

READY CHILDREN

“Enabling every child to succeed is my number one priority. It drives our agenda and fuels my enthusiasm. Early childhood education and health care will enable every child to enter school ready to learn.”

– Ohio Governor Bob Taft

The NGA Task Force on School Readiness believes that the first five years of life are a critical period for all child development domains—physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge.⁶⁸ The task force also recognizes that states, communities, schools, and families play a critical supporting role for children from birth to age five. Before age three, a child’s brain grows with remarkable speed, laying the foundations for developing the skills and competencies that children will need for success in school and in life.⁶⁹ Learning and development in early childhood are nonlinear and episodic, however, meaning that children of the same age may naturally reach different developmental milestones at different points. The range of what is considered developmentally “normal” is far wider in the early years than it is at any other stage of life.⁷⁰

Yet, by age five, most children will attain the foundational skills across all developmental domains that are critical to school readiness. Significant numbers of children enter kindergarten without these skills, however, and it is these children who typically start behind and stay behind. Research has unveiled significant differences on measures of cognitive skills between minority and low-income children and their middle-class counterparts beginning before kindergarten and persisting as children continue through school.⁷¹ Risk factors for school “unreadiness” include poverty, family instability, child abuse and neglect, poor-quality child care, and limited access to health care and adequate nutrition.⁷² Fortunately, there is increasing evidence that early intervention, high-quality early learning programs, and related supports for young children and their families can be effective strategies in narrowing the achievement gap and ensuring that children enter school ready to succeed.⁷³

The task force believes that while the family plays the most important role in a child’s life, state policies can support parents and other caregivers in promoting children’s development before birth through infancy to the elementary years and beyond. These policies should seek to ensure that all young children have access to high-quality care and learning opportunities at home and in other settings as well as access to nutrition, mental health, prenatal and child health, and other necessary services. States should also seek to ensure that policies and programs adequately reach children in foster care and children with special physical, cognitive, emotional, or other developmental needs.

Ready Children Are Supported Across Developmental Domains from Birth to Kindergarten Entry and Beyond

Researchers and policymakers now agree on a definition of children’s readiness that incorporates five interrelated, interdependent dimensions of development. All five dimensions are critical to learning, and underdevelopment in one will negatively impact the others.⁷⁴

Physical Well-being and Motor Development

A child’s health status affects his or her ability to explore and learn by doing, seeing, hearing, and experiencing. Nutrition, physical health, and gross and fine motor skills all have a bearing on early learning.⁷⁵ Primary and preventive health care services for children in the first years of life support healthy growth and development, increase early identification of special needs, and reduce morbidity and mortality. Providing services to young children also affords an opportunity to teach parents about prevention and child development and to help them develop parenting skills.⁷⁶



Social and Emotional Development

Young children build understanding by interacting with others and their environment.⁷⁷ Social and emotional development refers to children's capacity to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment all within the context of family, community, and cultural expectations.⁷⁸ Put simply, social and emotional development forms the basis of children's knowledge of "how to learn."⁷⁹ Children learn best when they are able to cope with their emotions and control their impulses, when they can relate with and cooperate with their peers, and when they can trust and respond to the adults responsible for their care and education.⁸⁰ Children who can regulate their own emotions are also better at concentrating and focusing on tasks, two elements of cognitive development.⁸¹ Children begin to develop social and emotional capacities in early infancy. Infants and toddlers, like adults, can develop serious psychiatric disorders, such as depression, attachment disorders, and traumatic stress disorders that affect their successful social and emotional development.⁸² Once in kindergarten, children lacking social and emotional skills often have a harder time getting along with their classmates, may experience negative feedback and stricter disciplinary action from teachers, and may quickly lose their eagerness to learn.⁸³ Services and supports that promote young children's social and emotional development and mental health (e.g., early intervention and mental health services for infants and toddlers, Early Head Start, home visiting programs, and classroom-based social competence interventions⁸⁴) can contribute to children's readiness to learn.⁸⁵

Approaches to Learning

A positive attitude and enthusiasm are critical to learning. Children learn best when they are motivated to apply their skills and knowledge to further their understanding of the world

around them.⁸⁶ Curiosity, persistence, and attentiveness to tasks are critical to learning, as are supportive, nurturing environments that encourage creativity, imagination, and direct engagement in activities and play. A longitudinal study of the nation's kindergartners shows that children experiencing some risk factors, such as low maternal education, receipt of public assistance, and living in a single-parent household, are less likely to be seen as eager to learn by their teachers than are children not demonstrating these risk factors. Moreover, white and Asian children are more likely to be seen as eager to learn by their teachers than are black or Hispanic children.⁸⁷

Language Development

Children learn best when they can communicate effectively and are encouraged in the development of emerging literacy skills.⁸⁸ Early language and emergent literacy are interrelated skills that are the foundations for the complex process of learning to read, write, and communicate.⁸⁹ The process begins in the earliest years of life; speaking, reading aloud, and singing to infants and toddlers stimulates their understanding and use of language and form the basis of emergent literacy behaviors (e.g., book handling, looking and recognizing, picture and story comprehension, and story-reading behaviors).⁹⁰ The quantity and quality of language and early literacy interactions during the preschool years affect the development of language and literacy skills throughout the early elementary years.⁹¹ Preliminary findings of the National Early Literacy Panel suggest that certain skills are directly linked to early literacy development, including knowledge of letters and print concepts, invented spelling, listening comprehension, oral language and vocabulary, and phonemic awareness.⁹² As children learn print concepts (e.g., letters have distinct forms, letters are related to sounds, and letters create words), they also learn conventions of reading (e.g., words in print are read from left to right and from top to bottom on a page). Literacy-

rich environments are important, and early education settings that contain interactive print materials are associated with better emergent literacy. Engaging children simultaneously in reading activities and phonological training has also proven to be an effective strategy.⁹³ Children's language and preliteracy skills at kindergarten entry predict later academic outcomes, and a clear gap exists between children from economically disadvantaged environments and their more affluent peers.⁹⁴

Cognition and General Knowledge

Children learn best when they can apply their knowledge and skills to increase their understanding of the world around them (e.g., planning, problem solving, symbolically representing everyday experiences, comparing and contrasting objects, developing spatial and numerical reasoning, and drawing associations).⁹⁵ The skills and knowledge that support problem solving, such as understanding numbers, shapes, and mathematical operations, contribute to critical thinking and cognitive development. General knowledge refers to children's depth and breadth of understanding about the social, physical, and natural world and to their ability to draw inferences and comprehend implications.⁹⁶

Ready Children Have Access to High-Quality Early Care and Learning Opportunities

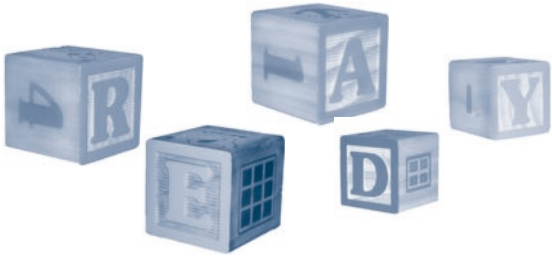
Stable relationships with caring adults and safe, nurturing, and stimulating environments are all fundamental to school readiness. While parents typically provide the first layer of these experiences for children, in the current economy most mothers are now participating in the workforce by choice or necessity. As a result, 12 million young children, or 61 percent, spend at least some of their time in the care of adults other than their parents.⁹⁷ Moreover, increasing awareness of the benefits of high-quality early learning opportunities is leading families to seek such programs regard-

less of their work and child care needs.⁹⁸ Therefore, any discussion of school readiness should consider the environments in which children from birth to age five spend their time and the adults with whom they interact at home and in formal or informal early care and education settings. States have various options for addressing the challenges based on their needs, priorities, and resources. The key is to develop a comprehensive vision for meeting the needs of all children and deciding on strategic steps that will ensure progress over the long term.

Care and Education Arrangements for Children from Birth to Age Five

States face several continuing challenges in providing quality care and early learning opportunities for all children from birth to age five. Market forces are insufficient to support a healthy supply-and-demand relationship that supports high-quality, affordable early care and education options for families. High-quality settings are often hard to find and prohibitively expensive for low- and even middle-income families.⁹⁹ Many publicly supported programs are scattered across various state agencies, making them difficult for families to access and causing service duplication and administrative inefficiency.

U.S. children receive early care and education experiences through a continuum of formal and informal settings that includes parents and other family, friends, neighbors, child care and early learning centers, and prekindergarten programs. Many children experience more than one of these settings between the time they are born and age five, and all these settings offer opportunities for promoting school readiness.¹⁰⁰ The type of early care and education setting chosen tends to vary, most particularly by age and family income. Data for 2001 from the National Household Education Survey suggest that among children from birth to age six who were not yet in kindergarten and who were in



nonparental care and education settings, 34 percent were in center-based care, 23 percent were in relative care, and 16 percent were in nonrelative care (i.e., friend or neighbor care). Children below age three and low-income children were more likely to be in home-based family, friend, and neighbor care. Children ages three to six and higher-income children were more likely to be in a center-based child care arrangement, including nursery schools and other early childhood education programs. Factors such as race and ethnicity, maternal education, and maternal employment status (i.e., full time or part time) impact care arrangements to a lesser extent.¹⁰¹

Regardless of the early care and education setting (e.g., home, center, or school) or the age group that it serves (e.g., infants, toddlers, or preschoolers), the quality of the experience is associated with warm and responsive adults, language-rich environments, and ample opportunities for learning and exploring.¹⁰² In formal early childhood care and education programs (i.e., center-based care or prekindergarten programs), quality rests on both structural characteristics (e.g., staff-child ratios and requirements for teacher education) and process features (e.g., interactions between staff and children and curriculum and teaching practices). High-quality programs offer small classes with well-prepared teachers, foster close teacher-child relationships, and encourage family involvement. Such programs also emphasize and connect social-emotional and academic learning.¹⁰³

Nationally, two-fifths of children ages six and younger who regularly receive nonparental care are cared for by family, friends, or neighbors. (Nonparental care is also referred to as kith-and-kin, informal, or license-exempt child care.) Most children in this care setting are infants and toddlers, and parents typically choose family, friend, and neighbor care because it is flexible, is provided by known and trusted individuals, and sometimes offers

shared language, culture, and values.¹⁰⁴ This type of care is largely unregulated and often is not connected to professional resource networks or state early care and education systems. With so many young children in their care, family, friend, and neighbor providers are a largely untapped link to support children's early learning experiences. States and communities can offer them information, materials, equipment, and training on nutrition, child development, early learning, health and safety, and other topics. States can also include family, friend, and neighbor care representatives in local and state planning and policy bodies, develop early learning standards that are applicable to informal care settings, and offer training, guidance, and resources to these providers on how to apply the standards in their daily activities with children. Family, friend, and neighbor care providers can also be integrated into state career development systems and subsidy reimbursement systems. States can also encourage stronger connections between these providers and local and state child care resource and referral agencies.¹⁰⁵

Programs and Services for Children from Birth to Age Three

In the first three years of life, children learn in the context of relationships with family members and other important caregivers. All infants need ample time with their parents at the very beginning of their lives to form these critical relationships. However, many parents do not have the option of staying home full time with their newborns. Moreover, infants and toddlers living in high-risk environments need additional supports to promote their healthy growth and development. Just over half of all children below age three (52 percent) are in nonparental care at least some of the time, and most of this care is family, friend, and neighbor care rather than center-based care.¹⁰⁶ For most families, high-quality infant and toddler care is typically the most expensive and the hardest to find, but comprehensive

programs can produce substantial benefits in the first three years of life.¹⁰⁷ For example, the federal Early Head Start program for low-income infants, toddlers, and pregnant women has yielded early gains in measures of children's readiness, family self-sufficiency, and parental support of child development. At current funding levels, however, Early Head Start serves just three percent of those eligible.¹⁰⁸ States can consider expanding Early Head Start or developing similar voluntary comprehensive initiatives for children in the very early years. In addition, they can play a role in informing parents about what very young children need, of the benefits of high-quality infant and toddler care, and how to recognize effective programs. Moreover, states can expand subsidies and other strategies to make such care affordable. They can expand capacity, improve the quality, and increase the affordability of infant and toddler early care and education options for families through incentives, standards, and professional development and training. States can also connect providers to specialists in infant and toddler development, health, and mental health; expand developmental screening services; and provide parents, caregivers, and early childhood education providers with easy access to information on child development in the very early years.

Prekindergarten Programs for Three- and Four-Year-Olds

The federal Head Start program provides comprehensive early care and education services to more than 900,000 eligible low-income and special needs children. With evidence that high-quality prekindergarten programs help close the achievement gap and provide children with the skills they need to be successful in kindergarten and beyond, support is growing for states to increase prekindergarten programs for four-year-olds (and, often, three-year-olds). Many states are expanding prekindergarten services through public schools or in combination with local child care, Head Start, and other community pro-

grams. The quality of a prekindergarten program is determined by the educational attainment and in-service training of teachers, the size of classes and groups, the effectiveness of the curriculum, attainment of national accreditation, and the degree to which learning standards are linked to K-12 expectations.¹⁰⁹ Support infrastructure and accountability measures are also critical to quality.¹¹⁰ Recognizing the importance of learning in these out-of-home experiences, 38 states now invest in prekindergarten—spending close to \$2.5 billion to serve about 740,000 children—and that number is increasing.¹¹¹ Despite the increasing investments, however, many working families still struggle to find and pay for high-quality programs. Moreover, finding high-quality, affordable care for the hours before or after the typical half-day preschool program is also a formidable challenge.

States have an opportunity to integrate prekindergarten initiatives with community-based child care programs. This strategy, which many states are now adopting, builds on existing infrastructure to serve greater numbers of children. It also provides an opportunity to integrate child care and prekindergarten program standards and learning guidelines to ensure consistent, high levels of quality, regardless of the setting.¹¹² In many cases, integrating child care and prekindergarten programs for four-year-olds has also improved the quality of care for infants and toddlers.¹¹³

Ready Children Are Supported and Cared For in the Face of Family Instability or Special Needs

Children with special needs and children in foster care should not be overlooked in school readiness policy discussions. These children are at exceptionally high risk of physical, emotional, and developmental delays and are the most likely to benefit from school readiness interventions. Yet these children are typically served under separate state systems, often

compartmentalized from the broader early childhood population and, consequently, are left out of the school readiness equation. States can ensure that all systems that serve young children, including prekindergarten, child care, mental health, foster care, early intervention, and maternal and child health systems, are connected to one another and recognize their collective role in promoting school readiness for all children. They can align eligibility guidelines, streamline in-take procedures, cross-train professionals in child development, and encourage cross-program referrals and joint outreach and information efforts to parents. States can also integrate service delivery efforts, colocate programs, and partner with community organizations to provide comprehensive services.

Children with Special Needs

Premature birth; genetic conditions, such as Down Syndrome; and physical disabilities, such as hearing impairment or cerebral palsy, pose significant developmental challenges for young children. Environmental risk factors, such as parental drug or alcohol addiction, extreme poverty, family mental health problems, and exposure to violence, abuse, or neglect, can also cause developmental delays.¹¹⁴ Fortunately, early intervention is effective in helping children overcome these challenges. Early intervention screening can help identify whether children need, for example, enhanced educational experiences or physical, occupational, or speech and language therapy. Home visiting programs and parent support groups are also effective strategies.¹¹⁵ Early intervention services can be delivered in homes, Early Head Start programs, child care and preschool programs, or other early childhood settings. Federal funding sources for early intervention efforts include Parts B and C of the Individuals with Disabilities Education Act (IDEA), Early Head Start, and Medicaid's Early and Periodic Screening, Diagnosis, and

Treatment (EPSDT) program. State mental health systems can provide consultation and education services to early care and education providers to promote early identification and referrals for children with social-emotional development challenges. The infrastructure for some early intervention programs and services already is in place in states, and an opportunity exists for further service integration and collaboration with other early care and education efforts.

Children in Foster Care

Children below age five account for nearly 30 percent of all children in foster care, and this percentage is growing at an alarming rate.¹¹⁶ Moreover, infants and young children tend to remain in foster care longer than do older children; approximately 20 percent of children below age six remain in out-of-home care for six years.¹¹⁷ Young children in foster care often display severe physical, developmental, and emotional needs. Nearly 80 percent are at risk for medical and developmental problems related to prenatal exposure to maternal substance abuse; more than 40 percent suffer from physical health problems; and more than half display developmental delays—almost five times the percentage found among children in the general population.¹¹⁸ At the same time, most of these children lack access to basic health care and early intervention services that could help them overcome these challenges. Finally, a significant number of children in foster care experience multiple placements that negatively impact their social and emotional development. Early intervention and screening, health and mental health treatment, and family support services to foster parents and biological parents can promote early identification of children's developmental challenges and encourage secure, healthy, stimulating home environments.¹¹⁹

Ready Children Are Supported by Ready States, Ready Schools, Ready Communities, and Ready Families

Responsibility for school readiness lies not with children, but with the adults who care for them and the systems that support them. Starting at the top, states are responsible for making informed policy decisions, committing sufficient resources, and connecting programs and services to all children who need them. Across all early care and education arrangements for infants, toddlers, and preschoolers, states have responsibility for setting program standards for health, safety, and staffing and learning standards for what children should be encouraged to know, do, and experience. They determine professional development criteria and decide policies for compensation and program evaluation. States also play a role in promoting relationships with the higher education and early care and education professional communities to improve the professional development and training system. In addition, they provide incentives and scholarships for early childhood professionals to seek higher credentials and train-

ing. Finally, states can support parents by providing information on child development and quality care and education options, pursuing strategies to make high-quality care more affordable, and giving parents an equal voice in school readiness policy discussions.

Across all systems that serve young children, including prekindergarten, child care, foster care, early intervention, and maternal and child health, states can improve cross-system collaboration and recognize the role each system plays in promoting school readiness for all children. States can align eligibility guidelines, streamline in-take procedures, cross-train professionals in child development, and encourage cross-program referrals and joint outreach and information efforts to parents. States can also integrate service delivery efforts, colocate programs, and partner with community organizations to provide comprehensive services. Finally, states can bring together stakeholders, including families, schools, and communities, to identify challenges, develop priorities, and implement solutions at the state and local levels. ■

