, and media and marketing.

The members of the Commission meet every month. The initiative is supported by approximately 40 staff members who develop, administer, and evaluate the initiative's programs, raise additional funds, and lead the home visiting efforts conducted by the Commission.

THE INITIATIVE'S ACHIEVEMENTS:

Improved Quality in Early Childhood

The First 5 Commission uses a significant portion of its funds to support the county's Child Development Corps, a program that aims to improve the quality of child care by training and raising the professional expertise and qualifications of the child care workforce. The Child Development Corps gives stipends to child care providers as an incentive to continue their early childhood training and stay in the field. The amount a provider receives depends on the level of training he or she attains. Providers with a minimum of six credits in child development and related coursework receive \$500 a year, while providers who have earned their B.A. degree receive a maximum of \$5,100 a year.¹⁵ About one-third of Alameda County's licensed child care workforce of 6,000 participates in the Corps each year.

Enrollment in the area's community colleges has exploded as a result of the Corps. Community colleges have begun to offer more training in languages other than English, and training on how to conduct the Early Childhood Environmental Rating Scale (ECERS) evaluation now takes place in Spanish as well as English. The First 5 Commission contracts with the local community colleges and child care resource and referral agencies to expand training and educational services, provide individual consultation for students, recruit new members to the field, and help providers and staff achieve the California Child Development Permit (a credential for early childhood education staff).

¹⁵ Once in the stipend system, providers must receive a minimum of three credits a year to move to the next higher stipend level.

In 2002, the First 5 Commission developed an enhanced mentor program that pays a stipend to providers who act as professional consultants to other early childhood providers. Mentors are reimbursed for training and paid \$20 an hour. In its first year, the program had 22 teacher mentors and five mentors to work with early childhood directors. The program was designed to supplement a similar mentor program operated by the state. When the state drained its resources for its mentor program in 2002, the First 5 Commission paid for every new mentor at full cost.

Another way the Commission has tried to boost child care quality is through its Child Care Fund, which provides grants directly to programs to improve their physical spaces and equipment. By fall 2002, 47 programs had received support from the Child Care Fund. The majority were family child care programs.

Many child care programs received funding for playground improvements after new state playground requirements went into effect in 2001. The Commission was able to support the playground improvements and help family child care homes meet the new requirements because “the First 5 Alameda Commission and its Child Care Fund has a very supportive advisory board that is willing to address immediate needs if they have the resources,” according to Rory Darrah, who leads the Commission’s child care initiatives.

The Commission provides “a huge amount” of technical assistance with all of its loans and grants, and Commission staff help programs work with contractors on facility development projects. In 2002 the Commission began to tie the Child Care Fund grants to program quality, requiring providers to participate in an evaluation using the ECERS. This helps providers summarize their strengths as well as challenges and develop long-range plans. The Commission staff makes suggestions for changes and tracks their impact.

Centro Vida, a bilingual child care program in Berkeley, has been in existence for 26 years. It sits in a neighborhood that has undergone dramatic social and economic change. The program was originally developed for the neighborhood when the community was primarily Hispanic. But now, many Hispanic families can no longer afford the area.

People who send their children to Centro Vida want their children to learn both English and Spanish. The program serves 62 children ages two through five year, and also has a before- and after-school program for school-age children. Seventy percent of the children at Centro Vida receive child care subsidies.

Some parents have had their children at the center for eight years, between the preschool and school-age program. A parenting education program and support groups in Spanish keep families coming back year after year. Between 40 and 90 parents participate each year in workshops that cover stress, husband/wife relationships, and how to negotiate Latino and American culture.

Centro Vida's director, Beatriz Cutler, has been involved with First 5 from the outset. She is a Corps enrollment specialist and assesses providers' qualifications for stipends. She knew there wouldn't be a lot of Hispanic specialists, and wanted to get more Hispanic providers involved. She estimated that there were perhaps 100 Hispanic providers participating in the Corps in 2002; now several staff members at Centro Vida are in the Corps.

Cutler believes that the Child Development Corps has raised the professionalism of the early childhood field. "It has changed the mindset." There was a large cadre of early childhood teachers who had become stagnant. Now providers are certified to teach for five years and must show professional growth hours or class credits to renew their permits.

Grants from the Child Care Fund have also helped Centro Vida. The ECERS evaluation was especially beneficial because it helped the staff and director see where improvement was needed. "The director can say something needs to be changed, but it is more effective to have an independent observer come in and say it," explained Cutler.

Increased Access to Early Childhood Services

Part-day prekindergarten in the county's school districts is offered for three-hour sessions, and works best for families in which mothers stay home, work part-time, or another family member cares for the child. To increase access to quality early education for families who need full-day programs, the Oakland Unified School District has early childhood programs at 40 of 65 elementary school sites. These child development centers can serve children from age 2.9 years until the end of third grade. The district also boasts seven inclusion classrooms, with special needs children. These classes are team taught with teachers who have experience with special needs and traditional curricula. These programs are supported by state and federal funds and were in operation prior to Proposition 10.

The Oakland Unified School District has worked with the Alameda First 5 Commission to bring in additional resources to increase access to early childhood services. The school district partnered with the Commission and public schools in Hayward to implement an 18-month federal Early Learning Opportunities Act (ELOA) grant for the Hand in Hand project. This paid for paraprofessionals to conduct home visits, work with parents and teachers, and set up transition programs to kindergarten for children who have not been in group settings. The paraprofessionals worked with the parents, teachers, and children throughout the kindergarten year to ease the transition into school for these children. As part of its School Readiness plan, the First 5 Commission will target parent support and child mental health programs around these neighborhood schools.

Coordination of Programs and Services

Alameda County's Proposition 10 funds have been a catalyst for bringing together different pieces of the area's early childhood system. The Child Development Corps is open to early childhood professionals in child care, Head Start, public schools, family child care, and license-exempt situations. The stipend has motivated public school early childhood teachers to participate in Corps training and recognize the importance of going back to school. The Corps offers staff development in many areas such as literacy, health, and nutrition. The First 5 Commission also has helped the school district train staff to become trainers for the Corps.

Each of the three child care resource and referral agencies in the county has a staff person, paid by the Commission, to work on the Child Development Corps and other early childhood issues. Along with the community colleges, the resource and referral agencies have developed ways to reduce barriers to training. More counseling is now available, classes are more often bilingual, and training offerings are becoming more systematic.

The Oakland Unified School District received a federal Early Reading First grant in 2002. To improve the coordination of training opportunities, the school district proposed creating hubs of excellence offering more early literacy training for teachers and parents at specific sites, including both schools and Head Start programs.

Greater Comprehensiveness of Services and Better Early Childhood Supports

The family support and health components of Alameda's First 5 initiative are linked to early childhood services—for example, child care centers receive mental health consultation through grants provided by First 5. Two community colleges have developed a course on children's mental health aimed specifically at child care providers, and a greater emphasis is being placed on the social-emotional foundations for early learning throughout the county. Continuing and consistent communication and work is needed for the early childhood and mental health disciplines to draw even closer together. Strong efforts are being made within the Commission and in the early childhood community to strengthen the links between these two areas.

EVALUATIONS AND RESULTS

In its annual plan, the Commission establishes outcome indicators for every strategy or program it will undertake. For example, outcome indicators for the Child Development Corps are: the proportion of credentialed Child Development Corps members; the proportion of Child Development Corps members who complete professional growth requirements during the reporting year; the proportion of child care settings reviewed with a formal quality assessment tool; and the proportion of child care sites with improved or enhanced physical environments. The Commission uses these

data, as well as other information about program outcomes, to determine the efforts to be supported with Proposition 10 dollars each year.

The Commission also uses other evaluation methods. The school readiness programs for children entering kindergarten with no prior early childhood program experience in Oakland and Hayward have been evaluated by the High/Scope Education Research Foundation, which found significant gains in the children's development in taking initiative, social relations, and language and literacy. In focus groups, parents expressed strong satisfaction with the program. U.C. Berkeley has conducted process evaluations of the Corps; the Mentor Program and the Child Care Fund will be evaluated by university research teams in 2004.

REMAINING CHALLENGES AND GAPS

Alameda's First 5 Commission has attempted to strengthen the early childhood system by rewarding providers who obtain additional training and education, and supporting programs that offer good quality care (as determined through ratings of their programs) with grants for facilities and program improvements. The Commission's other efforts, including home visits and prenatal care outreach, are meant to ensure the basic health of young children and families. The most important task and goal that the Commission has undertaken is to improve the development and the integration of the systems that impact families.

Increasing rates of asthma, allergies, childhood diabetes, and behavioral issues are growing concerns, say children's advocates in Alameda. Most Head Start programs in the county have mental health consultation services that can help families deal with behavioral issues, but many child care programs do not have this resource, making it difficult for children in their programs to get help. Parents' access to basic pediatric health care for their children is of equal concern. Lack of health insurance and reliable transportation make it difficult for many families to obtain medical care for their children, and finding dentists who accept Medicaid is also a challenge.

The lack of affordable housing is a problem for the county's low-income families. Many have moved to the eastern part of the county in a quest for affordable housing. Along the Bay on the county's western shore, the differentiation in incomes is growing wider and wider. There is very little building of low-income housing, the turnover of existing low-income housing is low, and there are long waiting lists for housing assistance.

Families who move further west or south have to commute upwards of two hours back into the Bay Area each day for work by car. Because BART (the Bay Area's rapid transit system) is expensive, most families cannot afford to use it. But dealing with traffic and congestion is stressful for working parents, and they have become increasing concerns for city and county officials. Bringing children to child care, then driving to

work, picking up children again, and then traveling home can take hours. Getting to northern Alameda County, where many specialized medical services are located, can be especially difficult. The David and Lucille Packard-funded Local Investment in Child Care project is working with local government to include child care in transportation plans, to reduce the amount of time children spend in cars.

Some families face additional stress. Parents have trouble finding child care for their infants and toddlers, because few programs offer care for children under age two. Centro Vida in Berkeley had a waiting list of more than 80 two year-olds, but could serve only 16 in 2002. Child care for children with special needs is especially scarce.

The cost of early childhood programs in Alameda is also a burden for families, and can be completely out of reach for many. Licensed child care in Alameda is prohibitively expensive, with full-time infant care costing nearly three times as much as in-state tuition at the University of California at Berkeley. Parents can apply for child care subsidies at child care centers and at child care resource and referral agencies, but there are not enough subsidies to go around. BANANAS, the child care resource and referral agency in Oakland, administers child care subsidies to help low-income parents who are not on welfare pay for child care. Approximately 1,500 families are receiving subsidies in any given month. Families of at least 7,500 children of all ages across the county are waiting for help to pay for child care, but resources are inadequate to accommodate everyone.

The cities of Alameda, Berkeley, and Oakland use some federal Child Care and Development Block Grant (CCDBG) and general city funding to support a small number of child care subsidies for low-income working families. Alameda provides funds for short-term vouchers at \$200 a month per child for up to nine months; Berkeley provides \$200 a month for up to one year. Oakland targets certain areas and then allocates funding for supportive services including child care. But these subsidies provide help to only a small number of families, and in 2002, funding was reduced and the number of families that could be served decreased.

Families who are receiving welfare and meet work and training requirements can receive child care subsidies through the state's CALWORKS welfare program, which is supported with federal CCDBG funds and TANF funds. But advocates say that CALWORKS can be overwhelming for parents. The CALWORKS application is long, and often parents are only given a few days to find a provider and complete their paperwork. The application for child care subsidies is also burdensome. Parents must go to an office for an appointment, bring proof of income, and give information about the provider they have chosen.¹⁶ Alameda's First 5 Commission has not yet focused on streamlining the challenging subsidy process.

Staff at the child care resource and referral agencies report that many families who use the subsidy program choose unlicensed care. Turnover rates among this type of

¹⁶ If the provider is licensed, the parent must only give the name; if the provider is unlicensed, he or she must come into the office with the parent and be fingerprinted and run through a criminal check.

provider are high. Often a family member may care for a child but then get a job, which means the parent will have to find another provider. This kind of unreliable child care is problematic for families who need to work. Advocates are also concerned about the lack of oversight for unlicensed providers, because their programs are not visited or regulated.

Child care resource and referral agencies try to address this problem by offering training and assistance to unlicensed providers. BANANAS sends its newsletter to any provider that receives subsidy payments. Yet many providers—licensed and unlicensed alike—remain unaware of training opportunities, according to BANANAS staff.

Reaching out to new providers, including those from diverse communities, is imperative in Alameda County. There is a growing workforce of immigrants, most of whom do not speak English. Chabot College now offers child development classes in Spanish. BANANAS has cultivated recent immigrants with the potential to become good providers and offers a year-long introductory child development class in four languages. Students start in their own language and end the year in English—basically, a child development and ESL course in one. But there is a need for more on-site training and technical assistance for early childhood providers, especially for those working with babies.

While the community has made progress in encouraging provider training among a range of providers, advocates believe that additional training alone is not enough to raise the quality of early childhood programs. The Child Development Corps has had an emotional impact on the field, giving providers a greater sense of respect and professionalism, and has offering stipends. But providers' salaries need to be raised permanently—providers can not live on stipends from year to year.

Raising providers' salaries is complicated and has a huge impact on the budgets of early childhood programs. In Oakland, Dolores Ward, the head of the school district's early childhood programs in 2002, wanted to give pay increases to her staff, but her budget was "just too small." Centro Vida in Berkeley has felt the impact of a local law establishing a living wage for anyone who has a contract with the city, including child care programs contracting to provide subsidized care. This increased salaries for providers at the lower end of Centro Vida's pay scale but meant that the program could not afford much of a pay increase for providers at the higher end.

In this environment, the stipends offered by the Child Development Corps play a critical role in supporting providers' incomes. But the First 5 Commission faces challenges to this and its other early childhood programs in the coming years. State budget cuts could mean a significant decrease in funding for early childhood programs in Alameda, and the Proposition 10 funding is projected to be reduced significantly over the next few years. According to Dolores Ward, already programs are having "problems getting teachers the resources they need" to work effectively with children, especially children with behavioral problems. First 5 and its partners have the burden of trying to continue to support early childhood with less money.

THE COMMUNITY: SOLANO COUNTY, CALIFORNIA

Solano County is one of nine counties in the San Francisco Bay Area, located between Sacramento and San Francisco. The county is diverse in many respects, having both urban and rural areas, higher and lower income communities, and residents from a range of racial and ethnic backgrounds. Seven cities—Benicia, Dixon, Fairfield, Rio Vista, Suisan, Vacaville, and Vallejo—account for 96 percent of the population, while agricultural land accounts for 72 percent of the land area.¹⁷

- **Population:** Solano County is a growing community in which no racial or ethnic group forms a majority.¹⁸ In 2000, the total population of Solano County was 394,542, an increase of 16.2 percent from 1990. The population includes 28,801 children under age five.
- **Demographics:** In Solano County, 49 percent of the population is Caucasian, 18 percent is Latino, 14 percent is African American, 13 percent is Asian/Pacific Islander, 1 percent is Native American, and 5 percent are multi-racial. Among young children, Latinos account for an even larger portion of the population—27 percent of children under age five—than for the population as a whole. Similarly, the percentage of young children who are of mixed race (9 percent) is higher than for the overall population. Not all cities within Solano County are equally diverse: 88 percent of the population in Rio Vista is Caucasian, while in Vallejo and Suisan, there is no majority ethnicity (no single racial or ethnic group accounts for more than half of the population).
- **Income:** Income varies across the county—for example, the average income in Vallejo, the county’s largest city, was just over \$50,000 in 2000, while the average income in Benicia, the wealthiest city, the average was over \$70,000. The poverty rate for Solano County in 1999 was 8.3 percent, compared to a rate of 14.2 percent for all of California. The poverty rate for children under age 18 in Solano County was 10.3 percent, higher than the county’s overall rate, but about half the child poverty rate for the state as a whole (19.0 percent).¹⁹ In Solano, a family with one parent and two children requires at least \$35,000 annually to pay for housing, food, child care, transportation, health care, and other necessities.²⁰
- **Employment:** The county’s economy compares favorably with the rest of the state, but there are several areas within the larger region that have been struggling. The county suffered an economic setback in 1996 when the Mare Island Naval Shipyard closed, but began to recover during the late 1990s. In 2003, approximately 207,000 were employed in Solano County out of a total labor force

¹⁷ Solano County Children and Families Commission. (Revised and adopted January 8, 2002). *Strategic Plan: A Commitment to Our Youngest Children*. Fairfield, CA: Solano County Children and Families Commission.

¹⁸ Solano County Children and Families Commission. (Revised and adopted January 8, 2002). *Strategic Plan: A Commitment to Our Youngest Children*. Fairfield, CA: Solano County Children and Families Commission.

¹⁹ U.S. Census Bureau, American FactFinder, Quick Tables, “Profile of Selected Economic Characteristics: 2000.” Retrieved from the Internet at <http://factfinder.census.gov/servlet/BasicFactsServlet>.

²⁰ Income estimates based on costs for housing, food, transportation, health care, and some other items from the Economic Policy Institute Basic Family Budget Calculator, available on the Internet at www.epinet.org.

of 219,000.²¹ The U.S. Census in 2000 showed that the majority of jobs were in the government and military, retail, and service sectors. The unemployment rate overall for the county was lower than the statewide average in both 2002 and 2003.

- **Resources:** Solano County has a community college that provides training opportunities for early childhood professionals. The county also has highly regarded Head Start programs as well as early childhood programs in the public schools. These programs are valuable assets in a collaborative effort that aims to improve early childhood services and increase access to early childhood, health, and family support services for young children and their families.
- **Child Care:** Fifty-five percent of children ages birth to five in Solano County—a total of 19,062 children—live in families with two employed parents or a single parent who is employed. This creates a large demand for child care. There were 12,678 licensed child care slots in January 2002.²² The community must not only face the challenge of meeting the general need for child care, but also try to respond to the growing need for specialized types of child care. For example, requests for care during nontraditional hours (evenings, nights, or weekends) increased from 16 percent of all requests to local child care resource and referral agencies in 1998 to 23 percent of requests in 2000.²³ There are several other child care resources in Solano County. These include CALWORKS child care assistance, which is available to families on welfare trying to move to work. Additional early childhood subsidies provide assistance to families transitioning off welfare and low-income families. Another program, the General Child Care and Development program, serves approximately 520 children from birth through age 13 with parents who are working or in school. Children in this program are cared for in centers and family child care homes that are part of a network. Migrant Child Care, designed to help families of agricultural workers during peak agricultural periods, was available to 130 children in Dixon, which had the only migrant care services in the county. Migrant programs offer bilingual services to families in addition to child care.²⁴
- **Prekindergarten:** Solano County uses federal, state, and local resources to support prekindergarten programs. The state Preschool Program funded over 400 half-day slots for three- and four-year-olds with very low incomes in the county, as well as 30 full-day slots in Vallejo.

²¹ State of California Employment Development Department, Labor Market Information Division, September 2003 preliminary figures.

²² Solano County Children and Families Commission. (Revised and adopted January 8, 2002). *Strategic Plan: A Commitment to Our Youngest Children*. Fairfield, CA: Solano County Children and Families Commission.

²³ Solano County Children and Families Commission. (Revised and adopted January 8, 2002). *Strategic Plan: A Commitment to Our Youngest Children*. Fairfield, CA: Solano County Children and Families Commission.

²⁴ Solano County Children and Families Commission. (Revised and adopted January 8, 2002). *Strategic Plan: A Commitment to Our Youngest Children*. Fairfield, CA: Solano County Children and Families Commission.

- **Head Start:** The Head Start program funded 629 slots for low-income children ages three to five. Most of these were slots in part-day programs, but 80 were in full-day, full-year programs. Head Start centers are located in Dixon, Vacaville, Fairfield, Suisun City, and Vallejo as well as at the Travis Air Force Base.
- **Dental Care:** Solano County has several resources for dental care. The state-funded oral health education program, Smile in Style, served 9,620 children in 342 school classrooms, including Head Start and state preschool classrooms, in the county. Through the program, volunteer dentists and dental hygienists provide information and education to students in prekindergarten through grade six. In addition, the Solano County Health and Social Services Department operates a dental clinic in Fairfield that provides comprehensive dental care to children and adults. However, dental care is often difficult for low-income families to access because many dentists do not accept Medicaid payments.
- **Mental Health:** The Solano County Health and Social Services Department funds a full-time staff person to provide mental health services to children in the two state preschool programs in the Vallejo school district. This staff person serves approximately 20 children and their families. There are many other children estimated to need early intervention and treatment who are not served. Another community resource for addressing mental health issues is Child Haven, a nonprofit agency that specializes in infant mental health and attachment disorders, serving approximately 200 families with young children each year.
- **Health Insurance:** In July 1998, the Solano Kids Insurance Program (SKIP) was established through the Solano Coalition for Better Health in partnership with the Solano Health Improvement Initiative Program. The program, which recruits and enrolls children into the Healthy Families health insurance program, had enrolled 3,609 children by 2003. Solano's SKIP program has been remarkably successful in insuring children and keeping them covered, is committed to 100 percent coverage, and is actively involved in the campaign to achieve it.²⁵

THE INITIATIVE: SOLANO COUNTY FIRST 5 CHILDREN AND FAMILIES INITIATIVE

Solano County is working to improve its supports for children ages zero to five and their families through the California First 5 Children and Families initiative (Proposition 10), which promotes local collaboration on early childhood issues. Solano's First 5 initiative addresses the comprehensive needs of children and families, including child care and early education, children's physical and mental health, and family support.

Solano County's First 5 is supported by Proposition 10 funds, which come from a 50 cent tax on every package of cigarettes sold in California. Proposition 10 was approved in a 1998 voter referendum. The funds are to be used to address parent education and family support, child care and early childhood education, and health and

²⁵ California Department of Health Medi-Cal Eligibility Profiles by County (2003).

well-being. Solano County has chosen to focus on specific areas within these broader categories:

- Connecting families of children ages zero to five with family-friendly support systems that are coordinated and neighborhood-based, with an emphasis on children at risk.
- Expanding families' access to high quality child care.
- Providing families with greater access to prenatal care.

The county's overarching goals are to promote school readiness—ensuring children's healthy development so that they are learning and prepared for school—and positive systems change—creating an “integrated, inclusive, and effective system of services responsive to the needs of young children and their families.”

Accomplishments

Partners in the Solano County First 5 initiative have promoted the successful and healthy development of young children by:

- Helping to improve the quality of child care and direct services through mini-grants to early childhood providers.
- Designing a School Readiness initiative using funding from the California state First 5 Children and Families Commission matched by local dollars. The School Readiness initiative supports comprehensive strategies to promote the successful development of young children from neighborhoods served by public schools with particularly low academic performance. The School Readiness initiative supports efforts in neighborhoods in four communities: Dixon, Vacaville, Fairfield, and Vallejo.
- Developing a C.A.R.E.S. project, which provides stipends to supplement the low salaries of child care professionals in order to encourage higher retention rates and offers incentive for providers to continue their education and professional growth.
- Assisting in the establishment of a consolidated waiting list for all of the subsidized early childhood programs in the county, so families need only apply once at a single location for multiple programs. The list is administered by the Children's Network of Solano County and is a project of the Solano County Child Care Planning Council.
- Funding scholarships for children to attend Head Start programs so they have access to a broader range of supports than offered by a typical child care or prekindergarten program.
- Supporting the Integrated Family Support Initiative, which is modeled after the California Safe and Healthy Families Initiative. It provides in-home and center-based family support and child development services to isolated families and children. This multidisciplinary initiative is a project of Child Haven and The Children's Network, working with 17 other organizations, including a network of eight family resource centers and the Solano Health and Social Services Department. In its first two years, the initiative served nearly 3,000 families with in-home services and more than 500 parents through support groups. The initiative also has developed a Web-based

searchable database listing local parent education classes and resources available in Solano County.

- Starting new family support services and parent education activities, efforts to promote improved prenatal care, and health-related initiatives, such as the SKIP outreach project to enroll children in health insurance programs.

SOLANO COUNTY FIRST 5 CHILDREN AND FAMILIES INITIATIVE: A CASE STUDY

History

The Solano County First 5 Children and Families Commission was established by an ordinance passed by the Solano County Board of Supervisors on June 8, 1999. The ordinance defined the number of Commissioners as nine, the maximum allowed under Proposition 10. Under Proposition 10, the local commission must include a member of the Board of Supervisors and two representatives of the County Health and Social Services Departments. The remaining slots are filled by one representative from each of five districts and one at-large member.

The community was fortunate to have had previous experience in collaboratively planning and delivering services for children and families, and has been able to build on that experience. For example, prior to the passage of Proposition 10, Solano County Children's Network Council had successfully developed a network of eight community-based Family Resource Centers (FRCs) serving 4,000 families annually with comprehensive supports to make it easier for families to access services and connect with the full range of resources needed. With Proposition 10, the county was able to go a step further developing a more sophisticated and extensive network of services.

Funding

Solano County received \$6.4 million in Proposition 10 funding in 2002. The county provided several hundred thousand dollars toward the School Readiness Initiative (matching funds from the state First 5 Children and Families Commission).

Partners

There are nine members of the Solano First 5 Children and Families Commission, who are charged with designing and implementing Solano County's First 5 plans. Members of the Commission include representatives from the Board of Supervisors, the public schools, the community college, and the health, mental health, social work, and early education sectors. An administrator from the Solano County Department of Health and Social Services and a representative from a local police department also participate.

Several agencies partner to provide services to young children and families under the initiative, and are especially active in the design and implementation of the local initiative. These agencies include Head Start in Solano, which also provides Early Head Start services; the Children's Network, a group of children's advocates; and family resource centers, which provide support services to children and families.

Leadership and Governance

The Commission has three committees, which meet monthly: the Internal Systems Committee oversees administrative and personnel matters; the Program Committee oversees programmatic issues; and the School Readiness Committee manages the implementation of the School Readiness Initiative.

THE INITIATIVE'S ACHIEVEMENTS

Solano County has made great strides in improving the quality of care, increasing the availability and affordability of early care and education for families, and making family supports more accessible. The Solano County First 5 initiative has helped the area gain additional resources for early childhood as well.

Improved Quality in Early Childhood

Improving the quality of the child care workforce is essential to enhancing the overall quality of care, since the interaction between a child and his or her provider is such a central component to the child's experiences in care. Recognizing this, Solano County funds stipends to help child care staff increase their education levels and to encourage them to remain in the field. The turnover rate of family child care providers decreased by 15 percent between 2001 and 2003; the turnover rate of center directors dropped 70 percent. Child care providers participating in the program were reported to have a 2 percent turnover rate as compared to the 2001 rate of 26 percent (prior to the implementation of the First 5 initiative) for the field as a whole. Solano Community College has also noted an increase in the number of students successfully completing early childhood education and human development courses since the First 5 initiative began. There has been a 16 percent increase in the number of students successfully completing coursework in these two disciplines since 1999-2000. The number of students awarded an early childhood education degree or certificate has increased by 52 percent since 2000-2001.²⁶ The First 5 initiative is already beginning to increase the sense of professionalism of providers and encouraging them to take greater pride in their work. This, in turn, could lead providers to take additional courses to improve their knowledge and skills and make them more willing to stay in their jobs. Nearly 700 child

²⁶ Information provided by Kim Johnson of the Solano County Child Care Planning Council at the Children's Network of Solano County.

care providers have participated in additional training opportunities that the First 5 initiative created.²⁷

Solano County has taken other steps to improve the quality of care as well. For example, it has provided small grants to child care providers to purchase materials and equipment and make minor upgrades to facilities.

Increased Access to Early Childhood Services

Solano County's First 5 initiative has made quality, full-day early care and education available to additional low-income families. It has used Proposition 10 funds to support new full-day slots in Head Start. The funds are integrated with federal funds, so that parents are not aware which funds are federal and which are from Proposition 10, making the program more accessible to parents because they do not have to apply through a separate funding stream.

Head Start parents—including both those whose children are supported by federal funding and those whose children are supported with local initiative funds—express great appreciation for everything the program has done for them. Parents are pleased with the way the program has met their children's individualized needs. Both mothers and fathers say they have been made to feel welcome in the program and describe how they have been given opportunities to improve their parenting skills. One parent commented, "I am the mother I am today because of Head Start."

Solano County has taken the lead on several additional innovative projects that have provided a model for other communities to follow in order to improve families' access to early childhood services. It is one of the first counties in the state to have an Internet-based consolidated waiting list that makes it easier for families to access child care assistance. Rather than having to apply at multiple locations for different types of programs, families now only have to put their name on a single list. The community is also able to better track the unmet need, since it can provide an unduplicated count of the number of unserved families. Solano County's Family Resource Center is another example of how the county has provided a model for coordination to other communities. The county frequently receives calls from other communities asking for information about the network. In this way, local communities can experiment and innovate and then pass on their successes.

Greater Comprehensiveness of Services/Better Early Childhood Supports

By coordinating Proposition 10 funding with other resources, Solano County has built a comprehensive network of services for families at risk—the Integrated Families

²⁷ Information provided by Kim Johnson of the Solano County Child Care Planning Council at the Children's Network of Solano County.

Support Initiative. This network makes it easier for families to get initial access to help and then to be linked to a variety of other services to meet their individualized needs. The network brings together resources so that families are better able to connect to the full array of supports—whether it be counseling, parenting education, health care, housing, or food—that they need to improve their situation. This project has been a joint effort by numerous organizations, each with its own specialization but all having a common commitment to strengthening supports for children and families facing serious challenges.

Additional Resources Leveraged for Early Childhood

Through collaboration, communities can demonstrate their efficiency and creativity in using resources. This encourages private and public funders to provide additional funding, since they can see their contributions will be used effectively. In this way, Solano County has used its collaborative initiative as an opportunity to leverage funding from other sources. For example, the consolidated waiting list is supported with a grant from the David and Lucille Packard Foundation. Solano was also one of nine counties in California to receive funding from the State Department of Education to participate in the Centralized Eligibility List Pilot Project.

For the Family Resource Center network, the First 5 Commission and its partners combined Proposition 10 funding with state and federal public health dollars and child welfare funds. The Reach Out and Read initiative, which provided every pediatrician with books to give to parents, was supported with Proposition 10 funds in collaboration with a library foundation. Parent Opportunity Fund Grants, which pay for books, transportation, and other minor costs for parents in Head Start attending school, was initially funded by the First 5 Commission using Proposition 10 dollars, but now is covered by a private donor. Solano’s C.A.R.E.S. project is made possible by grants from First 5 Solano Children and Families Commission, First 5 California Children and Families Commission (the state Proposition 10 commission), and the California Department of Education.

EVALUATION AND RESULTS

Solano County’s First 5 Children and Families initiative, despite being in its early stages, has improved early childhood services. The county has rewarded child care providers for meeting higher educational and professional standards; linked early childhood, health, family support, and other services and made them more accessible to families; and has made services more affordable. Now the community must decide how to best demonstrate the results of its initiative, which is a challenge because many of the products of collaboration are hard to measure, such as providers’ increased pride in their work. Meanwhile, those outcomes that the First 5 Commission has chosen to use to evaluate the effectiveness of its initiative are outcomes that the initiative cannot immediately impact.

To measure the success of the initiative, the Commission has decided to focus on third-grade reading scores, since the goal of the initiative is to ensure children are healthy and ready to succeed when they enter school. Yet the initiative serves children from birth to age five who will not be in third grade for several years, so the impact of the initiative on reading scores in third grade would not be seen for some time. If any changes were measured at some point, it would be impossible to disentangle the effect of the initiative from all of the other influences during the first five years of a child's life, as well as in the early years of elementary school prior to third grade. As a result, the initiative could get blamed for discouraging developments for which it is not responsible or could fail to receive adequate credit for positive trends. This could make it difficult to build and sustain public support for the early childhood programs and services funded by the initiative, putting it in jeopardy.

In the interim, more immediate indicators of success—the number of providers who receive training, the decrease in provider turnover, the number of families receiving support services, and the number of grants to providers and information about the ways they were used to improve programs—could be used to illustrate the initiative's success to date and make the case for continued public support.

REMAINING CHALLENGES AND GAPS

Despite its notable accomplishments, Solano County's First 5 Children and Families Commission still has work to do to create a comprehensive, coordinated system of supports for children and families and ensure that children enter school ready to succeed. The commission must address long-standing gaps in the county's early childhood services and resources while facing broader economic, demographic, and social challenges that may make its goals more difficult to achieve.

Solano County must constantly make tough choices about how to use its limited resources. One area in which it confronts such choices is in trying to balance the needs of different groups of providers. Family child care providers and child care center providers both wish that they could receive more resources and feel that the other group is getting more attention. Yet, in fact, there are simply not enough resources to go around to meet either group's needs. The county continues to reach out to both sets of providers and design initiatives that will meet their varied needs. It is also trying to involve informal providers, such as relative care and license-exempt providers, in training and other quality improvement activities.

The lack of resources also has forced the county to make difficult decisions about what gaps in early care and education to address. While many low-income families are stuck on waiting lists, the relatively limited amount of funding available through the initiative could not begin to alleviate the situation. Many families working hard and trying to play by the rules struggle to find child care. Even when the child care that families need is available, it may be unaffordable; the average annual cost of full-time

licensed care in a center for an infant is nearly \$8,000. Solano County offers families some child care assistance through various state-funded programs, yet there is not nearly enough help available to meet the demand, leaving many low-income families unable to qualify or stuck on waiting lists despite meeting the eligibility cutoff. One mother was delaying marriage because the combined income for her and her fiancé would put them over the eligibility cutoff for assistance, even though their income would still be far below what would be needed to make child care costs manageable.

Even if all of the county's Proposition 10 funding, which must be used to address not only child care and early education but also other early childhood needs such as child health care, were used for subsidies, it would only equal about one-third the amount (\$19 million) that is available for child care subsidies through federal and state funds. At this funding level, it could not adequately address the problem. Therefore, the Commission instead has chosen to concentrate its resources on improving the quality of care, where it believes it can have some impact.

Many families also face serious challenges finding child care that meets their particular needs. Families with children who have special needs praised the Head Start program for acknowledging those needs and providing the interventions that would benefit them. Yet they also described the multiple barriers they confronted trying to get their children's needs acknowledged and addressed prior to enrolling in Head Start.

Families searching for other types of specialized child care also have difficulties. Infant care is in short supply in Solano County and, as in most communities in this country, the supply of odd-hour care for parents working evenings, nights, or weekends is limited.

There are major challenges for early childhood programs as well. Child care providers continue to struggle to maintain high quality programs and financial viability. The uncertainties families face regarding their ability to hold on to their child care assistance and to afford child care, with or without help, create uncertainties for providers. Those serving large numbers of families receiving subsidies worry that they will not be able to stay in business if parents lose those subsidies and are no longer able to afford child care on their own.

Providers are also uncertain about whether they will continue to receive support for their career and salary advancement through the state- and locally-funded compensation and retention initiative. While providers have enjoyed being able to receive additional education and earn higher wages, they are not at all confident that this initiative will continue to be funded in the future. This makes them reluctant to commit their time and resources to taking courses and developing their knowledge and skills. In addition, despite efforts to professionalize the field and build connections among child care providers, many providers still feel very isolated and are not even aware of the opportunities that the local initiative offers.

Another challenge for the community is the difficulty of involving established advocates and developing new ones. At first, the rules and regulations of Proposition 10 contributed to this. Many involved in the sectors affected by the initiative, such as child care providers, found the formal procedures intimidating and were reluctant to participate in and speak up at meetings. New local councils, such as Solano's First 5 Commission, also need the time and resources to learn how to collaborate, as well as plan, implement, and evaluate early childhood programs.

Solano County has several larger challenges as well that make it particularly difficult to provide good early care and education for children and families. One challenge is that the cost of housing, while reasonable relative to the region, is increasing, making it more and more difficult for families to make ends meet. As families' budgets are squeezed by other necessities, they have less left to spend on child care.

Transportation issues also have a spillover effect on access to adequate child care. For families who do not own their own cars, there is a bus system but it runs infrequently. One mother who took her children to their child care center on the way to work was not even able to get off the bus to bring her children into the center herself because she would have to wait too long for the next bus. Instead, she stayed on the bus and a center staff person came to the bus stop to meet her children. Families who drive to and from work often face long commutes, which means that their children must stay in child care for longer hours and parents must pay more. Yet many families do not have a choice about their commutes because they cannot afford the cost of housing in areas closer to where they work.

In 2002, the community grappled with all of these issues in the context of a serious state budget crisis. While the Commission did its best to achieve positive results, in light of budget constraints, Solano County was certain to feel the effects of California's economic and fiscal problems. In the future, the community's resources, already stretched thin to fill gaps in services for children and families, are likely to be stretched even thinner to compensate for new and growing gaps. The First 5 Commission and its partners will have to focus on maintaining their achievements, and at the same time, continue to develop their role as a convener and planner of early childhood programs.

THE COMMUNITY: DURHAM, NORTH CAROLINA

Durham is one of North Carolina's largest cities, neighboring the state capital of Raleigh and also Chapel Hill, where the University of North Carolina is located. The home of Duke University, Durham boasts well-educated professionals, foundations, and high tech companies. But alongside booming growth and prosperity for educated professionals and their families, many others have been left behind as factories and plants have closed. Good-paying jobs for those with only a high school education are now few and far between.

- **Population:** According to the 2000 U.S. Census, approximately 223,000 people live in Durham County.²⁸ There were 15,492 children under the age of five living in families in Durham County in 2000.²⁹
- **Demographics:** Many of Durham's young citizens are poor and come from increasingly diverse ethnic backgrounds. Agencies serving children and families report a surge, especially in the number of Latino children and families in need of services.³⁰ In Durham County, approximately 51 percent of the residents were White, 40 percent Black or African American, and 8 percent Hispanic or Latino.³¹ Although children in Durham's public schools speak 40 different languages, agencies serving children and families still primarily deliver their services in English.³²
- **Income:** In 2000, out of a total of 25,901 families with children, 4,285 (17 percent) lived below the poverty level. Nearly 2,500 of these were families with children under the age of five.³³ The median income for families living in Durham County was \$53,223, yet almost one-third of the families in the county earned less than \$35,000.³⁴ In the Durham area, a family with one parent and two children requires at least \$40,000 to pay for housing, food, child care, transportation, health care, and other necessities.³⁵
- **Employment:** Sixty-four percent of Durham's children under the age of six lived in families in which all parents in the household were working.³⁶ Major employers in Durham include Duke University and its hospital, high tech companies, retailers, and services. One-third of Durham's workforce is employed in education, health, or social services, 20 percent in retail or other service industries, and 10 percent in

²⁸ U.S. Bureau of the Census, Census 2000.

²⁹ U.S. Bureau of the Census, Census 2000.

³⁰ Susan Perry Manning, Child Care Services Association, verbal communication, May 2002.

³¹ U.S. Bureau of the Census, Census 2000.

³² Bert L'Homme, Durham Public Schools, verbal communication, May 2002.

³³ U.S. Bureau of the Census, Census 2000.

³⁴ U.S. Bureau of the Census, Census 2000.

³⁵ Income estimates based on costs for housing, food, transportation, health care, and some other items from the Economic Policy Institute Basic Family Budget Calculator, available on the Internet at www.epinet.org, and the median cost of child care for a four-year-old (\$5,876 or \$489 a month) and a 12-month-old (\$6,968 or \$580 a month) from *The High Cost of Child Care Puts Quality Care Out of Reach for Many Families*, Children's Defense Fund, 2000.

³⁶ U.S. Bureau of the Census, Census 2000.

manufacturing.³⁷ Durham has many well-paying jobs for the nearly 17 percent of adults age 25 or older who hold a graduate or professional degree, but fewer opportunities for the 17 percent of adults who do not have a high school diploma.³⁸

- **Resources:** Durham benefits from state investments in the T.E.A.C.H® Early Childhood and Child Care WAGES® projects, which have increased opportunities for training and improved compensation and benefits for child care providers. Community resources include institutions of higher learning and community philanthropies. Duke University and North Carolina Central University provide student volunteers and materials for early childhood programs. The local PBS station conducts literacy trainings for teachers. The United Way has a children's issue team that includes representatives from Head Start and child care, and gives direct financial support to early childhood programs as well as scholarships to enable low-income children to attend early education programs.
- **Child Care:** In May 2002 in Durham County, 106 child care centers served a total of 4,484 children ages zero to five, and 387 child care homes served a total of 931 children ages zero to five. Nine percent of centers and 6 percent of child care homes were nationally accredited. Nearly 4,000 (3,897) children ages zero to five received subsidies, but only 20 (less than 1 percent) of the children with subsidies received care from unregulated providers.³⁹ In May 2002, 554 children ages zero to five were on the waiting list for child care subsidies in Durham County.⁴⁰
- **Head Start:** In 2002, Operation Breakthrough operated Head Start programs at four sites with a total of 25 classrooms. Twenty-one of those classrooms were located at Operation Breakthrough's headquarters in an old school building in Durham. The other four classrooms were at outlying sites: one at Glenn Elementary School, one at McDougald Terrace Housing Authority, and two classrooms at the Oxford Manor Housing Development. In 2002, Head Start served 459 low-income three- and four-year-olds in Durham. The program ran from September to June, between 8:30 a.m. and 2:30 p.m., with the exception of Glenn Elementary School, which served children from 7:30 a.m. to 3:30 p.m. Before- and after-school care was available to children whose parents were working or in school.
- **More at Four:** In October 2002, Durham received its first state More at Four funding to enroll 229 at-risk four-year-olds in prekindergarten offered through the public schools, child care, and Head Start. More at Four is an initiative that was launched by Governor Easley in 2001. It provides \$8.6 million in state funding with the goal of reaching all at-risk four-year-olds with high quality educational programs to better prepare them for kindergarten. As of January 2003, More at Four was in effect in 88 of North Carolina's 100 counties.

³⁷ U.S. Bureau of the Census, Census 2000.

³⁸ U.S. Bureau of the Census, Census 2000.

³⁹ Susan Perry Manning, Child Care Services Association, verbal communication, May 2002.

⁴⁰ Susan Perry Manning, Child Care Services Association, May 2002. As of September 30, 2003, only 2,646 children ages zero to five received child care subsidies. There was only one unregulated provider (a family member), providing care for children with subsidies. There were 578 children on the waiting list. In Durham County, 130 child care centers served a total of 4,416 children, and 282 family child care homes served 1,067 children ages zero to five. (Information provided by Megan Risely and Gretchen Mathison from Child Care Services Association.)

THE INITIATIVE: DURHAM’S PARTNERSHIP FOR CHILDREN

Smart Start is a statewide community-based initiative that uses state dollars to fund child care, health, and family support services for children ages zero to five and their families. Durham’s Partnership for Children was founded in 1994 to administer North Carolina’s Smart Start program in Durham County. The Partnership’s mission is “to mobilize and unify the Durham community to create and support innovative and successful approaches to serving the needs of children zero to five and their families.”

Local partnerships must use Smart Start funds to formulate comprehensive, collaborative, long-range plans to improve the early care and education systems in their communities and oversee the development and implementation of local services. North Carolina requires that local partnerships target at least 70 percent of their funds for early care and education. Health and family support activities can make up no more than 30 percent of the total Smart Start funds. At least 30 percent of the total Smart Start funds must be used for child care subsidies. These broad requirements were designed to provide a safety net for families, expand the availability of child care subsidies statewide, and ensure that the funds stay in early care and education. Child care subsidies were seen as a basic family support to alleviate family stress by helping parents work.

Setting goals and deciding how to best provide services to support young children is an ongoing process for Durham’s Partnership for Children. Although guided by Smart Start’s broad spending requirements, Durham’s Partnership has a great deal of latitude to determine which agencies can best provide specific services. Members of the Partnership regularly assess the needs in their community as well as review and approve funding applications from local agencies for Smart Start dollars on an annual basis.

Accomplishments

Durham’s Partnership for Children supports efforts to improve early childhood programs and make them more affordable, allowing more children to get off to a strong start. It also funds agencies that provide other essential services—including health care for pregnant women, infants and young children, family support, parent education, emergency financial assistance, interpretation services, transportation to good quality early childhood programs, and mental health programs. For nearly a decade, Durham’s Partnership for Children has created or improved programs so low-income children do not fall through the cracks, making progress toward creating a comprehensive system of early childhood supports.

Durham’s Partnership for Children has accomplished the following:

- Made child care more affordable for low-income families. (A minimum of 30 percent of Smart Start funds must be used for child care subsidies.) Durham uses the funds to help parents work and pay for child care in licensed high quality programs.

- Created one office where parents can apply for several early childhood programs including child care subsidies and HealthChoice.
- Improved the quality of early childhood programs by introducing new services and creating collaborations among early childhood, family support, health, and other services, and public school programs.
- Increased opportunities for early childhood professionals to obtain additional training and education as well as improved compensation for child care providers to stay in the field through Partnership support for T.E.A.C.H® and WAGES®.
- Strengthened cooperation and relations among organizations serving diverse members of the community. The community has developed a broad-based, community-wide collaborative approach to planning and delivering services.
- Built a core of advocates for young children across agencies and neighborhoods in Durham. This has involved empowering parents, representatives from community agencies and early childhood programs through a cooperative strategic planning process and leadership and advocacy training.

DURHAM PARTNERSHIP FOR CHILDREN: A CASE STUDY

History

In 1994, Durham's Partnership for Children was founded to administer North Carolina's Smart Start program in Durham County. Eighty-two local partnerships, covering all of North Carolina's 100 counties, allocate state Smart Start funding to community agencies in three focus areas: child care and education; family support programs; and health and safety services for children ages zero to five and their families.

Smart Start required localities to develop new local partnership boards to lead the planning and implementation process and administer the state Smart Start funding in their communities. Communities had to form new nonprofit organizations as their local partnership boards. The reasoning behind this requirement was that newly established organizations were most likely to gain buy-in and trust from community agencies that would partner with the organization to plan and implement services for children and families. A new organization would not be burdened with its own agenda or spending priorities, but could more adequately reflect the priorities of all of its members. The local partnerships act as their own fiscal agents, disbursing and accounting for state Smart Start funding that flows through the local partnership to agencies and services in the community. As required, Durham's Partnership for Children was incorporated as a 501 (c)(3) organization in 1994.

Durham's Partnership for Children received a great deal of assistance on collaboration and leadership from the state Smart Start office prior to launching the city's initiative. Relationships among Head Start, child care, the public schools, and other organizations involved in the partnership had to be strengthened before the group could move forward and identify its mission and goals.

One member of the Partnership remembers, "We first started out on the board and we all were charged with different agendas. We had to put children first and families first, and not focus so much on what agency is doing this, and what agency is doing that. We're all part of the community, and we represent the community so we had to let go of where we work to be a part of the community. It was really a lot of work to iron out our feelings in Durham. We have come such a long way in building trust. We had some sessions on collaboration and diversity that opened our eyes about different cultures and helped us all gain some respect. I mean I gained more respect for some of the people I had been working with because I began to see them differently from when I first became involved with them. And together we have really met the challenge. We still have a lot to do, but we have come a long way."

Funding

Smart Start has provided substantial state funding for early childhood to communities since 1993. Local partnerships use these funds to support and bring together programs that offer early childhood, health, and other essential services to young children and families. But state funding for the program has been reduced three years in a row. The state budget for the More at Four program is likely to increase to \$8.6 million in 2003-2004, but this does not make up for the decline in state funding for Smart Start.

In 2002, Durham received \$8 million in Smart Start funding.

Partners

Membership in local Smart Start partnerships is mandated by state legislation. The local partnerships must have at least 21 members of the community on their boards: the county manager, a county commissioner, a representative from municipal government, the directors of the local departments of Social Services, Health, and Mental Health, the superintendent of public schools, the community college president, the director of the local cooperative extension agency, two business leaders, two parents with preschool-age children receiving child care assistance, a religious leader, a Head Start representative, a center-based child care provider, a family child care provider, and representatives from a child care resource and referral agency or other nonprofit agency related to child care, the local library, a local foundation, and the local Interagency Coordinating Council or a parent of a child with disabilities must be included.

In Durham, Smart Start provided both the carrot and the stick needed to bring these partners together. “They were told they had to be here, but \$9 million on the table really helped,” says one partnership member. “The truth is that the partnership has some sizeable resources for the community. Smart Start requires that community agencies come together and figure out how you’re going to use these resources. The funding is an important piece because it’s hard to do collaboration with no resources and also people are busy. When you talk about millions of dollars and how you’re going to spend that in the community, people will come. And there’s some stick too. This is from the local partnership as well as the state level—there are definite rules around who will collaborate and participate.”

The major members of Durham’s Partnership for Children include:

- Child Care Services Association (CCSA), the agency that administers WAGES® and T.E.A.C.H.® in Durham County and statewide, ensures the affordability, accessibility and quality of child care in Durham County through a variety of other services as well. CCSA helps families find child care by providing information about quality indicators, state regulations, and how to choose care, and by matching families with child care programs that meet their needs. The organization’s bilingual staff works with the growing Latino population in Durham County, bridging the language barriers these families often face. CCSA, as a partner in Durham’s Alliance for Child Care Access (described below), supports a unified system that helps families pay for child care with child care scholarships and provides information about other forms of financial assistance. CCSA works to improve the quality of child care with local quality initiatives that include technical assistance, training, and incentive grants to improve child care environments, and also has a teacher job vacancy/applicant listing service. It also sponsors the USDA’s Child and Adult Care Food Program for family child care homes in Durham and surrounding counties.
- Durham’s Alliance for Child Care Access, a collaboration of the Durham County Department of Social Services, Durham’s Partnership for Children, Child Care Services Association and Operation Breakthrough (the agency that administers Head Start), was established in 2001 to allow families to access information and referrals, scholarships and subsidies, and transportation— all through one organization. Because Durham County has some of the highest rates for child care of any county in the state, many families cannot afford the cost of care on their own. Durham’s Alliance for Child Care Access manages the vast majority of child care scholarships in Durham County. Funds for this subsidy program come from the federal government, the state, Smart Start, Triangle United Way, and other private sources. Child care assistance through Durham’s Alliance for Child Care Access is primarily available to parents who are working. Families who need child care to work, who are in crisis, or have a child who is developmentally delayed or has special needs may qualify for assistance. In some cases, parents attending community colleges or undergraduate schools are eligible.

- Operation Breakthrough, a community action agency based in Durham, operates Head Start programs at four sites with a total of 25 classrooms. Twenty-one classrooms are located at Operation Breakthrough's headquarters; the other four classrooms are at outlying sites: one at Glenn Elementary School, one at McDougald Terrace Housing Authority, and two classrooms at the Oxford Manor Housing Development. In 2002, Head Start served 459 low-income three- and four-year-olds in Durham. The programs run from September to June from 8:30 a.m. to 2:30 p.m., with the exception of Glenn Elementary School, which serves children from 7:30 a.m. to 3:30 p.m. Before- and after-school care is available to children whose parents are either working or in school. The wrap-around program, funded by the Durham County Department of Social Service allows Head Start to provide full-day care to children between 7:00 a.m. and 6:00 p.m. Families are charged a fee for these extended day hours according to their income. Operation Breakthrough's Head Start program provides a number of essential services for low-income children: They receive breakfast, lunch, and a snack daily; children also receive comprehensive supports including medical, dental, mental health, nutrition, and speech and language services; occupational and physical therapists also are on the staff. Family partnership workers recruit families and work with parents to support their role as the principal influence in their child's education and development. Head Start families can easily access supports provided by Operation Breakthrough to low-income households because the majority of the Head Start classrooms are housed on site in Operation Breakthrough's administrative building. So when they drop off or pick up their child, families can apply for a range of services, including the USDA Food program, the U.S. Department of Energy's Weatherization program, the emergency relocation program, family counseling, job placement services, G.E.D. classes, income tax assistance, and summer enrichment camp for children ages six to 13. Having these resources in one place makes getting to work and home again much easier for low-income families who may have no transportation of their own.
- The Durham Public School District used federal Title I funds to provide part-day prekindergarten to 136 at-risk four-year-olds during the 2001-2002 school year. It will participate in Durham's Partnership for Children's More at Four program in future years, which will provide prekindergarten services to other at-risk four-year-olds in the public schools, child care, or Head Start programs.

Leadership and Governance

Durham's Partnership for Children provides leadership on early childhood in the Durham community. The Partnership is fortunate to have administrative funds for staff who can develop collaboration, administer contracts with the local agencies chosen to provide services, and annually assess the agencies' effectiveness. The Partnership, which had eight full- and part-time staff members, used approximately 5.5 percent of its Smart Start allocation from the state to administer the initiative. In Durham County, administrative funding was approximately \$400,000 in the year ending June 2003.

The Partnership is an independent nonprofit organization and is housed in its own office. To facilitate the management of the initiative, the partnership's offices are located adjacent to those of CCSA.

Many of the board members represent agencies that can benefit from the actions of the partnership. The partnership prohibits these members from making funding decisions regarding organizations they represent; all members sign a conflict of interest form to present problems in advance.

THE INITIATIVE'S ACHIEVEMENTS:

Durham's Partnership for Children, with Smart Start funds, brought diverse members of Durham's communities together to plan how to meet the needs of low-income children and families. The Partnership uses Smart Start funds to identify gaps in services and develop new programs or coordinate existing programs to fill these gaps. It also improves the quality of early childhood services so that all young children have access to good quality programs. The Partnership has made early childhood services more accessible to families by making it easier for families to learn about and apply for services they need.

Smart Start, while one of the most generous state early childhood initiatives in the nation, does not provide enough funding to meet the needs of every young child and family. However, it has allowed Durham's Partnership for Children to bring agencies together to provide a broad range of services for low-income children and their families.

Improved Quality in Early Childhood

The QuEST Project is an effort funded by Smart Start to improve the quality of child care provided to young children in Durham. In this project, Child Care Services Association:

- Helps child care centers and family child care homes identify their strengths and areas needing improvement through an on-site assessment;
- assists in redesigning classrooms.
- Helps programs develop individualized professional development plans for their staff.
- Refers programs to other supportive services such as community mentors, resource teachers, T.E.A.C.H. Early Childhood® scholarships or health insurance program and/or the Child Care WAGES® project.
- Develops a plan for how the programs will spend implementation funds on quality improvements.
- Provides help in becoming nationally accredited through the National Association for the Education of Young Children or the National Association for Family Child Care.

- Supports teachers of four-year-old children in developing classrooms that help children prepare for school.

The Star Incentive Bonus Project, another quality improvement effort supported by Smart Start in Durham, helps early childhood care programs move to a higher level of licensure. With technical assistance from CCSA, programs assess their ability to meet star-rated license requirements and develop a plan and timeline to obtain a higher rating. Programs receive a cash bonus after they achieve a higher licensure level. In 2002, 140 programs received help from QuEST or the Star Incentive Bonus Project.

In 2002, Durham's Partnership for Children and CCSA also supported the Literacy and School Readiness Enhancement (LASRE) Project using federal Early Learning Opportunities Act funding. This project supported child care and Head Start programs, affecting approximately 1,400 children ages zero to five and their parents. The goals of the LASRE Project were to increase children's readiness for school and improve their transition to school, improve preschool teachers' and parents' knowledge of school-readiness attributes and strategies, raise the education levels of preschool teachers, and engage parents and child care teachers in more reading and other literacy activities with children, including infants and toddlers.

The project supported Reading Together Family Libraries in early childhood programs and distributes monthly literacy newsletters highlighting various reading activities for different ages to parents and teachers. Teachers and parents received training on how to effectively read and talk with young children. Teachers also attended 16 training sessions on school readiness, child assessment, early literacy, curriculum development and effective transitions. To make it easier for teachers to participate in the project, programs were reimbursed for the cost of substitutes. Programs had to achieve a three-star rating or higher before they could participate, and priority was given to programs serving low-income children (25 percent or more children in the program had to be low-income).

The project promoted school readiness in several ways. It facilitated communication and collaboration between kindergarten teachers and preschool teachers concerning expectations and activities of kindergarten. It provided child assessments in social and emotional development, language, and literacy to identify and treat any delays. The project also supported resource teachers who work in the classrooms of three- and four-year-olds where children were having difficulty meeting classroom behavioral expectations. The resource teachers provided training and consultation to improve teaching skills in early childhood programs as well.

Affordability

In 2001, Child Care Services Association (CCSA), the Department of Social Services, Operation Breakthrough and Durham's Partnership for Children jointly created the Durham Alliance for Child Care Access (DACCA). At DACCA, parents can apply for assistance from the Partnership's child care subsidies, DSS subsidies, and United Way scholarships. The model is set up to have staff at DACCA match these families' child care needs with the various eligibility guidelines of the different available programs. This method allows the community to maximize funds. For example, families who are living at poverty or below can be served with Head Start, using child care subsidies for wrap-around child care. This frees up other child care funds for families who have slightly higher incomes but still fall within subsidy eligibility guidelines and need help paying for child care.

Durham set its eligibility guidelines for a family of four to approximately \$38,000. However, priority is given to families who are in the greatest need, and the majority of families with subsidies earn approximately \$17,000.⁴¹

Increased Access to Services

Durham's Partnership found a way for agencies and organizations to blend resources and deliver child care assistance services. Parents can now go to the DACCA office, no longer needing to go to several separate organizations in different locations to get information about early childhood programs and apply for child care subsidies and scholarships. Administrators say that the location alone has changed the dynamic for families applying for assistance. Parents can make appointments and not have to stand in line for two or three hours at a time, which had happened previously when they applied through the Department of Social Services. When the time comes to re-determine a family's eligibility for assistance, parents can fax in their information rather than having to visit the office. There is also a phone system with people answering the phones, so parents can receive much of the information they need without having to go to the office. Bilingual staff can provide child care referral and quality counseling in English and Spanish. A part-time staff person, who monitors and trains providers, is housed in this office as well.

Coordination of Programs and Services

Durham's Partnership for Children brings together the major early childhood service providers in the county to plan how best to support families. By coordinating their services, agencies can provide a full-day and full-year of child care, quality early education, transportation, and comprehensive services such as family support and health care, for young children who might otherwise miss out on these services.

⁴¹ Susan Perry Manning, Child Care Services Association, verbal communication, May 2002.

In 2002, the Durham public schools served 136 children with a half-day prekindergarten program funded by Title I, but these children were out of school by noon. Most of the children required a full day of services because their parents were working. They could attend wrap-around Head Start or child care programs for the rest of the day, but their parents could not leave work, pick them up from school, and drop them off at another program. So the school district provided transportation for these children for the rest of the day.

Head Start and child care programs also coordinate their programs to provide a longer day of care by using wrap-around care. This program transports children to their child care providers who have ratings of three stars or higher. (All Durham County Head Start programs have achieved three- to five-star licenses.)

The Partnership has helped Operation Breakthrough and Durham's public schools build transition efforts between the two programs in other ways as well. Public school and Head Start teachers attend meetings on teacher expectations, curriculum, and activities. Head Start introduces activities, including visits to their neighborhood schools, to acclimate children to public school programs. "The kindergarten teachers in the city say that they know when a child comes from the Head Start program they come into school with a level of knowledge and the ability to pay attention and sit. They also tend to know the alphabet and can write their name," said a member of the Partnership.

This level of coordination would not have been possible prior to Smart Start. Durham's Partnership for Children provides new resources as well as a gentle push to move local programs toward joint ventures. Assistance from the state Smart Start Partnership office helped partnering agencies in Durham understand each others' programs and helped these partners acquire the technical skills needed for collaboration. They needed time to develop a shared vision and plan how services could be provided to young children and families.

Greater Comprehensiveness of Services and Better Early Childhood Supports

Head Start provides comprehensive services to low-income children and families and helps parents gain the skills they need to support their children. One mother with a young child suffering from lead poisoning had battled to get her child medical services. She had little success in working with doctors to form a plan of treatment. When her child attended Head Start, this mother learned how to be an advocate. She was able to use the program's health screening services and was linked with a doctor who would work with her to see that her son's condition was addressed. This mother went on to become a parent leader in the program, and her son's condition has steadily improved.

Operation Breakthrough, because it is a community agency, can provide a range of programs even beyond the comprehensive services offered through Head Start.

*Operation Breakthrough is housed in an old public school in Durham.
The sights and sounds of busy children bring the big brick building to life.*

Children's art and stories line the walls of the hallways outside their classrooms. Inside, bright spaces are filled with charts, plants, books, puzzles, scales, and toys. Adults and children sit side by side on pint-sized chairs, working on projects. Teachers proudly display their students' work, storing their observations alongside the children's finger paintings, drawings, stories, and writing, in notebooks to share with parents and visitors. A nutritionist checks in as lunch cooks in the cafeteria. A sunny playground beckons outside. Children chatter as they run into their classrooms, excited after visiting the schools where they will attend kindergarten next year.

Operation Breakthrough's old building is a place where children learn. But it is also a place where families can come to get help to pay their heating bills, where a little girl can get clothes to keep her warm in the winter, and where a mother can talk with trained professionals about her hopes and concerns for her children. It is a place that makes sure that children eat, see doctors and dentists, and get early intervention and follow-up services that they require. And it is a place that kindergarten teachers thank for preparing children for school.

These are the kinds of supports that affluent families take for granted, but low-income children often live without. Because few programs for young children and their families can provide such a broad range of services under one roof, Durham's Partnership for Children assists agencies to ensure that they offer these kinds of supports. Parents can find out about these services through referrals from child care programs, and agencies can refer clients to each other's services as well. In 2002, the Durham Partnership for Children funded these agencies to deliver a broad range of services to children and families:

- Linkages to Families provided intensive home visiting services to pregnant women and their infants through the Durham County Health Department. The Partnership, through the Durham County Health Department, also funded a health care consultant who provided health information and educational materials to child care programs in the county.
- Healthy Families Durham, Child and Parent Support Services is a home-based family support program for first-time at-risk parents or pregnant parents who already have one or more children ages zero to five who need help with basic parenting skills, mental health issues, or who have a child with special challenges.
- Family Support Subsidy, a project of The Arc of Durham County, provides one-time financial assistance for families with special needs or at-risk children for specialized services and equipment, developmentally appropriate materials, and parent education.

- Little River Family Resource Center, Little River Community Complex, offers parent education workshops, family literacy education, ESL classes for Spanish-speaking parents, preschool groups in both English and Spanish, children's activities for child care homes and centers, and family support services.
- FAMOSA, El Centro Hispano, Inc., supports Spanish-speaking families with parent education on topics related to child development, literacy, and health, as well as with referrals to resources in the community.
- Early Childhood Outreach Project, Exchange Clubs Child Abuse Prevention Center serves families with a child who is experiencing non-compliant, maladaptive, and aggressive behavioral difficulties in their child care setting.
- The Durham Council for Children with Special Needs Hispanic/Latino Family Consultation program offers interpretation and translation services for Spanish-speaking families with children who have special needs so that the children can receive specialized therapies and interventions.
- Welcome Baby Family Resource Center gives information and materials to families with newborns through hospital visits and telephone support; offers parent education workshops on a variety of topics including "Motherread" family literacy classes; and provides car seats for families who need them in conjunction with a mandatory training in car seat use. All classes are offered in both English and Spanish.
- Smart Start Transportation transports children receiving child care subsidies whose families do not have cars to quality child care centers and homes with three-star ratings or higher.

EVALUATION AND RESULTS

Durham's Smart Start Partnership and the programs it supports are evaluated regularly. The Frank Porter Graham Center at the University of North Carolina has conducted numerous studies of the effectiveness of Smart Start, T.E.A.C.H., and WAGES across the state. Researchers and children's advocates in North Carolina regularly use results from these evaluations to underscore the need for continued investment in Smart Start. Findings from a study published in March 2003 by the Frank Porter Graham Center show that the quality of child care programs significantly and steadily improved across North Carolina between 1993 and 2002, the period in which Smart Start was gradually implemented statewide. The researchers determined that Smart Start-funded activities are significantly related to preschool classroom quality. The researchers also found that children who attended higher quality centers score significantly higher on measures of skills and abilities deemed important for success in kindergarten than children from lower quality centers.

In addition, local partnerships gather county-level data on the workforce and its participation in T.E.A.C.H. and WAGES, as well as Smart Start, to illustrate the local impacts of these programs. They also regularly evaluate the services that they support with Smart Start funds. In Durham County, programs funded by the Partnership must submit monthly financial reports showing how they are spending Smart Start dollars. They must also provide quarterly reports on the number of children and families they serve and what services they receive, as well as any barriers or issues that arise, and programs must participate in an annual evaluation. Staff at the Partnership collect data at year's end and at mid-year intervals to ensure programs are on track to meet their annual goals and to determine future funding decisions. They use program records, interviews, questionnaires or surveys, pre- and post-tests, observation, and other techniques.

The Partnership uses information from other sources as well to evaluate programs. The five-star rated license is one useful way to measure the quality of child care programs. In Durham County, more than half of the 4,484 children ages zero to five receiving child care in centers in May 2002 were in centers with a rating of three stars or higher. Centers that received three-star ratings met minimum licensing requirements, had fewer children per provider, and had more space per child than required. They also scored at least a four on the Early Childhood Environmental Rating Scale. The directors and providers in three-star centers have more education than those in centers with lower star ratings.

Child care homes received lower star ratings than centers in Durham County. In May 2002, a large majority (775 out of 931) of children ages zero to five enrolled in family child care homes were in homes that received one star. These homes—a striking 75 percent of the family child care homes—only met the minimum licensing requirements for operation. In North Carolina, family child care providers caring for one or two children are legally exempt from regulation. The licensing requirements allow a licensed family child care provider to care for three to five preschool children, including infants, and for three additional school age children as well. The total number of children in the provider's home may not exceed eight children, including the provider's own preschool-age children. There are no special regulations for infants and no space requirements for family child care homes. Providers must be 21 years old and have a high school diploma or the equivalent. They must have CPR and first aid training, and 12 hours of training annually if they have less than 10 years experience working as a child care provider in a regulated setting, and eight hours of training if they have 10 or more years of experience.

Child Care Services Association gathers data on local efforts to improve early childhood programs. These data show that teacher training and turnover, both quality indicators, have improved:

- In 2002, 140 programs in Durham County received technical assistance.
- In 2001, 54 percent of child care centers had staff participating in the T.E.A.C.H. program, compared to 32 percent participating statewide.

- In 2001, 57 percent of child care centers in Durham offered fully paid or partially paid health insurance to their teachers.
- Teacher turnover rate dropped from 34 percent in 1998 to 19 percent in 2002. Turnover among teachers participating in the WAGES project was even lower, at 16 percent.
- In May 2002, 327 teachers from 141 child care programs were participating in WAGES. In 2001, the median six-month salary supplement was \$581. Of those receiving the supplement, 81 percent said it had encouraged them to stay in the field.

REMAINING CHALLENGES AND GAPS

Durham's Partnership for Children has successfully pulled together members of diverse communities in Durham to plan and implement early childhood services. Partners have worked hard to overcome a history of political, racial, and cultural divisions among community activists, city officials, and representatives from organizations that make decisions about services for children and families. Yet larger economic realities, such as a large number of adults without high school diplomas and thousands of young children living in poverty, are persistent challenges for local agencies that do not have enough resources to serve families with many needs.

While the members of Durham's Partnership for Children are proud of their achievements, they acknowledge that harsh challenges remain for low-income children. Some services are not available in low-income neighborhoods or are simply too expensive for low-income families. "People look at Research Triangle and there's an illusion of wealth. But there is a lot of poverty in Durham," said an education director at Durham's Head Start program. She sees many children "with failure to thrive and not enough medical care. Lincoln Community Health Center is so overwhelmed. Parents must make appointments far in advance and sit through long waits. Mental health is an issue for families. Families end up using emergency rooms as health care. Dental care is a problem. Many children do not have health insurance or Medicaid coverage, and if they do have Medicaid, many providers do not accept it." Many families come to the Head Start program without having had a doctor for their child.

Some areas of the city are worse off than others. The Northeast central neighborhood, home to a growing Latino population, a large African American population, and families with very low incomes, has few programs. Families there have a very hard time finding early childhood services they need to help their children arrive at school healthy and ready to succeed. Parents who are recent immigrants to the area or who do not speak English face additional barriers. It is difficult for parents to use services if they do not know where to go or cannot communicate with service providers. Durham's Partnership has addressed this issue by consolidating applications for many of their early childhood services into one office and funding Spanish-speaking workers. Yet there is still an unmet demand for more Spanish-speaking staff to work with families in

early childhood programs. The Head Start program, for example, has only one Spanish-speaking staff member who cannot respond to all families, and in many cases, children translate for their parents. Written materials are more and more likely to be translated into Spanish, but families who speak one of the dozens of other languages spoken in Durham face serious challenges in learning about and using services.

In Durham, other supports are scarce as well, and there are too few resources to serve the youngest and most vulnerable children. Although early intervention is an essential part of Smart Start's strategy to prepare all children for success in school, families who have very young children with developmental delays too often must wait for early intervention services. In Durham, CCSA estimated that 2 percent of children ages zero to two, and 3 percent of children ages three to five were identified as having, or at-risk for, developmental delays. In May 2002, all of three- to five-year-old children identified as needing early intervention were receiving early intervention services. But early intervention services for children ages zero to two reached only two-thirds of the children who needed them, and 70 infants and toddlers remained on the waiting list.

The inadequate services for these families suggest that Smart Start alone cannot meet the needs of all young children. Despite a decade's worth of substantial state investment, communities do not have the resources to provide medical, early intervention, or family support services to all of the families who could benefit from them. Support for child care subsidies, which must amount to at least 30 percent of the Partnership's Smart Start funding, is also too little to meet the demand for this service. Even the combination of Durham's Smart Start funding, CCDBG through the county Department of Human Services, and private funds is too little for all the parents who need help paying for good quality child care for their young children while they work. As one member explained, "Durham's focus is pretty heavily on child care quality and subsidies. Smart Start is for all children and it is meant to impact all children, but as the years have gone by, we've realized that there are levels of need. Durham has a very, very high poverty rate, with a lot of children in need. So with child care subsidies, for example, our eligibility criteria for a family of four may be reasonably high—around \$38,000—but the reality is that the majority of our families with subsidies earn \$17,000 because we start with the families with the greatest need."

The Partnership's focus is likely to remain on the neediest low-income families until Durham has enough resources to address the needs of other families. This means that a large number of families must wait for assistance. In May 2002, 554 children ages zero to five were on the child care subsidy waiting list. A recent report issued by state leaders in early childhood estimates that low-income families who do not receive child care assistance pay 25 percent or more of their gross income for child care. This leaves too many families with little money left to pay for basic necessities such as rent, transportation, food, and clothing.

State budget cuts in North Carolina's Smart Start program will make it more difficult to provide services to Durham's low-income young children and their families. Governor Easley's budget reduced funding for the Smart Start program, the third funding

cut in as many years. This presents a substantial gap in resources, resulting in fewer dollars available for child care subsidies and other early childhood programs.

Partnership members are also concerned about the quality of early childhood programs, especially for very young children. “The quality of infant care is lower than the quality of care for older children. And probably the very best child care programs in the county don’t have infant care at all,” said one of the members. “Because the cost of infant care is higher due to the ratios,⁴² we have a hard time with high quality infant care, so infants mostly end up in family child care. But family child care is where we have the most one-star [the lowest possible rating for a licensed program under North Carolina’s five-star licensing system] ratings.” In fact, 292 of Durham’s 387 family child care family homes had only one star in 2002, meaning that they met only minimum licensing standards. These standards require very little training for providers before they care for children, and also permit one provider to care for as many as eight young children at one time.⁴³

Members of Durham’s Partnership have considered launching a quality improvement initiative focusing on infant care, but budget cuts to the Smart Start program are likely to prohibit any additional investment in this area. In the meantime, the Partnership continues to support T.E.A.C.H. and WAGES to improve the quality of teaching and retain staff in early childhood programs. Maintaining teacher enrollment in T.E.A.C.H., the T.E.A.C.H. health insurance program, and WAGES is essential to increasing the education and compensation of child care providers and improving the quality of care. Directors of child care programs in Durham say that their staff have come to depend on the health insurance program and the salary supplement provided by WAGES. Individual child care programs cannot afford to offer these benefits on their own and directors’ fear that they would lose staff if state support for these programs was decreased or discontinued.

As a result of statewide advocacy, the T.E.A.C.H. program was not cut in the Governor’s budget, but the steady expansion of the program that led to higher wages and improved qualifications for early childhood providers has slowed. Child care program directors are especially concerned about the potential impact on the health insurance program. T.E.A.C.H. health insurance allows child care programs in Durham to provide health insurance to all of their staff. The programs would not be able to do this without this help, according to center directors.

Even with support from these programs, many providers struggle to make ends meet and cannot earn a high enough income to remain in the child care profession while raising their families. CSSA reported that in 2001, 34 percent of child care teachers in

⁴² State licensing requirements specify one teacher for every five infants under one year old in centers, and one teacher for every six children between the ages of one and two years. At two years, the ratio changes dramatically—only one teacher is required for every 10 two-year-old children in North Carolina.

⁴³ In a major advancement since 2002, as of September 30, 2003, only 68 of Durham’s 284 family child care homes had one star.

Durham had such low incomes that they received some kind of public assistance, according to a study of the county's child care workforce.

Other parts of the early education system are stretched as well. Officials in Durham's public school district, already under-funded compared to other public school systems in the area, foresee challenges for prekindergarten in the near future as the system undergoes several changes. The city's public schools and other organizations struggle to support an influx of immigrant families with limited resources for translators, interpreters, and culturally appropriate materials.

Durham's school system must use its limited resources to meet competing demands from multiple programs. The requirements of the federal No Child Left Behind Act mean that new supports for children and families need to be added to the curriculum, but little federal assistance is provided for this. Without enough additional support, the school system does not have the staff it needs to fulfill the new mandates. Officials fear that Title I funding may be redirected from providing free prekindergarten to grades K-12 in order to meet the requirements.⁴⁴

The school system is also struggling to work with different assessment criteria for its elementary school programs and its prekindergarten program. In addition, the district's old buildings and poor infrastructure are obstacles to the school system's goal to license its prekindergarten classrooms under North Carolina's five-star licensing system.

North Carolina provided support for More at Four prekindergarten in Durham in October 2002. This program, which is administered by Durham's Partnership for Children, will serve 229 additional children, but will add a layer of complexity to coordinating the community's early childhood services. While local advocates endorse the More at Four program, they still need to work out how it can best be implemented to complement and not detract from the other programs that already exist in Durham. Smart Start and Head Start provide more comprehensive services and a longer program than the More at Four program, but they still have not reached all of the children who are eligible because they do not have the level of funding this requires. Maintaining and building on the current amount of support for these programs remains critical. North Carolina's challenge is to fit all of the pieces together—services for children ages zero to five through Smart Start, for children ages three and four years through Head Start, and for prekindergarten age children through More at Four and Title I—to support young children and families so *all* children have the foundation to succeed.

⁴⁴ In 2002, there was very little funding for prekindergarten in Durham's public schools. The school system used federal Title I funds to support part-day services for 136 low-income children.

THE COMMUNITY: REGION A, NORTH CAROLINA

Nestled in the foothills of the Smoky Mountains in southwest North Carolina close to the Tennessee and Georgia borders, seven counties—Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain—and the Cherokee Indian Reservation (known as the Qualla Boundary) form a community called Region A. This community, covering 3,000 square miles, is a four-hour drive to Raleigh, North Carolina’s capital. Residents are proud of this beautiful rural area and consider themselves independent from much that goes on elsewhere in the state.

- **Population:** Approximately 172,000 people live in Region A. The population of each of the individual seven counties ranges from 7,993 in Graham County to 54,000 in Jackson County. There are approximately 9,000 children under the age of five in Region A.⁴⁵
- **Demographics:** Most of the area’s population is White and English speaking. The number of African American families is quite small, but a substantial number of Native American families live in the region. A recent increase in the number of Spanish-speaking families is putting stress on local service providers, as few speak this language. Swain County has the most diverse population with 66 percent of the population being white, 2 percent African American, and 29 percent Native American.⁴⁶
- **Income:** In every county, at least 20 percent of children under the age of five lived in families with incomes below the poverty level in 2000.⁴⁷ In rural North Carolina, a family with one parent and one child requires an annual income of \$22,884 a year to pay for housing, transportation, child care, food, and other necessities. A family with two parents and two children would require an annual income exceeding \$36,000.⁴⁸ Family incomes in Region A vary from one county to another. In Swain County, nearly 30 percent of children under the age of five live in poverty, and the median family income is approximately \$32,000.⁴⁹ Jackson County, where the median family income was more than \$40,000 in 2000,⁵⁰ is home to higher-income families, retirees, and professionals who work at the community colleges and hospital.
- **Employment:** Manufacturing employment in North Carolina has shrunk from 33 percent of all employment in 1975 to 18.5 percent in 2000, with substantial losses of jobs in tobacco, textiles, and apparel manufacturing. Rural counties, where much of the traditional manufacturing jobs were based, have been hit especially hard by the decline. In 2001, 69 percent of layoffs in the state’s textile industries occurred in rural counties.⁵¹ In a rural community like Region A, where a Levi textile plant and

⁴⁵ U.S. Bureau of the Census, Census 2000.

⁴⁶ U.S. Bureau of the Census, Census 2000.

⁴⁷ U.S. Bureau of the Census, Census 2000.

⁴⁸ North Carolina Justice and Community Development Center, *Working Hard Is Still Not Enough*, May 2003.

⁴⁹ U.S. Bureau of the Census, Census 2000.

⁵⁰ U.S. Bureau of the Census, Census 2000.

⁵¹ North Carolina Justice and Community Development Center, *Working Hard Is Still Not Enough*, May 2003.

other manufacturing plants have closed, the loss of these jobs has had a big impact. Before the plant closings, residents with a high school education could obtain jobs with benefits in the factories and support their families. Now wages in the area are low, and the regional economy is based more and more on tourism and other service-related employment. “We have underemployment as well as unemployment. There are jobs available, but they’re minimum wage,” said one community member.

- **Resources:** Region A has many early childhood, family, and health agencies that participate in the community initiative by planning and providing direct services to young children and families. North Carolina’s T.E.A.C.H. and WAGES programs are important resources in the area, providing needed support to early childhood professionals who want to increase their skills and remain in their jobs. The state and community colleges in the area offer training and educational opportunities, as well as child care, for community members who want to work with young children. Region A has attracted financial support from state and national businesses and foundations. Region A received a \$100,000 SPARKS grant from the Kellogg Foundation in 2002; the SPARKS project is targeted to making sure that all children ages three to six have the support they need for success in school. Region A’s project provides mentors who help 500 children make the transition to school.
- **Child Care:** In 2002, a higher percentage of child care programs were rated at the five-star licensing level in Region A than anywhere else. Region A has a higher percentage of family child care homes with five stars than the statewide average. But the supply and quality of early childhood programs varies across the region.
- **Head Start:** Macon Program for Progress operates Head Start and Early Head Start at four sites in the region. Using federal Early Head Start, Head Start, and state Smart Start funds, the agency serves 285 children ages zero to five in a recently built facility in the town of Franklin. In Highlands, a small town only 20 miles away from Franklin, but a 45-minute drive through the mountains, an additional 23 children are served. The program also provides Early Head Start and Head Start services to approximately 20 children in two other towns—Burningtown and Nantahala.
- **More at Four:** In 2001, the Smart Start partnership received its first More at Four grant.⁵² More at Four is a state prekindergarten initiative launched by Governor Easley in 2001. In Region A, More at Four supports 23 classrooms that serve 63 four-year-old children who previously had no formal early education. One classroom is in the public schools, some are at Head Start programs (where More at Four funding is used to serve children just above poverty guidelines), and some are at private child care centers.

⁵² More at Four is a state prekindergarten initiative launched by Governor Easley in 2001. In 2003 it will provide \$8.6 million in state funding with the goal of reaching all at-risk four-year-olds with high quality educational programs to better prepare them for kindergarten. As of January 2003, More at Four was in place in 88 of North Carolina’s 100 counties.

THE INITIATIVE: REGION A PARTNERSHIP FOR CHILDREN

In Region A, collaboration is a way of life. For two decades, schools, early childhood and family support programs, county health and human service agencies, Head Start programs, and other partners have used state, federal, and private funds to weave a net of services for young children and their families so that all children have a strong start.

The Partnership receives funding from the state Smart Start initiative as well as federal, foundation, and corporate grants and private donations. The Partnership has used these dollars to improve the quality of early childhood programs, make child care and health services more affordable for families, and make it easier for families who live in rural areas to use services that help their children grow healthy and ready to succeed in school. As required by the state, the Partnership focuses on children age zero to five and their families. Also, in accordance with state legislation, 70 percent of Smart Start funds support child care and early childhood programs, and a minimum of 30 percent support child care subsidies.

The Partnership invests in a wide range of programs that promote young children's healthy development whether they are in a preschool, Head Start, child care setting, or at home with a parent or other caregiver. The Partnership supports early childhood programs, Parents as Teachers, literacy and library programs, WAGES, and community early learning groups. It also funds mental health and health consultants for families and early childhood providers, early intervention specialists, and other services to support early childhood programs and parents as the primary nurturers and teachers of their children. By investing many of its resources in child care, the Partnership supports early childhood programs that give children a strong start in life and allow their parents to work.

Accomplishments

Region A's Partnership for Children has managed to pull together local agencies and spearhead efforts to strengthen early childhood programs in spite of a serious economic downturn in the region in recent years. With leadership from the Partnership and new funding from Smart Start, More at Four, and other sources, local agencies have done the following:

- Expanded existing services to offer more high quality, full-day early childhood programs that are flexible and can meet the needs of working families. Region A uses Smart Start and More at Four to expand Head Start programs to full day and full year, and to improve other early childhood programs that serve at-risk children. Smart Start, More at Four, and other funds are combined to provide high quality early

childhood programs in public schools, Head Start, private preschool, and child care programs;

- Provided services so all children can be healthy and ready to succeed in school. These include health and developmental screenings that help identify and treat children with special needs. In Region A, Smart Start funding has been used to diagnose and children who are legally blind, have autism or cerebral palsy. These children receive early intervention services supported by Smart Start in their child care programs, family child care homes, and their own homes. The intervention has helped these children be ready for school when they enter kindergarten, and reduced their parents' stress so they can continue to support their children;
- Raised the quality of early childhood programs by supporting training opportunities for early childhood professionals. New providers now apply for jobs having already had training and education in early childhood. Teachers with experience have been able to go back to school and refine their skills. They have applied what they have learned in school to their programs and have become more confident leaders in the early childhood field;
- Made early childhood programs more affordable by providing assistance to working families. Region A used Smart Start funds to increase eligibility for child care assistance to families earning up to 100 percent of state median income. The Partnership also encouraged early childhood providers to accept child care subsidies, and nearly all (96 percent) providers now participate in the subsidy system; and
- Increased awareness of the importance of early childhood, and quality child care, preschool, health, and other programs to the success of every child. Fathers are more involved, parents are more educated about what their children need, and local business representatives—including those from Wachovia Bank and Wal-Mart—and legislators have become vocal supporters for early childhood in the region.

REGION A PARTNERSHIP FOR CHILDREN: A CASE STUDY

History

The Region A Partnership for Children was formed in Spring 1994 to oversee the Smart Start initiative in the seven westernmost counties of North Carolina as well as the Qualla Boundary. There is a long history of collaboration among community agencies and programs with governmental leaders in each of the counties accustomed to coordinating their resources. They regularly received state funding for region wide infrastructure projects, and knew from this experience that “by pooling their resources they would all be a lot further along than if they tried to go it alone,” said June Smith, executive director of the Partnership. A regional child and youth planning council had already identified the most critical needs of children and families in Region A, and the

Partnership took advantage of this work. Smart Start provided the resources that the community required to take action.

Funding

Region A's collaborative efforts in early childhood are funded through several sources. The most important include the following:

- The Region A Smart Start Partnership provided \$3.7 million to support child care subsidies, teacher education and support, health initiatives, and children and family services in fiscal year 2001-2002.
- The W. K. Kellogg Foundation provided \$111,500 for the SPARKS initiative to assess the strengths of the community and generate ideas for filling in gaps in services to young children.
- The Duke Endowment provided \$282,200 in 2001-2002 to build a model child development center for 163 infants, toddlers, and preschool-age children on the campus of Haywood Community College.

Partners

Membership of local Smart Start partnerships is mandated by state legislation. The local partnerships must have at least 21 members of the community on their boards, including: the county manager, a county commissioner, a representative from municipal government, the directors of the local departments of Social Services, Health, and Mental Health, the superintendent of public schools, the community college president, the director of the local cooperative extension agency, two business leaders, two parents with preschool-age children receiving child care assistance, a religious leader, a Head Start representative, a center-based child care provider, a family child care provider, and representatives from a child care resource and referral agency or other nonprofit agency related to child care, the local library, a local foundation, and the local Interagency coordinating council or a parent of a child with disabilities.

All of the counties in Region A and the Qualla Boundary have representatives on the Partnership board. "How we're real different from a single county partnership is that in our partnership the mandated positions come from all over the region," explained Smith. "In order to have county-specific representation and do some county-specific ongoing strategic planning for young children, we have a Smart Start Team in each county and Qualla Boundary. They have no official governance or legal status; it's like a county committee of the board. We call them teams because we emphasize teamwork, and each team has a leader. Those eight team leaders comprise the executive committee of the Region A Partnership board, which is also the finance committee. So any time we're making financial or budget recommendations to the board, every county and the boundary has had input into that decision so that we avoid the "big county/little county" issue. It's like the Senate, where Rhode Island and Texas have the same number of Senators."

This membership that allows all of the counties to have a say in decisions concerning the children and families in their own counties as well as the region as a whole, contributes to the counties' willingness to collaborate in the Partnership. Smith believes that this willingness also "has to do with the rural nature of the area as well as those regional funds that helped the government officials in these seven counties 'get it.' They understand the wisdom of working together."

Partners in the Region A Partnership for Children include the following:

- The Southwestern Child Development Commission, the child care resource and referral agency that serves Region A, uses Smart Start funds to promote quality child care programs. The commission provides technical assistance to help providers in child care centers and homes move toward national accreditation and higher ratings under North Carolina's Five Star tiered licensing system.⁵³ The Commission also uses Smart Start funding to provide programs with comprehensive services such as mental health consultants. It provides support for materials and supplies, and regularly conducts trainings for providers as well. The Commission collaborates with a number of agencies, including the cooperative extension, a child abuse awareness group, health and mental health specialists, and others, to support providers, and also links families to these services. In this way, the Commission is a hub that can connect providers and parents to a host of services that their children may need. "We need to know everyone and what they do so we can connect the providers and parents with them," said one staff member. The Commission also operates child care centers across Region A. Because some programs bring in more revenues than others, the Commission is able to spread the costs and revenue throughout their centers and provide services to families in areas where programs could not otherwise operate and stay in business. The Commission's child care programs have raised the bar for quality across the region, setting the standard for other programs to match by improving ratios, training, and compensation.
- Macon Program for Progress operates Head Start and Early Head Start programs at four sites in the region, serving a total of 285 children (Early Head Start serves 135 children). Federal Head Start funds support the agency's program for four hours a day from August to May. The agency uses Smart Start funds to support full-day programming for children who need care in the mornings, evenings, and summer. The agency has 75 children in full-day services, and there is additional demand for these services; in the summer of 2002, 15 children were on waiting lists for Head Start, and 30 children for Early Head Start.

Macon Program for Progress has created a beautiful facility in Franklin, specifically designed for children from infancy through five years. A large and light-filled state-of-the-art building, its classrooms have wide windows that open directly onto the playground on one side and a communal area and administrative and play area on the

⁵³ For more information about North Carolina's Five Star rated license system, see appendix.

other. The colorful and well-equipped playground is appropriate and safe for preschool children, shaded by trees, and conveniently located near new and well-maintained housing for low-income families. The program, which is highly regarded in the town, also provides important meeting space for community events in the evenings. Training for Head Start and other early childhood programs is available. Training for parents and family support is also housed in the center.

“We are extremely blessed with what we have. We go into other child care facilities a couple of times a year and see a need for updated equipment and furniture, computers, books, things that kids use a lot and are hard on,” said the program’s director.

- There are prekindergarten programs in the public schools in all of the counties in Region A. All follow the school calendar, and while they do not provide a full year of services, they do provide valuable educational and health supports to children and families. In Cherokee County, all of the elementary schools have prekindergarten programs that are accredited by the National Association for the Education of Young Children (NAEYC). They have all received four- or five-star licenses from the state. Prekindergarten programs in the public schools are supported by school district funds, federal Title I funds for children with special needs, and state More at Four funds.
- State and community colleges support improvements in early childhood programs. Western North Carolina State College offers courses to early childhood providers, as does Haywood Community College, which recently received support from the Duke Endowment to develop a model child development center for Haywood County. The center will provide care for 163 children and will address the shortage of child care spaces for infants and toddlers by reserving 54 of the new spaces for this age group. The center also will provide second-shift care. Four child care centers in Haywood County will serve as satellite centers for on-site staff training.

Leadership and Governance

June Smith said that being a non-profit entity has given the Region A Partnership “a lot more flexibility than we would have in state government.” The local Partnership plays a critical role in pulling together leaders from all the counties in the region as well as the Qualla Boundary. The Partnership is the convener of the collaboration for young children in Region A. It has nine staff to run the county and regional meetings and provide technical expertise to members of the Partnership and the agencies that receive support from the Partnership. In Region A, “collaboration has to be a paid activity—no agency has the funds to provide staff for a collaboration,” noted Smith.

THE INITIATIVE’S ACHIEVEMENTS

Improved Quality in Early Childhood

Members of the Region A Partnership want to offer parents as many good early childhood choices as they can. They have tried to develop and support quality programs by rewarding programs that meet high standards. The Partnership has also increased training and education opportunities for early childhood professionals so they can be better prepared to work with young children and families.

In the mid-1990s, the Partnership began to pay programs that met the state's highest licensing requirements 10 percent above the market rate. Programs could use that bonus for any of six purposes that the community identified because they had been shown to improve quality. These purposes were: reduced child/staff ratios; smaller group sizes; enhanced salaries for teachers; financial incentives to help teachers obtain more education, supplies and materials; and infrastructure.

The Partnership continues to provide the higher payment because hiring additional teachers to ensure that children receive more attention costs programs more. The Partnership offers a 20 percent enhancement to any center that achieved NAEYC accreditation as well.

In Region A, more than 90 percent of early childhood professionals have taken advantage of the training and educational opportunities offered by the Partnership. To make it easy for them to participate, the Partnership funds a training center to provide classes over the Internet. There is also an interactive television facility and television monitors in many early childhood classrooms that are used for training purposes. Teachers can see how model teachers work and learn from the best practitioners in the area. This use of technology is particularly important given the rural nature of the region, and the fact that providers can be very isolated.

The Partnership also supports training opportunities by funding the region's child care resource and referral agency, the Southwestern Child Development Commission. The agency helps staff in programs prepare for NAEYC accreditation and the state's five-star licensing visits. The Commission is required to collaborate with Region A's training center when they develop their program plan, so together they can offer a broad range of professional development opportunities. The training opportunities are available to family child care homes as well as centers.⁵⁴

Participation in North Carolina's T.E.A.C.H. program is very high in Region A. Eighty percent of the teachers in Region A have participated in the T.E.A.C.H. system, and Macon County has the highest participation rate in the state. T.E.A.C.H. is the best and easiest solution for those teachers who want to obtain additional training and education. The region receives approximately \$3 million in T.E.A.C.H. funding annually. "The initiative does not provide much money for each individual, but getting a bonus does help providers feel like their work is worthwhile and appreciated. The bonus does not make up for the difference between providers' wages and what they should be, but the teachers have shown tremendous commitment to child care," said a member of the Partnership. The turnover rate has dropped from 28 to 11 percent in Region A.

⁵⁴ June Smith, oral communication, May 2002.

The More at Four program also has enhanced early childhood programs. All of the centers that participated in More at Four initially received start-up money from the Smart Start partnership. The programs have used the money for supplies and equipment, playgrounds, or put it into salaries. Some of the programs used it to support technology that allows their staff to work on their education. A local community college has all of its classes on line, so teachers can stay after work and use the technology at the center, or come in early or on the weekends. This is an important benefit for teachers because many do not have Internet access in their homes.

Affordability

Smart Start provides additional resources that allow Region A to serve children who are “out of the box,” according to Smith. The Partnership has been able to expand eligibility for child care assistance and help more working families pay for child care. Region A has a category of Smart Start funds called “expanded eligibility” that the Partnership uses to serve children who do not meet the state Division of Child Development guidelines for child care subsidies. Some of those children might be over the income level for state child care assistance, which is available only to families earning 75 percent of the state median income (SMI) or less. Smart Start funds allow Region A to provide assistance to families up to 100 percent of SMI. The Partnership also uses Smart Start funds to help parents attending school to pay for child care if they need help beyond the two years of subsidies provided by the Division of Child Development. For example, a parent who is in the nursing program at the local university will have child care assistance through her fourth year of school. The Partnership also uses Smart Start expanded eligibility dollars to pay for early childhood services for children who are at risk for failure because of their home environment or a special condition. When a social worker brings that child’s situation to the attention of the subsidy system administrator, she might put the child into child care and pay for it with Smart Start funding for expanded eligibility.

Parents who need child care assistance can usually find child care, because nearly all (96 percent) of the providers in the region participate in the subsidy program. Providers know about Smart Start, how the subsidies work, and conduct outreach to parents. The Partnership and the Southwestern Child Care Commission also get the word out to parents, as do other agencies that provide mental health and early intervention services.

Increased Access to Early Childhood Services

Region A has an uneven supply of early childhood, health, and family support services. In this rural area, parents living in small towns have few services available in their communities and must drive long distances to agencies that provide these supports. Children ages four and older can attend public school programs for at least part of the

day. For younger children, in some areas of the region, there are more than enough spaces in early childhood programs and in other areas not enough. Given the area's lack of public transportation and parents' long commutes to work on winding country roads, the Partnership decided to increase access to early childhood services by increasing the supply of programs in areas that had been underserved.

Smart Start has provided additional funds and flexibility to increase the supply of early childhood services where they are needed most. The Partnership has also used Smart Start support to make it easier for families to find early childhood programs and to apply for help to pay for them. Region A does not yet have a single point of entry for all child care, Head Start, prekindergarten, and other early childhood services, but the Partnership was able to consolidate the operation of the child care subsidy system for all seven counties under one agency, the Southwestern Child Development Commission. The Commission can determine a family's eligibility for several types of assistance that can help them pay for child care, including Smart Start child care assistance.

The Commission has a worker in each county who qualifies families for child care subsidies. These workers are able to provide assistance to families from one funding stream and then shift to another as the families' eligibility changes or as other funding streams become available. They do this automatically, without families having to come into the office to reapply. For example, a mother who is a student at a community college may earn too much to qualify for child care assistance funded through the Child Care Development Block Grant and offered by North Carolina's Department of Social Services. Because the Commission is administering all of the different sources of funding for child care assistance, a caseworker can interview the mother, evaluate her situation, and decide to use Pell grant funds since she is a student. If her child has developmental delays, the worker can use developmental disabilities funds. The caseworker also may mix in other funding, such as Smart Start extended eligibility funds, and put together a funding package for her allowing her to receive help paying for child care and to go to school. "Whereas if she had just gone to the Division of Social Services and said 'I want child care,' they would have said, 'Well, I'm sorry, but you're over income for division funds,' and that would have been it," according to June Smith.

Coordination of Programs and Services

The Partnership, which administers Smart Start and More at Four funding in Region A, encourages local agencies to weave together these funds as well as others so more children can receive the kind of services they need for a strong start. Region A uses More at Four dollars to improve services for four-year-olds in early childhood programs in Head Start, child care centers, and public schools.

"We invited all the school systems in the seven counties and the Qualla Boundary, all the Head Start operators, and all the child care providers to the table and said, 'Let's see where we have slots available for four-year-olds, and those will be the More at Four slots, and we'll take the More at Four money to enhance those classrooms, whether it's

more education for the teachers, training, supplies, equipment... Whatever you need, that's what we'll use the money for," recalls June Smith.

Region A's More at Four allocation amounts to \$350 for each child who is eligible. The Partnership encourages programs to use More at Four to benefit all of the children they serve.⁵⁵ More at Four funds have been used to hire extra teachers with two-year degrees, experience, and knowledge of early childhood to enhance child care and preschool classrooms. Macon County's school system uses More at Four funds to serve children in a school setting as well as in Head Start. Its elementary school was poised to start up a More at Four classroom, but the system had more children on its waiting list than could be accommodated in that classroom. The Head Start program in Macon County had some vacant slots at the time, so More at Four funds were used to open a classroom there for children who were on the school's waiting list and eligible for Head Start.

In Cherokee County, Murphy Elementary School benefits from an innovative funding approach that uses a variety of federal, state, and private sources to support several different programs within the school building. Jeanette Hendrick, the assistant superintendent of Cherokee public schools, uses "all sorts of funding put together" to support the prekindergarten and Head Start programs in Cherokee. Murphy Elementary's prekindergarten program, which serves children with special needs and "typically developing" children in an integrated classroom, is supported with federal Title I funds. Children in this classroom can receive a range of supports including developmentally appropriate early education, consultants, therapists, and aides. Local school funds pay for the building and cleaning. A \$20,000 grant from Smart Start supported the development of the playground shared by the developmental and prekindergarten classrooms.

Federal 21st Century School funds support after-school and summer care for children in the prekindergarten program. A Family Preservation grant and Even Start grant support family services, including literacy programs for children and adults, as well as referrals to the community center, which provides adult G.E.D. courses and job skills training. These programs help parents gain better skills through home visits, encourage them to be involved in their children's education, and help prepare the children for prekindergarten. They also are useful in identifying special needs of families and children. Kindergarten teachers had reported an increase in speech delays, and Even Start helps identify these delays early on so children can receive therapy. The early childhood programs have also identified an increasing number of children with diabetes.

Murphy Elementary collaborates with Even Start and Head Start daily. Both of these programs are located next to the elementary school, and they all share funding and program ideas and together provide preschool programs for three- and four-year-olds. Murphy Elementary does not have enough spaces in its prekindergarten program to serve all of the children who are eligible for Title I services and does not have the space to

⁵⁵ More at Four is designed to provide a quality preschool program for children who are determined to be at risk of failure in school. In Region A, these include children who are low-income, who have developmental delays, or who require early intervention services due to special needs.

expand in the building. The school addresses this situation by coordinating enrollment for its prekindergarten program with Head Start; children who qualify for Head Start can then receive comprehensive services there. Smart Start funds are used to extend the Head Start day to provide all-day and all-year care for children in Head Start at no cost to their parents. Children from the Head Start program walk up the hill to eat their lunch at the school.

Preschool, public school, child care, and Head Start staff participate in joint trainings on early childhood curriculum and other related topics. In Murphy, a two-day joint training for early childhood, kindergarten, and first-grade teachers focused on transitions from one year to the next as well as on what children should know when they enter each grade. Kindergarten, child care, and Head Start staff regularly visit each others' classrooms to get to know the programs and exchange ideas. Administrators in the school system credit Smart Start and More at Four with improving communication among early childhood programs. The Partnership would like to replicate these opportunities in other counties.

Greater Comprehensiveness of Services and Better Early Childhood Supports

Region A uses Smart Start and other funds to provide comprehensive services to families with young children. Because the mission of the Region A Partnership is to support the growth, health and readiness of all children ages zero to five, not only children who attend early childhood programs, the partnership uses different ways to support young children who stay at home so all children are healthy and ready for school.

The Partnership uses Smart Start funds to support a variety of programs:

- *Health programs.* The Partnership funds a nurse in every county and provides medical, vision, hearing, dental, and developmental screenings and treatment at child care programs and schools. The Partnership also tracks immunizations and makes sure parents get their children immunized. The region has about 95 percent compliance for children ages zero to two years.
- *Community early learning groups.* These are facilitated by learning specialists who help parents learn about their children's development. The specialist gives parents toys and other enrichment materials they can use with their children if there is a gap between where that child is and where most children that age are. If there are obvious lags in development or special needs, the specialist can help parents understand the problem and seek assistance. A mother in an early learning group saw that the other four-year-olds were ahead of her child in their ability to communicate and began speech therapy for her child as a result.
- *Family support programs* in Family Resource Centers, including adult education and parenting classes, offer support to families with children ages zero to five.

- *Respite child care for families with children who have special needs.* Children ages zero to five can be cared for in a five-star child development center on Saturday mornings for three hours to give home caregivers some respite.
- *A children's mental health project.* Child's Garden has six therapists who visit early childhood programs in the region to work with children with challenging behaviors. The therapists also provide guidance to parents and providers. This has helped to decrease the number of children being expelled from early childhood programs because providers could not handle their behavior. It also makes it easier for families to use mental health services because they are provided in a home or early childhood setting where the child is located.
- *Literacy projects.* These projects include bookmobiles for outreach to far-flung rural early childhood programs. The bookmobiles provide additional materials for programs as well as training in storytelling for providers. Children also can check out books.
- *An infant massage therapist.* The therapist assists parents who have children with special needs. For example, the therapist teaches the parents of premature infants with immature digestive systems how to do massage to help the babies digest their food and become comfortable. The therapist also works with very medically fragile babies who have been discharged from the hospital because their parents' health insurance will not pay for a longer stay, but who still need medical care. The therapist is being used in ways that "we didn't dream of when we wrote the grant," said June Smith. For example, the therapist has assisted parents who had to care for a baby sent home from a newborn intensive care unit with a tracheotomy tube that needed to be cleaned and changed frequently.
- *A communications disorder specialist.* Because the number of children diagnosed with autism has increased in Region A, a full-time specialist is required to work with children with autism or similar disorders. The specialist works with children in their homes or early childhood programs, and supports their parents as teachers.

EVALUATIONS AND RESULTS

Region A's Partnership regularly evaluates the programs it supports, reporting annually on the way funds are spent and how many children are helped. The Partnership uses this information, as well as community needs and resource assessments, to make its annual funding decisions and ensure that programs are on track to meet their annual goals.

The Partnership uses information from other sources to evaluate programs as well. The five-star rated license is one useful way to measure the quality of child care programs. The Region A Partnership tracks the level of license received by programs in the area and compares this with other areas in the state to determine relative achievement.

In August 2001, 5.7 percent of child care centers in North Carolina had a five-star license. In Region A, 19.6 percent of centers received five stars, although as in other parts of the state, child care homes received lower star ratings. Only 3.8 percent of the homes in Region A held five-star licenses in August 2001, which was still higher than the percentage for the state overall.⁵⁶

The Partnership tracks other outcomes as well. To evaluate its usefulness, it reports on the number of children and families who have benefited from direct services supported by the Partnerships each year. In 2001-2002,

- 822 children with special needs received individual therapy;
- 2,397 children received vision, hearing, or developmental screenings;
- 2,229 children were impacted by health and safety training from the regional child care health consultant;
- 587 children received child care subsidies;
- 2,314 children were impacted by additional training and technical assistance provided to their teachers;
- 451 children received Cherokee language instruction;
- 177 families with 253 children participated in community early learning groups for caregivers and young children who were not in an early education program. Fifteen percent of the children were identified as needing additional help and were referred to other services; and
- 229 families participated in family support programs that enabled parents to better prepare their children for school success.⁵⁷

Evaluation of other programs in Region A demonstrates additional benefits of the collaboration's emphasis on improving early childhood services. Region A's WAGES program has been particularly successful in helping to compensate and retain experienced early childhood educators in the community. The Region A Partnership for Children supports the area's WAGES project as a way to help address the low compensation of child care professionals. WAGES provides an education-based salary supplement that has helped reduce the turnover rate of educated child care providers and encouraged the continued education of the child care workforce in Region A. Children from birth to five

⁵⁶ "Five Star Centers and Homes in North Carolina and Region A," August 2001. Chart developed by the Region A Partnership for Children. Statewide in North Carolina, 2.5 percent of child care homes had five stars.

⁵⁷ Region A Partnership for Children. *Annual Report 2001-2002*.

then benefit from more stable relationships with better educated teachers. In 2001-2002, the teacher turnover rate in Region A was 13 percent compared to 31 percent statewide.⁵⁸

REMAINING CHALLENGES AND GAPS

Despite Region A's investment in children for two decades, June Smith says the area's greatest challenge is that "there are still too many children in poverty. Their parents don't earn enough to make ends meet." This is a problem that is beyond the Partnership's control. Plant and factory closings have caused unemployment to jump, as 1,200 to 1,300 factory jobs have been lost in recent years. "All of our manufacturing plants, one by one, have moved out and gone offshore. Our sewing plant has closed, our shoe manufacturing plant has closed, our Levi jeans plant has closed, even some of our hardier industry plants, like an outboard motor manufacturing plant, have gone offshore," said Smith.

As a result of the decline in manufacturing, parents with only a high school education have few job opportunities. When they can find work, it often does not pay enough to support their families. The stress caused by financial hardship is taking its toll on many of the area's families, and as a result, more and more families rely on services provided by the Partnership.

Yet even with support from foundations, businesses, and state and federal programs, the Partnership cannot provide all of the services that these families require. As in many communities, child care for very young children is scarce, making it even more difficult for parents to hold jobs.

The for-profit community cannot make a profit on infant and toddler care, so it does not provide it. The Southwestern Child Development Commission is the only provider of infant and toddler care in the region, and they are not able to afford it much longer. "We are at a critical crossroads between being able to maintain what infant care we have and losing it," said one administrator. Advocates and providers fear that the shortage of center-based infant and toddler care is forcing parents to use unregulated caregivers for their very young children.

Although there are more early childhood services for two-, three-, and four-year-olds, these child care, Head Start and prekindergarten programs do not have enough spaces for all the children who need them. The programs have established an informal system to work with one another to determine where spaces are available and then serve families from each other's waiting lists if the families meet their programs' eligibility requirements. But too often parents do not have a choice and take the first space that opens up.

⁵⁸ Region A Partnership for Children. *Annual Report 2001-2002*.

The cost of child care is another barrier for families looking for the best program for their child. Low-income working parents especially cannot afford the best child care because of the high cost. State budget cuts to Smart Start are likely to increase the demand for help.

The cost of providing high quality services is another barrier to building the supply of early childhood programs for the families who need them most. According to advocates in Region A, it would cost close to \$1,200 a month to deliver full-day high quality infant care. They believe the region would have better programs if the reimbursement rate was high enough to support true quality child care. Under the state's five-star rated licensing system, reimbursement rates in Region A range from \$424 a month for infants in a one-star center to \$614 a month in a five-star center. But the difference between the rates is not great enough for providers to cover the more stringent child-staff ratios required for very good quality programs for infants and toddlers.

Like parents of infants and toddlers, families with children who have special needs face particular challenges. It can be difficult to have needs identified early on if children are not in programs where they can be screened by trained professionals for delays or other problems. Once the special needs are identified, parents have a hard time finding the services their children require. Families may have to go to one agency for mental health counseling, another for speech therapy, another for occupational therapy, and so on.

The lack of coordination among these programs is especially troubling given the increase in autism in Region A. Cherokee County has a very high percentage of children identified with autism, and children are being diagnosed with the disorder at earlier ages. Local program administrators are not sure if testing mechanisms have improved, or if there are more children with special needs than before. In any case, the region is struggling to address this problem without additional resources.

There are other barriers to the Partnership's goal of helping every child be healthy and ready to succeed in school. There is no dental care for children in Region A, and primary medical care is hard to find. Families who speak a language other than English as their first language, and those looking for affordable housing are too often left out.

Dental screenings are provided by Head Start programs, and dental screening visits to children in other early childhood programs are funded by Smart Start. However, the dentists who participate in this program usually come from the neighboring state of Georgia. A high percentage of the children entering kindergarten already have tooth decay. Families need to regularly take their children to a clinic for dental screenings and teeth cleaning, yet no dentists in the region accept Medicaid.

While most families in Region A speak English as their first language, there has been growth in the Spanish-speaking population over the past decade. Yet Region A lacks an adequate supply of Spanish-speaking teachers and other service providers to work with these families. Macon Program for Progress Head Start does have one

Spanish-speaking staff person, but if she is out on a home visit, and a child or a parent at the center has an issue come up, the teachers struggle to help them because they do not have Spanish language skills. Members of the Partnership and the community colleges in the area are discussing the possibility of offering Spanish language classes for early childhood providers.

Sometimes the lack of services for parents who do not speak English, along with the shortage of early childhood programs for babies, can have potentially disastrous effects. One provider described a Spanish-speaking mother who stayed at home with her infant but did not speak to her at all, because she wanted the baby to learn English. When the baby turned two and entered a child care program, she needed extensive remedial services. Fortunately, the staff was able to help the mother understand how to communicate with her child.

Low-income families also face other challenges as they try to provide a safe and stable home for their children. Families who cannot afford to buy a home have a hard time finding a home to rent, as rentals are scarce, even for families with high incomes. Rental housing that is affordable for low-income families is even more difficult to find; there is at least a six- to 12-month waiting list for Section 8 housing. Some summer homes are available during part of the year, but they are not insulated for year-round use.

Although Region A has come far in pulling together services so every child can have a strong start, more than one-fifth of children under the age of five in all seven counties live in poverty. While good early childhood services can help, Region A does not have the resources to provide all of the supports that low-income families need to raise their children. Larger realities, including the shift in the economy from manufacturing work to lower paid jobs, higher rates of unemployment, an increase in the number of children with special needs, and a lack of basic supports such as affordable housing and medical care, point to a steady demand for services. Yet state budget cuts to North Carolina's Smart Start initiative in 2003 have threatened to derail some of the programs that have helped low-income families for many years.

THE COMMUNITY: LAKES AREA, IOWA

The Lakes Area is made up of four counties—Clay, Dickinson, O’Brien, and Osceola—in northwest Iowa near the South Dakota and Minnesota borders. Several large lakes give the Iowa Great Lakes region its name and attract hundreds of thousands of visitors each year. Miles of roads and cornfields separate incorporated cities and towns in the area.

- **Population:** In 2000, approximately 56,000 people lived in the four counties in the Lakes Area. About 3,200 were children under the age of five.⁵⁹
- **Demographics:** The vast majority (more than 98 percent) of residents in the Lakes area are white. A few Black, Hispanic, Asian, and Native American families also live in the area.⁶⁰ Dickinson County is home to very wealthy and very poor families. There are lawyers, executives, and other affluent residents who have decided to move back from cities living alongside parents without high school degrees who work in service industries. Osceola is a very rural county that is mainly agricultural with a shrinking population of 7,000 residents. Nearly 20 percent of adults do not have a high school degree, as is the case in O’Brien County. Clay County has the highest high school graduation rate (88 percent) of the four counties, but also has the largest number of young children living in poverty.⁶¹
- **Income:** A family of four in rural Iowa requires approximately \$31,511 annually to pay for food, housing, transportation, child care, health care, taxes, and other basic needs.⁶² For the four counties in Iowa’s Lakes Area, the median family income is over \$41,000, yet many children still live in poverty. Poverty rates for families with children under age five range from 7.5 percent in O’Brien County to nearly 18 percent in Clay County.⁶³
- **Employment:** People are most likely to be employed in manufacturing, service, retail, or farming.⁶⁴
- **Resources:** There are few doctors, dentists, or early childhood programs in the Lakes Area. Resources from state and federal agencies are critical to providing more of these services. The Lakes Area has several Head Start programs; a very effective child care resource and referral agency supported in part by federal Child Care and Development Block Grant (CCDBG) funds; and home visiting programs established with Empowerment funding, which is a combination of state and federal funds provided by the state to support services for young children and their families.⁶⁵
- **Child Care:** In 2002, there were 16 child care centers in the entire four-county region, and a total of 148 family child care providers, registered and non-registered.

⁵⁹ U.S. Bureau of the Census, Census 2000.

⁶⁰ U.S. Bureau of the Census, Census 2000.

⁶¹ U.S. Bureau of the Census, Census 2000.

⁶² Economic Policy Institute Basic Family Budget Calculator. Retrieved from the Internet at www.epinet.org.

⁶³ U.S. Bureau of the Census, Census 2000.

⁶⁴ U.S. Bureau of the Census, Census 2000.

⁶⁵ Cyndee Dather, verbal communication, August 2002.

Sixteen children received child care scholarships funded through the Empowerment initiative. Iowa has a lower eligibility ceiling for child care assistance than many other states. A family of three with an annual income over \$20,484 would not qualify for assistance.⁶⁶

- **Head Start and Early Head Start:** Head Start programs are located in all four counties. Generally, the Head Start programs are available all day, 190 days a year. They offer wrap-around child care during the year and some full-day child care in the summer. There is one Early Head Start program in the Lakes Area, which serves infants and toddlers and their families through home visits and a center-based program.
- **Prekindergarten:** Iowa provides a small amount of funds to the state's school district for prekindergarten programs. The state's Shared Visions prekindergarten initiative supports preschool for low-income children who are considered at risk because they have health or other needs. It served 33 children in the Lakes Area in FY 2002.⁶⁷

THE INITIATIVE: LAKES AREA EMPOWERMENT INITIATIVE

The Lakes Area Empowerment Initiative includes Clay, Dickinson, O'Brien, and Osceola counties. A panel of community representatives (the local council that leads the Lakes Area Empowerment initiative) developed a plan to use Iowa Empowerment funds to fill in gaps in early childhood services and meet four major community-wide goals: that all children in the Lakes Area thrive; that all parents are prepared to rear their children; that all children will be ready for life's challenges of school, relationships, and work; and that quality and accessible child care will be readily available to enable families to financially support themselves. To achieve these results, the panel contracts with several agencies to implement services such as in-home health visits and developmental screenings for newborns and their parents, in-home parent education services, and training and support for early childhood professionals.

Accomplishments

Agency administrators in the Lakes Area believe that Iowa's Empowerment initiative is useful because it increases the funds that are available for early childhood, health, and parent support programs. Administrators especially like the flexibility of the Empowerment funding, as it makes it easier for them to blend funds and so adapt services to individual families' needs. Members of communities can "look at the overall picture

⁶⁶ The number of children receiving subsidies was not available.

⁶⁷ Shared Visions is a relatively small state prekindergarten program that served 33 children in the Lakes Area in FY 2002. Children who are three- or four-years-old, whose family income is below 130 percent of the federal poverty level and have at least one other risk factor are eligible. Public schools, Head Start agencies, nonprofit agencies, and community agencies may operate the prekindergarten programs in communities. The prekindergarten programs are required to be accredited by the National Association for the Education of Young Children by their third year of operation.

of what children need and what is best for them. They are able to put children first, then find money to support what needs to be done, rather than the other way around,” says Cyndee Dather, the coordinator for the Lakes Area initiative.

The Lakes Area agencies are proud of their achievements, which Dather attributes to the “extraordinarily unique and determined players in the area who don’t let barriers get in their way. There is a commitment by each agency to the initiative’s goals.” The Lakes Area initiative has taken the following steps:

- Implemented a continuum of services, including universal infant health and parenting programs, as well as early childhood programs, to support all children so they are healthy and ready to succeed when they enter kindergarten.
- Integrated Head Start curriculum and comprehensive services in public school prekindergarten programs.
- Increased affordability of preschool opportunities for low-income children by providing scholarships for families who are above the poverty level but still have low incomes.
- Improved professional development opportunities for providers in early childhood programs including Head Start, child care centers, and family child care homes, in order to improve quality.
- Increased and substantially improved coordination among children’s services. This has led to improved programs for children, better tracking and management of caseloads, and more responsive services to clients.

LAKES AREA EMPOWERMENT INITIATIVE: A CASE STUDY

History

In January of 1999, Iowa designated Clay, Dickinson, O’Brien, and Osceola counties as a single Empowerment area. The state provided funding for the Lakes Area Empowerment initiative under a competitive process. To compete for this funding, members of organizations serving young children and families in these counties had been meeting in 1998 to identify key issues facing the community with a focus on early childhood (ages zero to five). Hundreds of community members participated in 95 planning meetings that were convened in the four counties.

Through these meetings, and a survey of 350 parents, organizations, agencies, and other community representatives, the planners identified several gaps in services for young children. They found a major discrepancy between the number of young children needing quality child care and preschool services and the number of child care and

preschool slots available; an alarming number of babies born with multiple health problems and a lack of health care programs and medical services; difficulties for families wanting to use services because of a lack of public transportation and a lack of in-home support services; and concern over the safety of children and families. The members of the local Empowerment council serving the entire four-county area, as well as subcommittees in each county, used these meetings as the starting point for developing the area's Empowerment plans.

Funding

Empowerment funding is a combination of state funds (called School Ready funds), which can be used to support health, parent support, early education, and other activities that help young children be ready to enter school by age five, as well as federal TANF funds (called Early Childhood funds) that can be used to increase the number of spaces in child care or other early childhood programs, link these programs to Head Start, and support provider training. In FY 2002, the Lakes Area received \$603,442 of School Ready (state Empowerment) funds and \$64,767 of Early Childhood (TANF) funds.

The community also receives state funds to support prekindergarten classes. In Dickinson County, the school district uses approximately \$50,000 in funds from Iowa's Shared Visions prekindergarten program to support a Head Start model prekindergarten classroom.

Partners

Collaboration among many agencies in several counties can be complicated, but the Lakes Area Empowerment initiative illustrates the benefits of agencies working closely together to coordinate their service delivery to children and families. A full-time coordinator is located at the Department of Human Services (DHS) in Spirit Lake and funded through the Department of Human Services, as well as the Iowa State University Extension service. She takes a very hands-on approach to ensure that the major partners funded by the initiative share resources and weave together their work to offer families a web of services. Jointly, they provide a continuum of services for children from birth to age five.

The partners in the Lakes Area Empowerment initiative include:

- **Child Care Resource and Referral (CCR&R) of Upper Des Moines Opportunity, Inc.** This agency responds to community needs for affordable and accessible good quality child care by providing resources, education, and advocacy for children, parents, child care providers, and employers. It works with approximately 100 family child care providers as well as centers. The agency focuses on family child care and home-based supportive services because that is where the majority of children are in the Lakes Area. A child

care consultant visits some providers monthly. Other providers may not have the time or inclination for extensive support, but still receive help from the consultants with registration and other supports. The CCR&R provides information on choosing quality child care, child care options for parents as well as tips on parenting skills, and support in working with child care providers. It also offers technical assistance to employers in developing child care options for employees and provides child care supply and demand data, forums to address local child care needs and issues, as well as information on child care laws and regulations.

- **Head Start and Early Head Start programs.** Head Start programs are in all four counties in the Lakes Area. The one Early Head Start program in the Lakes Area is located in Spencer. A home-visit and center-based program with toddler rooms and an infant room, it is one of the first Early Head Start programs to receive a national Center of Excellence award.
- **Best Care for Better Babies.** First-time parents often don't know where to turn for expert advice about their pregnancies and babies. Best Care for Better Babies (BCBB) provides home visits from the prenatal stage on. Usually the last visit takes place when an infant is six months old, but the home visits can continue until a child is five years old if the family needs this service. Following a traditional pediatric well-care schedule, this is an expanded and enhanced version of a traditional "welcome baby" program that would typically consist of a very brief visit by a nurse. In contrast, the BCBB home visits occur as often as needed and each visit usually lasts one hour. *All* families in the four counties are eligible to participate in the program. Parents learn about BCBB from their physicians or by word of mouth from friends. The program accepts clients through self-referrals, physician referrals, and DHS referrals.
- **Parents as Teachers (PAT).** PAT is an early childhood parent education program that supports parents in their role as their children's first and most important teacher. It provides parents with the information and support they need to give their children the best possible start in life. PAT serves the parents of children from birth to age five within the O'Brien and Osceola County school districts.
- **KIDS program.** KIDS is offered in Clay and Dickinson counties and is similar to PAT. Like PAT, it is available to all families who wish to participate. Services are voluntary, confidential, and free. Home visits are scheduled at parents' convenience and provide information, activities, and support on topics chosen by parents.
- **Lakes Area school districts.** The public schools provide good quality education and understand the value of quality early childhood programs, according to community members. They believe the school system is

particularly receptive to the needs of parents and children. The public schools have prekindergarten programs that are funded in part through Iowa's small prekindergarten program. Public schools have worked with the Empowerment initiative to open more preschool classrooms for low-income children who would otherwise not have a preschool experience.

Leadership and Governance

The Lakes Area Empowerment initiative has a local council that is a governing and planning board. The local council includes representatives from all four counties:

- County supervisors from Clay, Dickinson, O'Brien, and Osceola counties;
- One representative from each of the Area Education Agencies in the area;
- Two representatives from schools in the area;
- One representative each from the Iowa Department of Human Services, the Juvenile Court of the Third Judicial District, Community Health, Child Care/Preschool Services, and Substance Abuse or Mental Health.
- One senior citizen (age 59 or older);
- Three consumers or clients of services supported by the initiative; and
- Four citizens or elected officials, including one clergy and one business representative.

The council meets monthly. In addition to these area-wide meetings, smaller committees in each county meet monthly to tackle county-specific issues.

The Empowerment initiative pays for one staff person, Cyndee Dather, to facilitate and coordinate the initiative. She assists the board and county committees, but has no voting power. Dather coordinates the work of the Empowerment-funded agencies, as well as the board, on a daily basis.

THE INITIATIVE'S ACHIEVEMENTS

Improved Quality in Early Childhood

Empowerment funds are used to support professional development in Head Start and child care programs and family child care homes. Consultants from the Child Care Resource and Referral (CCR&R) of Upper Des Moines Opportunity, Inc. recruit child care providers throughout Clay, Dickinson, Osceola and O'Brien counties, encourage providers to register, and assist child care providers in meeting registration guidelines. They provide support, education, and technical assistance to child care providers through in-home visits, visits to centers, and monthly support groups. Each child care consultant works with approximately 25 family child care providers and five centers, visiting each provider monthly.

Because there are relatively few child care centers in the Lakes Area, the consultants have a particular focus on family child care homes, where providers often do not have a great variety of toys, books, or other materials, and need some support and training. The consultants visit the providers' homes while the children are there, share educational and developmental tools such as toys, books, and games through the lending library, and bring activities and show the providers how to use them. The activities are based on a monthly theme included in a curriculum that the CCR&R developed for the providers to use. The home visits are set up to follow a curriculum leading to a CDA for the home providers. During the visits, the consultants talk about child development, whether or not the provider is working toward the CDA. The agency has developed a three-year cycle of training for providers.

Providers enjoy participating in the program because the consultants bring materials to their homes that they can keep for a month, and show them how they are used. This is easier for home-based providers to work with than having to travel to a lending library. The CCR&R also provides "incentive dollars" or stipends that providers earn for their participation in the trainings that they can use to purchase materials to improve the quality of their programs. Using nationally recognized rating systems, the CCR&R consultants conduct evaluations of the family child care environments helping providers understand the ways in which their programs need to improve. Providers must target their purchases toward these areas.

Child care providers who work with the consultants can be included in the CCR&R database that provides child care referrals for parents. Support groups for family child care providers are another incentive, because they offer opportunities for additional training and socializing in an informal setting. They also offer an opportunity for child care consultants and other CCR&R staff to hear family child care providers' common concerns. Additionally, the Lakes Area CCR&R facilitates monthly meetings for directors of child care centers to address their particular problems and provides mini-grants and training in an effort to reduce staff turnover and improve program quality.

The CCR&R, Head Start, and the Lakes Area Community College collaborate to offer an apprentice program for early childhood providers. Through this collaboration, the community college offers early childhood classes that providers can take for college credit. The providers can continue coursework at the community college for two years and then transfer to a four-year college for a four-year degree. In 2002, the program provided scholarships to seven family child care providers working toward their degrees. When the CCR&R sent out letters to find out if providers were interested in this program, 54 responded that they would be. However, the agency was only able to fund seven.

Affordability

The CCR&R administers the preschool transportation scholarship and connects parents to preschool scholarships. Both scholarships are supported with Empowerment funds. The transportation is not advertised but is provided if parents can not find any

other resources to bring their children to a child care or Head Start program. The preschool scholarships are available to children who do not qualify for Head Start or are on a waiting list, if their family is at or below 185 percent of poverty.

Increased Access to Early Childhood Services

In Dickinson County, the waiting list for Head Start can be as high as 45 children. In addition, many parents are working, and are just over the poverty guidelines. The county used Empowerment and other state and local funds to create a preschool classroom based on a Head Start model so more children could be served with a high quality early childhood program.

Two programs, one funded with Head Start and the other with empowerment funds, now sit side-by-side in the Spirit Lake school administration building. Now in its third year, the Head Start model program was up and running in just a few months. It offers a full-day program during the school year, and the school district operates before- and after-school child care. When school is not in session, many families use high school students to provide child care for their children who are in school-based prekindergarten or Head Start programs.

The model provides early education as well as increased access to comprehensive services, including health care. In this rural community, where families have to travel more than two hours by car to see a pediatrician, access to health care in their early childhood program makes a profound difference in the lives of children. One child in the Dickinson Head Start program was diagnosed as partially blind when she was three-and-a-half years old. Another child was found to be deaf. They then received early intervention services that helped them overcome these difficulties and enter school on time. Because these children were not regularly seen by a pediatrician, Head Start's developmental screenings and early intervention services were critical to the early identification of their disabilities and the children's success.

Families in this rural region have trouble finding many services because they are scarce, so developing new education and health programs is a necessary first step toward improving families' access to early childhood supports. The Empowerment initiative supports three home-visiting programs that provide health, parent support and education, and developmental screenings and intervention to children from birth to age five. These services are provided universally to newborns and then to children older than six months and their parents on a case-by-case basis depending on the families' needs.

Coordination of Programs and Services

Prior to Empowerment, the staff of several programs serving young children and families in the Lakes Area had never worked together, although they were often working with the same families. Cross-training on each other's issues and programs is now

required for staff working in the major programs—Best Care for Better Babies, Parents as Teachers (PAT), and KIDS—receiving Empowerment funds. Staff from these programs meet regularly to learn about the services provided by the other agencies. They communicate through phone calls and monthly strategy meetings. Staff from all of the programs attend weekly meetings to discuss the area’s initiatives and programs and their individual cases, as well as to exchange information and ideas concerning children who they jointly serve.

Cross-training is just one example of cooperation among children’s agencies in the Lakes Area. The apprenticeship program developed by the CCR&R, Head Start, and the Lakes Area Community College is another example. This program conducts joint training for family child care and Head Start providers. Head Start trainers visit participating family child care providers’ programs every other week. Providers receive stipends to purchase materials and their programs are evaluated using the Early Childhood Environmental Rating Scale (ECERS) and the Family Day Care Environmental Rating Scale.

Most other early childhood programs in the Lakes Area, including child care, the public schools, and Head Start, collaborate to improve their services as well. In the Lakes Area, the Head Start program coordinates with the CCRR to work with providers who serve children enrolled in Head Start. A representative from Head Start meets monthly with staff from Best Care for Better Babies to discuss families served by both programs and conduct joint home visits. The Head Start program also works with families who are served by PAT.

In Clay County, Head Start collaborates with the school district and special needs services to serve children up to age five. The Head Start programs are located at school sites. One of the downsides to being in schools is that some school teachers think Head Start overemphasizes the role of parents and coddles them. The upside is that schools are gradually beginning to show more respect to parents as a result of seeing how Head Start operates, and the schools pay for transportation to the Head Start programs in Clay County.

Head Start operates in the Hartley school district and focuses on children age three to five years. The program uses Empowerment and state funding for before- and after-school care. The Head Start classroom is integrated with the special education class in the school. In Sheldon, Head Start is located at a child care center as part of a program that provides Head Start and child care for children whose parents work shifts that can vary from week to week. Often parents will work from 7 a.m. to 3 p.m. or from 3 p.m. to 7 p.m.

Greater Comprehensiveness of Services and Better Early Childhood Supports

The Lakes Area initiative has used Iowa Empowerment funds to expand and enhance a range of children’s programs in the four counties. With Empowerment, says

Cyndee Dather, the Lakes Area can afford “a Cadillac program” that provides a continuum of developmental services and makes them universally available to children from birth to age five. The range of services is comprehensive, including health, family support, and early education, with the goal of ensuring that more children are healthy and prepared to succeed when they enter school.

Some services are used more widely than others. All newborns in the Lakes Area receive the benefits of Best Care for Better Babies, including prenatal and postpartum care provided in homes by specially trained nurses; physical and developmental checkups for babies and toddlers; breastfeeding support within the first 48 hours following birth; pre- and post-natal nutritional guidance for mothers and babies; individualized home visits scheduled weekly and then monthly, according to parents’ needs; and health, developmental, language, hearing, and vision screening. The program sees about 350 babies a year.

Best Care for Better Babies connects parents to other services including PAT or KIDS if they are needed. In this way, parents and children who require early childhood services prior to the time a child enters preschool can receive these services at no cost. Parents and other caregivers can meet with certified parent educators during monthly home visits that help them understand what to expect in each stage of their child’s development. The educators suggest learning opportunities to encourage young children’s learning and offer practical tips on ways to manage challenging behavior and promote strong parent-child relationships. These home-visiting programs provide critical support for families who do not use other early childhood programs. Best Care for Better Babies also connects parents to the child care and resource referral agency if they need help finding a child care provider.

EVALUATIONS AND RESULTS

Cyndee Dather notes that evaluation has been a major challenge for the initiative, because its board members and staff from local agencies have little expertise in this area. Likewise, there are no research institutions in the region from which to draw guidance. Recognizing that the Lakes Area and several other local Empowerment boards faced the same problem in this rural state, Iowa’s state Empowerment board contracted with staff from the University of Iowa to provide guidance to local initiatives. Several full-time consultants are now funded by the state to assist local initiatives in planning, implementing, and evaluating services funded through empowerment.

The Lakes Area initiative has worked with a consultant to collect data that will be used as part of an evaluation to highlight the initiative’s achievements as well as the gaps in services that still exist in the community. The indicators, which were chosen to reflect the well-being of young children and families, are the following:

- The number of children with immunization series completed by age two
- The number of children with low birth weight

- The number of teen births
- The number of registered family child care homes and licensed child care centers
- The number of children served by family child care homes and licensed child care centers
- The number of child care providers and other early childhood professionals participating in education and incentive programs
- The number of child abuse cases
- The number of infants born with chemically dependent mothers
- The number of cases of lead exposure
- The number of children receiving scholarships for preschool services

REMAINING CHALLENGES AND GAPS

The Lakes Area Empowerment initiative successfully established critical new early childhood services for children and families in a medically underserved region. In the Lakes Area, a four-county rural area with no pediatricians or obstetricians, the Best Care for Better Babies prenatal and pediatric home-visiting program provides free services that mothers and their infants are unable to find elsewhere. The initiative's PAT and KIDS programs offer additional support for children and families who need it. The Empowerment initiative has also expanded preexisting programs. It has provided additional resources to the child care resource and referral agency to support early childhood providers in family child care homes, child care centers, and Head Start programs.

Now that these services are in place, the Lakes Area initiative faces two substantial challenges. First, they must ensure the quality of the programs that they support. The PAT and KIDS programs are based on nationally recognized models with evaluation components that can be used to assess the quality of services. The Best Care for Better Babies program was developed locally and will require careful monitoring to ensure accountability and consistency of home visits. The program is working on an evaluation plan with the area's Department of Health.

At the same time, the members of the Empowerment initiative must decide whether to support additional services to help families bridge the gaps that they still face. The programs that have been developed so far do help families, but do not go far enough. There are gaps in transportation services and health insurance in the region. Low-income parents still have a hard time traveling to work or to programs for their children; many families do not have reliable cars, there is no public transportation, and communities are widely scattered. Many do without health insurance—the Lakes Area is very rural and agricultural, and employment with health insurance is not often available for young families.

There are other problems that are endemic to the area, affecting the early childhood services that are offered. Many parents can not afford high quality early

childhood programs. They are struggling to make ends meet even though they are working two to three jobs, and help to pay for child care is scarce. Advocates in the Lakes Area say that there is never enough money to give subsidies to new families. According to one, “By the end of the first quarter of the fiscal year, DHS has no money for the rest of the year.” The initiative has stepped in with Empowerment funds to help families pay for child care.

Many parents work in manufacturing jobs, and their work shifts frequently change from week to week. Few are on salary, and most are paid for only the time that they work. This is difficult for parents and has ramifications for early childhood programs as well. Due to the nature of parents’ work schedules, center-based child care programs are run on an hourly basis, meaning that parents pay for their child care by the hour. This makes it very difficult to sustain a high quality child care program. Administrators can never be sure of the amount of income coming into the center, so they can not afford to pay staff to be at the center every week for the entire week. Instead, the staff is paid on an hourly basis. If ratios drop, staff members are asked to go home. This is problematic for several reasons: 1) Constant staff changes decrease the consistency of the program for children. 2) Because staff members do not earn enough to make it worthwhile to work at the center, high turnover is an issue. 3) If staff do not have guaranteed hours, they may bristle at having to work additional hours they did not know about beforehand, making substitute staffing a challenge. As would be expected, staff turnover at child care centers in the region is high—about 33 percent.

Due perhaps to their constantly shifting work schedules as well as the lack of available slots in child care centers, most parents rely on family child care. This concerns members of the initiative, because family child care standards in Iowa are so lax, they have made insurers reluctant to sell policies to child care programs. There is no mandatory registration for family child care providers, who may have up to six children for one adult. In addition, there is no enforcement of this requirement. This is frustrating to registered family child care providers, as unregistered providers often take more than six children and are not penalized.

The shortage of accredited programs in the area is an obstacle to improving family child care quality. The apprenticeship program established by the community college, the CCR&R, and Head Start requires providers to participate in a mentoring experience with a nationally accredited child care center. Yet there is only one accredited child care center in the four counties. Family child care providers can not take advantage of the apprenticeship if there are not enough accredited programs to provide mentoring opportunities.

The CCR&R, with guidance from the initiative as well as Head Start, is working on this problem. A training partnership with Head Start programs will provide mentoring opportunities. Yet advocates do not see an expansion of the early childhood system any time soon. Members of the community are not in agreement about the need for additional early childhood programs; many community members believe that mothers should not work, and children should stay at home. There is a tradition of independence and self-

reliance, and of depending only on one's family for support in the Lakes Area. Distrust of government-funded programs to help low-income children persists. In one county in particular, families who use the Head Start program are ostracized, and the program has made very little headway in coordinating its services with the public schools. This means that the county is unable to make the most of its early childhood resources, as has been done in the other three counties.

THE COMMUNITY: SIOUX CITY, IOWA

Sioux City is located in Woodbury County on Iowa's western border with Nebraska and South Dakota. The city has faced serious economic challenges in recent years as several of its manufacturing plants have closed, resulting in the loss of many jobs. Yet there are also efforts to revitalize the downtown area, such as restoration of an old theater. The city is experiencing other changes as well, including an increase in the diversity of its population.

- **Population:** Sioux City is home to approximately 85,000 people, including 7,300 children under age six.⁶⁸
- **Demographics:** While the city's minority population is not large, it does constitute a greater proportion of the population than in the state as a whole. In Sioux City, 15 percent of the population is non-White (Black, Asian, American Indian, or another race), compared to just 6 percent for all of Iowa.⁶⁹ The city also has a larger Hispanic population, with Hispanics comprising 11 percent of the residents of Sioux City compared to 3 percent of Iowa's residents. The Hispanic population in the city has risen dramatically over the past decade. While the population of Sioux City overall grew only 6 percent between 1990 and 2000, the Hispanic population grew by 250 percent.⁷⁰ Nine percent of Sioux City's residents are foreign born.⁷¹ Two-thirds of this foreign-born population is from Latin America and one-quarter is from Asia. Eight percent of Sioux City's population speaks English less than "very well."
- **Income:** Sioux City is slightly less well off than the state as a whole. Median family income in Sioux City is \$45,751, compared to \$48,005 statewide.⁷² The poverty rate in Sioux City is 11.2 for all individuals, compared to 9.1 percent statewide. The city's poverty rate for children under 18 (15.0 percent) is also higher than the statewide rate (10.5 percent).
- **Employment:** The unemployment rate in Sioux City was 4.9 percent in July 2003, up from 4.1 percent in July 2002.⁷³ The unemployment rate in Sioux City was lower than the nationwide rate (6.2 percent in July 2003) but higher than the statewide rate for Iowa (4.1 percent). Sioux City's economy has been hurt over the past several years by the loss of manufacturing jobs. Several large companies, such as Gateway Computers, have closed factories and laid off workers. In 2000, manufacturing accounted for nearly one-quarter (23.4 percent) of the jobs in Sioux City.⁷⁴ Other

⁶⁸ U.S. Census Bureau, Census 2000. Data from American FactFinder retrieved from the Internet at <http://factfinder.census.gov/servlet/BasicFactsServlet>.

⁶⁹ U.S. Census Bureau, Census 2000.

⁷⁰ Children's Defense Fund calculations based on data from the U.S. Census Bureau, Census 2000 and Census 1990.

⁷¹ U.S. Census Bureau, Census 2000.

⁷² U.S. Census Bureau, Census 2000.

⁷³ U.S. Department of Labor, Bureau of Labor Statistics, Metropolitan Area Employment and Unemployment (monthly) data. Retrieved from the Internet at <http://www.bls.gov/news.release/metro.toc.htm>

⁷⁴ U.S. Census Bureau, Census 2000.

major sectors of the economy include education, health, social services (20.2 percent), and retail (12.4 percent).

- **Resources:** Sioux City has several resources for children and families. One resource is the Child Care Resource and Referral of Upper Des Moines Opportunity, Inc. (CCR&R), which serves all of northwest Iowa, covering 22 counties. In Sioux City, the CCR&R provides families with information about choosing good child care, helps them find child care, and tells them about possible sources of assistance with child care costs. For providers, the CCR&R offers consultation services, quality awards for infant care providers, quarterly newsletters, training, health and safety information, and a 24-hour talk line. Another important resource is the Western Hills Area Education Agency (AEA), which provides services to children with special needs in 24 public school districts in northwest Iowa.
- **Child Care and Early Education:** In 2000, two-thirds (66.7 percent) of children under age six living in Sioux City had all parents in the labor force.⁷⁵ While this is slightly lower than the percentage for Iowa as a whole (71.4 percent), it still indicates that there is a tremendous need for child care. To help meet this need, there are approximately 2,000 licensed child care slots and over 400 licensed preschool slots in Sioux City and the surrounding areas that comprise Woodbury County. However, only five centers in Sioux City were accredited. More than one-third of known child care homes are not registered.⁷⁶
- **Head Start:** In Sioux City, the Sloan School runs a Head Start program as well as Early Head Start, Even Start, and state-funded prekindergarten programs. The school's Head Start program serves 344 children, and its Early Head Start program serves 125 children in home-based settings. Sioux City has been able to use child care subsidies to support wrap-around care for some Head Start children.
- **Prekindergarten:** The state's prekindergarten initiative, Shared Visions, helps support early education in Sioux City. This initiative funds a program at the Sloan School that serves 48 children.

THE INITIATIVE: SIOUX CITY/WOODBURY COUNTY EMPOWERMENT INITIATIVE

Collaborative efforts on early care and education in Sioux City are supported through Iowa's Early Childhood initiative, which was established in 1998. Under this initiative, communities receive state Empowerment funds (unused welfare funds) and state School Ready funds to help improve early childhood services. In 1999, the Siouxland Human Investment Partnership (SHIP) was designated to oversee implementation of the initiative in Woodbury County, which includes Sioux City and surrounding suburban and rural communities. The initial planning process took place during 2000 and 2001, with the community developing goals, identifying needs and gaps in services, building consensus about strategies for addressing these needs, and applying

⁷⁵ U.S. Census Bureau, Census 2000.

⁷⁶ Woodbury County Success By 6 and Beyond. *Five Year Community Plan 2002/2003*.

for funds. Since October 2001, the SHIP Early Childhood Committee has partnered with United Way of Siouxland's Success by 6[®] initiative to form Success by 6 and Beyond.

While funds from the state's Early Childhood initiative can only be used for services for children birth to age five, the community has merged this initiative with others to develop a plan that covers children up to age eight. The community uses the School Ready and Empowerment funds for younger children and separate funding streams for children older than age five, but these efforts are closely coordinated to ensure continuous, integrated supports for children before school, as they enter school, and into their early elementary school years.

Accomplishments

Sioux City has taken some initial steps forward to increase families' access to affordable, high quality early education and care and other supports. These accomplishments include:

- Helping more families afford child care by providing scholarships.
- Improving the quality of care by offering training, small grants, and other assistance to providers.
- Making child care more accessible to families with special needs, such as families who have children with disabilities or families who do not speak English.
- Facilitating children's transition into kindergarten.
- Providing children and families comprehensive supports, including parent education and dental health care.

SIOUX CITY EMPOWERMENT INITIATIVE: A CASE STUDY

History

In March 2000, the SHIP Early Childhood Committee held a county-wide public forum to identify the most pressing needs of young children and their families in the community. Despite the pouring rain, approximately 75 to 80 people came out to attend the forum. A large number of people continue to be engaged in the collaborative initiative and attend quarterly meetings; a smaller group of eight to 10 people meets monthly.

Through its community planning process, SHIP identified several priority areas where there were gaps to be addressed:

- Quality child care
- Family support
- Availability of health services
- Effective community collaboration
- Accessibility to dental care

- Funding
- Availability of bilingual services
- Transportation

The community's five-year vision for addressing these needs identified seven elements essential to supporting children and families:

- Community priority: Children
- Accessible, undeniable dental/health care
- Centralized family support services
- Nurturing, interactive parenting
- Quality trained professionals
- Quality, affordable, accessible, available child care
- Visionary financial support

Funding

Empowerment initiatives in Iowa are supported by a combination of state and federal early childhood funds. In FY 2003, SHIP received \$290,166 in Early Childhood (federal TANF) funds and \$428,034 in School Ready (state Empowerment) funds. These funds were budgeted for a variety of purposes, including the following:

- Capacity-building and access (\$231,658 in Early Childhood funds)
- Child care for infants, for mildly ill children, or during extended hours (\$44,514 in Early Childhood funds)
- Home visitation and parent support (\$337,050 in School Ready funds)
- Early childhood health consultation (\$76,122 in School Ready funds)
- Provider training and materials (\$2,021 in School Ready funds)

This funding, together with a collaborative approach, has put the community in a good position to leverage additional private and public resources. For example, the community received grant-writing and other assistance from the Waitt Foundation, established by Gateway Computers' founder Ted Waitt, to apply to the state for federal Safe Schools/Healthy Students funds. The community was successful in its application and received a three-year \$6.6 million grant. Some of these funds help projects that are also supported with Early Childhood or School Ready funds, or have goals that are closely connected with these initiatives.

Partners

The initiative involves people from a broad spectrum of the community. SHIP board members include representatives from the city council, Mercy Medical Center, St. Luke's Regional Medical Center, the Provider Coalition, Siouxland District Health Department, United Way, Morningside College, the Department of Human Services, the Area Education Agency (which coordinates special education and related services),

juvenile court services, the board of supervisors, the schools, the Sgt. Bluff mayor's youth commission, the Human Rights Commission, Comprehensive Strategy, a parent, Healthy Siouxland Initiative, and the faith community.

Several well-established organizations with a long history of providing services in the community have played important leadership roles. This includes the Crittenton Center, which has been providing services to families and children in the community for over 100 years, as well as Mercy Medical Center and the district health department. These participants have been able to take the initiative in encouraging collaboration among different groups and organizations. For example, Mercy Medical Center has served as the hub of a coordinated approach involving doctors, police, and lawyers to identify and respond to child abuse and neglect. The hospital has had the experience and prestige needed to convince diverse groups to come to the table and cooperate.

The initiative has also encouraged the development of new partners and enabled them to increase their influence. For example, a number of child care centers came together to form a coalition that would give them a louder voice. With an initial grant from the Waitt Family Foundation, the centers formed a 501(c)(3) organization called Parenting Partners. The organization has put the centers in a better position to apply for grants and other funds and allowed them to plan how to use their funds more efficiently and effectively. Instead of competing against one another for resources, they work together to increase their overall chances of receiving funds and their ability to make the best use of the funds. In October 2002, Parenting Partners received a grant from the Waitt Family Foundation for a campaign to build an endowment for child care centers. The coalition will receive \$8,000 to conduct a feasibility study and \$29,000 for a fundraising and media awareness campaign.

Leadership and Governance

The Siouxland Human Investment Partnership (SHIP) oversees the early childhood initiative as well as other initiatives related to health, human services, education, and public safety. SHIP coordinates various programs and resources, plans services so that they are delivered as effectively and efficiently as possible, serves as a clearinghouse of information, and provides a strong advocacy voice. As the entity designated to administer the early childhood initiative, it is responsible for distributing the funds available through the initiative, setting policies for how the funds can be used, bringing different partners together to develop goals and plans for early childhood services in the community, and publicizing the initiative, among other responsibilities.

The Executive Director of the Siouxland Human Investment Partnership is John Calhoun. Prior to being appointed to this position, he had been employed with the Third Judicial District Juvenile Court Services Department for 27 years. Having lived in Sioux City his entire life, he is extremely committed to ensuring that the community is able to provide the services that families and children need.

THE INITIATIVE'S ACHIEVEMENTS

Through its collaborative approach, Sioux City has taken several steps forward to improve the quality and availability of early childhood supports. It has helped more families pay for child care, enabled family child care providers to improve their quality, expanded opportunities for parenting education, and given children more access to health care and dental care, among other efforts. In developing and implementing these projects, the community has often had to make adjustments along the way to respond to unanticipated problems and to increase the projects' effectiveness. A representative of the child care resource and referral agency, which is actively involved in the initiative, likened it to "building an airplane in flight." This is not a weakness but rather demonstrates the community's flexibility, willingness to learn from experience, and ability to make continual improvements.

Improved Quality in Early Childhood

Sioux City's early childhood initiative has made some progress in improving the quality of child care through support of training opportunities, small grants to child care centers, and consultants. It also has encouraged networking among child care providers, giving them the opportunity to learn from each other strategies for enhancing the quality of their programs and support one another in their efforts to improve.

Centers have used funding from the initiative to sponsor various training opportunities. One center had six staff members going to Western Iowa Technical College to receive their degrees. The center director felt that such training raised staff self-esteem and helped them work together better.

Family child care providers have been able to participate in ChildNet training, a 10-week, 25-hour course. The training addresses a range of topics, from health and safety issues to the process for setting up a business. Classes are held on Tuesday and Wednesday evenings so that providers working full-time are able to attend. Family child care providers express a strong desire for such training. As one provider explained, she viewed this as her career and wanted the training to better herself.

The community also has an incentive system to encourage family child care providers to offer quality care for infants. Family child care providers receive points for becoming registered, attending training, attaining accreditation, and meeting other goals. Family child care providers can then use these points toward materials and supplies for their programs. Providers must first use the points to purchase any items they need to address basic health and safety issues (such as outlet protectors, smoke detectors, or yard fencing), then they can purchase items related to basic care (such as cots for napping or strollers), then play equipment, books, puzzles, and games, and finally arts and crafts materials. Family child care providers benefiting from this program speak excitedly about what they have learned through the trainings.

The incentive system for quality infant care is one example of how the community has had to adapt its efforts as it goes along. Originally, the intention was to make grants available to encourage more centers to provide infant care, but centers did not take advantage of the grant opportunity because the funds were not enough to make it worthwhile. As a result, the community partnership decided to focus instead on encouraging family child care providers to offer quality infant care.

Another way in which the community promotes quality is by having a child care health consultant and a home consultant available to assist child care providers. These positions are funded with Empowerment dollars and are housed in the child care resource and referral agency. The health consultant provides support and advice to child care providers on a range of health-related issues. The health consultant responds to calls from providers who have questions and contacts providers to tell them about upcoming trainings or share other useful information. The home consultant assists registered and non-registered family child care providers in a variety of ways: pushing for better quality by following up with new providers, going over a health and safety checklist with providers, and other approaches. The two consultants also work closely with one another.

Affordability

Sioux City has used a substantial proportion of its state Early Childhood funding for scholarships to help low-income families cover child care costs. The scholarships are available to families earning between 140 and 185 percent of poverty, which places them above the eligibility cutoff for state-funded child care assistance but leaves them far from having incomes adequate to purchase decent care on their own. With these scholarships, the community is trying to compensate at least partially for the restrictive eligibility policies set by the state that deprive many low-income families of the help they need. This includes families with incomes just above the eligibility cutoff as well as families who do not meet other eligibility criteria but have special circumstances.

Child care providers cite many examples of families who have benefited from these scholarships, from a mother trying to put herself through school to a father out of work due to an injury. As one child care provider noted, the scholarships can actually help parents become better parents because their financial stress is reduced.

The community also uses Empowerment funds to cover wrap-around care for children in part-day Head Start and other programs. The Sloan School has used these funds, in combination with federal child care dollars, to offer full-day Head Start from 6 a.m. to 6 p.m. This makes it easier for children whose parents work full-time to take advantage of part-day Head Start and prekindergarten programs and the benefits they offer.

Increased Access to Early Childhood Services

Sioux City is working to make child care more accessible to all families, particularly those with special circumstances. This includes families who have children with special needs and families who do not speak English as their primary language.

The Western Hills Area Education Agency (AEA) serves 274 children with special needs in Sioux City. The agency's Early ACCESS program, which receives federal funds under the Individuals with Disabilities Education Act Part C/Infant Toddlers Program, identifies children who have disabilities or developmental delays and coordinates supportive services for them. The agency works with the families of children with special needs as well as their child care and early education programs. It offers technical assistance and support to help child care centers, family child care providers, and prekindergarten programs accommodate children with special needs. The AEA is an active partner in the community's collaborative early childhood effort and, in fact, houses the Siouxland Human Investment Partnership, which oversees the initiative.

Another valuable community resource that increases access for children with special needs is The Children's Center. The center, with a capacity for 97 children, provides early care and education for children with special needs from ages 6 weeks to 12 years. It also enrolls children who are developing typically in order to create an inclusive environment. In addition to offering child care and early education, the center coordinates medical care, family support, and other services for children and their families. The center receives some empowerment funding from the community for child care scholarships (\$8,910 for FY 2004) and infant care (\$10,000 for FY 2004). The center also has received funding through a Safe Schools grant to help cover staff costs so the center can maintain lower child-teacher ratios.

The community is working to ensure that it reaches out to the growing Latino population as well. It tries to make materials and trainings available in Spanish. The city's Even Start program provides crucial support for Spanish-speaking parents and their children. One mother had tears in her eyes as she discussed how the program had helped not only her daughter but also her by improving her parenting and literacy skills. Unfortunately, the program does not have nearly enough slots to meet the need—parents have to put their name on the waiting list almost as soon as they know they are pregnant just to be able to participate.

Coordination of Programs and Services

Sioux City has worked to better coordinate its programs and services, making efforts to link different early childhood programs so that resources are used efficiently, yet in a way that meets families' varied needs. The community also has begun to take steps to facilitate the transition from prekindergarten to kindergarten.

The Sloan School is an example of how multiple early care and education programs with different funding sources can be brought together. The school houses

Head Start, Early Head Start, Even Start, and Shared Visions (state prekindergarten) programs as well as a classroom for children with special needs funded by the city school district. With all of these programs under the same roof, children from the Head Start and special needs classrooms have the opportunity to participate in some activities together. Head Start provides child care services to parents in the Even Start program who are working on their GED, and home visits for the Even Start and Early Head Start program are coordinated. In addition, the Sloan School is able to use funds from other programs to help subsidize the Shared Visions program, since state funding for this program has stagnated and not kept pace with rising costs.

Improving the transition from prekindergarten to kindergarten enables children to be better prepared for school and adjust more easily to their new environment. After recognizing that children were facing challenges with this transition, the city held a meeting for prekindergarten and kindergarten teachers. Kindergarten teachers discussed what they expected children to be able to know and do when they entered school, from being able to put on their coats to having beginning reading skills. As a result of the meeting, those involved decided to write a guide for parents, prekindergarten teachers, and kindergarten teachers about how to prepare children for the transition to school and what to expect of children just entering school.

Greater Comprehensiveness of Services and Better Early Childhood Supports

Sioux City's early childhood initiative is not narrowly focused on child care and early education issues, but rather on the wide array of supports children need to get ready for school. The initiative aims to promote children's cognitive development as well as their social, emotional, and physical development. The initiative provides services not only to children but their entire families so that parents and other caregivers can support their children's learning and development. As a result, the community funds a range of projects across different areas, including parent education and support, health care, and child abuse prevention and treatment. In each of these efforts, the community displays a collaborative approach.

The initiative works to expand the availability of supports for families trying to strengthen their parenting skills, gain access to financial assistance, and obtain other resources they need to take care of their children. Two ways in which the community provides these supports are through the Healthy Opportunities for Parents to Experience Success (HOPES) program and the Stork's Nest Family Resource Center.

The HOPES program offers home visits to families at risk, serving approximately 200 families. The voluntary program allows families to participate until their children reach age four. The services are tailored to meet each family's particular needs, with each family identifying their own goals and a plan for attaining those goals. Support workers are matched to families based on each family's specific situation and the support worker's specialization. Visits with the families typically last for about an hour and

cover areas such as a child's developmental milestones, and may address topics like family budgeting.

In addition to providing direct services, support workers also connect families with other programs and resources, such as the Women, Infants, and Children (WIC) nutrition program and health care programs. Families also are referred to the Imagination Library literacy program, which provides one book a month for a child's first five years of life. This program is made available through Success by 6 and Beyond in partnership with the Dollywood Foundation.

The HOPES program is administered by four sites in Woodbury County—Siouxland District Health Department, Lutheran Social Services, Native Family Resource Center and the Crittenton Center. The program is funded from Empowerment dollars and other resources, including a federal Safe Schools/Healthy Start grant that supports services for pregnant and parenting teens. In the first year of this grant, which began in November 2001, the program served 61 teen parents.

Family support workers for the HOPES program can find it extremely challenging to work with participating families, who often have multiple problems and complicated situations. This leads to high burnout rates among the workers. To help address this problem, group lunches for family support workers give them an opportunity to share their experiences and discuss strategies for handling difficult cases (although client confidentiality is still protected). Support workers also are encouraged to persist in their efforts when they see families making real progress. For example, one support worker was especially pleased when a teen father started quizzing her about parenting issues and baby care based on his Internet research, indicating that he wanted to play an active role in his child's life and learn how to be the best parent he could.

Stork's Nest Family Resource Center, operated by the Siouxland District Health Department, is another community resource for young children and their families. Parents who participate earn points by attending parenting education classes, remaining in school, receiving medical care, and engaging in other healthy practices such as refraining from smoking. Points can be redeemed at the Stork's Nest store to purchase items for their children, such as diapers, car seats, cribs, educational toys, and other materials. In 2001-2002, 3,750 clients visited the store for purchases, and 1,698 clients attended the classes offered by the center. The center is funded by a Safe Schools/Healthy Students grant and other donations.

The Siouxland District Health Department has made it easier for families to access these and other resources by making them available at one conveniently located site. Parents can attend classes there while on-site child care is provided. They can shop at the Stork's Nest store as well as apply for various assistance programs. As a center of activity, the agency has come to be seen by parents as a welcoming environment where they have an opportunity to socialize with other parents. In addition, the district health department is right across the street from the community health center, where children can receive medical and dental care and apply for health insurance programs.

The community also has used some of its early childhood Empowerment funds to support dental care, after identifying serious deficiencies in this area. The Oral Health program, run by the district health department, provides oral health education, screening by a dental hygienist, and a fluoride treatment for children from birth to age five. Children who need further treatment receive referrals for additional services. In 2001-2002, 966 children received oral health screens, 820 children received fluoride varnish application, and 2,120 individuals received oral health education. In addition to providing children with the dental health care they need, this project and Empowerment funds have allowed the community to gather local data on dental health that is needed to apply for additional funding.

The community has taken a collaborative approach to the oral health project throughout the process of implementing it. When it became clear that the initial incentive grant of \$10,000 was too small to have any impact, several agencies pooled their resources to come up with a total of \$50,000. The involvement of different organizations and agencies also has allowed the project to reach more families; the dental health care services are taken to the Women, Infants, and Children office, Head Start, child care programs, immunization clinics, and other places where children and families are found.

The community has adopted a similarly collaborative approach in addressing child abuse. The Mercy Child Advocacy Center, which is affiliated with the local hospital, identifies and responds to incidences of child abuse through a team approach. Doctors, nurses, lawyers, police, and social workers all work together in determining how best to deal with each case of abuse and neglect to help protect the children and get them the necessary support services. The center also interacts with early care and education programs as it visits child care centers and prekindergarten classes to provide safety trainings. The Child Advocacy Center receives funding through a variety of sources, including the federal Safe Schools/Healthy Start grant and donations. The center notes that it tries to avoid applying for grants that other community organizations are seeking because it does not want to compete against similar organizations working to help the community's children and families.

EVALUATIONS AND RESULTS

The community has developed indicators to use in assessing its progress toward meeting its goals. The indicators include measures such as the number of children receiving regular medical care, the number of children entering kindergarten who have had prekindergarten experiences, the number of licensed child care center slots, the number of accredited child care centers, the number of registered family child care homes, and the number of families participating in family support services.

In the initial years of the plan, the county has shown progress on certain measures. For example, the percent of known family child care homes that were registered increased from 64 percent in the baseline year to 75 percent in 2002. However, the city

has not made much progress in increasing the number of accredited child care centers, and only two centers had attained accreditation as of 2002.

REMAINING CHALLENGES AND GAPS

Despite the impressive strides the community has made, there still remain a number of gaps in Sioux City's early childhood programs and services. Too few high quality programs are available; help paying for care is extremely limited; and families with special circumstances struggle to find care to meet their needs.

Further progress is essential in advancing the quality level of child care programs. Although the community has encouraged more child care programs to receive accreditation, very few programs have achieved this status. Many family child care providers have participated in training opportunities offered through the initiative, but these opportunities remain limited. Funding cuts resulted in scholarships for training and education being denied to a number of family child care providers who wanted to improve their skills.

Major barriers to improving the quality of care are the state's weak regulations and its lax enforcement of the regulations that it does have. This allows child care providers who are not even meeting basic health and safety standards or providers caring for large numbers of children to continue operating. Meanwhile, family child care providers working to enhance the quality of their programs express frustration that their efforts are not rewarded. Providers who spend the time, energy, and resources for additional training or who try to ensure children more one-on-one attention by limiting the number they serve—thus limiting their income—often do not benefit. In many cases, these higher quality providers cannot charge more to compensate because of competition from lower quality providers that charge lower rates. Parents may be unable to afford the higher costs or unaware of the significant differences in quality among programs.

Family child care providers who want to improve the quality of care they offer also feel that they do not receive the resources needed to accomplish this. Family child care providers can have difficulty obtaining funding from the early childhood initiative because SHIP only provides grants to nonprofit organizations, and family child care homes are considered private, for-profit businesses—something that family child care providers find ironic given how little profit they make. These providers can receive some initiative funding through the child care resource and referral agency, but the rule still serves as an impediment. Some family child care providers also express major disappointment that they have been unable to continue training they had started because funding was reduced.

Even when high quality care is available, many families cannot afford it. Low-income families are often unable to get assistance paying their child care costs for even mediocre care. The community uses a significant proportion of its Empowerment funds for scholarships to help families just above the state income cutoff for child care

assistance. Yet, this is simply an attempt to make up for extremely low state eligibility cutoffs, and still excludes many families struggling to make ends meet yet earning too much to qualify for state-funded child care assistance or the scholarships. Even among families who qualify for the scholarships, only a small number can be helped since funds are so scarce. Low-income families unable to receive assistance face serious hardships and difficult choices. One parent commented that people are discouraged from working when half of their paycheck goes to child care that is not even of good quality.

Child care center directors cite many examples of parents who have lost their subsidies because of the restrictive eligibility rules. One mother, who was described as a “wonderful” parent, was cut off because she was taking too long to finish school. Another parent was cut off because she was not working enough hours. Even families that are able to meet the eligibility rules face restrictions on how much assistance they can receive. The state child care assistance program only covers child care during parents’ work or school hours, even if this means a parent has to wake their child up from their nap to take them out of child care to avoid having to pay for additional hours.

In addition to child care assistance being limited in availability, it is also difficult to access. The agency in Sioux City where parents must apply for state-funded child care assistance is not in a central location. It is in a separate part of the city away from other agencies such as the community health center and the district health department. This creates a burden for working families who cannot afford to take time from their jobs to travel across town to the agency to apply for help. Moreover, the physical separation of the child care assistance program reflects, to some extent, the program’s general separation from the community’s other early childhood services and programs. The child care assistance program does not seem to be an integral part of the early childhood collaborative initiative, despite overlapping goals and the populations they serve. Closer involvement with the collaboration could make the child care assistance program easier for families and their child care providers to use.

Many child care providers find the rules and requirements of the child care assistance program very confusing and have difficulty communicating with administrators of the program. Providers often confront serious barriers to receiving adequate, timely payment when they serve families receiving assistance. The providers are particularly concerned about a reorganization of the Department of Human Services that has placed the child care assistance program with income maintenance programs. The staff that has been given responsibility for administering the program, already stretched thin, now must learn an entirely new program. Providers also note that the state reimbursement rates are lower than what they charge private paying parents and do not cover all absent days.

Another challenge that families face is that child care and early education programs, particularly specialized types of care, continue to be in short supply. Infant care is especially hard to find. Milestones Center, one of the few child care centers in the city that accepts infants, had a waiting list of 60 to 70 children under age two for just 18 slots. The Sloan School’s Early Head Start program typically has a waiting list of 100 to

200 children. There are child care providers willing and able to receive the training needed to offer Early Head Start services and help meet this demand, but the program does not have the resources to pay them for the services. The program actually had 25 providers participate in training for a year, but then it ran out of funds.

The community also is having trouble keeping pace with new and growing demands. As the Latino population expands, bilingual programs remain a rarity. Parents praise the Even Start program, which has been a particularly important resource for Latino families, but slots are limited and waiting lists are long. There is also an ever greater need for child care providers who can work with children who have serious behavioral issues. Child care providers often feel poorly equipped to deal with these children and need more training.

As Sioux City struggles to address these continuing gaps in its early childhood programs and services, it faces growing challenges. While the state early childhood initiative has made new resources available, state budget pressures are forcing cuts to related programs. Child care resource and referral agencies have had to grapple with funding reductions and are at the verge of having to make cuts to their core services. State prekindergarten funding has stagnated, so programs must rely more heavily on other resources to cover rising costs and meet an increased need.

The collaborative initiative has offered an opportunity for the development of a constituency for early care and education. This new group of advocates helps to protect funding for the initiative through lobbying efforts at the state level and other strategies. However, in difficult economic times, it is extremely challenging to convince policy makers to provide new resources for early childhood rather than just shifting resources around. Sioux City advocates have been working with state legislators to revise the initiative's formula for allocating funds among Iowa's communities. The goal is to develop a more equitable distribution of funding. Yet without an increase in overall funding, any additional resources that Sioux City may receive will be at the expense of another community.

Even as the community struggles to meet current needs, these needs may only expand in the future. The economic picture is becoming bleaker for many families and will strain their resources further and create a greater demand for financial and other supports. The community will have to work even harder to continually develop new, collaborative strategies just to keep up.

THE COMMUNITY: ROCHESTER, NEW YORK

The city of Rochester is surrounded by the suburbs and pastoral farmland of Monroe County. To the north and east lies Lake Ontario with Buffalo, Lake Erie, and Canada about an hour's drive to the west. The Rochester area boasts several universities and

research institutions, and some of the world's largest corporations are based there. But in the past decade, employment opportunities have decreased as businesses have downsized.

- **Population:** Approximately 220,000 people reside in the city of Rochester.⁷⁷ This includes more than 17,000 children under the age of five.
- **Demographics:** In 2000, approximately 48 percent of the people living in Rochester were White, 39 percent were African American, and 12 percent were Hispanic. There was also a small Asian population.⁷⁸
- **Income:** The median family income in Rochester was \$31,257 in 2000,⁷⁹ approximately \$5,000 less than the amount a family with one parent and two children would require to live and pay for housing, food, child care, transportation, health care, and other necessities in the city.⁸⁰ There has been a steady increase in the number of low-income families living in Rochester over the past 20 years.
- **Employment:** Major employers include Kodak, Xerox, and Bausch and Lomb. Kodak, which employed 70,000 people in the late 1980s, employed only 20,000 in 2002. Nearly half of employed adults work in services or sales; one-third hold managerial or professional jobs; and one-fifth work in production and transportation industries. Nearly 30 percent of adults age 25 and older have less than a high school diploma or the equivalent.⁸¹
- **Resources:** Rochester has a wealth of organizations and agencies that provide and support a range of early childhood services. Major corporations, universities, research institutions focusing on children's well-being, hospitals, a community foundation and several smaller foundations, the United Way, YMCA, and state and local agencies serving low-income children participate in the local early childhood initiative. Through the community initiative, they work together to develop and improve services that support young children and their families.
- **Child Care:** Two hundred licensed child care centers and 1,200 registered family child care providers served children ages zero to five in Monroe County in 2002. Forty-one of the center-based programs and 30 of the family child care homes were nationally accredited. As of the end of March 2002, 12,518 children were receiving child care subsidies.⁸² The vast majority of these children were in child care centers or registered family child care homes; about 1,000 children who received subsidies were in unregistered family child care homes.⁸³ As of the end of March 2003, 10,854

⁷⁷ There are approximately one million residents in Monroe County, Rochester's metropolitan area.

⁷⁸ U.S. Bureau of the Census, Census 2000.

⁷⁹ U.S. Bureau of the Census, Census 2000.

⁸⁰ Economic Policy Institute Basic Family Budget Calculator, retrieved from the Internet at www.epinet.org.

⁸¹ U.S. Bureau of the Census, Census 2000.

⁸² Lori Van Auken, Rochester Area Community Foundation and Monroe County Department of Social Services. These numbers reflect children in center-based care, registered family child care homes, and informal child care settings.

⁸³ Diane Larner, Monroe County Department of Social Services, verbal communication, May 2002.

children were receiving child care subsidies, and 5,000 of these children were in informal care.⁸⁴

- **Head Start and Early Head Start:** Action for a Better Community, Inc. (ABC) provided Head Start and Early Head Start to 1,305 low-income children and their families in 2002. Services were offered at eight grantee sites, one delegate agency (Volunteers of America), a home-based Early Head Start program, and several Early Head Start partner agencies (RCSD Family Learning Center, Healthy Moms, Metro Center YMCA, and IBERO-American Action League). There is a substantial waiting list for Early Head Start, which serves children from birth through age three, and too few full-day Head Start programs for working parents who need full-day care.
- **Universal Prekindergarten:** New York State's Universal Prekindergarten (UPK) funds supported prekindergarten programs for 1,400 four-year-olds in Rochester during the 2002-2003 school year. These children were served in Head Start and child care programs, as well as UPK classrooms in half of the city's public elementary schools. All of the classrooms have certified teachers. Because the state's UPK program runs only two-and-a-half hours a day for 180 days of the year, Head Start and child care subsidy funds are used to support full-day, full-year services for children. More than half of the children in Rochester's UPK program are in full-day programs in child care centers.⁸⁵

THE INITIATIVE: EARLY CHILDHOOD DEVELOPMENT INITIATIVE

The Early Childhood Development Initiative (ECDI) is a voluntary collaboration of funders, researchers, business and community leaders, children's agencies and organizations, and providers coming together to improve the quality of early care and education in Rochester. Together, these partners plan how best to deliver services to support young children and families in Rochester so that children can get a strong start. The individual members of ECDI then implement the plan: Funders provide direct support to services included in the plan; programs provide direct services; and researchers conduct ongoing evaluation to measure the success of the services and assist in planning for the future.

ECDI targets children from birth to age five and their families. At-risk families receive highest priority. ECDI's members focus on Rochester's inner-city because it is the area with the highest need based upon a number of factors, including crime, poverty, and the difficulty of sustaining quality early childhood programs in the city's low-income neighborhoods. Organizations involved in ECDI support child care centers, family child care providers, Head Start, and prekindergarten programs. Accredited programs receive additional financial and management support, materials, and supplies to help them sustain their quality and stay afloat after taking on the increased cost of running a quality program. Such costs can include paying for improved staff qualifications and programs.

⁸⁴ The drop in numbers is due to the change in the eligibility limit for families (from 200 percent to 140 percent of poverty in January 2003), discoveries of fraud (about 400 cases) and children aging out of the subsidy system. The county said that the numbers vary by 500 on a monthly basis.

⁸⁵ Jacque Cady, verbal communication, May 2002.

As the initiative proceeds, ongoing evaluation of the programs serving three- and four-year-olds helps ECDI members stay on course.

Accomplishments

The Early Childhood Development Initiative (ECDI) has focused specifically on increasing the supply of affordable, high quality early childhood programs because they help children get a good start. ECDI has:

- improved the affordability of child care for low-income working families. Several years ago, Monroe County increased eligibility for child care assistance to families earning up to 200 percent of poverty. (New York state allows counties to set their own eligibility guidelines at 125 percent of the federal poverty level or above.) In response to state budget cuts in 2001 and 2002, the county threatened to limit all future and current subsidies to families at 125 percent of poverty or below. ECDI's advocacy efforts proposed no cutoff for current recipients and helped to increase the proposed eligibility ceiling to 140 percent of poverty. All incoming families have been at 140 percent of poverty or below since March 2002;
- persuaded Monroe County to increase compensation for accredited child care providers by 15 percent. The county implemented a reimbursement differential for both accredited child care centers and family child care homes. This differential gives providers an incentive to become accredited and compensates them for part of the cost of doing so. These costs can include hiring additional staff to improve child-staff ratios and increased training for staff so they will meet higher professional standards;
- increased professional development opportunities for early childhood staff and administrators. One project is aimed at increasing the number of accredited child care centers in inner-city Rochester. This project provides a support network and technical assistance to child care center directors. A family child care provider satellite network offers training and support for family child care providers and allows them to purchase supplies in bulk, cutting their costs of operating their child care businesses. Partners in ECDI, including a child care resource and referral agency and the Children's Institute, a child development research organization based in Rochester, also offer technical assistance and training to staff in child care, Head Start, and prekindergarten programs;
- increased resources for early childhood. When New York's Universal Prekindergarten (UPK) funds became available, ECDI led the application process for the city of Rochester. Learning that the school district did not intend to pursue UPK funding—forgoing millions of dollars of possible investment in quality early childhood programs—ECDI wrote Rochester's UPK plan and pushed the school district to adopt it. The state required that at least 10 percent of the UPK funds go to community-based agencies to provide prekindergarten in their programs. ECDI specifically designed Rochester's UPK program to be integrated with existing child

care, Head Start, and public school facilities and with the county child care subsidies so children could receive full-day and full-year services;

- helped to link comprehensive services with early childhood programs. For example, ECDI became aware of a unique pilot project involving pediatricians from the University of Rochester's Medical Center. This project utilizes computer technology and medical expertise to conduct virtual doctor's visits from child care centers. Live images and sounds are transmitted to pediatricians at the university who can diagnose illnesses that will require further treatment. Rochester Area Community Foundation became interested in the application of this technology to benefit underserved children and the Community Foundation was instrumental in signaling other local funders to support the project in order to meet a matching grant from the Robert Wood Johnson Foundation's Local Initiative Funding Partner Program;
- brought about higher quality early childhood programs for four-year-olds and improved outcomes for children entering kindergarten. The Rochester Early Childhood Assessment Partnership (RECAP), a project of the Children's Institute, has assessed over 500 child care, public school prekindergarten, and Head Start classrooms, and documented that Rochester has some of the highest quality programs for four-year-olds in the nation. The project captures data on 2,000 to 2,500 four-year-olds annually. From 1997-2003, the classroom scores on the Early Childhood Environmental Rating Scale (ECERS) went from 5.5 to 6.2, compared to a documented national average of 4 across multiple studies. (The highest score a program can receive is 7.) Evaluations also demonstrated large gains in children's preparedness for school. In the early 1990s, two-thirds of Rochester's city school students arrived in kindergarten with multiple learning problems. That percentage was down to 30 percent in 2001. For the past four years, more than 80 percent of students exceeded expectations for academic skills when they left prekindergarten;⁸⁶
- developed champions for early childhood. Through voter registration drives and advocacy efforts coordinated by child care, foster care, children's health, and other agencies, ECDI has helped service providers, parents, and other concerned citizens to organize and voice their support for children at rallies in Monroe County and at the State Capitol in Albany; and
- increased resources for early childhood and pulled together children's agencies and organizations to strengthen children's services in Rochester.

As a result of ECDI, Rochester has very successfully harnessed state UPK funding to support good quality programs for four-year-olds. The resources currently devoted to young children in Rochester, however, are not enough to build up and improve programs for younger children. Many are on waiting lists for Head Start, Early Head Start, or other good quality programs. New York state's budget crisis places UPK

⁸⁶ The RECAP annual report released in October 2003 summarized data on more than 4,000 four-year-olds in more than 300 preschool classrooms operated by the Rochester City School District, city Catholic schools, Head Start programs, and several nonprofit child care programs.

funding in jeopardy. Funding to address low-income families' other needs—for health care, decent housing, and safe neighborhoods—is inadequate as well. The situation will only grow worse as state and county budget pressures further squeeze support for children's programs.

EARLY CHILDHOOD DEVELOPMENT INITIATIVE: A CASE STUDY

History

In 1990, Governor Cuomo declared the Decade of the Young Child in New York state. He convened a community breakfast in Rochester with business leaders and public officials to discuss local challenges for young children. At the same time, testing conducted by the public school district in accordance with state requirements found that two-thirds of Rochester's students arrived at school with one or more shortfalls in kindergarten readiness. These events sparked the interest of a group of corporate work and family representatives at several businesses in Rochester who, with support from the Chamber of Commerce, were developing a plan to improve child care options for their employees. They invited key players in early childhood education, including representatives from the Chamber of Commerce, Industrial Management Council, the United Way, the Rochester Area Community Foundation, and county and city officials, to formulate a strategy to improve early childhood programs. Participants in this group became the first members of the Early Childhood Development Initiative.

Simultaneously, a number of funding opportunities for early childhood developed in Rochester. Joe Posner, a community philanthropist, brought together a group of business leaders to raise money to support quality improvement in early childhood. A group of corporations joined the American Business Collaborative for Quality Dependent Care, donating nearly \$1 million to support quality initiatives in the Rochester area. The Rochester Area Community Foundation, with a grant from the Ford Foundation, commissioned a report on the status of early childhood education in the city.

Originally, the ECDI members met six to eight times a year and focused their efforts on improving the quality of child care programs by supporting accreditation projects. By 1998, 61 programs in Rochester were accredited, and 71 family child care programs were accredited by the National Association for Family Child Care.

ECDI was initiated without any impetus from the state or federal government. Local organizations and agencies joined after the founders, who were community leaders from business and foundations, as well as the mayor, gave it their blessing and support. This gave ECDI "a certain level of prestige in the community" says its chairperson, Jacque Cady. Interest grew when, shortly after ECDI was launched, early results from an evaluation showed positive impacts, and the emphasis of major organizations in the city, including the United Way and the community foundation, shifted to early childhood.

Funding

The Early Childhood Development Initiative is not itself funded. Through a community planning process and annual assessment of early childhood programs, the members of ECDI influence the use of Rochester’s child care subsidy, Head Start, prekindergarten, Community Foundation, private foundation, United Way, and donor funds to improve and expand early childhood services. The agencies and organizations involved—the school district, the county social services department, Head Start, and others—fund programs directly. Funds are not passed through ECDI, and ECDI has no projects of its own.

Because local foundations and organizations on their own cannot provide sufficient resources to improve early childhood programs and make them affordable to parents, ECDI must use funds from federal and state programs to work toward these goals. The initiative pushed the application process for state UPK funds, which provided an opportunity to infuse preschool programs in Head Start, child care, and the public schools with additional support and enabled them to hire certified teachers. Federal Child Care and Development Block Grant (CCDBG) funds provide assistance to low-income families so they can afford good quality child care.

In Rochester, activities to enhance and expand early childhood programs were funded using the following sources in 2002:

- Child care subsidies (federal and state): \$54 million
- Universal Prekindergarten (state): \$6 million
- Head Start (federal): \$12 million
- United Way: \$4 million
- Local foundations: \$2 million

Partners

Rochester’s Early Childhood Development Initiative is a voluntary consortium of agencies that serve young children in the inner city. Members meet monthly to plan and track their progress in improving and coordinating programs. The initiative also serves as a clearinghouse for the exchange of information, ideas, and activities. For example, all of the organizations involved in ECDI join with other children’s agencies for advocacy efforts. When asked what holds the group together, members respond: “commitment”; “a focus on the kids”; “there is buy-in because there’s no lead agency”; “peer pressure from other members.” A description of each of the major partners follows:

- The Monroe County Department of Social Services controls a major portion of funding in Rochester, administering \$54 million of federal CCDBG funds for child care subsidies in 2002.
- The City of Rochester School District administered the city's Universal Prekindergarten for 1,400 children in school year 2002-2003. It also runs the Experimental Prekindergarten and Even Start programs in Rochester. Since 1965, Experimental Prekindergarten has supported programs for low-income three- and four-year-old children in New York state's public schools. Even Start is a federally funded program that provides part-time early childhood education, adult basic education, and parenting education for children and their parents. In Rochester, these programs provide part-day services to more than 800 children combined.
- Action for a Better Community, Inc. (ABC) is the local community action agency serving Monroe and Ontario counties. In Rochester, ABC administers the Head Start and Early Head Start programs. It also supports a child development center that provides full-day, full-year child care, before and after-school care, and Early Head Start and Head Start services. Through ABC, low-income families can receive employment and training assistance as well as help paying the cost of their heating bills. A new program supports children of adults with HIV, which continues to be on the rise in Rochester's African American and Hispanic communities. ABC participates in ECDI to make connections with other children's agencies so they can provide coordinated services to low-income children and families, as well as joining other ECDI partners in advocating for additional resources for needy families.
- The Rochester Area Community Foundation, a number of other local foundations, the United Way, and the YMCA provide funding to early childhood programs. The Community Foundation hosts ECDI's monthly meetings. The Community Foundation's program officer researches issues, make connections with resources inside and outside of the Rochester area, and promotes early childhood to policy makers, the media, private donors, and other funders. The Community Foundation has also helped leverage grants from national funders such as the Ford Foundation and the Robert Wood Johnson Foundation for early childhood programs in Rochester.
- A group of area business people founded Rochester's Child, an initiative that has built a \$2 million endowment as well as granted \$2 million to accredited child care programs and other efforts to raise the quality of early care and education. Business representatives offer an employer perspective for ECDI, provide crucial leadership for the initiative, and help the effort to gain political backing from public officials. They also champion ECDI to corporate and philanthropic organizations in the community.
- Through thorough research and reporting of results, the Children's Institute chronicles the impact of increased investment in programs serving low-income four-year-olds. It also uses its research to make the case for additional support for children's services in New York state.

Leadership and Governance

The ECDI Steering Committee meets monthly. ECDI is staffed by one full-time volunteer staff person and supported by staff time from member organizations. ECDI has no budget or funding for staff. ECDI has been in existence for more than 10 years and has been led by two volunteer facilitators with solid connections to the business community as well as strong individual leadership characteristics. These leaders have promoted ECDI's vision of a high quality and affordable early childhood system, helped partners understand and work toward that vision, managed the partners' collaboration, and advocated for the initiative.

Volunteer contributions of staff time from the Community Foundation, research and technical assistance on enhancing classroom quality and teaching performance from the Children's Institute, and meeting space, materials, supplies and training from numerous organizations support ECDI's functioning. Member agencies have jointly sponsored and funded several research projects; the Community Foundation pays limited travel expenses, and individuals chip in for stationery and fees for membership in statewide advocacy groups.

ECDI is the coordinating body, but not an incorporated entity. The advantage of this arrangement is that collaborative partners do not have to be concerned about a separate organization with its own agenda. Instead, strategies are agreed upon and implemented by the constellation of partners. Another advantage of this governance structure is that administrative resources do not have to be expended to maintain an organization. On the other hand, there are downsides. Without a formal structure, a collaborative effort can be more difficult to maintain. It depends on dynamic, persistent, and capable leadership and constant stewardship. But the leader of ECDI has always been a volunteer, and there are no guarantees that someone will be always be available to fill the leader's shoes.

Leaders who can stay on course and manage collaborative efforts with a number of partners are essential to ECDI's success. Jacque Cady, ECDI's current chairperson, previously worked in human resources for a large corporation. Other leaders of community programs bring strong skills from outside the early childhood field. The director of a large child care and Head Start program has a background in finance. The head of a new initiative to use communications technology to support parents is a communications professor. These and other leaders each have their own individual skills that they can bring to the table and apply to planning the coordination and improvement of programs to make them work better for children and families. At the same time, these leaders with very different backgrounds and approaches share a common purpose in helping children and a common "can-do" philosophy that focuses on finding solutions to the community's challenges.

THE INITIATIVE'S ACHIEVEMENTS

ECDI has used the resources available in Rochester to make early childhood services work better for young children and families. It has focused on improving and enhancing services and making them more affordable for low-income families. It also has coordinated early childhood programs so they are easier for families to use.

Improved Quality in Early Childhood

Early childhood providers in Rochester can obtain support to enhance the quality of their programs in a variety of ways. Programs can receive technical assistance and training in their classrooms from ECDI partners, help in seeking national accreditation, and assistance with hiring, training, and materials from the resource and referral agency. Providers also help one another through support networks that offer opportunities for networking, sharing resources, and advocacy.

The Children's Institute offers technical assistance to providers in Rochester's Head Start, UPK, and child care classrooms for three- and four-year-olds. Institute staff evaluate classrooms based on the Early Childhood Environmental Rating Scale (ECERS). One of the most valuable aspects of the classroom assessment is its quick response to providers. Within two weeks, the Children's Institute can give providers their classroom scores and offer methods to improve classroom environments and teacher performance. Classrooms receive small grants (funded by Rochester's Child and other ECDI members) to address any identified shortcomings, such as inappropriate playground equipment or a lack of multicultural materials in the classroom. Approximately \$200,000 in grants is awarded annually by Rochester's Child for the accreditation of child care centers and early childhood programs, as well as classroom assessments and improvements in services to young children.

The Child Care Council, the local child care resource and referral agency, assists programs in hiring and training temporary, substitute, and permanent staff. It conducts trainings for providers, manages a lending library, provides materials and resources for providers at low cost, and buys and stores food in bulk at decreased costs for providers. This makes these supplies more affordable for programs serving low-income children.

Rochester's Family Child Care Satellite Network, funded by the Rochester Area Community Foundation from 2000-2002, provides training, mentoring opportunities, accreditation assistance, and financial support to approximately 500 family child care providers who live in distressed urban neighborhoods. The Network identifies and recruits new providers and also links them to child care centers for professional development activities. In 1999, the Network began to offer speech, hearing, vision, and developmental screenings to children enrolled in these homes. These services were available to children enrolled in urban child care centers as well. Recently, the Network has increased its efforts to protect compensation for family child care providers by working with ECDI's advocacy group for more accurate and timely reimbursements from the Monroe County Office of Health and Human Services.

In the late 1990s, ECDI supported and encouraged the many nonprofit child care centers in the City of Rochester to come together as a self-help group. A group of 23 providers, who are nationally accredited or seeking accreditation, currently form the Early Childhood Education Quality Council. The council receives grants from local funders for professional development and program enrichments, and has become a powerful force for quality improvement. Council members receive ongoing training and funding for materials and supplies. This is in addition to the support that they receive to reach accreditation and is another strategy to sustain child care centers in low-income neighborhoods in the city. The providers support each other in their professional development, as well as coordinate early childhood advocacy efforts. These and other accredited providers also receive a 15 percent higher reimbursement from the county.

Affordability

ECDI members, when developing their mission, chose to support programs serving low-income families and focused their attention on inner-city Rochester. Monroe County provided assistance, in the form of subsidies, to make child care more affordable for the families using these programs. In the mid-1990s, with help from the United Way, the Monroe County Office of Health and Human Services (then the Department of Social Services) was able to achieve income eligibility up to 200 percent of the poverty level and eliminate the waiting lists for child care assistance.

Then in March 2002, Monroe County announced a funding shortfall and its intent to eliminate child care subsidies for 2,000 children of low-income working parents. This loss cut to the heart of Rochester's success, as it would mean that children would be removed from quality child care programs and the integrated Universal Prekindergarten programs that relied on subsidies to provide full day care. Advocates feared that many high quality accredited centers and homes would be forced to close due to a drop in headcount. ECDI led a vigorous advocacy campaign, including more than 5,000 letters and a rally with 300 parents and 60 speakers at the county legislature. This effort resulted in a commitment by the county to maintain, until January 2003, funding for families earning between 140 and 200 percent of poverty who were already receiving subsidies. However, no additional families earning more than 140 percent of poverty would be served.

Local funds and donations through ECDI efforts have supported significant improvements in the quality of child care programs in Rochester. Yet this child care is only accessible to low-income families if they have help paying for it. Assistance is provided through the county using federal Child Care and Development Block Grant (CCDBG) funds. As a result, cuts in county funds and restrictions on child care assistance, as occurred in 2002, can undermine all that the community has worked toward. The high quality care that the community has expended so much energy to foster will become unavailable to many low-income families.

Coordination of Programs and Services

ECDI specifically designed its Universal Prekindergarten (UPK) program to be integrated with existing early childhood services in Rochester in an effort to coordinate programs and enhance the quality of services for as many four-year-olds as possible. Because ECDI's plan includes a range of programs in providing prekindergarten services, the benefits of these resources have been spread to community-based Head Start and child care programs. The UPK program has enabled child care programs to place certified, and better-paid, teachers in their classrooms. Training opportunities through the UPK program are made available not only to teachers in prekindergarten classrooms, but to other child care and Head Start teachers as well.

Because the initiative brought child care and UPK together, there is now more communication between child care providers and the school district, and an annual conference focused on continuity between child care and school. The involvement of researchers from the school district in the evaluation of programs for the community's three- and four-year-olds stems from the connection with early childhood programs forged by ECDI and UPK.

Greater Comprehensiveness of Services and Better Early Childhood Supports

Action for a Better Community, Inc.'s Head Start program provides comprehensive services to young children and their families. These comprehensive services include meals for children, affordable full-day and full-year educational programs, medical screenings, mental health services for stressed families, parent education, and employment training. They provide essential supports that these families would otherwise struggle without.

Child care and public school UPK programs often do not have the funding or the mission to provide such comprehensive services on their own. But programs that combine Head Start, child care, and/or UPK funds can offer such early childhood supports through Head Start funds. The Carlson Metrocenter YMCA has used federal CCDBG, UPK, Early Head Start, YMCA, foundation, and other funding to create a continuum of full-day, full-year comprehensive early childhood programs for children from birth to age five, offered in a beautifully renovated setting. (The center also offers after-school services for children through the teen years, supported by a combination of funding including federal dollars through the 21st Century Community Learning Centers program.) According to the program's director, Jan Ferry-Axman, the program uses blended funding from subsidies, UPK, and Head Start and other funds, averaging more than \$6,000 per child for children under school-age. The center, which serves 252 children and their families, layers services for all children in the program. For example, all early childhood teachers at the center receive assistance from a nurse who comes two times a week, paid from Early Head Start on one day and CCDBG funds on the other. The nurse offers early intervention services to children with special needs. The continuity of services provided at the Carlson Metrocenter program—care from infancy through the

teenage years, health, family support, and other services—benefits children and families because it allows children to remain in the same center from year to year, and enables parents to have children of different ages at the same location.

Other early childhood programs do not have the resources to support comprehensive services on their own. By bringing together a wide range of service providers including providers of early intervention services, mental health counseling, job training and parent education, to plan how to deliver services to families, ECDI helps agencies coordinate their programs and make them easier for families to use. Early childhood programs link families with several organizations in Rochester that offer comprehensive services to support parents' efforts to raise healthy children who will be ready to succeed in school. These organizations include:

- Family Resource Centers of Rochester, which provide services to children and families in five centers. The centers offer year-round early childhood education for infants, toddlers, and preschoolers, and a variety of parent education programs support parents in raising their children and ensure that parents have the skills they need to work;
- Mount Hope Family Center, which provides therapeutic services for infants and preschoolers who have been maltreated, have experienced violence, or have emotional or behavioral challenges. The center provides training on working with these children to early childhood providers in Rochester as well;
- Regional Early Childhood Direction Center, which helps parents and early childhood professionals obtain services for children with, and at risk for, disabilities. The center serves 11 counties. In Rochester it is affiliated with the Monroe Board of Cooperative Educational Services and the Golisano Children's Hospital's Strong Center for Developmental Disabilities and the Division of Neonatology. The center conducts follow-up examinations of all newborns discharged from neonatal intensive care. A parent educator provides information to parents about preschool special education programs and how to find other resources. ECDI is working on helping the center connect parents to services in the city's school district, Head Start, Early Head Start, and other programs;
- Health-e-Access. This program, created and administered by pediatricians from the University of Rochester's Medical Center, offers computerized pediatric doctor visits and health consultations to children via live interactive images of the children at an early childhood program transmitted to the doctors' computer screens. For example, a nurse can insert a wand with a camera into a child's ear or throat and a doctor can check the child for sore throat or an ear infection by viewing the visual images on his or her computer screen. Health-e-Access, now in eight child care centers in Rochester and funded by the Robert Wood Johnson Foundation with matching funds from a broad base of local funders, conveniently provides pediatric doctor visits and

feedback to families and early childhood programs. This eliminates travel time for children and families: a child can be examined in the program and, if he or she is fine, the parents do not have to leave work—a major benefit for low-income parents who earn hourly wages and cannot afford to take time off from their job. The consultation can also be performed when parents cannot be reached, and if the child is ill, the child can be cared for in the nurse's office where he or she can receive more attention, and the risk of passing on the illness to other children in the program can be lessened. Health-e-Access potentially can be used for regular health screenings at early childhood programs. It also could help staff in early childhood programs track children's immunizations and other procedures and update their medical charts; and

- Rochester Parent Network, a new project that has the potential to assist community agencies in planning how to deliver comprehensive services to families, help parents locate services, and build parent networks for advocacy. The network reaches its audience through daily morning television shows on a local cable station that address a range of parents' concerns about early childhood, from pregnancy, to early intervention services, to advocacy. Developed by an early intervention specialist and a local professor of communications, the network provides a way for parents to ask questions about their children and get answers through live call-in segments. One of the greatest strengths of the Parent Network is its potential to create and nurture connections among parents of young children. The network is exploring ways to link parents through the Internet, and is tracking all newborn children and parents in Monroe County, including where they live and the services they use. Thousands of parents could potentially be reached through computer access or the television show. The network could provide family information to libraries or other community agencies so they can target specific programs to the families they serve. A librarian, for instance, could learn the ages of children in the surrounding neighborhoods as well as the parents' questions and concerns. The library then could use this information to respond with appropriate materials and programs at no cost to parents.

EVALUATIONS AND RESULTS

In the early 1990s, ECDI challenged the Children's Institute, the Rochester City School District, the Center for Governmental Research, and ABC Head Start to evaluate the success of local early childhood programs in preparing young children for success in school. In 1996, the Rochester Area Community Foundation, the United Way, the Industrial Management Council and the Monroe County Department of Social Services funded what became the Rochester Early Childhood Assessment Partnership, or RECAP, which is the cornerstone of ongoing program evaluation and planning efforts in Rochester.

RECAP provides information that parents, providers, policy makers, and funders can use to make informed decisions concerning early childhood programs. RECAP has evaluated more than 500 classrooms using the Early Childhood Environmental Rating Scale, a tool that helps to identify areas where programs must improve. Providers learn the results of the assessment within a week of the site visit. They also receive technical assistance and a small amount of competitive funding to address the problem areas. In 1999, the classroom scores on the Early Childhood Environmental Rating Scale (ECERS) averaged a 5.5; in 2003 the average was 6.2. The highest score a program can receive is a 7. Rochester is now among the highest ranking communities nationwide when it comes to quality programs for three- and four-year-olds.

Assessment of children's readiness for kindergarten is another important component of the RECAP evaluation. More than 10,000 three- and four-year-old children in over 500 classrooms (this is roughly 70 percent of Rochester's Head Start, UPK, and child care classrooms for three- and four-year-olds) have been assessed since 1998. Children are assessed using the High/Scope Child Observation Record that is typically conducted at the beginning and end of each school year. Designed for young children, this assessment includes teacher observations of children's competencies in several developmental areas. It can be used to improve and target curriculum activities as well as measure children's progress. From 2001 to 2003, more than 80 percent of students exceeded developmental expectations in academic skills when they left prekindergarten.

RECAP's assessment of Rochester's initiative has demonstrated improved and positive results, which in turn has made community businesses, foundations, the United Way, children's organizations, and state agencies willing to provide further support. RECAP's quantitative data illustrating program successes are also used to advocate for additional support for ECDI as well for additional support from Albany for the state UPK program and early childhood services in general. The Children's Institute has played an important role in enabling Rochester's early childhood advocates to present the RECAP data to policy makers and public officials by helping to collect, analyze and translate child development research and evaluation into practical terms.

ECDI would like to use the RECAP evaluation to increase support for prekindergarten programs, encourage more school districts to provide UPK to four-year-olds, and expand the program to include three-year-olds as well. "Unfortunately, the current climate of government cutbacks means that our strategy must be to hold the line rather than raise the bar," said Cady.

REMAINING CHALLENGES AND GAPS

As ECDI has been working to improve the quality of Rochester's early childhood programs, link services together, and make them more affordable for low-income families, the community has been faced with new challenges. The city's economic downturn and increase in the number of low-income children makes it more difficult for Rochester and Monroe County to respond to all of the needs of disadvantaged children.

At the same time, it is also that much more important to address those needs so these children get a strong start.

In the past decade, early childhood programs, with support from ECDI partners, have managed to improve and many have achieved a high level of quality. Yet low-income parents in Rochester still face many daily challenges when trying to work and care for their children. Just getting to work can be an issue—without a car, it can take hours for a mother to travel to her job on several buses, the city’s major mode of public transportation. Having to bring one or more children to child care before going to work makes the trip all that more time-consuming, expensive, and difficult.

Working parents who earn more than 140 percent of poverty (approximately \$23,000 for a family of three) are no longer eligible to receive child care subsidies and now must pay the full fee for the child care services they need. A mother with two young children—an infant and a toddler—would pay nearly two-thirds of her income for child care in a good quality center in downtown Rochester. However, she would be challenged even to find spaces for these young children. Support from New York’s Universal Prekindergarten initiative has expanded the availability of programs for four-year-olds, but some services continue to be too scarce to serve all of the families that need them. For infants especially, parents at all income levels have a difficult time finding child care in a center-based program—there are just too few spaces available. Parents of two- and three-year-old children may find child care more easily, but many still struggle to pay for it. Parents who work nontraditional hours, such as evening, weekend, or early morning hours, and parents looking for child care for children with special needs have a particularly difficult search.

The quality of programs for very young children is another issue. Parents and advocates are pleased with the quality of Rochester’s early childhood programs for four-year-old children, but remain concerned about the quality of programs for babies. Many infants and toddlers are in informal child care situations, and advocates and administrators in Rochester know little about the quality of this care.

There is a general need for better and more affordable programs of all kinds, not just child care. There are inadequate services in many neighborhoods. Many young children in Rochester live in neighborhoods that their parents fear are unsafe. Older, low-income neighborhoods in the city have old housing that is unhealthy and filled with lead paint. Providers and advocates report a high incidence of children with difficult but unclassifiable behavioral problems, and providers do not have the training to help them. Support services for children with special needs are fragmented.

Some members of ECDI are trying to address the gaps, and would like to improve the coordination of application processes for a range of services, such as child care, housing, and health care. They also would like to explore how services can be more efficiently linked and delivered. However, in light of the county’s cuts in child care subsidy eligibility and the threat of cuts to the UPK program by the state, ECDI has its hands full trying to maintain the current level of support for early childhood programs

and will need additional resources to move forward with a more comprehensive approach.

Child care subsidies are a critical support for low-income parents with young children. They help parents pay for good quality, safe, and educational child care that otherwise would be out of their reach. Low-income working families depend on child care assistance so they can pay for child care when they go to work. If they cannot afford to pay, parents may choose to leave their children with family members or neighbors, or some parents may leave their children unattended. A mother of three, who works a night shift at a hospital and receives child care assistance that helps her pay for care for her own children, is often the only adult at home on her street during the day. Young children are in and out of her house all day, as she provides a haven for children who have no other adult to supervise them. But this mother worries about the children's safety, recalling a child she saw playing on the roof of a garage. "He was young. I would have called someone, but there was no one to call. The parents are working and the children are on their own."

Once parents find early childhood programs that are good for their children, they sometimes take exceptional steps to stay in them. One parent participating in a focus group was extremely pleased to see how well her daughter was growing and developing as a result of attending a high quality child care center. Yet this parent knew she could not earn a dollar more because she would lose her child care subsidy and no longer be able to afford this child care that she wanted for her daughter. The parent had even turned down a raise to avoid losing her subsidy, since the raise would not be enough to cover the additional child care expense.

Child care programs that serve many families receiving child care assistance feel pressure from cutbacks in subsidy eligibility, because the families they work with cannot afford their programs without this financial help. Family child care providers are hit hard by the cuts in eligibility, and worry about the fate of the children who have to leave their programs. In the words of one provider, if the county cut eligibility to 140 percent of poverty, without allowing families with higher incomes who were already receiving subsidies to continue to receive the subsidies, "We would lose my entire program. Every single child would be out. These are parents who have struggled to work and maintain their jobs for long periods of time."

Providers also wonder how long they can remain in business. Breakdowns in two critical supports for child care providers—timely reimbursement and higher payments for better quality from the county—occurred in 2002. Payments from the county were late and some frontline caseworkers and supervisors were unresponsive to the providers' complaints and concerns about late payment. A backlog in site visits by national accreditors in 2002 meant a delay in accreditation, and qualified providers that made improvements to meet accreditation requirements could not receive the higher reimbursement. These are major problems, especially for family child care providers who run their businesses in their homes and depend on that income to pay their mortgages.

ECDI has worked to mesh the Head Start, prekindergarten, and child care programs together to serve as many children with full-day services as possible, helping to fill an urgent need, as indicated by waiting lists for full-day Head Start. The combination of UPK, Head Start, and child care dollars means more families can receive full-day, full-year high quality early childhood services in a setting that they choose. Without all of these resources, the supply of full-day, full-year early childhood services and the quality and comprehensive nature of programs will suffer.

For ECDI's chairperson, Jacque Cady, adequate funding for early childhood programs is the major challenge. "Our success relies on layering of funding. We MUST have state funding for child care, state funding for Universal Prekindergarten, and local charitable funders to fill in the gaps. When any one of these fails, we cannot maintain quality."

"Early childhood education needs to be funded in a more comprehensive and holistic way—we have patched together credible quality programs, but there is no comprehensive children and families policy, and utterly inadequate funding to provide access to quality care for all at-risk children," explained Cady.

The city of Rochester's public schools, in the midst of a financial crunch and change in leadership, cannot step in to fill the gaps. In 2002, the school district superintendent resigned and the district's UPK coordinator retired. Fiscal pressures prevent the district from providing the kind of comprehensive services, such as counseling, tutoring, and after-school programs, that could support children's success, making it more difficult for the schools to help children maintain the gains achieved in their early childhood programs as a result of ECDI.

In early 2003, ECDI struggled to mobilize community members to advocate for the continuation of UPK in response to the Governor's proposal to eliminate it in the state's FY 2003-2004 budget. Members of ECDI needed better communication skills and tools to build public support for investments in early care. The initiative has no resources of its own—no brochures or videos—and members even have to chip in for basics, such as stationery. ECDI has been able to capitalize on its phenomenal track record of success as captured in the RECAP evaluations and has held press conferences on that. Yet with a loose collaborative governance structure and no lead agency, the group must rely on its individual member agencies and organizations for advocacy. While the group has been successful in advocacy despite these barriers, it does not have the staff necessary to launch an ongoing advocacy campaign.

For now, ECDI struggles to engage more advocates to help maintain support for programs for low-income children. Many parents cannot advocate for themselves for basic reasons. "These parents are the working poor. They can't take time off from work—they will lose their jobs," said Cady. "We had a few parents speak at news conferences and at a lobbying day in Albany. We had 300 parents come out to speak at the county legislature when subsidies were reduced."

ECDI and children's advocacy groups in Rochester also organized a voter registration drive aimed at parents of young children. Early childhood programs participated in the event, registering parents and handing out information. But often providers—from children's health, mental health, housing, education, and child care services—must advocate for their programs and the families with whom they work. Maintaining these services, rather than building on their achievements, is Rochester's greatest challenge.

THE COMMUNITY: YORK COUNTY, PENNSYLVANIA

York County is located in the southern part of Pennsylvania and includes a mix of rural, suburban, and urban areas. The county is somewhat wealthier than the rest of the state, but it still faces challenges, such as providing affordable, quality early care and education. The county has collaboratively developed several efforts to improve its early childhood services. These efforts are not state-directed, but rather initiated by the county itself.

- **Population:** There were 23,220 children under age five in York County in 2000. This represented 6.1 percent of the total population of the county, which has 381,751 residents.⁸⁷
- **Demographics:** The large majority of the population (92.8 percent) is White, with African-Americans making up 3.7 percent, and no other racial group constituting more than one percent of the population.⁸⁸ The Hispanic population also is very small, accounting for just 3 percent of the total population. York County is somewhat less racially and ethnically diverse than the state as a whole.
- **Income:** The median family income in York County in 2000 was \$54,278, which was higher than the statewide median (\$49,184).⁸⁹ The poverty rate in York County is also not as high as the overall rate for Pennsylvania, but there are still a large number of children and families with low incomes. In 2000, 6.7 of the population of York County was living in poverty, including 8.2 percent of children under 18 (the rates for Pennsylvania are 11.0 percent for all individuals, and 14.3 percent for children under 18).
- **Employment:** Nearly one-quarter of the workers in York County are employed in the manufacturing sector.⁹⁰ The educational, health, and social services sectors comprise another major component of the economy, employing 17 percent of the county's workers. Another 12 percent of workers are employed in retail jobs. The unemployment rate in York County as of June 2003 was 5.2 percent, which was lower than the statewide rate of 5.8 percent.⁹¹ Although York County is better off than the rest of the state in many ways, the education levels of the population are slightly lower. For example, 19.3 percent of people living in York County lack a high school diploma or its equivalent, compared to 18.1 percent for all people living in Pennsylvania.⁹² The percentage of those with bachelor's or professional degrees is 18.4 percent in York County versus 22.4 percent statewide.

⁸⁷ U.S. Census Bureau, Census 2000. Data from American FactFinder retrieved from the Internet at <http://factfinder.census.gov/servlet/BasicFactsServlet>.

⁸⁸ U.S. Census Bureau, Census 2000.

⁸⁹ U.S. Census Bureau, Census 2000.

⁹⁰ U.S. Census Bureau, Census 2000.

⁹¹ U.S. Department of Labor, Bureau of Labor Statistics (July 2003), "Table 1: Civilian Labor Force and Unemployment by State and Metropolitan Area." Retrieved from the Internet at <http://www.bls.gov/news.release/metro.t01.htm>.

⁹² U.S. Census Bureau, Census 2000.

- **Resources:** York County has several private foundations, charities, and businesses that support the community’s efforts to improve services for children and families. This includes the United Way of York County, York Foundation, and York County businesses. Another important resource is Penn State York, which is able to offer educational and training opportunities.
- **Child Care:** In York County, 65.6 percent of children under age six—17,770 young children—have all of their parents in the labor force (both parents for two-parent families or the single parent). An assessment of child care capacity indicates the supply of care is insufficient to meet this demand, particularly in rural areas in the eastern and southeastern parts of the county. With 272 regulated providers, York County calculates that the supply would have to increase by 88 percent in the eastern region and 76 percent in the southeastern region to meet the goal of 25 slots per every 100 children. Some types of care are particularly difficult to find, including infant care, programs with experience and training in serving children with special needs, and care during nontraditional hours (evenings, nights, and weekends). In a survey of parents who contacted Child Care Consultants, Inc. (CCIS), the local resource and referral agency, only about half of respondents strongly agreed that child care is available for the hours needed.
- **Head Start:** The local Head Start grantee has a contract that allows it to serve approximately 400 children, but there is a waiting list of over 500 children. The county has been making some efforts to address the need for more full-day, full-year Head Start programs. A collaborative effort between the Head Start grantee and the YWCA of York enabled full-day, full-year classrooms to be opened in September 2002.
- **Prekindergarten:** More than 40 states invest in prekindergarten initiatives, but until very recently, Pennsylvania was one of the handful of states that did not. As a result, York County has not been able to fund prekindergarten classrooms with state dollars. Early childhood advocates in York County participated in lobbying efforts at the state level to encourage policy makers to adopt a state prekindergarten initiative, an effort that finally had some success after years of work. At the end of 2003, Pennsylvania passed an early childhood block grant that can be used for prekindergarten as well as for other purposes such as class size reduction in early elementary school grades.

THE INITIATIVE: YORK COUNTY FOCUS ON OUR FUTURE

Focus on Our Future is a community-wide child care initiative sponsored by the United Way of York County in partnership with York Foundation, Penn State York, and Child Care Consultants, Inc. The initiative has several goals:

- Enhance the quality of child care for children under the age of six in York County.
- Develop affordable and accessible child care for all children.
- Ensure that providers of child care services are treated with dignity and compensated fairly for the critically important education they deliver to children.
- Respond to the concerns of parents and teachers who want children to come to school ready to learn and succeed.

Accomplishments

As a result of the initiative, early care and education in York County has been enhanced in several ways:

- Ten child care centers and eight home-based programs have achieved national accreditation.
- Over 120 early childhood educators completed a 37-week, nine-credit child development associate course at Penn State York.
- Ten home-based providers completed an independent course of study to earn a child development associate credential.
- Penn State York created an associate degree in Human Development and Family Studies with an emphasis on early childhood.
- Seventy-four early childhood educators from 28 child care centers and eight home-based programs throughout York County have received Project T.E.A.C.H. scholarships to study for their associate degree in early childhood.
- Thirty staff including directors, head teachers, and home-based providers have enrolled in a master's degree program in early childhood education at Penn State York.
- Two graduate management courses through Wheelock College were conducted for 20 child care directors.
- Twenty-one home-based providers and 22 child care centers received quality enhancement funds to improve their programs.
- Twenty-five child care programs received behavior management consultation in their work with children exhibiting severe behavior problems.
- Twenty child care centers have received mentoring support to help them make quality improvements and move toward accreditation.
- Over \$2 million has been committed to related children's endowments at the York Foundation. This includes major funds for quality, affordable child care.
- Seven child care centers in York County built endowments for quality, affordable early care and education with support from the York Foundation and from the Heinz Endowments, which provided a \$500,000 challenge grant for the effort.
- The state-funded CyberStart Initiative, which makes computer technology available to child care centers and trains teachers on how to use this technology effectively, has been implemented in 38 of the county's centers.
- A School Readiness Initiative involving five child care centers and four school districts has been implemented through a \$50,000 grant that the Heinz Endowments made to the York Foundation.
- Since 1998 through a combination of public and private funding, over \$6 million has been invested in enhancing the quality of early childhood education in York County.

YORK COUNTY FOCUS ON OUR FUTURE INITIATIVE: A CASE STUDY

History

York County's early childhood initiative began in 1994 with a grant from the Heinz Endowments and the Pew Foundation and was developed through a three-year planning process. The original partners of Focus on Our Future were the York Foundation, United Way of York County, and Penn State York. Partners in the initiative describe this planning process as "tedious," but also as a period during which they were able to learn to better communicate and build the relationships needed to achieve an effective collaboration. Through this careful, deliberate process of creating the collaboration, the partners reached the point where there is a joint sense of ownership. As one participant said, "Everyone considers it 'our' program." Participants feel that one factor in their success is that "the community is small enough to get your arms around."

Funding

Focus on Our Future was initiated by the community rather than the state and, therefore, York County raised its own funds for this collaborative effort. Primary support has come from the United Way, which has invested \$70,000 per year plus in-kind support in this initiative since 1997. The York Foundation and Heinz Endowments also have been major contributors and have invested \$1.5 million dollars to support quality improvements and scholarship aid. Since 1998, the State of Pennsylvania Department of Public Welfare has provided funds totaling more than \$1.1 million to organizations in York County to enhance quality. This includes grants to York County child care programs, Focus on Our Future, Penn State York, and Child Care Consultants, Inc. to support quality fund training, offer computer supports, provide tuition assistance, increase child care capacity, sustain programs, address health and safety issues, and support community planning.

Since 2001, state funds have supported planning and collaboration through a planning grant, which is now available to all counties in the Commonwealth.

Partners

The initiative has involved several diverse partners representing a variety of organizations.

- United Way of York County has played a leadership role in launching and sustaining the initiative. Unlike many United Way organizations, which primarily focus on fundraising, the United Way of York County takes an active role in community building. Its sponsorship of Focus on Our Future is one example of this approach. The United Way provides approximately 29 percent of the funds for Focus on Our Future.

- Focus on Our Future began at the York Foundation and has continued to play a key role in the initiative's development. The Foundation has funded educational training for early childhood educators through its grants program and direct support to selected child care programs through donor-advised endowments. In addition, the York Foundation has been awarded two \$500,000 grants from the Heinz Endowments to support the efforts of Focus on Our Future and to help child care programs build endowments, enhance quality, and participate in a school readiness project.
- Child care providers have been important partners in Focus on Our Future and have played an essential role in influencing the direction of the initiative. It was critical to have the commitment of center directors since their active support was necessary for the improvement of the quality of early childhood education and thus the success of the project. Many child care staff members have been involved in shaping the initiative through implementing quality improvements, committee participation, project development, public education, and advocacy.
- The initiative has brought in representatives from a number of other early childhood organizations and agencies, including Head Start, Child Care Consultants, Inc., York Association for the Education of Young Children, Communities That Care, Healthy York County Coalition, County Human Services, Collaborative Board, Lincoln Intermediate Unit, the County Assistance Office, and Martin Library.
- The collaboration includes nontraditional partners from outside the early childhood education community that have been key to its success. William Zimmerman, a business leader and President of the Wolf Organization, provided crucial support that lifted the visibility and credibility of the effort. He helped other business and community leaders see the importance of investments in early care and education. Even seemingly minor contributions—such as allowing an invitation to an early childhood community forum to be printed on The Wolf Organization's letterhead—have made a positive difference, according to those involved in the initiative. Focus on Our Future has engaged the interest of other business leaders by helping them understand the importance of quality early childhood education and its implications for economic development. For example, those involved in the initiative conveyed the need to address high turnover rates among child care providers by asking business leaders to imagine trying to run their own companies with such instability among staff. In addition to business community representation, the York County Sheriff has spoken at public forums and advocated for investments in early childhood education. One of the York County legislators has also supported the efforts and agenda of Focus on Our Future.
- Penn State is an important partner that has provided critical expertise and resources to develop educational opportunities for early childhood educators including a child development associate credential, and associate and master's

degrees. One person involved in the initiative described this as “a big university paying attention to little people.”

Leadership and Governance

The United Way of York County provides office space for the director of the initiative. The current director, Gail Nourse, is uniformly praised by community members for continually pushing the initiative forward and encouraging partners to focus on their common interest in supporting children and families. Having a designated individual to manage the initiative has helped increase its strength and stability.

While the collaborative initiative does not have a strictly formal governance structure, it has managed to keep this wide-ranging group of partners actively engaged. For the first three years, the Focus on Our Future Commission, comprised of community leaders, established goals and provided oversight for the project. In the original planning process, participants were divided into four committees: Professional Development, Public Education, Public Policy, and Affordability/Accessibility. Over the years, additional committees have been formed to deal with specific issues. These committees have included Recruitment and Retention, Career Advising, Planning, and School Readiness. The committees are given clear responsibilities, which encourages participants to remain involved and focused on achieving the objectives that have been set out for their group.

THE INITIATIVE’S ACHIEVEMENTS

Improvements in the Quality of Early Care and Education

Focus on Our Future has been functioning with a full-time staff person for six years. Despite limited resources, the initiative has produced some positive results for early care and education in the community. The projects supported by the initiative are largely focused on improving the quality of care, rather than having a primary focus on helping families find more affordable care. In determining the priorities for the initiative, partners made the decision that enhancing quality had to be the first concern, feeling their investment would only be effective if York County child care programs were able to provide high quality care and early education, which help children prepare for school.

This initiative continues to be very concerned about the poor compensation levels and inadequate benefits for child care educators, which result in high turnover rates. In 2003, the average salary for a teacher in a child care center was \$19,000 a year. Over one-third (35 percent) of teachers and assistant teachers work at centers that offer no health benefits or do not help cover any health care costs. The annual turnover rate among child care center staff in York County is 33.5 percent. These low salaries and high turnover rates jeopardize the quality of care, which depends heavily on having well-qualified, consistent staff.

Through partnerships with Penn State York and other entities, the community has enabled child care teachers to receive more training and education. The community has also helped improve quality by making mentoring support, consultants, and quality enhancement grants available to child care providers. To help sustain the progress made in improving quality, the community is also building endowments for early care and education.

Increased Emphasis on School Readiness

Building on its existing efforts, Focus on Our Future is beginning a new project that aims to help child care programs better prepare children for school. The York County School Readiness Initiative, funded by the Heinz Endowments, was launched in January 2003. This comprehensive initiative is involved with several centers to improve staff retention and help them become accredited. It also encourages the centers to develop relationships with their local elementary schools so that they can ensure children make a smooth transition to school. To evaluate the effectiveness of these efforts, individual children's outcomes will be tracked from birth through second grade by researchers at the Children's Hospital of Pittsburgh and the UCLID (University, Community, Leaders, and Individuals with Disabilities) Center of the University of Pittsburgh.

Participating centers include three inner-city programs, one suburban center, and one rural church-based center that together serve approximately 400 children and employ 100 staff members. These centers will work with four school districts, including two city school districts, one suburban district, and one rural district.

Advocacy Efforts at the State Level

Focus on Our Future has consistently worked to impact policy at the state level. It is urging the state, which has often lagged behind in its early childhood policies, to adopt more generous child care policies, support initiatives to improve teacher training and compensation, and begin investing state funds in prekindergarten. For example, the director of York County's Focus on Our Future initiative participates in Pennsylvania's Department of Public Welfare's Wage and Retention Committee. Early childhood representatives serving on Focus committees actively participated in an effort to develop a state-funded quality rating system, Keystone Stars. This initiative provides intensive mentoring and supports to child care programs in order to help enhance quality. The programs then receive bonuses for achieving higher standards.

REMAINING CHALLENGES AND GAPS

While York County has made some notable progress toward its goals of providing high quality early care and education for its children and families, there is still much work to be done. Families and child care providers continue to face numerous challenges and frustrations. Parents often have difficulty finding affordable, high quality child care. Providers working to enhance their skills and the quality of their programs run into various barriers due to lack of resources.

Many early childhood educators who have taken classes and made significant efforts to increase their education levels are disappointed to find that they continue to receive low salaries. Providers who want to continue their education beyond an associate's degree are frustrated by the fact that there is no scholarship support for doing so, since the Pennsylvania T.E.A.C.H. program in the state does not provide support for bachelor's degrees.

Child care programs often experience frustration as they try to improve quality and earn national accreditation. There are long waiting lists, sometimes as long as a year, to schedule a validation visit due to a lack of National Association for the Education of Young Children (NAEYC) validators. One center director said that after spending significant amounts of time and energy to meet the accreditation criteria, it can "take the wind out of your sails" when an accreditation visit is delayed. Another director said that it takes so long to be visited that "I'll be dead and gone and they'll validate a program that doesn't exist."

Child care programs struggling to make improvements confront yet another problem. Programs often cannot charge higher prices to parents needed to create the additional funds to sustain these improvements. Maintaining quality requires investments in staff, materials, and facilities. Many low- and moderate-income families who do not receive child care assistance cannot afford to pay higher tuitions. Children are sometimes forced to leave their child care program when fees are increased. As a result, child care programs indicate they sometimes charge fees that fall below the maximum state reimbursement rate for child care subsidies and, therefore, cannot collect the maximum amount from the state when they serve children receiving subsidies.

There are particular difficulties in trying to improve the quality and expand the supply of home-based providers. Many family child care providers and informal providers remain very isolated, despite efforts to reach out to them to help them enhance their skills and offer a higher quality of care. Family child care providers that do strive to improve and achieve accreditation are blocked by very high fees for accreditation. It is also challenging to try to increase the supply of family child care due to restrictive zoning rules in the community and other barriers. There is more of a need for home-based care, which is often better suited to meet the needs of parents working nontraditional hours. It is also more economically feasible in the rural areas of the county where additional child care spaces are needed but not enough demand exists to sustain a full center.

While dealing with these continuing problems, child care programs are also grappling with other difficult issues. Providers are dealing with more children demonstrating severe behavior and mental health problems. Staff lack the training and skills needed to handle these challenges. In the future, Focus on Our Future is planning to concentrate more of its efforts and resources to assist programs to appropriately address this issue.

The various barriers to child care providers improving the quality of their programs mean that parents searching for high quality child care continue to find limited options. This is particularly true in the case of parents who need care for their infants and toddlers or for children who have special needs. Parents also continue to face serious difficulties affording child care. With limited funds, the community decided to focus its efforts on improving the quality of care rather than helping more families pay for it. Many low- and moderate-income families struggle to make ends meet as they try to afford quality child care. The United Way funds eight child care centers directly and some of these funds are used to give scholarships to needy families. The community makes 850 child care subsidies available for low-income parents through federal and state funds. This number has increased by almost 40 percent in the past two years. As of June 2002, state income eligibility limits allowed a family of three to qualify for child care assistance with an annual income of up to \$30,404, or 200 percent of poverty.⁹³ However, there are several indications that the available subsidies are not sufficient to meet the need. In a survey of parents who contacted CCIS for child care referrals, 45 percent indicated they strongly agreed that they needed financial assistance to afford the child care they want for their children. Yet only 21 percent of those were receiving help. One-third of respondents indicated that they had used or were still using child care they did not feel was the best because they could not afford the best. Over half said they always or sometimes went without basic needs in order to afford quality child care.

Another ongoing challenge for Focus on Our Future is developing broader public support so the initiative can be maintained and expanded. In the past, public outreach efforts have included billboards, radio and television public service announcements, newspaper advertisements and articles, brochures, educational pieces, and presentations. Despite these efforts, many parents and other community members still remain unaware of this project. A number of parents still do not understand exactly what quality child care looks like and where to find it. Many people in the community have difficulty understanding why the early years are so critical for brain development and school readiness. But advocacy efforts may finally be having an effect. One indication the early childhood message is beginning to be heard is the fact that York Counts, a York County indicators project involving the leaders of the community, has understood the need for publicly supported quality preschool and has included early education in its current work plan. Continuing public education efforts is a high priority and Focus on Our Future will continue to develop a variety of strategies to convey the importance of investing in high quality early childhood education.

⁹³ Danielle Ewen and Katherine Hart. (2003). *State Developments in Child Care, Early Education, and School-Age Care 2002*. Washington, DC: Children's Defense Fund. The state allows a family already receiving assistance to continue doing so until their income reaches \$35,297.

Appendix: SELECTED EARLY CHILDHOOD PROGRAMS

CALIFORNIA

Children and Families in California

In California there are:

503,227 children younger than one (2000)

2,486,981 children ages zero to four (2000)

2,725,880 children ages five to nine (2000)

2,570,822 children ages 10 to 14 (2000)

526,953 children under five are living below the poverty line (2000)

1,798,162 children under 18 are living below the poverty line (2000)

4,525,000 children are living in low-income families (less than 200% poverty) (1999)

High Cost of Child Care in California

Average Annual Child Care Costs in California (2000)

Age of Child	Statewide		Urban Areas		Rural Areas	
	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes
12 months	\$8,104	\$5,787	\$6,995	\$5,533	\$7,188	\$4,993
4 years	\$5,708	\$5,318	\$4,858	\$5,033	\$5,623	\$5,033
School-age	\$3,729	\$3,238	\$4,086	\$3,568	\$2,286	\$3,091

- Average annual cost of tuition at a public university in California **\$2,609**
- Percentage of income a family with both parents working and earning the minimum wage would have to spend on center-based child care in an urban area for children ages 12 months and four years **55%**
- Does the state have a child care tax credit for parents?
Yes. The state has a refundable tax credit.

Health, Safety, and Quality of Child Care in California

- Are there pre-service training requirements for child care center teachers? **Yes**
- Are there in-service training requirements for child care center teachers? **No**
- Are there pre-service training requirements for family child care providers? **Yes**
- Are there in-service training requirements for family child care providers? **No**
- Are family child care homes required to be regulated when serving one or more children? **No**

Number of Children Allowed per Caregiver in California

Age of Child	Number of Children Allowed per Caregiver	Recommended Level	Does State Requirement Meet Recommended Level?
9 months	1:4	1:3 or 1:4	Yes
27 months	1:6	1:4, 1:5 or 1:6	Yes
4 years	1:12	1:8, 1:9 or 1:10	No

Child Care Assistance Policies in California

- In 2003 the state cut \$265 million from its child care programs and used one-time TANF funds to replace \$119 million in state child care dollars. The state eliminated subsidies for families above 75 percent of state median income, reduced the age limit for subsidy eligibility from 13 to 12 years, reduced the child care reimbursement rate from the 93rd to the 85th percentile, reduced funds for administration of the Alternative Payment program (the primary administrator of the voucher programs), and captured \$6.3 million in unallocated State Preschool Program funds.
- Is there a waiting list for assistance?
Yes. An estimated 280,000 children are on the waiting list for assistance (as of December 1, 2001).

State-Driven Early Childhood Initiative: Proposition 10

The Proposition 10 California Children and Families Initiative was passed by a state ballot initiative in November 1998. Revenue generated from a statewide 50 cents per pack tax on cigarettes and tobacco supports planning and implementation of services in all of California's counties. County commissions may use Proposition 10 funds to provide early care and education, child health, and parenting education and support services for children from prenatal to five years and their families.

IOWA

Children and Families in Iowa

In Iowa there are:

36,380 children younger than one (2000)

188,413 children ages zero to four(2000)

202,603 children ages five to nine (2000)

210,547 children ages 10 to 14 (2000)

29,311 children under five are living below the poverty line (2000)

99,155 children under 18 are living below the poverty line (2000)

274,000 children are living in low-income families (less than 200% poverty) (1999)

High Cost of Child Care in Iowa

Average Annual Child Care Costs in Iowa (2000)

Age of Child	Statewide		Urban Areas		Rural Areas	
	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes
12 months	\$5,845	\$4,592	\$6,750	\$4,950	\$5,278	\$4,248
4 years	\$5,512	\$4,467	\$6,198	\$4,716	\$5,018	\$4,716
School-age	\$2,300	\$2,156	\$2,288	\$2,108	\$2,300	\$2,204

- Average annual cost of tuition at a public university in Iowa **\$2,869**
- Percentage of income a family with both parents working and earning the minimum wage would have to spend on center-based child care in an urban area for children ages 12 months and four years **61%**
- Does the state have a child care tax credit for parents?
The state has a refundable tax credit.

Health, Safety and Quality of Child Care in Iowa

- Are there pre-service training requirements in early childhood development for child care center teachers? **No**
- Are there in-service training requirements for child care center teachers? **Yes**
- Are there pre-service training requirements for family child care providers? **NA**
- Are there in-service training requirements for family child care providers? **NA**
- Are family child care homes required to be regulated when serving one or more children? **No**

Number of Children Allowed per Caregiver in Iowa

Age of Child	Number of Children Allowed per Caregiver	Recommended Level	Does State Requirement Meet Recommended Level?
9 months	1:4	1:3 or 1:4	Yes
27months	1:6	1:4, 1:5 or 1:6	Yes
4 years	1:12	1:7, 1:8, 1:9 or 1:10	No

Child Care Assistance Policies in Iowa

- In 2003, Iowa’s governor ordered an across-the-board budget cut of 2.5 percent that affects community Empowerment funding and may adversely affect community efforts to improve the affordability of early childhood programs.
- Is there a waiting list for assistance?
The state does not have a waiting list for child care.

State-Driven Early Childhood Initiative: Iowa’s Empowerment

Iowa’s Empowerment initiative was enacted by the state legislature in 1998. The initiative is supported by two sources: School Ready grants from state general revenue and Early Childhood funds, which are federal TANF dollars transferred to the CCDBG. Communities use School Ready funds to support comprehensive school readiness plans for children birth to five years and their parents, which can include prekindergarten, parent support and education activities such as home visits, child development services, child care, and health and safety services. Early Childhood funds are targeted at increasing child care capacity to support parents’ ability to work. They also can be used to develop capacity for child care such as odd-hour and after-school care; to recruit and train providers; assist providers in meeting licensing, registration, or accreditation standards; enhance linkages with Early Head Start, Head Start, and other child development programs; and pay for minor remodeling to meet health and safety standards.

NORTH CAROLINA

Children and Families in North Carolina

In North Carolina there are:

108,818 children younger than one (2000)

539,509 children ages zero to four (2000)

562,553 children ages five to nine (2000)

551,367 children ages 10 to 14 (2000)

96,980 children under five are living below the poverty line (2000)

365,653 children under 18 are living below the poverty line (2000)

794,000 children are living in low-income families (less than 200% poverty) (1999)

High Cost of Child Care in North Carolina

Average Annual Child Care Costs in North Carolina (2000)

Age of Child	Statewide		Urban Areas		Rural Areas	
	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes
12 months	\$4,680	\$3,640	\$6,968	\$5,980	\$3,380	\$3,380
4 years	\$3,900	\$3,380	\$5,876	\$5,200	\$3,380	\$5,200
School-age	\$2,080	\$1,820	\$2,860	\$2,652	\$1,820	

- Average annual cost of tuition at a public university in North Carolina **\$1,958**
- Percentage of income a family with both parents working and earning the minimum wage would have to spend on center-based child care in an urban area for children ages 12 months and four years **60%**
- Does the state have a child care tax credit for parents?
The state has a tax credit that is not refundable.

Health, Safety, and Quality of Child Care in North Carolina

- Are there pre-service training requirements in early childhood development for child care center teachers? **No**
- Are there in-service training requirements for child care center teachers? **Yes**
- Are there pre-service training requirements for family child care providers? **No**
- Are there in-service training requirements for family child care providers? **Yes**
- Are family child care homes required to be regulated when serving one or more children? **No**

Number of Children Allowed per Caregiver in North Carolina

Age of Child	Number of Children Allowed per Caregiver	Recommended Level	Does State Requirement Meet Recommended Level?
9 months	1:5	1:3 or 1:4	No
27 months	1:10	1:4, 1:5 or 1:6	No
4 years	1:20	1:7, 1:8, 1:9 or 1:10	No

Child Care and Early Childhood Policies in North Carolina

- In 2003, funding for the state's Smart Start program was reduced by \$7.7million. More at Four, the state prekindergarten program for at-risk four-year-olds, was expanded by \$8.6 million.
- Is there a waiting list for assistance?
Yes. There were 14,000 children on the waiting list statewide as of October 2003.

State-Driven Early Childhood Initiative: North Carolina's Smart Start

In 1993, the North Carolina General Assembly approved the state Smart Start initiative to make high quality early care and education services available to all children under the age of six. Smart Start is supported by general state revenue, which is allocated to local partnerships for planning and implementation of services. Since 1999, local partnerships have been required to raise a 15 percent match for their allocation. Local Smart Start partnerships must use the funds to formulate comprehensive, collaborative, long-range plans to improve the early care and education systems in their communities and oversee the

development and implementation of local services. The state requires that local partnerships use at least 30 percent of their funds for child care subsidies for low-income children and at least 70 percent for early care and education. Health and family support activities can make up no more than 30 percent of the funds.

Of Interest: More at Four

More at Four is an initiative launched by Governor Easley in 2001. It will provide in \$8.6 million in state funding with the goal of reaching all at-risk four-year-olds with high quality educational programs to better prepare them for kindergarten. As of January 2003, More at Four was in effect in 88 of North Carolina's 100 counties.

Of Interest: Five-Star Rated License

Prior to September 2000, North Carolina had a two-tiered child care licensing system—an A license for centers meeting minimum standards and an AA license for centers that voluntarily chose to meet higher standards of care. Specialists from the Division of Child Development visited centers every year to monitor centers and confirm the license level. In September 2000, the state implemented a new five-star rated license to put more emphasis on quality and to give parents more information about quality. Centers must become licensed at least at the one-star level, but can voluntarily choose to become licensed at higher levels, up to five stars.

The five-star rated license system is based on three areas: the quality of child care provided to children as observed by a child care specialist (program standards); the level of education of the teachers and director; and the facility's history of compliance with basic child care regulations.

Facilities can receive up to five points in each category, with the total score from 3-15 determining the final star rating (3-4 points = one star; 5-7 points = two stars; 8-10 points = three stars; 11-13 points = four stars; and 14-15 points = five stars).

An evaluation of the licensing system conducted by the Frank Porter Graham Child Development Center found a strong correlation between the researchers' on-site observations of quality and the star ratings. The researchers concluded that "the five-star licensing system does accurately reflect the overall quality of a child care center. Parents can be assured that there are meaningful differences among facilities that have a three-star, four-star, or five-star rating."

NEW YORK

Children and Families in New York

In New York there are:

245,769 children younger than one (2000)

1,239,417 children ages zero to four(2000)

1,351,857 children ages five to nine (2000)

1,332,433 children ages 10 to 14 (2000)

249,433 children under five are living below the poverty line (2000)

902,469 children under 18 are living below the poverty line (2000)

2,176,000 children are living in low-income families (less than 200% poverty) (1999)

High Cost of Child Care in New York

Average Annual Child Care Costs in New York (2000)

Age of Child	Urban Areas		Rural Areas	
	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes
12 months	\$9,048	\$7,935	\$5,720	\$4,940
4 years	\$8,060	\$7,623	\$5,460	\$7,623
School-age	\$3,917	\$5,990	\$3,091	\$2,696

- Average annual cost of tuition at a public university in New York **\$3,905**
- Percentage of income a family with both parents working and earning the minimum wage would have to spend on center-based child care in an urban area for children ages 12 months and four years **80%**
- Does the state have a child care tax credit for parents?
The state has a refundable tax credit.

Health, Safety and Quality of Child Care in New York

- Are there pre-service training requirements for child care center teachers? **No**
- Are there in-service training requirements for child care center teachers? **Yes**
- Are there pre-service training requirements for family child care providers? **No**
- Are there in-service training requirements for family child care providers? **Yes**
- Are family child care homes required to be regulated when serving one or more children? **No**

Number of Children Allowed per Caregiver in New York

Age of Child	Number of Children Allowed per Caregiver	Recommended Level	Does State Requirement Meet Recommended Level?
9 months	1:4	1:3 or 1:4	Yes
27 months	1:5	1:4, 1:5 or 1:6	Yes
4 years	1:8	1:8, 1:9 or 1:10	Yes

Child Care Assistance Policies in New York

- The state received an additional \$17 million from the state budget in FY 2003-2004 to accommodate a market rate increase scheduled to go into effect October 2003.
- Funding for the state's Advantage After-School program was cut by \$10 million. (The program was originally funded at \$20 million, but only received \$10 million once the budget was finalized.)
- Is there a waiting list for assistance?

The state does not keep a centralized waiting list.

Of Interest: Universal Prekindergarten Program

Legislation originally required that classrooms providing state Universal Prekindergarten services have lead teachers possessing a New York state teaching certificate for the early grades by 2001-2002. The certificate requires much more stringent educational and work experiences for early childhood teachers. A provisionally certified teacher, who can begin classroom teaching but must obtain permanent certification within five years to continue teaching in public school prekindergarten programs, must have a bachelor's degree in teacher education or with specific liberal arts and education coursework; college-supervised student teaching or one year paid full-time teaching experience in prekindergarten to Grade 6; passing scores on two state teaching examinations; and completion of child abuse and neglect identification and school violence prevention workshops. Permanent certification requires that teachers have a master's degree related to their field of teaching; two years satisfactory teaching experience; and pass two additional teaching examinations. In February 2004, two new teaching levels went into effect, requiring additional examinations, coursework, teaching experience, and recommendations. The Universal Prekindergarten program remains under-funded (it has not been expanded to provide universal coverage as scheduled).

PENNSYLVANIA

Children and Families in Pennsylvania

In Pennsylvania there are:

141,544 children younger than one (2000)

727,804 children ages zero to four (2000)

827,945 children ages five to nine (2000)

863,849 children ages 10 to 14 (2000)

128,143 children under five are living below the poverty line (2000)

436,895 children under 18 are living below the poverty line (2000)

1,094,000 children are living in low-income families (less than 200% poverty) (1999)

High Cost of Child Care in Pennsylvania

Average Annual Child Care Costs in Pennsylvania (2000)

Age of Child	Urban Areas	Rural Areas
	Child Care Centers	Child Care Centers
12 months	\$7,384	\$6,914
4 years	\$6,188	\$6,034
School-age	\$3,380	\$3,048

- Average annual cost of tuition at a public university in Pennsylvania **\$5,327**
- Percentage of income a family with both parents working and earning the minimum wage would have to spend on center-based child care in an urban area for children ages 12 months and four years **63%**
- Does the state have a child care tax credit for parents? **No**

Health, Safety, and Quality of Child Care in Pennsylvania

- Are there pre-service training requirements for child care center teachers? **No**
- Are there in-service training requirements for child care center teachers? **Yes**
- Are there pre-service training requirements for family child care providers? **No**
- Are there in-service training requirements for family child care providers? **Yes**
- Are family child care homes required to be regulated when serving one or more children? **No**

Number of Children Allowed per Caregiver in Pennsylvania

Age of Child	Number of Children Allowed per Caregiver	Recommended Level	Does State Requirement Meet Recommended Level?
9 months	1:4	1:3 or 1:4	Yes
27 months	1:6	1:4, 1:5 or 1:6	Yes
4 years	1:10	1:8, 1:9 or 1:10	Yes

Child Care Assistance Policies in Pennsylvania

- Is there a waiting list for assistance?
Yes. The waiting list was 2,836 as of September 30, 2003.

Of Interest: Early Childhood Block Grant

At the end of 2003, Pennsylvania passed an early childhood block grant that can be used for prekindergarten as well as for other purposes such as class size reduction in early elementary school grades.