



# Children's Readiness to Learn: Strategies for Improvement







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October 19, 1998

Dear Community Member,

We are pleased to release this benchmark report on **Children's Readiness to Learn**. The Portland Multnomah Progress Board, which we co-chair, was established in 1993 to develop a vision for our community and establish benchmarks which serve as measures of the condition of our community. The board currently tracks 76 benchmarks across a range of areas, including:

- Health
- Education
- Families
- Special Needs
- Safety
- Governance
- Civic Participation
- Economy
- Environment
- Urban Vitality

In addition to producing regular reports on the condition of our community, the Progress Board is beginning to produce more in-depth analyses of particular benchmarks. **Children's Readiness to Learn** is one of two benchmarks we are studying in detail this year. Our second benchmark report, which will focus on criminal recidivism, should be released early next year.

These benchmark reports provide the Progress Board, other policy makers, and the larger community with:

- a better understanding of the forces that affect a benchmark,
- recommendations about future measurement of the benchmark,
- research about the best practices for improving the benchmark, and
- an assessment of the array of services and programs involved in addressing the benchmark.

The Board hopes its benchmark reports produce better measurement and collaboration among organizations. Through better tracking of outcomes and better collaboration we can improve the school readiness of the young children in our community.

Research makes clear that efforts to better prepare our youngest children for school improves their chances for school success and have long-term effects on reducing the level of crime and poverty in our community. The good news is that our youngest children are entering school physically healthy and well nourished. However, the report highlights the need for more attention to children's early language and literacy development. Although there is an impressive array of publicly funded early childhood programs in Multnomah County, services are fragmented and there is a need for more coordination and accountability.

We extend our appreciation to the Oregon Progress Board and the Multnomah County Commission on Children and Families, our partners in this endeavor, and to all the other organizations committed to young children that helped us understand this benchmark.

Sincerely,

Vera Katz  
Mayor, City of Portland

Beverly Stein  
Chair, Multnomah County



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# EXECUTIVE SUMMARY

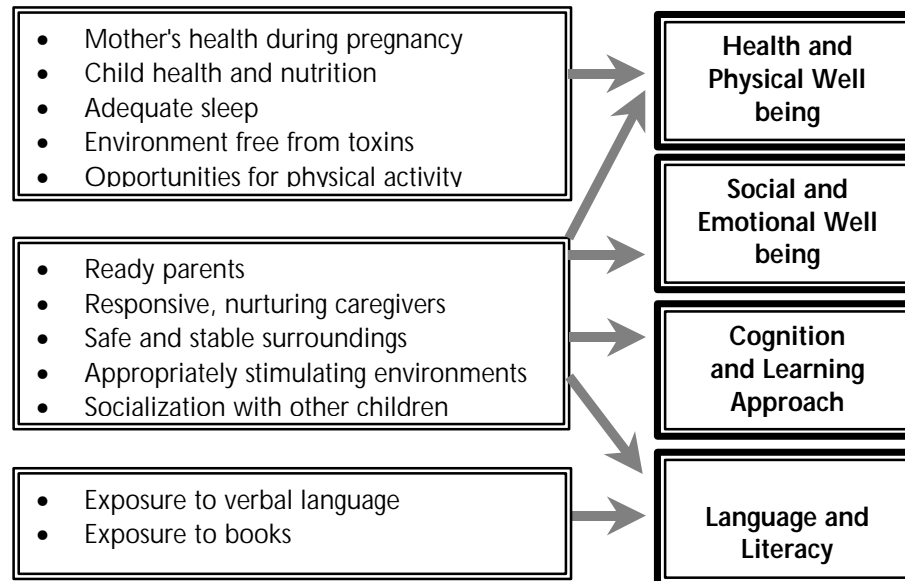
This Benchmark Audit of **Children's Readiness to Learn** was prepared to provide the Portland Multnomah Progress Board, the Multnomah Commission on Children and Families, other policy makers, and the larger community with:

- a better understanding of the forces that affect this benchmark;
- research about successful efforts for improving the benchmarks;
- a description of the array of services and programs that address the benchmark; and
- a description of the array of services and programs that address the benchmark; and strategies for improving the benchmark.

## Understanding Readiness to Learn

Based on a comprehensive research review, children's readiness to learn can be classified broadly into 4 domains and 12 conditions that have been demonstrated to impact one or more of these domains.

### Conditions which Support Readiness to Learn



Recent neurological research demonstrates that a child's earliest experiences (prenatal to three years of age) physically shape the development of the brain and the child's capacity for learning. During this critical period, appropriate environment and stimulation have the strongest impact on the child's ability to learn. Unfortunately, the best opportunities to influence the child's capacity for learning occur well before children enter school.

Poverty has an adverse impact on each of the supporting conditions identified in the model above. Economically disadvantaged children are exposed more frequently to health risks, family stress, inadequate social support, and parental depression. They also experience more serious consequences of these risks than children from more economically stable families.

### Successful Approaches

Research indicates that quality early childhood programs can have significant and enduring impacts on children's development and readiness to learn. The Rand Corporation's research concludes that every \$1 invested in effective early childhood programs can yield long-term savings of \$2 to \$4.

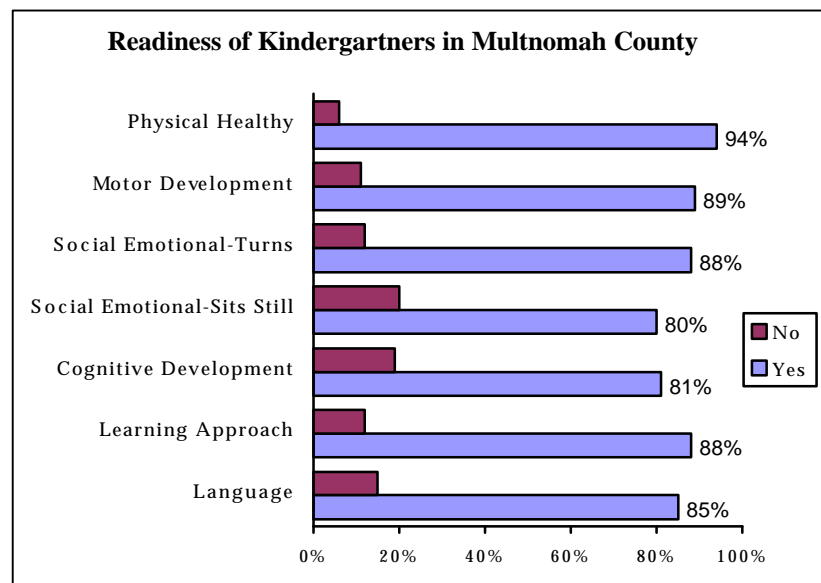
Collectively, the research suggests that programs are most likely to succeed when they start early (prenatal or at birth), offer center-based educational programs, target children at highest risk, and insure that services are family-based but focus directly and primarily on children rather than parents.

Several model programs are identified which are not currently available in Multnomah County. These include the *Healthy Start* home visitation program, *Even Start Family Literacy Program*, and *Schools for the 21<sup>st</sup> Century*.

### An Assessment of Our Children

Oregon's 1997 Kindergarten Teacher Survey on School Readiness provides Multnomah County with its first baseline data on children's readiness to learn. The survey was developed by the Oregon Progress Board and the Oregon Department of Education.

Overall, 60% of kindergartners in Multnomah County were assessed by their teachers as ready to learn on all seven dimensions.

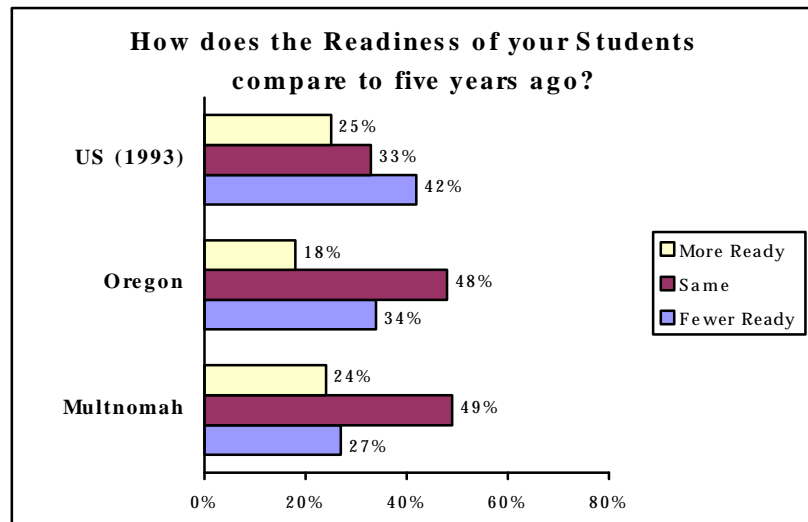


There was strong consensus among teachers that physical health and development was the most important dimension of readiness to learn. This was also the dimension on which the most children received positive assessments. Communication skills were ranked second in importance, followed by enthusiasm for learning, and ability to follow



directions. These three dimensions had some of the lowest levels of readiness. About 30% of the students assessed in Multnomah County had problems with one or more of the four most highly ranked dimensions.

Teachers in Multnomah County were more positive than their peers at the state and national levels on the question of how ready today's kindergartners are compared to five years ago. About 24% reported that children's readiness had improved, while 27% reported that readiness levels had deteriorated and 49% reported no change.



There were significant differences between the perceived readiness levels of public versus private school students. Private school students were perceived as more ready on each of the dimensions assessed. The survey data also confirmed that attending pre-school can have strong positive effects on school readiness at kindergarten.

## Conditions Affecting Young Children in Multnomah County

There are currently about 48,000 children under age five in Multnomah County. This population of children has grown increasingly diverse in terms of race and ethnicity. Hispanic children make up the largest minority population. The population of Asian children has also grown and is close in size to the population of African-American children. An estimated 15% of the children under five live in families where English is not the primary language spoken.

Recent data indicates that about 23% of the children under five in Multnomah County currently live in poverty. About 71% of the young children in the county live with married parents and 23% live in a female-headed household. About 39% live with married parents, both of which are employed. Roughly 26% live in “traditional” families in which the father is employed and the mother works at home.

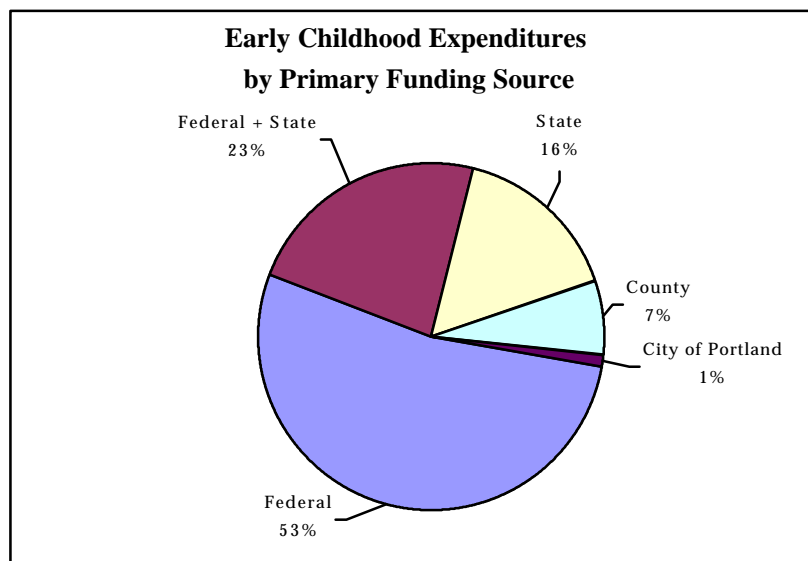
## Efforts in Our Community

Research indicates that ready children require supportive parents, caregivers, and communities. The initial and primary responsibility to support children's readiness to learn falls on their parents, although the responsibility for children's early development also falls increasingly on other caregivers, who provide care and early education for about half the children under five in our community. Parents and caregivers will be successful in their efforts to foster early childhood development only when they are supported by other institutions in our community including: businesses, physicians and insurance companies, governments, non-profit agencies, churches, and neighborhoods.

The Progress Board worked with the County's Department of Community and Family Services and the Early Childhood Care and Education Council to develop a comprehensive inventory of the

publicly-funded services for children under five years old. These programs are funded and administered by a complicated mix of seven Federal agencies, six State agencies, three County agencies, one City agency, one School District, one Educational Service District, and at least 50 non-profit organizations. The complexity in these funding streams and organizational responsibilities makes service integration and overall system planning truly a challenge.

We estimated the annual public investment in services for young children at \$102 million. More than 90% of these programs are supported by federal and state dollars. The Multnomah County contribution is 7% of the total and Portland's contribution is less than 1%.



Health and nutrition services, directed at the dimension of school readiness ranked as most important by kindergarten teachers, received

the highest level of public investment (40%). Much of this cost is associated with increasing access to health insurance for children under the Oregon Health Plan. A number of health and nutrition indicators confirm that this public investment is paying off in terms of improved prenatal care, and reduced infant mortality, teen pregnancy, and children's immunization rates.

Less than 1% of the public supported programs focus directly on language and literacy. This dimension was ranked by kindergarten teachers as the second most important and about 15% of their students had problems with basic verbal communication. While we do not have current data on literacy here, a recent School Readiness project found that more than half of the kindergartners in Washington County fell below acceptable levels.

Most of the programs for young children are targeted to families at risk, usually on the basis of poverty or an identified disability. Only the Multnomah County Libraries and the Portland Parks Bureau's Community Centers are able to provide services universally to all families in the County. The County's Family Centers were designed to serve all families, but have not been adequately funded to do so.

When possible we calculated a "reach rate" for each program to indicate the percentage of the population in need of services that is receiving them. We found that Early Intervention and Special Education services were reaching a relatively high percentage of the estimated children with disabilities. Similarly, programs for teen parents and their children had a relatively high reach rate. Preschool services are available to about 74% of the poor four year olds in the County through the combined resources of Head Start and the Portland Public Schools' Early Childhood Education Centers. In contrast, the new Early Head Start program is available for only 3% of the eligible children.

One prominent "gap" in the system is the lack of controls to insure quality child care, particularly for children who are cared for in

private homes by family child care providers. *Working Mothers*, in its annual review found Oregon is just one of six states that conducts virtually no inspections or monitoring of family child care providers. There is no current data on the quality of child care in Multnomah County. National child care studies have found appallingly substandard care in many homes and centers. Given the weak registration and training requirements in Oregon, similar findings are very possible in Multnomah County. Tightening up regulation could enhance quality, and improving training and support of providers is also critical.

### **Some Strategies for Improvement**

This analysis of services and programs identified many possible strategies for improving the readiness to learn of our community's kindergartners. Some of these strategies would improve linkages between programs and strengthen the infrastructure of the overall system. Some identify programs and services not currently available in Multnomah County which have had documented success elsewhere. Others address operational improvements in existing programs and expansions in current services to reach more children. Some will require additional resources, or shifting funds from other services, and others may not. While the number of strategies is long, a list of what could be done may encourage innovation, inspire more collaboration, and marshal increased resources.

One important strategy is to continue tracking the readiness of our kindergartners to learn. The State's Kindergarten Survey provided our community with its first baseline data on school readiness. Gauging readiness to learn can also provide valuable information for our schools. Most schools do not begin systematic and consistent assessments of students until the end of the third grade when formal standardized testing begins. The Commission on Children and Families of Washington County recently completed a more detailed assessment of individual kindergartners. In addition to community

benchmark data, their assessments produced program planning data for teachers and principals, better ties between parents and teachers at school entry, an empirical basis for advocating for specific services and programs, and a process to insure that individual children receive needed services. The Portland Multnomah Progress Board will work to ensure that the most meaningful data on readiness to learn is gathered in the future.

# Framework for this Report

- Chapter 1** presents a research-based model of each of the dimensions of school readiness, and the conditions which promote readiness.
- Chapter 2** puts local Readiness to Learn efforts into National and State contexts.
- Chapter 3** uses a series of indicators to assess the overall well being, including school readiness, of young children in Multnomah County.
- Chapter 4** reviews the evaluation research on different kinds of interventions with young children and families, and identifies best practices and promising programs.
- Chapter 5** provides an assessment of all the publicly funded services for young children in Multnomah County.
- Chapter 6** identifies a number of strategies for improving overall system infrastructure, filling gaps in services, providing effective interventions not currently available, and improving future measurement of readiness to learn.
- Chapter 7** provides more detailed recommendations on a future measurement strategy.

- Appendix A** Kindergarten Survey on School Readiness
- Appendix B** Early Childhood Resources and WEB Pages
- Appendix C** Persons Interviewed During Project
- Appendix D** Bibliography on Children's Readiness to Learn
- Appendix E** Program Descriptions of Comprehensive Interventions

# ***CHAPTER 1***

## **Understanding Readiness to Learn**

This chapter illuminates the complexity of children's readiness to learn and identifies the conditions which support it, based on research on child development.

We should begin by clarifying some assumptions about what is meant by readiness to learn. The Portland Multnomah Progress Board's Readiness to Learn benchmark is meant to capture the extent to which children enter kindergarten developmentally equipped to learn. Others use the term school readiness. We use Readiness to Learn, but consider the terms to be generally interchangeable.

There is general consensus in the literature that a child's readiness to learn is multi-dimensional. While the specific dimensions have been elaborated in a number of different ways, we have classified them in our model in four broad domains. The more specific dimensions associated with each domain are identified in the model below:

## **DOMAINS AND DIMENSIONS OF READINESS TO LEARN**

### **Health and Physical Development**

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- General Health
- Physical Development
- Fine Motor Skills
- Gross Motor Skills

### **Social and Emotional Well being**

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- Self Confident and trusting
- Impulse control
- Relates to others
- Empathetic
- Works alone and within group

### **Cognition and Approach to Learning**

---

- General Knowledge and IQ
- Curiosity toward learning
- Ability to follow directions
- Ability to focus on and finish a task

### **Language and Emergent Literacy**

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- Ability to communicate verbally
- Visual and auditory discrimination of objects and sounds
- Understanding of print and speech as mediums
- Basic familiarity with the structure of books/stories

Exhibit 1

In the domain of **physical well being**, it is expected that children will be physically healthy. The dimension of physical development relates to height and weight, for which there are measurable age-specific norms. There are two aspects of motor development. Fine motor skills, such as those required to use a pencil, crayons, or scissors, require eye-hand coordination. Walking, running, and climbing are examples of the gross motor skills that most children are expected to have mastered at school entry.

There is general agreement that a competent kindergartner exhibits certain levels of both **social and emotional development**. A socially adjusted child is able to sit still and pose minimal disruption within a classroom setting. Basic social skills for a child at this age include the ability to take turns and share with others.

In the domain of **cognitive development and learning approach**, a level of general knowledge about the world is required. The child should be able to follow through on basic instructions. Approach to learning captures the child's level of enthusiasm and curiosity when faced with new tasks.

**Language and literacy development** requires at the most basic level that the child can communicate verbally. Both visual and auditory discrimination of objects and sounds are required for learning about letters and written language. The child should have an understanding of the relationship between oral and written language, the concept of a story, and the structure of a book.

## Conditions which Support Readiness to Learn

The conditions which support these domains of readiness to learn are illustrated graphically below. Some conditions support more than one domain.

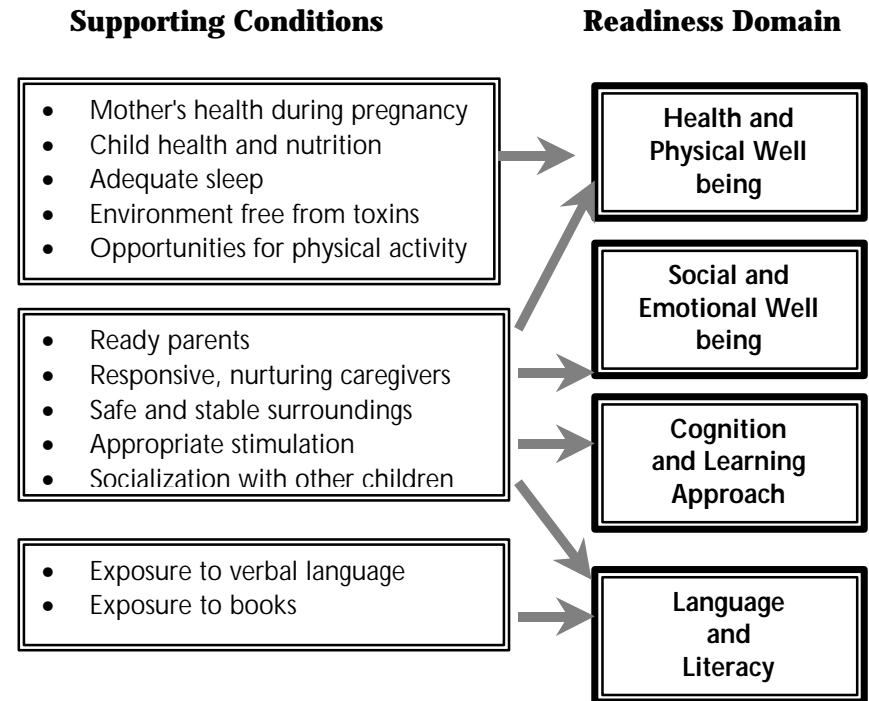


Exhibit 2

### ◆ ***Conditions Supporting Health and Physical Development***

There is strong research support linking the mother's health and nutrition during pregnancy with children's subsequent health and physical development. Women who are not healthy and well-nourished during pregnancy are more likely to deliver babies with risk factors at birth, which hamper subsequent development.

Maternal exposure to alcohol and other drugs during pregnancy can also have significant neurological effects hampering healthy development in children. Young children exposed to low levels of lead can suffer a number of adverse effects including decreased growth, impaired hearing, and brain damage.

The medical literature is replete with support for the critical linkage between ongoing good health and nutrition for infants and young children, and health and physical development at school entry. Adequate and regular sleep patterns also support healthy physical development. Development of motor skills, particularly gross motor skills, requires regular opportunities for a range of physical and play activities.

### ◆ ***Conditions Supporting Social, Emotional, and Cognitive Development***

As illustrated in the graphic, many of the same conditions which support children's early social and emotional development are also strongly related to their cognitive development and approach to learning. For this reason, throughout the rest of the report we generally treat these domains together.

We identify "ready parents" as the first and primary condition supporting children's social, emotional, and cognitive development. Ready parents are those who are knowledgeable about the importance of their role in child development, and parents who are supported in their efforts to provide their children with responsive, consistent, and

nurturing care, appropriate stimulation, and safe and stable environment. Children born to teen-aged mothers are at risk on a number of health and developmental outcomes, in large measure because their parents do not meet this definition of "ready" parents.

Developmental psychologists such as Freud, Erickson, and Piaget have established the fundamental importance to children's later emotional well being of developing early and secure attachments with those who care for them. Harlow's (1968) well known studies with rhesus monkeys provided clear evidence of the long-term and debilitating effects of withholding responsive and nurturing care from infant monkeys. Subsequent evidence of these effects on humans comes from a wide body of research on children raised in orphanages.

While parents are the first caregiver for most children, other relatives and caregivers also play an increasingly important role, largely because of the structural changes in our families and work places. Several large-scale studies of child care have demonstrated that ongoing and stable attachments with caregivers outside the home can also promote social and cognitive development. Children's development in these areas is enhanced when they are cared for by a limited number of caregivers.

The importance of stimulation to cognitive development has also been established by studies of children raised in orphanages, where even basic environmental stimulation is withheld for sustained periods. Recent brain research which is discussed below, suggests that while some level of stimulation is essential, too much stimulation may have negative developmental impacts. Further, because the brain develops certain capacities, such as vision and language at key times, the type of stimulation should be developmentally appropriate.

Lastly, while children's early social development is fundamentally based on interactions with caregivers, social interactions with child-aged peers also play an important role. Some prominent developmental psychologists are currently advancing the theory that



peer interactions may actually have a more important role in development than interactions with parents and other adults.

#### ◆ ***Conditions Supporting Language and Literacy***

The primary condition for learning to speak, and ultimately to read, is being spoken to regularly. In a pioneering study that challenged the idea that our ability to learn language is innate, Huttenlocher (1984) showed that babies whose mothers talked to them more had a larger vocabulary. By 20 months, babies of talkative mothers knew 131 more words than infants of less talkative mothers. There is limited evidence that talking to babies in utero may also have benefits in early language development.

Once children learn to speak, telling them stories and exposing them regularly to books provides the foundation for emerging literacy.

While research on bilingual education presents mixed results, the research on brain development implies that for children whose families speak a language other than English, very early exposure to English during their first 3 years would significantly enhance language acquisition during their early school years.

#### **Neurological Science and Brain Development**

Over the last decade, neuroscientists have made major inroads into understanding how early childhood experiences and conditions physically shape the development of the brain and the child's capacity for learning. As the Carnegie Foundation made clear in a recent report, "the quality of young children's environment and social experience has a decisive, long-lasting impact on their well being and ability to learn." This new brain research has profound implications

for our efforts as parents and as a community to prepare our young children for school.

Using new scanning technologies, scientists can actually observe and monitor where and how a child's brain develops and responds to its environment. This new data dispels the long-held belief that human brains are "hard-wired" at birth. In fact, at birth the human brain has achieved only 20% of its final weight. Over the next several years, the brain undergoes tremendous growth and development and by age 3, the brain has reached 90% of its final mass.

At birth the brain has 100 billion nerve cells which connect in a myriad of combinations as the child begins to respond to its environment and caregivers. These connections between neurons are called synapses. They form the brain's physical "maps" that govern vision, language, hearing, critical thinking, and emotional control. By age 3, the child's brain will have formed 1,000 trillion of these synaptic connections, about twice as many as an adult. The level of brain activity peaks for most children around 6 to 8 years, and then gradually declines to adult levels.

Another key finding of this research is that after building all these neurological connections in the brain, they are selectively eliminated or amplified by life experiences. Because the brain is use-dependent, those connections that are not activated regularly by environmental stimulation will be "pruned" away over time.

Scientists have also found that optimal development occurs in certain parts of our brain during "critical periods." These windows of opportunity for learning to see, hear, and speak, will literally close if the appropriate stimulation is not experienced during the critical period.

## Critical Windows of Learning

Health and Physical Development	Motor Skills	█											
	Vision		█										
Social and Emotional Development	Emotional Control		█										
	Social Attachment		█										
	Stress Response		█										
	Empathy/Envy			█									
Cognitive Development	Math/Logic			█									
	Music				█								
Language and Literacy	Vocabulary		█										
	Second Language		█										
	<b>Pre-natal</b>	<b>Birth</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	

Exhibit 3

Source: Adapted from graphics presented in "Special Report: Fertile Minds" *Time* February 3, 1997, and "Your Child's Brain" by Sharon Begley, *Newsweek*, February 19, 1996.

Although some level of stress is necessary to provide children with challenges, excessive stress can damage early brain development and affect children's future emotional well being. During these critical periods of development, the brain is highly sensitive to the quantity, quality and pattern of stimulation. When stressful events of sufficient duration, intensity, or frequency occur, brain development is altered and biochemical imbalances in serotonin and noradrenaline are created. These neurotransmitters govern impulse control, arousal, and aggression. Children raised in unpredictable, chaotic, and violent

environments, often adapt by having hyper-reactive arousal systems. Nurturing and responsive environments, in contrast, "wire" the child's brain to effectively handle stress and to express emotions such as empathy.

The recent brain research supports the need to create nurturing, responsive, and appropriately stimulating environments for young children. It suggests that "the sooner the better" is the key to successfully improving child outcomes. However, scientists have shown that cortical development continues throughout life and remarkable recovery of functions has been demonstrated after brain injury in older children and adults.

### The Impact of Poverty on Readiness to Learn

The negative consequences of poverty on children's development have been well established. The research supports correlations between poverty and each of the supporting conditions identified in the model at the beginning of this chapter. There is also general agreement that economically disadvantaged children are in "double jeopardy." Not only are poor children exposed more frequently to health risks, family stress, inadequate social support, and parental depression, they also experience more serious consequences of these risks than children from more economically stable families.

While the relationship between poverty and poor outcomes for children is well known, there is not agreement in the literature about the precise developmental mechanism. A poor family's lack of income can limit the child's access to basic services such as food, housing, and health care. These conditions have a very direct impact on children's health and physical well being. Perhaps more important are the risks that poverty poses to children through the stresses it imposes on their parents, and particularly their mothers. The majority of poor children are being raised by single mothers, many of whom have

limited educational backgrounds and suffer from chronic depression. Such women may lack the social and emotional resources themselves to parent their children in the supportive conditions identified in our model.

One striking example comes from Hart's research (1995) on the strong correlations between social class and exposure to language, a critical condition for emergent literacy. Using observational techniques, Hart found that children in white collar families hear 2,100 words per hour on an average day, compared to 1,200 words per hour in working class families, and 600 per hour for the average family on welfare. By age four, children in welfare families have experienced 13 million fewer words of cumulative language experience than the average working-class child.

About 23% of the young children in our community live in poverty. And while the impact of poverty on a range of developmental outcomes for children cannot be underestimated, poverty is not completely uniform in its impacts on children. It would not be appropriate to equate poverty with universally poor parenting. For as Escalona (1982) points out, poverty is not a homogeneous experience for all families. Its impacts on children are a function of the family's initial disadvantage, the depth of poverty, and its persistence. Some of the risks posed by poverty are mitigated culturally within certain racial and ethnic groups. Further, many families who are not living in poverty have difficulty creating the conditions which support the development of their children, due to changes in the economy and family structure.

# **CHAPTER 2**

## **Readiness to Learn in Context**

Over the last 10 years, there has been a burgeoning interest in children's readiness to learn at national, state, and local levels. This interest was initially fueled by the national goal that all children enter school ready to learn by the year 2000.

### **National Educational Goals Panel**

In 1989, the National Governor's Association established six national goals for education. The first goal was that by the Year 2000, all children in America will start school ready to learn. Congress enacted these goals into law in 1994. The Goals 2000 legislation ties the Readiness to Learn Goal to three more specific objectives:

**Physical health and well being** - Children will receive the nutrition, physical activity experiences and health care needed to arrive at school with healthy minds and bodies;

**Pre-school** - All children will have access to high-quality and developmentally appropriate preschool programs; and

**Parenting** - Every parent will have training and support to act effectively as their child's first teacher.

The 1994 legislation also established a National Educational Goals Panel (NEGP), responsible for charting the annual progress toward these goals, at both national and state levels.

The health objective is tracked with two measures. A children's health index which takes into account the percentage of children born with one or more health risks including: inadequate prenatal care, maternal use of alcohol or tobacco, and low maternal weight gain.

The NEGP also tracks the percentage of 2-year olds fully immunized. There have been modest improvements in both of these child health indicators at the national level.

Access to pre-school is measured by the disparity in the preschool participation rates of high vs. low income pre-school aged children. Nationally, 45% of 3-to-5 year-olds from low-income families were enrolled in pre-school in 1991, compared to 73% of those from high-income families. Despite the significant increases in Federal spending for Head Start since that year, this gap has not improved.

The NEGP measures parental teaching as the percentage of 3-to-5 year olds whose parents read or tell them stories regularly. In 1993, only 66% of pre-schoolers were read to by parents. By 1996, this rate had increased to 72%.

The NEGP uses some additional indicators for states, because data on pre-school participation rates and parental story telling is not collected at the state level. In addition to the two national health indicators, it also tracks low birth weight rates and early prenatal care. Oregon has seen improvements in the child health index and in prenatal care.

The state indicator for preschool participation is the number of disabled children in preschool per 1,000 3-5 year old children in the population. This rate has increased dramatically, with increases in Federally mandated early intervention and early childhood special education services for children with developmental disabilities.

The National Educational Goals Panel convened several technical work groups of national experts to develop a strategy for assessing children's readiness to learn at the national level. However, the panel was unable to agree on a methodology for assessing children directly at school entry, and has continued to rely on the proxy measures cited above.

## **The Carnegie Foundation**

The Carnegie Corporation of America has been a strong advocate at the national level directing attention to the needs of our youngest children.

In 1991, the Carnegie Foundation conducted a national survey of kindergarten teachers and found that 65% of the students were ready to participate successfully in school. This Carnegie study is the source for the often cited statistic that 1-in-3 children is not developmentally ready for school. The most common problems were in the areas of language and emotional maturity. The rate in Oregon was 32%, only slightly better than the national average.

In 1994, Carnegie published an important report entitled, *Starting Points: Meeting the Needs of our Youngest Children*, drawing national attention to the importance of children's development during the first three years of life. The report made more widely accessible the new neurological findings on early brain development, and made a series of recommendations around responsible parenting, quality child care, and children's health and safety.

## **Oregon Progress Board**

Readiness to Learn is also one of the State of Oregon's benchmarks. In 1993, the Oregon Progress Board, which tracks benchmarks at the State level, contracted with the Northwest Regional Educational Laboratory (NWREL) to develop baseline measures of young children's development as they enter kindergarten. The project focused on two dimensions of school readiness: physical health and well being, and language and literacy. This study did not assess children's cognitive or social-emotional development. The data collection process was extensive. Children were evaluated at home with a series of nationally validated assessment tools, parents and teachers were interviewed, and school records were reviewed. Both public and private schools were selected randomly from 8 geographic

regions in proportion to state populations. Certain ethnic groups were over-sampled. A total of 814 kindergartners were assessed.

The results of this effort were published in March of 1994 in *Establishing a Baseline for the Oregon Progress Board Early Childhood Benchmark*. The study found that Oregon's kindergartners display a wide range of language and literacy skills, but lag slightly behind national norms of language development. Oregon children also lag behind national norms for physical health and well being. There are more overweight and underweight children in Oregon than national norms predict. Further, their motor skills, both gross and fine, are lower than average. The researchers did not report on the relationship between early childcare and pre-school experiences, and school readiness.

Because of the thoroughness of these assessments and the resulting cost, the NWREL sample was not designed to provide county-level results. Results for the region including Multnomah County are not significantly different than those for the State as a whole.

While it was intended that this study would be repeated on a biennial basis, it has not been replicated because of the cost. Instead, the Oregon Progress Board partnered with the Oregon Department of Education to develop a survey of kindergarten teachers. During the Fall of 1997, kindergarten teachers throughout the state were asked to prioritize readiness dimensions and assess each of their students in five areas:

- language
- approach toward learning
- cognition and general knowledge
- motor skills, and
- social and emotional development.

Teachers from both public and private schools were included. The survey instrument was modeled on the 1993 National Kindergarten Teacher Survey on School Readiness by the U.S. Department of Education. The results of the Oregon survey are discussed later in this report. The Department of Education and State Progress Board plan to repeat the survey every other year.

Over the past year, Oregon Progress Board staff have been meeting with a State team of The Finance Project, a national effort to improve financing for early childhood care and education. The State team has developed a conceptual model of the factors affecting Readiness for Kindergarten. They identified four broad domains. Within each domain, they identify a number more specific dimensions and the factors affecting each.

- **Children's health**
  - Nutrition*
  - Healthy development*
  - Special needs*
- **Family functioning**
  - Positive parenting*
  - No child abuse/family violence*
  - Family literacy*
  - Family stability*
- **Access to quality early childhood care and education, and**
  - Good role models*
  - Cognitive and social learning*
  - Referral to early intervention*
- **Safe and accessible surroundings**
  - Positive role models*
  - Low exposure to violence*
  - Adequate and affordable housing*
  - Opportunities for social interaction*

## **Oregon Community Foundation**

During this project the Oregon Community Foundation contracted with the Oregon Association for the Education of Young Children to develop a set of funding priorities designed to enhance school readiness at the state level. A report on school readiness was prepared and a group of early childhood professionals and experts from around the state convened for a day to develop the recommendations. They are included in the final report, *The State of the Art: School Readiness*. The recommendations are as follows:

- *Promote links between child, family, school and community spheres of school readiness by supporting projects that bring together multiple parties to coordinate the transition of all children to kindergarten.*
- *Encourage diversity of programs to meet local needs by requiring applicants to demonstrate collaboration between families and other groups.*
- *Address under-served groups of people, regions, or interests by giving priority to approaches crossing all populations, in particular, poverty, child abuse, domestic violence, drug and alcohol abuse, dental and vision care, and early literacy.*
- *Address systematic needs across the state by creating a system for appropriate assessments on the status of all spheres of readiness, including children, families, schools, and communities; and encouraging the state to establish training requirements for early care and education professionals.*

## **Multnomah Commission on Children and Families**

The Multnomah Commission on Children and Families is an appointed citizen body charged with planning for and creating community conditions that protect, nurture, and realize the full potential of every child, family, and individual. The Commission's 1997 strategic plan, *Creating a Chosen Future for the Children and Families in Multnomah County*, presented three goals for children and families. The first is that all children will enter school ready to succeed. The plan outlines more specific strategies for meeting each readiness goal:

- Infants and young children experience a healthy start,  
*Family planning*  
*Adequate prenatal care*  
*Coordinated, universal developmental assessments*  
*Universal newborn visits*  
*Adequate nutrition*  
*Complete immunizations and well-baby care*
- Neighborhoods, communities and their institutions are concerned with the growth and development of young children, and  
*Safe and rich interactive environments*  
*Increase children in quality early childhood care and education*  
*Increase family-friendly employers*  
*Prevent exposure to environmental hazards*

- Parents and extended families are committed to the healthy growth and development of children and have the skills and supports they need.

*Neighborhood systems of parent support*

*Respite care for families at risk of abuse*

*Increased generational links between families*

In 1995, the Commission articulated a number of policies which could impact children's readiness to learn. These policies, which await further consideration, include:

- Universal screening at birth and throughout early childhood;
- Stricter regulation, higher standards, and enhanced training and compensation for child care providers;
- Development of a transition plan for each child as they move from home to childcare or preschool to school; and
- Requirement that all new businesses and programs conduct a family impact study.

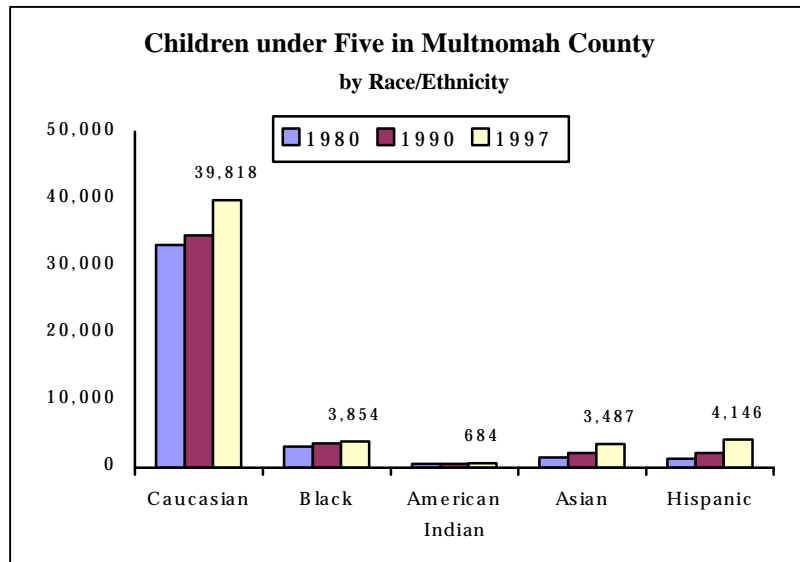
The Commission has had an impact on some of these strategies through its financial support for Parent and Child Development Services (PCDS) offered in the County's network of family centers. Most of the Commission's efforts over the last several years have focused on its *Take the Time* campaign, an effort to increase the assets in local communities. The effort focused on school-aged children but has broad implications for younger children as well.

# CHAPTER 3

## Assessing our Children

The most current estimates from PSU's Center for Population Research for July 1, 1997 indicate that there are currently about 48,000 children under 5 in Multnomah County.

The chart below illustrates the increasing diversity of children since 1980. The number of Hispanic children under 5 has more than tripled since 1980 and the population of Asian children has more than doubled. Overall, we estimate that the current percentage of minority children under 5 in Multnomah County is about 24%.



Source: 1980 and 1990 Census Data. Estimates for 1997 by the Auditor's Office from ACS data and 1997 estimates from the PSU Center for Population Research. Exhibit 4

### Readiness to Learn

Oregon's 1997 Kindergarten Teacher Survey on School Readiness provides Multnomah County with its first baseline data on children's readiness to learn. The survey was developed by the Oregon Progress Board and the Oregon Department of Education in consultation with a panel of early childhood experts.

The survey was designed to provide teachers' perceptions of the relative importance of seven different dimensions of readiness: health, motor skills, language, social-emotional, approach to learning, and general knowledge. Teachers were also asked to assess each individual student on each of the dimensions. The Oregon survey was modeled closely on the survey administered by the U.S. Department of Education in 1993. A copy of the survey is attached as Appendix A.

The Oregon survey was administered by the Oregon Department of Education. Questionnaires were mailed to all kindergarten teachers within the public school system, and to kindergarten teachers in all private schools registered with the Department of Education. Data entry was coordinated by the Department of Education and data analysis was conducted by the staff of the Multnomah County Auditor's office.

The final Multnomah County survey results included assessments by 114 kindergarten teachers on a total of 2,325 students. The sample included teachers from 51 public schools and 27 private schools. The overall response rate for the teachers who received a survey was 45%. The response rate for private schools (56%) was higher than the rate for public schools (40%). The 2,325 students whose readiness to learn was assessed represent about 25% of the kindergartners in Multnomah County.

The survey instructed teachers with both a morning and afternoon class to assess each of the individual students in only one of their classes, based on the teacher's last name. Because public schools have significantly more half-day kindergarten classes, this has the



effect of under-representing public school students in the overall sample. In order to adjust for this when reporting student results for the county, the sample was reweighted.

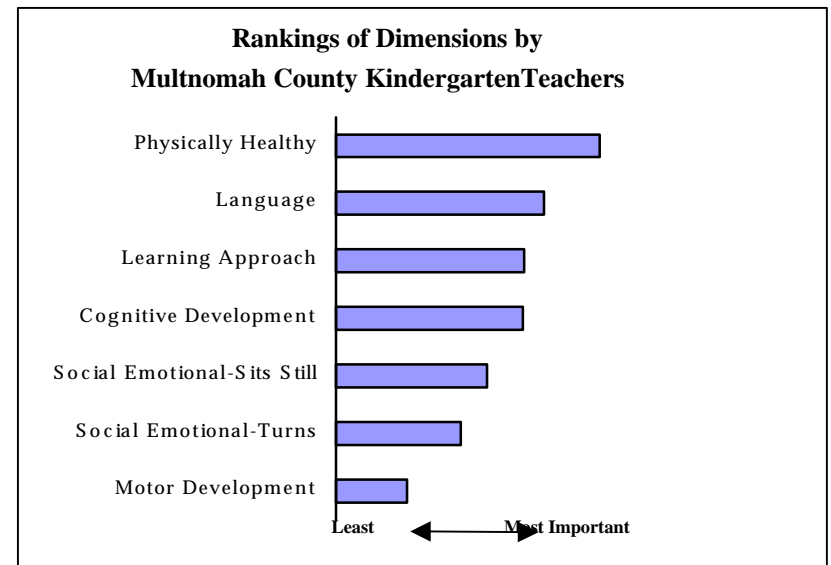
### Dimensions of Readiness to Learn

The table below shows each of the readiness dimensions and the survey item(s) used to measure them.

Readiness Dimension	Survey Item
<b>Physical Well being</b>	<b>Physically healthy, rested, and well nourished</b>
<b>Language</b>	<b>Communicates needs, wants and thoughts verbally (in child's primary language)</b>
<b>Approach to Learning</b>	<b>Enthusiastic and curious in approaching new activities</b>
<b>Cognition and General Knowledge</b>	<b>Can follow directions</b>
<b>Social and Emotional</b>	<b>Can sit still and not be disruptive Able to take turns and share</b>
<b>Motor Development</b>	<b>Able to use pencils or paint brushes</b>

Exhibit 5

There is strong consensus among the kindergarten teachers in Multnomah County about which dimensions of readiness are most important. They agree that it is most critical that children be physically healthy, rested, and well nourished. The second most important dimension of readiness is that children can communicate their needs, wants and thoughts verbally. The least important dimension is fine motor skills, the ability to use pencils or paint brushes. These rankings are consistent with those of teachers statewide and nationally. Public and private school teachers ranked these dimensions similarly. Further, there are no differences in the rankings based on the teacher's training or experience. The average



rankings for each dimension are presented below. Dimensions were ranked from 1 for the most important to 7 for the least important.

Exhibit 6

### How ready are students?

The teachers' assessments of their students on each of the dimensions of readiness are presented below. The good news is that 94% of the students in Multnomah County were assessed as physically healthy, the dimension ranked most important for school readiness. Ability to sit still (20%) and ability to follow directions (19%) had the highest percentages of students not ready.

Assessments of kindergartners in Multnomah County are comparable to the State average on 6 of the 7 dimensions of readiness. However, our students generally received the most positive assessments on their

physical health and well being, compared to those in other counties. Statewide about 9% of the children had problems in this area, compared to 6% in Multnomah County.

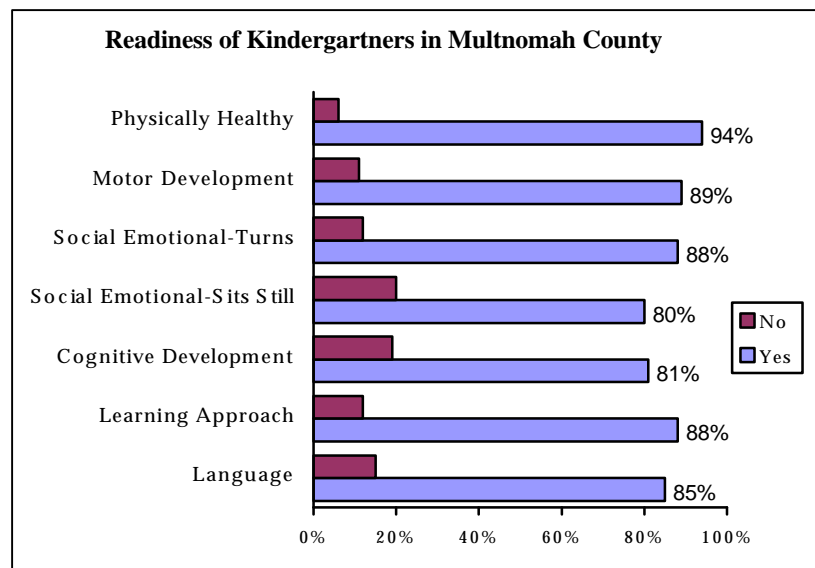


Exhibit 7

Overall, 60% of the students in Multnomah County were assessed as ready to learn on all seven dimensions. About 16% were not ready on one dimension and 9% were not ready on two dimensions.

There are significant correlations among teacher's assessments of the different dimensions of readiness to learn. For example, children who have trouble following directions are also likely to have trouble with sitting still, taking turns, and fine motor skills. There is also a strong correlation between a child's ability to communicate verbally and their enthusiasm about learning. The statistical correlations between dimensions are presented below. Correlation coefficients range from

0 for no correlation to 1 for a complete equivalency. Those over .4 represent a fairly strong correlation and are shaded. All the correlations are statistically significant at the .01 level.

### Statistical Correlations between Readiness Dimensions

Readiness Dimension	Physically Healthy	Verbal Skills	Enthusiasm For Learning	Follows Directions	Sits Still	Takes Turns, Shares	Uses Pencils or Brushes
Physically Healthy	1.0	.23	.25	.25	.14	.14	.20
Communicates Verbally	.23	1.0	.40	.38	.19	.22	.31
Enthusiasm for learning	.25	.40	1.0	.33	.16	.15	.18
Follows Directions	.25	.38	.33	1.0	.51	.45	.44
Sits Still	.14	.19	.16	.51	1.0	.51	.28
Takes Turns and Shares	.14	.22	.15	.45	.51	1.0	.28
Uses Pencils or Brushes	.20	.31	.18	.44	.28	.28	1.0

Exhibit 8

### Overall Readiness Measure

We used the teacher's rankings of the dimensions of readiness to learn to construct a readiness indicator that took into account whether a student had problems with one or more of the four dimensions ranked highest in importance:

- Physical health and well being
- Ability to communicate verbally
- Enthusiasm for learning, and
- Ability to follow directions.

Overall, 30% of the students assessed in Multnomah County had problems on one or more of these highest ranked dimensions. The statewide average was 31%. Kindergartners in Multnomah County

are fairly comparable to those in Clackamas, Lane, and Marion counties. In Washington County, however, only 26% of the kindergartners had problems in one of these areas.

**Are Multnomah County students more or less ready than 5 years ago?**

Overall, 49% of the teachers in Multnomah County reported that the readiness of their kindergarten students was the same as five years ago. About 27% reported that fewer students were ready and 24% that more students were ready.

These results are more favorable than statewide results or those in other counties, where higher percentages of teachers believe their students are less ready than they were five years ago. Teachers in both Multnomah County and Oregon had more positive assessments of children's readiness over the last five years, compared to a national sample of teachers who were asked the same question in 1993.

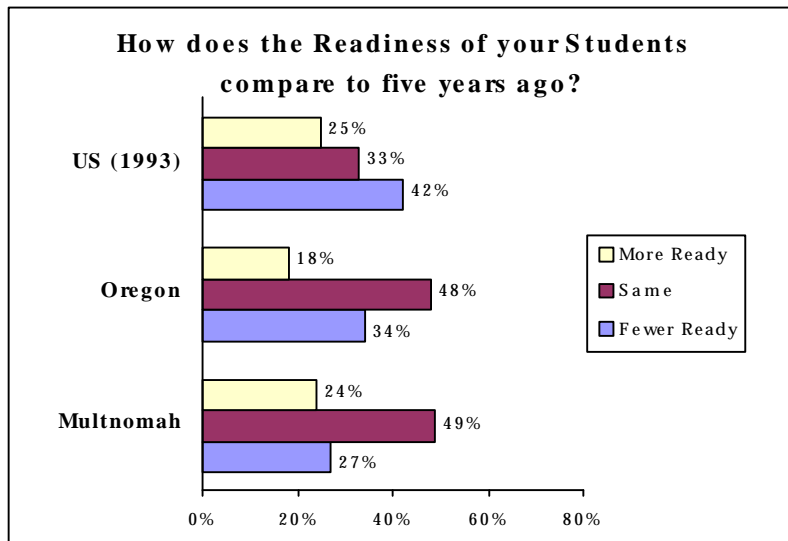


Exhibit 9

There are significant differences between the assessments of public and private school kindergarten teachers in Multnomah County. Only 7% of private school teachers reported deterioration in readiness levels, compared to 36% of public school teachers. More than one-third (39%) of private school teachers reported that their students were more ready today, compared to 17% of public school teachers. The gap between public schools and private schools may be widening as more parents enroll their children in private school as an alternative.

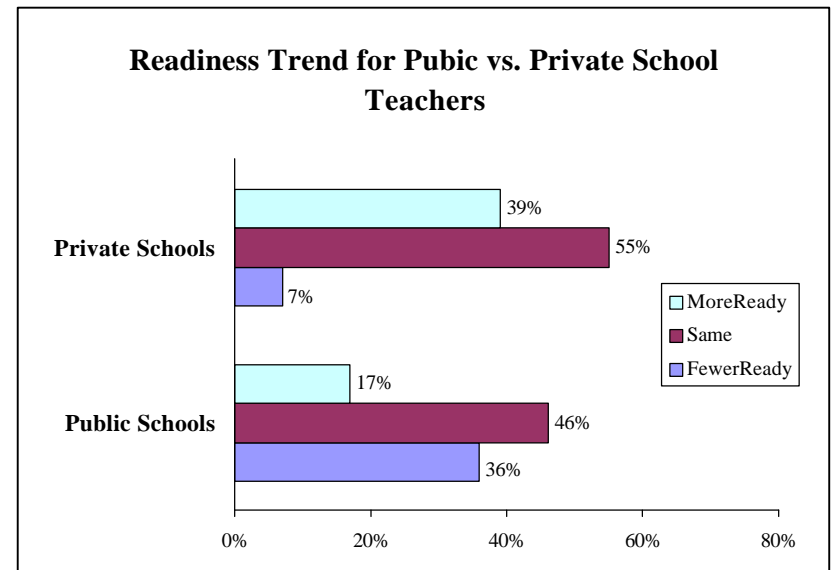


Exhibit 10

## Gender Differences in Readiness

Boys and girls are rated similarly on physical health and well being, but there are clear and consistent gender differences on all the other dimensions of readiness. On these dimensions, girls are assessed more favorably than boys. Differences by gender were most pronounced for sitting still and ability to use pencils or paint brushes.

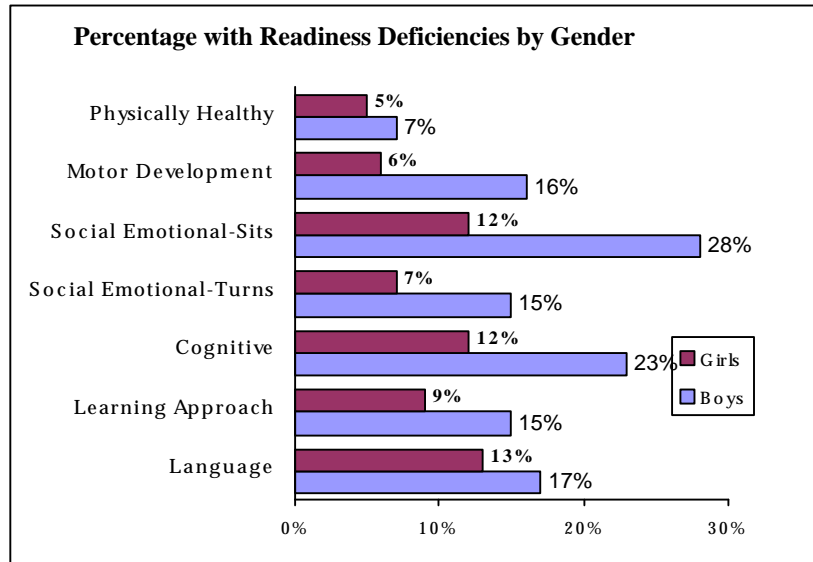


Exhibit 11

## Pre-school Promotes Readiness to Learn

Our survey data indicates that about 57% of the kindergartners in Multnomah County had previously attended pre-school. This compares to a statewide rate of 52%.

Consistent with other research, children in Multnomah County who attend pre-school are assessed as more ready to learn by their kindergarten teachers than children who do not. Children who do not have pre-school experience are twice as likely to have problems on each of the dimensions of readiness.

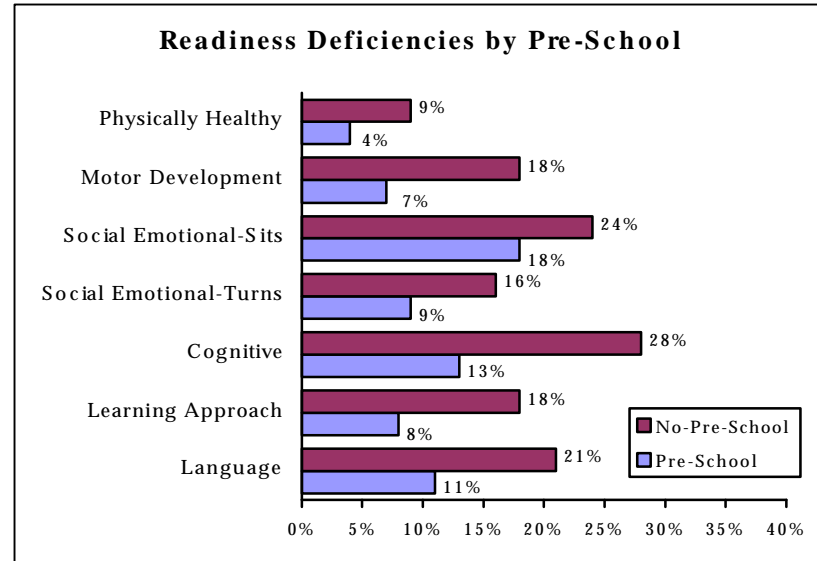


Exhibit 12

## Differences between Public and Private Schools

Our survey data indicates that Multnomah County has a relatively high percentage of kindergarten students in private schools--about 19%. At the State level, only 10% of the students are enrolled in private schools. The percentages in most urban counties are generally higher. This may be related to the fact that most public schools in Multnomah County offer kindergarten for only a half a day, which is not convenient for families with working parents.

More children in Multnomah County enter private schools with pre-school experience (89%), compared to those enrolled in public schools (50%). This difference explains some of the differences in the readiness levels of children in public and private schools. The most striking differences between these two groups are in the areas of following directions and fine motor skills.

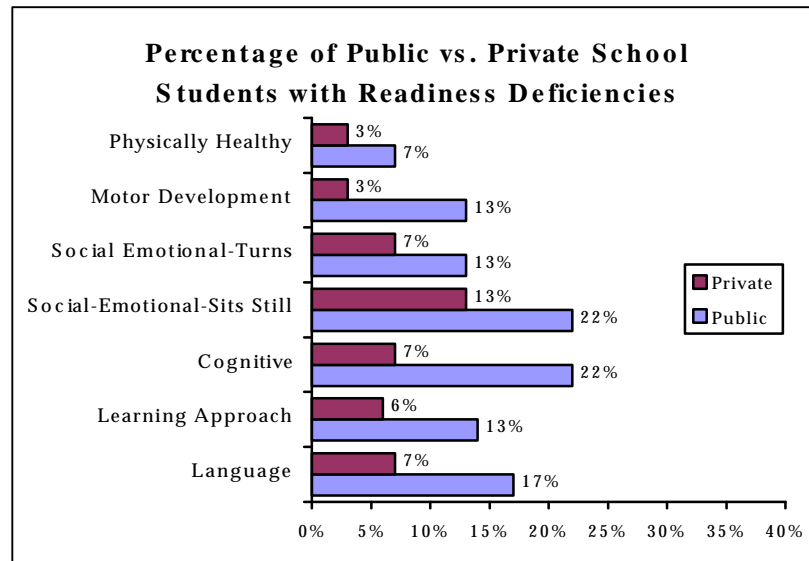


Exhibit 13

## Trends in Conditions Supporting Readiness

The remainder of the chapter presents trend data on a number of demographic and other indicators related to the conditions supporting school readiness.

### Poverty

The American Community Survey (ACS) was conducted by the U.S. Census Bureau in 1996 in four counties to test a new methodology for collecting population data between census years. The ACS data provides the County with a rich source of current demographic data on families. It indicates that about 23% of children under 5 in Multnomah County are at or below the federal poverty level. This translates into 11,000 children under 5 who live in poverty. The poverty rate for children under 5 in the County was 15% in 1980, and 22% in 1990. The most current national data shows the 1995 US poverty rate for children under 6 at 23%.

### Family Structure and Employment Status

The American Community Survey also allows us to profile the family and parental employment patterns of the young children in Multnomah County. About 71% of the children under 5 live with married parents, 23% live in a female-headed household, and 6% live in a male-headed household. Poverty status is highly correlated with household type. More than half of the children living with single mothers are poor (57%), compared to 12% of those with married parents. These results are presented below:

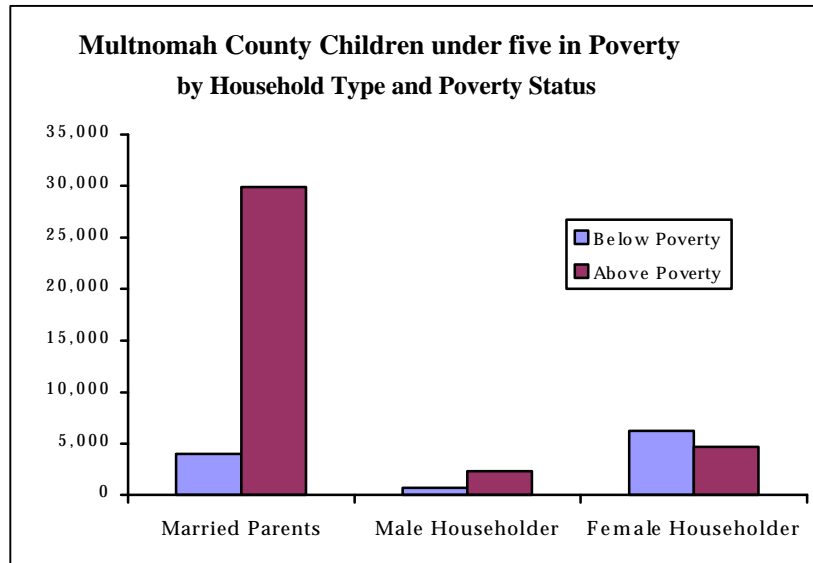


Exhibit 14

Source: Compiled by the Auditor's office using data from the American Community Survey and estimates from the PSU Center for Population Research.

The chart below illustrates the number of children under age six by type of household and parent's employment status. Overall, about 39% of these young children in the County live with married parents, both of whom are employed. Roughly 26% live in "traditional" two parent families in which the father is employed and the mother works at home. The unemployment rate among the parents of children under 6 is 11%, much higher than the total unemployment rate in the County.

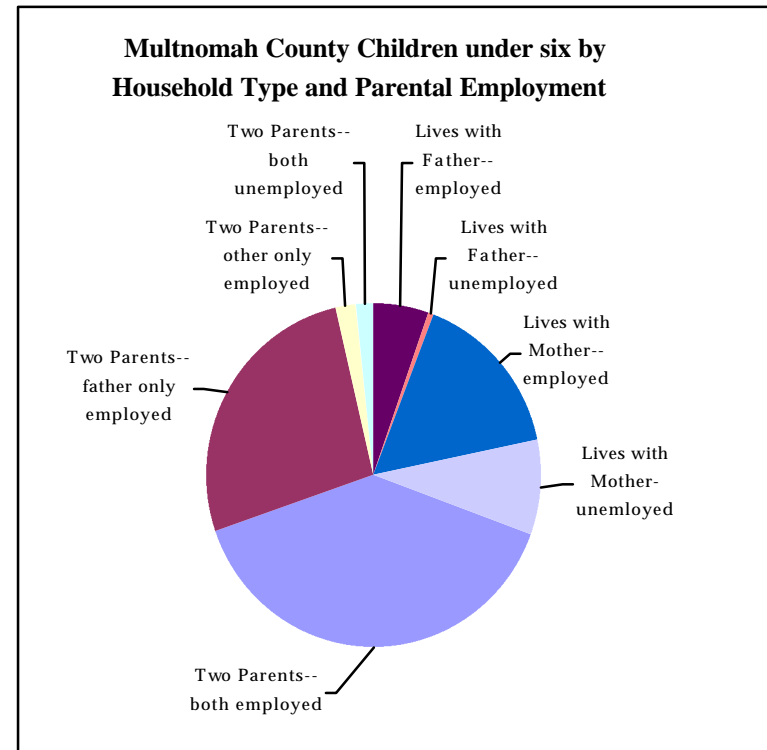


Exhibit 15

Source: American Community Survey

## Health and Physical Well being

Trend data on a number of indicators of children's health and physical well being confirm that increased public investment in maternal and child health has begun to pay off in Multnomah County.

### ◆ Access to Health Insurance Improved

As of 1996, the most current data available, about 95% of the children under five in Multnomah County had health insurance. This

is significantly higher than the 1998 national rate for children under six which is about 86%.

The Oregon Health Plan, implemented in the Spring of 1994, has dramatically increased the rate of access to health care for low income families and especially families with young children. Pregnant women and children under six with family incomes up to 133% of the poverty level are eligible for the Oregon Health Plan.

Two new programs will further increase the number of insured children. Beginning July, 1998, the new Federal Children's Health Insurance Program (CHIP) began providing coverage under the Oregon Health Plan to all children up to 170% of the poverty level. The Governor's Family Health Insurance Assistance Plan (FIAP) will subsidize privately purchased insurance premiums for families up to 170% of the poverty level. These two programs are projected to provide insurance to 1,000 additional children under five in Multnomah County and should reduce the uninsured rate for young children in the County from 5% to 3%.

Despite the overall improvements in access to health insurance for children in the County, estimates of the percentage of minority children under 5 without insurance are still high.

Asian	9%	Hispanic	26%
Black	11%	Caucasian	4%

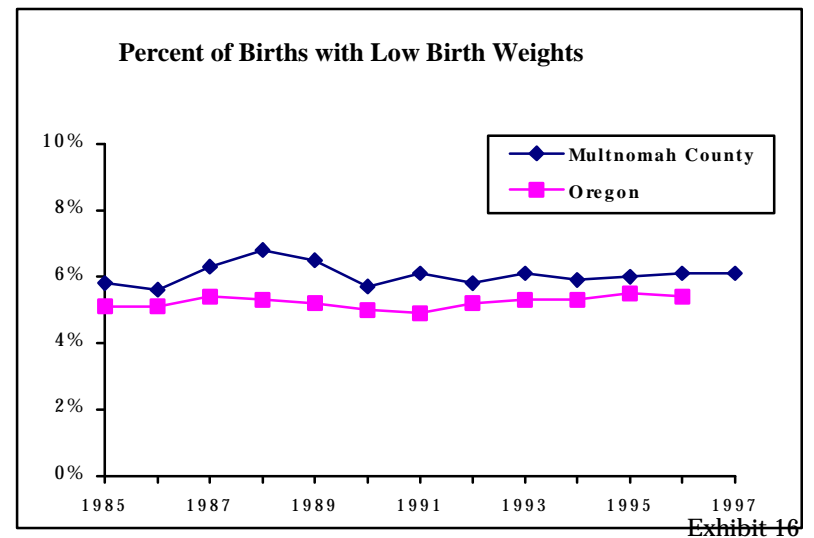
◆ **Improved Prenatal Care**

With increased access to health insurance under the Oregon Health Plan, Multnomah County has realized slight but steady improvements in prenatal care for pregnant women. Before the Oregon Health Plan, the County's prenatal care rate was lower than the State's. The current rate of 95% is the same as the State rate.

◆ **Low Birth Weight**

In spite of increases in access to insurance and prenatal care, the percentage of low birth weight babies (under 5.5 pounds) has remained flat at about 6% since 1985. The tenacity of this rate, despite increased public investment in education and prenatal care, is puzzling. The same trend has occurred at both state and national levels.

The County Health Officer, Gary Oxman, believes that this measure may have outlived its usefulness because of dramatic improvements in neonatal care. The negative developmental outcomes historically associated with babies below this threshold are more rare. The State Progress Board no longer tracks this as a benchmark. The Progress Board could consider using another measure, such as infant mortality, to track birth outcomes.



◆ **Infant Mortality**

With increased access to prenatal care as well as improvements in neonatal care, infant mortality has declined significantly in Multnomah County. The County rate is about the same as the State's. As of 1996, the County's infant mortality rate was 5.4 per 1,000 births, below the national rate for 1996 of 7.2 per 1,000.

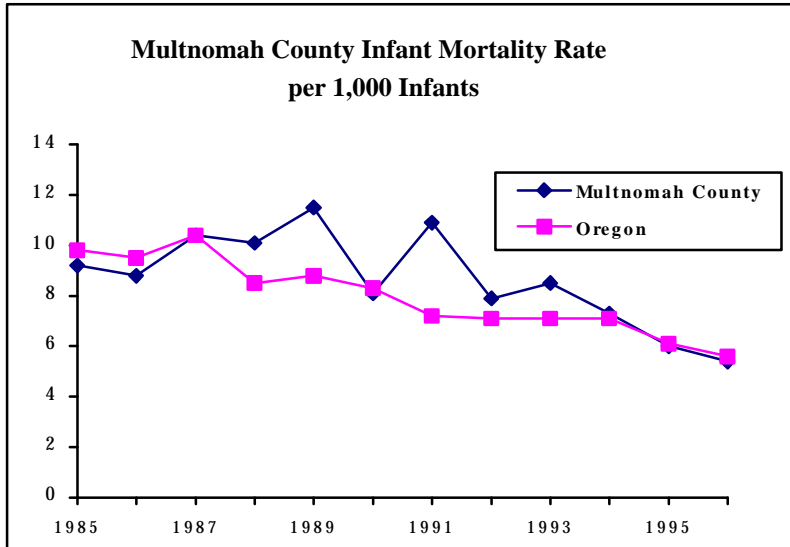


Exhibit 17

Source: Oregon Health Division.

Despite improvements at the County level, infant mortality rates per 1000 births for minority children remain high. Rates for 1996 by race are presented below:

Asian	7.7	Hispanic	7.2
Black	10.2	Caucasian	4.5

◆ **Immunization Rates**

Children's immunization rates are also up, due to efforts by local providers in our community. Although the State Health Division has not yet calculated 1996 immunization rates for Oregon counties, we estimate that the rate is close to the 73% State rate for 1997 calculated by the federal Center for Disease Control. This represents an increase over the County's 66% rate for 1994. Based on the current rate for the State, we estimate that there are about 2,600 under-immunized two year olds in Multnomah County.

◆ **Lead Exposure**

Because Oregon does not require universal lead screening for children, we do not have data on the prevalence of elevated blood levels in Multnomah County. The chart below illustrates the decline

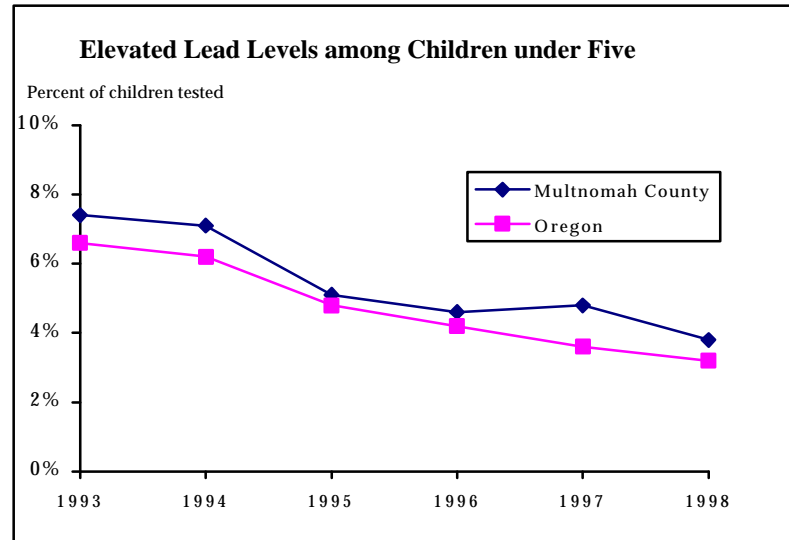


Exhibit 18

Source: Oregon Health Division.



in the percentage of those Multnomah County children tested though public labs whose lead levels are above the acceptable threshold set by the Centers for Disease Control. The children tested are generally those at risk, but may not be representative of all children. The rate has been declining steadily since 1993.

◆ **Teen Pregnancy Rates**

The County's teen pregnancy rates have shown a slow and steady decline since 1988. The county's rate has generally been higher than the state's, but this gap is narrowing.

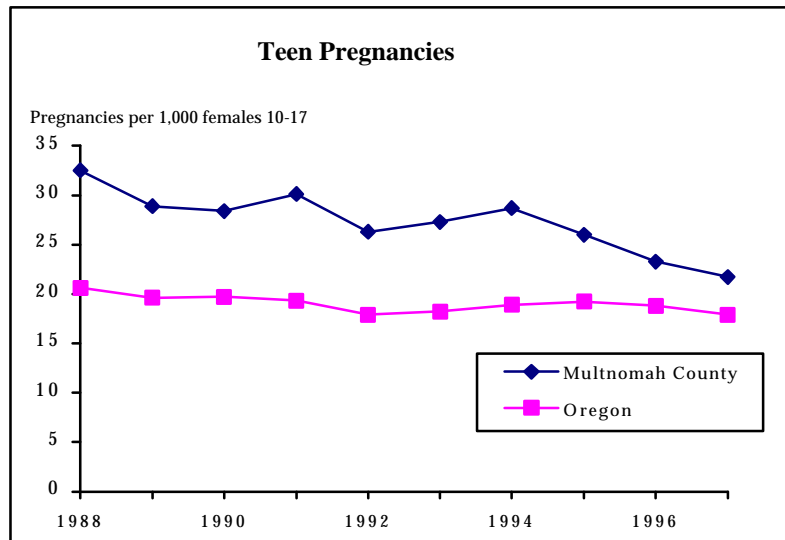


Exhibit 19

Source: Oregon Health Division

◆ **Abuse and Neglect**

There has been no discernible trend in the rate of abuse and neglect among children under 5 years of age in the County. The County's rate is consistently higher than the state rate.

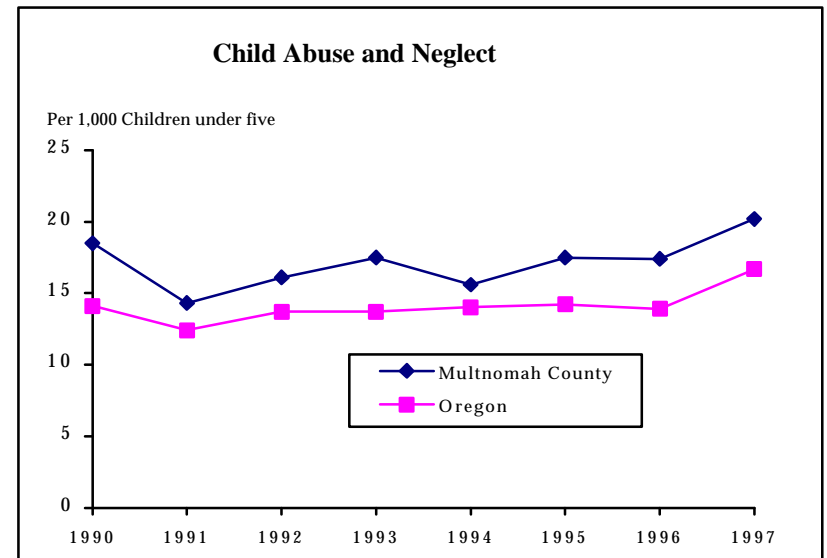


Exhibit 20

Source: State Office of Services for Children and Families.

# CHAPTER 4

## Successful Approaches

The research literature on interventions designed to increase children's readiness to learn spans a number of subject areas including: health, child development and psychology, poverty, early intervention, early childhood education, and child care. We reviewed several comprehensive summaries of the evaluation research on early childhood interventions.

- The Packard Foundation's Center for the Future of Children volume entitled, *Long-Term Outcomes of Early Childhood Programs* (1995);
- Michael Guralnick's edited collection by prominent researchers in the field entitled, *The Effectiveness of Early Intervention* (1997); and
- The Rand Corporation's recent report entitled, *Investing in Our Children: What we Know and Don't Know about the Costs and Benefits of Early Childhood Interventions* (1998).

We also reviewed many of the individual articles and books cited in these research summaries.

### Health Interventions

Providing universal access to health insurance is the most important intervention for improving children's health and physical well being at the community level. Access to health care can provide prenatal and well-baby care, immunizations, and developmental screening. It is worth noting, however, that while access to health insurance is necessary it may not guarantee that the needed services will be sought

out or provided. The importance of early and comprehensive prenatal care on birth outcomes and on children's early health and development is well established in the medical literature. Similarly, the importance of immunizations, well-baby care and developmental screening to children's health and physical development cannot be disputed.

### Comprehensive Interventions for at-risk Children

There are a number of interventions and programs for young children which are comprehensively geared to addressing each of the dimensions of readiness to learn. Most focus their efforts on at-risk children.

The legacy of research on these comprehensive early childhood programs begins in the early 1960's with the Perry Preschool and the national Head Start Program. In the wake of the War on Poverty, additional early childhood programs were developed. All shared the common goal of improving child health and development by providing at-risk children and their families with early childhood services. All were designed as clinical trials so that program impacts could be demonstrated. These key programs, which are described more fully in Appendix E, are:

- *Perry Pre-school Project*
- *Project Head Start*
- *Chicago Child-Parent Centers*
- *Houston Parent-Child Development Center*
- *Syracuse Family Development Research Program*
- *Carolina Abecedarian*
- *Project CARE*
- *Infant Health and Development Project*
- *Elmira Visiting Nurse Program*

### ◆ **Cost-effectiveness**

Overall, the research indicates that quality early childhood programs **can** have significant and sometimes enduring impacts on children's development and readiness to learn. The Rand report includes a comprehensive meta-evaluation and concludes that every \$1 invested in early childhood programs will yield long term savings of \$2 to \$4.

However, some cautions about these savings are in order. The magnitude of the program impacts is not consistent across programs and there is still much to learn. Because they utilized many different approaches, these programs collectively provide important insights about key elements of effectiveness.

### ◆ **Onset and Duration of Services**

Most of the early childhood programs that have been evaluated are geared toward three and four year old children. The new research on brain development, summarized earlier, offers compelling neurological evidence that beginning services in infancy would be much more cost effective than waiting until a year before kindergarten. Indeed, the program with the most significant gains in cognitive development, the Abecedarian Project, provided children with full-day, year round center based educational day care beginning at about 6 weeks after birth until age 5.

The Elmira program model targets first-time mothers, and demonstrates impressive and long-term results from home visits by nurses. This work suggests that intervening with pregnant and parenting families who are having their first child may present a unique opportunity.

The early studies of Head Start found that although children in the program made significant jumps in IQ by school entry, these effects faded after three years. This led some to conclude that program effects can only be sustained if continued support is offered through

the early years of primary school. Although the Abecedarian project did not find any added benefit of extending services from kindergarten to second grade, the Chicago CPC study found that outcomes were related to the duration of services. More evidence on this issue will soon be available from evaluation data on Head Start's Transition Projects.

### ◆ **Service Intensity**

Although there is little evidence to indicate the ideal intensity of early childhood programs, the most impressive results for children have been generated by center-based programs that provide half or full-day services, in combination with some home visits. Several of the prominent researchers in the field believe that a minimum intensity level may be necessary to achieve desired results.

### ◆ **Child vs. Parent Focus**

Most early education programs acknowledge the importance of providing services both to children and their families. The evaluation research makes it clear that child-focused programs benefit children more than adults, and that family-focused programs benefit adults more than children. The Packard Foundation concludes in their review of research on early interventions that, "Fairly strong evidence suggests that the best way to promote child development is to work directly with children and not to assume that changes in parents will lead to changes in children." Parent involvement may be necessary, but not sufficient. If the objective is to prepare young children for school, the best approach is to target services directly to children.

### ◆ **Quality**

Research has consistently found that child outcomes are related to several key dimensions of the quality of care including staff-to-child

ratios, staff education and training, teacher turnover, and teacher's wages.

A number of studies have attempted to identify an optimal early childhood curriculum. Each comparative assessment has concluded that as long as certain indicators of quality such as those cited above are present, no single curriculum offers distinct advantages.

In 1997, after a three-year process of study and discussion, Oregon's statewide "Forging the Link" task force identified 9 essential elements of programs for children:

- *Positive Relationships*
- *Family Involvement*
- *Program for child development and learning*
- *Professional staff*
- *Physical environment supports Learning, Health and Safety*
- *Health Promotion*
- *Respect for Cultural Diversity*
- *Effective administration and business practices*
- *Continuity for children and families*

### **Second Generation Programs and Promising Initiatives**

The early intervention programs identified in the first section of this chapter are generally referred to as "First Generation" programs. These are distinguished from a number of new programs developed more recently. Although they have a shorter track record of success, several are worth exploring further for use in Multnomah County.

#### ◆ **Healthy Start**

The Healthy Start model was originally designed to "improve family coping skills and functioning, promote positive parenting skills and parent-child interaction, promote optimal child development and as a result, reduce child abuse and neglect." Based on a clinical trial in Hawaii with favorable results, the model was endorsed by the National Committee to Prevent Child Abuse and became Healthy Families USA. The program includes hospital screening to identify high-risk families with newborns, community based home visiting, with follow-up to age 5 based on family need. The program is now operating in 40 states. Additional clinical trials to identify program success are underway in Hawaii and San Diego.

Oregon's Healthy Start program was established by the legislature in 1994, and now operates in 14 counties. In 1996-97, the program screened and provided services to about 6,700 families statewide. The program has not been implemented in Multnomah County because of the high cost of providing universal services to the families in a community this large, and because the County Health Department's Field Services program makes home visits to many of the at-risk families in the County.

#### ◆ **Minnesota's Early Childhood Family Education (ECFE)**

Begun in 1975, this program is designed for all Minnesota families with children from birth through kindergarten. The program is based on the idea that parents are their children's first and most important teachers. The program is operated through 398 school districts and reaches 98% of the children 0-4. Both center-based and home-based services are provided, depending on the needs of the family. The state spends over \$35 million annually to support about 40% of the cost of the program. Local school districts cover the remaining 60%.

### ◆ ***Schools for the 21<sup>st</sup> Century***

This program was developed in Missouri by Edward Zigler, one of the initial developers of Head Start. The program is designed to promote child development and school readiness by providing full-day, year long child care, home visitation to new families, preventative health, and referrals to other social programs. The program is now operating in over 400 schools in 13 states. Many of the sites use parenting models such as PAT and HIPPI. The program offers a national training academy each summer at the Bush Family Center at Yale University.

### ◆ ***Even Start Family Literacy Program***

This program was developed in 1990 and is funded through the U.S. Department of Education. Although local grantees are required to combine early childhood education and parenting education with adult education, the ages served, program intensity and duration are determined locally. English as a Second Language, GED preparation, and training services are typically provided by local community college programs. Even Start is unique in its comprehensive provision of services to children and their parents, and its focus on literacy. There has not been a national evaluation of Even Start, but short-term evaluation results from some sites demonstrate modest effects on school readiness and language development. Program effects were strongly related to the intensiveness and duration of program participation.

### ◆ ***California's Children and Families Initiative***

California's Children and Families Act of 1998 is a public initiative which will be voted on statewide in the November 1998 elections. The Act would create a new 50 cent cigarette tax dedicated to services for young children and parents. The projected \$700 million in annual funding would help support a comprehensive and integrated delivery

system of information and services to promote early childhood development. Funds would be administered locally by Children and Family First Commissions.

### **Key Elements of System Infrastructure**

*Quality 2000*, a four year national planning process supported by the Carnegie Corporation, the Kellogg Foundation, the Packard Foundation, and additional private support, recently concluded its work on early childhood care and education. Many parents, educators policy analysts, and researchers participated in a comprehensive effort to review the evaluation research and best practices.

The results of this impressive effort are published in a report entitled, *Not by Chance: Creating an Early Care and Education System for America's Children* (1997). The report concludes that what really matters is **quality** and that the means to insure quality is **infrastructure**. Implementing all the model programs which the research tells us can work will not be enough to insure ongoing quality programs unless we build a strong infrastructure to support them. Without this infrastructure, we have a fragmented set of programs and services and not a system. The report identified five essential functions of infrastructure:

#### ◆ ***Parent information and engagement***

Mechanisms to provide parents with information and support so they can make informed decisions when choosing care and programs for their children.

#### ◆ ***Professional development and licensing***

Training, education, and support to help attract, prepare, and retain qualified staff.

◆ ***Facility licensing, enforcement and program accreditation***

Effective, non-duplicative systems to insure that all programs promote children's health and development.

◆ ***Adequate, coordinated, and flexible funding; and***

◆ ***Governance, planning, and accountability***

Efforts by governments and public/private entities to plan and coordinate services, promote information sharing, and provide accountability for results.



## **CHAPTER 5:**

### **Efforts in our Community**

Providing the conditions which support children's readiness to learn at school entry will involve a broad range of groups in our community. Indeed, the research also makes clear that **ready children require supportive parents, caregivers, and communities.**

The initial and primary responsibility to support children's readiness to learn falls on their **parents**. Although in many ways parents are, and should be our children's first teachers, the responsibility for children's early development also falls increasingly on **other caregivers**, who provide care and early education for a rising number of children in our community.

Both parents and caregivers will be successful in their efforts to foster early development of children only when they are supported by the institutions in our communities.

- ✓ **Businesses** have a role to play by developing family-friendly work environments and family leave policies for parents.
- ✓ **Physicians, hospitals, and HMOs** have a role to play both directly by supporting children's health needs, but also in educating parents and other caregivers about child development.
- ✓ **Governments** and our **non-profit agencies** have a role to play in providing supports for parents and caregivers, and in supporting programs for children most at-risk.
- ✓ **Churches** and other spiritual centers have a role to play in nurturing children and supporting families.
- ✓ **Neighborhoods** have a role to provide safe environments, social supports, safe play and peers for children.

- ✓ **Schools** need to be ready to receive incoming kindergartners and their families so that they can effectively translate early readiness to learn into long-term school success.

#### **Inventory of Public Services and Programs**

The Progress Board worked with the County's Department of Community and Family Services (DCFS) and the Early Childhood Care and Education Council (ECCEC) to develop a comprehensive inventory of the publicly-funded services for children under 5 (ages 0 to 4) in the County. We cast our net broadly and attempted to include programs run by the State and Federal government, City and County governments, as well as those operated by community-based agencies. We contacted program staff to identify the following information:

*Program description and types of services*

*Primary funding sources*

*Annual expenditures or budget (most recent available)*

*Target population and eligibility criteria*

*Population based estimates of the service need*

*Number of children under age 5 served*

*Program evaluations and outcome studies*

*Collaborative linkages with other programs*

Because of the sheer volume of services for children in the County, we limited our scope to programs targeted directly at one or more of the dimensions of school readiness. We recognize that other programs providing basic resources to families, such as housing and food banks, also contribute to children's readiness to learn. These programs were not included because their effect on readiness is indirect, and because of practical limitations.



## Roles of Major Agencies involved in Early Childhood Care and Education

As the chart below indicates, early childhood programs are funded and administered by a complicated mix of many different federal, state, city, county, and community-based agencies.

<b>Federal</b>	Health Care Financing Administration	<i>Funds Medicaid</i>
	Head Start Bureau	<i>Funds Head Start, Early and Migrant Head Start</i>
	Department of Education	<i>Funds Title I and EI/ECSE</i>
	Maternal and Child Health	<i>Funds maternal and child health programs</i>
	Department of HHS	<i>Child Care Development Block Grant JOBS Temporary Assistance to Needy Families</i>
	Department of Agriculture	<i>WIC Child Care Food Subsidies</i>
	Center for Disease Control	<i>Vaccines for Children</i>
<b>State</b>	Department of Education	<i>Oregon Pre-Kindergarten Child Care Food Subsidies Early Intervention/ECSE Title I</i>
	Health Division	<i>WIC Maternal and Child Health Programs Vaccines for Children Lead Reduction</i>
	Office of Medical Assistance (OMAP)	<i>Administers Oregon Health Plan</i>
	Employment Division	<i>Licenses child care Funds local Child Care Resource and Referral</i>
	Adult and Family Services Division	<i>Employment Related Day Care Program (ERDC) and JOBS</i>
	Services for Children and Families (SCF)	<i>Child Protective Services</i>
<b>County</b>	Commission on Children and Families	<i>Funds Parent Child Development Services Funds Connections Funds Metro CCR&amp;R and Relief Nurseries</i>
	Community and Family Services	<i>Contracts for PCD Services Mental Health Consultants in Head Start Developmental Dis. Case Management</i>
	Health Division	<i>Health Clinics Field Nurses Home Visiting Connections Teen Parent Program Family Preservation &amp; Support Programs Lead Prevention</i>
	Libraries	<i>Story Hours Books and training to childcare providers</i>
<b>City of Portland</b>	Parks Bureau	<i>Community Centers</i>
	Housing and Community Development	<i>Child Care loans and subsidies</i>

<b>Schools and ESDs</b>	Portland Public Schools	<i>Provides EI/ECSE Head Start Program ECECs Teen Parent Program SKIP Health/Developmental Screen Early ESL</i>
	Multnomah ESD	<i>Provides EI/ECSE Helensview Alternative High School</i>
	Mt. Hood CC	<i>Head Start</i>
<b>Community-based</b>	Albina Head Start Neighborhood House	<i>Head Start</i>
	Early Head Start of Portland	<i>Early Head Start</i>
	Gresham Migrant Head Start	<i>Migrant Head Start</i>
	Oregon Public Broadcasting	<i>Ready to Learn Initiative</i>
	Volunteers of America Family & Community Alliance	<i>Family Preservation and Support</i>
	Child Care Support Services Albina Ministerial Alliance	<i>Child care referrals, training and subsidies Child Care Food Subsidies</i>
	Volunteers of America Peninsula Children's Center	<i>Child care subsidies and training</i>
	Northwest Nutrition Healthy Child Food Care	<i>Child Care Food Subsidies</i>
	Albertina Kerr Center Morrison Center Garlington Center Mental Health Services West Project Network OHSU Mt. Hood Mental Health	<i>Early Mental Health</i>
	Eastwind Center Nurturing Families Portland Impact Common Bond Together Program Westside PCDC Albina Head Start	<i>Parent Child Development Services</i>
	Insights NE YWCA	<i>Teen Parent Support</i>
	Albina Head Start NW Regional Educ. Lab	<i>Parent Information and Resource Center</i>

**Total Public Investment in Early Childhood Services is over \$100 million**

The \$102,000,000 in public funds invested in Multnomah County's youngest children each year are summarized by broad program area below:

**Public Expenditures by Program Area**

Health	<i>Prenatal and well baby care to those on the Oregon Health Plan, and immunizations</i>	\$25 million
Child Protection	<i>SCF, Relief Nursery, Family and Community Alliance</i>	\$17 million
Nutrition	<i>WIC and Food Subsidies to Child Care</i>	\$16 million
Early Education and Head Start	<i>Federal and State-funded Head Start, Migrant and Early Head Start</i>	\$14 million
Childcare Subsidies, Referral, and Training	<i>Child care assistance programs</i>	\$10 million
Early Intervention /ECSE	<i>Early Intervention and Special Education</i>	\$8 million
Parent Education and Family Services	<i>Parent Child Development Services through Family Centers, home visits by County Health nurses, and services to teen parents</i>	\$8 million
Mental Health	<i>CAPCARE, DARTS, Head Start Consultants, DD Case Management</i>	\$1 million
Recreation	<i>Portland Parks Community Centers</i>	\$918,000
Early Literacy	<i>Early Childhood story times and programs through the County libraries</i>	\$935,000
TOTAL INVESTMENT		\$102,000,000

Exhibit 21

**Largest investment goes to health and nutrition services**

Health and nutrition services directed at the dimension of school readiness ranked as most important by kindergarten teachers received

the highest level of public investment. The next most strongly supported program areas are child protective services, and child care subsidies and support. Relatively few public dollars are spent on more comprehensive services to families such as parent education and family support. Program areas with the lowest levels of financial support are early literacy, recreation, and children's mental health. The first two of these are the only services universally available to all children in the County.

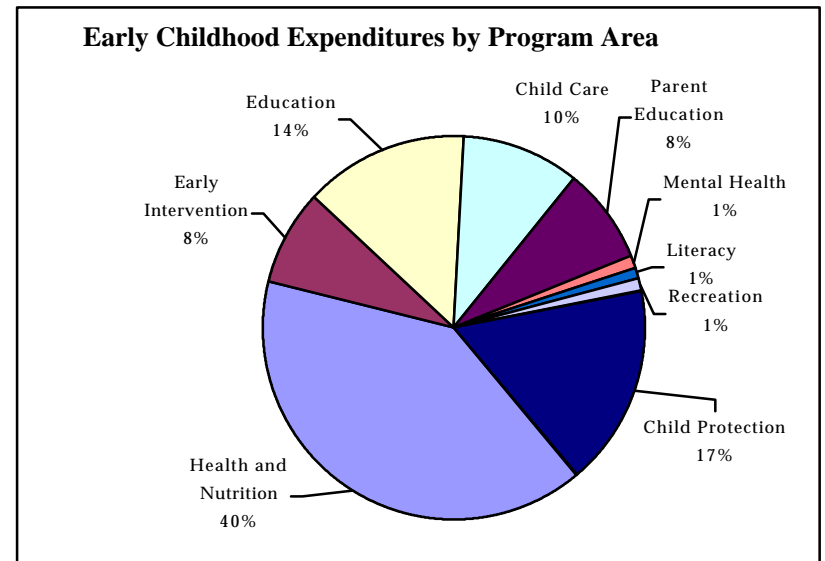
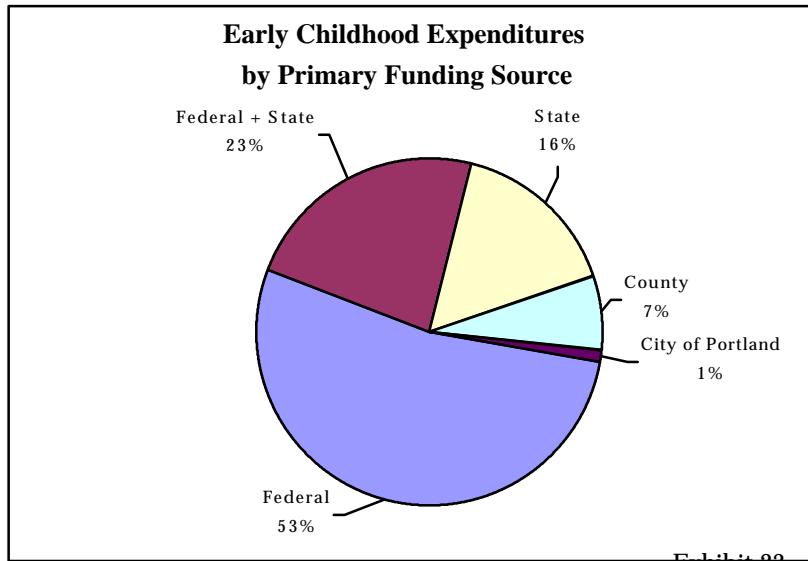


Exhibit 22

**Most Early Childhood Services are funded with Federal dollars**

When programs are sorted by primary funding source, it becomes clear that the Federal government invests the largest share in programs for children.



**Most programs target at-risk children based on family income**

With the exception of the Portland Parks and Recreation's Community Centers and the County Library's early literacy programs, most of the major early childhood programs target services to at-risk families. Most use family income as the primary eligibility criteria with the Federal poverty level as a gauge. Eligibility criteria range from Head Start which serves children at or below the Federal poverty level (100%), to WIC which serves children from families up to 185% of poverty. Using 150% as an average, we estimated that the publicly funded programs in Multnomah County that target at-risk children spend about \$9,500 per child each year on early childhood programs and services. The most significant components of this cost are health care and child care.

**Child investments occur after critical brain development**

While the overall cost of the public investment in early childhood programs and services may seem high, it pales in comparison to the annual public investment in children once they enter school. Using methodology developed by The Rand Corporation, we compiled the graph below to illustrate the relative lack of public investment in Multnomah County during the most critical period of brain development.

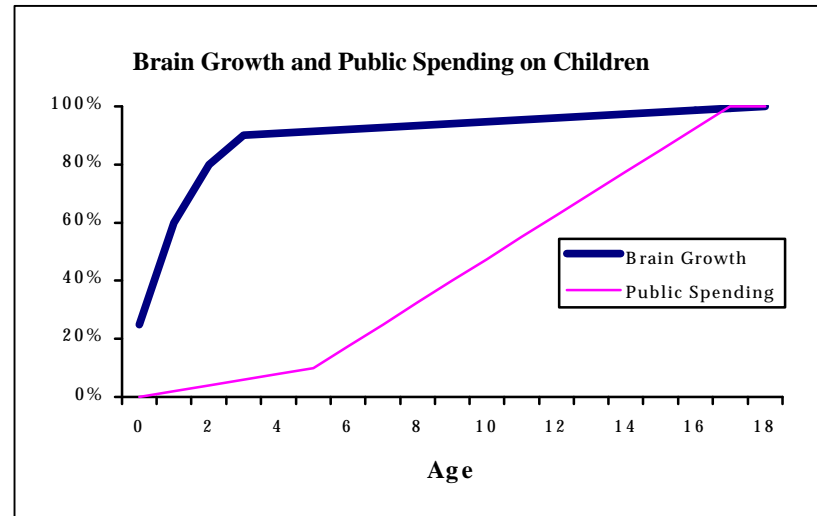


Exhibit 24

**Source: Brain development from Figure 2.4 in D. Purves, *Body and Brain*, Harvard University Press, 1988. Cumulative public spending from the Progress Board's service inventory.**

We have estimated the total public investment per child under 5 (based on all children) in the County at about \$2,100 annually. Once children enter school, the annual costs of public education alone jump up to about \$6,000 per child.

### **Are current programs meeting the demand for services?**

To address this question, we asked program staff to provide estimates of the need for services among the children in Multnomah County. Population-based prevalence rates were available for many of the programs we examined. We calculated a service "reach rate" as a ratio of the number of children in services to the estimated demand for services.

In several program areas, including Health and Early Childhood Special Education, our analysis suggests that services are being delivered to the majority of the children in need. We have already noted State efforts to increase access to health insurance under the Oregon Health Plan. Based on prevalence rates provided by State experts, we estimate that early intervention and special education services are being provided to almost three-quarters of the estimated number of children under 5 in the County with developmental delays.

In other program areas, however, services are reaching a much smaller proportion of the children in need. While this is generally due to the lack of local resources, this is not always the case. For example, the WIC program is currently serving only 50% of the eligible women and children. For a number of years, the State has been encouraging the County Health Department to increase its outreach efforts and further investigate the factors which limit access to services to some families. The Health Department reports that it has increased its caseloads under a recent reorganization of the program. These efforts should be continued so that the local program takes full advantage of the available federal resources.

## **DETAILED PROGRAM DESCRIPTIONS**

### **HEALTH PROGRAMS**

While most of the children in the County now have insurance through expansions in the Oregon Health Plan (95%), there are still areas in which access to health services may be limited. Although immunization rates have improved in recent years, at 73% they still fall significantly below the national goal of reaching a 90% rate by the year 2000. There are approximately 2,600 under-immunized two year old children in Multnomah County.

Based on the results of their 1994 Immunization Survey, the State Health Division concluded that multiple strategies would be needed to improve immunization levels in Oregon. Although the survey found no demographic characteristics that were strongly associated with being under-immunized, it did find that under-immunized children were only slightly more likely to be poor, latter-born children, and with poor prenatal care. Parents identified several barriers in the immunization process. Some said they were not aware that their children needed shots because of the complexity of the immunization schedules. Parents whose children were immunized by local health departments were more informed about shot schedules than those seeing private doctors. This points to the need for better tracking and notification mechanisms by private providers and parents. Other parents alluded to cost barriers, such as insurance deductibles. The State Legislature could consider requiring that insurance companies cover immunizations and waive deductibles for these services.

Health and developmental screenings are conducted in Multnomah County by private physicians, the SKIP program, the Health Department's field nurses, the County's Family Centers, the Caring Communities, Early Intervention and Special Ed program, and the Head Start programs. With the exception of private physicians, most

of these programs target at-risk populations. The results of the Department of Education's Survey of Kindergarten Teachers, suggest that these efforts are paying off in Multnomah County.

There are three areas, however, where advocates point to a need for additional services: hearing and lead screening, and dental care.

#### **◆ *Need for Newborn Hearing Screening***

National prevalence studies indicate that up to six out of 1,000 children are born deaf or with moderate hearing losses, which if not detected early, could interfere with speech and language development. While the average age for identifying hearing loss is 20 to 24 months, those with mild or moderate loss are most often identified after the 4<sup>th</sup> birthday. A study recently published in *Pediatrics* found that infants whose hearing problems were identified at birth and began using a hearing aid before 6 months, later achieved fully normal speech and language. Two hospitals in Multnomah County, Portland Adventist and Kaiser Sunnyside, conduct hearing screens on all babies. Emmanuel and OHSU conduct hearing screens on all babies in their neonatal intensive care units. There are currently mandates for universal newborn hearing screening in nine states. A statewide task force is presently working to develop a legislative proposal for universal newborn screening in Oregon. The Task Force estimates that about 13% of newborns in Oregon receive a hearing screening. There are two screening techniques available which are easy to administer and cause no discomfort to the baby. The Task Force estimates an average cost per screening of about \$35.

#### **◆ *Need for additional Lead Screening***

Children in Multnomah County are at particular risk of lead exposure because of the high percentage of older housing stock. The Centers for Disease Control and American Academy of Pediatrics recommend universal screening for all children under six living in areas where

27% or more of the housing was build before 1950. In Multnomah County, 71% of the children under six live in these high risk areas. We estimate that less than 10% of these children are being screened by pediatricians and other health professionals.

Between 1993 and 1997, Multnomah Couny was one of four counties in the state with a childhood lead screening program funded through the CDC. This program was discontinued last year, and responsibility for screening falls to county health departments, individual providers, and volunteers. Physicians for Local Responsibility and the Coalition of Black Men conduct monthly screenings in NE Portland.

The County Health Department's Home Lead Hazard Reduction program serves a limited number of the children with elevated blood levels identified through screening. If our prevalence rates are at least as high as those estimated nationally, we estimate that there are 2,100 children in the County with elevated blood levels. Based on State Health Division data, we estimate that 94 children with elevated levels are identified annually by public and private providers. This is only 4% of the estimated number in need.

The County Health Department's program plans to reduce the lead risk in 40-45 housing units per year. The City of Portland's Lead Hazard Control Program, which will become operational this winter, and will be managed in partnership with the County, plans to do lead control work in 180 homes per year.

#### ◆ ***Need for additional dental services***

The Multnomah County Health Department conducted an Oral Health Needs Assessment in 1996. The study found that the rate of tooth decay in children 6-8 years old was within national norms, and had improved slightly since 1992. Among Head Start children, however, the decay rate had increased, and was significantly above the rates

observed in other Head Start populations. The County's Dental Officer, Gordon Empy, reported that it is difficult for poor children to find dentists who will treat them under the Oregon Health Plan because of low reimbursement rates.

New research has shown that early tooth decay is often caused by a virus which is passed from mother to child well before most children make their first visit to the dentist at age 3 or 4. A number of new sealants and varnishes have been found to be effective in protecting very young children against tooth decay. Although the American Society of Dentistry for Children now recommends that children should visit the dentist by age 1, most parents and pediatricians are not aware of the change and local dentists have been slow to respond to the new developments.



## HEALTH SERVICES for Children under 5 in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
OHP Prenatal Care	A number of medical providers serve pregnant women on the Oregon Health Plan.	Fed State	Public, private and non-profit	\$4.4 million	1,400 pregnant women	170% of poverty and pregnant	Illegal immigrants not eligible.
OHP Well baby Care	A number of providers serve children 0-5 on the Oregon Health Plan.	Fed State	Public, private and Non-profit	\$19 million	10,000	Up to 133% of poverty	Children's Health Insurance Program will increase to 170% of poverty.
Prenatal Care	County Health Clinics provide prenatal and postpartum care to poor and underinsured women.	Fed State County	County Health Department	\$1.6 million*	1,800 pregnant women	OHP or underinsured	Provides services to illegal immigrants without insurance.
Well baby Care	County Clinics provide well-baby care to poor and uninsured children.	Fed State County	County Health Department	\$2.4 million*	4,600	OHP or underinsured	NA
Vaccines for Children	Federal CDC provides free vaccines to providers who immunize at-risk children.	Fed	State Health Division	\$796,000	49,000 (estimated)	Up to 170% of poverty, uninsured or underinsured	An estimated 2,600 two year olds are under-immunized.
Immunizations	County Health Clinics provide immunizations on a walk-in basis and at sites in the community.	Fed	County Health Department	\$969,000	4,200 in clinics 3,800 in sites	None	See above.
SKIP Health and Development Screening	Comprehensive health and developmental screenings twice monthly at community sites.	County	Portland Public Schools	\$58,000	600	None	NA
Lead Reduction	Works to increase the number of "lead safer" housing units for children under 6 through education and home repairs.	City of Portland	County Health Department	\$500,000	Lead abatement for 36 houses and 49 children. Outreach to 1340 families.	Low income children and those with elevated lead levels	About 2% of estimated children exposed to lead are served through the program.

\*Also included as part of OHP costs above.

## **NUTRITION PROGRAMS**

Both of the major food and nutrition programs for young children are Federal programs administered by the US Department of Agriculture. Both are designed to enhance the health and nutrition of at-risk children.

The WIC program is administered by the State Health Division, but is operated by the County's Health Department through its network of Primary Care Clinics. WIC has a fairly generous eligibility criteria of up to 185% of poverty. It provides vouchers which can be used at most grocery stores to purchase formula, milk, cheese and other basic foods. WIC staff provide women in the program with nutritional counseling and also make referrals to other services as needed. Children receive developmental screenings regularly. Because WIC offers a product that many poor women are happy to have, it is sometimes used by other programs as a mechanism for identifying hard-to-reach families who do not readily seek out services.

The cost-effectiveness of the WIC program has been demonstrated by several national evaluations. Studies have shown that pregnant women who participate in WIC have fewer premature births, less low and very low birth-weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy and consume more of key nutrients such as iron, protein, calcium and vitamin C. Further, every dollar spent on pregnant women in WIC produces savings from \$1.92 to \$4.21 in future health care costs.

As noted previously, we estimated that only 50% of the women and children eligible for WIC services in Multnomah County are receiving them. The County should maximize its utilization of these federal dollars to serve as many children as possible.

The Federal Child Care Food program was established in 1968 to insure that pre-school aged children in licensed child care centers and family child care settings have access to nutritious meals and snacks. The program reimburses child care centers and family child care

providers at a fixed per meal and snack rate. Centers serving at-risk children are eligible. Until last year, all family child care providers were eligible for these food subsidies. In 1997, the USDA revised the rules to establish two tiers of reimbursement based on the overall poverty rate of the neighborhood. This change was made to better target the dollars to those children most at risk. We heard anecdotally from those involved with the program locally that because of the extensive paperwork required, many providers reimbursed at the lower tier no longer find it cost-effective to participate.

The Child Care Food program was developed as an outgrowth of the Federal school lunch program and is administered by the Oregon Department of Education (DOE). The DOE might want to consider handing this program off directly to the state and local agencies which are involved in child care services--the Child Care Division of the Oregon Employment Division and the local Child Care Resource and Referral Services.

The DOE administers reimbursements to child care centers directly. Because the Department has no real ties to the family child care community, it contracts with four "sponsor" agencies which reimburse family providers in Multnomah County. Two of these, Albina Ministerial Alliance and Child Care Support Services, operate the METRO Child Care Resource and Referral services in Multnomah County. The other two, Northwest Nutrition Service and Healthy Child Food Care Service, are non-profit agencies set up expressly to distribute these funds. Some of the administrative costs of funneling reimbursements through the State and four separate agencies in Multnomah County might be better spent on outreach and extending services to more children.

## NUTRITION SERVICES for Children under five in Multnomah County

<b>Program</b>	<b>Description</b>	<b>Funding</b>	<b>Agency Providing Service</b>	<b>Annual Cost</b>	<b># of Children under 5 Served (0-4)</b>	<b>Eligibility Criteria</b>	<b>Meeting Demand</b>
<b>WIC</b>	Federal USDA program provides food subsidies to pregnant women and children under 5.	Fed	County Health Department	\$10.1 million	8,000 children and their mothers	185% of Poverty	Only 50% of those eligible receive services.
<b>Child and Adult Care Food Program</b>	Federal USDA program provides meals to licensed child care centers and family child care homes for preschool aged children.	Fed	State Department of Education	\$6 million	8,000 children	Centers serving low income children. All Family Day Care providers but those in high poverty areas are reimbursed at higher rates.	Some Family Day Care Providers do not participate because paperwork requirements are cumbersome.

## **EARLY INTERVENTION AND SPECIAL EDUCATION**

Under a Federal initiative passed in 1986 (PL 99-457), states were mandated to provide special educational services for all 3-5 year old children with developmental delays or disabilities. In 1992, Oregon began requiring school districts to provide early intervention services for children with severe disabilities from birth to 3.

In Multnomah County the Portland Public School District and the Multnomah ESD both provide these services. Unlike programs in other parts of the country, Oregon's early intervention (0-3) and special education (3-4) services are managed jointly. The Portland Public Schools serve as the single access point for children with suspected disabilities. Children are then referred for evaluation to one of these two agencies depending on whether they live within Portland School District or outside it. After the evaluation, families whose children meet eligibility criteria work with a team of professionals who develop and monitor an Individualized Family Service Plan (IFSP). Federal and State laws mandate that services be provided in the most natural and least restrictive setting. Early intervention services are generally provided at home or at child care. Special education for older children is provided in pre-school classrooms.

Children currently receiving these services have disabilities ranging from speech and language impairments (43%), to autism (5%), retardation (1%), and other delays. About 66% of the children served are male. Within the Portland program, about 17% receive services primarily at home, 21% are enrolled in Head Start programs, and 4% attend one of the Portland Public School's ECEC's.

Local school districts are mandated by federal and state law to act as "Child Finders" and identify children who may qualify for services. This is done through a screening and process by multiple professionals. The State mandate is unfunded and the costs of evaluation (about \$475 each) are generally absorbed by the school districts.

Since 1992, when the schools took over the early intervention and special education program from the County, annual caseloads have grown from 600 to over 1,000. Using the State's prevalence rate of 3%, we estimated that the EI/ECSE programs are presently serving 74% of the estimated number of children under five with disabilities in Multnomah County. This relatively high rate indicates that local pediatricians and other service providers in the community are appropriately identifying and referring children needing services. However, the rate for getting children under 3 into early intervention services is much lower - only 34% - given the prevalence rate used by State experts. Although it is generally more difficult to identify certain disabilities at this stage, the recent brain research makes clear that it is more cost-effective to intervene during this period.

Advocates for children with disabilities believe the State's criteria for early intervention services may screen out children who could benefit from services. The Readiness to Learn study in Washington County found significant numbers of children who fell well below national norms for developmental readiness at kindergarten who had not been enrolled in early intervention or special education. The study did not determine whether these children had been screened but found not eligible, or whether they had not been referred for screening.

In order to determine whether the early intervention programs in the County are under-serving any minority populations, we also compared the race and ethnic distribution of children served in early intervention and special education to the distribution for all children. We assumed conservatively that prevalence rates for disabilities within minority populations were the same as the overall rates for all children. This analysis indicated that both the Portland School District and the ESD programs may be under-serving Asian children.

A recent program and fiscal review of the Portland Public Schools' Special Education program (which includes the early intervention and early childhood special education programs) concluded that special education "appears to be delivering many quality services." The

report offered a number of recommendations for management improvements of the program, several of which related to the early childhood programs. First, the review team concluded that the director has an unreasonable span of control. Second, the team identified the need for increased coordination between early intervention/special education and the District's Head Start programs. These programs are currently overseen by different directors. The District might want to consider consolidating all of its early childhood services under a single director.

### **Need to Re-evaluate roles of school and County DD programs**

Up until 1992, the County's Developmental Disabilities (DD) program provided all early intervention/special ed intake and assessment, and case management services for all eligible children. The DD program currently provides case management to 250 children under 5 who meet the State's criteria for significant disabilities. Most, if not all of these children are also being served by the Portland Public Schools or MESD program. The County's DD program also provides the Portland Public Schools and the MESD with \$375,000 to provide case management services for an additional 600 families not eligible for DD case management, and make referrals to other social services. The availability of DD case management varies significantly in other counties. The dual case management systems operated by the schools and DD, may not be the most cost-effective way to serve these families, and should be examined.

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## EARLY INTERVENTION / SPECIAL EDUCATION for Children under five in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
Early Intervention	Evaluates children 0-3 with suspected developmental delays to determine eligibility for services. Provides school and home-based services to eligible children.	State	Portland Public Schools and MESD	\$2.2 million*	291 children	Children with delays in cognitive, physical, language, or psycho-social development.	State projects future need using a 3% prevalence rate. About 74% of the estimated 0-5 year olds needing services are receiving them.
Early Childhood Special Education	Evaluates children 4-5 to determine eligibility for services. Provides school and home-based services to eligible children.	State	Portland Public Schools and MESD	\$5.7 million*	767 children	Same criteria as Early Intervention	See above.
Resource Teams	Developmental Disabilities contracts with the Portland Public Schools and MESD to provide case management to 500 families with children in EI/ECSE.	County	Portland Public Schools and MESD	\$375,000	600	Enrolled in EI or ECSE with need for additional services, eg. Housing.	About 80% of the children in EI/ECSE receive case management through DD or this program.
Developmental Disabilities Case Management	Family consultants, in coordination with school districts, assist children with developmental delays in accessing resources.	Fed State County	County Community and Family Services	\$84,000	250	Must have a significant, lifelong, cognitive impairment and meet State criteria.	Program serves about 50% of the estimated children 0-4 with mental retardation or other developmental disabilities.

\*Does not include transportation costs.

## **EARLY EDUCATION**

### **Head Start**

The national Head Start program was established in 1965 as part of President Johnson's War on Poverty. Head Start was designed to help break the cycle of poverty by providing preschool children of low-income families with comprehensive services to meet their emotional, social, health, nutritional, and psychological needs. The program generally provides half-day services for 9 months of the year. Head Start serves 3 and 4 year old children who are at or below the federal poverty level. Programs are required to serve at least 10% disabled children, who need not meet the income criteria. Head Start is administered at the federal level through regional offices that contract directly with local community-based agencies and school districts. Head Start dollars do not pass through state or local governments.

The State Department of Education's Oregon Pre-kindergarten program supplements the Federal Head Start funding so that additional children can be served. The program was established in 1987 and provides grants to all of the agencies receiving federal Head Start funds, as well as one additional program, Neighborhood House. Programs in Multnomah County currently receive 71% of their funding federally, and 29% from the State. Oregon's DOE has a formal agreement with the Regional Head Start Office of the Head Start Bureau and uses the state dollars for the same level and type of services. Program standards for the two programs are identical.

There are a total of four agencies in Multnomah County providing Head Start services to about 1,400 3 and 4-year old children and their families. Services are offered in more than 30 sites throughout the County. Each program provides a slightly different service to a different segment of at-risk children, based on local needs.

**Portland Public Schools** operates the largest program, providing services to 578 children within the school district. Services are primarily center-based with limited home-based services. The teachers in this program are all certified teachers and teach two half-day sessions daily.

The **Mt. Hood Head Start** program, operated by Mt. Hood Community College, serves children in the east part of the County. Unlike most of the more center-based programs in the County, the Mt. Hood program offers a number of different program models with a stronger commitment to home-based services. Only a morning session is offered. The program serves 367 children and their families.

**Albina Head Start** is one of 8 programs in the nation which offers full-day center-based care. It serves 340 children in North and Northeast Portland, whose parents are employed. The program is known for its strong community orientation.

**Neighborhood House** is the one program which serves children in SW Portland. The program is funded exclusively with Oregon pre-kindergarten dollars and serves about 66 children.

### **Need for more coordinated enrollment**

All of the Head Start programs invest a fair amount of administrative effort in recruiting eligible families, maintaining and prioritizing waiting lists, and enrolling families throughout the year. All conduct their own "Head Start Round Ups" in the Spring for enrollment the following September. Given that many eligible children cannot be served, they are required to use an objective scoring system to insure that the most needy children will be served. According to the Children's Defense Fund, the State of Florida has begun work to streamline the Head Start enrollment process and provide a single point of entry for eligible families. Pilot counties are also consolidating Head Start waiting lists with waiting lists for pre-kindergarten as well as subsidized childcare.

### **Need to provide services to younger children**

The Head Start program was designed to provide services to children for a period of two years. Because of limited funding, most programs put a priority on serving 4-year olds. This priority is related to the goal of using limited dollars to serve as many children as possible, instead of providing a more intensive 2-year service to a smaller group of children. Overall, the Multnomah County programs serve twice as many four year olds as three year olds and we estimated that less than 25% of the children served receive two years of service. The recent research on brain development suggests that service dollars would be more effectively targeted if they began providing services to 3 year olds, but there are currently no program guidelines in place to insure that dollars are targeted at the younger-aged children. This is a difficult policy tradeoff, but one that should be discussed as State and local policy makers advocate for additional funding for Head Start.

### **Need for additional full-day, year round services**

With the exception of a small seasonal program for migrant children, all of the Head Start programs in the County run for nine months, and do not provide services during the summer. This predominant half-day, nine month model does not meet the needs of many families who are eligible for services, particularly under the new constraints created by welfare reform. During this project, the Portland Public Schools considered subcontracting with Albina Head Start so that full-day services could be available to more children. The rationale was that unit costs would be lower with a non-profit that did not have to utilize unionized teachers. After public support for the District's program was demonstrated, the District reconsidered and is planning to develop a model for providing more full-day care. The Mt. Hood program has applied for 20 additional full-day federal slots. State and local policy makers may want to consider using State support to expand the currently limited capacity of full-day, year round services.

The local Adult and Family Services office will soon be subcontracting with Albina Head Start to provide child care subsidies for full-day center-based care through Head Start. Extending this type of arrangement with other Head Start programs in the County to provide full day care should be explored.

### **Plans to increase services**

In his 1997-1998 legislative budget, Governor Kitzhaber included additional funds for the Oregon Pre-kindergarten program so that 50% of all 3 and 4 year old children eligible for Head Start could be served. Some, but not all of this expansion, was appropriated by the Legislature during the 1997 session. We estimated that Head Start is currently reaching about 37% of eligible children statewide, and will reach 43% in the coming year. This is close to the national average of about 40%. The Governor plans to support an effort to raise the rate to 50% during the coming Legislation session.

In Multnomah County, we estimate that the Head Start program is currently serving 32% of eligible 3 and 4 year olds. Additional State expansion funds will increase the rate to 38%. Because of the priority to serve more children, the current reach rate for eligible 4 year olds in Multnomah County is 46%, compared to only 18% for eligible 3 year olds.

We used American Community Survey data to determine whether the current Head Start capacity (including both federal and state funded slots) is uniformly available throughout the County. Using this data we estimated that there are 38 slots per 100 eligible children within the Portland School District, but only 22 slots per 100 eligible children in the East County area. We encourage the State Department of Education to use the most up-to-date demographic data available when allocating additional capacity within the County.



## **Need for additional evaluation**

The National Head Start program has continued to enjoy bi-partisan support since it was established in 1964, and has served over 15 million children at a total cost of \$31 billion over the last 30 years. Indeed, federal funding for Head Start has tripled in the last 10 years. However, the General Accounting Office pointed out in a 1997 report after reviewing the extensive literature on the program that, "This body of research is inadequate for use in drawing conclusions about the impact of the national program in any area in which Head Start provides services such as school readiness or health-related services."

Evidence about the impact of our local programs is scarce. Only the Albina Head Start program has made an attempt to have its services evaluated through several collaborative efforts with the Portland Public Schools. The Albina program was part of a national demonstration project to determine whether providing on-going support services to Head Start children in elementary school would yield more sustained results. The results of that evaluation, conducted by the Northwest Regional Educational Lab, should soon be available.

Program advocates stress that the performance monitoring system used by the national Head Start Bureau insures quality services. All programs are required to submit regular data on performance standards, most of which relate to staff ratios, training, turnover, demographic data on clients served, and services. Although most Early Childhood experts would agree that these capture most of the key aspects of quality programs, there is no system to track actual outcomes. Public schools in the County could begin recording on each incoming child's Head Start status, so that the effect of program participation on school achievement and success could be analyzed periodically.

## **Migrant Head Start**

Gresham Migrant Head Start provides center-based services for 60-100 children of migrant families in the East County area during the harvest season. Services are provided for up to 12 hours daily, and generally run through the summer months. Families who have been in the area for more than 36 months are no longer eligible. The program was able to serve all eligible families during the 1998 season.

## **Early Head Start**

In 1994, recognizing the implications of the research on early brain development, the Federal Head Start Bureau began a new program focused on children from birth to three. The Early Head Start Center of Portland is one of about 150 programs nationally working to develop a program model for Early Head Start. The Early Head Start Center of Portland opened in 1998 and is funded to serve 174 families. Early Head Start provides a range of child development and family support services with a special focus on providing quality child care support for teen parents through the school-based programs in the Portland Public Schools. The Early Head Start program has contracted with the Regional Research Institute for a formal program evaluation which will be conducted over the next several years. Although the program will receive State funding in the coming year to expand to 191 families, it will still only reach 3% of the eligible children.

## **Other Pre-School**

In addition to Head Start, Portland Public School District also offers free half-day preschool programs through its Early Childhood Education Centers (ECECs) at 7 of the 64 elementary schools in the District. The ECECs also offer full-day kindergarten at these schools. This program was established in the 1970's as a strategy for desegregation, and has operated without much modification since then. The ECECs use a modified High Scope curriculum. Unlike the Head Start programs, which provide comprehensive center and home-based services to families, the ECECs provide only educational services for children in a classroom setting. The program is not designed to provide more comprehensive services and parental involvement is not required. Although the ECECs offer a half-day program, most offer wrap-around childcare to families at a fee. Children are generally bused off-site for these services. The ECECs currently serve about 580 children, 10% of the 4-year olds in the District. Most of the ECECs are in North or Northeast Portland and programs are managed largely at the building level. The District has not evaluated the impact of the ECEC program on children's developmental readiness for kindergarten, or on later success at school.

Although the ECECs generally serve the same at-risk population targeted by Head Start, there is very little administrative interface between them. Neither the Head Start Bureau nor the Oregon DOE consider the services available through the ECECs when making decisions about how to allocate Head Start resources. If the ECEC pre-school capacity is included with Head Start capacity for eligible 4-year olds, the total reach rate for publicly funded educational programs for low income four year olds increases to 74%. This statistic has important implications for future decisions about Head Start expansion.

School districts in the County could direct more Title I dollars to support pre-kindergarten programs and services. Title I is a large-

scale Federal program directed at helping children at risk of school failure to significantly improve their achievements. Funds are allocated to schools in Multnomah County by the State Department of Education based on the number of children eligible for free and reduced lunch. Services may be provided on a school-wide basis or to targeted students. A total of \$14 million is allocated to public schools in Multnomah County. Decisions about how to use Title I funds are made primarily at the school level. Although the research is clear that early investment in preventive education is most cost-effective, at present very little is being spent on preschool or kindergarten aged children. The Portland School District uses Title I dollars to support two of its Head Start classrooms, and a home visiting program for migrant families.

## EARLY EDUCATION SERVICES for Children under five in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
Head Start	Provides comprehensive child development, education and social services to low-income children ages 3 and 4.	Fed	Portland Public Schools, Mt. Hood CC, and Albina Head Start	\$5.9 million	877	At or below the Federal poverty level	32% of eligible children are served with both Federal and State pre-K program. Expansion funding is will bring reach rate to 38% next year.
Early Head Start	Provides early and comprehensive child development and family support services to low-income families with children under 3.	Fed	Early Head Start Family Center of Portland	\$1.6 million	174 families	At or below the Federal poverty level	Less than 3% of eligible children are presently served.
Migrant Head Start	Provides summer services for children 0-5 from migrant families	Fed	Gresham Migrant Head Start	\$500,000	60-100 children	Children of migrant workers in Gresham area for less than 36 months	Program reports that they are able to serve all eligible families.
State Pre-K	State pre-K dollars are used to expand the Federally funded Head Start slots.	State	Same agencies providing Head Start, and Neighborhood House	\$2.4 million	360  Will increase to 598 in FY98-99	At or below the Federal poverty level	Will increase to 598 slots in FY98-99. See Head Start.
ECE Centers	Developed in the 1970's as a desegregation program, 7 of 64 elementary schools in Portland offer free pre-K programs for 4 year olds.	State	Portland Public Schools	\$3.7 million	580	None	Program serves about 10% of 4 year olds in the District.

## **CHILD CARE**

The primary programs we identified in this area include Adult and Family Service's child care subsidy programs and Metro Child Care Resource and Referral (CCR&R), which provides parents with child care information and referrals, training for child care providers, and subsidies for parents who need child care assistance.

### **Child care market**

Child care operates as an unregulated, private market with relatively little government involvement. This makes it very difficult for government to offer services to support families and their child care needs, and to contribute effectively to the quality of children's care. Several economists have also demonstrated that the market is relatively price inelastic--which means that there is little correlation between quality and price. Parents are generally not well educated about the characteristics of child care quality, and do not have the ability to "shop" among available services because the market is fragmented and operates so informally.

From the 1996 Oregon Population Survey (OPS), we estimate that just over half of the children under 5 in Multnomah County (52%) are in paid child care. These 25,000 children are cared for in the following types of settings:

- 9,500 are in Child Care Centers (38%)
- 7,000 are cared for in their own homes (28%)
- 8,200 are cared for by Family Child Care Providers or Group Homes (33%)

The OPS data can also be used with CCR&R data on average capacity to estimate the number of child care providers of each type.

These providers primarily serve young children but some also serve school-age children. We estimate that there are:

- 229 Child Care Centers, and
- 2406 Family Child Care and Group Homes in Multnomah County.

### **Better systems needed to insure quality child care**

In a recent editorial, *The Oregonian* reported that "Oregon's child care oversight is among the nation's weakest." *Working Mothers*, in its annual review of the state of child care in the States found Oregon to be just one of six states that does virtually no inspecting or monitoring of family child care providers.

In 1993, the Oregon legislature passed *Registration without Inspection (RWI)*. The new law requires family child care providers to register with the State Child Care Division of the State's Employment Department. Those who care for less than 3 children are generally exempt. Registered providers may care for up to 10 children under 13 years of age. This may include up to 6 pre-school aged children, of which only 2 may be under 36 months of age. Although the USDA Child Care Food program requires registration with the Child Care Division, Adult and Family Service's child care subsidy program does not. Local resource and referral agencies encourage but do not require registration of exempt providers.

There are currently no inspection requirements and very limited training requirements for the estimated 2,400 family child care providers in the County. The Child Care Division requires that providers complete a 2-hour overview on registration, a 2-hour training on child abuse, and a criminal record check on all adults in the provider's household. The lack of training requirements for family child care providers can be compared to those for hair stylists or

manicurists, who generally must have 1,500 hours at an accredited school before they can become licensed.

The training and licensing requirements established by the County for those who care for elderly persons at home are much more stringent than those for child care providers. For example, there are 602 licensed adult care homes in Multnomah County which provide care for up to 5 elderly adults in their homes, in lieu of nursing home care (a total of 2500). In order to become licensed, providers are required to have at least 1 year of experience caring for elderly persons, to attend a 4-hour orientation, and a 30 hour basic training course. In addition to inspections by the City of Portland's Bureau of Buildings, the Fire Department, and the Environmental Division of the Health Department, their homes are inspected by one of the County's Adult Care Home licensers. Providers are also subject to at least one unannounced visit annually, and must complete at least 12 hours of continuing education each year. The Adult Care Home program which operates out the County's Aging Services Division has a total staff of 16 FTE, or 1 for each 38 homes providing care for about 156 elderly.

Licensing requirements for an estimated 229 child care centers are much stronger. Staff training and child ratios for child care centers in Oregon are equal to and in some cases stronger than those recommended by the National Association for the Education of Young Children (NAEYC). However, because the Child Care Division is so understaffed, its inspectors have difficulties meeting the inspection requirements for child care centers. The office responsible for Multnomah County has 9 FTE responsible for over 200 Centers, serving over 12,000 children. This staffing level equates to 1 licenser to every 22 centers serving over 1,300 children.

There is no current data on the quality of child care centers and family homes in Multnomah County. A large national study (*Cost, Quality, and Child Outcomes Study*, 1995) found that more than 80% of the center-based programs are of mediocre or poor quality. One in eight

was so inadequate that it threatened the health and safety of children. The situation for infants and toddlers was even more alarming. Fully 40% of these programs were found to endanger children's health and safety. Another recent study of family child care homes (Galinsky et al, 1994) found that 13% of those regulated were of substandard quality and 50% of those unregulated were substandard. Given the weak registration and training requirements in Oregon, it is unlikely that findings would be different in Multnomah County.

### **Compliance with registration difficult to assess**

It is very difficult to evaluate the extent to which child care providers are registering with the State. The numbers below suggest that compliance is high, however, Metro CCR&R reports an annual turnover rate of 30% among its enrolled providers. The Child Care Division updates its database every two years. As a result, there are many providers on the State database who are no longer providing service.

#### **Registered and Unregistered Child Care Providers in Multnomah County**

<b>Type of Provider</b>	<b>Number in Multnomah County</b>	<b>Number on State database</b>
<b>Child Care Centers</b>	<b>229</b>	<b>223</b>
<b>Family Providers and Group Homes</b>	<b>2406</b>	<b>2644</b>

Exhibit 25

As part of our benchmark research, we attempted to match the local CCR&R database with the State registry. Although this analysis proved to be technically difficult because of the lack of a common identifier, it indicated that there were many family providers who were enrolled with the local CCR&R, but not registered with the State. We were unable to determine which of these were exempt from State registration.

## **Plans to increase registration requirements for Family Child Care**

The State's Child Care Division is in the process of revising the administrative rules governing child care centers and family child care providers. The committee working on registration requirements for Family Child Care is currently discussing a proposal to require food handlers and First Aid/CPR training, and 8 hours of child development training, in addition to the current child abuse training requirement. Any revisions to the child care rules will require legislative approval and it is uncertain when they would go into effect.

## **Child Care Referral Programs**

Child care referral services are provided in Multnomah County through METRO Child Care Resource and Referral (CCR&R), through a cooperative arrangement between two community-based agencies. Albina Ministerial Alliance (AMA) provides referral services to families in the N/NE neighborhoods. Child Care Support Services provides referrals to families in the rest of the County and administers the collaborative arrangement. Families access the service through a single phone number and are then routed to one of the two agencies. The agency phone systems are linked and both have access to the same database. In addition to providing basic referral service to anyone in the County, METRO also provides "enhanced" referrals to employers, including Multnomah County and another large private company in NE Portland.

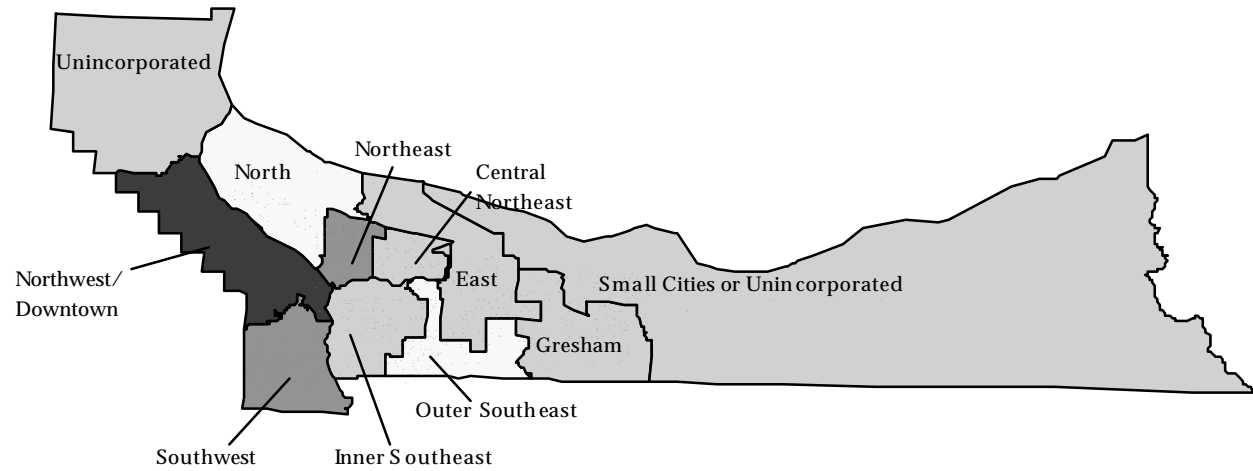
METRO believes it can provide more effective services through this collaborative arrangement. The markets for child care are locally

oriented. Both AMA and Child Care Support Services have been in operation for over 15 years and have established linkages with their own neighborhoods and community agencies and resources. Despite these advantages, it may also be worth exploring the administrative costs of this approach, which requires two separate offices and staffs.

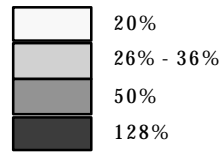
Given the unregulated nature of the child care market, it is not surprising that CCR&R enrolls a relatively small number of providers and assists a relatively small number of families. Overall, we estimate that the local CCR&R enrolls less than half (42%) of the providers in the County. The rate for centers is much higher - 88%, and the rate for Family providers is much lower - 37%. We also estimated that only 16% of families with children under 5 in Multnomah County in paid care utilized this program when seeking child care.

The map below shows the availability of child care providers in Multnomah County enrolled with CCR&R. It shows the total capacity of these providers as a percentage of the children under 5 in the different geographic areas of the County. The ratio of slots to children is highest in the downtown area, because of the many large child care centers serving parents working downtown. The Northeast and Southwest parts of the County also have relatively high ratios of child care slots to children. North Portland and Outer Southeast, however, have relatively low levels of capacity enrolled with the R&R, given the number of young children. CCR&R has stepped up its efforts to enroll additional providers over the last year, and these two areas should be targeted in future outreach.

## Child Care Capacity in Multnomah County



**Capacity of Providers that are enrolled with Child Care Resource and Referral**  
as a percent of children age 0 to 4



Source: Metro Child Care R&R database, American Community Survey, and Metro RLIS Census Tract Coverages.

## **Child Care Subsidies**

The State's Adult and Family Services Division administers two large programs providing child care assistance in Multnomah County:

- Employment Related Day Care (ERDC) and
- Child Care Support services through the JOBS program.

Both programs are funded with federal Temporary Assistance to Needy Families (TANF) funds. Child Care Development Block Grant (CCDBG) funds support the ERDC program. Families are eligible for services up to 200% of the federal poverty level. Through these two programs, AFS distributes \$8.6 million annually to providers caring for about 3,900 children in Multnomah County. Payments are based on a sliding fee schedule, and generally require a co-pay based on income.

The primary goal of these programs is to help families keep jobs and move them to self-sufficiency. Families may choose their child care provider, who must pass a criminal history check and complete a health and safety check list. AFS providers are not required to register with the State, and many are exempt from registration. AFS is currently exploring a tiered reimbursement system which would require more training for higher levels of payment.

Through the CCR&R program, Child Care Support Services and AMA are also involved in providing child care subsidies to needy families. The current schedule of AFS co-pays may be unrealistic for many families. These two agencies have limited funding from three sources to provide additional subsidies to slightly different populations: teen parents, children 0-3, and those in the N/NE enterprise zone. In total, these grants provide an average of \$2,000 to each of 106 families.

The City of Portland's Bureau of Housing and Community Development administers a number of loan, grant and assistance programs for family child care providers in low income

neighborhoods. These programs are supported primarily through federal Community Development Block grant funds. The loan program is implemented by the ROSE and Franciscan Community Development Corporations, serving the outer Southeast and Northeast neighborhoods, respectively.

## **Training and Technical Assistance for Providers**

Through the CCR&R program, Child Care Support Services and AMA also provide most of the training and technical assistance available to child care providers in Multnomah County. Training is generally provided at no or low cost to the provider. Topics range from child development, to business management, and how to work effectively with AFS to receive subsidies. CCR&R provides a 2-hour overview of the Child Care Division requirements for about 500 family child care providers each year. They also have provided the Oregon Basics 1 and 2 training to a total of 312 providers. Oregon Basics 1 is a 4-hour session which covers basic health and safety. Oregon Basics 2 is a 4-hour session which covers basic child development issues. Additionally, about 500 providers have received training and technical assistance in business management and early childhood care and education through a special resource team.

There are a number of other agencies involved in providing training for child care providers. Over the last three years, the **First-by-Five** project has trained 200 child care providers in Multnomah County. The project was supported by the Oregon Child Development Fund of the Oregon Community Foundation. First-by-Five training consists of 4 modules, each 10-12 hours. The curriculum was developed by the Far West Lab and the California Department of Education. Training was provided through local community colleges. Although the three-year project has ended, the training will continue to be offered on a statewide basis by the Oregon Center for Career Development in Childhood Care and Education at PSU.



The First-by-Five project is part of longer term planning effort at the State level to professionalize child care. The Oregon Center for Career Development in Childhood Care and Education at PSU has developed a Professional Development Registry for child care providers. The Registry, which is only beginning to become operational, is intended to provide a voluntary statewide system for validating and documenting the training and achievements of those who work with children. The registry provides certification at 6 successive levels of training and experience. It is hoped that the registry will help improve the status and salaries of child care professionals, and as a result improve the quality of care for children. Without registration and licensing requirements tied to these certifications, however, providers will have few incentives to invest in training.

Multnomah County Library's Early Childhood Resources programs provide a combination of outreach programs and specialized library materials designed for child care providers. The Early Childhood Resource Centers, available at 5 libraries, feature child development, professional development and curriculum materials, including "It's In the Bag" a specialized collection of theme kits. Free training for providers on various subjects are offered at libraries and child care sites.

There are two Child Care Networks designed to insure the continuity and quality of family child care providers. The N/NE Network, administered by Peninsula Children's Center, includes 15 family child care providers in that area. The SE Child Care Network, administered by the Volunteers of America, also includes 15 providers. In order to receive network support, a provider must have been in business for at least one year, registered with the State, be First Aid/CPR certified, and be subject to a home inspection. The 30 providers on these Networks receive a \$1,000 stipend, at least 8 training sessions each year, and may utilize Center resources. Funded by Multnomah County, these programs are required to submit data on

a number of outcomes. Although outcome results have generally been favorable, this level of Network support is available for only 1% of the estimated family child care providers in the County.

## CHILD CARE SERVICES for Children under five in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
AFS Childcare Subsidies	AFS office provides child care subsidies to women transitioning off welfare.	Fed	State	\$8.6 million	3,900	Up to 200% of Federal poverty level. Copay based on income.	NA
METRO Child Care Subsidies	METRO CCR&R provides child care assistance to teen parents, and families in N/NE Portland.	Fed	Child Care Support Services and Albina Ministerial Alliance (AMA)	\$203,000	106 families	Special programs target teen parents, poor children 0-3, and those in N/NE	Advocates stress that many more families lack affordable care.
Housing Assistance for Family Child Care Providers	Several programs provide housing loans, grants, and assistance to family child care providers.	Fed	Portland's Bureau of Housing and Community Development.	\$300,000	NA	Income requirements vary by program. Focus is low-income providers.	NA
METRO Child Care Referrals	METRO CCR&R provides child care referrals to families.	Fed	Child Care Support Services and AMA	\$118,000	3,873 children referred to 202 Centers and 889 Family Providers	All families in County eligible	Provides R&R services for an estimated 16% of the children in paid care in the County.
METRO Enhanced Child Care Referrals	METRO CCR&R provides enhanced referrals to employees of Multnomah County.	County	Child Care Support Services and AMA	\$12,000	44 families	All families employed by Multnomah County.	NA
METRO Child Care Training	METRO CCR&R provides training and technical assistance to child care providers and centers.	Fed	Child Care Support Services and AMA	\$411,000	At least 500 providers trained and 2,600 received telephone assistance	Registered providers	An estimated 1,500 Family Child Care Providers are not involved with the local R&R and may not receive training.
Child Care Provider NETWORKS	Provides \$1,000 annual stipend, training and support to child care providers in the N/NE and SE parts of County	Fed	Peninsula Children's Center and Volunteers of America	\$80,000	30 providers	Registered providers in SE and N/NE who meet certain quality criteria	Program serves about 1% of the family child care providers in County.

## **PARENT EDUCATION and FAMILY SUPPORT PROGRAMS**

With the exception of the County Health Department's long history of providing comprehensive, home-based services to at-risk families and children, this program area is relatively new in Multnomah County. However, home visiting, family support centers and parent education programs are receiving a lot of new attention nationally and within the State through its Healthy Start program.

### **Health Department's Field Services**

The Health Department's 85 Community Health Nurses make home visits to pregnant women and children 0-3, through the Field Services Program. The nurses provide families with information about pregnancy, parenting, health, and child development. The program strives to improve birth and child development outcomes. Teen mothers are a special priority and we estimate that nurses are visiting about 90% of the pregnant teens in the County. The program also targets Hispanic women, because many are not eligible for health care under the Oregon Health Plan or other social services because of their immigration status. We estimated that the Health Department provides home visits to about 46% of the pregnant Hispanic women in Multnomah County. Because of the special focus on teens and Hispanic women, the program serves a relatively small percentage of the total number of pregnant women on the Oregon Health Plan (18%).

The Field Services program also has additional programs targeting special populations. Through these programs, community health nurses work with pregnant women in jail and children in three Head Start programs. The Health Department also operates the Family Enhancement Program. During home visits, community health nurses identify parents with mental health needs and refer them to mental

health consultants for services. These four consultants provide home-based services to about 140 families each year.

A recent audit of the Health Department's Home Visiting program by the Multnomah County Auditor's Office compared the elements of this program to other programs with documented long term success with families. The audit concluded that the program was not sufficiently intensive and recommended that the Health Department utilize paraprofessional home visitors to cost-effectively meet the goal of providing more visits to families. Since the audit, Field Services has hired a new program manager to develop a model for incorporating paraprofessionals into their field nurse teams. The program also received funding to hire 6 new Family Health Workers during FY99.

### **Parent Child Development Services**

Multnomah County's Department of Community and Family Services contracts with community based agencies, which provide a range of services through Family Centers. There are 7 Family Centers, 1 for each of the County's 6 geographic Service Districts, and one Center which serves Asian families countywide. These Family Centers evolved from what used to be called Youth Services Centers.

Each of the Family Centers has provided Parent Child Development Services (PCDS) for families with children 0-3 since 1994. In 1997, very limited dollars were added to extend services to 4 and 5 year old children. While the specific components of the Parent Child Development Services vary somewhat from one Center to another, they all generally include play groups for children and parents as well as developmental screenings. Each PCDS has a community health nurse on staff who makes home visits to all newborns within geographic catchment areas. The County made the decision to have all of the PCDSs use the Parents as Teachers (PAT) parent education curriculum. PAT staff conduct center-based parent trainings and also make regular home visits to participating families.

The PCDS program was designed with a wellness focus to provide supportive services to all families with young children in Multnomah County. However, the program has not been adequately funded to offer this level of service. We estimated that only 3% of the families with children 0-3 in the County receive services through the Centers. Less than 2% participate in the PAT program. While it is committed to serve all families, the majority of families served at Family Centers in FY97 (58%) were at or below 125% of the federal poverty level.

Program staff who developed the County's PCD Services worked closely with the Family Study Center at Oregon State University to develop a comprehensive evaluation plan for determining the impact of the program. Unfortunately, evaluation data collected to date has been very limited because the contracting agencies have not been collecting data from many of the families served.

### **Other Family Support Services**

The Portland Public Schools also provide very limited parent education services through two elementary schools in the district, Rigler and Vernon. These schools have paraprofessionals who make home visits to 50 families with 3-5 year old children, using the HIPPY model. One of the programs is funded by Title I and the other by Albina Head Start. The HIPPY program is very similar to the PAT program used by the PCDS programs in the County's Family Centers.

The County Library's Early Childhood Resources program provides limited parent trainings for agencies including the Parent Child Development Services, teen parent programs, substance abuse programs, and domestic violence and homeless shelters.

Under a new grant from the federal Department of Education, the Albina Head Start program and the Northwest Regional Educational Lab are developing a new Web Page called the Oregon Parent Information and Resource Center (PIRC). The Web Page will be accessible to all families in Oregon and will provide a variety of

information on parenting and child development. Albina Head Start is also funded to disseminate written information to parents, teachers, and child care providers within the NE Portland Enterprise Zone.

Oregon Public Broadcasting is involved in a statewide Ready to Learn initiative funded through the federal Department of Education. They provide a monthly newsletter to 800 families in Multnomah County. The newsletter includes a pull out calendar with information on OPB's educational programming. OPB also conducts workshops for parents, child care providers, and teachers on topics ranging from brain development to educational TV viewing.

### **Teen Parent Programs**

The primary programs supporting teen parents are operated by the County Health Department and the Portland Public Schools. The Health Department's Teen Connections program strives to assess all teen pregnancies and has generally achieved this goal. During FY97, an estimated 85% of all the 1,100 babies born to teen mothers had an assessment at the hospital. About 86% of these teen mothers received visits by a Community Health Nurse. The Connections program provides more intensive case management for women with multiple needs who are not receiving services in a school-based program. The Health Department contracts with three community-based agencies to provide these services: the Insights Teen Parent program, DeLauney's Young Mom's program, and the North East YWCA's Young Families program. Together, these programs provide case management services for about 175 of the teen mothers in the County. All of the programs maintain ongoing waiting lists.

An additional 480 teen mothers (44%) receive case management, child care, and educational support through the Portland Public School program. The school-based program provides child care to about 67 children.

Helensview is an alternative High School which serves 65 pregnant and parenting teens in Multnomah County, primarily those who have

had not been successful in traditional schools. About one-third live within the Portland School District. The program also offers child care to about 56 children.

The Insights program is funded by both the Portland Public School and the ESD to provide case management services for teen mothers through the schools in the County.

Overall, about 65% of the teen mothers in the County receive case management services through one of these programs. The Helensview program maintains a waiting list of 30 young women. Both of the school-based programs offer only very limited services during the summer months. Program advocates stress that housing opportunities are limited for teen mothers.

Although Connections program publishes an annual report on its clients and services, none of these teen parenting programs has been formally evaluated.

# PARENT EDUCATION AND FAMILY SUPPORT SERVICES

## for Children under five in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
Home Visits by Field Nurses	Community Health Nurses make home visits to pregnant women and children 0-3.	County	County Health Department	\$3.5 million	3,100 mothers and their children	Program targets pregnant teen and high risk pregnancies	Program serves less than 20% of the pregnant women on the Oregon Health Plan.
Family Enhancement Program	Mental Health Consultants provide services to parents with mental health needs	County	County Health Department	\$278,000	140 parents	Parents referred by Community Health Nurses.	Nurses believe need is much greater than present capacity.
PCDS (Parent Child Development Services)	Play groups and developmental screenings in 7 Family Centers. Nurses make home visits to newborns in targeted areas. Home visitors provide parent education.	County	County CFS contracts with non-profits	\$1.4 million	809 children 563 receive Parents as Teachers (PAT) services	Open to all families	Only 3% of the children 0-3 in the County receive these services. There are long waiting lists for PAT.
HIPPY	Parent education is provided through home visits to parents of 3-5 year old children.	Fed	Portland Public Schools	\$50,000	50 families	Families with children in 2 elementary schools.	NA
Parent Information and Resource Center	Information on children and parenting is available on a new Web Page for parents. Written materials distributed within NE Portland Enterprise Zone.	Fed	Albina Head Start and NWREL	\$447,000	NA	All parents statewide and those residing in NE Portland	NA
Ready to Learn Initiative	Provides a monthly newsletter and conducts workshops for parents, child care providers, and teachers.	Fed	Oregon Public Broadcasting	\$6,000	800 families and 3,000 children	Program targets at risk families.	NA

**PARENT EDUCATION AND FAMILY SUPPORT SERVICES**  
**for Children under five in Multnomah County**  
**continued**

<b>Program</b>	<b>Description</b>	<b>Funding</b>	<b>Agency Providing Service</b>	<b>Annual Cost</b>	<b># of Children under 5 Served (0-4)</b>	<b>Eligibility Criteria</b>	<b>Meeting Demand</b>
<b>Connections</b>	Designed to assess all teen pregnancies at birth. Case management services provided to pregnant and parenting teens based on needs assessment.	County	County Health Department contracts with non-profits	\$500,000	1,100 teen mothers assessed. 175 received community based services	Pregnant/parenting teens ages 13-19 with multi-service needs who are not in a school-based program eligible for case management.	Program assesses virtually all teen mothers in the County. About 65% case managed by this program or one of the school-based programs below.
<b>PPS Teen Parent</b>	Pregnant and parenting students enrolled at Portland Public Schools receive case management, child care and educational support at 14 sites.	State	Portland Public Schools	\$1.5 million	480 teen pregnant and parenting mothers. 67 children in child care	Pregnant and parenting students in Portland Public School District	See Connections. Summer services limited.
<b>Helensview</b>	Provides pregnant and parenting teens case management, child care and educational support at an alternative High School.	State	Non-profit	\$757,000	65 pregnant and parenting mothers. 56 children in child care.	Pregnant or parenting and not "connected" to regular school.	Waiting list of about 30. Summer services limited.

## **MENTAL HEALTH SERVICES**

The Multnomah County managed care plan, CAAP Care (Child, Adolescent, and Adult Plan), provides most of the publicly funded early mental health services for children. The program is funded through the Oregon Health Plan. Another plan, CERES, (managed by Regence/Blue Cross/Blue Shield) began providing services beginning in 1998. Services are provided to children through a network of non-profit agencies in the community including the Albertina Kerr Center, Morrison Center, UNITY (Mental Health Services West and the Garlington Center), Mt. Hood Mental Health, and Project Network. About 10,000 children under 5 in Multnomah County are enrolled in the Oregon Health Plan. About 800 of these receive mental health services.

Many of the mental health professionals who treat children believe that the cost constraints under managed care have made it more difficult to provide these services, and particularly preventive services, to this population. The clinical criteria for mental health services are generally based on diagnoses for adults, adolescents and older children. The unique criteria for young children are not well-defined within the Oregon Health Plan.

The State also funds the DARTS program which provides day treatment services for 28 young children with psychiatric disturbances. The County's Community and Family Services Department subcontracts with three non-profit agencies who provide these services: Morrison Center's *Hand in Hand* program, Center for Community Mental Health *Tio Nick's* program, and OHSU's *Children Psychiatric Day Treatment* program. Funding for day treatment services will soon be incorporated directly into the Oregon Health Plan.

The County also provides outpatient mental health services to young children who are not eligible for the Oregon Health Plan or are under-

insured through CAAP Care Plus. Only 6 children under 5 received these services in the last year.

The County's Department of Community and Family Services has also provided preventive mental health services through Head Start programs for 9 years. Presently, a team of 7 mental health consultants work on-site with 5 of the 6 local Head Start programs. These consultants perform a range of services including program development, assisting Head Start teachers and parent with assessing children's mental health needs, consulting with teachers on individual children and providing counseling to individual children and their parents. The consultants also work with other community mental health providers. Although the direct service levels (counseling individual children) match national prevalence rates for poor children, Head Start staff have requested that the County expand this program so that more preventative mental health services can be provided.



## MENTAL HEALTH SERVICES for Children under five in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
Early Childhood Mental Health	DARTS Day and Residential Treatment Services at Garlington Center, OHSU, and the Morrison Center	County	Non-profits	\$257,000	28	Children with an Axis I psychiatric diagnosis. 60% must be Medicaid eligible.	See below.
Early Childhood Mental Health	Other day, residential, and outpatient treatment services	Fed State	Non-profits	\$713,600	777	133% of Federal Poverty	Given a 17% prevalence rate of mental health problems for poor children, about 45% are receiving these services.
Early Childhood Mental Health	Mental health consultants for Head Start Programs	County	County	\$371,000	65 receive direct services, 300 Consults with teachers on individual children, and 1400 children receive primary prevention.	At or below Federal poverty level and enrolled in Head Start.	Direct service levels match national prevalence rates for poor children but Head Start staff believes consultants are insufficient to meet need in this population.

## **CHILD PROTECTIVE SERVICES**

Child protective services are provided in Multnomah County through branch offices of the State's Office for Services to Children and Families (SCF). There are a total of six SCF field offices in the metro area. SCF investigates and responds to allegations of child abuse and neglect, places children at risk in foster care, and strives to provide successful adoptions for some children.

The local office of SCF estimates that there are 2,500 children under 5 under SCF care custody in Multnomah County. Approximately half of these are in foster care.

Several members of the Early Childhood Care and Education Council who work regularly with local SCF offices expressed frustration at the inconsistencies in policies and practices of the different branches. There are currently no SCF staff who actively participate with the Council. Because the Council is the primary group of service providers attempting to coordinate services for children in the County, this lack of connection to SCF is significant.

The Health Department recently assumed responsibility for two new programs funded with federal Family Preservation and Support dollars. The Health Department contracts with the Volunteers of America (VOA) which operates the Relief Nursery. This program provides therapeutic nursery services for 100 children and families at risk of abuse and neglect. The Health Department also contracts with the Family and Community Alliance to provide assessment and referrals to services for 100 families reported for child abuse and neglect, which SCF does not investigate.

## CHILD PROTECTIVE SERVICES for Children under five in Multnomah County

<b>Program</b>	<b>Description</b>	<b>Funding</b>	<b>Agency Providing Service</b>	<b>Annual Cost</b>	<b># of Children under 5 Served (0-4)</b>	<b>Eligibility Criteria</b>	<b>Meeting Demand</b>
Services for Children and Families	Provides custodial care and support services for children at risk of abuse and neglect.	Fed State	State SCF	\$17,000,000	2,500 under SCF custody	Victims of potential/actual abuse and neglect under the care and custody of SCF	NA
Relief Nursery	Provides therapeutic nursery services for children and parent education for families at risk of abuse and neglect.	Fed	Non-profit	\$241,000	100	Families at risk of abuse and neglect	NA
Family and Community Alliance	Provides assessment, outreach, and linkage to community resources for families reported for abuse and neglect but not investigated.	Fed	Non-profit	\$213,000	100	Family reported for child abuse and neglect but not investigated	NA

## **LANGUAGE AND LITERACY**

### **Library's Early Literacy Programs**

The County Library's Early Childhood program provides a number of language and literacy programs for families and child care providers. The most extensive program provides 50 children's picture books to each participating child care center and Head Start program on a bi-monthly basis. The same program is offered through 20 residential treatment programs housing women and young children. A total of about 8,000 children have access to books and reading through the program. The program estimates that it serves children in 98% of the registered child care centers serving young children.

Because family child care is less regulated and structured than child care centers, the program has had less success in working with these providers. We estimated that only 1% of the family child care providers in the County participate in the book loan program. The Early Childhood Resources program has recently developed a new program which will bring "storytime mentors" (trained volunteers) into family child care homes weekly for four weeks to read with children, and model appropriate book selection and story telling techniques. This program currently has very limited staff, but has the potential to provide additional early reading experiences for up to 7,000 additional children under age 5. Because it uses volunteers, the program requires little public investment.

The libraries offer young children with regularly scheduled story times in each of the branches. Children's librarians also conduct story times in the child care centers and Head Start programs around the branches. The libraries could not provide an unduplicated count of the children served, but estimated an unduplicated attendance figure of over 33,000. While this figure is impressive, most storytimes are scheduled during the day when more than half of the parents with young children work. Some of the bookstores in the community have

recognized this need and offer evening story programs for young children with their parents.

The Library also developed and distributes a video, *Born to Succeed*, on the importance of early reading. The video is available in English and in Spanish. Over 300 videos were distributed in the last year.

### **ESL Programs**

Up until quite recently, the Portland Public Schools were only funded by the State to provide ESL services for children beginning in the first grade. Next year, based on a new policy decision at the State level, all of the school districts in the County will receive funding to begin providing services in kindergarten.

The Portland Public Schools provide early childhood language services to non-English speaking families through three programs. The Early Childhood Migrant program provides home visits to 60 migrant families residing in the Portland School district with children ages 3-5. This program uses the *HIPPY* model. The district also operates a modified *HIPPY* program, with less intensive visitation, for 30 Asian families in Southeast Portland. Next year the district will be able to provide more comprehensive and intensive services to 40 more families through its new *Even Start* program. This program provides both early and adult literacy services to parents and their children using a center and home-based model. Collectively, these programs serve less than 1% of the children whose families do not speak English as their primary language.

Children in the District's Head Start and ECEC classes receive limited support from the ESL staff who work on-site with older children in the these schools.

## EARLY LITERACY AND LANGUAGE SERVICES for Children under five in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
Reading	Storytimes in libraries	County	County Library	\$400,000	33,460 total duplicated	Open to public	NA
Early Childhood Services	Outreach program provides books, training, and curriculum materials to parents, child care centers, and family child care providers.	County	County Library	\$216,000	7,900 children	Registered child care centers and providers	Book loan program serves 98% of registered child care centers and less than 1% of Family Providers.
Early Childhood ESL	Program provides home visits, and some center-based literacy programs to families whose primary language is not English with the transition to school.	Fed	Portland Public Schools	\$319,000	130 families	Migrant families and other non-English speaking families.	NA

## Parks and Recreation Programs

The City of Portland's Parks Bureau offers a number of programs for young children and their families through its Community Centers. Like the library's services, these programs are available to all children in the County and at relatively low cost. Programs range from music and dance classes to gymnastics, and pre-school at some Centers. Unfortunately, we were unable to determine the pre-school enrollment in the Community Centers because of limitations in the Parks Bureau's data processing system.

Both the library and the parks programs provide special services during the summer, which help fill in the summer gap in services resulting from the 9-month school year focus of Head Start and Portland Public School's ECEC programs. The libraries offer a special summer reading program. The Parks Bureau offers swimming lessons and a range of "day camp" type programs.

## RECREATION SERVICES for Children under five in Multnomah County

Program	Description	Funding	Agency Providing Service	Annual Cost	# of Children under 5 Served (0-4)	Eligibility Criteria	Meeting Demand
Children's recreation and education.	Community Centers offer a number of programs for young children including pre-school	City of Portland	City Parks Bureau	\$917,600	7,200	Open to all children with minimal fees.	Program provides services to 15% of the children 0-4.

## **Need to Develop an Integrated System for Early Childhood Care and Education**

In one of its national reviews of early care and education programs, the Children's Defense Fund concludes that "one of the most critical challenges facing the early childhood service system is to move from the current fragmented approach to one that incorporates the complex needs of children and families in a comprehensive approach."

The State of Oregon has received national recognition for its collaborative strategies for serving young children. A recent report published by the National Center for Children in Poverty (NCCP, May 1998) recognized the eight states below for their vision and leadership in creating and funding collaborative and comprehensive programs for young children. Oregon is among them:

- Colorado
- Georgia
- Minnesota
- North Carolina
- Ohio
- Oregon
- Vermont
- West Virginia

In many ways, Multnomah County is also on the forefront of this effort to develop a more integrated system of services for young children and families. The State Department of Education has been able to use state resources to expand Head Start programs and make the jointly funded program a relatively seamless one. Unlike many states around the Country, Oregon's early intervention programs for children 0-3 are administratively integrated with early childhood special education for pre-school aged children. In the detailed

program assessments, collaborations that were yielding results were identified. No doubt there are many others we failed to mention. What we do have in Multnomah County, which is fueling the efforts in the states above, is a genuine commitment and willingness to work together.

The three groups most directly involved in planning for and integrating services for young children in Multnomah County are:

- The Multnomah County Commission on Children and Families,
- The Early Childhood Care and Education Council (ECCEC), and
- The Leaders Roundtable.

Each of these groups strives to contribute to a more integrated system of services for children. Each deserves credit for moving the system in the right direction. However, the endeavor is a daunting one, because of the number of agencies and levels of government involved, and because of the fragmented funding streams supporting early childhood services. If this inventory of services teaches us anything, it is that although many different services and programs are available for many children in Multnomah County, we certainly do not have anything that could be called a system of early childhood services. The Portland Multnomah Progress Board hopes that its Benchmark Report will present a real opportunity for each of these groups to come together for better coordinated and aligned services so that all children in Multnomah County will enter kindergarten more ready to learn.

## **Multnomah Commission on Children and Families**

The Multnomah County Commission on Children and Families is an appointed citizen body charged with planning for and creating community conditions that promote, nurture, and realize the full potential of every child, family, and individual. The Commission is responsible for designing and implementing a comprehensive plan every biennium to create wellness in Multnomah County.

During its 1995 comprehensive planning process, the Commission engaged members of the Early Childhood Care and Education community in a benchmark planning dialogue about children's readiness to learn. In February of 1996, the Commission published an assessment of services for children and families, entitled *What Does Every Child Need and What Are They Getting in Multnomah County?* This planning effort identified a number of policies to improve children's readiness to learn (summarized in Chapter 2).

The Commission is responsible for improving outcomes for children at all ages. Most of the Commission's efforts over the last year focused on its *Take the Time* campaign, an effort to increase assets in local communities. This community asset building approach has initially focused on school-aged children, but also has implications for younger children.

The local Commission funds a variety of strategies for children and families with an increasing commitment to support community initiatives which would benefit all residents. The Commission currently distributes \$2 million of the \$102 million in public funds supporting Early Care and Education Programs in Multnomah County.

This Benchmark Report presents a new opportunity for the Commission to reassess its original recommendations around school readiness and young children.

## **Early Childhood Care and Education Council (ECCEC)**

The Early Childhood Care and Education Council (ECCEC) of Multnomah County was created in 1995 as a result of an early childhood benchmark planning process by the local Commission on Children and Families. The Council's mission is to insure the continuity and integration of early childhood care and education services and policies that promote the care, development, healthy transitions, and overall well being of young children and their families.

The Council has three more specific objectives:

- To assist in the development and maintenance of a systematic infrastructure for early childhood care and education;
- To facilitate communication, coordination, and collaboration between and among governmental entities, schools, the business community, service providers and families; and
- To advise policy makers and funders on issues affecting young children.

The Council has an active membership of about 40 and meets monthly. It is committed to inclusively maintaining a diverse membership of program providers and early childhood advocates. The Council presently has three standing committees working on Best Practices, Early Intervention/Children's Mental Health, and Community Partnerships and Public Education.

The Best Practices committee has conducted surveys and focus groups with parents and child care providers on access to child care for children with special needs. This committee also conducted a number of forums to provide input into the State's planning around the "essential elements" of early childhood care and education programs.

During the last year, the EI/Children's Mental Health Consortium was involved in the planning for a widely attended conference in Portland



featuring Dr. Stanley Greenspan, a prominent child psychiatrist. The conference focused on intervention techniques for children with severe developmental and communication disorders. This committee is also involved in developing standards of care in children's mental health.

The Community Partnerships committee is active in the *Oregon's Child Everyone's Business* campaign to educate parents and professionals working with children on the recent brain research.

The Council has a long history in early childhood care and education and substantial expertise in these issues. However, one of the primary limitations on the group's influence in policy and funding decisions, is that it lacks formal membership on the local Commission on Children and Families. Although it has tried to engage all the providers working with young children and their families in the County, neither Adult and Family Services nor SCF representatives regularly attend Council meetings. This is a major limitation because these agencies spend almost one-third of the resources invested in young children in the County.

In 1996, the County funded a new position within the Department of Community and Family Services (DCFS) to staff the ECCEC and serve as the County's Early Childhood Coordinator. The position was funded by the County and the Multnomah Educational Service District (MESD). Supervision was provided jointly by Early Intervention staff from the Portland Public Schools and the MESD. During this Benchmark Audit, the coordinator was reassigned. The DCFS Community Partnerships and Programs Division is currently reevaluating the prerequisites for this function. This is a critical position, for it has the potential to create stronger linkages between the Council, all of the County's early childhood programs, and the Commission on Children and Families.

## **Leaders Roundtable**

The Leaders Roundtable is a group of business leaders and educators which convened in 1993 around the goal of increasing high school graduation rates in Multnomah County through more coordinated services. The Roundtable has since established 8 "Caring Communities," which organize their efforts around school catchment areas. Each Caring Community has a coordinator and most have initiated Family Resource Centers, which are located in schools or housing sites to provide better service access and coordination for families and children. These Family Resource Centers are part of an on-going collaboration between Caring Communities and the service integration efforts of the State's Department of Human Resources (DHR), the schools, and Multnomah County. Multnomah County spends \$240,000 supporting the 8 Caring Community Coordinators. These funds are funneled through the Multnomah ESD, and program coordination and oversight is handled by the Leaders Roundtable. The County also provides \$707,000 in support for the Family Resource Centers. Additional financial support is provided by DHR, schools, and cities.

Because of the focus on increasing high school completion, much of the Roundtable's efforts are geared toward school-aged children. For this reason, we have not included these funds in the service inventory. However, the East County and Mid-County Caring Communities have a joint Early Childhood Action Team and have devoted significant efforts to younger children. This team brings together professionals from several agencies to provide comprehensive health and developmental screenings of 3 and 4 year old children in the Mid and East County areas. The screenings are targeted to at-risk children on the Mt. Hood Head Start waiting list. Since 1993, the team has screened a total of 618 children and referred about 12% of these to early intervention programs. The Action Team is currently developing a new family literacy program. These efforts are

commendable and could easily be duplicated in other parts of the County.

The new research on brain development makes the connections between school readiness and school completion much closer, and

amplifies the need to invest in children early. This poses a new challenge for the Roundtable and Caring Communities to shift more of their attention and efforts into early childhood assessment and intervention.

## CHAPTER 6:

### Some Strategies for Improvement

Many forces affect the readiness of our children to learn in our community, and many interventions are possible. This report has tried to inventory all our efforts to improve readiness to learn, and to identify other possibilities. A list of what could be done may encourage innovation, inspire more collaboration, and marshal increased resources. The list is long, but some issues are more critical or less difficult to accomplish than others.

Some of these strategies would improve linkages between programs and strengthen the infrastructure of the overall system. Some identify programs and services not currently available in Multnomah County which have had documented success elsewhere. Others address operational improvements in existing programs and expansions in current services to reach more children.

Although the strategies have been classified around each of the readiness dimensions, we have also used the symbols below to identify which general systems need it addresses.

#### General health and physical development

- ◆ *Improvements in infrastructure and support for quality and interagency collaborations.* Teachers identify general health as the most critical condition for readiness to learn and our community has effectively addressed this need. However, there may be some elements of health and physical development that could be improved.
- *Operational improvements in existing programs and expansion of existing programs.*
- \$\$ *Consider registration to require insurance companies to cover children's immunizations and waive deductibles for these services.*
- ρ *Implementation of new model programs.*

□ Support efforts to increase the number of women and children eligible for WIC services who receive them.

◆ Consider shifting responsibility for administration of the Child Care Food Program from the Department of Education to the Child Care Division and local Child Care Resource and Referral Services. Reduce the number of sponsor agencies responsible for reimbursing family child care providers.

\$\$ Institute universal hearing screening for newborns.

\$\$ Increase access to early dental services.

◆ Better educate HMOs and health providers about the CDC's guidelines for children's lead screening. Support efforts to insure that health providers conduct lead screenings on all children living in high risk areas.

□ Support efforts for earlier identification and referral children with disabilities and potential developmental delays through education of insurance providers, pediatricians, and parents.

◆ Encourage Multnomah County to re-evaluate the roles and responsibilities of the Developmental Disabilities Case Management program and the Early Intervention and Special Ed programs operated by the Portland Public Schools and ESD.

#### Social, Emotional, and Cognitive Development

◆ Consolidate child care resource and referral services in Multnomah County under a single agency.

◆ Advocate for quality child care through additional training and registration requirements for family child care providers. The Progress Board and its community partners could support the State Child Care Division in current efforts to revise administrative rules, or facilitate a planning process to develop an independent registration process for the child care providers in the County.

◆ Support efforts to streamline the Head Start enrollment process.

☐ Encourage State legislators to consider the tradeoffs between serving more children and providing a two-year Head Start experience for fewer children, as they expand the State Head Start program. Encourage support for additional full-day, year round Head Start services, which are currently very limited.

◆ Encourage AFS to develop interagency agreements with other Head Start programs so that child care subsidies can be used to wrap full-day child care around the current half-day programs.

☐ Encourage the schools in the County to automate a record of each child's participation in early childhood programs, so that the effect of program participation on school achievement and success can be analyzed.

☐ Encourage support for more evaluation of early childhood programs generally--especially Head Start, ECECs, Teen parenting programs, and Family Centers.

\$\$ Advocate for expansion of the new Early Head Start program through increased state and federal funding.

◆ Encourage the Portland Public Schools to better integrate its Head Start and ECEC programs, which target the same type of children.

ρ Encourage one of the school districts in the County to implement as a demonstration project in one or more of its schools the *School for the 21<sup>st</sup> Century* program.

☐ Encourage the DOE to take into account ECEC capacity and utilize the most current demographic data when allocating state-funded Head Start slots within the County.

☐ Encourage the school districts within the County to consider reallocating some Title 1 resources to address the needs of young children.

\$\$ Support efforts to expand services provided through the County's Family Centers.

ρ Advocate at the State level for funding for a Healthy Start program in Multnomah County. It is critical that the Health Department's field nurses be incorporated into the Healthy Start program, and that Healthy Start services be coordinated with the home and center-based services offered through the County's Family Centers.

◆ Encourage local AFS and SCF staff to participate more actively with the Early Childhood Care and Education Council.

☐ Support efforts to better define clinical criteria for mental health services under the Oregon Health Plan that can be applied to young children.

## **Language and Emergent Literacy**

\$\$ Support expansion of the Library's program to improve the literacy of children in family child care using volunteers.

\$\$ Advocate for additional early childhood language and literacy programs, such as *Even Start*.

## **Other**

\$\$ Support efforts to expand public education of parents, child care providers, physicians, and all professionals working with young children on the implications of the brain development research.

◆ Propose that the Commission on Children and Families include a representative from the Early Childhood Care and Education Council.

◆ Encourage METRO CCR&R to increase the number of enrolled child care providers available for referrals to families in North Portland and Outer Southeast.

◆ Encourage the Portland Public Schools to evaluate potential increases in efficiencies and effectiveness that could result from consolidating their early childhood services.

◆ Encourage the State AFS office to establish higher training requirements for child care providers receiving subsidies. Efforts should continue to integrate and streamline the AFS and Child Care Division processes, so that these two state agencies are not duplicating functions, such as criminal history checks.

◆ Encourage efforts to insure that services are evenly accessible to families in need throughout the County, with special attention to the East County.

◆ Support annual measurement of kindergartners to help schools respond to their individual needs, and to monitor general readiness as well as specific dimensions needing improvement.



# **CHAPTER 7:**

## **Recommended Approach for Future Measurement of Readiness to Learn**

### **Guiding Principles for Early Childhood Assessments**

Whatever approach is ultimately chosen for measurement of children's readiness to learn in the future, it is important that the assessment process and instruments are developed carefully and consistently with certain principles.

Most childhood experts would agree that young children are very difficult to assess accurately. Between birth and age 8, children's rates of physical, motor, emotional and language development outpace growth rates at all other stages. During this period, growth is rapid and also sporadic. This makes it very difficult to establish age-related developmental standards.

Over the years, several professional organizations, including the American Academy of Pediatrics and the National Association for the Education of Young Children, have taken positions in opposition to the use of readiness screening tools to determine school entry because of the variability in the rate of development among young children.

With the advent of school reform which holds schools accountable for measurable outcomes, there has been an increase nationally in the use of formal assessments for young children. Because of the pitfalls of this endeavor, the National Educational Goals Panel has outlined several general principles for assessing young children.

First and foremost, assessments should bring about benefits for children. The time and resources required to assess children should not divert resources from programming and services for children.

There are two levels of benefits for children. Measurements of children's readiness to learn at the community level can focus policy makers' attention on the need for additional early intervention services. These assessments can be used to insure that individual children in need of additional attention and programs will receive these services as early as possible.

Second, assessments should be designed for specific purposes and should be reliable, valid and fair for that purpose. While assessments can be used for community benchmarking and to ensure that children with potential disabilities are referred for more in-depth diagnostic procedures, the NEGP cautions that they should not be used to exclude children from school or to track children by ability. When community-level assessments are used to make policy decisions affecting large numbers of children, it is essential that the instruments meet the highest standards of technical accuracy.

Third, assessments should be age appropriate in content and in the method of data collection.

Fourth, assessments should be linguistically and culturally appropriate.

Fifth, parents should be a valued source of information and audience for assessment results.

Because of the fallibility of measurement with young children, it is useful to base assessments on multiple sources of information, including teachers, parents and third-party observations. Assessments should be shared with parents as part of an ongoing dialogue that keep parents engaged in their child's education.

### **Current survey has limitations**

We noted in Chapter 3 that the State Progress Board and the Oregon Department of Education plan to continue to administer the Kindergarten Survey bi-annually on a statewide basis. While this

survey provided the County with the first baseline data on the preparedness of children as they enter school, it has several limitations. The current survey was not designed as a screening or diagnostic tool, and the resulting data cannot be compared to national developmental norms for children. Second, some of the dimensions of readiness to learn are not adequately addressed on the current survey. The only question on language skills measures verbal communication and emerging literacy is not addressed in the survey. The single question relating to motor development measures fine motor skills, without addressing gross motor skills.

### **Northwest Regional Educational Laboratory Study**

The 1993 study done by the Northwest Regional Educational Laboratory (NWREL) was more useful but was also much more costly. It used a series of nationally validated assessment tools, and Oregon students could be compared to their national peers. Further, the assessments were more comprehensive and were done by non-school staff trained in assessments. But because of cost limitations, the sample was not designed to provide local data. Nor did the methodology provide a mechanism for teachers to have a dialogue with parents about their children.

### **The State of Minnesota**

Another approach is used by the State of Minnesota to track its school readiness benchmark, or "milestone". We noted earlier that Minnesota is the only state in the Country to require that children undergo a comprehensive developmental assessment before enrolling in kindergarten. Most children are screened at 3 1/2 or 4 years of age. The program is partially funded by the State and operated by school districts. In addition to providing benchmark data, this system also insures that children with developmental deficiencies will be referred to appropriate interventions. The Minnesota effort is impressive in that it reaches most children well before school entry. This clearly

should be the long term goal for Multnomah County and Oregon. In the meantime, however, kindergarten provides the first universal place where all children can be easily assessed.

### **Washington County Commission on Children and Families**

Another model for measuring school readiness has been developed by the Washington County Commission on Children and Families. The Commission's strategy is based broadly on a model which includes children's learning and development, as well as the family, community, and school factors supportive of children's development. The Washington County approach falls somewhere between the academically rigorous approach used by the NWREL which was costly and did not generate direct benefits for schools and children, and the approach used by the State Department of Education.

During 1995-96, the Commission contracted with an early childhood expert on a feasibility study for establishing baseline measures. The Commission evaluated a number of screening and assessment tools used nationally and selected instruments based on reliability and validity, cultural appropriateness, and ease of administration. The Commission worked in partnership with the public and private schools choosing to participate in the study.

In the fall of 1997, kindergarten staff from eight participating schools spent 30 minutes with each incoming child and 30 minutes with their parents during the first week of school. During the summer, all participating staff were trained in the administration of the assessment instruments and questionnaires. Bilingual support teams assisted teachers with children and parents who had language difficulties. Each participating school received profiles of the children and families entering their school. They also had the opportunity to talk to other schools about strategies that promote a smooth transition to school for children and families. The total cost of the study, including planning



and implementation, was \$87,000. The final sample included 413 children and families from 8 schools.

Project results were summarized in a report entitled, *Establishing a Baseline for School Readiness of Washington County Children entering Kindergarten* (1998). The research found that Washington County children were generally within national norms on measures of physical, cognitive, and social-emotional development. However, children were well below national averages on emerging literacy development, reportedly due to family reading and television viewing practices. This study also identified large numbers of children with developmental deficiencies who were not receiving early intervention services. Although most families reported having their needs met, some lack access to vision and dental care, parent education, and mental health, substance abuse, and domestic violence services. The Commission has established a series of recommended policies to address these needs. Each of the participating schools was provided with a profile of their kindergartens, and several have begun to implement changes as a result. Future collection of this kind of readiness data will provide policy makers and schools with measures of the impact of these types of changes.

### **Benefits of Comprehensive Kindergarten Assessment**

The Washington County effort presents an effective model of what could be done in Multnomah County at relatively low cost. Such a comprehensive assessment of kindergarten children in Multnomah County would produce important benefits in a number of areas.

- ✓ Improved accountability *Provide the Progress Board and other community partners with regular benchmark data on each of the dimensions of school readiness, by which to gauge the benefits of investments in early childhood programs and services.*
- ✓ Data for identifying resource needs *Assessment data will provide schools, service providers, and policy makers with data to use to advocate for needed resources.*
- ✓ Services for children who need them *While assessments alone will not guarantee that children who need services will receive them, they will make it more likely. Linking children with special needs to services in kindergarten will provide more continuity between services for pre-K and school-aged children.*
- ✓ Strengthen ties between schools and families *The assessment process would provide an opportunity for parents and teachers to discuss each child and their needs at school entry.*
- ✓ Improve the overall "readiness" of our schools *The assessment process would better equip the schools to plan for and deal with the needs of entering children early.*

## Ready Schools

No matter how well prepared children are when they enter kindergarten, it is ultimately the schools that are responsible for translating school readiness into enduring school success. In order to be successful, schools too must be "ready" for the youngest children who come to their doors. A resource group to the National Educational Goals Panel recently identified 10 key elements for success.

### Elements of Ready Schools:

1. *Ready schools smooth the transition between home and school.*
2. *Ready schools create continuity between early care and education and elementary schools.*
3. *Ready schools help children learn and make sense of their complex world.*
4. *Ready schools are committed to the success of every child.*
5. *Ready schools are committed to every teacher and adult who interacts with students.*
6. *Ready schools introduce or expand programs shown to raise achievement.*
7. *Ready schools are "learning organizations" that alter programs/practices that do not benefit children.*
8. *Ready schools serve children in communities.*
9. *Ready schools take responsibility for results.*
10. *Ready schools have strong leadership.*

For decades, the public schools in Multnomah County have been recognized as the some of best in the country. And as many urban school systems have seen parents move to the suburbs or choose private and parochial schools, Portland remains one of the last great urban school systems. But the shift from local to state funding for schools has strained budgets for many schools in our community, and the Portland schools have been hit especially hard. In the face of diminishing resources, accountability within the schools is being pushed to new heights through school reform, where again our community is seen as a national leader. Our schools will soon be accountable for bringing 3<sup>rd</sup> graders up to State standards. This will provide our schools with additional incentives for becoming "Ready Schools."

For many children and their parents the transition to school is a stressful one. Most of the elementary schools in our communities offer some orientation and opportunity for parents to talk to teachers at kindergarten "Round up" in the spring. But, after dropping their child off on the first day of school, parents do not generally have an opportunity to talk directly with the teacher until conferences in the late fall. Many schools have found that home visits by teachers or principals before children enter school have a substantial impact on how children adjust. A national study found that only 20% of the nation's school districts offer transition activities. (Love et al, 1992)

Transition may be especially important for families whose children have participated in Head Start if the benefits of these programs are to be sustained into school.

Continuity between the child's early education and kindergarten experience is also critical. From the recent survey of kindergarten teachers we know that 57% of the kindergartners in Multnomah County attended pre-school. Many pre-school teachers provide detailed assessments of the developmental progress for parents to provide to elementary schools, but these assessments are not often used for this purpose. A national survey found that only 10% of the

schools reported systematic communication between kindergarten teachers and previous teachers or caregivers (Love et al, 1992). None of the school districts in Multnomah County make an automated record of children's pre-school experience as part of the student record, and most do not have a mechanism for incorporating this information into program planning. Part of the reluctance on the part of teachers to use this type of information comes out of the institutional commitment to equity.

### **Need to screen children immediately for ESL and Title I services**

There is a growing need for language assistance for children entering the public schools whose native language is not English. Data from the American Community Survey indicates that about 16% of the children under 5 in Multnomah County live in families whose primary language is not English. In most schools in Multnomah County, children are not screened for English as a Second Language until the spring of the kindergarten year. Most do not get referred into these services until the first grade. This is because until quite recently, the Portland Public Schools were only funded by the State to provide ESL services for children beginning in the first grade. Next year, based on a new policy decision at the State level, all of the school districts in the County will receive funding to begin providing services in kindergarten. Some researchers stress that early ESL programs need to be careful of displacing children's native language skills so that they become alienated from their parents (Wong-Fillmore, 1992). While these cautions are in order, the cost-effectiveness of beginning ESL programs early is strongly supported by the brain development research.

Similarly, children are not generally enrolled in Title I services until the first grade. For those children who have been in special programs and services before entering school, this creates a real gap in services and likely loss in benefits. For those who have not been receiving

special services, this deferral of a year in providing services has significant disadvantages.

### **Next Steps**

The goal of implementing a comprehensive assessment of kindergartners in Multnomah County is an ambitious one, given the number of children, teachers, schools and school districts in the County. The Progress Board would need the support of other community partners including the Commission on Children and Families, the Leader's Roundtable, and especially the school districts. The planning for developing an assessment process would probably take up to a year with a possible implementation date of September, 1999. This would be quite timely given the national goal that all children start school ready to learn by 2000.

Given all of the administrative work, the project would probably require a full-time staff person. The staffing of the planning group could be handled in a number of ways. One of the prominent agencies involved could "loan" a staff person to the effort. Alternatively, all of the agencies involved could contribute toward the cost of hiring an outside consultant with expertise in this area.

The planning team would need to address a number of issues including selection of assessment instrument and training of teachers and school staff in their use. The group would also need to determine whether the assessment would be administered universally or on a sample basis.

# APPENDIX A

## Kindergarten Teacher Survey on School Readiness

This is a survey about current kindergarten children and their developmental readiness for school. The ODE is providing this survey in conjunction with its Fall Report to learn more about Oregon's children. This information will assist policy makers to plan strategies that will increase the proportion of Oregon children who enter school "ready to learn."

Survey questions have been selected from characteristics rated by kindergarten teachers in a national survey as essential to school readiness. The survey is in no way intended to categorize, stigmatize or be used as a screening device for school entry. We recognize that children's early learning is highly episodic and that we will not capture the developmental subtleties of each child. However, the survey will provide an overview of kindergarten teachers' perceptions about the readiness of Oregon children to succeed in school. In addition to physical well being, five developmental dimensions need to be addressed in any attempt to gauge young children's readiness for school:

- *Physical well being:* indicators include children who appear healthy, rested, well nourished, and who are immunized.
- *Language usage:* indicators include children who readily communicate needs, wants and thoughts (in their primary language), who can initiate and sustain conversations, and who can tell about a picture when looking at it.
- *Approaches toward learning:* indicators include children who are enthusiastic and interested in different things, who are curious; and have confidence that they will succeed and that adults will be helpful.
- *Cognition and general knowledge:* indicators include children who can follow directions, who can solve problems in every day life, and who have a basic fund of knowledge.
- *Motor development:* indicators include children who have age-appropriate fine motor skills such as using pencils or paint brushes and large motor skills, such as skipping or balancing on a beam.
- *Social and emotional development:* indicators include children who can sit still and not be disruptive of class, have no trouble taking turns and sharing; and who are able to form and maintain friendships.

Only one characteristic has been selected for each dimension to make completion of the survey less time-consuming.

### Survey directions:

- Put your class roster on the survey worksheet. Copy worksheet if necessary to list all the children. If you teach both AM and PM kindergarten, complete the survey for your AM class only if your last name begins with a letter from A-K; for your PM class only if your last name begins with a letter from L-Z.
- Answer the questions for each child in your classroom. A V answer indicates the child meets the indicator.
- Total the V answers for each question at the bottom of the page. Then total the V answers for each child across the page.

Cut out or delete student names before returning the worksheet.

OREGON PROGRESS BOARD AND  
OREGON DEPARTMENT OF EDUCATION  
KINDERGARTEN TEACHER SURVEY ON SCHOOL READINESS

Please tell us about your class by answering the questions below:

1. This survey is being completed for a \_\_\_\_\_ AM Only \_\_\_\_\_ PM Only \_\_\_\_\_ Everyday \_\_\_\_\_ Alternate  
kindergarten class held: \_\_\_\_\_ Full Day \_\_\_\_\_ Full Day
2. Total number of children in this class whose native language is not English, and who do not speak English well or at all. \_\_\_\_\_
3. Total number of children in this class on IEPs, or who are known to be in Early Intervention or Early Childhood Special Education. \_\_\_\_\_
4. In your opinion, how does the readiness of your students compare to five years ago?  
4a. \_\_\_\_\_ Fewer Ready to Participate Successfully  
4b. \_\_\_\_\_ About the Same  
4c. \_\_\_\_\_ More Ready to Participate Successfully
5. Please rank the following seven readiness indicators, as you see them, from most to least important using a rank of 1 for most important and 7 for least important.  
5a. \_\_\_\_\_ Physically healthy, rested, and well nourished.  
5b. \_\_\_\_\_ Communicates needs, wants, and thoughts verbally (in child's primary language).  
5c. \_\_\_\_\_ Enthusiastic and curious in approaching new activities.  
5d. \_\_\_\_\_ Can follow directions.  
5e. \_\_\_\_\_ Able to use pencils or paint brushes.  
5f. \_\_\_\_\_ Can sit still and not be disruptive of class.  
5g. \_\_\_\_\_ Able to take turns and share.
6. Please tell us about your teaching experience and training. Check all that apply.  
\_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Master's Degree  
\_\_\_\_\_ Elementary Training \_\_\_\_\_ Early Childhood Training
7. \_\_\_\_\_ Your number of years teaching experience
8. \_\_\_\_\_ Your number of years of teaching kindergarten
9. \_\_\_\_\_

Comments:

Please return this survey by November 1, 1997, to the Oregon Department of Education, 255 Capitol St. NE, Salem, OR 97310-0203, Attention: Readiness Survey. If you have questions about this survey, please contact Kayla Barstad, Early Childhood Program secretary, 503 378-5585, ext. 670.

- Adapted from The Kindergarten Teacher Survey on School Readiness, a component of the 1993 National Household Education Survey. US Department of Education

# Oregon Survey of Kindergarten Teachers Worksheet

School District  
 School  
 Teacher

Do not share personally identifiable information with any other person. Cut or delete names before returning this worksheet to ODE.

		Physical Well being	Language Usage	Approaches To Learning	Cognition General Knowledge	Motor development	Social Emotional Development		Totals	
Class Roster As of October 1, 1997 ✓	Sex M/F	A. Physically Healthy, Rested, and Well Nourished ✓	B. Communicates needs, wants, and thoughts verbally (in child's primary language) ✓	C. Enthusiastic and curious in approaching new activities ✓	D. Can follow directions ✓	E. Able to use pencils or paint brushes ✓	F. Can sit still and not be disruptive of class ✓	G. Able to take turns and share ✓	H. Total Number of Answers A-G ✓	I. Attended Formal Preschool ✓
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
Total of ✓ Answers this page										
Cut Out Or Delete Names Before Returning Worksheet										

School  
Teacher

		Physical Well being	Language Usage	Approaches To Learning	Cognition General Knowledge	Motor development	Social Emotional Development		Totals	
Class Roster As of October 1, 1997 ✓	Sex M/F	A. Physically Healthy, Rested, and Well Nourished ✓	B. Communicates needs, Wants, and Thoughts Verbally (in Child's Primary Language) ✓	C. Enthusiastic and Curious in Approaching new Activities ✓	D. Can follow Directions ✓	E. Able to use pencils or paint brushes ✓	F. Can sit still and not be disruptive of class ✓	G. Able to take turns and share ✓	H. Total Number of Answers A-G ✓	I. Attended Formal Preschool ✓
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
Grand Total of ✓ Answers (includes total from page 1)										
Cut Out Or Delete Names Before Returning Worksheet										

## **APPENDIX B:**

### **Early Childhood Resources and Web Pages**

#### **America Goes Back to School-A Place for Families and the Community**

This U.S. Department of Education initiative promotes family and community participation in improving U.S. schools.

<http://www.ed.gov/Family/agbts/>

#### **Birth to Three**

Birth to Three is nationally recognized as a pioneering parent education and support organization. It was established in 1978 to strengthen families and promote positive attitudes about parenting. Its web site tells about its programs and services, such as the Parent Resource Telephone, the Infant Program, the Toddler Series, the Teenaged Parents Program, Crecer...to grow up (Curriculum in Spanish), Welcome Baby, and the Parent Resource Room. This web site also gives details about Make Parenting A Pleasure, their curriculum for families with children birth to age five; tells about the authors; and provides an opportunity to order the package.

<http://efn.org/~birthto3>

#### **Bridges Between Home and School: Literacy Building Activities for Non Native English Speaking Homes**

Effective strategies and activities for promoting literacy in the home. 1994.

<http://www.ncbe.gwu.edu/miscpubs/jeilms/vol14/>

#### **The Carnegie Foundation**

The Carnegie Foundation is an independent national and international policy and research center, dedicated to strengthening schools and colleges in America and other countries. The Foundation's mission is to offer guidance and support to educational policy and practice by devoting attention to projects with a focus on teaching and learning, and by sustaining commitment to higher education while treating all of education as their field of interest.

<http://www.carnegiefoundation.org/message.html>

#### **Center for Career Development in Early Care and Education, Wheelock College**

The Center for Career Development in Early Care and Education strives to improve the quality of care and education for young children by creating viable career development systems for practitioners. The multi-faceted activities of The Center are designed to help states and localities bring about systemic change to replace the fragmented system of training that now exists. The Center is the vehicle through which Wheelock, in partnership with other national organizations and government policymakers, stimulates and further develops the concept of a dynamic career development system.

<http://ericps.crc.uiuc.edu/ccdece/ccdece.html>

#### **Center for the Future of Children**



The Center for the Future of Children, established in 1989, seeks ways to protect, nurture, and improve the lives of children. The primary purpose of the organization is to disseminate timely information on major issues related to children's well being, with special emphasis on providing objective analysis and evaluation, translating existing knowledge into effective programs and policies, and promoting constructive institutional change.

<http://www.futureofchildren.org/about.htm>

### **Child Care Action Campaign (CCAC)**

The Child Care Action Campaign is a national advocacy organization that works to stimulate and support the development of policies and programs that increase the availability of quality affordable child care. Current program include: Child Care and Education: Forging the Link, the Family Support Watch (to monitor and strengthen the child care provisions of welfare reform); the strategic Communications Plan for Early Care & Education, financing alternatives and public education.

<http://www.babycenter.com/refcap/1438.html#0>

### **Child Care Bureau**

The Child Care Bureau is dedicated to enhancing the quality, affordability, and supply of child care available for all families. The Child Care Bureau administers Federal funds to States, Territories, and Tribes to assist low income families in accessing quality child care for children while parents work or participate in education or training.

<http://www.acf.dhhs.gov/programs/ccb/>

### **Child Care Plus+**

This site is dedicated to listing organizational resources including membership groups, advocacy organizations and researchers. Many of the organizations also have Home Pages, which are linked. In some cases, more detailed information is provided about an organization, which can be retrieved by clicking on the highlighted name of that organization.

<http://www.childcare-plus.com/public/links/organization.html>

### **Child Trends**

Child Trends, Inc. is a nonprofit, nonpartisan research organization dedicated to studying Children, youth, and families through research, data collection, and data analyses. Child Trends conducts basic research and evaluation studies in several critical areas, including teenage pregnancy and childbearing, effects of welfare and poverty on children, and issues related to parenting, family structure, and family processes, including fatherhood and male fertility.

<http://www.childtrends.org/backpurp.htm>

### **Children's Defense Fund**

The Children's Defense Fund (CDF) is a non-profit research and advocacy organization that exists to provide a strong and effective voice for children of America who cannot vote, lobby or speak out for themselves. The Children's Defense Fund pays particular attention to the needs of poor, minority, and disabled children. The CDF's goal is to educate the nation about the needs of children and encourage investment in children before they get sick, drop out of school, suffer damage breakdown, or get into trouble.

<http://www.childrensdefense.org>

### **Council of Chief State School Officers**

The Council of Chief State School Officers (CCSSO) is a nationwide, non-profit organization composed of officials who head the departments of elementary and secondary education in the states, U.S. extra-state jurisdictions, the District of Columbia and the Department of Defense Dependents Schools. The Council's members develop policy and consensus on major education issues, which the Council advocates before the President, federal agencies, the Congress, professional and civic associations and the public. With the support of foundations and federal agencies, the Council undertakes projects that assist states with new policy and administrative initiatives and assist the federal agencies and foundations in implementing their programs. During the past eight years, the Council has adopted major policy statements around the theme "Education Success for All".

<http://www.ccsso.org>

### **Critical Issues in Parent and Family Involvement**

This resource from Pathways to School Improvement contains practical, action-oriented summaries of best practice and research, descriptions of schools that have successfully addressed the issue, and collections of materials to support change. It contains two articles: Supporting Ways Parents and Families Can Become Involved in Schools and Creating the School Climate and Structures to Support Parent and Family Involvement with a third article, Constructing School Partnership with Families and Community Groups, in construction.

<http://www.ncrel.org/sdrs/areas/pa0cont.htm>

### **The Early Childhood Research Institute on Service Utilization (ECRI:SU)**

The Early Childhood Research Institute: Service Utilization was established in 1992 to undertake a five-year study to examine and understand the inter-relationships among education, health care, and family support programs in communities, and how and why these resources are used by families with young children. This study was initiated as communities responded to Part H of IDEA (Individuals with Disabilities Act)-which prompts the creation of a comprehensive, integrated system of care for young children with disabilities as well as those at substantial risk for poor health and educational outcomes-by crafting policies for children with disabilities from birth through age five and their families. Their web site discusses the purpose of the study, the research questions, as well as the research design. It links to other ECRI:SU publications and to other related sites and points of interest.

<http://www.unc.edu/depts/ecri>

### **Early Childhood Training Center**

The Early Childhood Training Center at Portland State University provides training and technical assistance to programs serving children birth to 8 and their families. It has links to many other useful web sites.

<http://extended.pdx.edu/ectc.htm>

### **Education Week on the Web**

"Education on the Web" is designed for those interested in education reform, schools, and the policies that guide them. From the home page it is possible to view the current issue of Education Week, retrieve past issues and articles, preview the Teacher's Magazine, get information from

Daily News and current Special Reports. The site offers educational resources such as links to other internet sites, lists of educational books and videos, and special reports.

<http://www.edweek.org>

### **Education Week Issues Page: Community Partnerships and Parent Involvement**

This page includes a background essay, definitions of related educational terms, links to relevant Education Week articles, an annotated list of pertinent web sites, selected background readings, and a hyperlinked roster of related organizations.

<http://www.edweek.org/context/topics/communit.htm>

### **ERIC/EECE**

The Educational Resources Information Center's Clearinghouse on Elementary and Early Childhood Education collect and disseminates research, literature, fact sheets and briefing papers on the physical, cognitive, social, educational and cultural development from birth through early adolescence. Included in the collection is information on prenatal development, parenting and family relationships, learning theory research and practice, teaching and learning and theoretical and philosophical issues pertaining to children's development and education.

<http://ericps.crc.uiuc.edu/ericeece.html>

### **Families and Work Institute**

Families and Work Institute is a non-profit organization that addresses the changing nature of work and family life. The Institute is committed to finding research-based strategies that foster mutually supportive connections among workplaces, families, and communities.

<http://www.familiesandworkinst.org/>

### **Family Involvement Partnership for Learning**

These brochures provide information on how communities, schools, parents, families, and business can work together to improve education.

<http://www.ed.gov/Family/brochures.html>

### **Federal Interagency Forum on Child and Family Statistics**

The Forum has participants from across government as well as partners in private research organizations to foster coordination, collaboration, and integration of collection and reporting of Federal data on child and family issues and conditions.

<http://childstats.gov/whatisit.htm>

### **Federal Resources for Educational Excellence (FREE)**

The site offers a wide variety of teaching and learning resources including historical documents, scientific experiments, mathematical challenges, famous paintings, and other tools for teachers & students. Resources can also be viewed in 12 subject areas.

<http://www.ed.gov/free>

### **Harvard Center for Children's Health**

The Harvard Center for Children's Health was created in 1995 to translate what we "know" about children's health into what we "do" to improve children's health and well being. Over 100 faculty at the graduate schools of Harvard University are conducting research to improve our

understanding of what places children at risk for poor health and development; and what programs and services are effective in preventing these risks.

<http://www.hsph.harvard.edu/children>

**Harvard Family Research Project** - Founded in 1983 by Dr. Heather Weiss, the Harvard Family research Project conducts research about programs and policies that serve children and families throughout the United States. Publishing and disseminating its research widely, HFRP plays a vital role in examining and encouraging programs and policies that enable families and communities to help children reach their potential.

<http://hugsel.harvard.edu/~hfrp/about/history.html>

### **Head Start Bureau**

Website for the national Head Start Bureau is directed to everyone that has an interest in the Head Start Program. It is intended

to improve access to resources and communications within the Head Start community.

<http://www.acf.dhhs.gov/programs/hsb/>

### **High Scope**

High/Scope Educational Research Foundation is an independent nonprofit research, development, training, and public advocacy organization with headquarters in Ypsilanti, Michigan. High/Scope's mission is to improve the life chances of children and youth by promoting high quality educational programs.

<http://www.highscope.org/abomain.htm>

### **I am Your Child**

This is an online center for information about early childhood development and resources for parents and caregivers. I Am Your Child has information on recent brain research and child development.

<http://www.yahoo.com/promotions/yourchild>

### **Kids Count Data Online**

Kids Count, funded by the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual KIDS COUNT Data Book, which uses the best available data to measure the educational, social, economic, and physical well being of children. The Foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children. Trend data for states from 1985-1995 is available on-line. Children First for Oregon is the local Kids Count office. They provide state data and also monitor state and county trends.

<http://www.aecf.org/aekids.htm>

### **Model Strategies in Bilingual Education: Family Literacy and Parent Involvement**

This Department of Education report profiles nine exemplary parent involvement and family literacy programs serving parents of students with limited English proficiency (LEP).

<http://www.ncbe.gwu.edu/miscpubs/used/familylit/>

### **National Association for Family Child Care**

The National Association for Family Child Care (NAFCC) is the national membership organization working with the more than 400 state and local family child care provider associations in the United States. The focus of NAFCC is to promote quality family child care through accreditation and to promote training and leadership development through specialized technical assistance.

<http://www.assoc-mgmt.com/users/nafcc>

### **National Association for the Education of Young Children (NAEYC)**

The National Association for the Education of Young Children is a nonprofit professional organization of more than 90,000 members dedicated to improving the quality of care and education provided to our nation's young children. The primary goals of NAEYC are to improve the professional practice of early childhood education and to build public understanding and support for high quality early childhood programs.

<http://www.naeyc.org/naeyc/>

### **National Black Child Development Institute**

The National Black Child Development Institute (NBCDI) serves as a critical resource for improving the quality of life of African American children, youth, and families through direct services, public education programs, leadership training, and research.

<http://www.nbcdi.org>

### **National Center for Children in Poverty**

Located at Columbia University, the National Center for Children in Poverty encourages interdisciplinary thinking at the national, state, and local levels and emphasizes the needs and opportunities for early intervention with young children (ages birth to 5 years) and their families in poverty, especially in providing comprehensive services and using service integration strategies.

<http://cait.cpmc.columbia.edu/dept/nccp/>

### **National Center for Education Statistics**

The National Center for Education Statistics is the primary federal entity for collecting and analyzing data related to education in the United States and other nations. The Center fulfills a Congressional mandate to collect, collate, analyze and report complete statistics on the condition of American education; conduct and publish reports; and review and report on education activities internationally.

<http://nces.ed.gov/whystats.html>

### **National Child Care Association**

The National Child Care Association (NCCA) is a professional trade association representing the private, licensed early childhood care and education community. NCCA has a dual advocacy for quality, affordable child care as well as the business of child care.

E-mail: [nccallw@mindspring.com](mailto:nccallw@mindspring.com)

### **National Child Care Information Center**

The National Child Care Information Center is an Adjunct ERIC Clearinghouse for Child Care. It has been established to complement, enhance and promote child care linkages and to serve as a mechanism for supporting quality, comprehensive services for children and families.

<http://www.nccic.org>

### **National Early Childhood Technical Assistance System (NEC\*TAS)**

NEC\*TAS makes available responsive and comprehensive early developmental, health, and social services to all young children with disabilities and other special needs and their families. NEC\*TAS provides effective and ongoing technical assistance, support, and information services.

<http://www.nectas.unc.edu/>

### **National Educational Goals Panel**

The National Education Goals Panel is a unique bipartisan body of federal and state officials created in July 1990 to monitor, assess, and report annually on state and national progress toward achieving the National Education Goals. The National Education Goals create clear, concise targets for educational improvement relevant to all Americans from early childhood through adulthood.

<http://www.negp.gov/webpg30.htm>

### **National Network for Child Care (NNCC)**

The mission of the NNCC is to strengthen child care by linking the education, technology, and research resources of 105 Land Grant Universities and their 3,150 county Cooperative Extension System programs. This web site includes information on Child Development; Quality Child Care; School-Age Care; Health and Safety; Child Abuse; Nutrition; Guidance & Discipline; Parents; Disability; Diversity; Children's Books; Community Involvement; Welfare Reform; Work & Family; plus many other topics relevant to child care.

<http://www.exnet.iastate.edu/pages/families/nncc>

### **National Parent Information Network**

This is a gold mine of annotated, categorized information, culled from the massive repository of ERIC, the federally funded Educational Resource Information Center. The NPIN offers news, book reviews, a Parents AskERIC feature, discussions and so on. Emphasis is on professional as well as parental aspects of child development. It contains links to other parent resources.

<http://www.ericece.org/>

### **National Resource Center for Health and Safety in Child Care (NRC)**

The standard resource for information concerning this subject is the National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs (also known as Caring for Our Children), published in 1992. The guidelines were developed through the collaborative efforts of the American Public Health Association, the American Academy of Pediatrics, and the Maternal and Child Health Bureau. The entire text of this publication is available on this Web site. This Web site is also a good search engine by subject and lots of informational links for care providers.

<http://nrc.uchse.edu>

### **Northwest Regional Assistance Center's Parent Involvement Link**

This web site links you to sites concerned with a child's education and the ways parents can be involved.

<http://www.nwrac.org/links/involve.html>

### **Oregon Parent Information Resource Center**

Oregon's Parent Information and Resource Center (PIRC), housed in the Child and Family Program of the Northwest Regional Educational Laboratory, maintains an information and resource database for parents and service providers.

<http://www.nwrel.org/pirc/resource/index.html>

### **Oregon State Learning Disabilities Resources**

LD On-Line is an interactive guide to resources for children with learning disabilities.

Information on where to find help is provided, along with a list of government agencies and local organizations that serve the families of children who have learning disabilities.

[http://www.idonline.org/finding\\_help/local\\_org/oregon.html](http://www.idonline.org/finding_help/local_org/oregon.html)

### **Parent's as Teachers (PAT) National Center**

PAT is an early childhood family education and support program, based on the home instruction model. Information on the program is available for parents as well as for professional including information on conferences and training, components of the PAT program, and evaluation.

<http://www.patnc.org/>

### **ParentPartners**

ParentPartners is a comprehensive resource to enhance your child's development from prenatal to age 5- what to look for, what to do, and what's unique about your child. Parents receive a free development profile of their child across the multiple intelligences (language, social logic & numbers, and more).

<http://www.parentpartners.com>

### **Partnership for Family Involvement in Education (PFIE)**

This Department of Education site offers helpful resources for promoting children's learning through the development of family-school-community partnerships.

<http://www.ed.gov/PFIE>

### **School of the 21<sup>st</sup> Century**

The School of the 21<sup>st</sup> Century (21C) program was developed and is administered by the Bush Center on Child Development and Social Policy at Yale University. It has grown steadily during the past ten years as more and more schools have responded to families' need for high quality child care and other support services. With technical assistance and training provided to educators by the Yale Bush Center, 21C training provided to educators by the Yale Bush Center, 21C has been implemented in close to 600 schools in 18 states. 21C is now at an important juncture in its development as interest in the program is increasing more rapidly than ever before.

<http://www.yale.edu/bushcenter/21C/network/network.html>

### **Strong Families, Strong Schools**

This Website provides a review of the key research findings on family involvement in learning, examples of family involvement that work, and concrete ways in which different participants can help achieve success. Written by Jennifer Ballen and Oliver Moles, for the national family initiative of the U.S. Department of Education.

<http://eric-web.tc.columbia.edu/families/strong/>

### **The Perpetual Preschool**

This site was created to celebrate the creativity and dedication of all those who contribute to the perpetual education of young children. While visiting, hands-on participation is encouraged! Feel free to explore all of the areas in the preschool. Please add to this site by sharing your wonderful ideas for working with young children. With your help and knowledge, The Perpetual Preschool can become an invaluable asset to Early Childhood Educators across the world!

<http://www.perpetualpreschool.com/>

### **USDA Children's Nutrition Research Center (CNRC)**

Located in Texas Medical Center, the Children's Nutrition Research Center is a unique U.S. Department of Agriculture/Agricultural Research Service research facility operated by Baylor College of Medicine in cooperation with Texas Children's Hospital. The CNRC is one of six USDA/ARS human nutrition research centers and is dedicated to defining the nutrient needs of healthy children, from conception through adolescence, and pregnant and nursing women.

<http://www.bcm.tmc.edu/cnrc/cnrc-mission.html>

### **Women's Bureau, U.S. Department of Labor**

The Work and Family Clearinghouse of the U.S. Department of Labor Women's Bureau provides statistical information on the status of women in the work force. The Clearinghouse also conducts seminars and workshops on issues relating to women, such as non-traditional jobs, work and family issues, child and dependent care, women business owners, and women's job rights.

<http://www.dol.gov/dol/wb>

### **Zero to Three**

Zero To Three, formerly the National Center for Clinical Infant Programs, is the only national organization dedicated solely to infants, toddlers and their families. Directed by a large Board of nationally-recognized experts in a wide range of disciplines, Zero To Three both gathers and disseminates information through its publications, its journal (Zero To Three), the annual National Training Institute, its Fellowship Program, specialized training opportunities, and technical assistance to communities, states and the federal government.

<http://www.zerotothree.org/>



## **APPENDIX C:**

### **Persons Interviewed during Project**

Adams, Gina	Children's Defense Fund
Amo, Chris	Kindergarten Teacher, Irvington Elementary
Bagley, Rochelle	Department of Education, Child Care Food Program
Bartholomew, Ellen	County Health Department WIC program
Bergin, Linda	Oregon Child Care Division
Bon-Figlio, Ruth	Kindergarten Teacher, King Elementary
Bowe, Debra	Clatsop Commission on Children and Families
Brady, Barbara	Community and Family Services Early Childhood Mental Health
Brann, Edward	National Center for Disease Control
Burk, Pat	Deputy Superintendent, Portland Public Schools
Campbell, Lorena	East County Caring Community
Chaille, Christine	Early Childhood Education, Portland State University
Clay, Jim	Multnomah Commission on Children and Families
Cohen, Diane	Insights Teen Parent Program
Cole, Carol	Health Department, Field Services Program
Crum, Linda	Department of Education, Oregon Pre-K Program
Dark, Lawrence	CEO, Urban League
Dengler, Donna	Multnomah County Library, Early Childhood Program
Duncan, Lorraine	State Health Division Immunization Program
Drews, Paul	Local Office of Services for Children and Families
Efanson, Terry	Northwest Educational Regional Laboratory
Emlen, Art	Regional Research Institute
Empey, Gordon	Health Department, Dental Services
Fisher, Sonya	Community and Family Services
Ford, Carol	Multnomah County Chair's Office
Ford, Sue	Portland Adult and Family Services Office
Frost, Mary	Washington State Early Childhood Education and Assistance
Gorten, Karen	Metro Child Care Resource and Referral
Herndon, Ron	Albina Head Start

Hillman, Peggy	County Health Department, Immunization Program
Hunt, Tanya	Children First for Oregon
Hyde, Hillary	Multnomah ESD Early Intervention and Special Ed
Jambor, Nancy	METRO Child Care Resource and Referral
Johnson, Christopher	County Health Department, Lead Reduction Program
Karr-Morse, Robin	Early Childhood Counselor
Knox, Lynn	City of Portland's Bureau of Housing and Community Development
Li, Mary	Community and Family Services
Lowrey, Lisa	Albina Head Start
Maloney, Dennis	Principal, King Elementary
Maxwell, Heidi	Portland Public Schools ESL program
McCluskey, Sharon	Early Childhood Education, Portland Community College
McDougal, Mary	Portland Public Schools Head Start Program
McLanahan, Anita	Department of Education Early Childhood Programs
Mertz, Mary	Portland Public Schools Early Intervention
Michael, Mary	Portland Public Schools Early Entry Screening
Mitchell, Stephanie	Portland Public Schools Evaluation and Research
Moilanen, Carolyn	Portland Public Schools Title I program
Morgaine, Carol	Portland State University Child and Family Studies Program
Olson, Tom	Oregon Child Care Division
Ortloff, Michaelanne	Portland Public Schools Early Literacy program
Oser, Cindy	Ohio Department of Health Early Intervention Program
Oxman, Gary	Multnomah County Health Officer
Ozretich, Rachel	Family Studies Center, Oregon State University
Peterson, Debbie Kay	Minnesota Department of Children, Families, and Learning
Peterson, Jan	Multnomah County Community and Family Services DD
Rawls, Julie	Parent of child in Early Intervention
Robinson, Keith	Superintendent, Centennial School District
Saling, Susan	Title I
Samolinski, Peggy	Community and Family Services
Schweinhart, Lawrence	High/Scope Educational Research Foundation
Severide, Rebecca	Early Childhood Consultant
Shadbolt, Larry	Adult and Family Services

Silverman, Wanda	SKIP Children's Health Screening Project
Smith, Cornetta	Albina Ministerial Alliance
Spaeth, Tim	Northwest Regional Educational Laboratory
Tebbin, Chris	Commission on Children and Families
Thompson, Maxine	Leader's Roundtable
Tryens, Jeff	Oregon Progress Board
Turner, Carol	Mayor's Educational Liaison
Van Cleave, Mary	Former Principal, Kelly Elementary
Wagner, Jean	Mt. Hood Head Start
Wells, Cynthia	Early Head Start of Portland
Wertz, Emily	National Educational Goals Panel
Willet, Wendy	Oregon Commission for Childcare
Wilson, Edith	Portland Public Schools Assistant Superintendent
Woods, Cindy	Kindergarten Teacher, King Elementary
Woods, Roberta	Oregon Child Development Fund
Woods, Wendy	Oregon Child Care Division
Zander, Peg	Portland Park Bureau, Community Schools

## APPENDIX D:

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## **APPENDIX E:**

### **Program Descriptions of Comprehensive Interventions**

#### **◆ *Perry Preschool Project***

This project was conducted between 1962 and 1967. The program provided a half-day preschool experience for two years to about 123 three and four year old African-American children in Ypsilanti, Michigan. Teachers also made weekly 90 minute home visits to each mother and child. The program has been evaluated extensively, with impressive long-term results.

#### **◆ *Project Head Start***

This federally funded program is the largest and most well known early intervention program. It was designed and implemented in 1965 by child development experts Julius Richmond and Edward Zigler. The program provides comprehensive social, health, and educational services to disadvantaged pre-school children with the goal of increasing social competency. In an effort to "go to scale" nationally, Head Start has sacrificed many of the elements of program quality in many of the smaller experimental programs for young children. Evaluation results have generally been weaker than those demonstrated by other programs.

#### **◆ *Chicago Child-Parent Centers (CPC)***

These Centers operated between 1965 and 1977. The program provided preschool classes and enriched kindergarten and first grade classes, with considerable parent support and involvement. The project was primarily an educational intervention designed to promote reading and language skills among low income, African American children. The project was designed to test the effectiveness of different duration's of service and generally found that achievement improvements were most pronounced when the preschool intervention was continued into the early grades.

#### **◆ *Houston Parent-Child Development Center (PCDC)***

The Houston program ran from 1970-1978 serving low-income Hispanic families. Children served ranged from 12 months to 3 years of age. During the first year, mothers were visited twice a month by paraprofessional home visitors. During the second year, mothers and children received center-based services four mornings a week. Mothers attended classes in health and child development, and children were provided with an enriched child care program. Program effects on schol achievement were mixed.

#### **◆ *Syracuse Family Development Research Program (FDRP)***

This program provided education, nutritional, health and safety and human service resources to 108 low-income, primarily African-American families. Service began prenatally and continued until children reached elementary school age. Families were provided with quality center-based child care on a half day basis from birth to 15 months, and full-day from 15 months to 5 years of age. Families also received weekly home visits. Results were similar to those obtained by the Perry Pre-School.



◆ ***Carolina Abecedarian***

The most ambitious and costly of the programs we reviewed, the Abecedarian project (1972-1985) provided full-time center-based services for children from infancy to age 5. The program targeted children of mothers with limited education. A special curriculum was developed to improve children's cognitive development, language, motor and social skills. Parents served on an advisory board and attended periodic meetings, but did not receive services. Significant and enduring program impacts on school achievement were demonstrated.

◆ ***Project CARE***

This program was designed to comparatively assess the benefits of combining center and home-based services vs. home-based services alone. Home visitors provided weekly visits to families in the home-only group. These services were designed to help and encourage parents to meet their own needs for information, support, and resources. Another set of children received full day center-based services and home visits by teachers. Results support the benefits of center-based interventions and center and home-based interventions combined, over home visitation alone.

◆ ***Infant Health and Development Project (IHDP)***

A national project with eight sites, this project targeted low birth weight infants without regard to economic background. The program provided intensive center-based services for children for a three year period. Although large gains across a range of outcomes were demonstrated for children of mothers with less than a high school education, program effects were minimal for children of mothers with a college education.

◆ ***Elmira Visiting Nurse Program***

The Elmira program provided home visits to at risk pregnant women beginning prenatally through the child's 2<sup>nd</sup> birthday. Home visits were conducted by nurses, who provided health education, parenting support, and developmental screenings for children. Program demonstrated impacts on birth outcomes, child abuse, and children's health and development.