

THE FIRST EIGHT YEARS

giving kids a foundation for lifetime success

policy
report

KIDS COUNT



ABOUT THE ANNIE E. CASEY FOUNDATION AND KIDS COUNT

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow.

KIDS COUNT®, a project of 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 initiative develops and distributes reports on key areas of well-being, including the annual *KIDS COUNT Data Book*. The initiative also maintains the KIDS COUNT Data Center (datacenter.kidscount.org), which uses the best available data to measure the educational, social, economic and physical well-being of children. Additionally, the Foundation funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children.

Additional data and copies
of this report can be found at
www.kidscount.org.

THE FIRST EIGHT YEARS

giving kids a foundation for lifetime success

From the moment they are born, young children are ready to learn. Behind a toddler's soft features and halting first steps, an unseen, but extremely high-stakes, activity is taking place — the building of a brain. What happens to children during those critical first years will determine whether their maturing brain has a sturdy foundation or a fragile one. Fortunately, children who do not receive the stimulation and care they need for healthy growth and development can catch up if they receive appropriate interventions.

Yet, as a nation, we do not invest enough in our children's early years. In fact, federal spending on children is lowest when they are young, even though most brain development occurs during this period. Worse, since 2010, federal spending on children has declined and is projected to continue to decline as a percentage of GDP over the next decade to its lowest point since the Great Depression.¹

Research shows that every dollar invested in high-quality early childhood education produces a 7 to 10 percent annual return on investment. As Nobel Prize-winning economist James Heckman points out, the longer society waits to

intervene in children's lives, the more costly and difficult it becomes to make up for early setbacks — both for the struggling child and for the nation as a whole.²

Investing in the first eight years is critical for children to succeed, both in school and in life. As documented in the Foundation's 2010 report, *Early Warning: Why Reading by the End of Third Grade Matters*, children who are not proficient in reading by the end of third grade are likely to feel alienated from school, and the consequences stretch well into adulthood.³ In contrast, children who read proficiently by the end of third grade are far more likely to graduate from high school and have successful careers. However, 68 percent of U.S. fourth graders and 82 percent of low-income fourth graders do not meet that standard, according to national reading assessment data, a problem that the Campaign for Grade-Level Reading is working to address.⁴ The challenges are greater for children of color, those with disabilities and dual-language learners. For black, Hispanic and American Indian children, more than 80 percent in each of these groups are not proficient readers. Furthermore, close to 90 percent of low-income



children of color do not achieve this standard for reading, and nearly as many do not perform proficiently in math.

Transitioning effectively into elementary school depends largely on a child's development across critical areas of well-being. Yet, a new analysis shows that by age 8, most children in the United States are not on track in cognitive knowledge and skills, and many lag in the areas of social and emotional growth, physical well-being and engagement in school (see Figure 1).⁵ According to this analysis, just 19 percent of 8-year-olds in families with incomes below 200 percent of the poverty level and 50 percent of those in families with incomes above that level have age-appropriate cognitive skills. The picture is particularly troubling for children of color: Only 14 percent of black and 19 percent of Hispanic children have age-appropriate cognitive skills. Hispanic children lag behind white children in school engagement and physical health, while black children trail all racial and ethnic groups on most measures.

Parents are both the most important adults in a young child's life and the biggest contributors to their future success. But some parents find it difficult to provide adequate care because of the stresses of poverty and other barriers. This policy report makes the case for an integrated and comprehensive system of services that meets the needs of all children from birth through age 8, as well as their families. To be effective, this early childhood system should embrace a variety

of evidence-based programs with proven records of supporting families and helping young children succeed.

One or two programs working in isolation from each other, no matter how well-intentioned, will not provide most children with the assistance they need to meet all of the milestones of child development. However, ample evidence suggests that by integrating proven programs and services, outcomes improve dramatically.

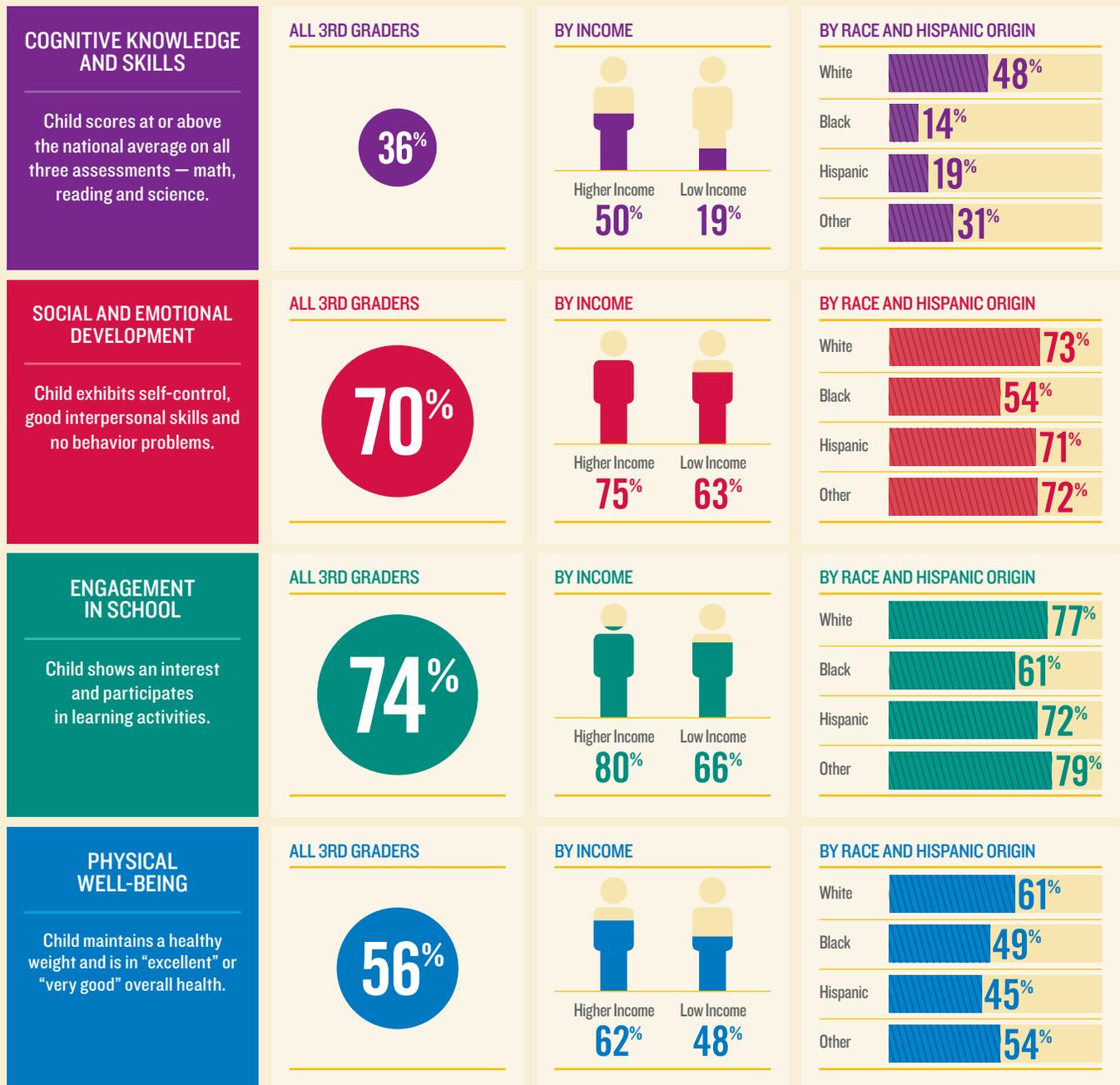
Beyond our shared moral duty to protect children, there are pragmatic reasons for implementing an integrated early childhood system that sets all young children on a path toward successful adulthood. Today, employers are struggling to find enough skilled workers. In the next decade, the demand for workers with a postsecondary credential or degree is expected to outpace the supply significantly.⁶ Furthermore, as the elderly population grows, the country faces the prospect of relying on a smaller workforce to pay for public-sector programs. A productive workforce is critical to generating the resources to support a growing population of retirees and the future success of our economy. High-quality early care and education play an important role in preparing children for success and lead to higher levels of educational attainment, career advancement and earnings. Our children are undeniably a key resource in building an economically strong future.

Addressing cognitive deficiencies alone, however, will not get those children who

FIGURE 1

Percentage of 3rd Graders Who Are on Track in Each Developmental Area by Income and Race

In order to be successful in school and in life, children must meet milestones in a range of developmental areas. But a new analysis shows that by age 8, most children in the United States are not on track in cognitive knowledge and skills, and many lag in the areas of social and emotional growth, physical well-being and engagement in school.



SOURCE Child Trends' analysis of 1998–99 ECLS-K, third grade results.

NOTE Low-income households reflect those with incomes below 200 percent of the federal poverty threshold at the time of the survey. In 2001, 200 percent of the federal poverty threshold was \$35,920 for a family of two adults and two children. Higher-income households reflect those at or above 200 percent of the federal poverty threshold. Measures of social and emotional development and engagement in school reflect teacher-reported data. Physical well-being measures reflect direct assessments and parent-reported data.

TABLE I

Young Children Living in Low-Income Households: 2012

For our nation to succeed, it's critical that we address the barriers to success for the 17 million young children who are considered low income. The likelihood that a young child will live in a low-income family varies dramatically by state, from a high of 63 percent in Mississippi, to a low of 32 percent in Massachusetts.

State	Population of Children Birth to 8	Children Birth to 8 Living in Low-Income Households		State	Population of Children Birth to 8	Children Birth to 8 Living in Low-Income Households	
	Number	Number	Percent		Number	Number	Percent
United States	36,410,943	17,215,000	48	Missouri	693,028	334,000	50
Alabama	550,716	298,000	55	Montana	110,841	55,000	51
Alaska	96,205	37,000	39	Nebraska	238,038	103,000	44
Arizona	806,712	433,000	55	Nevada	332,268	180,000	55
Arkansas	354,549	204,000	58	New Hampshire	125,148	41,000	33
California	4,583,154	2,209,000	49	New Jersey	975,569	328,000	34
Colorado	621,253	259,000	42	New Mexico	259,642	155,000	60
Connecticut	366,895	121,000	33	New York	2,089,940	925,000	45
Delaware	101,962	43,000	44	North Carolina	1,135,163	604,000	54
District of Columbia	62,408	26,000	42	North Dakota	81,364	26,000	33
Florida	1,950,506	1,053,000	54	Ohio	1,283,236	620,000	50
Georgia	1,237,111	668,000	55	Oklahoma	474,944	248,000	53
Hawaii	157,020	60,000	38	Oregon	424,142	212,000	51
Idaho	214,096	113,000	55	Pennsylvania	1,318,190	557,000	43
Illinois	1,495,327	650,000	44	Rhode Island	102,751	40,000	40
Indiana	780,151	387,000	50	South Carolina	539,271	295,000	55
Iowa	359,615	142,000	40	South Dakota	106,256	48,000	47
Kansas	366,299	172,000	48	Tennessee	736,183	390,000	54
Kentucky	507,300	255,000	52	Texas	3,525,658	1,854,000	53
Louisiana	564,605	300,000	55	Utah	465,196	206,000	45
Maine	125,349	63,000	50	Vermont	57,412	24,000	42
Maryland	661,663	222,000	34	Virginia	925,752	341,000	38
Massachusetts	670,152	213,000	32	Washington	795,416	330,000	43
Michigan	1,070,063	524,000	50	West Virginia	187,587	97,000	52
Minnesota	638,264	226,000	36	Wisconsin	644,576	265,000	42
Mississippi	371,988	232,000	63	Wyoming	70,009	29,000	44
				Puerto Rico	389,959	324,000	83

SOURCES Population Reference Bureau's analysis of data from the U.S. Census Bureau, 2012 American Community Survey and Population Estimates.

NOTE Low-income households reflect those with incomes below 200 percent of the 2012 federal poverty threshold (\$46,566 for a family of two adults and two children) and only include children who live in families for whom poverty status was determined, therefore it is not possible to replicate the low-income rate using the population estimate shown here as the denominator.



have fallen behind back on track. Research shows that children who enter kindergarten with below-average language and cognitive skills are most likely to catch up only if they are physically healthy and have strong social and emotional skills.⁷ For children to succeed, we must first dispel the notion that classroom learning is isolated from other aspects of child development. Then, we must create opportunities for children to develop the full array of competencies that they need to thrive.

We also must confront barriers to successful development particular to the 17 million children under age 9 who are considered low income.⁸ Research shows that when young children live in low-income families, especially during infancy, the results can linger well into adulthood. For instance, children who live in persistent poverty or in low-income families are more likely to be poor between the ages of 25 and 30, give birth as teens out of wedlock, struggle to maintain stable employment and have poor overall health.⁹ Unfortunately, low-income children are less likely to have access to the very programs most likely to help. The nation's leading programs to address the healthy development of low-income children from birth through age 5 — Early Head Start and Head Start — serve only a fraction of eligible children and families. And in 2011, 63 percent of low-income 3- and 4-year-olds were not enrolled in a pre-school program, compared with 45 percent of their more affluent counterparts.¹⁰ Similarly, among 2- through 8-year-olds

identified as having developmental issues, low-income children were more than twice as likely as their higher-income peers never to receive services.¹¹

WHAT IT TAKES TO HELP CHILDREN SUCCEED

Decades of research have provided strong evidence of what an integrated early childhood system should look like. Several groups, including the Alliance for Early Success, have outlined research-backed state and local policies that can move systems closer to meeting this goal.¹² In fact, many states and communities across the country have already put significant pieces of the puzzle in place, and others are working to integrate local programs and services. What we know is that to meet the needs of every child, these systems should focus on three primary goals:

1. Support parents as they care for their children.
2. Improve access to quality early care and education, health care and other services.
3. Ensure that care is comprehensive and coordinated for all children from birth through age 8.

Support parents as they care for their children.

Research provides evidence of the building blocks needed for successful parenting: First, parents must have the resources to provide for their children's basic needs. Then, they must create a safe and supportive environment; speak and read to

High-quality early care and education play an important role in preparing children for success and lead to higher levels of educational attainment, career advancement and earnings.



leave, their children are more likely to attend school when sick and less likely to see doctors when they become ill during parental work hours.

Unlike children growing up in more advantaged families, poor and low-income children are also far less likely to participate in play groups and other enrichment activities that build social skills and ease the transition to school. And, low-income children experience far less stability in such areas as parental employment, housing and child-care or school settings. This instability itself harms children.¹⁶

A variety of factors compound the problems that low-income parents already face in raising healthy and happy children.

Minimal supports for families. The cost of raising a child is high for most families. Low-income families with limited earnings especially need the help of vital income supports like the Earned Income Tax Credit, the Child Tax Credit, housing assistance and nutrition programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps). Yet, in many states, it's not easy to navigate the eligibility rules and follow the steps to obtain benefits from these programs. Only 5 percent of low-income working families with children receive the full package of benefits for which they qualify: SNAP, child care and Medicaid.¹⁷

Additionally, all expectant parents need help to meet the myriad responsibilities

of raising a child, but low-income parents are typically more isolated and have less family support. Parent-training and home-visiting programs can help fill that gap.¹⁸ For example, the Nurse-Family Partnership[®] program has improved prenatal health, increased intervals between pregnancies, lowered levels of substance abuse and arrests and increased school readiness in children.^{19,20} But even with new federal investments in such programs, in 2011, only one out of five low-income parents was served by a home-visiting program.²¹

Maternal depression and other emotional disorders. A growing body of evidence suggests that children of depressed mothers are more likely themselves to experience depression and other emotional disorders, produce more stress chemicals and develop cardiovascular patterns that precede hypertension because these mothers are less able to provide the responsive care that children need.²²

Unfortunately, maternal depression and other mental health problems are widespread, particularly among low-income families. It's estimated that one in four low-income women experiences major depression, and as many as 40 to 60 percent have depressive symptoms that can affect the healthy development of their children.²³ Unfortunately, too few mental health providers are available to meet this need.

Limited education and skills. Education plays a significant role in parents' ability

The normal challenges of raising children are far more daunting for families struggling with poverty. Low-income parents often spend more time away from their children because they are juggling multiple jobs, spending significant periods in transit, searching for secure housing or navigating complex public-assistance bureaucracies.



to provide for their children. Attaining a high school diploma is related to better outcomes for parents and, thus, for their children. High school graduates earn more, live longer and are less likely to rely on public assistance.^{24–26} But more than 5 million children age 8 and younger live with a parent or caregiver without a high school diploma.²⁷ Adults without a postsecondary credential struggle to secure good jobs with family-sustaining wages.

Improve access to quality early care and education, health care and other services.

For children to mature across all crucial areas of child development, they and their families need access not only to quality preschool, kindergarten and elementary school, but also to quality health care, including well-child care and treatment, regular developmental screenings and intervention services.

Quality early care and education opportunities from birth to kindergarten. The importance of quality early care and education is well documented. Children who attend high-quality preschools have higher test scores, fewer behavior problems and lower rates of grade repetition. They also have higher rates of high school graduation, improved employment opportunities and earnings, and lower rates of drug abuse and depression. Unfortunately, many preschools and other early childhood settings do not meet quality measures or fail to provide sufficient instruction because they offer only part-day and part-year

programs.²⁸ Although research shows that children benefit significantly when learning environments meet well-defined measures of high-quality early care, one well-regarded study found that fewer than 10 percent of settings provided very high-quality care.^{29,30}

States have made important strides in expanding and improving preschool programs. New Jersey and Oklahoma, for example, have documented improved child outcomes resulting from prekindergarten programs that serve low-income children. But even after a decade of expansions, in 2012, only 41 percent of 4-year-olds and 14 percent of 3-year-olds attended publicly funded preschool programs, and 10 states offered nothing beyond federally funded Head Start centers.³¹

Nearly every state has, or is developing, a quality-rating system to help families identify good early care and education programs.³² And, some states have even created incentives to help enhance the quality of their programs and focus on a full range of children's developmental areas. For example, Louisiana designed their quality-rating system with a focus on social-emotional development, and staff must be trained in and use social-emotional screening tools. To financially support this effort, the state implemented School Readiness Tax Credits, which provide tax benefits to parents, providers and businesses. Building on and expanding these pockets of innovation presents a viable opportunity to significantly change the odds of success for millions of children.

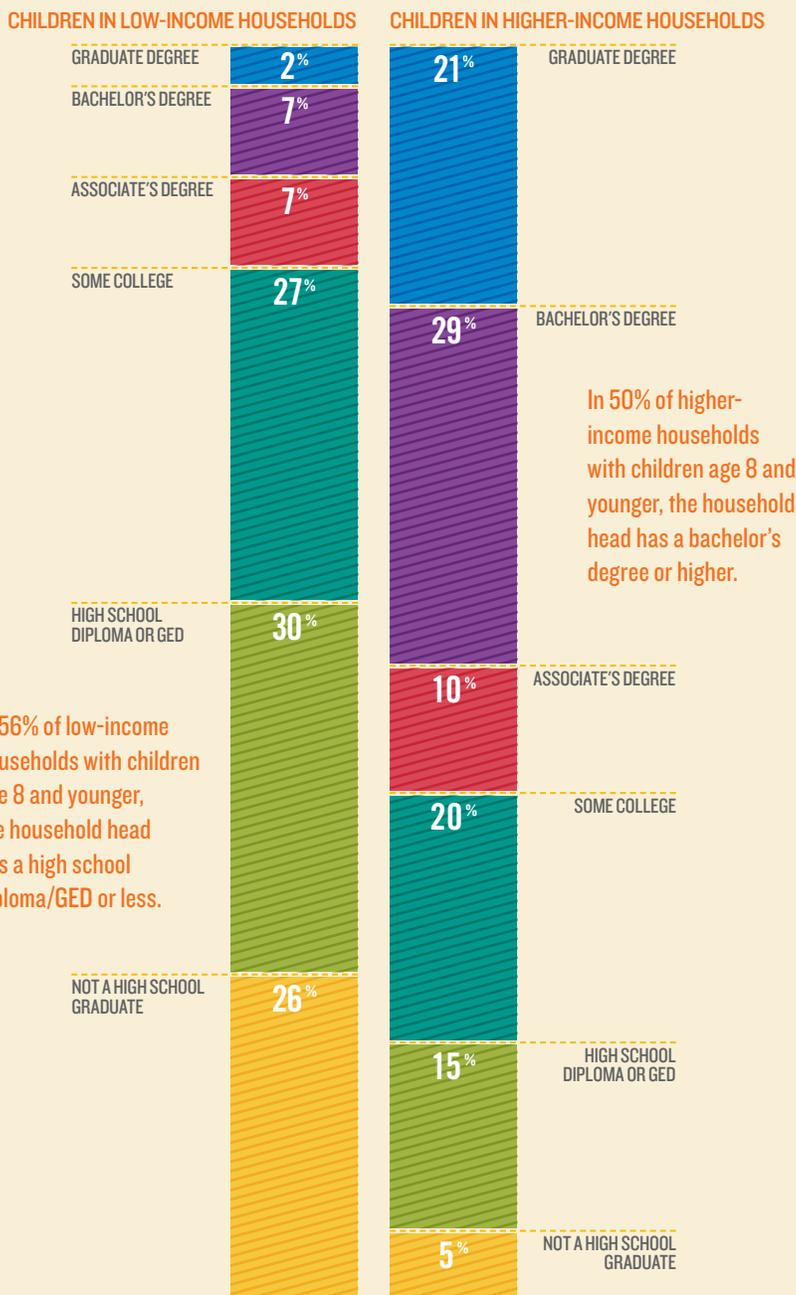
FIGURE 3

Educational Attainment of Head of Household with Young Children

Education is key to parents' abilities to earn enough to provide for their children. Parents or caregivers of 5.4 million children age 8 and younger in the United States lack high school diplomas.

Quality kindergarten and elementary education. Children who learn more and have more experienced teachers in kindergarten have better outcomes as adults, including higher earnings, as well as increased college attendance, home ownership rates and retirement savings.³³ However, in 2010–11, just 11 states required schools to offer full-day kindergarten, and five states didn't require kindergarten at all.³⁴ As children advance to first, second and third grades, schools should pay attention to their full range of social, emotional and cognitive development.³⁵ Low-quality education in these early grades can result in "fade out" of previous learning gains.³⁶ To ensure that children continue on the right path, elementary schools should be staffed with teachers and administrators who build and maintain strong connections to parents, monitor and address absenteeism in the early grades and ensure that the school day is filled with effective instruction.³⁷

Developmental screenings and intervention. Regular developmental screenings are vital to identifying and addressing delays that can seriously impede typical maturation. Research shows that early intervention has proven benefits.³⁸ Unfortunately, too many children are not receiving screenings as often as needed, and the share of children getting services varies significantly among states — reflecting different policies' criteria for triggering services.³⁹ More than half of the low-income children under age 6 in North Carolina and



SOURCE Population Reference Bureau's analysis of data from the U.S. Census Bureau, 2012 American Community Survey.
NOTE Low-income households reflect those with incomes below 200 percent of the 2012 federal poverty threshold (\$46,566 for a family of two adults and two children). Higher-income households reflect those at or above 200 percent of the federal poverty threshold. Data in figure may not add up to 100 percent because of rounding.

Massachusetts received a developmental screening, compared with only 18 percent in Mississippi and North Dakota.⁴⁰ In addition, 7 percent of higher-income children and 15 percent of low-income children identified as having developmental delays never received any services.⁴¹

Consistent, comprehensive nutrition and health services. When young children have access to comprehensive, high-quality health care and nutritional services, not only does their overall health improve, but problems in other developmental areas can be more readily identified and addressed, as well. One successful example of how to increase health care access for children from low-income families is the integration of health services into early care programs similar to Head Start and

Early Head Start, both of which have been shown to improve child health outcomes.⁴²

Ensure that care is comprehensive and coordinated for all children from birth through age 8.

To achieve the best outcomes, all programs and services for children need to work in unison to support development from the early years through the early grades. Research shows that creating a more comprehensive, coordinated approach — one that starts with programs to improve parenting for infants and toddlers and continues through prekindergarten and elementary school programs — could substantially improve child outcomes.⁴³ Unfortunately, families currently experience a patchwork of disjointed services that are difficult to access and coordinate. Communication and data sharing among

CASE STUDY

Without Effective Coordination, a Child Is Lost in the System

Ask Derrick, a public school principal in a New England city, about the value of coordinated early services, and he'll tell you the story of Johnny (not his real name). Within weeks of starting kindergarten, Johnny transferred to Derrick's school because of behavior issues.

Johnny was a precocious, but defiant and aggressive, boy. Derrick regularly engaged Johnny in conversation when the boy was sent to his office. He learned that the phone and electricity had been cut off in Johnny's house and that

the boy was living with his grandmother and sleeping on the floor. When Derrick eventually reached Johnny's mother, she said she had expected the school to handle her son's behavior. She could not take time off from her job to help resolve issues regarding Johnny's misconduct.

One day, Johnny became belligerent in class, when his teacher confiscated his Power Ranger, his only toy. Johnny was suspended several times and then transferred again after lunging at a pregnant teacher. Because of time lost due to

multiple suspensions, "he was only in my school for a few weeks, from the time school started [through] November," recalls Derrick. And, after Johnny's last transfer, Derrick lost contact with him.

"Here is a young man who has so much going for him — he is smart and handsome and has a vast vocabulary," says Derrick. "But we lose these kids at an early age. By the time he reaches third grade, he is not going to be able to catch up. We don't do a good enough job getting to know their circumstances."



programs is inconsistent, with parents often serving as the only linkage between health care, child care and education services. For example, when a child moves from a child-care setting to kindergarten, there is often little information sharing between early care providers and the school system, making the transition particularly problematic. Parents also see these changes as vital. In 2011, 23 percent of parents who said they needed help in the past year to arrange and coordinate across different services for their child never got enough support, and 42 percent said they only got enough help “sometimes.”⁴⁴

Designing and building this comprehensive array of services and programs requires clear leadership, effective use of limited resources, formal partnerships and collaboration among state agencies and community programs. These leaders and partners must consciously plan and manage the work of developing, financing, coordinating and holding accountable high-quality programs and data systems for young children from birth through age 8.

A number of states and communities are making progress toward expanding access to comprehensive services and coordinating existing programs so that they work more effectively. In Nebraska, the Sixpence program, which uses public and private funds, provides grants to 11 school districts for family engagement and center-based care for at-risk children from birth through age 3. Even before the state of Mississippi recently began funding

public preschool, the community of Petal, Miss., integrated and expanded services to improve early care and learning from birth through age 8. Administrators use a research-backed assessment tool to measure kindergartners’ abilities in order to determine whether young children are getting the services they need and to build collaborations that expand access to needed services. With funding from the W. K. Kellogg Foundation, 18 other communities around the country are using assessment tools to gather data to improve early childhood supports.

At the federal level, the Race to the Top-Early Learning Challenge fosters coordination of services by providing states with the resources to (1) improve the quality of early learning and development programs, (2) close educational gaps for children with considerable needs and (3) support states’ efforts to design and implement integrated systems of high-quality early learning and development programs and services.⁴⁵

As children enter elementary school, standards, curricula, teaching practices and assessments need to be coordinated with early care and education programs and across grades, with an emphasis on children’s developmental needs, social competence and academic skills.⁴⁶ An example of strong integration of education and other supports is the Coalition for Community Schools, representing nearly 60 communities where schools and communities align education, health and other resources to meet families’ and children’s needs.

A number of states and communities are making progress toward expanding access to comprehensive services and coordinating existing programs so that they work more effectively.

POLICY RECOMMENDATIONS

how to prepare america's children for success

The success of the next generation should be our highest national priority. Short-term savings are likely through more effective coordination and alignment of programs. Longer-term savings — in the form of fewer expensive interventions to get older children on track — require additional upfront investments to fully implement the recommendations below. The payoffs, however, will be substantial. In a 2012 speech, Federal Reserve Chairman Ben Bernanke put it this way, “Economically speaking, early childhood programs are a good investment. . . . Notably, a portion of these economic returns accrues to the children themselves and their families, but studies show that the rest of society enjoys the majority of the benefits, reflecting the many contributions that skilled and productive workers make to the economy.”⁴⁷

RECOMMENDATION 1

Support parents so they can effectively care and provide for their children.

- States should establish or continue to expand voluntary, evidence-based home-visiting and parent-training programs for children at risk of falling behind.
- Because maternal depression has been shown to negatively affect child development, states should incorporate mental health services for parents into programs that provide those health services and early education supports to young children.
- To boost family economic stability, states should improve access to income

supports such as the Supplemental Nutrition Assistance Program, the Earned Income Tax Credit and child support — and expand educational assistance and job-training opportunities for parents.

- States and the federal government should make it easier for parents to navigate the array of available programs by aligning eligibility and recertification dates, streamlining benefits packages and offering one-stop locations for job training and other programs that serve low-income parents.

RECOMMENDATION 2

Increase access to high-quality, integrated programs for children from birth through age 8, beginning with investments that target low-income children.

- States that have not yet done so should adopt Early Learning and Development Standards that set clear expectations for child development.
- To improve the quality of care, states should set child-care reimbursement rates at levels that allow providers to retain a skilled child-care workforce and maintain age-appropriate instructor–child ratios. States should adopt Quality Rating and Improvement Systems using validated measures that can improve early care and education programs, help parents make more informed choices and provide financial incentives for improving the quality of programs. Low-income families

should receive additional help to cover the cost of these highly rated programs. Licensing standards and quality rating and improvement systems should be designed to address the unique needs of infants and toddlers. Finally, states should support high-quality care during non-traditional work hours.

► The federal government should partner with states to improve both the quality of and access to early care and education programs. In addition, federally funded child-care programs should meet the standards for developmentally appropriate care, as well as health and safety requirements.⁴⁸ The federal government should expand and improve Head Start and Early Head Start, which combine early education with services for parents and access to other resources.

► States should provide voluntary, full-day, high-quality and developmentally appropriate prekindergarten programs that serve all children, beginning with investments that target low-income 3- and 4-year-olds.⁴⁹

► The focus on high-quality, developmentally appropriate education should continue as children move into elementary school. This begins with kindergarten entry assessments and voluntary statewide, full-day kindergarten classes. States should provide supports needed for all children to reach important benchmarks, such as reading proficiently by the end of third grade. These supports should include tracking and addressing the causes of chronic absence, providing summer learning opportunities and

CASE STUDY

Coordinated Care Helps a Child Thrive

Marcus is an independent 5-year-old who loves to dance. “If you get him started, you had better watch out!” his mother Stephanie says with a smile.

Marcus and Stephanie live in Atlanta’s Pittsburgh neighborhood, which has a high concentration of vulnerable families. Thanks to the Annie E. Casey Foundation’s Atlanta Civic Site, Marcus and Stephanie receive, in one location, services that support Marcus’s development.

Through Parents as Teachers™, an evidence-based home-visiting program, a parent educator met regularly with Stephanie and

Marcus, starting when he was 9 weeks old. “My parent educator helped me teach Marcus through day-to-day activities.... We were learning together!” Stephanie explains.

At age 3, Marcus was enrolled in Educare Atlanta, which provided high-quality instruction covering all aspects of his development, as well as opportunities for social interaction. This included the Healthy Beginnings System of Care, which provides child-friendly vision, hearing, dental and developmental screenings.

Marcus started Dunbar Elementary School when he was 5.

Because Educare Atlanta and Dunbar share a building and offer a transition program for children entering kindergarten, Marcus felt comfortable and excited when he began school. Marcus is approaching his second semester of kindergarten and is doing well academically, socially and emotionally. He recognizes letter sounds, knows numbers from 1 to 100 and can read a few words by sight.

Stephanie is proud of Marcus and excited about his future. “In five or 10 years, I want Marcus to be achieving in all he does and to stay engaged in learning. I encourage him every day to do his best.”

The findings in this policy report suggest that high-quality early childhood programs that include supports for families have a powerful and lasting impact on children as they progress through school and into adulthood.

engaging parents as partners in their children's education. To ensure that schools maintain high expectations for all children, states must also continue to implement rigorous, state-developed college- and career-ready education standards.

- In addition to providing access to high-quality early care and education for all children, states must ensure that children have access to affordable and comprehensive health care from a primary care provider who can manage and coordinate their care. Furthermore, state policies should offer both timely screening for disabilities or developmental delays in young children and the training required for early care providers to identify and refer children who would benefit from screening. Children at risk of delays should receive priority enrollment in prevention and intervention services and early care and education programs.

RECOMMENDATION 3

Develop comprehensive, integrated programs and data systems to address all aspects of children's development and support their transition to elementary school and related programs for school-age children.

- States should use consistent measures of child development that provide broad assessments of child well-being, including how children are doing across key aspects of development.

- To ensure that program administration is informed by all available data on children's needs, and to improve access to services, states should develop or enhance longitudinal, linked data systems encompassing as many early care and education providers as possible. These integrated systems also should include data across state departments and agencies (such as those administering early and K–12 education, health and mental health care and workforce development programs) and track child outcomes through college completion. Furthermore, such systems should help administrators ensure that

children who need services receive them and identify additional resources that children need to flourish. While maintaining confidentiality, these systems should be capable of disaggregating and cross-tabulating data by gender, race and risk factors.

- Coordination efforts should include better integration and transitions among early education, K–12, health care and family support systems. Attention should focus on the best practices that help families and their children move successfully into elementary school. For example, states should provide joint training sessions on school readiness for child-care educators and early elementary teachers. States can also improve planning and coordination to ensure that children with special needs continue to receive all needed services.

CONCLUSION

A strong and prosperous society flourishes when there is a commitment to the care, health and education of its youngest children. The findings in this policy report suggest that high-quality early childhood programs that include supports for families have a powerful and lasting impact on children as they progress through school and into adulthood.

Now, we need to act on this national imperative. Every day that we delay is a day in the life of a child who could be benefiting from critical interventions. States have already shown great creativity in improving systems for children from birth through age 8. The federal government must work in partnership with states to build on their achievements. Policymakers at the federal, state and local levels should look to the decades of evidence on best practices in early childhood fields as they advance their legislative efforts. With such evidence on their side, elected officials, advocates and other policymakers are well positioned to make the case for a comprehensive and integrated birth through age 8 system that ensures all children have a real chance to succeed and contribute to a stronger nation.

ENDNOTES

1. Isaacs, J., Edelstein, S., Hahn, H., Toran, K., & Steuerle, C. E. (2013, September 24). *Kids share 2013: Federal expenditures on children in 2012 and future projections*. Washington, DC: The Urban Institute. Retrieved September 2013, from www.urban.org/publications/412903.html
2. Heckman, J. J. (2011, Spring). The economics of inequality: The value of early childhood education. *American Educator*, pp. 31–47. Retrieved September 2013, from www.aft.org/pdfs/americaneducator/spring2011/Heckman.pdf
3. The Annie E. Casey Foundation. (2010). *Early Warning: Why Reading by the End of Third Grade Matters*. Baltimore, MD: Author. Retrieved from www.aecf.org
4. U.S. Department of Education, National Center for Education Statistics. (2011). *National Assessment of Educational Progress*. Washington, DC: Author. Retrieved September 2013, from <http://nces.ed.gov>. Information on the Campaign for Grade Level reading can be found at <http://gradelevelreading.net/>
5. Child Trends' analysis of the Early Childhood Longitudinal Study program Kindergarten Third Grade Public Use Data Set (ECLS-K). The ECLS-K is a national survey that provides rich data on children's early school experiences, beginning with kindergarten and following them through the fifth grade.
6. Carnevale, A. P., Smith, N., & Strohl, J. (2010). *Help wanted: Projections of jobs and education requirements through 2018*. Washington, DC: Georgetown University, Georgetown Public Policy Institute, Center on Education and the Workforce. Retrieved September 2013, from <http://cew.georgetown.edu/jobs2018/>
7. Vandivere, S., Pitzer, L., Halle, T. G., & Hair, E. C. (2004). *Indicators of early school success and child well-being*. Washington, DC: Child Trends. Retrieved September 2013, from <http://childtrends.org/wp-content/uploads/2004/10/2004-24EarlySchoolSuccess1.pdf>. And, Hair, E., Halle, T., Terry-Humen, E., Lavelle, B., & Calkins, J. (2006). Children's school readiness in the ECLS-K: Predictions to academic, health, and social outcomes in first grade. *Early Childhood Research Quarterly*, 21, 431–454. Retrieved September 2013, from <http://childtrends.org/wp-content/uploads/2013/01/First-Grade-Readiness.pdf>
8. Population Reference Bureau's analysis of the 2012 American Community Survey data, from the U.S. Census Bureau. Throughout this Annie E. Casey Foundation policy report, "low income" refers to families with incomes below 200 percent of the federal poverty threshold. In 2012, the federal poverty threshold for a family of four was \$23,283. Consequently, a family of two adults and two children fell in the low-income category if their annual income was below \$46,566.
9. National Institutes of Health. (2012, August 28). *Stresses of poverty may impair learning ability in young children: NIH funded research suggests stress hormones inhibit brain function, stifle achievement* (NIH Press Release). Washington, DC: Author. Retrieved September 2013, from www.nih.gov/news/health/aug2012/nichd-28.htm. And, Ratcliffe, C., & McKernan, S.-M. (2012, September). *Child poverty and its lasting consequence*. Washington, DC: The Urban Institute. Retrieved September 2013, from www.urban.org/UploadedPDF/412659-Child-Poverty-and-Its-Lasting-Consequence-Paper.pdf. And, Duncan, G. J., & Magnuson, K. (2011). *The long reach of early childhood poverty*. Stanford, CA: Stanford University. Retrieved September 2013, from www.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf. (Note: This paper defines poverty at 50 percent of median disposable income — about \$29,000 for a family of three in 2011 dollars — closer to the Casey Foundation's definition of low income found in this policy report.) And, Mather, M., & Adams, D. (2006, April). *The risk of negative child outcomes in low-income families*. Washington, DC: Population Reference Bureau. Retrieved September 2013, from www.aecf.org/upload/PublicationFiles/DA3622H1234.pdf
10. Population Reference Bureau's analysis of the 2009–11 American Community Survey data, from the U.S. Census Bureau.
11. Child Trends' analysis of the 2011 National Survey of Children's Health data, from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
12. Information on the Alliance for Early Success' Policy Framework can be found at www.earlysuccess.org/our-work/policy-framework
13. Shanks, T. R., & Robinson, C. (2011). *Overstressed kids: Examining the impact of economic insecurity on children and families*. Ann Arbor, MI: University of Michigan. Retrieved September 2013, from www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7B4E381481-B51A-4B24-946D-DD752E9ECF02%7D
14. Hart, B., & Risley, T. R. (2004). The early catastrophe: The 30 million word gap by age 3. *Education Review*, 77(91), 100–18. Retrieved September 2013, from www.unitedwayracine.org/sites/default/files/imcce/files/SOH%20The%20Early%20Catastrophe%20-%20The%2030%20Million%20Word%20Gap%20by%20Age%203%20-%20Risley%20and%20Hart%20-%20summary.pdf
15. These include lower infant and child mortality, higher birthweight, increased breastfeeding duration, more well-baby doctors' visits, more complete immunizations, better parent-infant bonding and better parental care for children with special health needs. Skinner, C., & Ochshorn, S. (2012, April). *Paid family leave: Strengthening families and our future*. New York, NY: National Center for Children in Poverty. Retrieved September 2013, from www.stateinnovation.org/Uploaded-Documents/2012--NCCP--PaidFamilyLeave.aspx
16. Sandstrom, H., & Huerta, S. (2013, September). *The negative effects of instability on child development: A research synthesis* (Low-Income Working Families, Discussion Paper No. 3). Washington, DC: The Urban Institute. Retrieved September 2013, from www.urban.org/UploadedPDF/412899-The-Negative-Effects-of-Instability-on-Child-Development.pdf
17. Zedlewski, S. R., Adams, G., Dubay, L., & Kenney, G. M. (2006, February 24). *Is there a system supporting low-income working families?* (Low-Income Working Families, Discussion Paper No. 4). Washington, DC: The Urban Institute. Retrieved September 2013, from www.urban.org/publications/311282.html
18. Webster-Stratton, C., Rinaldi, J., & Jamila, M. R. (2011). Long-term outcomes of incredible years parenting program: Predictors of adolescent adjustment. *Child Adolescent Mental Health*, 16(1), 38–46. Retrieved September 2013, from www.ncbi.nlm.nih.gov/pmc/articles/PMC3077027/
19. Issacs, J. (2008). *Nurse home visiting* (Research Brief No. 5). Washington, DC: The Brookings Center on Children and Families. Retrieved September 2013, from www.brookings.edu/~media/Research/Files/Papers/2008/9/early%20programs%20isaacs/09_early_programs_brief5.PDF
20. Coalition for Evidence-Based Policy. (2012). *Top tier evidence initiative: Evidence summary for the Nurse-Family Partnership*. Washington, DC: Author. Retrieved September 2013, from <http://toptierevidence.org/wp-content/uploads/2012/02/NFP-updated-summary-for-release-March-2012.pdf>
21. Child Trends' analysis of the 2011 National Survey of Children's Health data, from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
22. Center on the Developing Child. (2009). *Maternal depression can undermine the development of young children* (Working Paper No. 8). Cambridge, MA: Harvard University. Retrieved September 2013, from http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp8/. Paternal depression has not received the same level of attention, but some research indicates that it has similar consequences. For example, Ramchandani, P., Stein, A., Evans, J., & O'Connor, T. G. (2005, June 25–July 1). Paternal depression in the postnatal period and child development: A prospective population study. *Lancet*, 365(9478), 2201–5. Retrieved September 2013, from www.ncbi.nlm.nih.gov/pubmed/15978928. And, Fletcher, R. J., Feeman, E., Garfield, C., & Vimpani, G. (2011). The effects of early parental depression on children's development. *The Medical Journal of Australia*, 195(11), 685–89. Retrieved September 2013, from www.mja.com.au/journal/2011/195/11/effects-early-paternal-depression-children-s-development

23. Knitzer, J., Theberge, S., & Johnson, K. (2008, January). *Reducing maternal depression and its impact on young children: Toward a responsive early childhood policy framework* (Project Thrive, Issue Brief No. 2). New York, NY: National Center for Children in Poverty. Retrieved September 2013, from www.nccp.org/publications/pdf/text_791.pdf
24. The Alliance for Excellent Education. (2011, November 1). *The high cost of high school dropouts: What the nation pays for inadequate high schools* (Issue Brief). Washington, DC: Alliance for Excellent Education. Retrieved September 2013, from <http://all4ed.org/wp-content/uploads/2013/06/HighCost.pdf>
25. Muennig, P. (2000, October 24–25). *Health returns to education interventions*. Paper presented at The Equity Symposium: The Social Costs of Inadequate Education. New York, NY: Teachers College, Columbia University. Retrieved September 2013, from http://devweb.tc.columbia.edu/manager/symposium/Files/81_Muennig_paper.ed.pdf
26. Garfinkel, I., Kelly, B., & Waldfogel, J. (2005). *Public assistance programs: How much could be saved with improved education?* New York, NY: Teachers College, Columbia University.
27. Population Reference Bureau's analysis of the 2012 American Community Survey Public Use Microdata Sample (PUMS), from the U.S. Census Bureau.
28. Barnett, W. S., Carolan, M. E., Fitzgerald, J., & Squires, J. H. (2012). *The state of preschool 2012* (National Institute for Early Education Research, State Preschool Yearbook, Executive Summary). New Brunswick, NJ: Rutgers Graduate School of Education. Retrieved September 2013, from http://nieer.org/sites/nieer/files/yearbook2012_executivesummary.pdf
29. Adams, G., Tout, K., & Zaslow, M. (2007). *Early care and education for children in low-income families: Patterns of use, quality, and potential policy implications* (Assessing the New Federalism, Paper No. 4, p. 14). Washington, DC: The Urban Institute. Retrieved September 2013, from www.urban.org/UploadedPDF/411482_early_care.pdf
30. The National Institute of Child Health and Human Development (NICHD) study measuring the quality of child care and its effect on child outcomes spells out its assessment tools. National Institute of Child Health and Human Development (2006, January). *The NICHD study of early child care and youth development: Findings for children up to age 4½ years* (NIH Publication No. 05–4318). Washington, DC: U.S. Department of Health and Human Services. Retrieved September 2013, from www.nichd.nih.gov/publications/pubs/documents/seccycd_06.pdf
31. Barnett, W. S., Carolan, M. E., Fitzgerald, J., & Squires, J. H. (2012). *The state of preschool 2012* (National Institute for Early Education Research, State Preschool Yearbook, Executive Summary). New Brunswick, NJ: Rutgers Graduate School of Education. Retrieved September 2013, from http://nieer.org/sites/nieer/files/yearbook2012_executivesummary.pdf
32. Quality Rating and Improvement System (QRIS) National Learning Network. (2013). Retrieved September 2013, from [www.qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20\[Revised%20August%202013\].pdf](http://www.qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20[Revised%20August%202013].pdf)
33. Chetty, R., Friedman, J. N., Hilger, N., Saez, E., Whitmore-Schanzenbach, D., & Yagan, D. (2010, September). How does your kindergarten classroom affect your earnings? Evidence from Project STAR (NBER Working Paper No. 16381). *The Quarterly Journal of Economics*, 126(94), 1593–1660. Retrieved September 2013, from www.nber.org/papers/w16381
34. Workman, E. (2013, March). *Inequalities at the starting line: State kindergarten policies*. Denver, CO: Education Commission of the States. Retrieved September 2013, from www.ecs.org/clearinghouse/01/06/78/10678.pdf
35. Social skills are related to educational outcomes in the elementary school years and should be an integral part of educational programming. Bogard, K., & Takahashi, R. (2005). PK–3: An aligned and coordinated approach to education for children 3 to 8 years old. *Social Policy Report: Giving Child and Youth Development Knowledge Away*, 19(3), 3–23. Retrieved September 2013, from www.icpsr.umich.edu/files/PREK3RD/resources/pdf/PK-3AnAlignedandCoordinatedApproach.pdf
36. For example, a study that examined the contribution of variables linking pre-K participation to later educational attainment and juvenile arrest among 1,404 children who attended Chicago Child-Parent Centers (CPCs) from 3 or 4 years old through second or third grade found that the most significant factor in predicting these outcome variables was attendance in high-quality elementary schools. Other significant factors included student mobility, literacy skills at kindergarten entry and parent involvement. Reynolds, A. J., Ou, S.-R., & Topitzes, J. W. (2004, September). Paths of effects of early childhood intervention on educational attainment and delinquency: A confirmatory analysis of the Chicago Child-Parent Centers. *Child Development*, 75(5), 1299–1328.
37. Ready, D. D. (2010, October). Socioeconomic disadvantage, social attendance, and early cognitive development: The differential effects of school exposure. *Sociology of Education*, 83(4), 271–86. Retrieved September 2013, from www.attendancecounts.org/wordpress/wp-content/uploads/2010/04/Ready-2010-2.pdf
38. Oser, C., & Cohen, J. (2003, February). *Improving Part C early intervention: Using what we know about infants and toddlers with disabilities to reauthorize Part C of IDEA*. Washington, DC: Zero to Three Policy Center. Retrieved September 2013, from <http://main.zerotothree.org/site/DocServer/PartC.pdf?docID=567>
39. Ibid.
40. Child Trends' analyses of the 2011–2012 National Survey of Children's Health data, from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
41. Ibid.
42. Irish, K., Schumacher, R., & Lombardi, J. (2004, January). *Head Start comprehensive services: A key support for early learning for poor children* (Center for Law and Social Policy, Policy Brief No. 4). Washington, DC: Center for Law and Social Policy. Retrieved September 2013, from www.clasp.org/admin/site/publications/files/0169.pdf
43. Grannis, K., & Sawhill, I. (2013, forthcoming). "Improving children's life chances: Estimates from the Social Genome Model." Washington, DC: The Brookings Center on Children and Families.
44. Child Trends' analysis of the 2011 National Survey of Children's Health data, from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
45. Ed.gov. (2013, August 28). *Obama administration releases final application for 2013 race to the top-early learning challenge* (Press Release). Washington, DC: U.S. Department of Education. Retrieved September 2013, from www.ed.gov/news/press-releases/obama-administration-releases-final-application-2013-race-to-top-early-learning-cha
46. Now that most states have adopted the Common Core State Standards, there is an opportunity for states to work collaboratively or share best practices on how to build bridges to these college- and career-ready standards from the preschool years. National Association for the Education of Young Children. (2012). *The Common Core State Standards: Caution and opportunity for early childhood education*. Washington, DC: Author. Retrieved September 2013, from www.naeyc.org/files/naeyc/11/CommonCore1_2A_rv2.pdf
47. Bernanke, B. S. (2012, July 24). *Early childhood education*. Speech presented at the Children's Defense Fund National Conference in Cincinnati, Ohio. Retrieved September 2013, from www.federalreserve.gov/newsevents/speech/bernanke20120724a.htm
48. The regulations recently proposed by the U.S. Department of Health and Human Services are an important step in the right direction. They require that providers taking federal child-care subsidy funds meet local health and safety code requirements and conduct background checks on employees. U.S. Department of Health and Human Services. (2013). *HHS announces actions to improve safety and quality of child care* (Federal Register Notice of Proposed Rulemaking). Washington, DC: Author. Retrieved September 2013, from www.acf.hhs.gov/programs/occl/child-care-rule
49. For example, the National Institute for Early Education Research has set forth 10 standards that are consistent with what research has found to be highly effective. Barnett, W. S., Carolan, M. E., Fitzgerald, J., & Squires, J. H. (2012). *The state of preschool 2012* (National Institute for Early Education Research, State Preschool Yearbook, Executive Summary, pp. 11 and 22). New Brunswick, NJ: Rutgers Graduate School of Education. Retrieved September 2013, from <http://nieer.org/sites/nieer/files/yearbook2012.pdf>

ACKNOWLEDGMENTS

This report would not have been possible without the work of a number of contributors. Research and writing assistance was provided by Deborah Stein, Amy Saltzman and Thomas Showalter of The Hatcher Group; Shelley Waters-Boots, an independent consultant; and Jessica Donaldson, Florencia Gutierrez and Laura Speer at the Foundation. We'd also like to thank David Murphey, Sharon Vandivere and Kate Welti of Child Trends and Jean D'Amico and Rachel Cortez of the Population Reference Bureau for their data analysis. Finally, we'd like to thank Connie Dykstra at The Hatcher Group for her many years of ensuring that KIDS COUNT publications are delivered on time and of the highest quality. We thank them all for their expertise and tireless efforts.

Permission to copy, disseminate or otherwise use information from this policy report is granted as long as appropriate acknowledgment is given.

Designed by KINETIK
www.kinetikcom.com

Photography © Jason Miczek and
Cynthia Sambro-Rier

Printed and bound in the United States of America
on recycled paper using soy-based inks.

KIDS COUNT® is a registered trademark
of the Annie E. Casey Foundation.

© 2013 The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
www.aecf.org



THE ANNIE E. CASEY FOUNDATION



701 ST. PAUL STREET
BALTIMORE, MD 21202
410.547.6600
WWW.AECF.ORG