

Investing in Children

2010-2015



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Executive Summary

Positive early childhood development, supporting families, early care and learning, and school readiness have been a focus of the Community Service Council of Greater Tulsa (The Council or CSC) since 1942 when CSC sponsored its first major study which focused on child care needs of women working during World War II. Since then CSC has demonstrated its commitment to early childhood through numerous studies, initiatives, programs and projects. Endeavors included developing and sustaining the Child Care Resource Center and Tulsa Partnership for Early Childhood Success while providing leadership to community collaborations such as Healthy Start, Parent Education Network and Tulsa Area Early Intervention Coalition. Numerous studies have been completed including the *Non-Parental Care Study*, *Family Child Care Study* and annual supply and demand studies. CSC has frequently hosted nationally recognized leaders and researchers to keep abreast of best practice.

An estimated 48,000 children under age five live in Tulsa County. About one in four children (12,524) live below poverty. Just under half of all children live below 185% of poverty, the maximum income level for federal public assistance programs of WIC, child care subsidy, Medicaid and school reduced lunch. (American Community Survey, US Census Bureau 2006-2008).

More than 60% of parents with young children in Tulsa County use non-parental care so they can work or further their education. However, only 9.2% of children under five are in licensed child care programs. Only 2,277 Head Start and Early Head Start slots exist and just over 8,000 children receive child care subsidy. This leaves 16,756 income eligible children and 37,560 total children receiving no financial support for early care and learning opportunities, many are in unlicensed care.

Couple this data with the conservative estimate that it cost roughly \$15,000 annually to provide quality early care and learning experiences for young children. The cost of child care is more than most families pay for their rent or mortgage and more than tuition, room, board, books and fees to attend a state university in Oklahoma. Families have access to financial assistance through grants, loans, scholarships and work study opportunities to fund higher education, but the same types of supports are not available for early care and learning opportunities for children 0-8. The lack of financial support creates hardship for most families.

The vision is ***quality care for every child***. The following are guiding principles for the strategic plan:

- Family plays the most important role in a young child's life.
- First eight years of a child's life is the foundation for lifelong development.
- Child development occurs across equally important and interrelated domains: physical, social-emotional, language and cognitive.
- School readiness is not the duty of the child but is dependent upon the relationship with adults who care for them and teach them.

Six goals of the strategic plan.

- **Goal 1:** An overall plan for state investment in quality “Zero through Eight” experiences that addresses providing support for an effective workforce, increased funding, quality developmentally appropriate early care and learning, and quality accessible health and behavioral health care.
- **Goal 2:** Comprehensive health and wellness will be a core component of Oklahoma’s early care and learning system.
- **Goal 3:** Consistent and coordinated guidelines will be implemented across all early care and learning settings.
- **Goal 4:** A meaningful and consumer friendly quality rating and improvement system (QRIS) for all early care and learning programs will be implemented.
- **Goal 5:** There will be an effective, stable early childhood workforce for all early care and learning environments.
- **Goal 6:** Effective communication with families regarding the importance of best practices in health care, early care and learning and family support will occur; families will have coordinated, comprehensive access to services.

Introduction

Quality in the American economy is often measured in quick returns on consumer spending and perceptions of consumer happiness of items purchased or the services consumed. When it comes to being a consumer of services for young children and their families, the outcomes are often not as quickly or as easily measured. Outcomes are often based on longitudinal studies about children's growth and development and the family's view of the quality of the services received. Families of young children access services across a range of needs from mental health, physical health, and early childhood education encompassing the whole child's growth and development. The goals, strategies, actions and outcomes in the 5-year strategic plan are designed to give meaning and structure to define quality for young children and their families across the multitude of services on behalf of the child.

While some programs only focus on the cognitive domain of child development, best practice early care and learning encompass all developmental domains including social-emotional, speech-language, physical, cognitive, and health while serving all children without regard to social-economic status, or developmental abilities. Brain research and increased media and legislative attention have demanded the care children receive is provided by caregivers who are well trained and continue to receive ongoing professional development. In recognition of this information, the definition of quality for the 5-year strategic plan includes these objectives:

- Young children (birth – 8 years) receive appropriate care which includes activities intended to meet the developmental growth taking place based on specific criteria for high-quality standards;
- A trained workforce with the knowledge to provide developmentally appropriate care for children birth to 8 years. Additionally, standards are in place to measure effectiveness over time and fair compensation guidelines are in place to retain the workforce in the field.
- A method of building relationships with children's families with a workforce that is knowledgeable about services that support families and the methods to assist them in accessing these services as necessary.

Investing in young children is a US economic imperative for current and future workforce. Business leaders need employees who can focus on their jobs and are not distracted because their children are in poor quality care. Our future workforce needs the basic skills to be successful in the workforce. These skills include social-emotional skills such as getting along with others and working as a team as well as cognitive and language skills to communicate with others. Children who are chronically hungry, move frequently, are not nurtured, and do not have good health care or quality early care and learning opportunities are less likely to be successful in school and life (Vanessa Wight, 2010).

Historical Background

The Early Years - 1976

1942 - Community Service Council of Greater Tulsa (The Council or CSC) sponsored its first major study which focused on the child care needs of women working during World War II.

1970 - Friends of Day Care (later renamed Friends of Early Education) began as a task force of *Tulsa Metropolitan Ministry* to provide support and training to child care providers hosting an annual conference and providing an on-site bookstore. CSC staff supported *Friends of Day Care* by serving on their Board of Directors, presenting trainings and supporting conferences.

1976 - CSC sponsored the *Tulsa Coalition for Parenting Education* to study the impact of parent education services, and to identify gaps in resources for families.

The 1980's

Dramatic reductions in state and federal funding occurred in the Tulsa area. CSC responded by convening Tulsa leaders from the public and private sector to monitor major gaps in health and human services. These leaders joined to establish the *Metropolitan Human Services Commission (MHSC)* to provide direction on roles and responsibilities of providers, coordination of decision making, data analysis, survey of research about "best practices" and "what works" and determining priorities for use of community resources for the Tulsa Metropolitan area.

The Council established and convened a task force of representatives from the schools, business community, religious groups, government, volunteer organizations, and child care groups to study, plan, and address child care issues. This task force completed a comprehensive child care needs study. The outcome of the study determined that a child care referral line was a necessity.

In 1987, CSC's Board of Directors approved the formation of the *Child Care Resource Center (CCRC)*. A public information and referral service for families seeking child care was developed and funded with a *Tulsa Area United Way (TAUW)* Venture Grant. The Child and Adult Care Food Program (CACFP) funded through the United States Department of Agriculture and the Oklahoma Department of Education began under CCRC with its mission to improve nutrition of children in child care.

The Tulsa Area Coalition on Perinatal Care (TACPC) was formed in response to the lack of access to health care in the prenatal period and the number of infants with low birth weight, extreme low birth weight, and infant mortality. To address access to prenatal care and poor birth outcomes, the *Free Pregnancy Testing Program* began with the American Red Cross.

TACPAC developed *Babyline*, a centralized prenatal appointment system designed to help low-income, minority and teen women gain early access to prenatal care and awareness about local prenatal services.

The 1990's

The *Tulsa Metro Chamber of Commerce* adopted a policy which quickly became a primary *Chamber* focus, to support high quality early childhood education experiences for three and four year olds through public schools.

TACPC developed and supported *Planline*, a telephone information and referral service for affordable birth control and other family planning services. *Save Our Babies*, a program sponsored by the *Metropolitan Tulsa Urban League* was formed to reduce infant mortality and to address the health disparities of African-Americans and other disadvantaged groups.

The *LINK Project* began as part of *Children's Medical Center* to provide developmental, hearing, vision, speech and social-emotional screening for children from birth to 6 at local child care centers or family child care homes.

The *Tulsa Coalition for Parenting Education* commissioned a consumer study of "Parenting Education and Support Programs" through the *Tulsa Institute of Behavioral Sciences*. This study found that although 50% of Tulsa parents attended at least one parenting program, the programs did not reach white males, parents under the age of 25, single parents, parents who had not completed high school and parents who earned between \$12,000 and \$26,000 per year.

The *Tulsa Children's Coalition* began, establishing a network of coordinated early childhood services through neighborhood elementary schools based on Dr. Edward Zigler's School of the 21st Century Model (Zigler, 2002).

CCRC established The *Toy Lending and Resource Library* through a TAUW Venture Grant to increase the availability of developmentally appropriate toys and activities for family child care home providers.

MHSC began to focus its attention on two goals (1) to reduce poverty among children and families, and (2) prevent child abuse and neglect. MHSC provided leadership for significant state investment in research-based action to prevent child abuse. This effort led to creation of the *Children First* nurse home visitation, a statewide program serving high-risk, first-time pregnant women.

The *Tulsa Coalition for Parenting Education* and the *Tulsa Early Childhood Parenting Coalition* merged to become the *Parent Education Network (PEN)*. PEN's mission was to provide information and resources to families, caregivers and parent educators and to promote positive outcomes for children and families.

Department of Health and Human Services funded *Tulsa Healthy Start* to reduce the infant mortality rate in targeted areas in Tulsa.

The Youth Volunteer Corps of Tulsa (YVC), as part of the Tulsa Volunteer Center and the School of the 21st Century Project, designed a reading youth volunteer program, dubbed Reading Buddies.

Mayor Susan Savage convened the first Tulsa Community Summit on Early Childhood Development.

The Rob Reiner Foundation and Families and Work Institute launched *I Am Your Child: What Communities Can Do To Help Promote Children's Healthy Development* public engagement effort. CSC supported this public engagement effort through launching a local campaign through on-site activities at Tulsa's largest companies.

A TAUW Venture Grant funded *Caring Hearts Network* to recruit and train new family child care providers to increase quality child care available to children in targeting low-income neighborhoods.

CCRC assisted with passing legislation to create a statewide network offering child care resource and referral services to all of Oklahoma's 77 counties. The *Oklahoma Child Care Resource & Referral Association (OCCRRA)* was developed.

The *Tulsa Volunteer Center* developed *AVID Readers (Area Volunteers Instilling Desire)* and placed its first volunteer reader at *Crosstown Learning Center*. The program's goal was to promote early childhood literacy in child care and elementary schools by encouraging daily reading by child care providers, volunteers, and parents as well as distributing books to children.

Department of Human Services implemented *Reaching for the Stars* to raise the quality of child care of programs receiving child care subsidy.

TACPC sponsored the *Fetal Infant Mortality Review*, and *Kidsline*, a centralized pediatric appointment system designed to help low-income families gain early access to pediatric well-child visits and immunizations was established.

Bank of America and United Way of America jointly funded the national *Success by 6*[®] initiatives. TAUW partnered with CCRC to implement a *Success by 6*[®] project in the Tulsa and surrounding counties. CCRC's *Success by 6*[®] project began to as an initiative to support TAUW's partner agencies that provide child care improve quality and become nationally accredited.

Tulsa Children's Coalition merged with Community Action Project of Tulsa County (CAP-TC) to provide extended day services to young children on site a the Head Start or school facility.

The 2000's

Governor Frank Keating convened the *Governor's Task Force on Early Childhood Development*. CCRC's Director was one of three Tulsans appointed by the Governor to serve on this Task Force. As a result of the Task Force's study, House Bill 1094, *The Oklahoma Partnership for School Readiness Act* was written and submitted to the state legislature.

Child Care Health Consultant Project began with an expansion grant from *Success by 6*[®] to increase health and safety standards in Tulsa area child care programs.

The Tulsa Area Coalition on Perinatal Care became the *Family Health Coalition (FHC)* and broadened its mission to include children's health care needs, and male family planning issues.

CAPTC, in conjunction with three local school districts, began a multi-year effort to develop state-of-the art early childhood centers on school grounds. Funding was generated through a combination of federal, state, and local grants, private donations, low interest loans, and tax-exempt bond financing.

Oklahoman's for School Readiness held its first meeting. This group was the forerunner to Oklahoma Partnership for School Readiness or Smart Start Oklahoma.

CCRC received a *United Way of America Success By 6*[®] expansion grant to increase the number of child care programs receiving on-site training and technical assistance.

The *Metropolitan Human Services Commission* gathered many of Tulsa's early childhood leaders to host the *Tulsa Community Conference on Early Childhood Development*. The focus of this event was to examine the roots of change, focus on components of the current early childhood and learning system and document progress.

AVID Readers was expanded and re-named *Read Now*.

MHSC, Tulsa Mayor Bill LaFortune, and other Tulsa community leaders launch the Tulsa County Partnership for Early Childhood Success and the JumpStart community engagement campaign. Governor Brad Henry signed The Oklahoma Partnership for School Readiness Act into law.

CSC formed the *Early Intervention Task Force* (later renamed the Tulsa Area Early Intervention Coalition) to examine different types of early intervention services available to children ages 0-8 years old, and to identify gaps and overlaps in service provisions. The *Early Intervention Task Force and CSC's Alliance on Disabilities*.

conducted a survey of parents and early intervention providers with a focus on early intervention services for children with special health, education, and developmental disabilities in the Tulsa area. Findings of this study indicated the expense birth defects and developmental delays was a strain on families and our communities.

CCRC was selected as a pilot site for *Mind in the Making*, a research based training foundation for professional development that promotes and strengthens caregiver knowledge about social, emotional and intellectual development.

The *Raising a Reader* program began to promote social-emotional bonding with young children and the development of pre-literacy skills training as well as provide quality literature to families in low-income child care neighborhoods.

Friends of Early Education closed their doors and donated the early childhood bookstore and professional library to CCRC.

National Association of Child Care Resource and Referral Association awarded CCRC the Child Care Aware Award which represents the highest recognition for quality resource and referral services nationally.

Infant/Toddler Enhancement Project began through a contract with OCCRRA as the nation began focusing attention on infants and toddlers in group care.

CSC published *An Examination of Non-Parental Child Care in Tulsa County*, a study to identify the types of non-parental care children access, the number of hours children are in care, demographic variables, and the prevalence of licensed versus non-licensed care.

CCRC's re-named *Success by 6* to the *Quality Enhancement Initiative (QEI)* when a grant from the *George Kaiser Family Foundation* allowed for expansion to increase the quality of care in child care programs through intensive support and training.

The *LINK Project* became a program of CCRC.

JumpStart Tulsa spearheaded Tulsa's Early Childhood Leadership Forum series, bringing the following well-known researchers:

- Harold Hodgkinson, Ed.D., from the Institute for Educational Leadership discussing "The Same Client: Insights on the Demographics of Education and Service Delivery Systems in Oklahoma";
- Bill Albert, Deputy Director, National Campaign to Prevent Teen Pregnancy, and Suzan D. Boyd, DrPH, Executive Director, South Carolina Campaign to Prevent Teen Pregnancy presenting "Teen Pregnancy, Prevention and Parenting";
- Vincent J. Felitti, MD, Co-Principal Investigator of the Adverse Childhood Experiences Study, presenting his research;
- Samuel Meisels, PhD and President of the Erikson Institute discussing "Young Children and Accountability";
- T. Berry Brazelton, MD and the Touchpoints team;
- Charles H. Zeanah, Jr., MD presenting "Infant Mental Health - Enhancing Early Experiences for At Risk Children";
- Bill Millet, MA, Executive Director, Scope View Strategic Advantage discussing "Quality Early Education in Oklahoma: A Competitive Necessity in a Global Economy";
- Karen Purvis, PhD, Director of the Institute of Child Development at Texas Christian University, presenting "Promising Interventions for Traumatized Children".

CCRC sponsored the *Strengthening Families* initiative funded through *Smart Start Oklahoma* to provide intensive support to child care programs to prevent child abuse and neglect recognizing that child care caregivers are a families' "first line of defense" in recognizing stressors that lead to child abuse or neglect.

Staff from CCRC testified before the state legislative interim study committee on child care in response to the death of a two-year old in a family child care home because of child abuse. DHS implemented changes in child care regulations as a result of the interim study. Advocacy efforts increased to support closures of providers giving poor care with no plan of improvement while increasing support to providers desiring to improve. DHS implemented "Joshua's list", a database of providers with past records of child abuse.

CSC sponsored the first *International Infant Toddler Conference* with 550 participants from seven countries.

CSC sponsored a statewide Summit on Quality Care and Learning for every child as a culmination of three years of research and focus groups that studied current child care needs.

The *National Association of Child Care Resource and Referral Association* re-awarded CCRC with the Child Care Aware Award for quality assurance.

The W. K. Kellogg Foundation funded the Linkages Initiative as a collaborative between Tulsa Area Community Schools Initiative and the Child Care Resource Center.

Babyline/Planline moved under the auspice of CCRC's Resource and Referral program.

Today

CSC remains a leader in the early childhood arena locally, regionally and nationally.

Resource and Referral is part of the state and national Child Care Resource and Referral system and maintains its quality assurance through NACCRRA. **Resource and Lending Library** provides developmentally appropriate toys and books for child care providers, a professional library for all early childhood professionals, and a work area for the public to make inexpensive materials. **Special Projects** include **Health and Safety Enhancement Project**, **Infant Toddler Enhancement Project** and **Hispanic Outreach Services**. **Babyline and Planline** schedules an average of 110 medical appointments monthly.

The **Child and Adult Care Food Program** reimburses over \$600,000 annually for nutritious food served to children in their care. Providers serve 900,000 meals and snacks to 1,500 children annually.

The **Quality Enhancement Initiative** assists child care centers and family child care homes to achieve and sustain national accreditation through National Association for the Education of Young Children for center-based programs and National Association for Family Child Care for family child care homes.

The **Early Childhood Literacy Initiative** (ECLI) supports community initiatives that improve literacy, language and communication skills of children, promotes shared reading time with children, and educates the community on skills young children can learn to prepare them to become successful readers. The **ECLI** maintains the **Early Childhood Bookstore** which offers children's books, curriculum, and resource books at off-site events and book fairs.

The **LINK Project** provides free developmental, hearing, vision, speech, and social-emotional screening on-site in Tulsa County child care programs. After screenings are completed the LINK team works closely with the family and agencies in the community to provide appropriate referrals for intervention and support in any area identi-

The **Family Health Coalition** The Family Health Coalition continues to work toward improving the health of women, children and families in the Tulsa community. One lesson learned has been that early prenatal care is too late to reduce infant mortality. To have a healthy baby, a woman must be healthy before she becomes pregnant. Therefore the FHC has placed an emphasis on preconception and interconception (between babies) health. The FHC also addresses infant safe sleep practices, expanding case management services and monitoring health care reform.

JumpStart Tulsa supports a community engagement campaign focused on promoting development assessments for all children, preparing for health care reform, and preparing quality public school environments for 3 and 4 year olds.

The Tulsa Area Early Intervention Coalition explores early intervention services available to children ages birth to eight years, and identifies gaps and overlaps in service provision to optimize service delivery.

Pertinent Data

In February 2005, ***Getting Ready: Findings from the National School Readiness Indicators Initiative a 17 State Partnership*** was published, identifying a core set of common indicators to track results for children from birth through age 8 to inform public policy decisions and serve as a framework to focus attention on the needs of the youngest children and their families. Although Oklahoma was not one of the 17 partnership states, the results of this study were adapted by the Council. These core indicators include ready children, ready families, ready communities, and ready services. Data on ready children is currently unavailable community wide.

Ready Families Data

- In 2007, 9,764 babies were born to Tulsa County residents – up 5% from 2000. Tulsa County represents 18% of all 54,946 babies born to Oklahoma residents (Oklahoma State Department of Health, 2007).
 - 12.1% were to mothers under age 20 – down from 13% in 2000
 - 17.5% of all residents' births were to women of Hispanic ethnicity.
 - 42.5% of the county's births were to unmarried mothers up from 33% in 200 and 25% in 1990.
 - 83.1% of women under age 20 who gave birth were unmarried at the time of birth up from 77% in 2000
- 1,248 confirmed cases of child abuse and neglect in Tulsa County. (Oklahoma Department of Human Services, 2009 Annual Report)
 - 98 were confirmed abuse cases
 - 992 were confirmed neglect cases
 - 167 were confirmed cases of both abuse and neglect

Ready Communities Data

- In 2008, 48,035 children under age five lived in Tulsa County which is 18% of Oklahoma's children under five. The population of children under age five is more racially diverse compared to the total population (American Community Survey 2006-2008).
 - 2% Asian
 - 6% American Indian and Alaska Native
 - 7% Another race or combination of two or more races
 - 14% Black
 - 71% White
- 19% of children under age 5 were of Hispanic Origin (may be of any race) higher than the total population of 10% (American Community Survey 2006-2008).
- 12,524 children under age 5 (about one in four) live below poverty
- 27,231 children under age 6 live below 185% of poverty which is 49.6% of all children.
- 2,277 Head Start and Early Head Start slots exist in Tulsa County
 - 172 Early Head Start slots exist for infants 0-12 months in Tulsa County
 - 219 Early Head Start slots exist for toddlers 13-23 months in Tulsa County
 - 346 Early Head Start slots exist for toddlers 24-35 months in Tulsa County
 - 1,540 Head Start slots exist through Community Action Project of Tulsa County (CAPTC - ECE Annual Report, 2009)

Ready Services- Health Data

- 26,979 children 5 and under were enrolled in Medicaid about 47.6% of the total children in that age group (Oklahoma Department of Human Services Annual Report 2009).
- 65% of all resident births in Tulsa County were paid by Medicaid (American Community Survey 2006-2008).
- 11.6% of all births were premature (born less than 37 weeks gestations (American Community Survey 2006-2008).
- The number of low birth weight babies has increased 27% in the past decade to 803 in 2007 or 8% of total births (American Community Survey 2006-2008).
- To enroll in child care or kindergarten, Oklahoma requires the following immunizations: (James A. Singleton, 2007-2008)
 - Diphtheria, Tetanus and acellular Pertussis (DTaP)
 - Hepatitis A
 - Hepatitis B
 - Haemophilus Influenzae B (HIB)
 - Measles, Mumps, Rubella (MMR)
 - Polio
 - Pneumococcal Conjugate Vaccine (PCV)
 - Varicella

Ready Services – Early Care and Learning Data

- 1,040 child care options were available in 2010 in Tulsa, Creek, Wagoner, Rogers and Osage Counties providing a slot capacity of over 36,000 (NACCRRWare, 2010).
 - 219 were licensed centers
 - 606 were licensed family child care homes
 - 215 were different types of care
- 59% of the child care accepted DHS subsidy (NaccraWare, 2010).
- 9% (160) of licensed facilities in Oklahoma are nationally accredited. 4.5% (76) of child care centers in Oklahoma are NAEYC Accredited.
- 7% (67) of licensed facilities in Tulsa, Creek, Rogers and Wagoner Counties are nationally accredited (3-Star facilities). Thirty of these programs are NAEYC accredited.
- 2% (55) of family child care homes in Oklahoma are NAFCC Accredited. Twenty of these homes are located in Tulsa, Creek, Rogers, and Wagoner Counties.
- 45% (425) of licensed facilities in Tulsa County are 2-Star facilities
- 48% (451) of licensed facilities in Tulsa County are 1 or 1 Star plus facilities
- 18% (1,605) children receiving child care subsidy attend 3-Star child care programs
- 68% (6,334) children receiving child care subsidy attend 2-Star child care programs
- 14% (1,259) children receiving child care subsidy attend 1 or 1 Star plus child care programs (NaccraWare, 2010).

Vision: Quality Care for Every Child

Strategies and Implementation Plan

Goal 1: An overall plan for state investment in quality “Zero through Eight” experiences that addresses providing support for an effective workforce, increase in funding, quality developmentally appropriate early care and learning, and quality accessible health and behavioral health care.

One policy faction has promoted putting resources into the most economically or developmentally challenged families to provide the greatest “bang for the buck.” Findings from long-term research studies on early childhood education for disadvantaged children suggest that they are not providing increases in IQ scores. They are, however, improving other non-cognitive traits that are often more valued by employers and society (Lehrer, 2010). Longitudinal research has clearly demonstrated that children who participate in quality, comprehensive early care and learning are more likely to stay on a positive life course. These children are more likely to finish high school, delay parenting, avoid juvenile delinquency and become employed in careers with higher earning power.

Key Finding: The majority of children are in child care that would not be considered “quality” by NAEYC or NAFCC’s best practice standards.

- 63% of Tulsa County’s children under age 5 live in working parent households (2006-2008).
- The average number of hours of non-parental care per week for children under 6 years old is 65.2.
- It costs an average of \$15,000 annually per child to provide quality, developmentally appropriate early care and learning.
- Child care subsidy through the Oklahoma Department of Human Services pays an average of \$7,500 per child while families who do not qualify for subsidy pay an average of \$8,150.
- Approximately 10% of families with children 0-2 in Tulsa County receive family support/home visitation services from Healthy Start, New Beginnings, Children First and Parents As Teachers.

Long-Term Outcomes:

- Early childhood definition will be expanded to include “Zero through Eight”.
- A single definition of early care and learning will be established encompassing public/private education, Head Start, and child care.
- A single agency will be established to coordinate early childhood systems at the state level.
- Seamless transitions from one learning environment to another will occur for all children.
- Significant increase in funding for all early care and learning will occur.
- Structured funding from multiple sources will support early care and learning.
- All families will have access to family support/home visitation services.
- All children will have access to NAEYC or NAFCC accredited early care and learning opportunities.

The “Cliff Effect”

A single working mom had an 18 month old child enrolled in a NAEYC accredited child care center through the DHS subsidy system. Mom was earning \$2,400 per month and paying \$189 co-pay per month to the child care program. She was earning above minimum wage, but less than a “living wage” for Tulsa. She was offered 50 cents per hour raise (\$88 per month increase), still not a living wage for a mother and child. However, she learned that her child would no longer be eligible for child care subsidy and she would have to pay \$550 to keep her child in the accredited child care center. She was faced with decision to either (1) accept the “raise” and pay \$361 above the salary increase for child care, (2) find lower cost, lower quality child care or (3) decline the raise to keep her child on the subsidy system and enrolled in the nationally accredited facility.

Strategies for 2010 - 2011:

- Support the Early Childhood Advisory Council agenda to apply for funding from the stimulus package for needs assessment, database development, and 0-3 funding supports.
- Influence national definitions of school readiness and target populations of 0-8 years.
- Influence statewide needs assessment conducted by Oklahoma Partnership for School Readiness (OPSR).
- Persuade Oklahoma Partnership for School Readiness to engage community members into work groups and committees.
- Support the implementation of Tulsa Public Schools inclusion of 600 3-year olds for FY 2011 school year.
- Promote the development of funding support for 3-Star child care facilities that work with public schools including 3 and 4 year old programs and transition projects.

Strategies for 2012-2013:

- Support family leave policies that allow parents to stay at home with children during the first 2 years receiving compensation from the state equal to minimum wage for one year.
- Influence the development of a Governor’s Commission on early care and learning funding for Oklahoma.
- Review the findings of the Governor’s Commission and promote recommendations that support parity and quality of care.
- Re-evaluate the need for cabinet or department level organization at the state level for early childhood.
- Examine the implications of funding for non-traditional hours of care and appropriate reimbursement to the identified need.
- Collaborate with Smart Start Oklahoma to develop recommendations for policies on effective braiding of federal state and local program dollars.
- Promote improved funding for prevention and treatment of shaken baby syndrome.
- Champion for higher reimbursement rate for subsidy, mental health, health care, Child and Adult Care Food Program and other early childhood services.
- Advocate for increased funding to support family support/home visitation services for families with children 0-4.

Strategies for 2014 - 2015:

- Influence family support for parents who have been employed to receive family leave financial benefits for first or second child.
- Research models of supporting and subsidizing high quality early care and learning through “dependent care” allocation by employers.
- Increase business and community support for quality early care and learning
- Review benefit plans for businesses to pay for child care through benefits packages.

Goal 2: Comprehensive health and wellness will be a core component of Oklahoma’s Early Care and Learning System.

Food insecurities are on the rise. Currently, 11% of American households reported food insecurities, up from 8% in the previous decade (Vanessa Wight, 2010). In Oklahoma, food stamp usage increased from 62,096 to 80,209 individuals receiving food stamps from March 2009 to March 2010 (Department of Human Services, 2010). The effects of food insecurities correlate to children’s development. Infants from 4-36 months living in food insecure households are more likely to be developmentally delayed and exhibit behavior problems. The Child and Adult Care Food Program is evidence-based initiative to combat children’s food insecurities. Family child care homes’ participation in CACFP, which had been one of the fastest growing nutrition programs, has dropped 27% since the introduction of a complex 2-tiered reimbursement system in 1997. Thirteen states have had a drop of 42% or more. (Access to Nutritious Meals for Young Children Act of 2009, 2009).

Key Finding: The foundations of lifelong health and wellness are established in the early years.

- Over half the children in child care attend centers or family child care homes that do not participate in Child and Adult Care Food Program (CACFP).
- One out of every three of children screened through the LINK Project needs some type of follow-up services.
- 96% of pediatricians and family practice doctors that care for children 0-5 reported that they assess for developmental risk. Seventy percent of these physicians assess by clinical assessment rather than utilizing a screening tool (American Academy of Pediatrics, 2003).
- Approximately 1.9% of children in Oklahoma from 0-2 received early intervention services through SoonerStart in 2007 compared to a national baseline of 2.53%. (Individuals with Disabilities Act Data State Ranked-ordered Tables, 2007).
- Low birth weight is linked to increased risk for adult obesity, diabetes and heart disease. (Center on Developing Child, 2010).
- When large numbers of children are not immunized, the entire population becomes vulnerable to epidemics.

Long Term Outcomes:

- All children will receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services through Medicaid or similar services through private health insurance.
- All children will receive periodic developmental screenings through their medical home, child care or other community service.
- There will be a reduction of low birth weight babies.
- There will be a reduction in the number of Sudden Infant Death Syndrome (SIDS).
- There will be a reduction of rates of childhood and adult obesity.
- There will be an increase in the number of providers utilizing the Child and Adult Care Food Program to insure children are served nutritious foods.

Prevention

A 5-1/2 year old child attends a private preschool program. The LINK project, through their routine vision and developmental screening, identified a possible concern with the child's left eye. Parents took the child to the eye doctor and were told he needed surgery. Right after the surgery, he said "Mom, I can see you now with both eyes". Mom has now joined LINK's advisory council and actively advocates for quality services for children.

Strategies for 2010-2011:

- Support the Healthy, Hunger-Free kids Act of 2010 advocating for re-authorization of the Child and Adult Care Food Program (CACFP) to:
 - Remove the tier 2 level of lower reimbursement,
 - Update nutritional standards for meals, snacks, and beverages served to make them consistent with the most recent U.S. dietary guidelines.

Strategies for 2012-2013:

- Advocate for funding that would expand health care coverage, increase health care provider work-force and/or improve access.
- Endorse access to developmental and behavioral health screening and treatment for children 0-8.
- Promote prevention and treatment of brain injuries for children 0-8.
- Champion for improved funding for prevention and treatment of shaken baby syndrome.

Strategies for 2014 - 2015:

- Refine referral system for families to access mental health services for their children.

Goal 3: Consistent and coordinated guidelines will be implemented across all early care and learning settings.

Since the 1960's children's advocates have supported creating a seamless system of early childhood services to improve outcomes for children and families (Fuller, 2007). The 1970 White House Conference on Children identified affordable, quality child care the most pressing need of American families and children (Zigler, 2009). The *Comprehensive Child Development Act* was passed by Congress in 1971, but vetoed by President Nixon. This Act would have created a single, voluntary, universally available, national early care and learning system. Three separate systems were designed (1) child care programs to allow parents to work, (2) early childhood education programs to support children's education, and (3) Head Start programs to serve economically or developmentally challenged families. While all three services serve young children, goals, structure and funding differ.

Key Finding: Three independent systems (Head Start, child care and preschool) for early care and learning exist rather than one cohesive system.

- Minimum licensing requirements do not support the safety and quality standards that parents expect and children deserve. (National Association of Child Care Resource and Referral Agencies, 2009).

- 81% of parents believe all child care programs are required to be inspected and 76% of parents believe that government inspects all child care programs (National Association of Child Care Resource and Referral Agencies, 2009). In Oklahoma, public and private schools are not required to be licensed or inspected.
- In Oklahoma, three different guidelines exist. There is one set of guidelines for public school pre-K programs, a different set of guidelines for federally funded Head Start programs, and a third set of guidelines for licensed child care programs. These programs differ across-the-board in teacher requirements, physical environments, and teacher child ratios just to mention a few.

Long-term Outcomes:

- A cohesive framework of guidelines for all early care and learning settings that include the domains of social-emotional, speech-language, physical, cognitive, and family support using early childhood developmental theory will be implemented.
- All children will be in safe and supportive physical environments that are free of chemical toxins.

Too Many Transitions

A single mother working the evening shift, takes her son to the 4-year old program at a Tulsa Public School at 7:50 in the morning. The family child care provider picks him up from school at 2:45, feeds him dinner, bathes him, and gets him ready for bed. The family child care home provider receives DHS subsidy to care for this child. Mom picks up her son around 10:15 p.m. to take him home to bed. Because this mom believes he will get school readiness programming at the public school 4-year old program, she has him attending that program plus child care that meets her working needs. This is just one example of a family receiving early care and learning supports from more than one funding stream while another family with the same needs will not receive any financial assistance for early care and learning.

Strategies for 2010-2011

- Review and recommend infant toddler early learning guidelines.
- Recommend school readiness assessments be measured with a developmental portfolio and not a single entry test.
- Advocate for developmental assessments (i.e. Ages and Stages) to be conducted annually and recorded in all early care and learning records as are the immunization records.
- Influence definitions of school readiness and target populations of 0-8 years at the state level.
- Re-examine the pre-school early learning guidelines for alignment with infant- toddler early learning guidelines with developmentally appropriate language and continuum.
- Provide leadership to the P-20 Council for prenatal through preschool content.
- Influence integration of the infant toddler early learning guidelines in licensing standards, public education curriculum, and Head Start curriculum.
- Increase the early literacy skills of all young children in the Tulsa Metropolitan Area with specific focus on children living in low-income households, children in family child care home settings, and children with limited English speaking abilities by adopting recommendations from the National Institute for Literacy.

Strategies for 2012-2013

- Influence review of pre-school learning guidelines to be reflective of early childhood language and the developmental domains.
- Promote adoption of policies at the state level which require child care, Head Start, and pre-K to document completion of child development screens annually.
- Support the development of infant toddler special needs early learning guidelines with developmental, medical, physical, and behavioral components.
- Influence integration of the infant toddler early learning guidelines in licensing standards, public education curriculum, and Head Start curriculum.
- Promote review of the Kindergarten early learning guidelines to be reflective of appropriate developmental language and inclusive of the developmental domains.
- Champion the development of pre-school special needs early learning guidelines with medical, physical behavioral and developmental components.
- Promote the development of school age special needs learning guidelines with developmental, medical, physical, and behavioral components.
- Support out-of-school time programming to be quality, available, affordable, and accessible to families.
- Encourage business support for early care and learning.

Strategies for 2014-2015

- Influence school age learning guidelines to reflect appropriate developmental language and be inclusive of the developmental domains.
- Influence the development of year round pre-K and Kindergarten.
- Expand child care for children with special needs in the Tulsa area.
- Work with State Department of Education to replicate the *Early Foundations Project* in Tulsa.
- Work with local school districts, child care providers and Head Start regarding blending of strength-based approaches to early childhood special education behavior plans.
- Collaborate with and support JumpStart Tulsa in examining pre-service training for all personnel in early childhood.
- Increase awareness in faith communities of the need for reaching out to families of children with special needs.
- Reduce child abuse and neglect through implementation of best practice family support models including *Strengthening Families Through Early Care and Education* Initiative.

Goal 4: A meaningful and consumer friendly quality rating and improvement system (QRIS) for all early care and learning programs will be implemented.

An internet search for “quality child care indicators” will yield about 8 million references (Google, May 23 2010), with approximately 119,000 of those indicators being checklists for quality. CSC uses National Association for the Education of Young Children as the model to strengthen systems for young children. Founded in 1926, NAEYC has long been recognized as an industry leader in improving quality for young children, their families and the early childhood workforce. NAEYC is the world's largest organization working for young children with nearly 90,000 members, a national network of over 300 local, state, and regional Affiliates, and a growing global alliance of like-minded organizations. NAEYC is dedicated to improving the well-being of all young children with particular focus on the quality of educational and developmental services for all children from birth through age 8.

Key Findings: Parents’ perceptions of early childhood licensing standards, workforce credentials and government monitoring are very different from the reality.

- Programs are not required to participate in *Reaching for the Stars* unless they accept subsidy children.
- When reimbursement for quality is tied to subsidy, it never reaches quality (Zigler, 2009).
- Differential reimbursement rates do not increase accreditation rates unless the financial incentive is at least a 15% increase (Zigler, 2009).
- Children in poor quality care are more likely to exhibit delays in language, reading, and other cognitive skills and are more likely to display aggressive behavior (Zigler, 2009).
- Between 9.5 and 14.2% of children between 0-5 experience social emotional problems that negatively impact their functioning, development and school readiness (Cooper, 2009).

Long Term Outcomes:

- QRIS monitoring on all early care and learning sites (Head Start, child care and public schools) for children 0-8 years old.
- A Stars program covering additional levels of quality and accurately reflecting level of quality of the early care and learning site.
- Mandatory Star participation by all early care and learning sites with reimbursement levels for subsidized child care increased to 90th percentile to maintain quality in the sites.
- QRIS will be separate from subsidy reimbursements.

Basic Quality Improvement Funds a Necessity

While screening young children at one child care center, the Link Project identified an abnormally large number of infants and toddlers exhibiting cautions or delays in their gross motor abilities. When reviewing the classroom environment, it was identified that the floors were tiled and the teachers did not feel comfortable placing children on the floor. Capital improvement funds allowed for floor rugs to be purchased for the classrooms and training was provided to the caregivers to encourage gross motor development activities or “floor-time” with the children.

Strategies for 2010-2011

- Describe and promote a model for QRIS for all early care and learning sites.
- Promote framework such as NAEYC, early Head Start (0-3) or Head Start (3-5) performance standards as the minimum standard for all environments.
- Promote incentive funding for collaborative pre-K and child care sites for offering public education funded pre-K in NAEYC approved child care centers.
- Increase number of child care centers seeking NAEYC accreditation.
- Increase number of family child care homes seeking NAFCC accreditation.

Strategies for 2012-2013

- Support funding resources for all early care and learning sites to draft funding for improvements.
- Scaffold implementation dates for achieving the minimum standard before loss of reimbursement or penalty payments would begin for not meeting QRIS improvement goals.
- Promote implementation of family child care networks for efficiencies in accounting and bachelor's prepared workforce.
- Influence limiting Consultation and Technical Support Specialists (CATSS) to technical assistance and not licensing.
- Promote a model of Star rating system that is reflective of quality.
- Promote a model which is scaffold to achieve higher levels of quality over a 6 year period.
- Conduct ECERS and ITERS assessment of all classrooms annually.
- Promote 4 and 5 Star which reflects improved ratios of teacher to student, family support and linkages with public schools for transitioning of children.
- Influence development of NAEYC Accreditation Facilitation Project statewide.

Strategies for 2014-2015

- Influence the development of technical assistance for early care and learning which is not tied to monitoring or licensing to reduce potential conflict of interest.
- Promote greater levels of pre-application standards and criteria before opening an early care and learning facility.
- Advocate that child care licensing be conducted by a licensing worker which has a minimum of 9 hours of child development and theories of early childhood education.
- Advocate for principals and center directors of early care and learning sites to have 9 hours of early childhood development and theories of early childhood education.
- Promote defunding 1 or 1 Star plus programs from subsidy funding.
- Influence the incremental increase in child care subsidy to the 90th percentile.

Goal 5: There will be an effective, stable early childhood workforce for all early care and learning environments.

Key Finding: Child care salaries are low and turnover is high for early childhood professionals.

- The living wage for one adult and one child in Tulsa County is \$16.87 per hour.
- The average starting wage for providers in child care centers is \$7.25 per hour.
- The average wage for early childhood professionals in mental health and social service positions is \$16.11 per hour.
- The average wage for public school teachers is \$16.97 per hour. (Glasmeier, 2010)

Long Term Outcomes:

- Oklahoma will have an adequate workforce to meet the demands of the early care and learning, infant mental health, health, and family support careers.
- Early care and learning professionals will earn a living wage

Sustaining a Highly Paid and Professional Workforce

A child care center director called asking for help with a child showing signs of possible autism. The child was in a classroom that had a teacher trained in working with children with special needs. The teacher came to work one day giving immediate notice to leave because of a job offer from a local public school, and she wanted a “professional” position.

Strategies for 2010-2011

- Influence the development of a Governor’s Commission on early care and learning funding for Oklahoma.
- Examine scholarship support by the state of Oklahoma Regents for Higher Education and the state legislature to support scholarship for associate through doctorate degree programs in early childhood, early childhood environment administration, early childhood specialists, audiologists, speech pathologist, etc.
- Examine pre-service training for all personnel in early childhood to include growth and development, behavioral health, first aid and CPR, special needs, drivers and van training, nutrition and food handling, and early childhood guidelines through Vo-Tech, community college or enhanced Entry Level Child Care Training (ELECT).

Strategies for 2012-2013

- Promote a scaffolding plan of professional coverage for all early care and learning environments.
- Advocate for all early care and learning professionals to be formally trained and certified in early childhood education.
- Examine higher education curriculum content to insure early childhood content is appropriate for the workforce needs.
- Support NAEYC brief on professional workforce.
- Promote an early childhood certification that can be understood across all early care and learning environments.
- Influence the elimination of the practice of teacher's aide being certified as pre-K teachers without a bachelor degree.
- Promote a requirement for all principals to have completed 9 hours of continuing education in child development for locations with early childhood programs on site.
- Recruit high school and college students to train for future early care and learning workforce.

Strategies for 2014-2015

- Implement pilot sites of professional coverage.
- All early care and learning environments of 100 or more children must have an early childhood specialist to oversee the child development of the curriculum and learning activities.

Goal 6: Effective communication with families regarding the importance of best practices in health care, early caring and learning and family support will occur; families will have coordinated, comprehensive access to services.

Key Finding: Parents are the most influential group to demand and influence quality early care and learning services for their children.

- According to a national study conducted by Zogby International, a safe environment was the most important factor by parents in choosing child care with quality learning environment and cost close behind. (National Association of Child Care Resource and Referral Agencies, 2009)
- 96% of parents believe all caregivers provide learning opportunities. (National Association of Child Care Resource and Referral Agencies, 2009)
- Moms often turn to the Internet before any other source of information. (Sokler, 2009)
- Moms network with each other online via social networking sites and blogs. (Sokler, 2009)

A System that Measures True Quality

A parent called the referral line to ask for help finding child care in her community. She asked for programs with a 3-Star rating. She called back asking for explanation about the star system stating that the 3-Star centers she visited did not seem clean, and didn't seem to be where she wanted to leave her child. She selected a 1-Star family child care home that chose not to participate in Oklahoma's star rating system because it is a voluntary system.

**all licensed programs are 1--Star*

Long Term Outcomes:

- Parents engaged in early care and learning selection for their children, transition and learning activities.
- Parents engaged in appropriate health care services for their children.

Strategies for 2010-2011

- Develop social marketing engagement plan inclusion of parent interests and family culture.
- Engage parents in the advocacy process to stimulate change.
- Influence OPSR to include parent voices and community voices in all planning activities.
- Influence OPSR to include early childhood specialists in the design of grants, projects, and marketing on early childhood topics.
- Pilot "Community School Linkages" and "Better Together" to demonstrate engagement of all community members in early care and learning.

Strategies for 2012-2013

- Promote a scaffold plan of business engagement in early childhood.
- Bring the Tulsa Community Schools Initiative Linkages, SmartStart Oklahoma and Better Together to full scale.
- Support parent education home visitation models (Children First, Tulsa Healthy Start, Great Beginnings).
- Develop and coordinate an early literacy coalition bringing together family support initiatives.
- Develop a Family/Consumer Advisory Council to help guide areas for advocacy
- Children's Behavioral Health Community team will develop a quarterly newsletter that will provide information about training opportunities and events.

Strategies for 2014-2015

- Develop families/consumer and providers' newsletter for issues related to disability resources Update and distribute resource list for disability services.
- Provide mechanism for parent participation in Developmental Disabilities Services Division (DDSD) meetings using video conferencing.
- Promote children's nutritional development through operating USDA Child and Adult Care Food Program.
- Provide child find services in Tulsa County that assist families in receiving early intervention services when needed.
- Develop a special education advisory council developed from the consumer council to meet with school district administration regarding programs for disabled youth with a focus on youth through aged eight.
- Alliance will help the Brain Injury Association of Oklahoma (BIAOK) with advocacy for prevention and treatment of brain injuries for children 0-8.
- Children's behavioral health will continue to support efforts of current workgroups regarding Infant Mental health.

Action Steps for CSC Staff, Committees and Coalition

- Provide leadership to and/or participate in local, state, and national organizations and committees for the purpose of early care and learning planning and program development.
- Present “Seven Points of Quality Care and Learning for Every Child” throughout Oklahoma to gain grassroots support and monitor progress of “Seven Points”.
- Provide advocacy opportunities to teach constituents how to advocate for children.
- Meet with local, state and federal policy makers to educate them about early care and learning.
- Host *Child Watch* tours of early care and learning programs.
- Conduct ongoing, appropriate needs assessments.
- Write grant proposals for Tulsa Metro area to receive funding to support 0-8 initiatives.
- Research and identify resources to support capital improvements, accreditation fees and trainings for early care and learning facilities.
- Promote Tulsa Area United Way’s annual Day of Caring to match volunteers with child care for capital improvements.
- Identify strategies and incentives to retain existing high quality family child care providers.
- Offer parents and providers a free referral service with a variety of child care options serving Creek, Rogers, Tulsa and Wagoner Counties.
- Provide early care and learning support to the Hispanic, Native American, and special needs communities.
- Provide best practice NAEYC Accreditation Facilitation Project for the Tulsa Metropolitan Area.
- Provide family child care accreditation project to increase the number of family child care programs achieve and sustain NAFCC accreditation.
- Sponsor International Infant Toddler Conferences bi-annually.
- Sponsor on-going training and support to early care and learning professionals including:
 - ITERS/ECERS and FDCRS (rating scales)
 - Program Administration Scale (PAS) and Business Administration Scale (BAS)
 - Principals Leadership Institute
 - “Babies Can’t Wait” Conference
 - Playground Assessor training
 - Bridges Out of Poverty
 - Family Health Coalition Training Institute
- Provide on-going maintenance and updates of CCRC website, CSC’s website and JumpStart Tulsa’s website. Provide on-going maintenance and updates of CCRC’s Facebook and blogs.
- Publish monthly E-Newsletters and quarterly “Connections for Caregivers”.
- Gather information and educate community regarding health care initiatives being considered at the state and federal level that affect children and families.
- Develop recommendations for improving and incentivizing high quality well-child examinations and developmental screening.
- Research and develop a pilot project for employer subsidized benefits for high quality child care through “dependent care” allocation by employers.
- Research gaps in home visitation services and identify resources to reduce gaps.

CSC Committees, Community Coalitions, Partnering Agencies and Funding Resources

Better Baby Care Committee
Brain Injury Association of Oklahoma
Broken Arrow Chamber of Commerce
CARD Head Start
Child Care Resource Center's Advisory Council
Children's Behavioral Health
Community Action Project of Tulsa County
Community Care College Advisory Board
Community Service Council's Board of Directors
Creek County Coalition
Early Childhood Association of Oklahoma
Early Intervention Task Force
Family Health Coalition
George Kaiser Family Foundation
Hille Foundation
JumpStart Tulsa Steering Committee
JumpStart Tulsa Systems Development Committee
Jenks Public Schools
LINK Project Advisory Council
Metropolitan Human Services Commission
Morningside Healthcare Foundation
National Association for Family Child Care
National Association for the Education of Young Children
National Association of Child Care Resource and Referral Agencies
Native American Coalition Head Start
Oklahoma Association of Infant Mental Health
Oklahoma Child Care Resource and Referral Association
Oklahoma Department of Mental Health and Substance Abuse
Oklahoma Department of Human Services
Oklahoma Family Resource Coalition
Oklahoma Parents As Teachers
Oklahoma Partnership for School Readiness
Oklahoma State Department of Education
Oklahoma State Department of Health
OU-Tulsa Community Engagement Center
P-20 Council
Parent Child Center of Tulsa
Rogers County Coalition
Safe Kids Coalition
Smart Start Oklahoma
Sooner Start
Sooner Success
State of Oklahoma Pilot Early Childhood Program
Temple Foundation
Tulsa Area Alliance on Disabilities
Tulsa Area United Way
Tulsa City County Library
Tulsa Community College Advisory Board
Tulsa Educare
Tulsa Health Department
Tulsa Hispanic Chamber of Commerce
Tulsa Metro Chamber of Commerce
Tulsa Partnership for Early Childhood Success
Tulsa Public Schools
Tulsa Technology Center Advisory Board
Union Public Schools
United States Department of Agriculture
United Community Action Project

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Glossary/Definitions/Clarification of Terms

Accreditation Facilitation Project (AFP) -designed to provide intensive support and financial assistance to early care and education providers seeking NAEYC accreditation.

Administrator - One who administers, especially one who works as a manager in a business, government agency, or school.

Business Administration Scale (BAS) - BAS is a reliable and easy-to-administer tool for measuring the overall quality of business and professional practices in family child care settings.

Behavioral health -in psychology behavioral health, as a general concept, refers the reciprocal relationship between human behavior, individually or socially, and the well-being of the body, mind, and spirit, whether the latter are considered individually or as an integrated whole.

Behavioral health screening- also mental health screening and may be defined as instruments that are designed to identify children and adolescents who are at-risk of having mental health concerns and/or those who would most benefit from more in-depth assessment.

Better Together –Better Together is Smart Start Oklahoma’s “Ready Schools” Initiative (based on NC Ready Schools). A ready elementary school provides an inviting atmosphere, values and respects all children and their families, and is a place where children succeed.

BIAOK -Brain Injury Association of Oklahoma

Brain injuries/traumatic brain injury (TBI) occurs when an external force traumatically injures the brain.

CACFP –USDA’s Child and Adult Care Food Program plays a vital role in improving the quality of child care and making it more affordable for many low-income families through reimbursement to programs serving nutritious meals and snacks to low-income children and adults.

Community Schools - A community school unites academics with families, school, and community to create support that nurtures the development of children and adults.

Comprehensive developmental screening - Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays.

Consultation and Technical Support Specialists (CATSS) – Provide training and technical assistance to Child Care Centers and Family Child Homes through OKDHS Oklahoma Child Care Services.

DDSD - OKDHS Developmental Disabilities Services Division

Dependent care FSAs - create a tax break for dependent care expenses (typically child care or day care expenses) that enable parents to work.

Developmentally appropriate practice (DAP)- As NAEYC defines it, *developmentally appropriate practice* (DAP) is a framework of principles and guidelines for best practice in the care and education of young children, birth through age 8.

Developmental vs. chronological - Chronological age refers to the period that has elapsed beginning with an individual's birth and extending to any given point in time. Chronological age is used in research and in test norm development as a measure to group individuals. Developmental research looks for age-related differences or behavior changes as a function of age.

Director - One that supervises, controls, or manages. Typically, administrators are found in public school settings and directors in child care settings.

Early childhood- Early childhood is a stage in human development. It generally includes toddlerhood through aged 8.

Early Childhood Association of Oklahoma (ECAO)- NAEYC State Affiliate organization.

Early childhood education- refers to educational programs and strategies geared toward children from birth to the age of eight.

Early childhood specialist - Early childhood specialists work at childcare centers, childhood programs at primary schools, preschools and Head Start programs.

Early literacy - the knowledge and skills that are the forerunners to later success in reading and writing.

ECERS-R- The Early Childhood Environment Rating Scale-Revised- A tool designed to assess process quality in early childhood group programs for preschool children aged 2 through 5.

ELCCT- Entry Level Child Care Training – Oklahoma licensing requirement for all child care providers within 90 days of their initial hiring.

EPSDT- the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid.

Environmental Rating Scales- Scales that are designed to assess process quality in an early childhood or school age care group. See also ECERS-R, ITERS-R, FCCERS-R ,SACERS.

Faith Based – The term 'faith-based' is used to describe any organization or government idea or plan based on religious beliefs.

Family - a group of related things or people.

Family Health Coalition - Family Health Coalition (FHC) develops strategies and implements those strategies through grants, task forces, community mobilization, social marketing, and advocacy which will reduce infant mortality and improve family health.

Family leave-Family leave allows employees to take time off from work to care for their families, deal with an emergency or recuperate from a serious illness with a guaranteed job when they return.

Family Support programs are defined as community-based services to promote the well-being of children and families.

FCCERS-R - The Family Child Care Environment Rating Scale-Revised- A tool designed to assess family child care programs conducted in a provider's home.

Frank Porter Graham Child Development Institute -The Frank Porter Graham Center, currently known as the FPG Child Development Institute was founded in 1966 by a small group of scientists who had a vision — to conduct research that would make a difference in children's lives, help families, and inform policies.

Funder - a provider of funds as for the support of a charitable or nonprofit organization.

Goal -a goal or objective is a projected state of affairs that a person or a system plans or intends to achieve.

Head Start -The Head Start Program is a program of the United States Department of Health and Human Services that provides comprehensive education, health, nutrition, and parent involvement services to low-income children and their families.

Home visitation- Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies and young children.

Infant mental health - infant mental health reflects both the social-emotional capacities and the primary relationships in children birth through age five.

Infant and Toddler (I/T) Early Learning Guidelines a framework intended to assist parents, child care teachers, and other caring adults regarding what children may know and be able to do. These guidelines provide examples of experiences that can be used to build relationships, develop purposeful play, and guide program development. They are not used as a curriculum or assessment.

ITERS-R -) The Infant/Toddler Environment Rating Scale-Revised- A tool designed to assess process quality in an early childhood group care programs for children from birth to 2 ½ years of age.

JumpStart Tulsa – Tulsa’s Smart Start Oklahoma’s community collaboration. See Oklahoma Partnership for School Success.

Licensing standards -licensing requirements govern child care facilities in the State of Oklahoma. These rules are minimum requirements for the care and protection of children in care outside their own homes.

LINK - The LINK Project provides free developmental, hearing, vision, speech and social-emotional screening for children in their Tulsa County child care center or family child care home.

Linkages - The Early Childhood and Community Schools Linkages Project is a partnership between the Coalition for Community Schools at the Institute for Educational Leadership.

Mental Health – see behavioral health.

Mobilization- to make mobile, or movable/to put into motion, circulation, or use/to bring into readiness for immediate active service.

National Association for Family Child Care (NAFCC) – A national organization for family child care dedicated to promoting quality child care by strengthening the profession of family child care.

National Association for Family Child Care (NAFCC) Accreditation - sponsors the only nationally recognized accreditation system, designed specifically for family child care providers.

National Association for the Education of Young Children (NAEYC) . NAEYC is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8.

National Association for the Education of Young Children Accreditation-Since 1985, NAEYC has offered a national, voluntary accreditation system to set professional standards for early childhood education programs, and to help families identify high-quality programs.

Non-parental care-also known as care received (by a child) out of the home, not with the child’s “parent”

Non-traditional hours of work – Shift work where employees work in the early mornings, evenings, nights, rotating schedules, weekends, holidays or extended hours. These non-traditional schedules affect the lives of millions of families.

OCCRRA-Oklahoma Child Care Resource and Referral Association

OK-AIMH-Oklahoma Association for Infant Mental Health

OKDHS - Oklahoma Department of Human Services

Oklahoma Partnership for School Readiness (OPSR) - Also known as Smart Start Oklahoma; pursues public-private agreements and strategies aimed at improving school readiness opportunities for Oklahoma’s young children and their families.

Out of school care/time-The Out-of-School Time (OST) Program provides a mix of academic, recreational and cultural activities for young people (grades K-12) after school, during holidays and in the summer.

Outcome -benefits or changes for people during or after participation in the program.

P-20 - ensuring that a seamless education system from pre-natal through graduate school is preparing our young people for the demands of the 21st Century.

Parent - mother, father, or legal guardian, a protector or guardian

Parents as Teachers (PAT)-a program that helps organizations and professionals reach children during the critical early years of life, from conception to kindergarten.

Pre-K Early Learning Guidelines (ELG) – a framework of learning objectives for three- to five-year-old children and the learning that might be expected of children in that age range.

Program - a planned, coordinated group of activities, procedures, etc., often for a specific purpose, or a facility offering such a series of activities.

Program Administration Scale (PAS) -A tool for measuring the overall quality of administrative practices of early care and education programs.

QEI – Quality Enhancement Initiative assists child care centers and family child care homes to achieve their 3-star and become nationally accredited.

QRS/QRIS- A systemic approach to assess, improve, and communicate the level of quality in early and school-age care programs. Similar to rating systems for restaurants and hotels, QRS award quality ratings to early and school-age care programs that meet a set of defined program standards.

Quality –When looking at the program’s structure, you are considering the actual place, the number of providers and teachers, the number of children, the staff’s training and experience, the safety features, etc.

Ratios - refer to the ratio of number of children to a caregiver or teacher.

Reaching for the Stars Quality Rating System - Oklahoma is one of a handful of states with a tiered quality system that rates child care programs. The star ratings are based on compliance with licensing, increased education of caregivers, parent involvement, the learning environment and participation in national accreditation systems. Levels range from one star up to three stars.

Resource and Referral - A community service which matches parents seeking child care with child care resources. Also provides training and technical assistance to child care program staff.

SACERS -The School-Age Care Environment Rating Scale- A tool designed to assess before and after school group care programs for school-age children, 5 to 12 years of age.

School readiness- School readiness is a puzzle with two pieces: the condition of children when they enter school, and the capacity of schools to educate *all* children, whatever each child's condition may be.

Smart Start Oklahoma – See Oklahoma Partnership for School Readiness (OPSR).

Special needs- Special needs have generally been identified through the Individuals with Disabilities Education Act. Young children who have been diagnosed as having developmental delays, or any child who has been evaluated as having one of a limited list of disabilities specified in IDEA are considered as having special needs when they require special education and related services (20 U.S.C. 1401 and 34 C.F.R. §300.8).

Standardized tests - is a test that is administered and scored in a consistent, or "standard", manner.

Strategies- Strategy, a word of military origin, refers to a plan of action designed to achieve a particular goal.

Strengthening Families – A Zero to Three curriculum designed to build protective factors in families to reduce the incidence of child abuse and neglect.

Subsidy-a subsidy is a form of financial assistance paid to a business or economic sector.

Teacher - Adults with primary responsibility for a group of children, a person who teaches or instructs.

Transition- Transition means changing from one place, stage, or relationship to another.

Traumatic brain injury (TBI) – See Brain injury

WIC- Women Infants and Children Supplemental Nutrition federally funded program to provide vouchers for nutritious foods for pregnant women, infants and young children. Sponsored by the USDA Food and Nutrition services.

Partnerships

Steering



