



PREFACE

The School Readiness Quality Initiative is pleased to present the Technical Assistance Paper Series.

The *Technical Assistance Paper Series* is designed to advance awareness, knowledge, skills, and understanding of theory and practice in the field of child care and early education. The Series presents topics of interest to practitioners, administrators, educators, trainers, researchers, and students.

Topics included in the Series represent issues identified during the term of the School Readiness Quality Initiative from 2002 to 2005 as significant to the day-to-day operations of Florida's early learning coalitions. Other readers will find information that may help to clarify areas of confusion, locate additional information through use of the reference lists, or provide summarized text to incorporate into grant applications or public education documents.

Funding for this Series was provided by the Florida Agency for Workforce Innovation/Office of Early Learning. The Agency grants permission to excerpt and make photocopies of these papers for use in the child care and early education field when they are distributed at no cost.

The members of the Editorial Committee for the Series served as the authors and reviewers of the papers, along with two Guest Authors. Committee members sought to provide accurate data, statements, and interpretations in all work. The information presented here was judged to be accurate in the year each paper was published; however, some facts may have changed since the original publication date of the papers.

EDITORIAL COMMITTEE

Debora Akos, M.Ed.
Brittany Birken, Ph.D.
Christine Cross, B.A.
Kathleen Douglas, M.S.
Beverly Esposito, Ph.D.
Stacy Howard, M.S., *Series Editor*
Anne Knox, B.S.
Angelina Mirabella, M.A.
Matthew Moore, M.S.

EDITORIAL COMMITTEE

Fernando Rodriguez, B.A., *Art Director*



SCHOOL READINESS QUALITY INITIATIVE

CHILDREN'S FORUM
2807 Remington Green Circle
Tallahassee, Florida 32308



TABLE OF CONTENTS

	TAB
★ 2002-2003 PAPERS	
The “Essentials of Quality”	1
Tools and Data Needed to Assess and Direct Quality: A Practical Guide to the Instruments and Information You Need	2
Community Initiatives: Service Integration Strategies for Programmatic Gain	3
Building Parenting Skills through Involvement and Education	4
Noise and Its Management in Early Childhood Settings: A Technical Assistance Manual <i>Guest Author:</i> Christine Readdick, Ph.D.	5
Florida <i>HeadsUp!</i> Reading <i>Guest Author:</i> Barbara Saunders, M.S.	6
★ 2003-2004 PAPERS	
Practical Strategies for Building and Retaining a Professional Workforce	7
Choosing and Developing Appropriate Early Childhood Curricula	8
Striving to Achieve Gold Seal Status: Best Practices for Facilitating Accreditation in Florida	9
Accreditation as Program Evaluation: A Perspective for Early Childhood Professionals	10
Developmental Screening, Child Assessment, and Program Evaluation: Understanding the Definition and Purpose of Each	11
Caring for Those Who Care for Our Youngest Children: Strategies to Support Staff Health and Wellness	12
★ 2004-2005 PAPERS	
Early Childhood Professional Development in Florida: Community Resources and Pathways	13
Linking Language, Literacy, and Play: A Research Perspective	14



THE “ESSENTIALS OF QUALITY”

“Whether you think you can or think you can’t, you are right.”

HENRY FORD

OVERVIEW OF RESEARCH ON QUALITY EARLY CARE AND EDUCATION

Children are affected by families, child care, and the neighborhoods in which they reside (Bronfenbrenner & Morris, 1998). Relationships among these influence the individual development of each child. For example, relationships between children and parents, children and early childhood professionals, and parents and early childhood professionals all shape the development of a child. Additionally, children are affected by processes that are not direct components of their daily living, such as the workforce, state licensure requirements, community-level planning and implementation of quality initiatives, and state-level laws and policies. Therefore, collaborative efforts and multi-layering of the entire system are necessary for meeting the needs of every child and developing a cohesive system of quality early care and education.

A large portion of research on child development identifies factors that influence children’s readiness for school, beginning with the child and extending outward to encompass the family, early care and education programs, and the community (Zaslow, Calkins, & Hall, 2000). This ecological perspective provides a useful framework for understanding how communities can support and improve quality initiatives that promote healthy child development and school readiness.

It is now widely accepted by scientists and child developmentalists alike that the first five years of a child’s life are most critical for school success and foundational for adult productivity (Dwyer, Chait, & McKee, 2000; Kroll & Rivest, 2000; Zaslow, Calkins, & Halle, 2000). In the early years of a child’s life, development occurs at a rapid pace and profound changes take place in cognitive development, language, and social skills. Rich learning environments and positive, prosocial relationships contribute to a child’s developmental progress (Kroll & Rivest, 2000).

Scientific research in the 1990’s confirmed the significance of the early years in a child’s life and verified for early childhood professionals and parents that the first five years of a child’s life are the critical period for brain development (Dwyer, Chait, & McKee, 2000; Kroll & Rivest, 2000; Zaslow, Calkins, & Halle, 2000). Children’s early experiences are the foundation for future learning and development.

The National Education Goals Panel (NEGP) Three Components of School Readiness

- Readiness in the child
- School’s readiness for children
- Family and community supports and services that contribute to children’s readiness

The National Education Goals Panel (NEGP) was established in 1990 with one of its primary goals being that all children start school ready to learn (Zaslow, Calkins, & Halle, 2000).

QUALITY AFFECTS CHILDREN

Children’s cognitive growth and language development are predominantly influenced by interactions with adults. Early childhood professionals must plan for these learning opportunities. Quality depends on the ability of early childhood professionals to listen, observe, interact, and expand children’s learning over time (Dwyer, Chait, & McKee, 2000; Zaslow, Calkins, & Halle, 2000). Continuity is essential to the provision of quality care. Children thrive in environments with consistent, stable relationships. Structural features of care that support such interactions include better staff-child ratios, group size, the education, training, and compensation of early childhood professionals (Kroll & Rivest, 2000; Zaslow, Calkins, & Halle, 2000). Strong programs keep staff long-term and have low turnover, employ staffing patterns with primary care systems, use a team approach, and maintain the same peer group during transitions (Dwyer, Chait, & McKee, 2000; Shields & Berhman, 2002). It is imperative that the approach toward a seamless early care and education system includes support for providers of care, training, and resources that better enable early childhood professionals to accommodate children’s developmental needs.

Children’s outcomes, socially, emotionally, and relative to learning, are influenced by the quality of care received. The amount and length of time a child participates in high-quality settings, as well as the consideration to individual needs and development, influence child outcomes (Dwyer, Chait, & McKee, 2000; Shields & Berhman, 2002; Zaslow, Calkins, & Halle, 2000). Children are best served and learn more in small group care settings with experienced early childhood professionals who have the time to plan for

children's individual development. Additionally, the early care and education system must account for quality factors such as, the younger the child the more individualized the programming must be for quality outcomes (Dwyer, Chait, & McKee, 2000). Improvement to early care and education must involve a commitment to the success of each caregiver and adult who interacts with children on a daily basis. Only with this commitment can a comprehensive system of early care and education be developed.

Benefits associated with high quality care include:

- Later school readiness
- Receptive and expressive language skills
- Cognitive development
- Better math skills
- Higher social competence
- Fewer behavior problems
- Greater academic achievement

QUALITY AFFECTS FAMILIES AND COMMUNITIES

Recent changes and trends in family dynamics have brought significant changes to the daily lives of many children (Shields & Berhman, 2002). For many reasons, family life situations are such that child care is now a reality for a large percentage of Florida's children. The necessity for dual-incomes, the family constellations of single-parent families, and the movement of welfare to work have increased the need for early care and education services (Kagan & Bowman, 1997; Shields & Berhman, 2002). It is estimated that 53 percent of all 3- and 4- year-old children are enrolled in early care and education programs including Head Start, child care centers, and preschools (Zaslow, Calkins, & Halle, 2000). It is now more than ever critical that quality early care and education services are available and accessible. Unfortunately, the reality of child care in Florida, and in our nation, is that while it is inevitable that great proportions of children are spending time in care outside their home, they are not in settings of sufficient quality to give children adequate foundations for later learning (Dwyer, Chait, & McKee, 2000).

For the sake of children's welfare in Florida, it is imperative that consideration is given to the knowledge that the physical and material environment, family environment, social and community environment can all affect a young child's healthy development (Shields & Berhman, 2002). The pattern for family's involvement with children's formal learning is established during the early care and education years (Dwyer, Chait, & McKee, 2000). It is critical that the incorporation and inclusion of families in the early care and education system are included in quality initiatives.

Benefits to families and communities include:

- Parents are better able to perform work functions if comfortable with child care arrangements,
- Higher work productivity,
- Fewer incidents of attrition in welfare-to-work programs,
- Fewer absences at work,
- Less tardiness in the workplace.

Achieving the goal of accessible, affordable high-quality early care and education experiences for children is only possible with the formation of a coordinated system of services in states and communities that are supported by financing strategies that provide the necessary resources (NAEYC, 2001). State-level planning and support for a coordinated system of early care and education is one facet of achieving goals relative to quality care. However, communities must be responsible for initiatives relative to direct services in order to enhance the quality of early care and education programs. Community-level work is vital for the success of early care and education in Florida.

PRACTICAL IMPLICATIONS: BENCHMARKS FOR QUALITY IN FLORIDA

Licensing

With the intent to protect the health, safety, and well being of children and to promote their emotional and intellectual development and care, the State of Florida has established minimum standards to be met by child care programs. State standards require compliance with registration requirements for family child care homes and adherence to licensing standards for center-based programs (with exemptions for faith-based programs and public school programs). Family child care homes participating in the state's subsidized child care program are required to be registered or licensed. Licensure requirements address adult-to-child ratios, background screening, record keeping, health and safety standards, and training.

Licensing standards also vary substantially among counties. State law allows for any county that adopts licensing standards that meet or exceed state standards to be the licensing authority. Nine of Florida's counties have elected to accept responsibility for licensing: Alachua, Brevard, Broward, Hillsborough, Leon, Palm Beach, Pinellas, Polk, and Sarasota. Furthermore, although the state requires registration of family child care homes and offers licensure as an option, eight counties have passed ordinances that require licensure of all family child care homes: Broward, Duval, Hillsborough, Miami-Dade, Nassau, Palm Beach, Pinellas, and Sarasota.

Accreditation

There are several organizations nationwide that have established a process for recognizing child care centers and family child care homes that demonstrate high standards of quality care. Depending on the accreditation body, the major areas evaluated include health and safety, developmentally appropriate activities and practices, professional and business practices, parent involvement, the environment, and interpersonal relationships. The majority of the quality criterion outlined accreditation standards exceed our state requirements for licensure.

Florida has made tremendous strides in increasing the number of accredited early care and education programs and now leads the nation in the number of accredited family child care homes. The association between licensing and accreditation is strong. Indeed 56% of the accredited programs in Florida are in the nine counties with more stringent licensing standards than the state requires. There are approximately 1000 accredited centers and homes statewide. However, this number represents less than 10% of the 19,895 programs in the State. Rural Florida counties are of particular concern. Less than 10% of the total numbers of accredited programs are in rural counties. Rural North Florida has seven counties without any accredited programs. [Data provided from the 2000-2001 *Charting the Progress of Child Care and Early Education in Florida*]

Florida Gold Seal Program*

The State of Florida Legislature established the “Gold Seal” program for child care centers and family child care homes in 1997. Designed to promote quality early care and education, the Florida Gold Seal Program identifies early childhood programs that are accredited by state-recognized national accrediting bodies. This program, administered by the Department of Children and Families, recognizes child care programs that have attained national accreditation by approved organizations. Although variations exist among accrediting bodies, accreditation criteria require programs to demonstrate high standards of quality.

What Does “Gold Seal” Mean for Parents?

- Many parents use this certification as an indicator that a program offers a high quality program for children. It is only an indicator. Carefully checking recommendations, ongoing observation, open communication, ongoing provider training, and up-to-date certifications should all be considered when determining the quality of a service.
- Some parents find that having a choice of Gold Seal programs helps them to identify the type of environment they want for their child or children.
- Because of the intensive training and level of care demonstrated by a Gold Seal program, many parents find that they have ‘peace of mind’ that their child is in a quality environment. Again, parents are urged to continually monitor any child care arrangement for quality service.

- Child care centers and family child care homes that have attained National Accreditation usually experience a lower staff turnover rate. Thus parents of children in these programs often find that their children have more consistent early childhood professionals.

What Does “Gold Seal” Mean for Providers?

- Child care is the career choice of thousands of women and men across the state. Achieving National Accreditation is recognized as a high level of professional development.
- Early childhood professionals who are seeking ways to improve the quality of care for the children enrolled in their program usually find that attaining National Accreditation helps to accomplish this goal.
- Child care centers and family child care homes may advertise their Gold Seal designation for a ‘marketing edge’ over their competitors, and thus, potentially experience fewer vacancies and a more steady income.
- Gold Seal programs may receive a higher reimbursement rate for children receiving state subsidies.
- Nationally accredited programs generally experience lower employee turnover due to the professional commitment encouraged during the process. Lower employee turnover reduces administrative costs and stress on program staff associated with training new employees.

What Does “Gold Seal” Mean for Children?

- Researchers have found that children need more than just a healthy, safe environment. They need appropriate stimulation and ongoing positive interaction with their early childhood professionals as well. The Florida Gold Seal program is an incentive for centers and family child care homes to provide this type of appropriate program for the children in their care.
- Less staff turnover means more consistent care and greater responsiveness to children’s developmental and learning needs.

What Does “Gold Seal” Mean for Your Community?

A strong and healthy community must include quality care for the children of working parents. High quality care in the community helps parents be better employees and helps employers retain a stable workforce.

*[*Adapted from the 2000-2001 Charting the Progress of Child Care and Early Education in Florida]*

ADVOCACY LEADERSHIP: OUR CHALLENGE AS STAKEHOLDERS OF EARLY CARE AND EDUCATION IN FLORIDA

Strong leadership and advocacy is essential to improving the landscape of early care and education for children and families (Kagan & Bowman, 1997). Critical elements of a quality child care system have been consistently identified by researchers and leaders in the field as support for staff training and credentialing, accreditation, strong licensing standards, adequate compensation, resource and referral services, and affordable care (Kagan & Bowen, 1997; NAEYC, 2001; Zaslow, Calkins, & Halle, 2000). These elements are more visibly acknowledged today than in past decades because of advocacy efforts. Advocacy of this nature and the inclusion of new research and knowledge must be shared with early learning coalitions, providers of service, and community members. In turn, the newly educated must also be encouraged to advocate if the vision for early care and education in Florida is to be realized.

REFERENCES

- Bronfenbrenner, U. & Morris, P.A. (1998). The Ecology of developmental processes. In Damon (Ed.). *Handbook of Child Psychology* (pp. 993-1028). John Wiley & Sons, Inc.
- Dwyer, C.M., Chait, R., & McKee, P. (2000). *Building strong foundations for early learning: The U.S. Department of Education's Guide to High Quality Early Childhood Programs*. Education Publications Center.
- Florida Children's Forum (2000-2001). *Charting the progress of child care and early education in Florida 2000-2001*. Tallahassee, FL: Author.
- Kagan, S.L. & B. T. Bowman, (Eds.). (1997). *Leadership in early care and education*. Washington, DC: NAEYC.
- Kroll, C.K. & Rivest, M. (2000). *Sharing the stories: Lessons learned from five years of Smart Start*. Early Childhood Initiatives in North Carolina.
- NAEYC Policy Brief (2001). Financing the Early Childhood Education System. *Young Children*, 56, 1-4.
- Shields, M.K. & Berhman, R.E. (2002). *The future of children: Children and welfare reform*. The David and Lucille Packard Foundation.
- Zaslow, M., Calkins, J., & Halle, T. (2000). Background for community-level work on school readiness: A Review of definitions, assessments, and investment strategies. Washington, DC: *Child Trends*.



TOOLS AND DATA NEEDED TO ASSESS AND DIRECT QUALITY

A PRACTICAL GUIDE TO THE INSTRUMENTS AND INFORMATION YOU NEED

“Knowing is not enough; we must apply. Willing is not enough; we must do.”

GOETHE

In the past twenty years, researchers have concluded that quality early care and education generates positive outcomes for children in all developmental domains, including social-emotional development, cognitive functioning and language acquisition (Frede, 1995; Shonkoff & Phillips, 2000). Moreover, researchers have helped define various indicators of quality such as structural features, including small groups and low adult-child ratios, which have been found to have positive effects on quality (CQO, 1995; Howes, Smith & Galinsky, 1998; NICHD, 1998). Additional characteristics have also been associated with positive child-caregiver interactions including staff training, education, higher wages, and low staff turnover rates (Whitebook, Howes, & Phillips, 1990). However, researchers have demonstrated that quality in early care and education centers and family child care homes in the United States is generally mediocre and especially so in settings serving low-income families. The danger posed by this severe lack of high quality early care and education makes a strong argument for evaluating school readiness programs to improve program quality and ensure positive outcomes for children. This goal can be achieved using the appropriate tools and data for measuring quality.

The purpose of program evaluation is two-fold: 1) to collect information that will aid in the improvement of programs, and 2) to collect information that will help determine a program’s value (Krathwohl, 1998). Valid and reliable information gained through the use of program evaluation can help administrators make informed decisions regarding program improvement plans, the continuation or discontinuation of initiatives, and aid in targeting limited dollars to the areas of greatest need. More important, evaluation is essential to assuring that programs have significant benefits for children and families. This idea is supported in the following position statement on curriculum and assessment issued by the National Association for the Education of Young Children (NAEYC): “whenever children are served in a program, it is essential that the program be evaluated regularly to ensure that it is meeting its goals and that children and families are benefiting from participation” (1990).

“Reward comes from knowing that the power of the scientific method is being harnessed to help improve the human condition.”

Lee Ellis, Research Methods in the Social Sciences, 1998

Recently, there has been an increased emphasis for the use of program evaluation to assess quality at the national, state, and local levels. New federal regulations for Head Start stipulate that child outcome measures on school readiness become a part of program accountability and self-assessment (U.S. Department of Health and Human Services, 2000). In September of 2002, the United States General Accounting Office released a report to Congress calling for increased statewide program evaluation for child care quality initiatives. The explanation given was that although research exists that links child outcomes to early care and education quality, and while many quality initiatives may likely enhance children’s development by working towards improving early care and education quality, evaluation data is necessary to determine if current initiatives are effective in enhancing child care quality (GAO, 2002).

Locally, school readiness coalitions have been tasked with the responsibility of conducting program evaluations. Florida Statute 411.01(5)(g) documents the following: “each school readiness coalition shall conduct an evaluation of the effectiveness of the school readiness program, including performance standards and outcomes measures, and shall provide an annual report and fiscal statement to the Florida Partnership for School Readiness.” In an effort to meet this goal, the Florida Workgroup on School Readiness Assessment recommended systems for screening, instructional assessment and program evaluation. These recommendations were influential in the creation of the School Readiness Uniform Screening System (SRUSS) which includes the Early Screening Inventory-Kindergarten (ESI-K), and one of the following behavioral screening tools: an abbreviated version of the Work Sampling System, or the Ready-For-School behavioral screener. The Workgroup also provided guidance to coalitions for preschool screening and instructional assessment, as well as environmental assessment. However, each coalition must develop an evaluation plan based on local services and programs.

Program evaluations take many forms and address different audiences. There are two main distinctions made among program evaluations: formative and summative. Formative evaluations are conducted to provide program staff evaluative information useful for program improvement and can be performed internally or by contracting externally. Summative evaluations are for public dissemination and provide program decision-makers and potential consumers with judgments about the program’s worth and are generally performed by

outside evaluators trained in the given area of interest. Although evaluations can provide information to different audiences (program personnel versus potential consumers), the overall purpose of program evaluation remains constant.

The purpose of program evaluation is to answer the question: did the program have the intended effect? In order to answer this question completely, preliminary questions must be addressed first, such as how does the program plan to achieve the anticipated effect? This can generally be addressed through the use of a logic model, which is a graphical representation that shows relationships between inputs, outputs and outcomes relative to a program.

A second preliminary question is how can the intended effect be successfully measured? This question requires an examination of the important qualities of program evaluations, a review of the methods for evaluating program components, a strategy for designing an evaluation that integrates these methods, and a discussion regarding the challenges to successful program evaluation. Each component is more thoroughly addressed below.

“It is impossible to interpret evaluation findings without a clear understanding of program goals, implementation sequences, and the expected links between them and expected program benefits. Expectations about these linkages are made explicit by developing a logic model.”

Adele Harrell, Evaluation Strategies for Human Services Program: A Guide for Policymakers and Providers, The Urban Institute, 2001

DEVELOPING A LOGIC MODEL

Logic models can be used for a wide range of purposes including program planning, quality assurance, benchmarking, and evaluation. The logic model combines major program elements into a picture of how the program is supposed to work, including identifying the activities and desired outcomes. A logic model connects activities or processes to program results and is an effective education tool to generate a shared understanding of a program. Logic models are also a useful means of communicating the elements of a program to policymakers, staff, external funding agencies, the media, and other professionals in the field of early care and education.

The main components of a logic model include inputs, outputs, and outcomes. Inputs are resources to carry out activities and may include the population to be reached, the resources to be used, and the activities to be implemented. Inputs are what are to be invested by the program of interest. Outputs (activities and participation) are the actual work or services and may include the number of trainings provided. An output is what the program is doing. Finally, outcomes are the expected changes or results due to program and may include improvements for children, teachers, and individual programs. Immediate or short-term outcomes are produced first; intermediate or medium outcomes occur later as a result of immediate outcomes; and long-term outcomes are the big changes the program ultimately strives to accomplish.

There are many advantages to creating a logic model for a program. For evaluation purposes, a logic model will:

- summarize the key elements of a program,
- explain the rationale behind program activities,
- clarify the difference between the activities and the intended outcomes of the program,
- show the cause-and-effect relationships between the activities and the outcomes (which activities are expected to lead to which outcomes),
- help to identify the critical questions for the evaluation, and provide the opportunity for program stakeholders to discuss the program and agree upon its description.

Local School Readiness Coalition Work Plan

Required Elements	Current Status	Objective(s)	Activities	Mid-year Measurement	Year End Measurement	Responsible Entity	Partners

The local school readiness coalition work plan could be considered a type of logic model. This model can be adapted and used in a variety of ways. Whether designing an evaluation for an individual early care and education program, synthesizing the results of individual evaluations to get an overall picture of quality in a community, or evaluating specific quality initiatives, this model can be helpful for determining what tools and data would be most relevant and most valuable for measuring quality. Once the logic model is drawn, and the activities and measurements are clear, concrete, and related, the evaluation design can be created.

IMPORTANT QUALITIES OF PROGRAM EVALUATION

While evaluation designs may vary among programs, a few qualities hold true for all:

- The purpose of evaluation is to gather useful information for decision-making. If the information cannot be or is not utilized, the evaluation has failed in its purpose.
- Evaluations should be conducted using valid, reliable tools. If decisions are to be made from the results of an evaluation, there must be trust in the results, and an essential element to trustworthy data is the use of tools that have been established as valid and reliable.
- Evaluations should be conducted by trained professionals who can evaluate programs objectively. A trained professional will have a strong background in child development and best practices, and be trained in and familiar with the tool to be used. Best practice dictates that teachers and other professionals that the child knows conduct child assessments. Other assessments should be conducted by evaluators who will not have any vested interest in the level of quality of the program(s) and can provide objective evaluations. Towards this purpose, it is worthwhile to have separate staff for evaluation and program improvement.

- Tools should be used for the purposes for which they were designed. It is important to note what type of program the tool is designed for, what age group, and for what purpose. Even valid, reliable tools used by trained professionals will not yield valid, reliable data if not used for its true purpose.
- Plans for program evaluation should be part of the project from the beginning. In a pre-test/post-test evaluation design, measurements have to be taken at the beginning of an improvement initiative in order to measure the impact. Also, fiscal considerations need to be made, and this is best done at the beginning of a budget cycle.
- Evaluations should include a variety of methods and perspectives. There are a variety of stakeholders in any program evaluation, so measures should be taken to incorporate data from multiple sources to minimize the instance of drawing inaccurate conclusions that can result in harm to children, families and programs.

DESIGNING THE EVALUATION

Program evaluation designs can take many forms. One of the most common types of design is the pre-assessment/post-assessment design, which can be used to determine improvements in early care and education settings, increased skills in early care and education professionals and outcomes for children. Simply put, the design takes this shape: pre-assessment of the program through environmental, teacher and/or child assessments; program activities and outputs; post-assessment to show the degree of improvement. Because of the continuing nature of programs and improvement efforts, this linear model actually takes on a more cyclical form, where the final assessments are used again to create new improvement plans, and a continuous system of assessment and improvement is created.

In the evaluation design, multiple measurements should be taken to create an overall picture of quality. These measurements may overlap in purpose, take place at different times, and be collected by different people. What is most important is that the evaluation design assesses the whole program, including the environment and the teachers, and not just the children. When the program is assessed on multiple levels, and the measurements are appropriate to the activity—teacher assessments for professional development programs, child assessments for evaluating curriculum and instruction, and environmental assessments and overall program assessments for program improvement plans—then the measurements can be brought together to create an accurate profile of the program and its outcomes.

METHODS OF EVALUATING PROGRAM EFFECTIVENESS

“Almost anything can be evaluated—a person, a curriculum, a student, a process, a product, a program.”

David R. Krathwohl, et al., Methods of Educational and Social Science Research: An Integrated Approach (2nd ed.), 1998

Because of the many indicators of quality in early care and education settings, and the many different perspectives that should be included in evaluating quality, there are a variety of ways to measure program quality. Many structural attributes can be measured directly, such as counting the number of children per caregiver in classrooms or the years of education that a caregiver has attained. Other attributes can be measured using assessment tools created for that specific purpose. Program evaluation may include environmental assessment, child assessment, caregiver/teacher assessment, and/or methods for whole program assessment. A brief overview of selected methods in each category is provided below. This list is by no means exhaustive, and the selection or exclusion of any tool does not serve as an endorsement or rejection.

ENVIRONMENTAL ASSESSMENT



Environment Rating Scales

The Infant/Toddler Environment Rating Scale-Revised (ITERS-R), Early Childhood Environment Rating Scale-Revised (ECERS-R), and Family Day Care Rating Scale (FDCRS) are observation tools developed by Dr. Thelma Harms at the University of North Carolina. The tools measure what Harms terms “global quality” based on seven environmental dimensions. The rating scales have been used in many national studies regarding the quality of child care in the United States, including the following: FACES; Florida Child Care Quality Improvement; Cost, Quality, and Child Outcomes; and National Child Care Staffing studies. The results from the ITERS, ECERS-R and FDCRS can be collected, analyzed, and utilized for both statewide and national comparisons. The tools are affordable, widely available and have been established as valid and reliable when used by trained evaluators. Combined, the tools are able to measure quality in a variety of school readiness settings. The Florida Workgroup on School Readiness Assessment recommended the use of the Environment Rating Scales for program evaluation.

The Environment Rating Scales (ECERS-R) at a Glance

Assesses seven dimensions of environmental quality:

- Space and Furnishings
- Personal Care Routines
- Language-Reasoning
- Activities
- Interaction
- Program Structure
- Parents and Staff



The High/Scope Program Quality Assessment (PQA)

The High/Scope Program Quality Assessment was developed by the High/Scope Educational Research Foundation. Despite its affiliation with High/Scope, the tool can be used in all classrooms regardless of program design. The PQA has been used in Head Start program evaluations, as well as the Michigan School Readiness Program (MSRP) evaluation. Like the Environment Rating Scales, the validity and reliability of the PQA has been established, and with training, the tool is easy to use. The tool is suitable for center-based programs serving children ages birth to five.

High/Scope Program Quality Assessment (PQA) at a Glance

Assesses seven dimensions of program quality:

- Learning Environment
- Daily Routine
- Adult-Child Interaction
- Curriculum Planning and Assessment
- Parent Involvement and Family Services
- Staff Qualifications and Staff Development
- Program Management

CHILD ASSESSMENT

Screening

Developmental screening is a process by which professionals determine if children are reaching milestones as expected, or if there is a need for further professional evaluation. All children in Head Start programs are required to receive a developmental screening within the first 45 days of enrollment in a program, and it is considered good practice for children receiving school readiness financial assistance to be screened within 45 days of enrollment as well. Best practice dictates that screening continue periodically to monitor children's developmental progress thereafter. If developmental delays are detected, timely referrals should be made to the community's Early Intervention/Part C Agency or Local Education Agency (through FDLRS and the Child Find system), with informed consent from parents, for further developmental assessment. Children who are receiving services and have an Individualized Family Support Plan (IFSP) or Individualized Education Plan (IEP) in place do not need screening services.

The Florida Workgroup on School Readiness Assessment has recommended the following screening tools: The Ages and Stages Questionnaires (ASQ) for children under the age of three, the Early Screening Inventory-Preschool (ESI-P) for children between the ages of three and four and a half, and the Devereux Early Childhood Assessment (DECA) as a behavioral screening tool. Although screening is an essential process, it is important to note that screening results play no part in program evaluation.

Assessment

The primary purpose of assessment is to help teachers document and assess children's skills, knowledge, behavior and accomplishments over time so instruction can be individualized to meet the needs of all children. Assessments of children at the beginning, middle, and end of a program year may help to show gains children have made over the course of a year and may be used in program evaluations. Although child assessment may be a component of program evaluation, it should never be the only component, and it is inadvisable to place high stakes on the results of child assessments. Making decisions based solely on the results of child assessments can result in harms to programs, teachers, families, and children. Because the primary purpose of assessment is to guide instruction, no assessment or outcome-reporting system should be implemented without a plan for guiding curriculum and individualizing instruction.

Finally, state-level and national-level researchers have found difficulty determining how the various components of quality affect children's development, what magnitude of improvement in development could be expected from measured improvements in quality, and whether the quality of child care has an effect on children's development that is separate from that of family characteristics (Shonkoff & Phillips, 2000). In the Michigan School Readiness Program (MSRP) evaluation, an analysis of risk-factor effects on the MSRP children's developmental outcomes indicated that MSRP children

who had more risk factors had lower Child Observation Record (COR) scores, which suggested the importance of taking risk factors into account in future study design (Xiang & Schweinhart, 2002).



Work Sampling System

The Work Sampling System, developed by Dr. Samuel Meisels and colleagues, is an instructional assessment appropriate for preschool through grade six. This system consists of three interrelated elements: developmental guidelines and checklists, portfolios, and summary reports. The developmental guidelines and checklists are used to record and interpret observations, provide criteria for evaluation, and allow for comparisons with state and national standards. Portfolios show the individuality of the child and involve children in assessing their own work. Summary reports show the child's strengths and difficulties, give families useful information, and guide instructional planning. An abbreviated version of the system is currently being used in Florida as part of the SRUSS upon entry into kindergarten, and is recommended by the Florida Workgroup on School Readiness Assessment for preschool as well. For a per-child fee, programs can purchase a site license, which allows them to collect and analyze data for reporting child outcomes through the Work Sampling System online.

Work Sampling System at a Glance

Assesses children in seven domains:

- Personal and Social Development
- Language and Literacy
- Mathematical Thinking
- Scientific Thinking
- Social Studies
- The Arts
- Physical Development



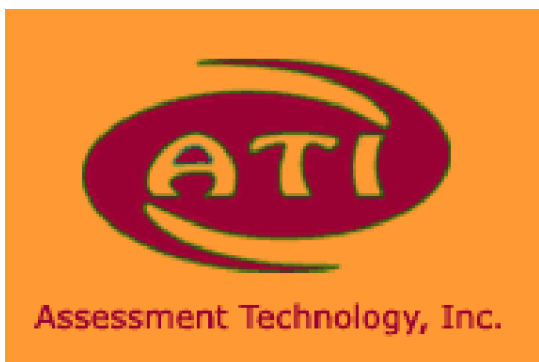
Child Observation Record (COR)

The COR was developed by the High/Scope Educational Research Foundation. Two versions of the tool are available: one for children six weeks through three years, and one for children two and a half through six years. Teachers take anecdotal records in each category over several months. These notes are used to rate the child's behavior on 30 five-level COR items within these categories. The COR has been used by Head Start programs for reporting child outcomes, and is used in the MSRP evaluation. The validity and reliability of the tool has been established, and training is available through High/Scope for teachers using the COR. Further, High/Scope has software available for reporting child outcomes electronically.

Child Observation Record (COR) at a Glance

Assesses children in six domains:

- Initiative
- Social Relations
- Creative Representation
- Music and Movement
- Language and Literacy
- Mathematics and Science



Galileo Preschool

Galileo is an Electronic Management of Learning (EML) system that includes a developmental assessment that combines teacher observations, parent input, and classroom projects into one developmental profile for each child. The assessment scales are research-based and aligned with the Head Start Child Outcomes Framework, and are designed to be modified to meet each program's needs. In addition to the developmental assessment, the EML system includes an online system for generating child outcome reports, an electronic system for lesson planning that is individualized according to developmental profiles and in alignment with the eight Head Start Framework Domains, an online child and family case management system, and an electronic system for reporting to parents.

Galileo at a Glance

Assesses children in eight domains:

- Language Development
- Literacy
- Mathematics
- Science
- Creative Arts
- Social and Emotional Development
- Approaches To Learning
- Physical Health and Development

TEACHER ASSESSMENT

Child Development Associate (CDA) Assessment System

The assessment system for the CDA National Credentialing Program includes a professional resource file prepared by the candidate, parent opinion questionnaires, an observation by the candidate's advisor using the CDA Assessment Observation Instrument, and the Early Childhood Studies Review and Oral Interview, conducted by a Council Representative. This system uses a variety of tools to measure the teacher on six competency goals and integrates the perspectives of the parents, the teacher's instructor and an outside evaluator into the assessment of the teacher.

CDA Assessment System at a Glance

Assesses early care and education professionals in six competency areas:

- To establish and maintain a safe, healthy learning environment
- To advance physical and intellectual competence
- To support social and emotional development and to provide positive guidance
- To establish positive and productive relationships with families
- To ensure a well-run, purposeful program responsive to participant needs
- To maintain a commitment to professionalism

The Arnett Scale of Adult Involvement

This scale, along with the Arnett Scale of Caregiver Interaction and the Arnett Scale of Provider Sensitivity, is a twenty-six-item scale designed to measure teaching style. The Arnett Scales have been used in a wide variety of studies, including the FACES study, the National Child Care Staffing study, the CQO study, the Florida Child Care Quality Improvement study and the Study of Children in Family Child Care and Relative Care.

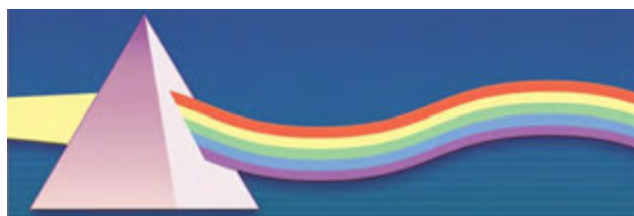
The Arnett Scale of Adult Involvement at a Glance

Assesses teaching style in the following three areas:

- Sensitivity
- Style
- Detachment

OVERALL PROGRAM ASSESSMENT

Program Review Instrument for Systems Monitoring (PRISM) of Head Start and Early Head Start Grantees



Every three years, Head Start and Early Head Start grantees undergo a federal review, and the PRISM is the system and tool the review team uses for evaluation. The PRISM system includes interviews, observations and monitoring of records. The PRISM tool was updated in 2002 to reflect new federal mandates for incorporating child outcomes into the assessment process.

PRISM at a Glance

Assesses overall program quality in seventeen categories:

- Program Governance
- Planning and Communication
- Record-keeping and Reporting
- Ongoing Monitoring
- Self-assessment
- Human Resources
- Fiscal Management
- Prevention and Early Intervention
- Health Care Tracking and Follow-up
- Individualization
- Disabilities Services
- Curriculum and Assessment
- Family and Partnership Building
- Parent Involvement
- Community Partnerships
- Eligibility, Recruitment, Selection and Enrollment
- Facilities, Materials, Equipment and Transportation

Florida Gold Seal Programs at a Glance

- National Association for the Education of Young Children (NAEYC)
- National Association of Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)
- National Accreditation Commission for Early Care and Education Programs (NACCEP)
- National School-Age Care Alliance (NSACA)
- Association of Christian Schools International (ACSI)
- Montessori School Accreditation Commission (MSAC)
- Southern Association of Colleges and Schools Commission on Elementary and Middle Schools (SACS)
- Accredited Professional Preschool Learning Environment (APPLE)
- Association of Christian Teachers and Schools (ACTS)
- National Accreditation Council for Early Childhood Professional Personnel and Programs (NACECPPP)

ACCREDITATION

Accreditation is a process that recognizes high quality programming. One example of a national accrediting body is the National Association for the Education of Young Children (NAEYC). This accreditation process begins with a readiness survey. Once a program determines that it is ready to begin the accreditation process, the program undergoes a self-study, which includes surveys of parents and staff as well as a classroom observation. When the self-study is complete, the program submits the self-study results and applies for a validation visit. A validator will visit the center in order to confirm the results of the self-study. The Florida Gold Seal program recognizes NAEYC and ten other accrediting organizations, each of which has its own tools and procedures for measuring quality.

CHALLENGES TO EFFECTIVE PROGRAM EVALUATION

There are three major inhibitors to successful program evaluation. First, when parents and early care and education professionals involved are fearful that the results could be used to direct blame, they may be reluctant to participate in or even sabotage evaluation efforts. The best remedy for this problem is education and inclusion in the design process. When participants understand that evaluation efforts are strength-based and for the purpose of program improvement, and they have some input over the design of the evaluation before the efforts begin, mutual trust and respect can be established and the process is likely to go more smoothly. Two other inhibitors—time and money—are more difficult to overcome. Evaluations take time, and programs often have limited staff and funding to direct towards these efforts. The most successful strategies towards this end are to prioritize and include those measurements that are most important and most feasible so that the evaluation can be completed and an accurate picture of quality can be developed.

CONCLUDING THOUGHTS

Utilizing program evaluation designs to measure program quality can be an asset to any program regardless of size, complexity, or population served. Although improved accountability has been a major force behind the move to program evaluation and more specifically, outcome measurement, there is an even more important reason: to help programs improve services. In the long run, being able to demonstrate that a program's efforts are making a difference can play an important role for the program holistically to:

- recruit and retain talented staff
- attract new participants
- engage collaborators
- win designation as a model or demonstration site
- retain and increase funding
- gain favorable public recognition

Such benefits, and a host of others, serve as assets to a program's existence, strength, and effectiveness. Scores of early care and education professionals attest to the difference the use of program evaluation techniques have made for their staff, their volunteers, their decision makers, their financial situations, their reputation, and most important, the children and families they serve. With experience, patience, and familiarity, program evaluation can easily become an integral part of any early care and education program. Program evaluation is not a passing fad. In years ahead, collecting data on benefits for program participants will be as common as collecting data on the number of program participants is today. Measurement tools and data will continually become more refined and the subject will eventually become part of a larger conversation of best practices among early care and education professionals (United Way of America Task Force on Impact, 1996).

SELECTED REFERENCES

- Cost and Quality Team. (1995). *Cost, quality & child outcomes in child care centers: Executive summary*. Denver: University of Colorado at Denver.
- Ellis, L. (1998). *Research methods in the social sciences*. New York: McGraw-Hill.
- Frede, E. (1995). The role of program quality in producing early childhood program benefits. *The Future of Children*, 5, 115-132.
- Harrell, A., Burt, M., Hatry, H., Rossman, S., Roth, J. & Sabol, W. (2001). *Evaluation strategies for human service programs: A guide for policymakers and providers*. The Urban Institute: Washington D.C.
- Howes, C., Smith, E., & Galinsky, E. (1998). *Florida child care quality improvement study: Final report*. New York: Families and Work Institute.
- Krathwohl, D.R. (1998). *Methods of educational and social science research: An integrated approach* (2nd ed.). New York: Addison Wesley Longman, Inc.
- National Association for the Education of Young Children. (1990). *Guidelines for appropriate curriculum content and assessment in programs serving children ages 3 through 8: A position statement of the national association for the education of young children and the national association of early childhood specialists in state Departments of Education*. New York: National Association for the Education of Young Children. <http://www.naeyc.org>.
- NICHD Early Child Care Research Network. (1998). *Mother-child interaction and cognitive outcomes associated with early child care: Results of the NICHD study of early child care*. Washington, DC.
- Shonkoff, J., & Phillips, D. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. National Research Council and Institute of Medicine: Committee on Integrating the Science of Early Childhood Development. Washington, DC: National Academy Press.
- U.S. Department of Health and Human Services. (2000). *Administration for children and families information memorandum*. Using child outcomes in program self- assessment. Washington, DC: HHS.
- U.S. General Accounting Office. (2002). *Child care: states have undertaken a variety of quality improvement initiatives, but more evaluations of effectiveness are needed*. GAO-02-897. Washington, DC: GAO.
- United Way of America Task Force on Impact. (1996). *Measuring program outcomes: A practical approach*. United Way of America.
- Whitebook, M., Howes, C., & Phillips, D. (1990). *Who cares: Child care teachers and the quality of care in America*. Final report of the National Child Care Staffing Study. Oakland, CA: Child Care Employee Project.
- Workgroup on School Readiness Assessment. (2000). *School readiness in Florida: strategies for defining, measuring and advancing children's school success*. Final Report. Florida: Florida Partnership for School Readiness.
- Xiang, Z. & Schweinhart, L. (2002). *Effects five years later: The Michigan School Readiness Program Evaluation through age 10*. Michigan State Board of Education.



COMMUNITY INITIATIVES: SERVICE INTEGRATION STRATEGIES FOR PROGRAMMATIC GAIN

"Coming together is a beginning, staying together is progress, and working together is success."

HENRY FORD

With imminent changes to the early care and education system in Florida, addressing the need for high quality, affordable care is a critical issue for parents, employers, and policymakers. High quality care is expensive and stakeholders of early care and education are forced to consider difficult tradeoffs between affordability, accessibility, and quality. From a macro perspective, the issues may appear overwhelming with unattainable solutions. However, by combining resources, investigating methods for shared services, and building partnerships, it is possible to maximize available resources and enhance programming for young children in Florida.

If we are to realize our common vision of providing quality services to children, families, and providers of early care and education, we must begin to think broadly and strategize with colleagues, develop new partnerships, and move in a new direction. Service integration enables new initiatives, enhances valuable services, and strengthens operations by streamlining services and alleviating resource crisis for quality programming. Included in the text below are excerpts, principles, and strategies regarding shared services for community initiatives from key research studies and early childhood service programs. This material was prepared to serve as preliminary technical assistance for approaching service integration concepts related to cooperation, coordination, and consolidation of multiple community-based school readiness systems.

REFORMING SERVICES TAKES COOPERATION, COORDINATION, AND CONSOLIDATION

Basic principles of policy and program implementation are derived from the concept of providing services to persons in need. Often this is impeded by the sectioning of funding streams within communities and across community borders. Community leaders must be driven by a compelling and well-conceived policy and program agenda that ensures reaching across divides for the benefit of service recipients. The following premises should be systematically considered for developing comprehensive initiatives (Hayes, 2002):

- Children and families have multiple needs that are best met in a comprehensive, coordinated, and flexible manner.
- Programs and services should be family-focused and engage parents in the process of design, governance, and operation.

- Investment strategies should balance the emphasis on prevention and remediation in order to minimize problems and avert crisis.
- Family and neighborhood influences shape individual outcomes; therefore, decision-making authority should reside at the community level.
- Those who serve families with children should be accountable for improving outcomes for their clients and their communities.

When considering the purpose for service integration, resource sharing, collaboration, and/or consolidation, the costs to society of school unreadiness must also be considered (Bruner, 2002):

- There are very significant public (and private) costs associated with a child's unreadiness for school—costs that extend across multiple public service systems.
- Many of the poor outcomes associated with school unreadiness and future social costs are preventable or, through early intervention, correctable, potentially with substantial savings as a result.
- A comprehensive approach is needed to produce the greatest gains in school readiness. A focus on only one dimension (e.g. health or enriched pre-school) is less likely to address all the causal factors that contribute to school unreadiness and the contribution of that specific intervention to reducing school readiness may be diminished as a result.
- Quality matters. Programs that have demonstrated success and shown cost-benefits have been well-designed, employed skilled and dedicated staff, and have given attention to providing high quality services.

STRATEGIES FOR SERVICE INTEGRATION

Plan Strategically to Develop Effective Programs

Efforts to make better use of existing resources often emphasize coordination and streamlining of services to reduce administrative costs and include use of multiple community-based services. Operating more efficiently may include tactics such as (Hayes, 2002):

- Co-locating and connecting independent programs and services;
- Creating economies of scale through purchasing pools (e.g. for supplies, administrative services, employee benefits and professional training); and
- Implementing more streamlined administrative and management processes.

Another consideration is the application of “business plan thinking” to early childhood services. A business plan does not require definitive research and answers to questions before proceeding, but it does require a strong logic model that describes intended short- and long-term impacts. Also, a business plan requires a method for continuously reviewing the implementation of the plan to insure that it makes corrections, when necessary, to achieve first its short-term, then long-term goals. Both of these features provide a level of outcome accountability that policymakers are likely to seek in making investments, in hard-nosed terms but without requiring definitive answers before the investments are made. Business planning has a certain credibility with the corporate community that traditional human services needs assessments and resource inventorying do not. It speaks to the bottom line, and it has a rigor in continuously measuring progress and adapting strategies to achieve specific objectives (Bruner, 2002).

Program leaders must first systematically appraise the strengths, weaknesses, and critical areas of need within their own programs. It is then possible for stakeholders to begin collaborative planning for resource sharing, service integration, or consolidation of programs.

For Consideration

Sometimes it takes money to make money. Strategies to make better use of existing resources often require an initial investment of new funds to retool management and administrative systems; support better coordination; or implement creative prevention programs and services. Ultimately, these investments can lead to reduced spending on more intensive and expensive treatment programs. They are also likely to reduce duplicative case management, outreach, and administrative capacities among programs and agencies serving the same children, youth, and families. *Sustaining Comprehensive Community Initiatives. The Finance Project, 2002.*

Assess the Infrastructure of Early Childhood Programs*

In addition to program considerations, there is also a need to assess the current infrastructure supporting programs. The infrastructure is composed of the essential functions that support the direct services and make them suitable for young children. The infrastructure includes the methods and manner of administering funds, the delivery of programs, and the elements that support quality staff and program activities. Essential functions of the early care and education infrastructure include:

- Quality assurance- for all settings (including nonprofit and for-profit family and center-based child care); standards for personnel and for programs, regulation and accreditation, based on research, with technical assistance for implementation of best practices.
- Consumer information- for informed choice and family engagement in advocacy.
- Professional development- training and preparation leading to individual licensing, credentials, degrees, and continuing education.
- Funding- from public and private sources for planning and delivery of programs and services for children, families, and staff.
- Results- focused accountability: the ability to demonstrated positive outcomes for young children as a result of these programs and services in a manner that is understandable and useful to parents, policymakers, and the public.
- Governance- state and locally linked administration, and collection of data for detailed planning, deliver, and financing of programs.
- Research- the information necessary to improve practice and inform policy.

**Excerpt from NAEYC Policy Brief. National Association for the Education of Young Children, 2001.*

Collaborate with Community Partnerships

In many situations, leaders cannot bring about change to current delivery systems without bringing together new resources. Coordination of services is one strategy for improving services. Hayes (2002) defines coordination as “a community- and program-level strategy for aligning categorical funding from a number of agencies and funding streams to support integrated and coordinated service delivery.” Categorical funding streams can be refined and used in combination to support individual components of comprehensive initiatives involving multiple community resources.

To effectively integrate services and assure a sustainable framework for success, there are critical elements that must be considered during the strategic planning process. The following excerpt highlights components that are key to most successful initiatives and can help guide efforts to develop integration strategies**:

- Vision- Having a clear-cut objective that articulates how an initiative’s programs or activities will improve the lives of children, families and communities is one of the most important and basic steps involved in achieving sustainability. Without articulating these objectives and developing a plan for achieving them, no initiative can be truly viable.
- Results Orientation- Demonstrating program success through measurable results (e.g. established indicators and performance measures) is crucial for building support from key stakeholders in the community. Stakeholder support, in turn, increases the likelihood of program continuance.

- Strategic Financing Orientation- Developing a strategic financing orientation is critical for program leaders. It enables them to identify the resources they need to sustain their activities and then develop strategies to bring these resources together to achieve their goals.
- Adaptability to Changing Conditions- Adjusting to changing social, economic, and political trends in the community enables initiatives to take advantage of various opportunities that can help to achieve sustainability. Making these adjustments also allows initiatives to identify and overcome any external threats that could obstruct program continuance.
- Broad Base of Community Support- Achieving a broad base of community support means determining who within the community loves an initiative, who needs it and who would care if it were gone. Often, when an initiative is able to build a broad base of supporters who care about it and believe it is vital, fiscal and non-fiscal support will follow.
- Key Champions- Rallying leaders from businesses, faith-based institutions, government and other parts of the community who are committed to an initiative’s vision and are willing to use their power and prestige to generate support for that program will help to ensure long-term stability.

Strategies and Critical Success Factors in Integrated Human Service Systems



Integrated client services occur where critical success factors facilitate the implementation of multiple operational and administrative strategies. Excerpt from Research Forum on Children, Families, and the New Federalism. Ragan, 2003.

- Strong Internal Systems- Building strong internal systems, such as fiscal management, accounting, information, personnel systems and governance structures, enables an initiative to work effectively and efficiently. Establishing these systems also allows initiatives to document their results and demonstrate their soundness to potential funders.
- Sustainability Plan- Creating sustainability plans helps initiative developers and managers clarify where they want their initiatives to go in the future. They provide benchmarks for determining whether initiatives are successfully reaching their goals. They also help policymakers, opinion leaders and investors decide whether and how to support certain initiatives.

***Excerpt from Sustaining Comprehensive Community Initiatives. The Finance Project, 2002.*

CONCLUSION

Service integration within early childhood systems presents impressive possibilities for continuation and enhancement of services. Collaborative business processes provide a platform for much greater specialization, allowing each of their participants to focus on their areas of greatest capability, supported by other participants focusing on areas of complementary capability. Opportunities for cooperation, coordination, and consolidation must be explored to ensure availability, accessibility, and high quality care for children and families in Florida.

SELECTED REFERENCES

- Bruner, C. (2002). *A stitch in time: Calculating the costs of school unreadiness*. The Finance Project.
- Financing Strategy Brief (2002). *Sustaining comprehensive community initiatives: Key elements for success*. The Finance Project.
- Hayes, C. (2002). *Thinking broadly: Financing strategies for comprehensive child and family initiatives*. The Finance Project.
- NAEYC Policy Brief (2001). Financing the early childhood education system. *Young Children*, 56, 1-4.
- Zaslow, M., Calkins, J., & Halle, T. (2000). Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Washington, DC: *Child Trends*.



BUILDING PARENTING SKILLS THROUGH INVOLVEMENT AND EDUCATION

“Being a parent is a very difficult job, more difficult than any other, because it requires the shaping of other people, which is an act of extraordinary hubris.”

ANNA QUINDLEN

Parents are children’s first and most important teachers. The small give-and-take interactions of daily life between parents and children can shape the way children relate to people later in life. Children’s personalities may be influenced more in these everyday encounters than in the critical periods of development (Stern, 1985). Moreover, the time parents and children spend together is instrumental to the social and intellectual development of the child (Casper, 1997; Danziger & Radin, 1990).

Adult family members play important roles in the growth and development of children, and when parents participate in activities with their children, they promote cognitive, social, and emotional development. Furthermore, children who have parents that are involved in their schooling are more likely to earn high grades and enjoy school (Nord & West, 2001). When parents participate in literacy activities with their children, they not only support the development of their children’s language skills and interest in books, but also enhance their own self-esteem and sense of worth (Morrow & Young, 1997; Primavera, 2000).

Despite the awareness of the importance of their multiple roles providers, nurturers, and educators, most parents feel unprepared. Parents have always routinely sought the advice and help of relatives, friends and professionals. However, traditional sources of help—especially the extended family and neighborhood—are less available today than they were in the past. Many parents are limited to the examples and advice provided to them by their parents and may view this information as inadequate or antiquated (Gestwicki, 1992). Adding to parent uncertainties is the massive amount of information that is available from books, television, and the Internet. These messages are often times conflicting and can leave many parents wondering what is really best for their children (Simpson, 1997).

Parent education programs have emerged as a means of helping parents get involved in their children’s lives and to become better decision-makers for their families. In 1996, there were approximately 50,000 programs nationwide that offered parenting education (Carter, 1996). It is important to note that parent education programs take many shapes and forms, and the concept of parent education has broadened considerably in the past two decades (Douglas, 1990). At federal, state, and local levels, there are now a variety of ambitious and diverse initiatives aimed at supporting families with young children.

The connections that exist among young children, their families, and their environment significantly impact the development of the children and the family (Klein & White, 1996) and are important considerations for the provision of high quality early care and education. Efforts to support children’s preparedness for school are likely to be most successful when a child is considered within the context of the family. As such, programs need the sustained and enthusiastic involvement of parents in order to make decisions that are right for the individual child and for the program. Parents need to be supported and acknowledged as their children’s first teachers through formal and informal educational opportunities. The sharing of information between parents and programs creates partnerships that are essential to quality early care and education.

The formation of partnerships between parents and teachers that will foster children’s development has been a persistent goal of most early childhood programs and elementary schools. In recent years, this goal has taken on increased importance as diverse segments of American society have recognized the need to help parents deal with the multiple pressures of rearing children in today’s complex world.

Parent participation and education are crucial to realizing a vision of meeting the needs of all children and ensuring that they enter kindergarten ready for school. Programs of parent education and support offer promising strategies for facilitating the education and development of young children. It is crucial for educators and policymakers to find ways to alter classroom practices, early childhood programs, and schools to promote the family’s contributions to early education and development.

PARENT INVOLVEMENT IN EARLY CARE AND EDUCATION SETTINGS

The importance of parent involvement has been recognized and reinforced in Head Start, in the Child Care Development Block Grant, and the Individuals with Disabilities Education Act (IDEA), all of which include provisions for the inclusion of parents in important decisions regarding their children. The National Education Goals Panel (NEGP) states explicitly in its objectives, “Every parent in America will be a child’s first teacher and devote time each day helping his or her preschool child learn. Every parent will have the access to the training and support they need” (NEGP, 1997).

Parent involvement in early care and education settings may include formal opportunities for involvement such as parent boards and committees, volunteering, fund raising and special events. Many parents and programs may express concerns over these roles for parents, including time, authority, and confidentiality issues. However, a little time and planning can make this a rewarding experience for everyone.

Programs should begin by assessing their needs. These needs may range from volunteers inside the classroom to help designing and printing a monthly newsletter. All programs will have genuine needs, and when there is a variety of ways for parents to participate, they are more likely to find some way to help that fits their talents, values and time restraints. Also, parent involvement programs are more likely to be successful when parents are oriented, supervised, and made to feel welcome. When staff is available to support and encourage parents, the relationship is more mutually satisfying and can provide long-term benefits for the program, the family, and the child (DiNatale, 2002).

While formal opportunities for participation are valuable, parent involvement encompasses much more than these established roles. Parent involvement is also the everyday interactions between parents, staff and children. Quality early care and education settings value parents as integral parts of the program, and a true system of parent involvement includes partnerships between parents and staff, as well as an open invitation for parents to visit and participate in every aspect of the program without being made to feel obligated.

The Role of Parents

- Experts on and advocates for their own children
- Advisors concerning policies, procedures, staff and curriculum
- Evaluators through polls and surveys
- Promoters of the center

Greenman, J. & Stonehouse, A. (1996). Primetimes: A handbook for excellence in infant and toddler care. St. Paul, MN: Redleaf Press.

Partnerships between parents and early care and education professionals require communication, shared decision-making, and mutual respect. Continuity of care for children is provided by the exchange of information between parents and staff. In a partnership, the parent's role as the child's first teacher and primary attachment is not only respected but reinforced, and the early care and education professional will work to supplement—not replace—the parent's ability to care for and educate her own children. The beliefs and values of the parents are respected and accommodated to the degree possible. Partnerships do not happen instantaneously, but develop over time, and the parents that are the most difficult are often the ones that need the most support. Staff should continuously reinforce their desire for a partnership with parents.

PARENT EDUCATION IN EARLY CARE AND EDUCATION SETTINGS

Early care and education programs may elect to hold formal parent education opportunities within their programs. These opportunities can take many forms, such as classes or workshops, discussion groups, or guest speakers. Creating a parent education program that meets the needs of families presents its challenges. There are three typical problems that parent education programs tend to encounter. However, all of these issues can be remedied with prior planning and staff training.

First, programs may have trouble recruiting parents to participate or generating interest. It is important that the education program include parents in the planning because parents can help professionals make decisions about content, format and time that best meet their needs. Also, programs that offer support services such as food and transportation tend to have greater attendance.

Parent-child activities should be planned or child care should be provided so parents can bring their children and not have to make arrangements for child care.

Another barrier to successful programs is conflicts in views and values. Programs should attempt to reflect the values of parents. With some guidance, disagreements can lead to stimulating discussions that can cause participants to examine their beliefs about childrearing. Finally, there can be problems with the management of the group. Early care and education professionals need the necessary skills to work with adults and include parents as partners rather than talking to them from a position of authority.

Just as parent involvement in the early care and education setting can be informal, so can opportunities for parent education. Parents have varying levels of parenting skills, but most are eager to learn if they are encouraged and not pressured (Gonzalez-Mena & Eyer, 2001). The times that parents are in the program, whether it is to observe, participate, or to drop-off and pick up their children, provide teachable moments when parents learn more about children's care and education through available reading materials, observations of staff and parents modeling appropriate behavior, or discussions with staff and other parents. It is important that parents are not made to feel threatened, and that professionals do not act as experts who want to "fix" the parent. The formal opportunities a program provides should serve to enhance the education that happens naturally when parents have relationships with the professionals that care for their children, and spend time in the center.

"Knowledge alone doesn't change attitudes. They change over time with exposure to different people's values, ideas, methods, and attitudes."

Gonzalez-Mena, J. & Eyer, D.W. (2001). Infants, toddlers and caregivers. Fifth Edition. Mountain View, CA: Mayfield Publishing.

PARENT EDUCATION IN THE HOME

Home visiting programs can be an excellent way to provide parenting education to families with young children. These programs are useful for augmenting the experiences of children in early care and education programs and for reaching families who care for their children in the home. The information on the following pages provides overviews and contact information for three home-based parenting programs that are available in Florida. Two of these programs, Home Instruction for Parents of Preschool Youngsters (HIPPY) and Even Start, are administered in Florida through the Florida Partnership for School Readiness.

The third, Parents As Teachers (PAT), is administered at the local level and may be supported by a school district, community-based organization, hospital, family resource center, nonprofit group or foundation.



Home Instruction for Parents of Preschool Youngsters (HIPPY)

Program Design

- Designed for preschool children ages three, four and five
- Uses a research-based curriculum available in English and Spanish
- Includes 30 weeks of activities (5 days a week) for parents to do with their children
- Uses qualified paraprofessionals, who are also parents in the program, as home visitors
- Regular group meetings

Outcomes for Children and Families

- Increased success rates in school for children
- Increased parental involvement in children's lives

CONTACT INFORMATION

HIPPY USA
220 East 23rd Street, Ste. 300
NY, NY 10010
212-532-7730

Parents as Teachers
national center

Parents As Teachers (PAT)

Program Design

- Serves families from pregnancy until the child's entrance into kindergarten and is available to all families, regardless of socio-economic level
- Uses the research-based Born To Learn curriculum
- Home visitors help parents locate the community resources they need and offer practical advice to parents based on the latest information in neuroscience
- Increased language- and literacy-promoting behaviors with children

Outcomes for Children and Families

- Increased involvement in their children's schooling
- Increased scores for children on kindergarten readiness tests and on standardized measures of reading, math and language in first through fourth grades

CONTACT INFORMATION

Parents as Teachers National Center, Inc.
Attn: Public Information Specialist
2228 Ball Drive
St. Louis, Mo. 63146
1-866-PAT4YOU (1-866-728-4968)
info@patnc.org



The Even Start Family Literacy Program

Program Design

- Designed for parents and children from birth to age eight in low-income families
- Adult education and literacy programs for parents
- Parent education
- Early childhood education for children
- Parent and Child Together (PACT) time

Outcomes for Children and Families

- Improved parenting skills
- Greater array of literacy materials available in the home
- Early boost in cognitive development for children

CONTACT INFORMATION

Lilli Copp, State Even Start Coordinator
600 South Calhoun Street
Holland Building, Room 251
Tallahassee, FL 32399-0240
(850) 922-4200

DESIGNING A SUCCESSFUL PARENT EDUCATION PROGRAM

For programs that choose to implement a formal parent education program, there are many parenting education curricula on the market that use a variety of teaching philosophies and include a diverse array of skills and attitudes. However, programs may elect to create their own program to best meet their needs. What is most important is the model respects the range of backgrounds and experiences of families and operates on the premise that parents are the experts on their own children. The following tip sheet and list of additional reading material, all of which can be downloaded for free from the World Wide Web, can be useful references for designing a successful program.

Tips for Programs*

- Provide parenting education based on families' needs. What questions do parents have? What strengths, needs, interests, and preferences do you observe in families? What current sources of information are there for parents?
- Choose material that reflects an awareness of cultural traditions and mores in the community. Use the questions provided in this fact sheet to determine which materials, styles, and curricula parents will prefer.
- Obtain staff training. Some staff should be knowledgeable about human development, the needs of children and of parents, and current research findings. Someone should know the current issues in parenting education and the kinds of programs, curricula, books, and videos that are available.
- Set up an information center for parents. Publications and audio-visual materials should be placed in an area with comfortable chairs and beverages.
- Provide an information packet that parents can take home. It could include short articles, tips, and

suggestions for further reading (possibly a list of local library holdings) on issues important to parents.

- Offer parent education/support groups. Information and support can be provided in many different forms to meet the interests and needs of parents.
- Link with other agencies and organizations. Working with libraries, cooperative extensions, schools, and childcare programs can expand the resources available to parents in your program, and can enable you to reach more families. The Internet can be another source of information.
- Be aware of other parenting programs in the community. Some programs are available in almost every community. Staff should know what programs are available and what their objectives are, and they should share this information with parents.
- Know your boundaries and make referrals. Some families have issues that require specialized help, such as a child who is developmentally delayed or who has a serious illness. Work with local programs in establishing mutual referral guidelines.

**From The Family Support of America Learning Center at www.family-supportamerica.org*

For Additional Reading

- Cornell Cooperative Extension. *Serving Families With Limited Resources*. Third edition. Ithaca, NY: Cornell University, 1966. An annotative bibliography of parenting education materials that are culturally sensitive and readily available at low or reasonable cost. Available from Cornell University's Children, Youth and Family Consortium Electronic Clearinghouse.
- Smith, C.A. et al. *National Extension Parent Education Model: Critical Parenting Practices*. Manhattan, KS: Kansas Cooperative Extension Service, 1994. This resource includes a framework for parenting education that is used by the cooperative extension system as well as an annotated bibliography of parenting education materials. Available at www.cyfernet.org/parenting_practices/preface.html.
- RMC Research Corporation *Designing Parenting Education: Training Guides for the Head Start Learning Community*. Washington, DC: Head Start Bureau, 1998. This manual was designed to help programs create parenting education opportunities based on parents' interests and needs and evaluate their current efforts in order to improve them. Available at www.headstartinfo.org/publications.

REFERENCES

- Carter, N. (1996). *See how we grow: A report on the status of parenting education in the U.S.* Philadelphia, PA: Pew Charitable Trust.
- Casper, L.M. (1997). *My daddy takes care of me! Fathers as care providers.* Current Population Report, pp.70-59. Washington, DC: US Bureau of the Census.
- Danziger, S.K., & Radin, N. (1990). Absent does not equal uninvolved: Predictors of fathering in teen mother families. *Journal of Marriage and the Family*, 52, 636-642.
- DiNatale, L. (2002). Developing High-Quality Family Involvement Programs in Early Childhood Settings. *Young Children*, 57, 90-95.
- Gestwicki, C. (1996). *Home, school and community relations: A guide to working with parents.* Third Edition. Albany, NY: Delmar Publishers.
- Gonzalez-Mena, J. & Eyer, D.W. (2001). *Infants, toddlers and caregivers.* Fifth Edition. Mountain View, CA: Mayfield Publishing
- Klein, D. & White, J. (1996). *Family theories: An introduction.* Thousand Oaks, CA: Sage Publications.
- Morrow, L. & Young, J. (1997). A family literacy program connecting school and home: Effects on attitude, motivation, and literacy achievement. *Journal of Educational Psychology*, 89, 736-742.
- National Education Goals Panel. (1997). *Special early childhood report.* Washington, DC: U.S. Government Printing Office.
- Nord, C., & West, J. (2001). *Fathers and mothers involvement in their children's schools by family type and resident status.* Washington, D.C.: U.S. Department of Education, National Center for Education Statistics (NCES 2001-032).
- Powell, D. R. (1986). Research in review: Parent education and support programs. *Young Children*, 45, 47-53.
- Primavera, J. (2000). Enhancing family competence through literacy activities. *Journal of Prevention and Intervention in the Community*, 20, 85-101.
- Simpson, A. R. (1997). *The role of the mass media in parenting education.* Boston: Harvard Center for Health Communication.
- Stern, D.N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology.* New York: Basic Books, Inc.



NOISE AND ITS MANAGEMENT IN EARLY CHILDHOOD SETTINGS: A TECHNICAL ASSISTANCE MANUAL

BY DR. CHRISTINE A. READDICK

Department of Family and Child Sciences, Florida State University

Young children perceive and derive meaning from events in their growing world through direct sensory experience--that is, touching, tasting, smelling, seeing, and hearing. Hearing, the ability to detect and distinguish sounds--social, natural, and manmade--is deemed central to successful human functioning and well-being. We assume every child should be able to hear her name called lovingly, the rush of wind through the trees, a favorite melody strummed or hummed, the honking of a horn. Yet all too often noise in our early childhood settings interferes with young children's abilities to communicate, enjoy a variety of sounds, and even detect danger.

In the same way that we tend to the appointment of visually appealing and compelling infant-toddler and preschool environments that invite children to focus and appreciate and explore, we must design quality sound environments or soundscapes (Ceppi & Zini, 1998) that promote communication, enjoyment, and detection of danger. While noise, or unwanted sound, is on the increase in our modern everyday world, as people and machines proliferate, techniques for soundscape design and noise abatement are known and can be readily practiced in early childhood environments.

In this brief technical assistance paper, the following topics will be addressed:

- how children perceive and process sound and noise
- sources and amount of noise in child care
- how children are affected by noise
- noise measurement procedures
- basic soundscape design and noise abatement strategies, providing trainers, licensers, readiness coalition members, and policy makers essential information for effecting positive change in child care center soundscapes, especially that promotes the development of language perception and early literacy.

SOUND AND NOISE PERCEPTION

"Sound is a series of vibrations moving as waves through the air" (Milne & Milne, 1987, p. 149). For example, a ringing bell sets off vibrations; the detection of these vibrations is called hearing. Generally, as vibrations or sound waves pass from the outer ear to the inner ear, they are transmitted to the brain, where the right

hemisphere, primarily, perceives and processes the physical properties of sound, such as loudness or softness and high or low pitch, as well as the apparent emotional properties of sound. Sound that emanates from multiple sources simultaneously and that is extraneous to the focal activity of the child is particularly troublesome and called noise.

How loud is noisy? Noise becomes annoying between 55 and 65 decibels (the average human voice is 60 decibels). Every 10-decibel increase is experienced as twice as loud (Wolkomer & Wolkomer, 2001). As points of contrast, the noise level in the child's bedroom in the quiet of the night is 30 decibels and at a rock concert 110 decibels. For adults in work settings, at 75 decibels, the EPA recommends protection for 8 hours of exposure; at 115 decibels OSHA forbids any unprotected exposure at all.

Regrettably, noise in child care settings has been found that exceeds these levels.

SOURCES AND AMOUNT OF NOISE IN CHILD CARE SETTINGS

In Canada noise levels were found exceeding 75 decibels in 4 of 7 child care centers, serving 2 and 3 year olds (Truchon-Gagnon & Hetu, 1988). With no air conditioning systems and no outdoor noises such as traffic, sounds were primarily person- and object-derived, such as talking, crying, doors slamming, and toys tumbling. Impulsive noise, such as a screaming toddler or a slamming door, caused noise levels to spike above 115 decibels.

Records taken by Truchon-Gagnon and Hetu between 9 a.m. in the morning and 1 p.m. and from 3 p.m. to 6 p.m. in the afternoon indicated only 20% of the time was not marked by screaming, crying, or noisy motor behavior. Predictors of higher levels of noise were number of persons heard, room size (confounded in that larger rooms were occupied by more people), openness of space (as opposed to self-contained space), reverberation (echo) rates, and caregivers' permissiveness towards noisy behavior.

More recently noise measurements of 37 to 42 decibels have been recorded in unoccupied infant-toddler rooms (Painter & Frank, 1999) and 58 to 68 decibels in occupied infant-toddler rooms (Frank, Golden, & Manlove, 2001).

Noise levels between 66 and 94 decibels were found in occupied preschool classrooms (Picard & Boudreau, 1998). In the absence of descriptions of the physical and social environments in these brief reports, the sources of noise are not known.

However, noise measured in one Florida child care center serving infants, toddlers, and preschoolers averaged 62 decibels unoccupied and 75 occupied, (Readdick, Gatz, & Chatterjee-Graf, submitted for publication), peaking in one room at 119 decibels. A reverberation time of 2.4 seconds was calculated. Measurements of sound were taken at 15-minute intervals throughout the day in each of 5 rooms and demonstrated the dynamic and frequently changing nature of background noise, as activities shifted throughout the day, from free play to lunch time to nap and so on.

Readdick and colleagues found high levels of noise to be associated with child and adult activity, construction materials (painted concrete block walls, glass windows, and metal exterior doors, architectural design (open construction permitted spillover noise from adjacent rooms), and outdated mechanical systems (heating and cooling and plumbing systems).

HOW CHILDREN ARE AFFECTED BY NOISE

Evidence has been accruing over 30 years to indicate that young children are especially vulnerable to noise. The effects of noise, while ranging from mere annoyance to substantial hearing loss, include negative outcomes in all areas of human development—physical, cognitive, and social-emotional. Children identified to date as most vulnerable include infants, especially infant males, the temperamentally difficult, the hearing impaired (including those with chronic ear infections), the non-native speaker. Known effects are categorized by developmental area:

Physical

- elevated blood pressure (when noise is over 60 decibels)
- increased production of stress hormones including adrenaline
- diminished heart rate (lower flight/fight response)
- sleep disruption
- increased fatigue
- hearing loss

Cognitive

- decreased receptive and productive language (as indexed in infants and toddlers by less verbal imitation, more meager vocabulary, less gestural imitation and in preschoolers as measured by performance on the Test of Early Language Development, McCarthy verbal scores, and the Woodcock Reading Mastery Test).
- disrupted attention
- deteriorated performance on complex tasks
- diminished ability to transition effectively

Social-Emotional

- increased attention to critical elements of a social situation
- decreased attention to subtle details of a social situation
- increased annoyance
- increased learned helplessness
- increased anger and aggression
- reduced sociability and helping behavior

It is important to review the mechanisms whereby receptive and productive language are impeded (Anderson, 2001). In the presence of high levels of background noise, the child's ability to understand the phonemes or individual sounds of language are diminished. As reverberation rates increase, the child finds it more difficult to recognize short-duration phonemes and final consonants. Speech reception is deteriorated most when background noise and reverberation rates are high and noise is impulsive and unpredictable. While adults are capable of "filling in the blanks" when listening to a speaker in a noisy environment, the child who is limited both in language and social experience cannot.

For speech to be adequately perceived by a young child, the speaker must raise his voice 15 to 20 decibels above the prevailing background noise. For example, according to Klawinski (2002) under conditions in which the background noise level is 72 decibels, the speaker can be heard speaking in a normal voice at a distance of .75 foot, must speak in a raised voice to be heard at 1.5 feet, in a very loud voice to be heard at 3 feet, and in a shout to be heard at 6 feet. At 78 decibels, to be heard at 3 feet, the speaker must shout.

It appears under circumstances of high noise, such as these, the adult speaker at first speaks louder but over time decreases speech production (Anderson, 2001). In the same vein, the young child appears to try very hard to listen in the beginning but over time, habituating to all sound, including speech, as noise, the young child tunes out auditory stimulation. Seemingly, decreasing noise in child care settings alone may be expected to be associated with gains in receptive and productive language and successful early literacy.

The immediate and positive effects of noise abatement on children's pre-reading skills was demonstrated in a singular study of preschoolers attending a child care center before and after installation of sound absorbent panels (Maxwell & Evans, 2000). Children in the quieter condition scored higher on letter-number-word recognition and were rated higher by their teachers on language understanding, language use, and lower on induced helplessness.

Recommendations for acoustical standards for elementary classrooms serving children between the ages of 5 and 12 have been formulated. These recommendations, in the absence of such standards for child care settings, can provide one measuring stick against which to compare the above reported findings. It is recommended that background noise levels in unoccupied room not

exceed 35 decibels, that occupied rooms not exceed 55 decibels, and that reverberation time at mid-speech frequencies not exceed .4-.6 seconds (ASA, cited in Nixon, 2002; ASHA, 1995).

NOISE MEASUREMENT PROCEDURES

Simple means of noise measurement are available, including subjective rating via observation, soundmeter measurements, and estimation of reverberation. Each is briefly reviewed here:

Subjective noise rating

In the investigations of noise in home environments, Theodore Wachs and colleagues simply counted the number of sound-emitting sources turned on (e.g., television, air conditioner, and refrigerator) and rated the sound level in the home over the past 15 minutes on a Likert-type scale. More or less noisy environments can be easily distinguished in this manner.

Soundmeter measurements

A battery-powered device, such as the Realistic Digital Sound Level Meter, can be purchased for about \$50 at Radio Shack. The meter, set to measure frequencies in the 500 to 10,000 Hz range, which is the human ear's most sensitive range, produces continuous low average, average, high average, and peak readings of noise expressed in decibels.

Reverberation or echo rates can be calculated using the Sabine Formula (see Sabine, 1964) or just by estimating relative percentages of hard versus soft surfaces in a room. Rooms mostly comprised of concrete, wood, linoleum, glass, and metal are more reverberant, and hence more noisy, than rooms appointed with draperies, carpeting, and soft furnishings.

SOUNDSCAPE DESIGN AND NOISE ABATEMENT STRATEGIES

The continuous bombardment by inescapable, unrelated, and overlapping sounds that typify our early childhood education and care settings can be replaced by the intentional design of the sound atmospheres, including conversations between adults and children, music, sounds of nature, as well as activity with objects and materials, both natural and manmade.

Suggestions for soundscape design and recommendations for noise abatement, including reduction of noise at its source, confinement, and absorption are addressed below:

Soundscape design

Both indoors and out there are potentials for the creation of sound environments in which our young children can not only identify the source of sound but also its intensity, rhythm, frequency, and tone (Ceppi & Zini, 1998). For example, sound rooms for the reproduction and creation of music, windows that open to entertain the senses with the sounds of wind and rain,

varying outdoor pavements for the drumming of footsteps, windchime in the gazebo are all means of providing acoustical variety and allowing children to participate in the creation of a meaningful sound environment. Soundscape design opportunities increase as background noise, both person- and machine-generated, is lowered.

Noise abatement strategies

Reduction of noise at its source can be accomplished indoors and out.

- Reduce speaker-to-listener distance.
- Use positive guidance techniques.
- Encourage adults, not just children, to use "inside" voices.
- Organize children's activities in small groups.
- Reduce number of children attending.
- Reduce number of children indoors by making the outdoors regularly accessible.
- Turn off background music (Manlove, Frank, & Vernon-Feagans 2001).
- Repair or replace noisy fluorescent lights (Manlove et al., 2001).
- Plant trees and shrubs and construct earthen banks to reduce external noise sources (ASHA).
- Use double-glazed, gas-filled windows to block unwanted exterior noise (Ceppi & Zini, 1998).

Noise can be confined primarily by the construction or creation of stimulus shelters (Wachs, 1979) that allow the child or a couple of children to escape the general bustle of the larger group. A stimulus shelter might be a closet with the door removed or a refrigerator box positioned for both easy entry and supervision. Spillover noise from adjacent areas can be minimized with the use of drop seals and inexpensive foam gaskets on doors.

To absorb sounds, a variety of alternatives are available.

- Use heavy carpeting on foam rubber for floors (limit floor tile, linoleum, and wood flooring) (Klawinski, 2002).
- On walls use 2" thick shredded wood fiberboard, medium-weight draperies or fiberglass curtains, applied foams, and glass fiber (avoid cork, glass gypsum board, metal, plaster, plywood, and wood paneling) (Klawinski, 2002).
- Create cozy places with pillows and stuffed armchairs (Manlove et al., 2001).
- Hang quilts on walls (Manlove et al., 2001).
- Use dropped acoustical ceiling panels (ASHA).
- Display children's artwork on acoustical wall panels (Manlove et al., 2001).
- Arrange green plants throughout the room (Ceppi & Zini, 1998).
- Suspend bamboo shades and fabric shadow play screens (Ceppi & Zini, 1998).

SUMMARY

Young children are especially vulnerable to noise. Group settings for early childhood education and care have been found to be so noisy that reception of speech and language development and in turn preliteracy and early reading are hampered in infants, toddlers, and preschoolers. Simple means are available for sound atmosphere design and noise abatement. When noise is decreased, children (and their caregivers) experience physical, cognitive, and socio-emotional benefits.

SELECTED REFERENCES

- American Speech-Language-Hearing Association. (1995, March). Position statement and guidelines for acoustics in educational settings. *ASHA*, 37 (Suppl. 14), 15-20.
- Anderson, K. (2001). Kids in noisy classrooms: What does the research really say? *Journal of Education Audiology*, 9, 21-33.
- Frank, T., Golden, M.V., & Manlove, E.E. (2001). Acoustical conditions in infant/toddler daycare classrooms. Poster presented at the Biennial Meeting of the Society for Research in Child Development, Minneapolis, MN.
- Manlove, E.E., Frank, T., & Vernon-Feagons, L. (2001). Why should we care about noise in classrooms and child care settings? *Child & Youth Care Forum*, 30, 55-64.
- Maxwell, L.E., & Evans, G.W. (2000). The effects of noise on pre-school children's pre-reading skills. *Journal of Environmental Psychology*, 20, 91-97.
- Milne, L. & Milne, M. (1987). Ear. In B. Johnston (Ed.). *Merit Students Encyclopedia*, 6, 148-152, New York: Macmillan Educational Company.
- Nixon, M. (2002). *Acoustical standards begin to reverberate: Controlling noise within school facilities*, *School Construction News* 5, 1-3.
- Readdick, C.A., Gatz, A.O., & Chatterjee-Graf, S. (submitted for publication). *Do you hear what I hear?: Noise in a selected child care center*.
- Sabine, W. (1964). *Collected papers on acoustics*. New York: Dover Publications.
- Wachs, T.D. (1979). Proximal experience and early cognitive-intellectual development: The physical environment. *Merrill-Palmer Quarterly*, 25, 3-41.
- Wolkomer, R., & Wolkomer, J. (March, 2001). Noise busters. *Smithsonian*, 89-98.

Dr. Christine A. Readdick
 Department of Family and Child Sciences
 Florida State University
 206 Sandels Building
 Tallahassee, FL 32308-1491
 850-644-6849
 creaddic@garnet.acns.fsu.edu



FLORIDA HEADS UP! READING



BY BARBARA SAUNDERS

Florida HeadsUp! Reading Coordinator

Florida continues to move toward an integrated, seamless and high quality readiness system so children may enter kindergarten well prepared to succeed in school. The provision of high quality professional development experiences and resources for teachers is a critical component of this goal. Because of the strong connection between children's early language and literacy development and their readiness for school, it is imperative that instructional and assessment practices are based on findings from the latest research in the areas of language, cognitive, and early reading development and are directly aligned with Florida's school readiness standards and performance measures.

In order to address the professional development challenges outlined in Florida's *Pathways to Professionalism* 2002 report, multiple tools and delivery models are necessary. For example,

- We must address a diverse workforce of early childhood educators with varying levels of education, basic skills and English proficiency.
- We must provide research-based instruction that advances individual professional development goals and provides credit toward a degree or educational employment requirement.
- We must provide affordable and accessible instruction to staff who work in a variety of school readiness settings and who teach multiple age groups of children, birth through age five, including children in poverty, ESL and with special needs.
- We must provide additional training options for non-traditional learners, especially those living in remote and rural populations.

This technical assistance paper will provide information to school readiness coalition communities and early childhood education institutions to learn about and access an innovative distance learning initiative that is helping thousands of early childhood educators learn research-based strategies for fostering literacy development. The initiative, *HeadsUp! Reading*, is part of Florida's commitment to providing high quality resources for professionals who work in all early childhood settings. *HeadsUp! Reading* is part of the Florida *Pathways to Literacy* initiative in conjunction with the Governor's *Just Read Florida* initiative.

A NATIONAL EARLY LITERACY INITIATIVE

Created by the National Head Start Association, the Council for Early Childhood Professional Recognition and RISE Learning Solutions, *HeadsUp! Reading* brings professional development to teachers and caregivers across the country as well as parents, and community partners, delivered live through the use of satellite television technology and the Internet.

HeadsUp! Reading is a college course on early literacy for teachers of children, ages birth to five, and is designed to build a strong foundation for reading in the crucial early years of life. The course is a complete 30-clock hour college course with research-based content, instructional materials, on-line support and opportunities for group discussion and practice led by on-site facilitators. Participants receive training on curriculum and teaching, assessment, talking, playing, reading, writing, and learning the code (understanding phonological awareness and the alphabetic principle). Offered through the *HeadsUp!* Network, (the satellite television training network for Head Start and the early childhood community) the broadcasts feature national experts, dynamic hosts, and guest faculty in an accessible, talk-show format.

The broadcasts explain the concepts and methods of supporting early literacy and also show how real teachers working with real children incorporate these concepts in everyday practice. Early evaluation evidence suggests that in the states and localities where early childhood professionals are taking the *HeadsUp! Reading* course, families and children show substantial gains and merit national attention. *HeadsUp! Reading* is an effective, accessible and affordable way to reach these professionals through state-of-the-art adult learning principles and teaching strategies.

FLORIDA HEADSUP! READING

HeadsUp! Reading was brought to Florida through a cooperative agreement between the Florida Children's Forum (FCF), the Florida Partnership for School Readiness, the Florida Even Start Family Literacy Program, the Florida Head Start Collaboration Office, the Florida Department of Education (Florida Knowledge Network), and a challenge grant from the Park Foundation. The Florida *HeadsUp! Reading* Initiative is a public-private partnership in support of Florida's school readiness and professional development goals. The initiative promotes collaboration through the school readiness coalitions among all school readiness programs. Available in both

English and Spanish, the program is aimed at bringing current early childhood instructional practices to reflect current research-based knowledge of early literacy. “It gives early childhood educators a clear direction on how children learn and develop successful reading skills,” said Barbara Saunders, coordinator of the *HeadsUp! Reading* Initiative in Florida.

The Florida *HeadsUp! Reading* Initiative was launched in January of 2002 and is currently operating in 43 locations around the state. In order to add to the 43 existing *HeadsUp!* Network satellite locations, *Heads Up! Reading* will utilize Florida’s Telstar television training systems, the Florida Knowledge Network, which has the potential to reach all of Florida’s school districts, state universities, community colleges, and research schools. Phyllis Kalifeh, FCF President, stated “This initiative will harness the power of distance learning technology to build a strategic and unified statewide literacy training system in Florida.”

Through the efforts of the School Readiness Quality Initiative and the Florida Children’s Forum, *HeadsUp! Reading* facilitator training has been provided around the state and over 300 facilitators have been trained. It is anticipated that these facilitators will train 1,500 teachers during the 2004 school year, and therefore reaching approximately 30,000 children. *HeadsUp! Reading* participants can receive continuing education units (CEUs) for the *HeadsUp! Reading* course that may articulate towards a CDA or college credit. Currently, seven community colleges and universities in Florida are offering *HeadsUp! Reading* early literacy course for college credit.

Florida HeadsUp! Reading Goals

- I. Transform teacher instructional practices in early childhood settings to reflect current research-based knowledge of early literacy.
- II. Demonstrate significant measurable, improved outcomes in the development of age-appropriate literacy skills for children, with particular focus on children from low-income families.
- III. Offer participating teachers and staff the opportunity to use the *HeadsUp! ReadingSM* 30-hour satellite early literacy course to meet formal professional development needs, especially CDA and college credit.
- IV. Promote collaboration through the 50 Florida school readiness coalitions among all school readiness programs: child care, public, faith-based, private, Head Start, Early Head Start, Even Start, and other sectors of the early childhood community through a state infrastructure for early literacy.

WHAT DO HEADSUP! READING PARTICIPANTS LEARN?

HeadsUp! Reading offers early educators a college-level course of at least 30-clock hours. The course is based on research by the National Academy of Sciences, including the authoritative book, *Preventing Reading Difficulties in Young Children* (Snow, Burns, & Griffin, 1998). Researchers at the Academy suggest that to enter school ready to read, children need optimal early childhood environments provided by early educators who are well prepared and very knowledgeable about child development and early literacy. According to the authors of *Preventing Reading Difficulties in Young Children*, “Teachers need to be knowledgeable about the research foundations of reading.” The authors stress that initial training is not enough: “...ongoing support from colleagues and specialists, as well as regular opportunities for self-examination and reflection, are critical components of the career-long development of excellent teachers.” *HeadsUp! Reading* provides these opportunities.

Every week of the course, thousands of early childhood teachers and caregivers meet in groups at their centers or at other local agencies to take part in a two-hour class. These local communities of learners may include not only early childhood practitioners (caregivers, teachers, and program directors), but also parents and community partners. They gather around a large television to watch the live *HeadsUp! Reading* broadcast, where faculty (Sue Bredekamp and Jerlean Daniels) and guest national experts share information, ideas, and best practices. However, the experience goes well beyond the television screen. Participants may interact with the experts on the live broadcast by phoning in questions. During strategically placed pauses in the broadcast, participants discuss the material with each other, sharing their reactions and experiences and offering support and suggestions. Participants receive assistance and materials from a facilitator who is on hand to guide discussion and answer questions. After the class they can review the material or explore new ideas through the program’s website, www.huronline.org. Each broadcast is carefully planned and is part of an overall course. For 2004, participants receive four hours of training on curriculum/teaching and four hours on assessment. In addition, they receive four hours of training on each of the following gateways to literacy learning:

Talking

Language and literacy development are apt to proceed smoothly when young children have many chances to speak and listen, to play with sound, and to hear and tell stories. The course emphasizes the connection between talking and reading and suggests ways to make the most of daily routines. It stresses the importance of vocabulary development, which researchers have associated with later reading success.

Playing

Children are more apt to become motivated, enthusiastic readers when they have many opportunities to interact with each other and with important adults, explore a variety of objects and materials, and use their imaginations. The course shows how play fosters not only language skills, but also social and emotional development. It explains how growth in these areas supports later reading achievement, and offers suggestions for day-to-day practice.

Reading

Young children benefit from frequent experience with stories, books, and other print materials. The course describes how children learn not only to grasp a text's literal meaning, but also to explore the ideas and feelings it contains or inspires. The course presents research-based strategies for reading aloud to children alone or in groups, such as questioning strategies. It offers ideas for linking literacy with other forms of expression, such as art, music, and dance.

Writing

Even before they enter elementary school, children can enjoy and learn from activities that help them strengthen their fine motor skills, get used to recognizing visual patterns, and produce letters. The course covers the theory behind “scaffolded writing” and suggests ways to use this and other techniques in early childhood classrooms.

Learning the code

A major part of the foundation for reading is an understanding of the alphabetic principle—that is, the idea that letters can stand for sounds. The course helps participants understand the ways that children learn the code and offers activities aimed at fostering this knowledge. It explores the specific skills children need to link phonemic awareness (an understanding that spoken words can be broken down into smaller units) with alphabet knowledge.

In each area, *HeadsUp! Reading* national faculty of early learning experts present relevant research that

- Sheds light on how children learn;
- Describes ways to create developmentally appropriate learning goals for children, including those with disabilities and other special learning needs;
- Explains and demonstrates a range of teaching strategies; and
- Offers specific activities that participants can use in their classrooms or child care settings.

COURSE FACULTY

Host Faculty

Sue Bredekamp, Ph.D.	Council for Professional Recognition
Jerlean Daniel, Ph.D.	University of Pittsburgh, School of Education

Guest Faculty

Appear regularly to address specific course topics. These faculty include, but are not limited to:

Dr. David Dickinson	Education Development Center, Boston
Dr. Bonnie Lash Freeman	National Center for Family Literacy
Dr. Deborah Leong	Metropolitan State College of Denver
Dr. Dorothy Strickland	Rutgers, the State University of New Jersey
Dr. Patton Tabors	Harvard Graduate School of Education
Dr. William Teale	University of Illinois at Chicago, College of Education
Dr. Carol Vukelich	University of Delaware
Dr. Hallie Yopp	University of California, Fullerton
Dr. Toni Walters	Oakland University, School of Education & Human Services
Dr. Christopher Lonigan	Florida State University

In addition, specialists in English language learning and early childhood special education are featured.

TEXTBOOKS

Textbooks for the course include:

- *Starting Out Right: A Guide to Promoting Children's Reading Success* (Burns, Griffin & Snow, 1999).
- *Much More Than The ABC's* (Schickedanz, 1998).
- *Learning to Read and Write: Developmentally Appropriate Practices for Young Children* (Newman & Bredekamp, 2000).

HANDOUTS

Handouts for each class are available in English and Spanish on the www.huronline.org website and include:

- Class overview
- Class notes
- Talk Partner activities (full and condensed versions)
- Action Plan
- Additional resources and activities

The “How To” Series: Highlights of *HeadsUp! Reading*

- How to help children gain a foundation for reading and writing skills in the years from birth through age five and beyond.
- How to create more effective learning environments and teaching strategies.
- How to use talking, playing, reading, writing, and learning “the code” to teach literacy.
- How to be intentional in setting goals and in monitoring the progress of individual children, including children with special needs.
- How reading and writing can be enhanced through cumulative experiences and interactions.
- How to promote children’s motivation to read and love of books.
- How to foster early literacy in ways that reflect the importance of families and the realities of cultural and linguistic diversity.

THE TECHNOLOGY

The *HeadsUp!* Network uses state-of-the art, direct broadcast satellite technology. The technology allows thousands of early educators and parents at Head Start and child care centers, Resource and Referral Agencies, colleges and other sites across the nation to access *HeadsUp! Reading*. Each *HeadsUp! Reading* class is broadcast from the RISE television studio in Cincinnati, Ohio. Within seconds, it is transmitted to the Dish Network “uplink center” in Cheyenne, Wyoming and up to the EchoStar III satellite orbiting over the United States. By using a regular telephone or cell phone, teachers watching the classes live can call in to ask questions and “talk back” to the experts in the Cincinnati studio. Everyone watching are able to hear the participants’ questions, comments, and the experts’ answers. (See the *HeadsUp! Start Up Kit* at www.huronline.org for additional information on the technology).

RECEIVING HEADSUP! READING IN SPANISH

Sites can offer the live broadcast of *HeadsUp! Reading* in English, Spanish or both languages. All handouts, class notes, action plans and talk partner activities are in English as well as Spanish. Visit the student information section at www.huronline.org for examples of the handouts. (See the *HeadsUp! Start Up Kit* at www.huronline.org for additional information on receiving *HeadsUp! Reading* in Spanish.

HOW DO COLLEGES HELP PRACTITIONERS TO RECEIVE CREDIT?

Participants in *HeadsUp! Reading* can earn early education college credits at more than 100 colleges and universities across the nation. These credits can help teachers satisfy the requirements specified for Head Start staff by Congress in the 1998 Head Start Reauthorization

as well as meet their own professional development goals. Florida *HeadsUp! Reading* partners are working with our state universities and colleges and currently have seven universities and community colleges that have articulated the course for credit. The Florida Children’s Forum will assign CEU credits for the hours students have participated in the 15-week facilitated course and they can be applied toward the Child Development Associate (CDA) Credential and toward state in-service training requirements. A complete list of colleges and universities offering *HeadsUp! Reading* for credit, as well as a copy of the *HeadsUp! Reading* College Tool Kit, with information specifically designed for colleges offering credit for the *HeadsUp! Reading* early literacy course, is available online at www.huronline.org.

HOW CAN I ACCESS THE HEADSUP! READING COURSE?

There are several ways you can access the *HeadsUp! Reading* course in Florida:



One way is by subscribing to the *HeadsUp! Network*, having your satellite equipment installed, selecting your facilitators and sending them to facilitator training. A complete list of trained Florida *HeadsUp! Reading* facilitators, important course content information (schedule, syllabus, etc.), and future *HeadsUp! Reading* facilitator events are available on the School Readiness Quality Initiative website, www.fpsr-qi.com.

A subscription to the *HeadsUp! Network* will include *HeadsUp! Reading* on channel 9622 as well as a host of additional early childhood professional development workshops. The costs are \$75 per month plus a one-time equipment and installation fee (approximately \$650). For more information about the *HeadsUp! Network* and programming or to order a subscription, you can visit their website at www.heads-up.org or call (800) 438-4888. A copy of the *HeadsUp! Startup Kit* with complete information on accessing the *HeadsUp! Network* and all programs is available at www.huronline.org.

Please Note: The new 2004 *HeadsUp! Reading* course will be offered live from January 15th, 2004 through May 6, 2004. You can tape copies of the broadcast for later viewing at convenient training times and locations.



Another way to access the *HeadsUp! Reading* course is through the Florida Knowledge Network. Each Thursday, beginning on January 15, 2004 to May 6th, 2004, the *HeadsUp! Reading* course will be broadcast LIVE on the

Florida Knowledge Network, from 7:00 to 9:00 p.m. (est.). A re-broadcast of the program will be scheduled for the following Tuesday, from 4:00 to 6:00 p.m. (est.). Through a cooperative agreement with the Florida Knowledge Network, there is no charge for this broadcast.

The Florida Knowledge Network (FKN) is a digital broadcast service of the Florida Department of Education located on the Florida satellite transponder, Telstar 4, 89 degrees West, transponder 13, Ku. Information about the Florida Knowledge Network and how to access its signal can be obtained at: www.FloridaKnowledgeNetwork.org. Additional instructional television programs are also available to the Florida educational community via the Florida Knowledge Network. Every school district, community college and university has FKN satellite reception equipment provided to receive Florida Knowledge Network programming.

CAN I VIEW A SAMPLE OF THE HEADSUP! READING BROADCAST?

A promotional tape describing the *HeadsUp! Reading* early language and literacy course, including excerpts from a class, featuring Dr. Sue Bredekamp and Dr. Dorothy Strickland, is available to view on the www.huronline.org website. You can download the new 2004 *HeadsUp! Reading* schedule, syllabus, and essential learnings on the HUR website. Class handouts for the 2003 winter and spring semesters are also on the website, as well as all 8 weeks of the new 2004 winter session.

CAN I GET COPIES OF THE HEADSUP! READING SERIES?

If you purchase a *HeadsUp!* Network satellite, copies of the new 2004 *HeadsUp! Reading* series can be made from the live broadcast with VCR copy equipment.

If you would like to receive taped copies (English or Spanish) of the 15 classes (each video is two hours in length) from the 2003 broadcast series, they are available from the Florida Dept. of Education, Florida Knowledge Network. The taped 2004 broadcast will be available from the Florida Knowledge Network after the current series is completed, in May 2004. All 2003 (winter and fall) student and facilitator handouts are available on the *HeadsUp! Reading* website as well as for the Winter 2004 series. In order to receive the taped copies you must send your request (indicate English or Spanish version) and 15 blank 2-hr. tapes to:

Alvita Howard
Florida Knowledge Network Instructional Television
FL Dept. of Education
1301 Turlington Building
325 W. Gaines Street
Tallahassee, FL 32399
Phone (850) 245 9477 • Fax (850) 245-9478
Email: Alvita.Howard@FLDOE.org

How are CEUs awarded for the HEADSUP! READING Course?

CEUs are awarded by the Florida Children's Forum and are applicable to both live and taped HUR course education. The course must be facilitated by a trained *HeadsUp! Reading* facilitator in order to award CEUs to *HeadsUp! Reading* students. HUR Facilitator trainings are offered through the Florida Children's Forum. *HeadsUp! Reading* Facilitators can award up to 4.5 CEUs for the 30 hour *HeadsUp! Reading* series (15 sessions of 2-hr. instruction) including an additional 15 hours, if needed, for documentation such as HUR homework, planning time for HUR action plan, HUR class discussion, etc. The Florida Children's Forum will award the certificates and CEUs at minimal cost to participants. HUR facilitators must fill out the CEU application, issued by the Forum, and complete all sections. A sample of the CEU forms and a model form to follow will be issued at the *HeadsUp! Reading* Facilitator training.

Please Note: *HeadsUp! Reading* is on the approved course list, by the Department of Children and Families, to satisfy the new 5-hour language and literacy training requirement.

HEADSUP! READING CONTACT INFORMATION

For further information on the Florida *HeadsUp! Reading* Initiative, please contact Barbara Saunders, Florida *HeadsUp! Reading* coordinator, by email at bsaunders@fchild.org or by phone: 239-823-3720. Additional information on the Florida *HeadsUp! Reading* Initiative as well as the application of CEU credit for the course is available on the Florida Children's Forum website, www.fchild.org, or by contacting Matthew Moore at the Florida Children's Forum by email: mmoore@fchild.org or by phone: 850-681-7002.

SELECTED REFERENCES

- Burns, M.S., Griffin, P., & Snow, C.E. (Eds.). (1999). *Starting out right: A guide to promoting children's reading success*. Washington, DC: National Academy Press.
- National Association for the Education of Young Children. (1990). *Guidelines for appropriate curriculum content and assessment in programs serving children ages 3 through 8*. Washington, DC: Author.
- National Research Council. (1999). *Improving student learning: A strategic plan for education research and its utilization*. Washington, DC: National Academy Press.
- Neuman, S.B., & Bredekamp, S. (2000). *Learning to read and write: Developmentally appropriate practices for young children*. Washington, D.C.: National Association for the Education of Young Children.
- Schickedanz, J. (1998). *Much more than the ABC's: The early stages of reading and writing*. Washington, DC: National Academy Press.
- Snow, C.E., Burns, M.S., & Griffin, P. (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press.



PRACTICAL STRATEGIES FOR BUILDING AND RETAINING A PROFESSIONAL WORKFORCE

"Some people succeed because they are destined to, but most people succeed because they are determined to."

ANONYMOUS

WORKFORCE STABILITY

A stable, well-trained workforce is critical to improving quality in early care and education settings. More importantly, researchers have found a critical link between the quality of children's early care and education and their development and education growth later in life (Park-Jadotte, Golin, & Gault, 2002). The field continues to be plagued with high turnover rates and workers who are both under-trained and under-compensated for the important work they do. Mounting evidence strongly suggests that the quality of child care is tied to the wages, education and retention of teachers (Park-Jadotte, Golin, & Gault, 2002). However, the Cost, Quality, and Outcomes research team (1995) documented that, each year, the field suffers a 25% to 50% staff turnover rate and found that caregiver compensation was exceptionally low when compared to other professional positions. Inadequate compensation has led many qualified professionals to leave the field for higher paying jobs, thus decreasing the number of available quality settings for families and children in ever growing need of such services (Park-Jadotte, Golin, & Gault, 2002). More specifically, centers with higher job turnover have been characterized by classrooms with less developmentally appropriate environments and activities, and teaching staff in such programs tend to interact less sensitively and appropriately with children (Whitebook, Howes, & Phillips, 1990).

According to researchers, poor compensation and scarce opportunity for advancement are the major contributors to the lack of workforce stability (Bellm, Burton, Shukla, & Whitebook, 1997). Early childhood teachers and family child care providers are among the lowest paid workers in the United States. The average national salary for someone working in the field was \$17,310 per year in 2002, and most lacked benefits such as health insurance and retirement plans (Bureau of Labor Statistics, 2002). In the state of Florida, the average annual salary was lower than the national average in 2002 at \$15,320 at an average of \$7.36 per hour. When compared to other jobs in the same labor category (i.e. personal care and service occupations) in Florida, early childhood teachers and family child care home provider wages were lower than animal trainers and bellhops and only slightly higher than lobby attendants, ticket takers, and amusement park attendants (Bureau of Labor Statistics, 2002).

Authors of a recent report from the National Institute for Early Education Research (NIEER) identified early childhood teacher pay as a key indicator of quality. In a recent review of research on preschool programs, NIEER researchers found that meager compensation for early childhood teachers tends to translate into meager programs for children. Further, more generous pay, decent health benefits and retirement packages were found to often translate into a better learning experience for children (NIEER, 2003). Given that early childhood teachers and family child care providers in the state of Florida are compensated with low wages, the findings of the NIEER study serve to question whether children in Florida are receiving the highest quality care available, or mediocre and possibly damaging care.

OBSTACLES TO STABILITY

One reason for low wages and little or no benefits may be that programs cannot afford to pay adequate salaries. Researchers have documented that center staff and home workers consciously set fees according to parent's ability to pay. Most often, this practice results in salaries that do not reflect the "true cost" of care, because parents would not be able to afford that cost. As it is, in Florida, the cost for one year of child care for a preschooler is more than twice the annual cost of college tuition in state universities (Florida Children's Forum, 2000). In addition, state and federal programs that administer or subsidize programs are not funded at levels that allow for higher wages and benefits for early care and education professionals. In effect, early childhood teachers and family child care providers are subsidizing the largest portion of the cost of child care in the United States by working for lower wages and fewer benefits than jobs of equal training and responsibility.

Turnover is another obstacle facing professionals in the field of early care and education. Unfortunately, fast-food businesses are one of the few employers that report higher levels of annual turnover rates than child care centers (Bureau of Labor Statistics, 2003). Early childhood teachers who offer quality care by increasing their knowledge and skills through on-going training and education are often hired away from their current positions for higher paying jobs and/or benefits both inside and outside the field. This form of turnover can lead to the dangerous trend of the departure of teaching staff and directors who provide leadership (Whitebook & Bellm, 1999), which can translate into adverse

consequences for the place of employment they leave and for the field at large.

Developing and/or maintaining perceptions of professionalism are often struggles found in the early care and education field. Ripple (2000) suggested that the care of children has often been stigmatized as unskilled labor. The fact that the field is largely dominated by a female workforce, many of whom are minorities, may also add to low public opinion (Ripple, 2000). Worker morale and perceptions of professionalism, which are often adversely impacted by insufficient compensation, are of great importance to those who work in the field and for the families and children in care. Early childhood teachers and family child care providers who are satisfied with their jobs are more likely to increase performance and be more likely to invest in their careers by attending on-going training, supporting accreditation, and attaining credentials.

PROGRAMMATIC STRATEGIES

Researchers have demonstrated that increased wages and benefits may lead to reduced turnover (Park-Jadotte, Golin, & Gault, 2002; Whitebook, Howes, & Phillips, 1990). From a current study generated from researchers at the Family Institute at the Florida State University (2001), 78% of early childhood teachers in Florida reported that they would stay in the field of early care and education for better pay. Further, 60% reported that they would benefit most from increased salaries while 36% would benefit most from increased benefits. Consistent with these findings, researchers from the National Center for the Early Childhood Work Force found the need for more coordinated, well-financed efforts at the state and national levels to address low wages and recommended strategies such as linking training and compensation, providing health insurance, increasing reimbursement rates, and establishing quality differential rates (Bellm, Burton, Shukla, & Whitebook, 1997).

Researchers indicate that program administrations that provide financial support may be instrumental in increasing education levels and reducing turnover, and therefore could be a viable way to improve program quality. In the *Building a Stronger Child Care Workforce* report (2002), a research team from the Institute for Women's Policy Research examined seven programs across the United States that aim to increase program quality through financial support to early care and education professionals. Included in the examination were two North Carolina programs that have been replicated in Florida, the T.E.A.C.H. Early Childhood® Scholarship Program and the WAGES® Program. The researchers found that staff from both programs reported increased income and education and decreased turnover in the short term, as well as higher staff morale, an increase in feelings of professionalism, and an increase in the quality of applicants for positions in the early care and education field. Participants also reported challenges that included the lack of on-going funding structures, limited outreach to the service community, inadequate benefits for participation, less than ideal circumstances for the monitoring of programs, and lack of long-term program evaluations.

Researchers from the Institute for Women's Policy Research concluded that compensation initiatives could

improve child care workforce education and retention. Selected recommendations suggested that programs pursue strategies including, but not limited to, increasing starting salaries and establishing minimum requirements for workers, linking professional development activities to bonuses or increases in pay, and providing continued support, mentoring and monitoring of participants.

Currently there are several programs in Florida designed to address provider compensation at varying levels leading to a more stable workforce. While some of these programs do not offer specific wage and benefit compensation for staff, they may help to defray the cost of direct expenses and thus allow these programs to offer higher wages and benefits. Following is a brief description of five such programs.

T.E.A.C.H. Early Childhood® Scholarship Program

The Florida T.E.A.C.H. Early Childhood® Scholarship Program offers participants scholarships and bonuses for the Administrator Credential as well as Child Development Associate (CDA) and Associate of Science (A.S.) degrees in the early childhood field. The program is administered by Florida Children's Forum staff and involves the sharing of expenses by the teacher, director or family child care provider receiving the scholarship; the sponsoring child care center, and the T.E.A.C.H. Early Childhood® Scholarship Program.

Since 1998 when the program was first funded statewide, 1,583 recipients have earned their CDA, Equivalent, or Renewal; 546 recipients have completed their Administrator Credential coursework and 2,170 recipients have completed at least one A.S. contract, earning a total of 29,807 credit hours toward their A.S. degree (Florida Children's Forum, 2003). Further, the turnover rate for T.E.A.C.H. program participants was less than 6% as reported by the Florida Children's Forum (2003). Some local school readiness coalitions have provided funds to ensure that scholarships are available for early childhood teachers and family child care providers in their communities. To find out more about participating in the T.E.A.C.H. Early Childhood® Scholarship Program, call 1-877-FL-TEACH to speak with a trained counselor.

Florida Gold Seal Quality Care Program

The Florida Gold Seal Quality Care Program is administered by Department of Children and Families staff and recognizes centers and homes that have been nationally accredited by one of fourteen organizations. Gold Seal centers and homes receive 120% of the market rate for the children enrolled in the school readiness program. Many local school readiness coalitions provide programs that support accreditation through training, mini-grants, and/or mentoring. In the first quarter of FY 2003-2004, there were a total of 944 center-based programs that had received Gold Seal distinction, up from 898 in the previous quarter (Department of Children and Families, 2003). Further, 293 family child care homes had received Gold Seal distinction as of the first quarter of FY 2003-2004 (Department of Children and Families, 2003). To learn more about this process and accrediting

organizations, visit the website below. In addition, accredited programs that want to apply for Gold Seal status can download the application at the same website at: http://www5.myflorida.com/cf_web/myflorida2/healthhuman/childcare/goldseal.html.

Family Child Care M.E.N.T.O.R. Program

The Family Child Care M.E.N.T.O.R. Program offers training and resource materials to experienced family child care providers to help them earn additional income as certified mentors. The program may be administered locally through a variety of ways:

1. Local school readiness coalitions and other organizations may contract with mentors and/or offer mini-grants to protégés whenever possible.
2. Mentors may seek funding from local businesses and organizations.
3. Mentors may market their new skills and knowledge, and protégés may purchase the mentoring services themselves as a way to help them set-up a quality program, continue to upgrade and improve their program, and/or increase their business marketability.

Training and resource materials for mentors are available through the Florida Children's Forum. The program was developed in collaboration with the Florida Family Child Care Home Association and was made possible by a grant from the A.L. Mailman Family Foundation. To learn more about the Family Child Care M.E.N.T.O.R. Program, contact the Children's Forum at 1-888-FLCHILD.

Caring for Kids Mini-Grant Project

The Caring for Kids project was a statewide initiative that some school readiness coalitions have continued to administer locally. The mini-grant program provides scholarships and reimbursements for expenses associated with professional development, facility improvement, program enhancement and start-up. For more information contact your local school readiness coalition. Contact information for school readiness coalitions across the state can be found using the Florida Partnership for School Readiness website: www.schoolreadiness.org

Child Care WAGE\$® Florida Program

The Child Care WAGE\$® FLORIDA Program, originating in North Carolina, is designed to improve child care quality by reducing turnover and encouraging the continued education of early childhood teachers, including center staff and family child care providers. In this model, education-based salary supplements are provided to early care and education professionals working with children from birth to age five. In North Carolina, the turnover rate for 2001-2002 program participants was 17%, significantly less than the statewide turnover rate for those not involved in the program. Further, 15% of participants increased their education level on the program's supplement scale.

The Florida Children's Forum is currently piloting the program in three counties: Orange, Duval, and Osceola. Funding was contributed by the local school readiness coalitions. To learn more about the Child Care WAGE\$® FLORIDA Program, contact the Children's Forum at 1-888-FLCHILD.

INVESTMENTS IN THE EARLY CARE AND EDUCATION FIELD

It would be easy to believe that little can be done to increase staff compensation without major changes in financing systems. However, many Florida programs and communities are being proactive and addressing these issues by investing the resources they have in models that have proven successful. As a result, they are making significant improvements in the professional development of the field as well as in staff turnover. By making investments in early childhood teachers and family child care providers and increasing the viability of the field, these communities are making investments in high quality early care and education for all children.

SELECTED REFERENCES

- Bellm, D., Burton, A., Shukla, R., & Whitebook, M. (1997). *Making work pay in the child care industry: Promising practices for improving compensation*. Washington, D.C.: National Center for the Early Childhood Work Force (NCECW).
- Bureau of Labor Statistics (2002). National Occupational Employment and Wage Estimates Personal Care and Service Occupations. Retrieved from: http://www.bls.gov/oes/2002/oes_39Pe.htm.
- Bureau of Labor Statistics (2002). State Occupational Employment and wages estimates personal care and service occupations Florida. Retrieved from: http://www.bls.gov/oes/2002/oes_fl.htm#b39-0000.
- Cost and Quality Team. (1995). *Cost, quality & child outcomes in child care centers: Executive summary*. Denver: University of Colorado at Denver.
- Florida Children's Forum (2000). *Charting the progress of child care and early education in Florida 1999-2000*. Tallahassee, FL: Florida Children's Forum.
- Florida Children's Forum (2003). *Florida Children's Forum 2003 annual report*. Tallahassee, FL: Florida Children's Forum.
- Florida Department of Children and Families (2003). *First quarter fiscal year 2003-2004 Gold Seal child care facilities statewide summary*. Retrieved from: http://www.myflorida.com/cf_web/myflorida2/healthhuman/childcare/docs/03-04GSFacilitiesQ1.pdf.
- Florida Department of Children and Families (2003). *First quarter fiscal year 2003-2004 Gold Seal day care homes statewide summary*. Retrieved from: http://www.myflorida.com/cf_web/myflorida2/healthhuman/childcare/docs/03-04GSHomesQ1.pdf.

- Florida State University College of Human Sciences Family Institute (2001). *Florida's child care workforce study: Final report*. Tallahassee, FL.
- Park-Jadotte, J., Golin, S., & Gault, B. (2002). *Building a stronger child care workforce: A review of studies of the effectiveness of public compensation initiatives*. Washington, DC: Institute for Women's Policy Research.
- Ripple, C. (Ed.). (2000). *Economics of caring labor: Improving compensation in the early childhood workforce*. Working Paper Series. New York, NY: A.L. Mailman Family Foundation and the Foundation for Child Development.
- National Institute for Early Education Research (2003). A new yardstick for quality of pre-k: Check the size of teachers' paychecks. Special Report. *Preschool Matters*, 1, 2.
- United States Department of Labor Bureau of Labor Statistics. (1999). Washington, D.C.: Department of Labor.
- Whitebook, M., & Bellm, D. (1999). *Taking on turnover: An action guide for child care center teachers and directors*. Washington, D.C.: Center for the Child Care Workforce.
- Whitebook, M., Howes, C., & Phillips, D. (1990). Who cares: *Child care teachers and the quality of care in America. Final report of the National Child Care Staffing Study*. Oakland, CA: Child Care Employee Project.



CHOOSING AND DEVELOPING APPROPRIATE EARLY CHILDHOOD CURRICULA

“Well planned, evidence-based curriculum can contribute significantly to positive outcomes for all children.”

NATIONAL CHILD CARE INFORMATION CENTER

The debate over the best methods for teaching children during the preschool years has long been active, and teachers, researchers and policymakers have voiced strong opinions on the subject. In recent years, this debate has been pushed to the forefront as the demand that preschool programs prepare children for school success has increased (Goffin & Wilson, 2001; Katz, 1999; NAEYC, 2003). In their 2001 report, the National Research Council (NRC) stated, “Teachers today are expected to implement more effective and challenging curriculum in language, literacy, mathematics, and other areas and to use more complex assessments of children’s progress.” As a result, the early care and education field is closely examining curricula and research to find the frameworks that are most likely to produce positive outcomes for children.

EARLY CHILDHOOD PEDAGOGY

A discussion on what to look for in a curriculum has to start with a good definition. There are a plethora of commercially available products that are marketed as curricula. These products take many forms, ranging from the more structured to the largely theoretical, making it difficult to determine what, in fact, constitutes a curriculum. In *The What, Why and How of Early Childhood Education: A Guide for On-Site Supervision* (1995), curriculum is defined as a framework for creating the environment, planning appropriate activities, and facilitating children’s growth and development. The following are listed as the elements of a curriculum:

Six Components of an Early Childhood Curriculum

- A statement of philosophy
- A statement of goals and objectives
- Guidance on creating the physical environment
- An educational approach
- Suggestions for developmentally appropriate activities
- A meaningful role for parents

Koralek, D., Colker, L., & Dodge, D. (1995). *The what, why, and how of high-quality early childhood education: A guide for on-site supervision*. Washington, D.C.: National Association for the Education of Young Children.

Curricula involve two important elements: what children should learn and how it should be taught. Fortunately, there is some clear guidance for Florida’s school readiness community regarding what skills should be achieved in the preschool years in the form of the Florida Performance Standards for Three-, Four- and Five-Year-Old Children. The Performance Standards were developed by a panel of state and national experts, are aligned with the Head Start Outcomes framework and Sunshine State Standards, cover multiple domains, and stand up to the criteria put forth by NAEYC in their position statement on early learning standards. The Universal Pre-Kindergarten (UPK) Advisory Council recommended that the Performance Standards be adopted for use in Florida’s pending UPK program.

In her address to participants of the Universal Pre-Kindergarten Conference II: The Next Steps, held December 4, 2003, in Orlando, Amy Wilkins, the Executive Director of the Trust for Early Education (TEE), reported that children are ready for all kinds of knowledge if it is presented according to the ways they learn best. But exactly how children learn best is a hotly contested issue. The debate over how children gain new skills has generally been divided into two camps: instructivists and constructivists (Katz, 1999).

Instructivists believe preschool curricula should be more teacher-directed, with instruction in specific knowledge and skill areas, such as literacy and numeracy. This approach may also be labeled the “academic” or “didactic” approach. Instructivists argue that more formal instruction is necessary to adequately prepare children for school success, and may be especially necessary for young underprivileged children whose environments and interactions may not provide opportunities for spontaneous learning (Katz 1999; Phillips, 2004).

Constructivists believe that children are active constructors of knowledge and that skills develop through child-directed exploration. This may also be referred to as a “developmentally appropriate” or “play-based” approach. Proponents of constructivist education argue that the instructivist approach is inappropriate and stressful to young children (Burts, Hart, Charlesworth, Fleege, Mosley, & Thomasson, 1992), and that short-term gains do not translate into long-term results (DeVries, Reese-Learned, & Morgan, 1991). They believe a love of learning, creativity and strong problem solving skills should be supported so that as the skills needed for success evolve, children will be able to evolve as well.

According to the National Research Council (2001), a quality preschool curriculum should draw out and build on children's existing ideas, promote conceptual ideas that allow facts to become "usable" knowledge as well as information and skills, and encourages children to learn deliberately. This position suggests that the answer does not lie with one side of the traditional debate, but may lie within a third option: one where children have the opportunity to gain academic skills as well as the ability to make meaning and use of those skills by learning through thoughtfully planned, developmentally appropriate experiences borne of children's interests, where a skilled teacher is directing some of the activities and scaffolding children's self-directed explorations and natural curiosity.

As early care and education decision makers examine curricula in order to make program decisions or provide guidance, a first step should likely be to see how a curriculum's philosophy aligns with the positions of the field, as well as their own ideas regarding how children learn best. This is critical to ensuring that curricula meet the community's particular needs, and that the professionals who will be tasked with implementing a specific curriculum have the buy-in to use it successfully. If the philosophy of the curriculum is in synchrony with the beliefs of the community, then decision makers can look critically at a curriculum to see whether or not its goals and objectives align with the goals and objectives of the program for the children in its care.

THE SEARCH FOR "RESEARCH-," OR "EVIDENCE-BASED" CURRICULA

Recently, there has been a special emphasis on research- or evidence-based curricula. The No Child Left Behind Act of 2001 describes the basis for evidence-based education as empirical research that involves the application of rigorous, systematic and objective procedures to research questions. Language in Chapter 411 requires school readiness programs to use research-based curricula. This trend has led many early care and education decision makers to seek out "research-based" curricula, and many vendors to market their commercially-available curricula as "research-based." However, it is important to take a critical look at what this distinction should mean and what some have interpreted it to mean.

There is a critical difference between whether a curriculum is "research-based" or "based on research." When a curriculum incorporates respected theorists and current research on how children develop and learn in their philosophy, environment, and approach, it is more appropriate to label the curriculum "based on research." This is very different from being research- or evidence-based, which means that research has been conducted which has evaluated the effectiveness of the curriculum in question. This definition provides more clarity, but there is still some debate over what constitutes evidence. Dr. Grover Whitehead of the Office of Educational Research and Improvement (OERI) describes evidence-based education as "the integration of professional wisdom with the best available empirical evidence in making decisions about how to deliver instruction," and offers

the following levels of evidence for the effectiveness of curricula, in order of most rigorous to least rigorous:

- randomized trials,
- quasi-experimental studies,
- correlational studies with statistical controls,
- correlational studies without statistical controls, and
- case studies (as quoted in ERIC/EECE, 2002).

Meeting the task of using evidence-based curricula is particularly daunting given the limited amount of rigorous research on the effectiveness of specific curricula, and some of the questions surrounding the existing research. One concern is whether pre- and post-testing of young children is sufficiently reliable to use as the basis upon which to evaluate the effectiveness of curricula and develop policy and best practice. Carlton & Winsler (1999) argue that we currently do not have good tests for predicting which children are ready for school and will achieve later school success. Another concern is the distinction between long-term and short-term outcomes for children. Longitudinal data is needed to see if the effects of specific program variables last over time (Brown and Scott-Little, 2003). Some longitudinal studies have compared preschool curricula (Karnes, Schwedel & Williams, 1983; Miller & Bizzell, 1983; Schweinhart, & Weikart, 1997); however, some researchers point out that these studies are decades old, and the evidence becomes less relevant over time (Phillips, 2004). Another factor to consider is who is conducting the research. If the researchers have an investment in a particular curriculum, the research may be subject to bias. In recent years, the United States Department of Education initiated the Preschool Curriculum Evaluation Research (PCER) program with the express goal of providing the field with rigorous, unbiased, long-term outcomes to provide evidence of the effectiveness of preschool curricula. The U.S. D.O.E. awarded the first round of grants to carry out randomized clinical trials of preschool curricula in 2002, and the second round in 2003. A list of the projects, investigators, and curricula follows this section.

While there is widespread consensus that programs should use evidence-based curricula, there is also consensus that whether or not a curriculum is evidence-based should not be the only criteria for selecting a curriculum. As noted earlier, a given curriculum should be consistent with a program's philosophy and aligned with program goals and objectives. It is important for a curriculum to not only have demonstrated that it leads to positive outcomes, but that the positive outcomes produced are the desired outcomes for the program. In addition, when examining evidence, it is important to note what populations have demonstrated positive outcomes. As stated in the NAEYC (2003) position statement on curriculum, assessment, and program evaluation, "A program can select a specific research-based curriculum for use with its enrolled children—confident that it is the right choice, when in reality the curriculum was shown to be effective with children who are older or younger, or who differ in culture or language, from the children for whom the curriculum is now being adopted." Programs should seek out curricula that have

valid, reliable empirical evidence on its effectiveness with the populations the program is serving.

Perhaps what is most important in the search for evidence-based curricula is that decisions are made by informed early care and education professionals who understand both best practices and the needs of their community. Grover Whitehurst, Assistant Secretary of the Office of Educational Research and Improvement stated that “Professional wisdom helps educators adapt instructional practices to local circumstances and operate intelligently in those areas in which current research evidence is incomplete or absent,” (www.ed.gov/offices/OERI/presentations/evidencebase.html). School readiness programs should continue to examine the question of effective curricula through the eyes of the teachers, administrators, parents and children they serve, and use on-going assessment and program evaluation to evaluate the effectiveness of curricula within their communities in order to examine their decisions and improve educational practices.

Indicators of Effectiveness for Curriculum

- Children are active and engaged.
- Goals are clear and shared by all.
- Curriculum is evidence-based.
- Valued content is learned through investigation, play and focused, intentional teaching.
- Curriculum builds on prior learning and experiences.
- Curriculum is comprehensive.
- Professional standards validate the curriculum’s subject-matter content.
- The curriculum is likely to benefit children.

Adapted from NAEYC & the National Association of Early Childhood Specialists in State Departments of Education’s Position Statement on Early Childhood Curriculum, Assessment, and Program Evaluation (2003).

Choosing the right curriculum is a step in the right direction, but it is not the solution to raising the bar on quality. Effective curricula are just one part of an effective system of early childhood education, which includes early learning standards, assessment, and program evaluation. In order to produce positive outcomes for children, all parts of the system must be in place and linked together in a dynamic, meaningful way for continuous program improvement and positive outcomes for children. This system must also include qualified professionals who can implement the curriculum. As stated in *Eager to Learn*, “The effect of the individual teacher may overwhelm the effect of the individual curriculum,” (NRC, 2001). Well-designed curricula can be misused if the teacher’s practices are inappropriate or ill suited to the children in their care (Bredekamp & Copple, 1997). Researchers have demonstrated that teachers who can clearly articulate their goals and philosophy produce higher outcomes, and

that teachers who receive more training in a curriculum produce higher outcomes as well (Epstein, 1993). These findings suggest that programs need to offer curricula training and support to teachers to ensure that the curriculum of choice will deliver the expected outcomes.

U.S. D.O.E. PRESCHOOL CURRICULUM EVALUATION RESEARCH PROGRAM

The Preschool Curriculum Evaluation Research (PCER) program is a multi-site evaluation of the effectiveness of major preschool curricula using a randomized experimental design. Recipients of the site grants coordinate with a national evaluation contractor to carry out the multi-site evaluation. Grantees also conduct site-specific studies that complement and enrich the core evaluation. This program will provide information to support informed choices of classroom curricula for early childhood programs.

FY 2002 AWARDS

Purdue University

Principal Investigator: *Susan J. Kontos*

Curriculum: *The Project Approach*

The purpose of this study is to determine if *The Project Approach* enhances young children’s school readiness during preschool, and their subsequent school achievement in kindergarten and first grade. Complementary research focuses on the development of children’s academic and metacognitive skills, as well as the experiences of teachers going through a professional development experience.

University of California-Berkeley

Principal Investigator: *Prentice Starkey*

Curriculum: *Pre-K Mathematics*

This project will evaluate the short-term and long-term effects of the *Pre-K Mathematics* curriculum on low-income children in California and New York. In the complementary study, the investigators will evaluate the sensitivity of several mathematically focused assessment instruments to changes in preschool children’s mathematical thinking.

University of North Carolina at Charlotte

Principal Investigator: *Richard G. Lambert*

Curriculum: *Creative Curriculum*

The effectiveness of *Creative Curriculum* (4th ed.) as an intervention with low-income children enrolled in Head Start will be examined. Complementary research will investigate the impact of *Creative Curriculum* on the developmental outcomes of children with special needs.

University of New Hampshire

Principal Investigator: *Jeff Priest*

Curricula: *Ladders to Literacy; with Creative Curriculum*

In this project, the research team will examine the effects of an early literacy preschool curriculum, *Ladders to Literacy*, used as a supplement to *Creative Curriculum*, on the pre-reading skills of young children living in poverty in New Hampshire. Complementary research will examine

differences in child outcomes for children in urban and rural classrooms, half-day and full-day classes, English language learners and English-fluent learners, and children with disabilities.

University of North Florida

Principal Investigator: Cheryl Fountain

Curriculum: *Early Literacy and Learning Model (ELLM)*

The purpose of this research is to evaluate the effectiveness of the preschool intervention, *Early Literacy and Learning Model*, on literacy achievement of children from low-income families during preschool, and their subsequent achievement in kindergarten, and first-grade. Complementary research will explore the relationship between child, teacher and instructional environment characteristics and the impact of ELLM teacher support infrastructure on preschool teachers' classroom practices, efficacy, retention rates, and job satisfaction.

University of Texas Health Science Center

Principal Investigator: Susan H. Landry

Curricula: *Let's Begin with the Letter People; Doors to Discovery*

This project will evaluate the effectiveness of the two language/literacy curricula for pre-kindergarten children in Head Start and public school pre-K programs. Complementary research will investigate the conditions under which each curriculum achieves the greatest impact on children's developmental outcomes.

Vanderbilt University

Principal Investigator: Dale Farran

Curricula: *Bright Beginnings; Creative Curriculum*

The research team will evaluate the effects of a developmental model curriculum (*Creative Curriculum* 3rd ed.) and an educational model (*Bright Beginnings*) with 4- and 5-year-olds who are predominately poor, rural and Caucasian. Complementary research focuses on the level of children's engagement in literacy-based classroom activities, language development, self-regulation, narrative comprehension, and concepts about numeracy. The educational model curriculum is expected to lead to greater literacy outcomes and the developmental model curriculum is expected to lead to greater progress on measures of self-regulation and motivation.

FY 2003 AWARDS

Florida State University

Principal Investigator: Christopher Lonigan

Curricula: *Open Court Pre-K/DLM Express; Literacy Express*

The goal of this project is to evaluate the efficacy of 2 preschool curricula that emphasize building beginning reading skills -- Open Court Pre-K/DLM Express and Literacy Express. Using a block-randomization research design, the researchers assigned 16 schools to one of three curricula conditions: Open Court Pre-K/DLM Express, the Literacy Express, or the curriculum that is currently in place. In addition, the investigators are evaluating the effects of using standard workshops as the method of

teacher training with the three curricula, compared to workshops with follow-up in-class coaching.

Georgetown University

Principal Investigator: Sharon Ramey

Curricula: *Building Language for Literacy; Core Knowledge*

The purpose of this project is to measure the educational benefits of two widely-used pre-K curricula, Building Language for Literacy and Core Knowledge. Using a randomized controlled trial (RCT) design, the investigators are comparing three curricula: Building Language for Literacy, Core Knowledge, and the approach already in place as a comparison condition. Half of the teachers using each curriculum are receiving intensive support for implementing the curriculum, and half are receiving the support normally provided by the district. The intensive support includes expert-led professional development, weekly classroom observation and instructional coaching. The traditional support involves periodic help and summer workshops.

Success for All Foundation

Principal Investigator: Bette Chambers

Curriculum: *Curiosity Corner*

This project's purpose is to determine the efficacy of a comprehensive preschool program (*Curiosity Corner*) with and without follow through to a comprehensive school reform program (*Success for All*). *Curiosity Corner* provides an integrated curriculum, professional development, and materials for serving at-risk children in early childhood education settings. Success for All is an extensively evaluated program that uses systematic phonics, tutoring, and family support to ensure children's reading success. The researchers are evaluating whether children in full-day programs serving mostly low income families benefit from *Curiosity Corner* in preschool classes, Success for All in kindergarten and first grade, or *Curiosity Corner* followed by *Success for All*.

University of California, Berkeley

Principal Investigator: Anne Cunningham

Curriculum: *Read, Set, Leap! (RSL)*

This research team is examining the efficacy of the 'Ready, Set, Leap!' (RSL) literacy curriculum for the learning of at-risk preschool children. The RSL curriculum focuses on important literacy skills such as phonemic awareness and the alphabetic principle. It uses both technology and engaging literature. Children and teachers in 39 full-day program classrooms in Newark Public School Preschool Centers are participating in this project.

University of Missouri

Principal Investigator: Kathy Thornburg

Curriculum: *Project Construct*

This research team is assessing the efficacy of Project Construct, a curriculum shaped by research about children's thinking. Project Construct is based on the idea that children actively construct their own knowledge through "hands-on, minds-on" learning experiences. In this study, investigators are examining the impact of Project Construct on students' general knowledge,

language, mathematical, and socio-emotional development. Participating schools are located in one metropolitan and several other Missouri communities.

University of Virginia

Principal Investigator: *Laura Justice*

Curriculum: *The Language-Focused Curriculum*

The purpose of this project is to evaluate the efficacy of The Language-Focused Curriculum on preschool children's learning. The Language-Focused Curriculum is designed to improve at-risk children's language development. Evidence suggests that early language delays may lead to later problems in literacy skills and social relations. This research team is investigating whether The Language-Focused Curriculum fosters children's oral language development, thereby reducing the chances of later language and social difficulties. The study takes place in half-day Head Start Program classrooms in central Virginia.

SELECTED REFERENCES

- Bredenkamp, S., & Copple, C. (Eds.). (1997). *Developmentally appropriate practice in early childhood programs*. Revised edition. Washington, DC: NAEYC.
- Brown, E., & Scott-Little, C. (2003). *Evaluations of school readiness initiatives: What are we learning?* Research report. Greensboro, NC: SERVE.
- Burts, D., Hart, C., Charlesworth, R., Fleege, P., Mosley, J., & Thomasson, R. (1992). Observed activities and stress behaviors of children in developmentally appropriate and inappropriate kindergarten classrooms. *Early Childhood Research Quarterly*, 7, 297-318.
- Carlton, M. & Winsler, A. (1999). School readiness: The need for a paradigm shift. *School Psychology Review*, 28, 338-352.
- DeVries, R., Reese-Learned, H., & Morgan, P. (1991). Sociomoral development in direct-instruction, eclectic, and constructivist kindergartens: A study of children's enacted interpersonal understanding. *Early Childhood Research Quarterly*, 6, 473-517.
- Epstein, A. (1993). Training for quality: Improving early childhood programs through systematic inservice training. *Monographs of the High/Scope Educational Research Foundation*, 9. Ypsilanti, MI: High/Scope Press.
- ERIC/EECE (2002). Evidence-based education in early childhood. *ERIC/EECE Newsletter*, 14. Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.
- Goffin, S., & Wilson, C. (2001). *Curriculum models and early childhood education: Appraising the relationship* (2nd ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Karnes, M., Schwedel, A., & Williams, M. (1983). A comparison of five approaches for educating young children from low-income homes. In Consortium for Longitudinal Studies, *As the twig is bent...lasting effects of preschool programs* (pp. 133-170). Hillsdale, NJ: Erlbaum.
- Katz, L. (1999). *Curriculum disputes in early childhood education*. (ERIC/EECE digests, EDO-PS-99-13). Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.
- Koralek, D., Coker, L., & Dodge, D. (1995). *The what, why, and how of high quality early childhood education: A guide for on-site supervision*. Washington, DC: National Association for the Education of Young Children.
- Miller, L., & Bizzell, R. (1983). Long-term effects of four preschool programs: Sixth, seventh, and eighth grades. *Child Development*, 54, 727-741.
- National Association for the Education of Young Children (2003). *Early childhood curriculum, assessment, and program evaluation: Building an effective, accountable system in programs for children birth through age 8*. Position Statement with Expanded Resources. Washington, DC: authors.
- National Research Council (2001). *Eager to learn: Educating our preschoolers*. Committee on Early Childhood Pedagogy (Eds.). B. Bowman, M. Donovan, & M. Burns, Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
- Phillips, B. (2004). *Using research and reason in the selection of preschool curricula*. Powerpoint presentation delivered at Guiding Our Course to Quality Outcomes: Screening, Assessment, and Curriculum, February 17, Daytona Beach, FL.
- Schweinhart, L.J. & Weikart, D.P. (1997). The High/Scope preschool curriculum comparison study through age 23. *Early Childhood Research Quarterly*, 12, 117-143.
- United States Department of Education (2001). *No Child Left Behind Act*. Retrieved April 21, 2004 from <http://www.ed.gov/nclb/landing.jhtml?src=pb>.
- Whitehurst, G. *Evidence-based education*. Powerpoint presentation. Retrieved April 16, 2004 from <http://www.ed.gov/offices/OERI/presentations/evidencebase.html>.
- Wilkins, A. (2003). Luncheon address at Universal Pre-Kindergarten Conference II: The Next Steps, December 4, Orlando, FL.



STRIVING TO ACHIEVE GOLD SEAL STATUS: BEST PRACTICES FOR FACILITATING ACCREDITATION IN FLORIDA

"Quality is never an accident ~ it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."

WILLIAM A. FOSTER

Accreditation has long been seen as both a method for improving quality and as an indicator of quality (NAEYC, 1999). Many in the early care and education field associate accreditation with high quality, and researchers have demonstrated correlations between accreditation and quality (Groginsky, Robison, & Smith, 2004; Whitebook, Sakai, & Howes, 1997).

As documented in the 2002-2003 Florida Department of Children and Families (DCF) Child Care Program annual report (at the end of FY 2002-2003), there were 1,821 Gold Seal programs in Florida. In response to the pending VUPK system, local school readiness coalitions and other programs have started or reinvigorated efforts to increase the number of accredited programs in their local communities through accreditation facilitation projects. This paper illustrates the challenges that program staff can face as they make their way towards accreditation, and offers best practices for helping them overcome these barriers.

CHALLENGES FOR PROGRAMS SEEKING ACCREDITATION

Time

In a survey of programs that had begun the National Association for the Education of Young Children (NAEYC) self-study, but did not follow through with the accreditation process, the most frequently cited reason (38.7%) that program staff gave for not completing self-study was lack of time (Talley, 1997). In a profession with long days, where constant supervision of young children is required and few substitutes are available, finding the time to complete observations and surveys, create plans and implement program improvements is understandably difficult.

Provider Motivation

While the external barriers make raising the number of accredited centers a challenge, a lack of intrinsic motivation on the part of the early childhood teacher community can be an overwhelming obstacle. In an evaluation of the Family-to-Family training program, 32% of respondents were not interested in accreditation. The most often cited reasons were (1) they did not plan on offering care for a long period of time, and (2) accreditation would not increase their income (Dombro

& Modigliani, 1995). Teachers who viewed caring for children as a temporary position and program staff who did not expect to benefit by increased income or enrollment were less likely to pursue long-term goals such as accreditation. In her article, Talley stated, "Even when there is no immediate benefit, such as increased enrollment, the intangibles—staff recognition, upgrading of the field, parent involvement—are invaluable. Program directors need to broaden their perspectives to encompass the big picture (1997). While this may be true, one can expect programs to want to see their efforts pay off in practical ways as well.

Waiting for the Validation Visit

In 1999, former Director of Accreditation and Professional Development for NAEYC, Sue Bredekamp observed that, "Demand for accreditation from more than the top 10% of the field may overburden the accrediting body." This has seemed to be the case, as the time line for a validation visit from NAEYC can be up to one year, and may be nearly as long for other accrediting bodies. In a Wisconsin study, 72% of directors found waiting for the validation visit to be difficult or very difficult (Wisconsin Child Care Research Partnership, 2002). NAEYC and other organizations have taken measures to decrease the amount of time a program must wait for validation, but it still remains an obstacle.

Staff Turnover and Program Instability

In a field where continuity of care is directly related to a program's level of service, high rates of staff turnover can have an adverse effect on quality, so it is no surprise that staff turnover can also have an adverse effect on a program seeking quality improvement through accreditation. In the Talley study (1997), 20% of the respondents had new directors, and another 33% reported staff turnover and program instability (new ownership, site change, etc.) as the chief reasons for not completing self-study. Without a strong, stable staff to plan and implement program improvements, programs will undoubtedly have a difficult time achieving the high standards of accreditation.

Money

Directly related to staff turnover, and perhaps all barriers to accreditation, is the issue of financing. In addition to initial costs such as application fees and new equipment and materials, ongoing expenses such as maintaining low staff-to-child ratios, as well as recruiting and retaining talented staff, can be burdensome. The military child care system, where an impressive 95% of its programs are NAEYC accredited, has demonstrated that while commitment to quality and careful planning are prerequisites to systemic change, quality improvement efforts also require large subsidies (DeVita & Montilla, 2003). More investments in quality child care are needed in order for programs to achieve and maintain the standards of accreditation (Gormley & Lucas, 2000; Warman, 1998). Yet government subsidies continue to be low, and even though child care rates are often low compared to the true cost of child care, the current market rates are already a difficult burden for families. Without the funds available to create and sustain high levels of quality, “greater pressure is placed on programs to make temporary improvements or hide deficiencies to achieve accreditation, and while more programs may engage in the process, their success in improving services is likely to be limited” (NAEYC, 1999).

STATE INITIATIVES AIMED AT REDUCING BARRIERS

Differential Reimbursement

Technically, Florida has instituted differential reimbursement since 1996; however, the program was not funded until 1998. Paying programs that achieve accreditation a higher rate works both as an incentive to become accredited and provides ongoing financial support to help programs maintain the high standards of accreditation. In addition, differential reimbursement can encourage programs that are already accredited to serve greater numbers of children at the state reimbursement rate (Warman, 1998). At 20%, Florida has the highest rate differential among states along with Missouri, Nebraska, Oklahoma, and South Carolina (Gormley & Lucas, 2000).

In a study of programs that sought accreditation between January 1, 1995 and October 31, 1999, differential reimbursements boosted the number of centers in Florida seeking accreditation by 140.4 centers per year. Using NAEYC’s reported 60% failure rate, the researchers estimated that an additional 56 centers per year actually achieve accreditation, and speculated that the impact of differential reimbursement would likely not continue at the same pace (Gormley & Lucas, 2000). The number of Gold Seal programs in Florida has risen from 981 in 1999 to 1,821 at the end of FY 2002-2003 (DCF, 2003; FCF, 2002). However, between 1999 and 2003, an additional five accrediting organizations (SACS, ACTS, NAC, MSAC and NCECEPPP) were added to the list approved by the Gold Seal Program. When programs accredited by these organizations are not included in the equation, the number of accredited programs in Florida has risen by approximately 43 programs per year.

Of course, differential reimbursement has limitations. Differential reimbursements only apply to programs that receive school readiness dollars for serving low-income or at-risk children. Programs that serve few or no children in the school readiness program are not positively impacted; therefore it can serve neither as an incentive or a means of ongoing support for higher standards. In addition, the executive summary of a report provided to the National Conference of State Legislatures noted, “For differential reimbursements to have a meaningful effect, it is critical that rates come close to representing the actual costs of care.... Child care providers may be inadequately reimbursed in general, which can affect the supply and quality of care provided to children from low-income families” (Groginsky, Robison, & Smith, 2004). Even with the rate differential, the rate for children in the school readiness program may not be enough to supply the funds needed to truly impact quality.

Tax Incentives

There are two tax incentives that apply to Gold Seal programs: (1) programs that have achieved Gold Seal status are exempt from property taxes, and (2) Gold Seal centers that provide basic health insurance to all employees may purchase supplies without paying state sales taxes. Florida statute 212.08(5)(m) states, “Effective July 1, 1999, the purchase of educational materials by a qualified child care facility is exempt from sales and use tax. To qualify for this exemption, the child care facility must meet the standards for child care facilities outlined in s. 402.305, F.S., and be licensed under s.402.308, F.S.; hold a current Gold Seal Quality Care designation as provided in s. 402.281, F.S.; and provide all employees with basic health insurance as defined in s. 627.6699(12), F.S.”

While these exemptions may lift some of the ongoing financial burdens off accredited programs, there are limits to their ability to serve as incentives. First, nonprofit organizations and child care facilities that are located in enterprise zones are also exempt from property taxes and many are exempt from sales tax; therefore, these exemptions cannot serve as motivation for these programs. In addition, few child care programs can afford to offer their employees basic health insurance. Because of this stipulation for the sales tax incentive, the number of programs that will be able to benefit from this exemption is relatively low.

OTHER INITIATIVES FOR MOVING PROGRAMS TOWARDS ACCREDITATION

Increased Licensing Standards and Stronger Monitoring Systems

“Several researchers have found that providers in states with low standards or inadequate monitoring systems have more difficulty achieving accreditation” (1999), the American Federation of Teachers (AFT) recommended monitoring programs on a regular basis to ensure quality and accountability for public funds (2002). In order to enhance the quality of its programs, North Carolina’s Smart Start Initiative and quality rating system depends heavily on the Early Childhood Environment Rating Scales (FDCRS, ECERS-R, ITERS) and its small group

of program assessors. The Military Child Care Program contributes its success partially to its strong monitoring system. Military child development centers are subject to four unannounced inspections per year from a team consisting of parents, staff from the military base, and civilians to ensure compliance with operation standards (DeVita & Montilla, 2003).

By 2001, 7 of the 67 counties in Florida had adopted licensing standards that exceed the state licensing requirements: Alachua, Broward, Hillsborough, Palm Beach, Pinellas, Polk and Sarasota (FCF, 2002). At this time, of the 890 programs that had achieved Gold Seal status, 370 (41%) were from these 7 counties. In comparison, 7,095 (nearly 36%) of the 19,895 programs in the state were located in these counties. While it is difficult to attribute any advantage to increased licensing standards from these numbers, there does seem to be a slightly higher percentage of Gold Seal programs relative to the total number of programs in these counties, suggesting that counties should continue to examine how they may benefit from increased standards. In addition, local communities might consider evaluating their monitoring systems to ensure that they are adequate for ensuring programs maintain a high standard of care.

Training & Technical Assistance

Accreditation can be an overwhelming endeavor, and many programs benefit from support personnel who can educate and motivate staff, as well as demystify the process of accreditation (Flis, 2002; Goldfard & Flis, 1996). For this reason, many national, state and local organizations have engaged in accreditation facilitation projects to increase the number of accredited programs (Warman, 1998). These projects take many forms, but generally include some combination of training and technical assistance.

Training on accreditation can be an important part of facilitation efforts. In their article on the Center for Early Childhood Leadership at National Louis University's accreditation facilitation project, funded by the McCormick Tribune Foundation and resulting in 9 of 14 programs becoming NAEYC accredited, Eisenberg and Rafanello (1998) stated, "classes were an effective forum to provide the knowledge base for accreditation criteria for both the directors and the staff. The directors could share their expertise and skills and problem-solve in a non-threatening environment." However, the authors emphasized that the classes should be "problem centered and site specific, integrating theory with the issues and concerns the directors are facing." Slides of the centers, sharing staff and parent handbooks, and a presentation from a licensing representative were also considered helpful. In her article, Warman (1998) agreed that approaches should be based on the practical needs of programs and stated, "(accreditation) supports will be effective only if they are based on reliable information about the early childhood community—information best obtained directly from providers." Every effort should be made to include staff input into program design to ensure the training is practical, relevant and meaningful to the program involved, and presented in the ways that staff learn best. Technical assistance visits allow support staff

to help with room arrangement, model appropriate interactions by entering into children's play, and help with lesson planning (Eisenberg & Rafanello, 1998). In addition to directly contributing to program improvements and providing directors and teachers with the type of practical assistance they may need, technical assistance may also be useful as a means of tackling the obstacle of time. By not only helping programs create a manageable work plan, but by participating in the work plan themselves, support staff can serve as the extra sets of hands that make tasks less time consuming and involved.

In a recent feedback survey, one director wrote that the "technical assistance offered was an oasis in the desert. The information was divided into doable chunks. The task was not insurmountable."

Flis, D. (2002). A relationship with a purpose: Accreditation facilitation projects and early childhood programs. Young Children, 57, 36-38.

An important element of a successful accreditation initiative is trusting, respectful relationships. As Flis (2002) stated, "As in our work with young children, facilitators accept each individual program at its starting point. Then they offer gentle guidance and exposure to new and different ways of thinking and doing." In a study by Whitebook, Sakai, and Howes (1997), interviews with support group coordinators revealed that participants in the high-level support group had been meeting as a group for some time and had helped to design the facilitation program and identified the services they needed; the moderate-intensity group was not as well organized but many of them had worked with the project sponsor before; and the limited support group had no prior history with each other or the project sponsor. These findings imply that strong relationships among the project participants was as crucial to the program's success as the support received from the project facilitators, and may suggest that programs should consider building accreditation facilitation projects into existing support groups, such as monthly directors' meetings or association meetings. The new friendships and support networks that can form through accreditation facilitation projects should not be discounted.

Another best practice is the use of demonstration programs. The Military Child Care Act required the military to establish NAEYC-Accredited Demonstration Sites as part of its efforts to improve program quality and facilitate the accreditation of its child development centers. Towards this end, 50 child development centers achieved accreditation within 18 months. These centers served as models to other child development centers and helped show that accreditation was both a worthy and achievable goal (Howe, 2000). In an evaluation of the Family-to-Family training program for family child care providers, when participants were asked what components of the training they found very useful, the most frequent response was visiting other family child care homes (Dombro & Modigliani, 1995). By visiting accredited programs, staff were able to see for themselves how programs practically achieve and maintain accreditation standards, and "high quality" ceases to be some abstract, unattainable goal and becomes something both concrete and manageable.

“The visit to accredited family child care homes was the best thing about the training. It gave me ideas and encouraged me to pursue accreditation, too!”

Family-to-Family training participant, as quoted in Dombro, A.L., & Modigliani, K. (1995). Family child care providers speak about training, trainers, accreditation, and professionalism: Findings from a survey of Family-to-Family graduates. New York, NY: Families and Work Institute.

Heightened Public Awareness

In their article, Gormley and Lucas (2000) stated, “The effects of state child care initiatives can be enhanced considerably if parents become active partners in the quest for better child care.” Indeed, program staff may be more motivated to achieve accreditation if it is demanded by parents and can be used successfully as a marketing tool. While parents undoubtedly want the best for their children, many do not know that accreditation is an indicator of a quality program. Large-scale public education efforts are needed to increase the pressure on programs to achieve and maintain accreditation according to Whitebook, Sakai, and Howes (1997).

Grants

Grants provided to programs participating in accreditation facilitation projects can take two forms: (1) grants that help programs achieve accreditation, and (2) grants for which accreditation is a prerequisite for qualification. In the former, grants that cover accreditation fees, materials and equipment, classroom substitutes, and scholarships for training and education can be helpful as programs tackle the initial financial barriers to accreditation. In the latter, the grants serve as incentives, in that only programs that are accredited can qualify for particular funds such as college scholarships, permanent equipment loans, staff retention grants, and other monies aimed at maintaining quality (Warman, 1998). Grants can offer genuine, practical help in alleviating the financial burdens of preparing for accreditation, and can be a way of recognizing and rewarding programs that achieve this goal. However, the NAEYC position statement (1999) documented that “small financial incentives to accredited programs do little to enhance accredited programs’ ongoing ability to pay for the costs of providing high quality services or to ensure that more programs will be able to achieve high standards of practice,” and recommended that “policies promoting program accreditation by providing financial incentives to those who have achieved accreditation should ensure that adequate funding is appropriated to cover the ongoing costs of maintaining high quality services, including providing staff with equitable salaries.”

Efforts to Increase Teacher Education and Salaries

One of the hurdles to achieving and maintaining accreditation is the on-going funding needed to maintain some of the more expensive aspects of quality, such as low staff-to-child ratios and salaries that will attract and keep skilled, educated teachers (Gormley & Lucas, 2000;

Groginsky, Robison, & Smith, 2004; Talley, 1997; Warman, 1998; Whitebook, Sakai, & Howes, 1997). Whitebook, Sakai, and Howes (1997) stated that, “making quality improvements that are sustainable over time will also require systematically addressing the compensation of child care staff,” and encouraged programs to “develop training efforts and support projects that link training and compensation.” The researchers found that accreditation alone did not guarantee high quality, but accreditation in combination with higher wages paid to teaching staff, the educational background of the teaching staff, and the retention of skilled teachers contributed to the prediction of quality. This finding suggests that initiatives that provide on-going financial assistance to support teacher salaries and encourage teachers to increase their education level, such as the Child Care WAGES® FLORIDA Project, may have the multiple benefits of reducing staff turnover, helping programs achieve and maintain accreditation standards, and ensuring that programs are, in fact, providing the level of quality that benefits children and families. Also, increased benefits for early childhood teachers such as basic health insurance coverage may be helpful in reducing staff turnover. Rhode Island and North Carolina have instituted programs specifically designed to make basic health insurance accessible to early childhood teachers (NCCIC, 2004).

Another hurdle is equipping teachers of young children with the skills needed to provide the quality services required by accreditation. An evaluation of the Family-to-Family training program for family child care providers found that “providers who go through a training series designed especially for family child care enter into a path of professional development that is likely to lead to accreditation” (Dombro & Modigliani, 1995). The NAEYC position statement (1999) reported, “When good teacher preparation programs and ongoing professional development opportunities are not available...providers have more trouble achieving accreditation.” Without scholarships, many program staff do not have access to high quality teacher preparation programs. Towards this end, programs like the T.E.A.C.H. Early Childhood Scholarship® Program can be an important part of a system for preparing programs to achieve accreditation.

“Accreditation policies will be most effective when a strong early childhood infrastructure is in place.”

Warman, B. (1998). Trends in state accreditation policies. Young Children, 53, 52-55.

BEST PRACTICES FOR ACCREDITATION FACILITATION PROJECTS

A Multi-faceted, Comprehensive Approach that Offers High Levels of Support Seems to Produce the Greatest Effects.

Researchers have demonstrated that accreditation facilitation projects that have considered the multiple barriers to program quality and made efforts to support programs through finances, education, and individualized support resulted in higher level of quality. “Centers receiving intensive support—including on-site technical assistance from an early childhood professional, custom-

designed training for staff and directors, funds to cover release time for staff participating in training, and an ongoing facilitated support group for directors—achieve accreditation at more than twice the rate of centers receiving moderate support or seeking accreditation independently, and at nearly ten times the rate of centers in a limited support group” (Whitebook, Sakai, & Howes, 1997). In addition, a team of researchers from the University of North Carolina, Frank Porter Graham Child Development Center, evaluated the Smart Start Initiative and recognized the need for a multifaceted approach of very specific direct activities, including enhanced subsidies for higher child care quality and teacher education, license upgrades, on-site technical assistance, quality improvement and facility grants, T.E.A.C.H. Early Childhood Scholarship® Program, teacher education supplements, and teacher salary supplements (North Carolina Partnership for Children, 2002). Accreditation facilitation projects that provide some combination of training, technical assistance, grants, public awareness efforts, and initiatives aimed at increasing teacher education and decreasing staff turnover will likely provide the most positive outcomes.

Not only are less comprehensive, less supportive measures likely to result in fewer accredited programs, but they may also be detrimental to programs. In the Whitebook, Sakai, and Howes (1997) study, “Teaching staff working in centers receiving limited or no support were more likely to leave their jobs during this period than those in centers receiving moderate or high support,” suggesting that “minimal investment in accreditation support may encourage centers to engage in the self-study process and fail, which can demoralize staff and exacerbate turnover.”

Accreditation Facilitation Projects Should Have Prerequisites for Participation, and Should Consider the “Readiness” of Programs When Selecting Programs for Participation.

Many local communities have limited funds to support accreditation facilitation projects. Instead of spreading funds too thinly among many programs, accreditation facilitation projects will likely have greater success by concentrating funds on a smaller number of programs that meet certain criteria. The particular criteria need to be determined by the goals of the community, but may include the type of children served and the accreditation readiness of the program. Local coalitions may target programs that have a certain percentage of children funded through school readiness dollars for multiple reasons. First, coalitions likely consider the families funded by school readiness dollars their primary customers and first priority. Second, children who are at greatest risk tend to benefit the most from high quality programming. Finally, programs that serve a high percentage of children funded by school readiness dollars will benefit most from differential reimbursement.

Accreditation facilitation projects should also consider a program’s readiness before committing resources and engaging the program in activities designed to prepare the program for accreditation validation. By targeting

programs more likely to achieve accreditation, programs that may be less ready may avoid the potentially devastating effects they may experience by failing to become accredited. In their recommendations, Eisenberg and Rafanello (1998) stated that an accreditation-readiness index would be beneficial before acceptance into the project. Readiness criteria may include a certain level of commitment to staff expenditures, working conditions and benefits; an average or lower staff turnover rate; and some degree of community cohesion and networking (Whitebook, Sakai, & Howes, 1997). In addition, both NAEYC and the National Association for Family Child Care (NAFCC) offer free readiness assessment tools, which can be downloaded from their websites:

- NAEYC Accreditation Readiness Survey (pdf): <http://www.naeyc.org/accreditation/naeyc/accred/info/apply.asp>
- NAFCC Accreditation Readiness Tool (pdf): <http://www.nafcc.org/accred/accred.html>

Accreditation Facilitation Projects Should Include Evaluations of Their Efforts.

As local coalitions and other organizations commit time and money towards accreditation facilitation projects, efforts should be made to gather data and develop systems to track progress. Data collection and reporting are crucial to determining what methods are most effective for moving programs towards accreditation (Warman, 1998). In this way, communities will be able to learn from each other and commit their resources secure in the knowledge that their efforts will result in improved programming and quality outcomes for children.

PROFILE OF FLORIDA*

ACCREDITING BODIES	NUMBER OF ACCREDITED PROGRAMS	AS OF	SOURCE
NAEYC	684	2003-2004 2 nd Quarter	Surr, J. (2004). Who's accredited? What the states are doing on best practices in child care. <i>Child Care Information Exchange</i> , 156, 14-19.
SACS	592	2002-2003 3 rd /4 th Quarter	Department of Children and Families Child Care Program. 2002-2003 3 rd /4 th Quarter Report.
NAFCC	257	2003-2004 2 nd Quarter	www.nafcc.org Retrieved June 4, 2004.
APPLE	204	2003-2004 1 st Quarter	Department of Children and Families Child Care Program. 2003-2004 1 st Quarter Report.
NAC	60	2003-2004 2 nd Quarter	Surr, J. (2004). Who's accredited? What the states are doing on best practices in child care. <i>Child Care Information Exchange</i> , 156, 14-19.
NSACA	14	2003-2004 2 nd Quarter	Surr, J. (2004). Who's accredited? What the states are doing on best practices in child care. <i>Child Care Information Exchange</i> , 156, 14-19.
NECPA	7	2003-2004 2 nd Quarter	Surr, J. (2004). Who's accredited? What the states are doing on best practices in child care. <i>Child Care Information Exchange</i> , 156, 14-19.
ACTS	13	2003-2004 2 nd Quarter	www.acts.ag.org Retrieved June 4, 2004.
ACSI	3	2003-2004 2 nd Quarter	Association of Christian Schools International. Interviewed June 4, 2004.
MSAC	2	2003-2004 1 st Quarter	Department of Children and Families Child Care Program. 2003-2004 1 st Quarter Report.
NACECPPP	0	2003-2004 1 st Quarter	Department of Children and Families Child Care Program. 2003-2004 1 st Quarter Report.
Total	1,836		

*The information on this chart was taken from different sources and at different points in time; therefore, the numbers should be considered as approximate and not exact. Also, as some programs have achieved accreditation from more than one accrediting organizations, some numbers may be duplicated.

GOLD SEAL QUALITY CARE PROGRAM RESOURCE

Visit the School Readiness Quality Initiative website for a side-by-side comparison of the Florida approved accreditation programs: <http://www.fpsr-qi.org> Click Research Center and then select Hot Topics for the downloadable document.

Accredited Professional Preschool Learning Environment (APPLE)

FACCM Membership
12160 Ft. Caroline Rd.
Jacksonville, FL 32225
(800) 322-2603
www.faccm.com

Association of Christian Schools International (ACSI)

461 Plaza Drive, Suite C
Dunedin, FL 34698
(727) 734-7096
www.acsi.org

Association of Christian Teachers and Schools (ACTS)

Florida League of Christian Schools (State Chapter)
1445 Boonville Avenue
Springfield, MO 65802
(417) 862-2781
www.acts.ag.org/acts/

Montessori School Accreditation Commission (MSAC)

4043 Pepperwood Court, Suite 1010
Sonoma, CA 95476
(707) 935-8499
www.montessori-msac.org

National Accreditation Commission for Early Care and Education Programs (NACECEP)

P.O. Box 90723
Austin, TX 78709-0723
(800) 537-1118 or (512) 301-5557

National Accreditation Council for Early Childhood Professional Personnel and Programs (NACECPPP)

3612 Bent Branch Court
Falls Church, VA 22041
(703) 941-4329
www.naccp.org

National Association for the Education of Young Children (NAEYC)

1509 16th Street N.W.
Washington, DC 20036-1426
(202) 232-8777 or (800) 424-2460
www.naeyc.org

National Association of Family Child Care (NAFCC)

5202 Pinemont Drive
Salt Lake City, UT 84123
(801) 269-9338
www.nafcc.org

National Early Childhood Program Accreditation (NECPA)

126C Suber Road
Columbia, SC 29210
(800) 505-9878
www.necpa.net

National School-Age Care Alliance (NSACA)

1137 Washington Street
Dorchester, MA 02124
(617) 298-5012
www.nsaca.org

Southern Association of Colleges and Schools (SACS)

1866 Southern Lane
Decatur, GA 30033
(404) 679-4500
www.atlantahighered.org/resources/sacs/asp

SELECTED REFERENCES

- American Federation of Teachers (AFT). (2002). Early childhood education: Building a strong foundation for the future. *AFT Education Issues Policy Brief*. 15. Washington, DC: AFT.
- Bredenkamp, S. (1999). When new solutions create new problems: Lessons learned from NAEYC accreditation. *Young Children*, 54, 58-63.
- Child Care Research Partnership. (2002). *What does national accreditation mean for child care?* Brief & to the point: Issue brief #10. Madison, WI: Wisconsin Child Care Research Partnership.
- DeVita, C., & Montilla, M. (2003). Improving child care quality: A comparison of military and civilian approaches. *Charting Civil Society: A Series by the Center on Nonprofits and Philanthropy*. Washington, DC: The Urban Institute.
- Dombro, A.L., & Modigliani, K. (1995). *Family child care providers speak about training, trainers, accreditation, and professionalism: Findings from a survey of Family-to-Family graduates*. New York, NY: Families and Work Institute.
- Eisenberg, E. & Rafanello, D. (1998). Accreditation facilitation: A study of one project's success. *Young Children*, 53, 44-48.
- Flis, D. (2002). A relationship with a purpose: Accreditation facilitation projects and early childhood programs. *Young Children*, 57, 36-38.
- Florida Children's Forum (FCF). (2002). *Charting the progress: Child care and early education in Florida. 2000-2002 County-by-County Needs Assessment*. Tallahassee, FL: FCF.
- Florida Department of Children and Families (DCF). (2003). *Child Care Program Annual Report: Fiscal Year 2002-2003*. Tallahassee, FL: DCF.

- Goldfard, J.G. & Flis, D. (1996). The accreditation facilitation project: A community climate ripe for collaboration on quality. In NAEYC accreditation: *A decade of learning and the years ahead*, (Eds.), S. Bredekamp & B. Willer, (pp. 97-100). Washington, DC: NAEYC.
- Gormley Jr., W.T., & Lucas, J.K. (2000). *Money, accreditation, and child care center quality*. Working Paper Series. New York, NY: Foundation for Child Development. Available online at www.ffcd.org/ourwork.htm.
- Groginsky, S., Robinson, S. & Smith, S. (2004). *Making child care better: State initiatives - October 1999*. Executive Summary. Washington, DC: National Conference of State Legislatures.
- Howe, M. (2000). Improving child care and promoting accreditation: The military model. *Young Children*, 55, 61-63.
- National Association for the Education of Young Children (NAEYC). (1999). *Developing and implementing effective public policies to promote early childhood and school-age care program accreditation*. Position statement. Washington, DC: AEYC.
- National Child Care Information Center (NCCIC). *Health insurance benefits for early childhood providers*. Retrieved June 7, 2004, from <http://www.nccic.org/poptopics/healthins.html>.
- North Carolina Partnership for Children (2002). *Quality enhancement: An overview*. Program Services Paper. Raleigh, NC: North Carolina Partnership for Children.
- Surr, J. (2004). Who's accredited? What the states are doing on best practices in child care. *Child Care Information Exchange*, 156, 14-19.
- Talley, K. (1997). National accreditation: Why do some programs stall if self-study? *Young Children*, 52, 31-37.
- Warman, B. (1998). Trends in state accreditation policies. *Young Children*, 53, 52-55.
- Whitebook, M., Sakai, L., & Howes, C. (1997). *NAEYC accreditation as a strategy for improving quality child care: An assessment by the National Center for the Early Childhood Work Force. Executive Summary*. Washington, D.C.: National Center for the Early Childhood Work Force. Wisconsin



ACCREDITATION AS PROGRAM EVALUATION: A PERSPECTIVE FOR EARLY CHILDHOOD PROFESSIONAL

"Excellence is doing ordinary things extraordinarily well."

JOHN W. GARDENER

As documented in the 2002-2003 Florida Department of Children and Families (DCF) Child Care Services annual report, there were 1,821 Gold Seal programs in Florida at the end of FY 2002-2003. In response to the upcoming implementation of the Voluntary Pre-Kindergarten (VPK) program, local early learning coalitions and other organizations have started or reinvigorated efforts to increase the number of accredited child care and early education programs in their local communities. Decisions made at state and national levels typically set the parameters for the ways children are cared for and educated in child care and early education settings. It is often, however, the way in which these parameters are interpreted and implemented at the local level that most directly impacts the quality of care and education children experience on a daily basis. Therefore, it is important that direct service providers understand the implementation of standards and, more specifically, how they can simultaneously conduct a program evaluation and move toward accreditation.

A REAL-LIFE STORY

In a reflective article, a director of a child care center in Florida offered her experiences of trying to restore quality, after a leave of absence, in a program that was previously known for its high-quality services. As she considered strategies to address the program's needs, the director realized that by going through "...the accreditation process and mobilizing the staff to work toward the National Association for the Education of Young Children (NAEYC) accreditation, the center could be revitalized and the program live up to its reputation for high-quality early care and education" (Gellens, 2003, p. 97). The director's account of her experiences is an example of the way in which the accreditation process can play a dual role in the development of a program and its staff, children, and families. The accreditation process can serve as a strategy for improving quality as well as gaining a symbol of achievement that is visible in the community for those seeking high-quality environments for their children.

The director's efforts to revitalize her program using the accreditation process resulted in the immersion of her staff members in genuine program evaluation. On-site, internal program evaluation provides an opportunity for program staff to observe and examine the day-to-day operations of their program from an objective perspective and to assess strengths and weakness as an outside observer

might see them. The natural fit or inter-relationship between the processes necessary to earn accreditation and the processes needed to conduct a program evaluation can result in important outcomes for staff, children, families, and programs.

THE RELATIONSHIP BETWEEN ACCREDITATION AND PROGRAM EVALUATION

It is important for program staff to understand the relationship among accreditation, program evaluation, and high-quality practices. A substantial body of research exists documenting the impact of both short-term and long-term practices on a number of areas of child development, including the cognitive, social, and emotional domains (Institute for Research on Poverty, 1999; NICHD, 2002; Schweinhart, Barnes, & Weikart, 1993). For example, researchers have helped define various *structural indicators*, such as limits on group size and low adult-child ratios, that have been found to have positive effects on child outcomes (Cost, Quality, and Child Outcomes Study Team, 1995; Howes, Smith, & Galinsky, 1995; NICHD, 1998). Other *structural indicators* have also been associated with positive caregiver-child interactions, including increased levels of staff training and education, higher wages, and low staff turnover rates (Whitebook, Howes, & Phillips, 1990).

Although much is known about the factors that contribute to high-quality services, researchers have found that overall quality in child care and early education programs and family child care homes in the United States is generally mediocre and is especially so in settings serving low-income families (Burchinal, 1999; Love, Schochet, & Meckstroth, 1996; NICHD, 1998). The danger posed by the current lack of high-quality child care and early education opportunities makes a strong argument for evaluating programs in order to improve quality practices and produce positive outcomes for children. This goal can be achieved, in part, by using the accreditation process to offer a structured, formal method of evaluating a program's services. Surr (2004) noted that "although accreditation is not a synonym for quality in early childhood programs, research has demonstrated that most children, especially those at risk, do very well in accredited programs having teachers with education in early childhood who do not leave for better paying jobs" (p. 14). In addition, the authors of a review of accreditation in military child development centers concluded that accreditation is an excellent way to improve

staff training, morale, and quality, and also serves as a good marketing tool once it is achieved (Rand, 1994).

As efforts continue to improve the quality of care for young children, better understanding of the accreditation process as an evaluation tool is warranted. By design, the accreditation process and program evaluation share common goals and elements as methods to improve services:

Accreditation provides a framework for continual improvement of the quality and efficiency of care services (CCHSA, 2003), and is a voluntary process by which an accrediting body establishes standards of practice and evaluates services against these standards. Accreditation answers the question: *How does this program measure up against research-based standards?*

Evaluation is the systematic collection of information about activities, characteristics, and outcomes of a program to make judgments about the program, improve program effectiveness, and/or inform decisions about future planning (Patton, 1997). Program evaluation answers the question: *Did this program have the intended effects?*

Accreditation and program evaluation both determine the worth, merit, or value of the services provided. Further, the two activities are linked in that the process of program evaluation also serves as the first step in the accreditation process. The purpose of program evaluation is two-fold: 1) to collect information that will aid in the improvement of programs, and 2) to collect information that will help determine a program's value (Krahtwohl, 1998). Valid and reliable information gained through the use of program evaluation can help administrators make informed decisions regarding program improvement, the continuation or discontinuation of activities, and the use of limited dollars for the areas of greatest need. Finally, program evaluation is essential to ensuring that programs have significant benefits for children and families.

The concept of program evaluation may be new to some direct care providers, but its use is actually longstanding in early childhood classrooms. Many professionals regularly undertake some level of program evaluation in their daily work, but may not recognize their efforts as such. By systematically and objectively observing the many activities and processes within a program, staff members can use program evaluation techniques to benefit their own work as well as the work of the program as a whole. When conducting a program evaluation, staff use inquiry and judgment to set standards for assessing quality or acceptability, collect information, and apply standards to determine the value, utility, or effectiveness of the program or some aspect of the program (Worthen, Sanders, & Fitzpatrick, 1997). In an *informal* program evaluation, staff choose from among available alternatives without collecting formal evidence about the relative merit of those alternatives; in other words, a choice is made based on less rigorous standards and more practical justifications. In the case of accreditation, program staff are given a *formal* structure or strategy to perform program evaluation through the steps, standards, and guidelines set forth by the accrediting agency.

THE FLORIDA GOLD SEAL QUALITY CARE PROGRAM

In Florida, one measure of program quality is the attainment of accreditation through one of the 14 accrediting agencies recognized by the Florida Gold Seal Quality Care Program ("Gold Seal"). In 1996, the Florida Legislature established the Gold Seal Quality Care Program for child care facilities and family child care homes. The purpose of the program is to acknowledge child care facilities and homes that are accredited by nationally recognized associations and whose standards reflect quality in the level of care and supervision provided to children as demonstrated by meeting specific criteria. Following is a segment of the law that explains the Gold Seal program in Florida:

Section 402.281, Florida Statutes:

1. Child care facilities, large family child care homes, or family day care homes that are accredited by a nationally recognized accrediting association whose standards substantially meet or exceed the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission shall receive a separate "Gold Seal Quality Care" designation to operate as a gold seal child care facility, large family child care home, or family day care home.
2. In developing the Gold Seal Quality Care program standards, the department shall consult with the Department of Education, the Florida Head Start Directors Association, the Florida Association of Child Care Management, the Florida Family Day Care Association, the Florida Children's Forum, the State Coordinating Council for Early Childhood Services, the Early Childhood Association of Florida, the National Association for Child Development Education, providers receiving exemptions under s. 402.316, and parents, for the purpose of approving the accrediting associations.

Department of Children and Families, <http://www.dcf.state.fl.us/childcare/goldseal.shtml>

Child care center staff and family child care home providers have the freedom to choose the accrediting body and associated process they want to pursue. Each accrediting agency is unique and specific to a certain type of care ranging from those specifically targeting family child care homes, to faith-based programs, to others that require membership in a professional association. After identifying

the accrediting body that fits best with a program's mission and goals, program staff *voluntarily* pursue self-study, design program improvement strategies, and undergo an external program review (validation) by the selected accrediting agency. Accredited programs set themselves apart from licensed or registered programs in that accreditation is voluntary and is not generally mandated by local, state, or federal requirements. Instead, program staff voluntarily agree to meet the standards that have been established by one of the 14 accrediting agencies, move themselves beyond minimum county or state licensing standards, and make a commitment to put forth long-term efforts to maintain the improvements they have made.

To become an accrediting agency in the Gold Seal program in Florida, applicants must participate in a stringent application process. The Department of Children and Families (DCF) Child Care Services Program Office bears responsibility for approving accrediting agencies for the Gold Seal Quality Care Program. Twice each year, DCF staff accept applications from organizations across the country wishing to become approved Gold Seal agencies in Florida. As part of this process, each organization must provide information in the following Core Elements for review by DCF and other Florida agencies designated as partners in the review process:

Accrediting Agencies in the Florida Gold Seal Program

Accredited Professional Preschool Learning Environment (APPLE)

www.faccm.com

Association of Christian Schools International (ACSI)

www.acsi.org

Association of Christian Teachers and Schools (ACTS) /Florida League of Christian Schools (State Chapter)

www.acts.ag.org

**Council on Accreditation (COA)
(multi-site, multi-program organizations only)**

www.coanet.org

Montessori School Accreditation Commission (MSAC)

www.montessori-msac.org

National Accreditation Commission (NAC)

www.naccp.org

National Accreditation Council for Early Childhood Professional Personnel and Programs (NACECPPP)

website not available; call (703) 941-4329

National Association for the Education of Young Children (NAEYC)

www.naeyc.org

National Association for Family Child Care (NAFCC)

www.nafcc.org

National Council for Private School Accreditation (NCPSA)

www.ncpsa.org

National Early Childhood Program Accreditation (NECPA)

www.necpa.org

National School-Age Care Alliance (NSACA)

www.naaweb.org

Southern Association of Colleges and Schools (SACS)

www.atlantahighered.org/resources/sacs.asp

United Methodist Association of Preschools (UMAP)

www.atlantahighered.org/resources/sacs.asp

Core Standards or Domains (Must be met before submitting an application)

The accrediting body must specify the standards for each domain and describe the criteria for each standard. Documentation must be attached identifying how these standards are being addressed, as well as the expectations and outcomes of each standard.

1. Interactions among teachers and children
2. Curriculum
3. Relationships among teachers and children
4. Staff qualifications and professional development
5. Administration
6. Staffing, including adult-child ratios and group sizes
7. Physical environment
8. Health and safety
9. Nutrition and food service
10. Evaluation of the program

Self-Study

A self-study process must be part of the accreditation system and include the following:

1. Involvement of parents, staff members, and administrators.
2. Use of valid and reliable self-study instruments that are related to and consistent with the verification measures.
3. Use of questionnaires, focused observations, narrative descriptions, and work products or other evidence demonstrating how the standards are being met.

Verification

There must be a process for verification of the program's self-study, which includes the following:

1. Trained validator or validating commission to review the self-study documents for completeness.
2. On-site visit by one or more validators depending on the size of the program. The validator conducts observations of all the domains.
3. Interview by the validator of the program administrator(s). Informal interviews with staff may be conducted when appropriate.

Renewal for Provider

Each accrediting association must include a renewal process for child care providers. Renewal periods shall not exceed three years.

Beyond the Core Elements, applicants must also provide information on the qualifications of their validators. In addition, each accrediting agency must undergo a renewal process every five years. The DCF review process ensures rigorous analysis of organizations seeking to become accrediting agencies under the Gold Seal program and ensures that all approved agencies are meeting identical standards.

For more information on DCF's Departmental Procedures for Gold Seal Accreditation, visit: <http://www.dcf.state.fl.us/childcare/docs/gsapppdf>

THE ACCREDITATION PROCESS

In Florida, the steps in the accreditation process can be divided into two phases: (a) the two pre-application steps necessary to make an informed choice among the 14 accrediting agencies available under the Gold Seal Program, and (b) the three steps in the actual accreditation process itself.

A. The Pre-Application Steps

Consider the Basic Requirements of the Accreditation System

To begin the accreditation process, a program must meet the minimum prerequisite requirements of the chosen accrediting agency. These requirements might include elements such as evidence that the program is licensed by the appropriate state/local agency, or if exempt, evidence that the program is eligible for exemption. Another element might address certain caregiver qualifications, as in the National Association for Family Child Care (NAFCC) requirement that family child care providers must document at least 18 months of on-the-job experience before applying for accreditation. In some cases, another basic requirement of programs before

beginning the accreditation process is membership in the accrediting agency. For example, in order to apply for APPLE accreditation, a child care program must be a member of the Florida Association for Child Care Management (FACCM). Finally, some accrediting agencies, such as the Association of Christian Schools International (ACSI), require that their accredited member schools be recognized as faith-based programs.

In order to make the best choice among the various accrediting agencies, it is important for program staff to thoroughly review their basic requirements before purchasing the accreditation materials. Waste of time, effort, and money can be avoided by ensuring that the program currently meets or will be able to meet all basic requirements before the final choice among the 14 agencies is made. If the program is not eligible for accreditation under a particular system, then other options should be considered.

Review the Standards of the Accreditation System

Once the basic requirements of the accrediting agencies have been reviewed, another important step must take place before the final selection among the agencies can be made. This step involves a thorough review of the *accreditation standards* of each agency. In general, standards are the guidelines or expectations that measure the quality of children's daily experiences in child care and early education programs. They are the criteria against which the practices and activities of programs are judged with regard to positive outcomes for children. Standards are developed by early childhood experts who draw on their knowledge of research on the development of young children and how programs can best support optimal development. In this sense, accreditation standards represent the best information available on how to provide quality programs for young children. Indeed, researchers have shown that programs accredited by nationally-recognized accrediting agencies tend to demonstrate higher-quality outcomes and practices (Whitebook, Sakai, & Howes 1997; Peisner-Feinberg et al, 1999).

Typically, the standards of all nationally-recognized accrediting agencies include a comprehensive set of criteria to examine multiple aspects of early childhood programs, including such categories as staff-child ratios, group sizes, administration, staff qualifications and training, curriculum, literacy requirements, classroom environment, and family involvement. NAEYC, for example, requires that applicants provide an adult-child ratio not to exceed 1:10 for all 4- and 5- year-old children, with a maximum group size of 20 children. Each accrediting agency adopts standards that identify the performance expectations for high-quality programs which align best with its goals and purpose; therefore, different agencies have different sets of standards.

Just as program staff must be attentive to the basic requirements of each accrediting agency, they must be equally diligent in reviewing the standards of each agency. The "fit" between an early childhood program and the chosen accreditation system must be a comfortable one, and it is essential that staff members accept and believe in the standards of the selected system in order to achieve success. If it is unlikely that a program will be able to

satisfy some of the requirements of one accrediting agency, for example, maintaining the educational levels of all staff members, then other options should be considered.

To learn more about each of the 14 accrediting bodies, download a side-by-side comparison of Florida Approved Accreditation Programs. Visit the School Readiness Quality Initiative website at [www.floridareadiness.org](#), highlight Research Center and click on Hot Topics to locate this document. (Note: Only 11 of the 14 approved accrediting agencies are included in this 2004 publication).

B. The Application/Accreditation Steps

When staff members have reviewed all of the accrediting agencies and have selected one accreditation system to pursue, the actual three-step accreditation process begins.

The Self-Study: Opportunities for Program Evaluation

The first step, called **self-study**, begins when the program pays an application fee to the accrediting agency and receives the materials needed by personnel and parents to assess how well it meets the standards. Self-study provides an opportunity to conduct an in-depth evaluation of the program's strengths and weaknesses, and to develop a plan to make needed improvements. Once center personnel are satisfied that their program complies with the standards, the application package is submitted to the accrediting agency, and the self-study phase of the process is complete. Different accrediting agencies allow varying amounts of time for the self-study phase, but programs typically move on to the next phase within one to two years.

The self-study is generally held to be the most important element in the accreditation process. It provides an opportunity for everyone in the program – administrators, teachers, teacher assistants, parents, and even the children – to work together to evaluate and improve the program; that is, to conduct a program evaluation. Although the comprehensive evaluation of a program is challenging in terms of time, effort, funding, and occasional disagreements among the participants, it can also be a highly rewarding experience.

“Doing accreditation was a lot harder and a lot more rewarding than I thought it would be. We were surprised both by some things we thought were happening that weren’t and some things that were happening that were just sloppy. We were good, but accreditation made us get better.”

– Child Care Center Director

Excerpt taken from Greenman, J., & Stonehouse, A. (1996). Prime times: A handbook for excellence in infant and toddler programs. St. Paul, MN: Redleaf Press.

One challenging feature of the accreditation process for some programs is the inclusion of parents and families in the process. Parent involvement is required in most accreditation systems, and the role parents play in the

self-study process is essential to the overall evaluation of the program. Because staff-family relationships and parent satisfaction are important indicators of quality, they are viewed as integral components of most accreditation standards. Parents can assist programs in recognizing strengths and weaknesses in a number of ways and should be embraced as important participants in the process.

In addition to its importance, the self-study component is generally the most extensive and time-consuming element of the accreditation process. Seeing the process through from the day that the materials are first received to the day that the completed materials are submitted requires a conscious commitment on the part of all administrators, program staff, and parents. Given that time is a valuable resource in child care and early education settings, it is important that staff members are well-organized throughout the process. In a survey of programs that began the National Association for the Education of Young Children (NAEYC) self-study, but did not follow through to completion, the most frequently cited reason (38.7%) that program staff gave for not completing self-study was lack of time (Talley, 1997). In a profession with long days, in which constant supervision of young children is required and few substitutes are available, finding the time to complete observations and surveys, create plans, and implement program improvements is understandably difficult.

To assist with this task, some accrediting bodies provide *readiness* tools to accompany their accreditation system. Such tools can be useful by providing a structure to guide the evaluation of a program and to ensure that staff are prepared to move forward with the process. One example of an online survey, the *Accreditation Readiness Survey*, is offered on the NAEYC website and can be used by program staff wanting to gain an initial understanding of the self-study process.

The *Accreditation Readiness Survey* was developed to introduce most NAEYC accreditation criteria to early childhood program staff. A simple rating scale (not met, partially met, fully met) is included so staff can assess the level at which their program demonstrates compliance with each of the criteria. Some criteria are marked with an asterisk to underscore their importance. Once the survey is completed, program areas needing improvement become apparent. Staff can increase their understanding of the criteria in these areas and develop specific plans for program improvement. Use of this assessment document should incorporate the entire staff in order to establish a common understanding of the criteria of high-quality early childhood programs and the commitment required to achieve program growth. This tool is intended to open the dialogue and “set the stage” for the same type of teamwork required of those who pursue NAEYC accreditation and can be accessed at www.nacyc.org/accreditation/readiness/readiness.pdf.

As another example, the National Association for Family Child Care (NAFCC) offers the *NAFCC Accreditation Readiness Tool* on its website and describes its purpose as assessing “...the readiness of a provider for NAFCC Accreditation Self-Study or to diagnose the need for additional training in one or more areas. A home visitor uses this tool to document the quality of the program for 1-1/2 to 2 hours. Together the provider and

home visitor can review this 'snapshot' of information to plan next steps in the provider's professional development. The home visit also serves as practice for providers and children to prepare for their Accreditation Observer visit" (<http://www.nafcc.org/accred/readtool.pdf>).

Although not all 14 accrediting agencies in the Gold Seal Program offer readiness tools, others do offer guides or manuals to assist program staff in assessing which accreditation system would best serve their needs. For example, the Association of Christian Schools International (ACSI) offers a *Guide for Accredited ASCI Schools* at http://www.acsi.org/webfiles/webitems/attachment/000165_Accreditation%20Guide.pdf.

When the program evaluation is complete and all necessary improvements have been made, program staff submit materials summarizing their program's level of compliance with the accreditation standards, thereby indicating their readiness for a validation visit.

The Validation Visit

The second step, **validation**, involves a site visit from a trained validator who verifies the accuracy of the self-study submitted to the accrediting agency as an actual reflection of daily program operations. Validators typically are early childhood professionals who have had experience in working with children directly in a group setting and in administering a program; have completed a college degree in early childhood education, child development, or an equivalent field; and demonstrate objectivity and good communication skills, although the qualifications of validators vary from agency to agency. Depending on the accrediting agency, validators perform this service on either a paid or a volunteer basis.

On-site validation or evaluation is viewed as a valuable technique in assisting programs to reach their full potential by combining the self-reflective conclusions drawn by staff in the self-study process with the outside validator's views of the day-to-day operations of the program. Although the self-study is a useful tool for program staff to objectively evaluate their own program, the validation visit allows the accrediting agency to evaluate the program beyond the opinions offered by program staff (Worthen, Sanders, & Fitzpatrick, 1997). It is in the validation step that program staff learn how their own evaluation of the program compares with an outside, objective evaluation.

The Commission Decision

After the validator has completed the on-site visit, he/she compiles a report based on the findings of the visit. In most of the 14 Gold Seal accrediting agencies, the report is then submitted to a committee, typically called a commission, for review. The committee members review the self-study and the validator's report, and subsequently determine whether or not the program should be granted accreditation. Generally, one hundred-percent compliance with the standards is *not* necessary in order to achieve accreditation, and committee members have some flexibility in making the accreditation decision, based on each program's unique characteristics. The commission can either (a) grant accreditation, (b) defer accreditation and recommend additional improvements, or (c) deny

accreditation. If the decision is deferred, the program may be given a specified time period to correct any deficiencies and resubmit for accreditation, which may require another validation visit to re-determine compliance with the accreditation standards. Once accreditation has been achieved, most accrediting agencies request annual reports documenting ongoing compliance with accreditation standards. Finally, accreditation renewal is required every two to five years, depending on the accrediting body.

CONCLUSION

The process of accreditation serves to identify child care and early education programs that exceed basic licensing requirements and meet the highest standards of quality as established by nationally-recognized accrediting agencies. In Florida, the Gold Seal Quality Care Program offers 14 avenues through which programs may seek and attain accredited status.

Accreditation in child care and early education gained public recognition in the last decade in response to the lack of national standards for early childhood practice and the need to improve quality within programs (Galinsky, 1990). Recent national studies have consistently rated the overall quality of child care in the United States as mediocre in its ability to meet the developmental needs of young children (Helburn, 1995; Kontos, Howes, Shinn and Galinsky, 1995; Whitebook, Howes and Phillips, 1990). As a result, growing concern about caregiver turnover and other indicators of poor quality has resulted in the emergence of a variety of strategies directed toward improvement. One of the most promising strategies is the promotion and implementation of voluntary accreditation systems. Recent federal emphasis on increased accountability in education also supports the use of voluntary accreditation activities.

At a time when widespread program evaluation is warranted, early childhood professionals recognize that most child care and early education programs are not in a position to conduct systematic, independent evaluations as competitive businesses in other industries might undertake. Accreditation systems, however, are a viable option. Program staff members who may be untrained in program evaluation theory and practice can nevertheless employ the user-friendly materials that have been designed by early childhood associations for use by their membership.

It is essential to remember that accreditation is not an end in itself. Although accreditation may serve as a marketing tool and help programs gain favorable public recognition, it is, after all, the benefits to children and families that matter most. To date, state licensing requirements across the nation have not been effective in ensuring positive outcomes for all of our children and families. Stricter mandated standards and more effective monitoring systems are needed. In their absence, however, voluntary accreditation systems offer some measure of accountability. The program evaluation and improvement that can be realized through accreditation is needed, important, and real.

REFERENCES

- Canadian Council on Health Services Accreditation (CCHSA) (2003). <http://www.cchsa.ca/About/Accreditation/2003>.
- Cost, Quality and Child Outcomes Study Team (1995). *Cost, quality, and child outcomes in child care centers. Public report, Second edition*. Denver: University of Colorado at Denver, Department of Economics, Center for Research in Economic and Social Policy.
- Galinsky, Ellen (1990, May). From our president: NAEYC's mission/identity. *Young Children*, 45, 75-76.
- Gellens, S. (2003). Seeking NAEYC accreditation restored our program's quality. *Young Children*, 58, 96-102.
- Greenman, J., & Stonehouse, A. (1996). *Prime times: A handbook for excellence in infant and toddler programs*. St. Paul, MN: Redleaf Press.
- Helburn, S. W. (Ed.) (1995). *Cost, quality, and child outcomes in child care centers. Technical report*. Denver: University of Colorado at Denver, Department of Economics, Center for Research in Economic and Social Policy.
- Howes, C., Smith E.W., Galinsky, E. (1995). *The Florida Child Care Quality Improvement Study: Interim report*. New York, NY: Families and Work Institute.
- Institute for Research on Poverty. (1999). *The Chicago Longitudinal Study: A Study of children in the Chicago Public Schools*. University of Wisconsin-Madison.
- Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. New York: Teachers College Press.
- Krathwohl, David R. (1998). *Methods of educational & social science research: An integrated approach*. New York: Addison-Wesley Longman, Inc.
- Love, J. M., Schochet, P. Z., & Meckstroth, A. L. (1996). *Are they in any real danger? What research does-and doesn't-tell us about child care quality and children's well-being*. Plainsboro, NJ: Mathematica Policy Research.
- National Institute of Child Health and Human Development Early Child Care Research Network (NICHD). (1998). *The NICHD Study of Early Child Care* [Online]. Available http://www.nichd.nih.gov/publications/pubs/early_child_care.htm.
- National Institute of Child Health and Human Development (2002). *Study of early child care*. United States Department of Health and Human Services: Washington, D.C.
- National Child Care Information Center (NCCIC) – National Accreditation Organizations for Early Childhood Programs. Available <http://www.nccic.org/poptopics/nationalaccred.html> Patton, M. Q. (1997). *Utilization-focused evaluation*. (3rd Edition). Thousand Oaks, CA: Sage.
- Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L. . , Yazejian, N., Byler, P., Rustici, J., & Zelazo, J. (1999). *The children of the cost, quality, and outcomes study go to school: Technical report*. Chapel Hill: The University of North Carolina, FPG Child Development Center.
- RAND (1994). *Examining effects of accreditation on military child development center operations and outcomes*. Santa Monica, CA.
- Schweinhart, L.J., Barnes, H.V., & Weikart, D.P. (1993). *Significant benefits: The High/Scope Perry Preschool Study through age 27*. Monographs of the High/Scope Educational Research Foundation (No. 10). High/Scope Educational Research Foundation: Ypsilanti, MI.
- Surr, John. (2004). Who's accredited? What and how the states are doing on best practices in child care. *Child Care Information Exchange*, 156, 14-19.
- Talley, K. (1997). National accreditation: Why do some programs stall in self-study? *Young Children*, 52, 31-37.
- Wheelock College (1999). Quality standards for NAFCC accreditation. National Association for Family Child Care. Retrieved September 7, 2002, from <http://www.nafcc.org/books/>.
- Whitebook, M., Howes, C., & Phillips, D. (1990). *Who cares? Child care teachers and the quality of care in America*. Final Report of the National Child Care Staffing Study. Oakland, CA: Child Care Employee Project.
- Whitebook, M., Sakai, L., & Howes, C. (1997). *NAEYC accreditation as a strategy for improving child care quality: An assessment*. Final Report, National Center for the Early Childhood Work Force. Washington, DC.
- Worthen, B.R., Sanders, J.R., & Fitzpatrick, J.L. (1997). *Program evaluation: Alternative approaches and practical guidelines*. (2nd Ed.). New York: Longman.



DEVELOPMENTAL SCREENING, CHILD ASSESSMENT, AND PROGRAM EVALUATION: UNDERSTANDING THE DEFINITION AND PURPOSE OF EACH

"...it is important to remember that effective programs are grounded in effective assessment."

KAGAN, SCOTT-LITTLE, & CLIFFORD, 2003

The movement toward greater accountability in all areas of education has resulted in increased use of assessment instruments as a means of verifying student progress and as tools for raising student achievement (McNair, Bhargava, Adams, Edgerton, & Krypros, 2003). One example of this statement with high visibility is the creation of the No Child Left Behind Act of 2001. Under this legislation, the U.S. Department of Education has implemented the practice of standardized testing for all children from the third through eighth grade levels. The use of standardized testing for accountability purposes is not without controversy, however, both here and abroad. According to McNair et al. (2003), "the swing of the pendulum between more traditional and standardized forms of assessment and assessment embedded in teaching and learning is not limited to the United States." Shepard (2000) also noted that this debate has gained attention internationally, with some leaders supporting formal assessments as being more valuable than assessment for teaching and learning. Conversely, other researchers have emphasized that assessment linked to teaching and learning is most important. For example, the Early Childhood Assessments Resource Group of the National Education Goals Panel [NEGP] (Shepard, Kagan, & Wurtz, 1998) emphasized the promotion of children's learning and development as one of the main purposes of assessment. Wisely, Meisels, Bickel, Nicholson, Xue, and Atkins-Burnett (2001) concluded that "planning and facilitating children's learning is a complex, ambiguous task that involves assessment, which is effective only when it is conducted in a systematic way and plays an interdependent role with teaching and learning."

Apart from the many sides of this debate, researchers agree that young children's growth and development are influenced in large part by the quality of their environments (NICHD, 1999). In the recent past, early childhood education primarily focused on meeting the increasing demand for care outside of the home with little or no emphasis on children's development or education. However, as early childhood education has grown, a sophisticated body of research has emerged on the academic, social, and emotional benefits associated with high-quality early experiences (Barnett & Boocock, 1998; Consortium for Longitudinal Studies, 1983). Armed with this knowledge, early childhood professionals are obligated to plan appropriate learning opportunities for the children they serve. High-quality services depend on the ability of early childhood professionals to observe,

instruct, assess, and interact with children in order to enhance their development over time (Dwyer, Chait, & McKee, 2000; NICHD, 1999; Zaslow, Calkins, & Halle, 2000).

AGREEMENT ON TERMINOLOGY

Before any discussion of developmental screening, child assessment, and program evaluation can begin, the use of terminology must be addressed in light of changes in the field of child care and early education. Today, colleagues from the overlapping disciplines of early childhood education, early intervention, family support, infant mental health, child care, preschool, and pre-kindergarten services are combining their expertise to provide children the best possible start in life based on emerging knowledge of child development. Some leaders in the field are calling for a new paradigm, or world view, to change our thinking about the way young children learn (Carlton & Winsler, 1999). As representatives of various fields combine their efforts, they also combine their terminology. As a result, some confusion among terms is inevitable, because the same words often mean different things to different professionals.

The term *assessment* can be used generically to mean *the process of gathering information for the purpose of making decisions*. It is recognized that within early childhood education, there is no one agreed-upon set of terms to refer to the various types of assessment and evaluation conducted. A review of literature revealed that different authors and researchers use the terms screening, assessment, and evaluation interchangeably, and sometimes in conflict with each other (Shepard, Kagan & Wurtz, 1998).

Because *assessment* is used here as a generic "umbrella" term, it is important to note the finer distinctions among the terms that fall under this rubric. In doing so, it is imperative, first and foremost, that the *purpose* of each type of assessment be set forth. It is also important to remember that assessment instruments can only be used for the *purpose* for which they are designed. In addition, instruments should be valid, reliable, and fair for that purpose.

There are four primary purposes of assessment (Scott-Little, Kagan, & Clifford, 2003), and they intersect with the three broad categories of assessment, those being developmental screening, child assessment, and program evaluation.

Developmental Screening:

A brief, standardized procedure designed to quickly assess children (often in large numbers) to identify those who may need further assessment to determine the existence of a delay in development or a particular disability. Developmental screening has *one purpose*: to identify children in need of additional services.

Child Assessment:

The systematic process of determining what children know and can do, either individually or as groups, in relation to standards of performance or to the goals of a program. Child assessment can have *two purposes*: (1) to support learning and instruction (e.g., to assist teacher planning of daily activities, known as ongoing, *curriculum-based assessment*), and (2) to provide information about program accountability (e.g., to gather evidence of the effectiveness of investments in preschool education, often referred to as *accountability assessment* or *testing*).

Program Evaluation:

The systematic collection of information about the activities, characteristics, or outcomes of a program in relation to standards of care and education or desired outcomes. Program evaluation has *one purpose*: to make judgments about the program in order to determine its effectiveness and/or to improve program practices. Program evaluation can involve the collection of information on children or on the program itself (e.g., the physical or social environment).

The importance of early identification of children's strengths and challenges, coupled with an increased focus on accountability in education, highlights the need for child care and early education professionals to become familiar with assessment methods and instruments suitable for infants and young children. Further, with a growing understanding of the nature of high-quality services, there has been movement toward linking quality with child outcomes rather than with inputs such as child-to-staff ratios, group size, staff training, and education (Hofferth & Chaplin, 1994). Although the "inputs" or structural characteristics of early childhood programs relate to the provision of quality, examination of these variables does not definitively lead to an understanding of children's developmental needs.

The current focus on child outcomes is well-founded and serves several important purposes: (a) to identify children who may be at risk for health or developmental problems; (b) to determine appropriate instructional planning, improvement, evaluation, and monitoring; (c) and to determine the effectiveness of early childhood practices (Meisels & Fenichel, 1996). By defining desired goals and results, those who work with young children can plan and tailor their activities to foster individual children's development (Kagan & Neuman, 2003). In addition, specified goals and results enable programs to evaluate effectiveness and identify areas for improvement. With this information in hand, parents, professionals, and the public can hold decision-makers accountable for investing in child care and early education (Kagan, Rosenkoetter, & Cohen, 1997).

Despite the advantages of measuring quality in terms of child-based results, the field has been reluctant to embrace this approach based on several significant concerns.

First, information generated from assessments of young children has often led to the labeling, categorizing, and stigmatization of children (Bredenkamp & Rosegrant, 1992; NAEYC, 1988). Second, there is no consensus regarding which results are most important for young children or how to measure results (Kagan & Neuman, 2003). Third, measuring results for children younger than age 3 and children who are racially, ethnically, or linguistically diverse is often unreliable, and there is danger that data could be used to make "high-stakes" decisions concerning children's placement (Kagan et al., 1997). Given such broad and powerful concerns, it is critical that child care and early education professionals understand the various types of assessment, the differences in their purposes, and the use of proper practices and instruments when assessing young children.

THREE CATEGORIES OF ASSESSMENT

Infants and young children are unique individuals from birth and are varied in their physical, cognitive, communication, social, emotional development, as well as in their approaches to learning. Just as children are distinct with regard to their abilities, so, too, are the instruments designed to measure different aspects of development. It is paramount to first identify the purpose for which assessment is being conducted, and subsequently to choose appropriate instruments and practices for that purpose.

I. Developmental Screening

Some infants and young children fail to demonstrate characteristics and behaviors that fall within the range of typical growth and development. Instead, they may develop more slowly or along a different trajectory than their peers in obvious or subtle ways. A wide range of factors, both genetic and environmental, can have powerful impacts on children's developmental and educational accomplishments, both in the short-term and long-term (Wolery, 2000). Nevertheless, developmental disabilities or delays may or may not be easy to identify depending on the individual child and the environmental factors experienced by that child.

Because the early years of children's lives lay the foundation for all later learning, they are uniquely influential. As a result, it is important that early intervention is provided when, and as soon as, the course of a young child's development is known to deviate from typical expectations. Many infants and young children identified as having developmental delays, disabilities, or special health care needs are able to make great strides with appropriate early intervention services. It follows, then, that early childhood educators should employ appropriate practices to identify early difficulties.

The purpose of developmental screening is to quickly and efficiently determine whether a child should be more closely evaluated for potential difficulties that might necessitate early intervention services. According to Scott-Little (2004), screenings "catch" children who may need

further assessments and are quick, designed to provide limited information, and raise “red flags.” Screening instruments are appropriate when the primary purpose of the assessment is the early identification, prevention, or remediation of potential developmental problems (Feld & Bergen, 2002). It is important to remember that screening is limited in that it can only indicate the possible presence of developmental concerns and cannot definitively determine the nature or extent of a disability. Screening must be followed by a more comprehensive and formal assessment process in order to confirm or disconfirm the “red flags” raised by the screening procedure.

A Note of Clarification

Assessment under the Individuals with Disabilities Education Act (IDEA)

When a child’s screening results fall into the range of scores that indicate the need for referral for further assessment, a process is set into motion that departs from the ongoing, curriculum-based assessment activities that occur in classrooms with children who do not receive this type of referral. When children are referred for additional consideration, they receive a more intensive level of assessment typically known as evaluation, psychological evaluation, formal evaluation, or diagnostic testing. The results of this level of assessment are used to determine the child’s eligibility for services under the IDEA.

If found to be eligible for services, children may receive services through their school districts or other designated agencies under one of two programs, depending on their age:

- Early Intervention, for children from birth to age three, under Part C of the IDEA.
- Early Childhood Special Education or Pre-Kindergarten Exceptional Student Education (Pre-K ESE), for children ages 3 to 5, under Part B of IDEA.

Typically, the screening process is used to assess large numbers of children in order to determine which children, if any, should participate in a more comprehensive and formal assessment. Screening entails examining children’s abilities in terms of overall functioning to look for signs of developmental concerns that may be in need of closer examination. Because of the need to screen large numbers of children to “cast a wide net” for potential concerns, these procedures are brief, relatively inexpensive to administer, and designed to be completed in a short amount of time, generally 30 minutes or less. As with any type of assessment, the effectiveness of screening is dependent on the education and training of the person administering the instrument.

Developmental screening instruments are generally designed to survey children’s abilities in multiple domains of development, including language, reasoning, motor, social/emotional, and personal care skills. Comprehensive screening of infants and preschoolers can also include parent observations, medical history (often using parents as informants), and vision and

hearing tests, in addition to commercial screening instruments and observation reports.

Developmental screening yields relatively global information, and as a result, it does not yield sufficient information on which teachers can base their classroom activities and lesson plans. Screening can answer questions such as, “Is this child developing within expected ranges?” or “Is the development of this child similar to that of his peers?” Because the questions are so general, even the best screening instruments can only classify children into three categories (Krogh & Slentz, 2001, pp. 28-29):

1. **Reassure:** Results indicate that children in this group are developing as expected. Parents are reassured and may be given information on parenting and what to expect from their children as they continue to grow and change.
2. **Refer:** Results indicate that children in this group are developing more slowly or differently than other children of the same age. Parents of children in this group are encouraged to schedule more thorough and detailed evaluations of their children. Sensitivity to the feelings of parents should be considered when referring families to other professionals for further evaluation, in recognition of the difficulty they may experience as they face the possibility that their child may have a developmental delay or disability.
3. **Reschedule:** Results are equivocal for children in this group, without a clear indication of whether or not there is a developmental concern. Parents are advised to have the child screened again at a future date. Questionable results on a screening indicate the need for a sensitive approach to helping parents monitor their child’s development.

II. Child Assessment

As important as developmental screening is to the overall assessment process, it should never be used as a substitute for ongoing child assessment (Feld & Bergen, 2002). Whereas the purpose of periodic screening is to identify children in need of additional services, the purpose of ongoing child assessment is to gather information about children to either (1) guide classroom planning and instruction (known as *curriculum-based assessment*) or (2) monitor the effectiveness of programs using measures of developmental progress (known as *accountability assessment*).

Ongoing, Curriculum-Based Assessment

Globally, ongoing curriculum-based assessment is a systematic process of observing, gathering, recording, and interpreting information about children to answer questions and make instructional decisions about children and/or about programs. Child assessment instruments are generally used to gather information about children’s abilities, behaviors, developmental milestones, or academic achievement. By feeding this information back into their instructional planning process, teachers can gain important insights for the purpose of adapting the learning

environment, daily routines, and classroom activities to the specific needs of the children they serve. When assessment data is used to design children's learning experiences, a more stimulating, sensitive, and exciting learning environment is made possible (Niemeyer & Scott-Little, 2001).

On-going child assessment can provide valuable information at several levels:

- Chart children's growth and development along a developmental path.
- Facilitate planning for individual children and small groups.
- Modify curriculum in ways that meet children's needs and program goals.
- Provide rapid links between assessment results, activities, and lesson planning.
- Communicate effectively with parents.
- Provide data analysis at various program levels (child, center, program).
- Assist in program management and decision-making.
- Document developmental outcomes through a variety of reports.
- Filter variables that might influence developmental outcomes.
- Conduct program self-assessment and decision-making.

Feld, J.K., & Bergan, K.S. (2002). Assessment tools in the 21st century. Child Care Information Exchange, July/August 2002.

Accountability Assessment of Children

Accountability assessments are typically used for two purposes, to either (1) evaluate the effectiveness of programs, or to (2) track trends in child development outcomes over time (Scott-Little, 2004; Maxwell & Clifford, 2004). Accountability assessments of young children are referred to as "high-stakes" if they are used to make decisions about individual children or teachers. Because they are used to make important decisions about individuals, assessment instruments for this purpose must meet rigorous standards of technical accuracy. Few assessment tools for young children meet high standards, however; and the NÉGP report (Shepard, Kagan, & Wurtz 1998) recommends that no child assessments be conducted for high-stakes accountability before third grade.

Evaluation of Programs

Assessments of young children's skills are often included in evaluations to determine the effectiveness of early childhood programs. Assessments chosen for this purpose should reflect program goals and be appropriate for the children attending the program. Generally, child assessments for the purpose of program evaluation should only include a sample of children rather than all children. Program effectiveness can be

measured by assessing a representative group of children from the program; the program does not have to demonstrate success for each and every child. Gathering evaluation data on a sample of children rather than all children minimizes the likelihood of information being used inappropriately to make decisions about individual children or judgments about individual teachers.

School readiness assessments for program evaluation can provide important indicators of an early childhood program's effectiveness in preparing children for school and can yield useful feedback to help administrators improve program quality. If teachers complete the assessments, safeguards are necessary to ensure that the data are not biased because the teachers are invested in the results (i.e., they understandably want children in their class or program to do well). Assessments for the purpose of measuring program success typically cannot provide teachers with information to help improve children's learning because the tools used often are not designed for the purpose of improving instruction (Maxwell & Clifford, 2004).

Tracking of Trends

Monitoring trends in child assessment data may be done by educators and policy makers to determine whether investments in early childhood education are resulting in improved outcomes for children. Programs, communities, or states may design analyses of children's abilities over time; for example, they may gather data as successive groups of children prepare to enter kindergarten.

As with program evaluation, child assessments for tracking trends in achievement should only be conducted, for the most part, on a sample of children to provide a general picture of the characteristics of a group of children and not information about individual children's skills.

III. Program Evaluation and Accountability

With increased public investments in early childhood education come expectations that programs should be accountable for producing positive results (Scott-Little, Kagan, & Clifford, 2003). Program evaluations can vary in scope from an informal, ongoing evaluation conducted by a child care center to improve its services, to school district evaluations of children's progress in the early grades of school, to large scale studies of the impact of statewide prekindergarten initiatives (e.g., Gilliam & Zigler 2000; Schweinhart 2003).

In general terms, program evaluation is the systematic collection of information about activities, characteristics, or outcomes of a program to make judgments about the program, improve program effectiveness, and/or inform decisions about future planning (Patton, 1997). Programs can be evaluated by (1) looking at the practices and characteristics of the program and comparing them to standards of quality (e.g., the actual physical and social environment of the program) or (2) measuring the outcomes of the program and comparing them to desired outcomes (e.g., children's developmental abilities, family

involvement levels, or teacher behaviors). Accordingly, program evaluation may take many forms, such as child assessments, family surveys, teacher interviews, and classroom observations. It is important to note here that the use of child assessment data for program evaluation purposes has already been addressed in a previous section (please see “Evaluation of Programs,” p. 4).

As with all types of assessment, the purpose of program evaluation must be clearly defined. When assessment data is used to determine the effectiveness of programs, the evaluation should be based on multiple measures including child and family outcomes, program structure and process indicators, classroom and teacher observations, and overall program effectiveness. Unless the purpose of the evaluation is clearly framed, it is impossible to collect relevant information or determine if the program is meeting desired goals.

According to the National Association for the Education of Young Children [NAEYC] (2003), the following guidelines are indicators of effective program evaluation:

- ***Evaluation is used for continuous improvement.***

Programs undertake regular evaluation, including self-evaluation, to document the extent to which they are achieving desired results, with the goal of engaging in continuous improvement. Evaluations focus on processes and implementation as well as outcomes. Over time, evidence is gathered that program evaluations do influence specific improvements.

- ***Goals become guides for evaluation.***

Evaluation designs and measures are guided by goals identified by the program, by families and other stakeholders, and by the developers of a program or curriculum, while also allowing the evaluation to reveal unintended consequences.

- ***Comprehensive goals are used.***

The program goals used to guide the evaluation are comprehensive, including goals related to families, teachers and other staff, and the community as well as child-oriented goals that address a broad set of developmental and learning outcomes.

- ***Evaluations use valid designs.***

Programs are evaluated using scientifically valid designs, guided by a “logic model” that describes ways in which the interventions are viewed as having both medium- and longer-term effects on children and, in some cases, families and communities.

- ***Multiple sources of data are available.***

An effective evaluation system should include multiple measures, including program data, child demographic data, information about staff qualifications, administrative practices, classroom quality assessments, implementation data, and other information that provides a context for interpreting the results of child assessments.

- ***Sampling is used when assessing individual children as part of large-scale program evaluation.***

When individually administered, norm-referenced tests of children’s progress are used as part of program evaluation and accountability, matrix sampling is used (that is, administered only to a systematic sample of children) so as to diminish the burden of testing on children and to reduce the likelihood that data will be inappropriately used to make judgments about individual children.

- ***Safeguards are in place if standardized tests are used as part of evaluations.***

When individually administered, norm-referenced tests are used as part of program evaluation, they must be developmentally and culturally appropriate for the particular children in the program; conducted in the language in which children are most comfortable, and with other accommodations as appropriate; valid in terms of the curriculum; and technically sound (including reliability and validity). Quality checks on data are conducted regularly, and the system includes multiple data sources collected over time.

- ***Children’s gains over time are emphasized.***

When child assessments are used as part of program evaluation, the primary focus is on children’s gains or progress as documented in observations, samples of classroom work, and other assessments over the duration of the program. The focus is not just on children’s scores upon their exit from the program.

- ***Well-trained individuals conduct evaluations.***

Program evaluations, at whatever level or scope, are conducted by well-trained individuals who are able to evaluate programs in fair and unbiased ways. Self-assessment processes used as part of comprehensive program evaluation follow a valid model. Assessor training goes beyond single workshops and includes ongoing quality checks. Data are analyzed systematically and can be quantified or aggregated to provide evidence of the extent to which the program is meeting its goals.

- ***Evaluation results are publicly shared.***

Families, policy makers, and other stakeholders have the right to know the results of program evaluations. Data from program monitoring and evaluation, aggregated appropriately and based on reliable measures, should be made available and accessible to the public.

EARLY CHILDHOOD ASSESSMENT PRACTICES

The assessment of young children should be built on research-based understanding of early human development. Further, the cornerstone of child assessment should be the observation of children in interaction with trusted teachers and the appreciation of the children's core functional capacities (Greenspan & Meisels, 1996). Teachers who assess children on a routine basis can note and record significant milestones in their development as they occur, thereby ensuring that children's daily progress is not overlooked (McAfee, Leong, & Bodrova, 2004). Bricker (1996) suggested that outcomes from an assessment process that watches children at play and at work and that solicits and includes family input provide a rich, relevant source of information for selecting program goals and planning strategies.

Though continuous collection of observation data is important, it is not adequate for all the purposes of assessment. The purpose for which an assessment is conducted will determine the type of information to be collected and the type of instruments to be used. Regardless of purpose, however, there are certain standards of practice that must be taken into consideration in the assessment of young children. For example, assessment practices that are stressful for children will undermine the results of the process and will not contribute to a valid or reliable understanding of children's abilities. In addition, children should not be forced to separate from their parents or familiar teachers, and they should not be expected to perform well if an unfamiliar adult administers the assessment.

At a minimum, the following standards should guide the assessment of young children (NAEYC, 2003):

- Ethical principles guide assessment practices.
- Assessment instruments are used for their intended purposes.
- Assessments are appropriate for ages and other characteristics of children being assessed (e.g., cultural and linguistic characteristics; special learning needs)
- Assessment instruments are in compliance with professional criteria for quality.
- What is assessed is developmentally and educationally significant.
- Assessment evidence is used to understand and improve learning.
- Assessment evidence is gathered from realistic settings and situations that reflect children's actual performance.
- Assessments use multiple sources of evidence gathered over time (including *naturalistic* or *authentic* measures [e.g., observations, work samples, teacher checklists] in addition to formal measures [e.g., standardized, norm-referenced instruments])
- Screening is always linked to follow-up.
- Use of individually administered, norm-referenced tests is limited.
- Staff and families are knowledgeable about assessment.

A LITTLE MORE ON EARLY CHILDHOOD ASSESSMENT INSTRUMENTS

Determining the best assessment instruments for use with young children presents many challenges. Ideally, early childhood professionals should think in terms of assessment systems, and not merely assessment instruments, based on the knowledge that no one instrument can yield a comprehensive understanding of children's development.

Selection of proper assessment tools requires careful consideration of the purpose and type of assessment to be conducted. Assessment should be focused, planned, and intentionally linked to the improvement of teaching and learning based on the characteristics of young children, and all selected instruments should support this goal.

Greenspan and Meisels (1996) have warned that pressures to produce quick "scores" may entice professionals to use their experiences with older children to adopt assumptions, procedures, and instruments that are inappropriate for younger children. They emphasize that instruments designed for older children "were not developed upon on the model of how infants and young children develop within the family; do not reflect an understanding of the specific types of difficulties and developmental challenges that children and families face in the earlier years, and do not represent the best ways to observe and assess the dynamic developmental process as it occurs in infancy and early childhood (p. 15)."

Any sound and appropriate assessment instrument has several essential features (McAfee et al., 2004). Among the most important is that instruments are both valid and reliable. An assessment instrument is *valid* when it measures what it purports to measure and not other constructs (i.e., an instrument designed to measure social development should not, in fact, measure cognitive skills). An assessment instrument is *reliable* when it produces accurate and consistent results over time across users and across children. In addition to being technically sound, assessment instruments for young children should, again, serve the purpose for which they are being used.

SOME FINAL THOUGHTS ON THE ASSESSMENT OF YOUNG CHILDREN

Given the current national and state debate on accountability in education, early childhood educators should be cautious to not discard its role and value in providing services to young children. We need to have information about our children and the programs that serve them. Parents want to know how their children are doing, teachers need systematic information to plan appropriate programs, and policymakers need to know the degree to which public investments in programs for young children are producing desired results (Scott-Little, Kagan, & Clifford, 2003). The question is not whether or not assessments are worthwhile, but rather how to best design and conduct assessment systems for young children. To that end, broad policy implications must be considered at all levels, and the following guidelines should serve to guide our practices (Scott-Little, Kagan, & Clifford, 2003):

- Recognize that effective assessments for young children are not easy to conduct.

- Think assessment systems, not individual assessments.
- Support the development of adequate assessment instruments.
- Design an approach to assessment that is sound and will produce reliable and meaningful results.
- Support in-service professional development for those who conduct the assessments.
- Recognizing that the majority of early education takes place outside of formal programs, plan for the involvement of family childcare and other providers in the assessment system and in the accompanying professional development.
- Make provisions for including parents and other family members in the assessment process.
- Understand that readiness results from a combination of factors, all of which must be assessed.
- Clarify the way, and by whom, readiness information will be used and disseminated before the data are collected.

In order to educate and care for children, design effective programs, and provide adequate safeguards in the process, it is incumbent upon all early childhood

educators to become knowledgeable about the early assessment of children. Teachers, in particular, as the professionals who are directly responsible for the appropriate and accurate use of instruments in their classrooms, should embrace the value of assessment procedures and actively seek current knowledge to guide their practices.

EARLY CHILDHOOD ASSESSMENT INSTRUMENTS: SOME EXAMPLES

Following is a table that includes some of the most commonly-used developmental screening, child assessment, and program evaluation instruments that are commercially available. The instruments included in this list are a representative sample of the larger set of instruments available to early childhood professionals; they are not an exhaustive collection of all available screening, assessment, and evaluation instruments available for public use. In addition, inclusion in this list does not imply that these instruments are recommended or endorsed in any way. They merely represent a selection of the instruments available in the three categories of developmental screening, child assessment, or program evaluation, as well as a fourth category that includes tools that have both screening and assessment capabilities.

EARLY CHILDHOOD ASSESSMENT INSTRUMENTS

I. DEVELOPMENTAL SCREENING INSTRUMENTS

<i>Instrument Name & Authors</i>	<i>Age</i>	<i>Purpose</i>
Ages & Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System, Second Edition <i>Diane Bricker and Jane Squires</i>	4 months to 5 years in selected monthly intervals	The ASQ is a first-level comprehensive screening instrument used to identify children who may need additional evaluations.
Developmental Activities Screening Inventory, Second Edition (DASI-II) <i>Rebecca Fewell and Mary Beth Langley</i>	Birth to 5 years	The DASI-II is designed for use as an early screening instrument for developmental delays and can be used with children with sensory and/or language disabilities.

II. CHILD ASSESSMENT INSTRUMENTS

<i>Instrument Name & Authors</i>	<i>Age</i>	<i>Purpose</i>
Assessment, Evaluation, and Programming System for Infants and Children (AEPS), Second Edition Volumes 1-4 <i>Series edited by Diane Bricker</i>	Birth to 6 years	The purpose of the AEPS is to assist parents and early childhood teachers in identifying and monitoring children's developmentally appropriate educational targets and planning individualized intervention.
Bayley Scales of Infant Development, Second Edition (BSID-II) <i>Nancy Bayley</i>	1 to 42 months	The Bayley Scales are used to describe the mental and motor development and behavior of infants and to assist in diagnosis and treatment planning for infants with developmental delays or disabilities.

II. CHILD ASSESSMENT INSTRUMENTS (Continued)

<i>Instrument Name & Authors</i>	<i>Age</i>	<i>Purpose</i>
Brigance Inventory of Early Development, 2nd Edition (IED-II) <i>Albert Brigance</i>	Birth to 84 months	The IED-II is designed to identify at-risk children while evaluating developmental and performance levels. It can also be used to assess children to provide ongoing assessment, identify developmental age, pinpoint learning problems, monitor and document progress, and create instructional objectives.
The Creative Curriculum Developmental Continuum for Infants and Toddlers <i>L.J. Colker and A. Dombro</i>	Birth to 3 years	The Developmental Continuum assists teachers in establishing systems to observe children and document their progress. Information from the Continuum can also help teachers plan for individual and group activities.
Early Learning Accomplishment Profile (Early-LAP/E-LAP) <i>M. Elayne Glover, Jodi L. Preminger, and Anne R. Sanford</i>	Birth to 36 months	The purpose of the E-LAP is to assist teachers, clinicians, and parents in assessing individual skill development in six domains of development so that individualized, developmentally appropriate activities can be planned and implemented.
Infant Toddler Development Assessment (IDA) <i>Sally Provence, Joanna Erikson, Susan Vater, and Saro Palmeri</i>	Birth to 36 months	The IDA is designed to identify children who are developmentally at risk, and can help determine the need for monitoring, consultation, intervention, or other services for the child and family.
Kaufman Survey of Early Academic and Language Skills (K-SEALS) <i>Alan S. Kaufman and Nadeen L. Kaufman</i>	36 to 83 months	The K-SEALS is used for the assessment of children's language skills (expressive and receptive vocabulary), pre-academic skills, and articulation.
The Ounce Scale <i>Samuel J. Meisels, Amy Dombro, Dot Marsden, Donna Weston, and Abby Jewkes</i>	42 months	The Ounce Scale has two purposes: (1) to provide guidelines and standards for observing and interpreting young children's growth and behavior, and (2) to provide information that parents and caregivers can use in everyday interactions with their children.
Transdisciplinary Play-Based Assessment (TPBA), Revised Edition, & Transdisciplinary Play-Based Intervention (TPBI) <i>Toni W. Linder</i>	Infancy to 6 years	TPBA/TPBI is an integrated approach to assessment and intervention based on research showing that play encourages children's thinking skills, communication and language abilities, movement proficiency, and social-emotional development.

III. MULTI-FUNCTIONAL CHILD ASSESSMENT INSTRUMENTS: DEVELOPMENTAL SCREENING AND CHILD ASSESSMENT INSTRUMENTS

<i>Instrument Name & Authors</i>	<i>Age</i>	<i>Purpose</i>
Battelle Developmental Inventory, Second Edition (BDI-2) <i>J. Newborg, J.R. Stock, J. Wnek, J. Guidubaldi, and J.S. Svinicki</i>	Birth to 8 years	The BDI-2 is designed to depict child progress in intervention programs, to identify children with special needs, and to provide comprehensive analysis of functional capabilities.
Devereux Early Childhood Assessment (DECA) – Infant/Toddler Version <i>C. Powell, N. Martin, and M. Mackrain</i>	6 weeks to 36 months	The DECA is designed to assess individual protective factors in order to promote resilience (social and emotional well being) in infants and toddlers, and can be used to help reduce behavioral concerns.

III. MULTI-FUNCTIONAL CHILD ASSESSMENT INSTRUMENTS: DEVELOPMENTAL SCREENING AND CHILD ASSESSMENT INSTRUMENT

<i>Instrument Name & Authors</i>	<i>Age</i>	<i>Purpose</i>
Galileo Preschool <i>J. Bergan and J. Feld</i>	Birth to 5 years	Galileo is a complete electronic assessment and curriculum system linking planning, individualization, outcome documentation, and program enhancement. Galileo is aligned with all Head Start Framework domains.
Mullen Scales of Early Learning (MSEL), AGS Edition <i>Ellen M. Mullen</i>	Birth to 68 months	The Mullen Scales of Early Development provide comprehensive assessment of children's motor, perceptual, and language abilities. The Scales can be used to help determine need for special services, and to assess learning styles, strengths, and weaknesses.
Receptive-Expressive Emergent Language Scale (REEL-3), Third Edition <i>Kenneth R. Bzoch, Richard League, and Virginia L. Brown</i>	Birth to 3 years	The REEL-3 is designed to identify infants and toddlers who have language impairments or other disabilities that affect language development. It is useful as an assessment and planning instrument in early intervention programs.
Temperament and Atypical Behavior Scale (TABS) <i>Stephen J. Bagnato, John T. Neisworth, John J. Salvia, and Frances M. Hunt</i>	11 to 71 months	The purpose of TABS is to screen and assess emerging problems in temperament and self-regulatory behavior in infants, toddlers, and preschoolers. TABS consists of both a screening tool and an assessment tool.

IV. PROGRAM EVALUATION INSTRUMENTS

<i>Instrument Name & Authors</i>	<i>Age</i>	<i>Purpose</i>
Infant/Toddler Environment Rating Scale – Revised Edition (ITERS-R) <i>Theлма Harms, Debby Cryer, and Richard Clifford</i>	Designed to be used with one classroom or one group at a time for children birth through 30 months of age	The purpose of the ITERS-R is to assist staff in program improvement, to assess program quality for infant and toddlers, and to assist staff in observing how well a program is meeting children's needs.
Early Childhood Environment Rating Scale – Revised Edition (ECERS-R) <i>Theлма Harms, Richard Clifford, and Debby Cryer</i>	Designed to be used with one classroom or one group at a time for children ages 2 1/2 through 5 years	The purpose of the ECERS-R is to assist staff in program improvement, to assess program quality for young children, and to assist staff in observing how well a program is meeting children's needs.
Family Day Care Rating Scale (FDCRS) <i>Theлма Harms and Richard Clifford</i>	Designed to be used in family child care homes that serve children birth to 12 years of age	The purpose of the FDCRS is to provide an overall picture of the quality of care provided for children in a family child care home. The scale can be used by a care provider for self-assessment or by a supervisor/trainer/ researcher after an appropriate observation period.
Early Language and Literacy Classroom Observation Toolkit (ELLCO) <i>Miriam W. Smith and David K. Dickinson</i>	Designed for use in pre-kindergarten to third grade classrooms	The purpose of the ELLCO is to address the role of environmental factors in early literacy and language development by assessing literacy and language practices and materials in early childhood programs through classroom observations and teacher interviews.

REFERENCES

- Barnett, W.S., & Boocock, S.S. (Eds.). (1998). *Early care and education for children in poverty: Promises, programs, and long-term results*. Albany, NY: SUNY Press.
- Bredenkamp, S. & Rosegrant, T. (Eds.). (1992). *Reaching potential: Appropriate curriculum and assessment for young children*. Washington, DC: Natl. Assn. for the Education of Young Children.
- Bricker, D. (1989). *Early intervention for at-risk and handicapped infants, toddlers, and preschool children*. Palo Alto, CA: VORT Corporation.
- Bricker, D. (1996). Assessment for IFSP development and intervention planning. In S.J. Meisels and E. Fenichel (Eds.), *New visions for the developmental assessment of infants and young children* (pp. 169-192). Washington, D.C.: ZERO TO THREE.
- Carlton, M.P., & Winsler, A. (1999). School readiness: The need for a paradigm shift. *School Psychology Review, 28*, 338-352.
- Consortium for Longitudinal Studies. (1983). *As the twig is bent: Lasting effects of preschool programs*. Hillsdale, NJ: Erlbaum.
- DuBose, R. (1981). Assessment of severely impaired young children: Problems and recommendations. *Topics in Early Childhood Special Education, 1*, 9-21.
- Dwyer, M.C., Chait, R. & McKee, P. (2000). *Building strong foundations for early learning: Guide to high-quality early childhood education programs*. Washington, DC: U.S. Department of Education, Planning and Evaluation Service.
- Feld, J.K., & Bergan, K.S. (2002). Assessment tools in the 21st century. *Child Care Information Exchange*, July/August 2002.
- Gilliam, W.S., & E.F. Zigler. (2000). A critical meta-analysis of all evaluations of state-funded pre-school from 1977 to 1998: Implications for policy, service delivery and program evaluation. *Early Childhood Research Quarterly, 15* (4): 441-72.
- Greenspan, S., & Meisels, S.J. (1996). Toward a new vision for the developmental assessment of infants and young children. In S.J. Meisels and E. Fenichel (Eds.), *New visions for the developmental assessment of infants and young children* (pp. 11-29). Washington, D.C.: Zero to Three.
- Hofferth, S. and D. Chaplin. (1994). *Child care quality versus availability: Do we have to trade one for the other?* Washington, DC: The Urban Institute.
- Kagan, S.L., Scott-Little, C., & Clifford, R.M. (2003). Assessing young children: What policymakers need to know and do. In C. Scott-Little., S.L. Kagan, and R.M. Clifford (Eds.), *Assessing the state of state assessments: Perspectives on assessing young children* (pp. 5-11). Greensboro, NC: SERVE.
- Kagan, S. L., & Neuman, M. J. (2003). Back to basics: Building an early care and education system. In F. Jacobs, D. Wertlieb, & R. M. Lerner (Eds.), *Handbook of applied developmental science: Vol. 2. Enhancing the life chances of youth and families. Contributions of programs, policies, and service systems* (pp. 329-345). Thousand Oaks, CA: Sage.
- Kagan, S. L., Rosenkoetter, S., & Cohen, N. (Eds.). (1997). *Considering child-based results for young children: Definitions, desirability, feasibility, and next steps*. New Haven, CT: Yale Bush Center in Child Development and Social Policy.
- Maxwell, K.L., & Clifford, R. M. (2004). School readiness assessment. *Beyond the Journal: Young Children on the Web*. Available: <http://www.journal.naeyc.org/btj/200401/Maxwell.pdf>
- McAfee, O., Leong, D.J., & Bodrova, E. (2004). *Basics of assessment: A primer for early childhood educators*. Washington, DC: NAEYC.
- McNair, S., Bhargava, A., Adams, L., Edgerton, S., & Krypros, B. (2003). Teachers speak out on assessment practices. *Early Childhood Education Journal, 31*, 23-31.
- Meisels, S. J., Bickel, D. D., Nicholson, J., Xue, Y., & Atkins-Burnett, S. (2001). Trusting teachers' judgments: A validity study of a curriculum-embedded performance assessment in Kindergarten - Grade 3. *American Educational Research Journal, 38* (1), 73 - 95.
- Meisels, S.J., & Fenichel, E. (Eds.). (1996). *New visions for the developmental assessment of infants and young children*. Washington, DC: Zero to Three.
- National Association for the Education of Young Children. (1988). Position statement on standardized testing of young children 3 through 8 years of age. *Young Children, 43* (3), 42-47.
- National Association for the Education of Young Children & National Association of Early Childhood Specialists in State Departments of Education. (2003). *Early childhood curriculum, assessment and program evaluation* (NAEYC position statement) [Online]. Available: <http://www.naeyc.org/about/positions/pdf/pscape.pdf>



CARING FOR THOSE WHO CARE FOR OUR YOUNGEST CHILDREN: STRATEGIES TO SUPPORT STAFF HEALTH AND WELLNESS

*"No knowledge is more crucial than knowledge about health.
Without it, no other life goal can be successfully achieved."*

ERNEST BOYER (1983)

Many questions come to mind for parents when entering a child care setting for the first time. Parents may ask themselves, "Is this a safe place for my child to play everyday? Is the environment healthy and clean? Are the teachers loving, attentive and interacting with the children?" For most parents, reasonable assurance that children will be cared for and educated in a clean, safe and healthy environment is a top priority. Although concern for children is paramount, teachers should expect no less concern for their own well-being. Just as it is important for early childhood teachers and administrators to promote the physical and mental health of the children in their care, early childhood professionals must also take good care of themselves (American Academy of Pediatrics, 2002).

NATIONAL AND STATE HEALTH CONCERNS

The health status of America's population is currently a hot topic. According to a *Healthy Workforce* report (2001), most of the top 10 leading causes of premature death in the United States are in some way linked to personal behaviors; behaviors that may either contribute to disease development or exacerbate existing health problems. Having effective prevention strategies in place at a worksite (e.g., staff health and wellness programs) can help administrators address aspects of the social and physical environment that promote poor health habits and constrain healthful behaviors of employees. In turn, policies that alter the social and physical environment can lead to changes in individual behaviors and can have a profound impact on the health of the organization and its employees (Symons, Cummings & Olds, 1994). Whatever the motivation, this is an opportune time for employers to invest in the promotion of staff health and wellness at the worksite and in the community.

In September 1990, the U.S. Department of Health and Human Services coordinated the publication of a set of national health objectives known as *Healthy People 2000* (U.S. Department of Health and Human Services, 1990). This publication laid out a comprehensive, nationwide health promotion and disease prevention agenda for improving the health of Americans by the end of the century. The strategy was written for use by different audiences at the state level, in local communities, and by professional organizations and businesses to help develop programs to improve the individual and group health status of all Americans. The participation of private and public sector employers was seen as essential to its success.

In January 2000, the report was revised as *Healthy People 2010* and offered updated Leading Health Indicators to assist adults in understanding the importance of health promotion and disease prevention.

Leading Health Indicators

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization
- Access to health care

In response to this initiative, Governor Jeb Bush convened a statewide Task Force in Florida in 2003 to explore issues related to the causes of the statewide obesity epidemic and to develop recommendations for action. One of the nine recommendations offered by members of the Task Force included the role of the worksite in promoting lifelong physical activity and healthful nutrition (Florida Governor's Task Force on the Obesity Epidemic, 2004). Members strongly recommended that all employers consider opportunities to improve the overall health of their employees by:

- Encouraging and supporting employees to become more physically active and offering opportunities throughout the workday (via breaks or flexible working hours) for physical activity.
- Reviewing the work environment to ensure safe facilities for physical activity and to consider providing structured onsite facilities or incentives for promoting physical activities for membership.
- Practicing physical activity and healthful nutrition and providing leadership as role models for their employees.

- Reviewing benefit options, especially insurance offerings, and determining where cost savings may be realized by having a healthier workforce, as well as working with benefit companies to seek cost savings for employees.
- Providing workplace policies that promote healthy vending and food selections and ensuring that nutritious options are available at staff meetings and celebrations.

IMPLICATIONS FOR THE CHILD CARE AND EARLY EDUCATION SYSTEM

As the field of child care and early education faces challenges in the quest for professionalism and improved quality, hiring and retaining qualified teachers remains a top concern for early childhood programs nationwide. According to the YMCA, low pay equals high teacher turnover, a serious quality issue (Nation's Report Card, 1999). An entry-level early childhood teacher can expect to earn an annual income of \$12,797, which translates into an hourly wage of \$6.18, while an experienced teacher can expect to earn \$17,016 annually or \$8.18 per hour (Florida Agency for Workforce Innovation, 2004). In addition, teachers face a lack of health benefits, retirement packages and leave time.

Beyond these workforce issues, the demands of caring for and educating young children include physical and emotional strains. In describing the work day of an early childhood teacher, it is often said that no two days are ever alike (Katz, 1982). This can be interpreted as a stressor for some or viewed as a source of satisfaction for others. On a typical day, teachers stand, walk, bend, stoop and lift on a near-constant basis in order to attend to each child's interests and needs. In addition to their instructional duties, teachers also have a responsibility to serve nutritious foods, teach proper eating habits, help children maintain good personal hygiene, and ensure that children have proper rest periods.

Each day, teachers are expected to be alert and enthusiastic, to anticipate and prevent problems, and to work with children with challenging behaviors. In addition to the physically and emotionally stressful demands of the job, early childhood teachers come into daily contact with health hazards such as body fluids and infectious illnesses. Many times, emergencies arise that require teachers to react quickly and calmly in high-stress situations. In these circumstances, teachers not only need to be role models in health promotion and disease prevention for each other, but also for the families and children they serve. When teachers are healthy and enthusiastic, they become examples of healthy living, helping to reinforce the messages they communicate to families and children. In a sense, their energy and attitude become contagious (Wolford, Wolford & Allensworth, 1988). On the other hand, unhealthy, overstressed and overworked adults are likely to find it difficult to fulfill this essential role, thus reducing the overall quality of the program. Given that quality has been directly and repeatedly linked to children's optimal growth and development (NICHD, 2002), it becomes important for teachers of young children to have access to information, programs, and opportunities to ensure

the stability of their own mental health and physical well being. In the end, promoting staff health and wellness in early childhood programs can be seen as one important way to better ensure the health and welfare of teachers as well as families and children.

THE NEED FOR STAFF HEALTH AND WELLNESS PROGRAMS

On-site health and wellness programs have grown in popularity during the last decade and have achieved major successes in a variety of occupational settings, including early childhood education. The majority of research on school site health promotion has been conducted in the public school system (Marx, Wooley & Northrop, 1998).

As one of the largest employers in the U.S. - public schools employ more than 2.5 million teachers and more than 2 million others - schools are in a unique position to bolster staff health and contribute to the nation's goals for the promotion of health and the prevention of disease and disability (Allensworth & Kolbe, 1987; Blair, Piserchia, Wilbur, & Crowder, 1986; Institute of Medicine, 1995; McGinnis & DeGraw, 1991; National Center for Education Statistics, 1995).

Recognizing the importance of schools as worksites and as a "natural locus" for educational interventions in health, the U.S. Surgeon General has encouraged the nation's schools to adopt the objectives of *Healthy People 2010*. Early childhood educators should also take heed. In an occupation in which compensation is low and burnout is high, staff health and wellness programs can attract experienced workers in a competitive marketplace; help to support staff recruitment and retention; reduce absenteeism/lost time; improve on-the-job decision-making and time utilization; improve morale, job stability and satisfaction; and improve physical and mental health (Pelletier, 1991; 1993). A variety of health education topics and activities can be included in wellness programs, focusing on physical, oral, mental/emotional, nutritional and social health. These topics can be integrated into the daily program of activities that also benefit children and families. Teachers can provide planned opportunities for indoor and outdoor gross motor play and physical activity, as well as opportunities to participate in food preparation and decisions on healthy food choices. In addition, health topics such as illness and disease prevention can be integrated into daily routines of proper toileting and hand washing techniques.

Parents and family members can also become involved in the health and wellness activities of the program by attending school functions that promote healthy lifestyles, such as classes on cooking, meal planning, smoking cessation, weight control, prenatal education, and alcohol and drug abuse prevention. Family members with appropriate expertise can serve as instructors on these and related topics. They can also lead classes on school safety, physical hazards, organizational climate and morale, job stress, non-invasive screenings (e.g., blood pressure), stress reduction, as well as on-site physical activity classes as their skills allow. Parental and family involvement can also include participating with staff in recreational and fitness activities outside of daily program hours (Stokols, Pelletier & Fielding, 1996).

THE FUNCTIONS OF STAFF HEALTH AND WELLNESS PROGRAMS

The essential functions of staff health and wellness programs are the promotion of physical, emotional, and mental health, as well as the prevention of disease and disability among employees (Allegrante, 1998; Marx, Wooley & Northrop, 1998). According to Allegrante (1998), administrators of staff health and wellness programs should strive to accomplish these objectives:

- Improve employee's health habits
- Improve productivity and morale
- Increase levels of physical activity
- Attract superlative workers
- Improve on the job decision making and time utilization
- Reduce workers' compensation costs
- Reduce absenteeism and turnover
- Reduce health care costs

In pursuit of these objectives, programs should offer multiple activities with a focus on improving the health outcomes of children and families as well as those of staff members. To this end, programs can involve one or more of the following activities (O'Donnell, 1985):

Screening and Early Detection of Health Problems

A screening system or program can offer benefits such as identifying staff members who are at risk for major diseases prior to the onset of symptoms. Many screening programs focus on common tests for blood pressure, cholesterol, and breast, skin, testicular and colo-rectal cancer (Goldfein, Schneider & Allegrante, 1993).

Non-invasive screenings such as blood pressure checks can be conducted on-site. Techniques for self-examinations for breast, testicular and skin cancer can be taught to staff by a community health practitioner. Health screenings help raise awareness and motivate action to improve lifestyles. The Child Care Staff Health Assessment is a tool that can help evaluate health status and risks for certain diseases, and prompt improvement in health behaviors (American Academy of Pediatrics, 2002).

Education and Supportive Activities to Reduce Risk Factors

The most powerful tool to promote change and empower people to action is *information*. Education and supportive activities that reduce individual risk factors and encourage a healthy lifestyle give staff members the information they need and may not be receiving in any other aspect of their lives. Educational sessions can focus on these topics or other topics of particular interest to employees (Marx, Wooley & Northrop, 1998):

- Stress management
- Smoking cessation
- Exercise and physical activity

- Alcohol and drug abuse prevention
- Nutrition and weight control
- Injury prevention
- Proper hand washing
- Diapering and gloving techniques
- Infection control
- Safe food handling
- Prenatal education
- Medical self care
- Mental health
- HIV/AIDS and STD Education
- Training in first aid and cardio-pulmonary resuscitation.
- Exposure to blood and body fluids
- Emergency management and evacuation
- Occupational hazards

Organizational Policies Promoting a Healthful, Supportive Work Environment

Policies designed to improve the workplace atmosphere are an important part of staff health and wellness programs. Organizational policies related to the health of staff and children should prohibit high-risk behaviors such as smoking in or around the building or storing harmful substances in the facility. Eliminating junk food and soda machines, or replacing them with a variety of healthy options, can help to promote a healthier work environment. Policies for families can help guide parents to make healthy food choices by listing foods that may and may not be brought to school for snacks, lunches, birthday treats, and celebrations. In addition, the curriculum should incorporate daily, age-appropriate physical activities for staff and children.

Employee Assistance Programs

Employee assistance programs (EAPs) offer access to health professionals who can provide confidential counseling and advice to employees on personal behaviors that may affect their job performance (Sowers & Sowers, 1986). Access to services such as individual counseling, smoking cessation, and drug and alcohol abuse counseling can help maintain the physical and psychological health of employees. In addition, EAP services can assist employees with legal problems, family or marital stress, financial difficulties, personal crisis, job-related problems, and social adjustment (Norton, 1988). Mental health counselors can also be helpful in resolving conflicts between coworkers. Confidentiality is an important concern in establishing an EAP, and safeguards must be exercised to protect the privacy and job security of employees.

Employee Health Care Benefits (including Health Insurance, Managed Health Care Organizations, and Related Health Support Activities)

A comprehensive health plan for employees includes health insurance with dental and vision coverage. Even if child care and early education programs cannot financially cover the full cost of a health insurance package, ways can be found to supplement costs of individual and family coverage, assist teachers in enrolling their children in the state's Child Health Insurance Program (CHIP), or invite experts to speak to employees about tax credits and various public and private health insurance options. Health insurance benefits can also be offered differentially to employees, such as providing full coverage after one year of employment.

TAKING THE BEGINNING STEPS

Many small employers believe that only large corporations can afford to sponsor worksite health promotion activities, offer comprehensive health care benefits, or participate in community-wide health promotion campaigns that benefit both their employees (past, present, future) and their image. For smaller organizations, a staff health assessment and interest survey can begin the process of exploring the health interests and needs of employees. By assessing areas such as current health habits, needed educational topics, and levels of interest in various wellness activities, employers can begin with just one or two components arising from the interest survey. Findings from a 1999 National Worksite Health Promotion Survey documented that over 90 percent of surveyed worksites (n=75) offered at least one health promotion activity that could serve as a foundation for future efforts (*Healthy Workforce 2010*, 2001). Small steps that may help in reaching health and wellness goals in child care and early education programs might include:

- Inclusion in the day-to-day decision-making process
- Planning days
- Parent/family involvement
- Provider Appreciation
- Day celebrations
- Free or reduced child care fees for employees
- Healthy snacks for staff meetings
- Paid breaks
- Availability of substitute teachers
- Paid time off
- Staff break room
- Flexible hours
- Participation in the Child Care WAGES® Project
- Participation in the T.E.A.C.H.® scholarship program

As child care and early education programs begin to implement small changes, administrators should take

time to evaluate the impact of their efforts. Fortunately, the evaluation of staff health and wellness programs can take many forms. Simple evaluation measures can assess the benefits for employees, and ultimately for the program.

Statistics such as employee absenteeism rates, staff turnover rates, workers compensation costs, smoking rates, reduction in health care costs, reduction in visits to the doctor, along with an improved workplace climate and morale are all measures of program success and a healthier workforce.

CONCLUSION

The landscape of today's child care and early education system is changing rapidly. Society seems to ask more and more of teachers who already hold highly-demanding and stress-filled positions (American Academy of Pediatrics, 2002). Early childhood programs that approach these developments with optimism and view their employees as their most important resource will thrive as time goes on (Marx, Wooley & Northrop, 1998). Employees are more likely to be attracted to, remain with, and value a company that values them in return. With that in mind, employers must recognize that health promotion is an investment in human capital. Investing in the well being and health of our child care workforce is an investment in the future of millions of children as well.

Award Winning Staff Health and Wellness Programs

The *Waco-McLennan County Public Health District* in Texas has a workforce of 72 employees, with 40 of them participating in the staff health and wellness program. The program helps individuals set personal goals and flexible exercise routines, and employees are given a paid hour each workday to participate in the physical activity of their choice. Participants have increased their physical activity by nearly 60 percent, have a 20 percent lower body weight, and have decreased their cholesterol levels by 11 percent and blood pressure levels by four percent. The long-term effects of the program include lower rates of sick-leave absenteeism, improved work efficiency and increased productivity.

The *Johnson & Johnson* employee health and wellness program integrates disabilities management, employee assistance, occupational health, wellness/fitness, and work-life services. Through innovative programs such as the Online Health Profile program, CareConnect, JOBFIT, and preventive screening and wellness centers, Johnson & Johnson optimizes employee health, well-being and productivity by delivering leading edge health and wellness services that promote prevention, education and self-responsibility. The health and wellness program covers more than 47,000 domestic employees. As a result of its health programs, health risk among employees declined for eight of the 13 categories examined. Savings from the programs are estimated at \$9 million per year from reduced medical expenses and lower administration costs.

REFERENCES

- Allegrante, J. (1998). School-site health promotion for staff. In E. Marx, S. Wooley, and D. Northrop, (Eds.), *Health is Academic: A guide to coordinated school health programs* (pp. 224- 243). Washington, D.C.: Education Development Center, Inc.
- Allensworth, D., & Kolbe, L. (1987). The comprehensive school health program: Exploring an expanded concept. *Journal of School Health, 57*, 409-412.
- Blair, S., Piserchia, P., Wilbur, C., & Crowder, J. (1986). A public health intervention model for worksite health promotion. *Journal of the American Medical Association, 255*, 931-926.
- Boyer, E.L. (1983). *High School: A Report on Secondary Education in America*. New York: The Carnegie Foundation for the Advancement of Teaching.
- Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*, Second Edition (2002) American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care. Washington, DC.
- Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (1990). Hyattsville, MD: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
- Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers - Large and Small* (2000). Creating Change with Healthy People 2010; Partnership for Prevention: Washington, DC.
- Goldfein, K.D., Schneider, W.J., & Allegrante, J.P. (1993). Worksite mammography screening: The Morgan Guaranty Trust Company. In J.P. Opatz (Ed.), *Economic impact of worksite health promotion* (pp. 145-158). Champaign, IL: Human Kinetics.
- Institute of Medicine. (1995). *Defining a comprehensive school health program*. Washington, DC: National Academy Press.
- Katz, L. (1982). Who's minding the child care workers? A look at staff burnout. *Current Topics in Early Childhood Education, 9*, 24-35.
- Marx, E., Wooley, S. F., and Northrop, D. (Eds.). (1998). *Health is Academic: A Guide to Coordinated School Health Programs*. Washington, D.C.: Education Development Center, Inc.
- McGinnis, J.M., & DeGraw, C. (1991). Healthy schools 2000: Creating partnerships for the decade. *Journal of School Health, 61*, 292-297.
- National Center for Education Statistics. (1995) *Statistics in brief*. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement.
- National Institute of Child Health and Human Development (2002). Study of early child care. United States Department of Health and Human Services: Washington, D.C.
- Nation's Report Card: Assessing Risks to the American Family*. (1999). Washington, DC: YMCA of the USA.
- Norton, M.S. (1988). Employee Assistance Programs: A need in education. *Contemporary Education, 60*, 23-26.
- O'Donnell, M.P. (1985). *Design of worksite health promotion programs* (2nd ed.). Birmingham, MI: American Journal of Health Promotion.
- Pelletier, K.R. (1991). A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programs. *American Journal of Health Promotion, 5*, 311-315.
- Pelletier, K.R. (1993). A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programs at the worksite: 1991-1993 update. *American Journal of Health Promotion, 8*, 350-362.
- Report of the Governor's Task Force on the Obesity Epidemic*. (2004). Tallahassee, FL: Florida Department of Health.
- Sowers, J.G., & Sowers, W.D. (1986). *A wellness program for school employees*. Hampton, NH: Sowers Associates.
- Symons, C.W., Cummings, C.D., & Olds, R.S. (1994). Healthy People 2000: An agenda for schoolsite health promotion programming. In D.D. Allensworth, C.W. Symons, & R.S. Olds (Eds.), *Healthy Students 2000: An agenda for continuous improvement in America's schools* (pp. 137-144). Kent, OH: American School Health Association.
- Stokols, D., Pelletier, K., & Fielding, J. (1996). The ecology of work and health: Research and policy directions for the promotion of employee health. *Health Education Quarterly, 23*, 137-158.
- Wolford, C., Wolford, M., & Allensworth, D. (1988). A wellness program for your staff sets a healthy example for students. *American School Board Journal, 175*, 38-40.



EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT IN FLORIDA: COMMUNITY RESOURCES AND PATHWAYS

“As the rapidly evolving science of early child development continues to grow, its complexity will increase and the distance between the working knowledge of service providers and the cutting edge of the science will be staggering.”

FROM NEURONS TO NEIGHBORHOODS, 2000

As in any profession, education and training can enhance the natural ability of employees and mean the difference between mediocre and quality services in child care and early education programs. As a consequence, professional development must be viewed as an important part of any high-quality system of early care and learning. Indeed, professional development has been directly linked to the quality of child care in numerous studies and reports (Cornelius, 1988; Ghazvini & Mullis, 2002; Hayes, Palmer, & Zaslow, 1990; Howes, Galinsky, Shinn, Sibley, Abbott-Shim, & McCarthy, 1998).

Within education, *professional development* is a term that broadly refers to the experiences that systematically enable teachers to acquire and apply knowledge, skills, and abilities to achieve goals and facilitate the development of children. Professional development activities may include formal education, in-service training hours, and training that is not mandated or eligible for credit.

A precise, commonly-accepted definition of professional development within child care and early education, however, has been more elusive. Maxwell, Field, and Clifford (in press) recently reviewed 27 research studies that measured the professional development of lead teachers or family child care providers and that met high standards of research design to better understand how professional development is defined and measured in early childhood education. Based on their review, the authors concluded that no common definition of professional development currently exists. As a result, they offered a rubric for the consistent use of nomenclature that includes three key components of professional development: education, training, and credentials.

Education refers to professional development activities that occur within the formal education system and includes both general education and content specific education.

Training refers to professional development activities that occur outside of the formal education system.

Credential refers to certification or licensing of individuals that conveys both status to the holders and provides assurance to consumers.

LINKING PROFESSIONAL DEVELOPMENT AND HIGH-QUALITY SERVICES

Regardless of definition, professional development has become a high priority for policymakers and educators alike because of the linkages among teachers, program quality, and child outcomes. Understanding the need for professional development opportunities and providing access to these opportunities may make the difference between having children prepared for school or children in need of remedial assistance.

Evidence of a positive relationship between the educational preparation of early childhood professionals and the quality of early care and education programs is now well established (Helburn, 1995; Dunn, 1993; Early & Winton, 2001; NICHD Early Child Care Research Network, 1996). Research in the 1990's confirmed the significance of the first five years of life as the critical period for brain development (Dwyer, Chait, & McKee, 2000; Kroll & Rivest, 2000; Zaslow, Calkins, & Halle, 2000). During this period, development occurs at a rapid pace and profound changes take place in cognitive development, language, and social skills. Rich learning environments and positive, prosocial relationships contribute to a child's developmental progress (Kroll & Rivest, 2000). Therefore, teacher expertise and knowledge about child development is critical to children's learning and care (Dwyer, Chait, & McKee, 2000; National Institute of Child Health and Human Development, 1999; Zaslow, Calkins, & Halle, 2000).

PROFESSIONAL DEVELOPMENT OF EARLY CHILDHOOD TEACHERS

High-quality care, no matter how it is defined, is correlated with certain indicators of care and specifically, with the teacher (Bowman, Donovan, & Burns, 2001). Characteristics that are universal to high-quality teachers include the ability to respond to children's needs, understand the significance of building and enhancing early learning experiences, individualize their approach to children's learning, provide choices and not limitations, and willingly share the direction of learning by engaging with children and following their natural interests (Bowman, Donovan, & Burns, 2001; Ghazvini & Mullis, 2002; Helburn, 1995). Additionally, teachers should have knowledge of evidence-based practices and be competent in their ability to provide care to children with disabilities

and special health care needs, children diverse in ethnicity and culture, as well as children in specific stages of development such as infancy, preschool, or school age (NAEYC, 1996). Further, early childhood teachers and professionals must have familiarity with child care and early education settings, such as center-based versus family child care homes, and related implications for care (Kontos, Hsu, & Dunn, 1994).

In *Who Cares for America's Children?*, researchers at the National Research Council concluded that overall education and training specific to child development are related to positive outcomes for children, with training as the more important factor (Hayes, Palmer, & Zaslow, 1990). Specific to Florida, authors of *The Florida Child Care Improvement Study* reported that an increase in required professional preparation and an increase in training hours for teachers resulted in improved overall quality, including teacher responsiveness (Howes et al., 1998). Overall, researchers have concluded that years of educational experience, formal or otherwise, have a positive correlation with teacher quality (Cornelius, 1988; Ghazvini & Mullis, 2002; Hayes, Palmer, & Zaslow, 1990; Howes, Galinsky, Shinn, Sibley, Abbott-Shim, & McCarthy, 1998). In studies related to this issue, researchers conclude that teachers with bachelor degrees generally provide higher quality care and interactions with children. Based on this evidence, national researchers, experts, and advocates consistently promote increased minimum qualifications for early childhood teachers (Clifford & Maxwell, 2002; Whitebook, 2003).

THE EFFECTS OF PROFESSIONAL DEVELOPMENT ON EARLY CHILDHOOD TEACHERS

Regardless of the philosophy, body of research, or theory applied to the concept of professional development, it is clear that the preparation of early childhood teachers must include targeted educational opportunities. Evidence now exists that substantiates the positive effects of intentional training and education opportunities for these teachers. For example, Arnett (1989), focusing on the study of teacher-child interactions, concluded that training has important effects on the attitudes and behavior of teachers. Specifically, he found that training resulted in less authoritarian childrearing attitudes and a more positive interaction style with children, with less punitiveness and detachment. Cassidy, Buell, Pugh-Hoes, & Russell (1995) examined the effect of community college coursework on beliefs and classroom practices of teachers in child care centers. They concluded that completion of at least 12 to 20 credit hours of community college coursework resulted in significantly more developmentally-appropriate beliefs and practices for the teachers studied. Additionally, completion of a 120-hour training program resulted in higher levels of teacher sensitivity and higher levels of play among children in the care of trained early childhood teachers (Rhodes & Hennessy, 2000).

In another analysis, Cornelius (1988) examined the academic preparation and training of early childhood teachers and concluded that their work requires a

multitude of skills. Through responses to a survey, teachers indicated that they were required to plan for many aspects of children's development. Using observation skills, planning integration skills, and assessing children's needs were rated as extremely important by the majority of teachers responding to the survey. Based on the results of these and similar studies, many researchers have communicated the need for effective, accessible early childhood teacher preparation programs (Arnett, 1989; Cassidy et al., 1995; Early & Winton, 2001; Kontos, Howes, & Galinsky, 1996; Rhodes & Hennessy, 2000).

BENCHMARKS OF PROGRESS IN FLORIDA

Workforce development is a fundamental issue for child care and early education. Currently in Florida, the only hiring standard for caring for young children is an age restriction requiring all early childhood personnel to be at least 16 years of age. In light of findings that specific training and education are important to the provision of quality care (Dwyer, Chait, & McKee, 2000; National Institute of Child Health and Human Development, 1999; Zaslow, Calkins, & Halle, 2000), Voluntary Pre-Kindergarten legislation (2004) in Florida has mandated a Child Development Associate (CDA) credential and five hours of early literacy training for VPK classrooms. In addition, Florida has mandated pre-service training requirements for all child care personnel, as well as CDA requirements and director credential requirements for licensed child care centers.

Florida's Professional Development Levels

State Mandated Coursework

All child care facility personnel, except volunteers who work less than 40 hours per month, must complete and pass a competency exam for the Florida Department of Children and Families' approved 40-hour Introductory Training (FDCE, 2004).

Introductory Training Part I (30 hours)

Introduction to Child Care (20 hrs)

- State and Local Rules and Regulations
- Health, Safety and Nutrition
- Identifying and Reporting Child Abuse and Neglect
- Child Growth & Development

Behavioral Observation & Screening (10 hrs)

Introductory Training Specialized Modules Part II (10 hours)

- Infant and Toddler Appropriate Practices
- Preschool Appropriate Practices
- Special Needs Appropriate Practices
- School-Age Appropriate Practices

Child Development Associate Equivalency (CDA Equivalency)

The CDA Equivalency is a Florida Department of Children and Families' approved training program that provides a similar level of training as the CDA and meets licensing requirements.

Child Development Associate (CDA)

A Child Development Associate is a national credential, recognized throughout the United States, which is issued by the Council for Professional Recognition in Washington, DC.

Director Credential

The Director Credential is a comprehensive Florida credentialing program consisting of educational and experiential requirements at two levels, foundational and advanced.

Associate of Science Degree (A.S. Degree)

An Associate of Science program provides the knowledge necessary to perform and excel in a particular profession. Some of the credits earned in an A.S. degree program can be transferred to a four-year college or university. The A.S. curriculum is not considered equal to the first two years of a bachelor's degree.

Associate of Arts Degree (A.A. Degree)

An Associate of Arts program is a two-year (full-time) course of study that covers the core materials needed to complete the first two years of a four-year bachelor's degree.

Bachelor's Degree

A Bachelor's Degree is awarded after 4 years (full-time) of education at a four-year college or university.

COMMUNITY RESOURCES AND SUPPORTS

Numerous programs and services designed to assist early childhood professionals in meeting their education, training, and credential goals have been established in Florida. Through this infrastructure of support, programs and agencies provide information, training sessions, formal coursework, scholarships, and other resources with the goal of enhancing the professional development of the state's early childhood workforce.

Child Care Training Information Center

The creation of a statewide Child Care Training Information Center (CCTIC) is a strategy of the Department of Children and Families for providing enhanced support services to the field. Effective July 1, 2005, CCTIC will begin operation under a contract with the Children's Forum. By offering an easily accessible information line and support system, CCTIC will provide early childhood professionals with a consistent,

comprehensive, reliable source of information, technical assistance, and counseling on child care training requirements and related services.

The training and educational experiences offered through the Department of Children and Families serve as entry-level professional development for many child care and early education personnel. State-mandated introductory courses provide fundamental information on child development, health and safety, and classroom practices. The ability and ease with which an individual is able to access information on the training requirements, course content, and other program services sets the tone for a professional's entrance in the field. CCTIC provides assistance and counseling to individuals and agencies regarding child care training requirements, general information about courses and exams, department-approved online training, child care staff credentials, educational exemptions, and other related child care training program services.

Contact Information:

Children's Forum
1-888-FL-CCTIC
1-888-352-2842

or

Department of Children and Families
www.dcf.state.fl.us/childcare/

Professional Development Database

Based on research on professional development in Florida (Children's Forum, 2004), staff at the Children's Forum created an online searchable database of higher education opportunities in the state. In an attempt to organize a large amount of information, the database was designed for one-stop use and exploration and provides a pathway for potential students to explore local options for Child Development Associate credential, associate's degree, and bachelor's degree coursework. Prospective students can search by degree and/or region and view basic information about early childhood programs in their area. Links to the colleges are also provided, enabling students to easily access and compare information on colleges of interest.

Contact Information

Children's Forum
1-877-FL-CHILD
(850) 681-7002

To search the database, visit:

www.thechildrensforum.com/Professional_Development.htm

Community College Network

The Florida Community College Early Childhood Educators Network (FCCECEN), a not-for-profit entity established as a 501(c)(3) corporation, is comprised of representatives from each of the Florida community colleges offering early childhood education coursework. With 20 years of service, FCCECEN represents early childhood education program directors, managers, instructors, and training coordinators from 21 community colleges in Florida. FCCECEN members collaborate and strategize to ensure that quality educational opportunities

are available for early childhood professionals. Through their current professional development plan, FCCECEN has successfully adopted and implemented course content addressing Florida's Performance Standards for Three-, Four-, and Five-Year-Old Children, thereby demonstrating the ability to assist early childhood teachers with quality improvement strategies relative to new state programs or policies. Additionally, FCCECEN has developed a framework of consistent course content among Network members to help ensure that early childhood associate degree programs in Florida provide the core competencies needed by early childhood teachers to provide quality care and education.

Contact Information:

Anne M. Sullivan, Instructor and FCCECEN Chair
St. Petersburg College
The Center for Early Childhood Development
6605 5th Avenue North
St. Petersburg, Florida 33710
(727) 341-4632

Tallahassee Community College Online Programs

In addition to local community college options, early childhood teachers have access to online coursework. Tallahassee Community College (TCC) offers online coursework throughout the academic year. This documented and successful distance learning program is an option for students who prefer self-paced learning or who may not have access to a college campus. Web orientation is included in the program, and students receive an e-mail address through "Eaglenet" to communicate with instructors and fellow classmates. The program does not require scheduled on-line-sessions, but students are required to participate in the course discussion board (for the exchange of ideas, access to assignments, etc.).

Contact Information:

Tallahassee Community College
444 Appleyard Drive
Tallahassee, FL 32304
(850) 201-6200
www.tcc.cc.fl.us/
www.tcc.cc.fl.us/courses/default.asp

Florida T.E.A.C.H. Early Childhood® Scholarship Program

In 23 states, the Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Scholarship Program provides an opportunity for the diverse population of adult learners already working in the early education field to access educational opportunities, receive quality customer service, counseling, academic advising, resource and referral, and application assistance. The T.E.A.C.H. Program provides Florida with a consistent and effective strategy for improving the education, compensation and retention of early childhood professionals. The program serves as an umbrella for a variety of educational scholarship opportunities for individuals working in child care and early education

programs, including family child care homes.

The T.E.A.C.H. Program supports recipients in a number of credential/degree-seeking paths. Services include educational counseling, a \$75 per semester travel stipend, a release time stipend of \$240 per semester, 80 percent of the coursework costs and a \$250 bonus. The T.E.A.C.H. model is based on a partnership principle that involves the sharing of expenses by the teacher, the director or family child care provider receiving the scholarship, the sponsoring early education center and the T.E.A.C.H. Program.

Since 1998, more than 10,000 scholarships have been awarded in Florida, and the turnover rate for T.E.A.C.H. participants is less than six percent. Florida T.E.A.C.H. recipients have an 88 percent degree completion rate, demonstrating the success of this scholarship program.

Contact Information:

Children's Forum
1-877-358-3224
(850) 681-7002
www.thechildrensforum.com

The Child Care WAGES® Florida Project

The Child Care WAGES® FLORIDA Project provides salary supplements to eligible early education professionals based on their level of education. Any teacher or family child care provider earning \$17.50 or less per hour may be eligible for a salary supplement. The supplement recipient must work with children between birth and age five at least 10 hours per week in a licensed early education program in a participating county and must have some type of formal early childhood training beyond a high school diploma.

Salary supplements make a significant impact on individual participants enrolled in the program, the centers that employ them, and the children they teach. Since 2003, the program has provided thousands of salary supplement dollars to early childhood education teachers in 129 centers serving 8,013 children. Continuity of care for these children has been improved dramatically with only a five percent turnover rate in their teachers. In many cases, the supplement dollars have been used to provide children with improved classroom supplies and activities as self-reported by participants. It is anticipated that the initial success of the program will result in increased participation by additional early learning coalitions.

Contact Information:

Children's Forum
1-877-358-3224
(850) 681-7002
www.thechildrensforum.com

REFERENCES

- Arnett, J. (1989). Caregivers in day-care centers: Does training matter? *Journal of Applied Developmental Psychology*, 541-552.
- Bowman, B.T., Donovan, M.S., & Burns, M.S. (Eds.). (2001). *Eager To learn: Educating our preschoolers*. Committee on Early Childhood Pedagogy, National Research Council.
- Cassidy, D., Buell, M., Pugh-Hoes, S., Russell, S. (1995). The effect of education on child care teachers' beliefs and classroom quality: Year one evaluation of the TEACH early childhood associate degree scholarship program. *Early Childhood Research Quarterly*, 171-183.
- Children's Forum (2004). *From Research to Policy: Professional Development for Those Who Educate and Care for Florida's Children*: Final report for research conducted to assess the post-secondary early childhood teacher preparation programs in Florida.
- Clifford, D. & Maxwell, K. (2002). *The need for highly qualified prekindergarten teachers*. Frank Porter Graham Child Development Institute. Retrieved October 14, 2003, from www.fpg.unc.edu/~NPC/pdfs/need.pdf.
- Cornelius, G. (1988). Critical skills for the early childhood educator. *Early Child Development and Care*, 165-172.
- Dunn, L. (1993). Proximal and distal features of day care quality and children's development. *Early Childhood Research Quarterly*, 167-193.
- Dwyer, C.M., Chait, R., & McKee, P. (2000). *Building Strong Foundations for Early Learning: The U.S. Department of Education's Guide to High Quality Early Childhood Programs*. Education Publications Center.
- Early, D. & Winton, P. (2001). Preparing the workforce: Early childhood teacher preparation at 2- and 4-year institutions of higher education. *Early Childhood Research Quarterly*, 285-306.
- Ghazvini, A. & Mullis, R. (2002). Center-based care for young children: Examining predictors of quality. *The Journal of Genetic Psychology*, 112-125.
- Hayes, C.D., Palmer, J.L., & Zaslow, M.J. (Eds.). (1990). *Who Cares for America's Children? Child Care Policy for the 1990's*. National Research Council.
- Helburn, S. (Ed.). (1995). *Cost, Quality, and Child Outcomes in Child Care Centers* (Technical Report), University of Colorado at Denver, Department of Economics, Center for Research in Economic and Social Policy.
- Howes, C., Galinsky, E., Shinn, M., Sibley, A., Abbott-Shim, M., & McCarthy, J. (1998). *The Florida Child Care Quality Improvement Study: 1996 Report*.
- Kontos, S., H.C. Hsu, & Dunn, L. (1994). Children's cognitive and social competence in child care centers and family day care homes. *Journal of Applied Developmental Psychology* 15, 87-111.
- Kroll, C.K. & Rivest, M. (2000). *Sharing the stories: Lessons learned from five years of Smart Start*. Early Childhood Initiatives in North Carolina.
- Maxwell, K.L., Feild, C.C., & Clifford, R.M. (in press). Defining and measuring professional development in early childhood research. In M. Zaslow & I. Martinez-Beck (Eds.), *Critical issues in early childhood professional development*. Baltimore: Paul H. Brookes.
- National Institute of Child Health and Human Development (2002). *Study of early care*. United States Department of Health and Human Services: Washington, D.C.
- Rhodes, S. & Hennessy, E. (2000). The effects of specialized training on caregivers and children in early-years settings: An evaluation of the foundation course in playgroup practice. *Early Childhood Research Quarterly*, 559-576.
- Whitebook, M. (2003). *Bachelor degrees are best: Higher qualifications for pre-kindergarten teachers lead to better learning environments for children*. A review of the research prepared for The Trust for Early Education. Retrieved September 15, 2004, from <http://www.trustforearlyed.org/does/WhitebookFinal.pdf>
- Zaslow, M., Calkins, J., & Halle, T. (2000). *Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies*. Washington, DC: Child Trends.



LINKING LANGUAGE, LITERACY, AND PLAY: A RESEARCH PERSPECTIVE

“Play is like a gold mine in its potential for facilitating literacy.”

GRETCHEN OWOCKI, LITERACY THROUGH PLAY (1999)

Recent national education policy decisions have resulted in a growing emphasis on the cognitive development of young children in the United States, to the detriment, some would say, of their physical, social, and emotional development. In particular, formal instruction in reading readiness is taking the place of play in many early childhood classrooms, and the demonstration of early literacy skills is emerging as the benchmark of successful early education programs.

No one doubts that language-rich and literacy-rich environments are essential to the optimal development of children. Many leading early childhood experts, however, are calling for caution in substituting literacy instruction in place of play in the curricular activities of young children. Rather than viewing play as “non-instructional time,” we should perhaps consider well-planned, intentional play activities to be a “vehicle” for the development of literacy skills.

In contrast, some educators, researchers, and policymakers have presented evidence that didactic, teacher-directed activities are the most promising vehicle for the successful acquisition of reading readiness skills among preschool children. In addition to an increase in experimental studies, recent years have seen the proliferation of literacy curricula, activity books, and computer software for this age group founded on the principle of direct instruction.

As a result of the explosion of interest in emergent literacy development, a large volume of professional literature now exists on the emergence of reading readiness skills, on appropriate instructional strategies, and on measurable readiness outcomes in the early childhood years. The exponential increase in available studies, books, and position statements makes a complete understanding of early literacy development a challenging endeavor. For this reason, an effort to integrate current information on aspects of this topic seems warranted. What follows is a partial examination of relevant research on the fundamental inter-relationship among language, literacy, and play in the lives of young children, specifically as it relates to early learning services in the state of Florida. Ways in which purposeful play experiences support the development of early language and literacy skills are explored, with no attempt to reach a decision about the value of play versus direct instruction.¹ In addition, the discussion here is framed in light of recent related events in Florida and incorporates mention of work that is being conducted to support early literacy development for young children in the state.

HISTORY AND BACKGROUND

The *No Child Left Behind Act* (NCLB) of 2001, a reauthorization of the *Elementary and Secondary School Education Act* of 1965, was signed into law by President George W. Bush in 2002. NCLB has been a driving force behind the push for more stringent academic accountability since its passage. The impetus for greater accountability in education, however, came much earlier, in the 1980's, when President Reagan called for the creation of academic standards in response to *A Nation at Risk* (National Commission on Excellence in Education, 1983), a disappointing report on the mediocre state of America's schools. National alarm about the academic failures of large numbers of children, coupled with expanding knowledge in the fields of neuroscience, psychology, and child development, resulted in new efforts to improve our educational system.

In Florida, the state legislature approved *The School Readiness Act* of 1999 in response to growing knowledge that efforts to influence children's future school success must begin in the early childhood years. The addition of Section 411.01 to the Florida Statutes created the Florida Partnership for School Readiness and charged this lead agency with responsibility for the development of performance standards and outcome measures for children birth through five years. The Act also created a system of local coalitions to administer school readiness services in single-county or multi-county configurations. After its dissolution in 2005, the Florida Partnership for School Readiness was reorganized as the Office of Early Learning (OEL) under the Agency for Workforce Innovation (AWI), and continues to work in collaboration with local early learning coalitions (ELC) to create a seamless system of high-quality services for children in the state.

In response to its mandate, the (then) Florida Partnership for School Readiness produced two sets of early learning guidelines, entitled respectively the *Florida School Readiness Performance Standards for Three-, Four-, and Five-Year Old Children* (2002) and the *Florida Birth to Three Learning and Developmental Standards* (2004).

¹ This work is adapted from *Making a Difference! Research Profiles: Linking Language, Literacy and Play Means Quality Outcomes for Children*, Florida Agency for Workforce Innovation, 2005.

Setting the Standards

Six domains of development are found in the Florida Birth to Three Learning and Developmental Standards and the original Florida School Readiness Performance Standards for Three-, Four-, and Five-Year-Old Children:

- Physical Health
- Approaches to Learning
- Social and Emotional
- Language and Communication
- Cognitive Development and General Knowledge
- Motor Development

www.floridajobs.org/earlylearning/downloads/pdf/brith_to_3book.pdf

and

www.floridajobs.org/earlylearning//oel_performance.html

In January, 2005, Florida Governor Jeb Bush signed into law House Bill 1-A, an act relating to Early Learning (Part V of Chapter 1002, Florida Statutes) and creating the Voluntary Pre-Kindergarten (VPK) Education Program (implementing Article IX of the State Constitution, passed by voter approval in 2002) for all four-year-old children in the state. As part of this VPK legislation, the Florida Department of Education (DOE) was directed to adopt specific performance standards for the Voluntary Pre-Kindergarten Education Program. Based on the report of a Panel of Experts convened by the DOE to develop these standards, the existing Performance Standards for Four-Year-Old Children were extracted from the *Florida School Readiness Performance Standards for Three-, Four-, and Five-Year-Old Children* and revised to include a seventh domain (among other changes). Thereby, the resulting standards for four-year-old children in VPK programs contain these domains (effective March 15, 2005):

VPK Standards

- Physical Health
- Approaches to Learning
- Social and Emotional
- Language and Communication
- Emergent Literacy *
- Cognitive Development and General Knowledge
- Motor Development

*Added.

www.firn.edu/doe/earlylearning/pdf/performancestandardsbe.pdf

The Emergent Literacy domain was added in recognition of the importance of early literacy skills to the overall development of school readiness for four-year-old children and in compliance with section 1002.67, Florida Statutes, which reads that “The performance

standards must address the age-appropriate progress of students in the development of... (b) Emergent literacy skills, including oral communication, knowledge of print and letters, phonemic and phonological awareness, and vocabulary and comprehension development.”

The report of the Panel of Experts also included the recommendation that the performance standards for three- and five-year-old children be revised to bring them in line with changes made to the standards for four-year-old children, thereby including the Emergent Literacy domain in all standards.

The Emergent Literacy Domain

Florida VPK Performance Standards (2005)

V. Emergent Literacy

A. Emergent Reading

1. Shows motivation for reading.
2. Shows age-appropriate phonological awareness.
3. Shows alphabetic knowledge.
4. Shows understanding of text read aloud.

B. Emergent Writing

1. Shows motivation to engage in written expression.
2. Uses letter-like shapes, symbols, and letters to convey meaning.
3. Demonstrates age-appropriate ability to write letters.
4. Shows knowledge of structure of written composition.

WHAT IS EMERGENT LITERACY?

Emergent literacy refers to the *skills, knowledge, and attitudes* presumed to be developmental precursors to conventional forms of reading and writing (Clay, 1967; Sulzby & Teale, 1991; Whitehurst & Lonigan, 2001) as well as the *environments* that support their development. The acquisition of literacy is best conceptualized as a continuous developmental process, evolving from birth and evidenced in the infant’s first interactions with caregivers as the first attempts at sounds are made.

Accordingly, the foundation for life-long literacy is laid during the early childhood years. Because emergent literacy and language acquisition skills precede the ability to read and write, they influence later literacy success (Halle, Calkins, Berry, & Johnson, 2003). How well children acquire these skills depends upon their early experiences, awareness, and interest with regard to several key components. When children are given ongoing, meaningful opportunities to interact with caring adults and have rich experiences in these key component areas, the foundation for their future literacy skills is established (Green, 2004).

Key Components of Emergent Literacy

Phonemic Awareness

Phonemic awareness is an understanding that speech is composed of units, such as spoken words, syllables, and sounds. As children become more familiar with letter names, shapes, and sounds, they develop the ability to take spoken words apart sound by sound (segmentation) and put together sounds to make words (blending).

Alphabetic Principle (Letter recognition)

The alphabetic principle refers to a child's knowledge of letters of the alphabet and their corresponding sounds. Knowledge of the alphabet at school entry has been found to be one of the best predictors of eventual reading achievement (Adams, 1990).

Awareness of Print

Print awareness involves a child's understanding that print carries the meaning of the story, that printed words correspond to spoken words, and that print moves from left to right and from top to bottom on a page (in the English language). Enhancing children's exposure to and concepts about print should be one of the central literacy goals of the early childhood years.

Early Writing Development

Before children begin the formal process of writing, they experiment with activities such as scribbling, producing letter-like forms, and using invented spelling to attempt to write words. These precursory activities help children to think about the relationships between letters, words, and sounds (IRA/NAEYC, 1998).

Oral Language Skill

Oral language skills refer to a child's vocabulary and understanding of the uses and conventions of spoken language. Researchers have consistently found that children who have larger vocabularies and a greater understanding of spoken language at a young age tend to do better on measures of reading ability later in life (Snow, Burns, & Griffin, 1998; Whitehurst & Lonigan, 2001).

HOW CAN CHILDREN ACQUIRE THESE SKILLS?

Given that young children need exposure to and immersion in key literacy experiences, how then should the experiences be provided? Should they be instructional in nature, with teachers directing activities and setting

parameters? Should they be child-directed, with children guiding their own discovery and manipulation of materials? Should they be designed to incorporate both ways of learning? Certainly, these questions are not new to the field of child care and early education, and they apply to other areas of development in addition to the acquisition of literacy skills. In light of the current emphasis and resources being directed to the promotion of early literacy skills for young children, however, the need to know how to best prepare children for future literacy success is great. The price is great as well; we now know that children who are not at least "modestly skilled readers" by the end of third grade are unlikely to graduate from high school (Snow, Burns & Griffin, 1998).

An abundance of research studies, beginning decades ago and continuing today, are beginning to answer some questions about emergent literacy. Nevertheless, long-term, ongoing, exhaustive inquiry will be needed to gain a full understanding of the complex physiological and psychological processes involved in the acquisition of the ability to read and write. Recent literature reviews have begun to examine existing research for indications of common findings and recommendations that appear to have solid research-based support and verification.

FINDINGS FROM LITERATURE REVIEWS

In 1998, the National Research Council of the National Academy of Sciences conducted a synthesis of research on the development of language and literacy in early childhood (Snow, Burns, & Griffin 1998). Their report, *Preventing Reading Difficulties in Young Children*, focused on recommendations for intervention strategies for children at risk for reading problems. A primary recommendation of the report is that child care and early learning settings should be rich in language and literacy activities, specifically in the area of phonological awareness. Findings also indicate that at-risk children should be identified early and provided with additional support, and that teachers should use a variety of instructional strategies, given the finding that one single approach is unlikely to be appropriate for all children.

A second research review in 1998 resulted in the publication of a joint position statement of the International Reading Association (IRA) and the National Association for the Education of Young Children (NAEYC) on early literacy for children from birth to age 8 (International Reading Association and National Association for the Education of Young Children, 1998). In this statement, the researchers concluded that, although no one teaching method will be sufficient due to the great diversity of children, the single most important teaching strategy for children ages birth to five is reading aloud to them using an interactive style. The research team also emphasized the importance of print awareness, phonemic awareness, letter recognition, arranging the environment to encourage engagement with books and writing materials, and enhancing "environmental print" by posting signs and labels throughout the classroom.

In 2001, Neuman and Dickinson released the *Handbook of Early Literacy Research*, a collection of current perspectives on the theory, research, and practice of emergent literacy. One important finding from this

volume is recognition of the significance of the early childhood years in children's literacy development. Many of the authors also cited the importance of phonemic awareness, and the role of oral language in emergent reading and writing skills. Editors Neuman and Dickinson noted that the interventions that have been tested to date have had a narrow focus on one aspect of literacy development, and they caution that such isolated approaches may not have lasting effects.

In 2000, the National Reading Panel published its report on *Teaching Children to Read: An Evidence-Based Assessment of the Scientific Research Literature on Reading and Its Implications for Reading Instruction* (NICHD, 2000). Based on review of over 100,000 studies, the Panel summarized the research findings on what is known about teaching children to read, operating on a "what works" basis and analyzing five areas of reading instruction ~ phonemic awareness, phonics, fluency, vocabulary, and text comprehension ~ in the early elementary school years. Among a wealth of conclusions drawn from this review, one of the most important reinforces the finding that reading aloud to children is a vital strategy.

In another review of research, Halle, Calkins, Berry, and Johnson (2003) examined research on promoting language and literacy development in child care and early education settings for three- to five-year-old children. They investigated "targeted interventions," or programs specifically designed to enhance language and literacy development, as well as "comprehensive interventions," or programs containing language and early literacy components but offering many direct services and measuring multiple developmental outcomes.

Examples of comprehensive interventions are the High/Scope Perry Preschool Project, the Infant Health and Development Program, the Abecedarian Project, the Early Head Start Research and Evaluation Project, and the Chicago Child-Parent Center and Expansion Program. Garnered from this review, among many conclusions, is the finding that children who enter school with poor language and emergent literacy skills often have a difficult time catching up academically and that a child's entry skills in literacy can be predictive of later school success (Kurdek & Sinclair, 2000, LaParo & Pianta; 2000; Reynolds & Bezruczko, 1993).

WHAT HAS BEEN LEARNED?

There is much overlap in the major findings and major recommendations of these large-scale, systematic literature and research reviews, yielding some convergence of thought on promising strategies and practices that appear to support the emergence of literacy skills. To the extent that researchers replicate findings, confidence in the knowledge base begins to grow and sound recommendations can be made. To date, the science of emergent reading and writing skills can support these practices with a high level of assurance:

Strategies Supporting Emergent Literacy

- Reading aloud to children using a dialogic, interactive style of reading.
- Providing fun, engaging experiences with language to facilitate phonemic awareness.
- Providing interesting opportunities to interact with and use the alphabet.
- Increasing the amount and quality of environmental print by posting relevant signs and labels throughout children's settings.
- Fostering an understanding of print through interactive reading, writing stories, and recording narratives dictated by children.
- Arranging the classroom to encourage interaction with books and emergent writing activities.

BRAIN RESEARCH: ANOTHER SOURCE OF INFORMATION

In addition to research conducted in classrooms with children and teachers, the fields of neuroscience and related disciplines have made highly notable contributions to the understanding of child development, commonly referred to among early childhood professionals as the "brain research." Recent brain research has contributed much to the understanding of the ways in which children learn.

Long before birth, the brain begins building connections for every human function from breathing to the ability to speak, think, and reason. Although the genetic foundation is already in place, it will be up to the environment to strengthen and "grow" the pathways (Schiller, 1999). Research on the structure and function of the brain has substantiated much of what is known as "developmentally appropriate practice" in early childhood education. In the first three years of life, the child's brain is in its most "receptive" state; the brain is pliable and dependent on the environment to form its structure (Caine & Caine, 1994). Children are shaped as their receptive brains interact with the physical environment, their caregivers, and their peers. From the first minutes following birth, the child's brain is drawn into activity through human interaction (Eliot, 2003). Interaction with others is related to the development of all other aspects of the young child.

Research has shown that children in high-quality environments, in the presence of knowledgeable and responsive adults, engage in experiences essential for cognitive development (NICHD, 1990; Espinosa, 2002). All learning enters the cortex through the limbic system (often referred to as the "emotional brain") and what we learn is influenced and organized by our emotions (Shonkoff & Phillips, 2000). Quite literally, according to Shonkoff and Phillips, how young children *feel* is as important as how they think. When children experience

pleasant, trusting, nurturing interactions with others, they thrive and grow. When they are repeatedly exposed to stressful or fearful situations, however, their brain development can be limited by the effects of excessive amounts of chemicals (e.g., cortisol). As cortisol secretion increases in response to physical or psychological stress in the body, for example, the ability to attend to and assimilate new information is decreased. Complex learning is enhanced by challenge, but inhibited by threat. Optimal learning takes place when children are appropriately challenged in environments that encourage risk-taking and are perceived as safe. Conversely, the brain "downshifts" under perceived fear, pressure, or threats, and learning is hindered.

It follows, then, that early childhood programs must balance the focus on cognition and literacy skills with comparable attention to the emotional and social development of children (Shonkoff & Phillips, 2000). In our efforts to help young children succeed in school, we must not lose sight of how they learn best, through pleasant, supportive, direct experiences with objects, consistent adults, and other children.

IMPLICATIONS OF RESEARCH FOR EMERGENT LITERACY PRACTICES

Many early childhood teachers today are facing a dilemma. They want to prepare the children in their care for success in formal school but are confused as to whether that preparation and their knowledge of developmentally appropriate practices are in conflict. They understand that learning to read and write are complex, multidimensional processes; yet, they also understand that, first and foremost, reading and writing are language-based skills. Based on current research, they further understand that language development is best facilitated in the context of safe, dependable relationships; responsive interactions with others; and the encouragement of children's explorations with their environments (Shonkoff & Phillips, 2000). On one hand, teachers feel a pull to move away from providing play-based experiences for young children and to move toward providing more focused, didactic activities based on the key components of emergent literacy. On the other hand, they question the wisdom of that decision.

Careful examination of the early literacy strategies gathered from research reviews, however, suggests that well-planned, purposeful play experiences are an ideal vehicle for the experiences that promote emergent literacy. Referring back to the list of promising strategies cited here earlier, the reader will note the use of words such as "interactive," "fun," "engaging," "interesting," and "relevant." Such strategies do not abandon recognition of the need for teachers to provide what they know to be developmentally appropriate experiences for their children.

For example, many researchers believe that children's acquisition of knowledge about print, including environmental print, is enhanced when words are embedded in play experiences and supported by interactive adults and more skilled play partners (Snow & Goldfield, 1982; Yaden, Smolkin & Conlon, 1989). Researchers who uphold this belief have focused their work on dialogic

story-book reading activities and have drawn upon Vygotsky's (1962, 1978) theory to inform their discoveries of the importance of adult-child interactions on children's acquisition of knowledge about written language and its use in the environment.

PLAY AS A VEHICLE FOR EMERGENT LITERACY

Sensorimotor play, dramatic play, and construction play are generally accepted as the three broad types of play (Piaget, 1962; Erikson, 1963; Smilansky, 1990; Vygotsky, 1962). Each type of play is essential to the growing child, and each contributes to the development of the child in unique ways. In addition, each is important in its contribution to the development of language abilities and other emergent literacy skills. Although all are crucial to language and literacy development, dramatic play has received the most attention in early literacy research and serves as a good example of the potential of play in supporting emergent literacy.

Dramatic play (also known as symbolic play, pretend play, make-believe play, fantasy play, or imaginative play) figures significantly in the cognitive, social, and emotional development of children throughout the preschool years (Erikson, 1963; Vygotsky, 1967). Through dramatic play, children practice real-life events by projecting themselves into the future and recreating the past. They learn to how to interact with others and use language for various purposes, and at the same time, they develop cognitive skills that will support later school success. Research has shown that dramatic play is a significant causal factor in the development of creativity, sequential memory, group cooperation, receptive vocabulary, concepts of relationships, impulse control, spatial perspective-taking skill, affective perspective-taking skill, and cognitive perspective-taking skill (Gowen, 1995). In addition, a literacy-rich dramatic play environment exposes children to valuable print experiences and allows them to practice narrative skills (Christie & Roskos, 2003).

In order to take advantage of the emergent literacy potential of play, however, adults working with young children must be trained to embed high-quality, well-planned, meaningful literacy experiences throughout the program day. When preschool settings incorporate play activities that promote phonemic awareness, letter recognition, print awareness, early writing, and oral language development, young children grow in their readiness for formal reading instruction (Pullen & Justice, 2003). Exposure to functional experiences with interactive adults in literacy-enriched play settings offers important opportunities for young children to develop skills in the key components of emergent literacy development. Specifically, developmentally appropriate play experiences contribute critical opportunities for children to develop cognitive skills, to move into the ability to use symbolic representation, and to enhance oral language development (Leong, Bodrova, Hensen, & Henninger, 1999).

CONCLUDING THOUGHTS

Burgeoning research on emergent literacy seems, at times, to bump up against strongly-held practitioner beliefs about the importance of providing developmentally appropriate play experiences for young children. Nevertheless, there are some statements on which virtually all parties can agree. First, most professionals would concur that it is not possible to say that any single teaching method, approach, or intervention will be successful with all children. Experts conclude that successful teachers must use a variety of strategies to help lay the foundations of speaking, reading, and writing. Further, most experts would agree that language and literacy development can be enhanced through rich, stimulating play experiences that engage children in active, intentional, and systematic interactions with peers and supportive adults using meaningful and relevant materials, activities, and routines. Without making any attempt to speculate on the value and/or need for focused, didactic activities to achieve desired levels of literacy skill acquisition in young children, this much appears to be true: Findings from existing research studies do not negate, and in fact support, the value of high-quality play experiences as one vehicle for reaching those goals.

REFERENCES

- Adams, M. (1990). *Beginning to read*. Cambridge, MA: MIT Press.
- Caine, R., & Caine, G. (1994). *Making Connections: Teaching and the Human Brain*. Menlo Park, CA: Addison-Wesley.
- Christie, J., & Roskos, K. (2003). Literacy in play. In B. Guzzetti (Ed.), *Literacy in America: An encyclopedia of history, theory and practice* (pp. 318-23). Denver, CO: ABC-CLIO.
- Clay, M. (1967). The reading behavior of five-year-old children: A research report. *New Zealand Journal of Educational Studies*, 2, 11-31.
- Eliot, L. (2003). *Brain, science, children and the future of learning*. Cincinnati: FACS Conference.
- Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- Espinosa, L. M. (2002). Relationships and play: Links to language and literacy. *Scholastic Early Childhood Today*, October.
- Green, S. (2004). Promoting literacy activities in early childhood settings. *Child Care Center Connections*, 13 (4), 2-4.
- Florida Agency for Workforce Innovation. (2005). *Making a Difference! Research Profiles: Linking Language, Literacy, and Play Means Quality Outcomes for Children*. (Unpublished) Tallahassee, FL: The Children's Forum.
- Gowen, J. W. (1995). The early development of symbolic play. *Young Children*, 50, 75-83.
- Halle, Tamara, J. Calkins, D. Berry, & R. J. Johnson (2003). Promoting language and literacy in early childhood care and education setting. *Child Care & Early Education Research Connections*. [Online: <http://www.childcaresearch.org>].
- Hart, B., & Risley, T. (2003). The early catastrophe: The 30 million word gap by age 3. *American Educator*, Spring.
- International Reading Association and National Association for the Education of Young Children (1998). Learning to read and write: Developmentally appropriate practices for young children. *Young Children*, 53, 30-46.
- Kurdek, L. A., & Sinclair, R. (2000). Psychological, family, and peer predictors of academic outcomes in first-through fifth-grade children. *Journal of Educational Psychology*, 92, 449-457.
- Leong, D., Bodrova, E., Henson, R., & Henninger, M. (1999). *Scaffolding early literacy through play: How to strengthen play, increase oral language, encourage more symbolic thinking, and support the development of concepts of print and writing*. New Orleans, NAEYC 1999 Annual Conference.
- National Commission on Excellence in Education. (1983). *A nation at risk: The imperative for educational reform*. Washington, D.C.: U.S. Department of Education.
- Neuman, S. B. & Dickinson, D. K. (Eds.), (2001). *Handbook of early literacy research*. New York: Guilford Publications.
- NICHD. (2000). *Report of the National Reading Panel. Teaching children to read: An evidence-based assessment of the scientific research literature on reading and its implications for reading instruction* (NIH Publication No. 00-4769). Washington, DC: U.S. Government Printing Office.
- NICHD Early Child Care Research Network. (1990). *Results of the NICHD study of early child care*. Washington, DC.
- Owociki, G. (1999). *Literacy through play*. Portsmouth, NH: Heinemann.
- Piaget, J. (1962). *Play, dreams and imitation in childhood*. New York: W.W. Norton.
- Pullen, P., & Justice, L. (2003). Enhancing phonological awareness, print awareness, and oral language skills in preschool children. *Intervention in School and Clinic*, 39, 87-98.
- Reynolds, A. J. & Bezruczko, N. (1993). School adjustment of children at risk through fourth grade. *Merrill-Palmer Quarterly*, 39, 457-480.
- Schiller, P. (1999). *Start smart! Building brain power in the early years*. Beltsville, MD: Gryphon House.
- Shonkoff, J. P. & Phillips, D.A. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

- Smilansky, S. (1990). Sociodramatic play: Its relevance to behavior and achievement in school. In E. Klugman & S. Smilansky (Eds.), *Children's play and learning*. New York: Teacher's College.
- Snow, C., & Goldfield, B. (1982). Building stories: The emergence of information structures from conversation. In D. Tannen (Ed.), *Analyzing discourse: Text and talk* (pp. 127-141). Washington, DC: Georgetown University Press.
- Snow, C. E., Burns, M.S., & Griffin, P. (Eds.). (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press.
- Sulzby, E., & Teale, W. H. (1991). Emergent Literacy. In R. Barr, M.L. Kamil, P. Mosenthal, & P.D. Pearson (Eds.), *Handbook of reading research*, Vol. 2, (pp. 727-757). New York: Longman.
- Vygotsky, L. (1962). *Thought and language*. Cambridge, MA: MIT Press.
- Vygotsky, L. (1967). Play and its role in the mental development of the child. *Social Psychology*, 5, 6-18.
- Vygotsky, L. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Whitehurst, G.J., & Lonigan, C.J. (2001). Emergent literacy: Development from prereaders to readers. In S.B. Neuman, & D.K. Dickinson (Eds.), *Handbook of early literacy research* (pp. 11-29), New York: The Guilford Press.
- Yaden, D., Smolkin, L., & Conlon, A. (1989). Preschoolers' questions about pictures, print conventions and story text during reading aloud at home. *Reading Research Quarterly*, 24, 188-214.