

**EARLY CHILDHOOD DEVELOPMENT: CORNERSTONE OF
A HEALTHY COMMUNITY**

ISSUES, DATA AND OPPORTUNITIES FOR GRANTMAKING

Prepared
for
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Spartanburg, South Carolina

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A FABLE TO SET THE STAGE

In a small town by a river, people walking along the riverbank would often see other people -- some of them children -- in the river struggling to stay above water, battling the strong current and crying for help. The townspeople were good-hearted folk and tried to help. They threw lines out, tossed life jackets and some even got in the water to try to save the ones who seemed most at risk of drowning. They pulled out some and helped others to shore, but many were drowned every day.

Eventually the townspeople strung lifelines across the river, stationed volunteers on the shore to throw life jackets and set up a program to offer food, shelter and swimming lessons to those children and families who made it ashore. This went on for many years and some people grew tired of the effort, but most continued to help.

One day a visitor from another town was walking along the river and observed all this. She said, "Seeing you keep trying to save all these people, I know you are a town that cares. You are doing wonderful things to help them, but how did they get in the river and into so much trouble? Let's go upstream and see who's throwing these people in and figure out how to put a stop to this suffering."

Helping people in need is certainly the right and caring thing to do; however, identifying and addressing the source of their suffering is equally caring and much more effective. Grantmaking that focuses on primary prevention is the essence of effective philanthropy because it addresses the root causes of social problems. This paper suggests that investing in the lives of young children is the essence of primary prevention and effective philanthropy because successful early childhood development helps put individuals and communities on the path of health and wellness.

EXECUTIVE SUMMARY

Early childhood development is the cornerstone of a healthy community. Children who grow up healthy, in caring families, and experience quality early care and education enter school eager to learn and are more likely to succeed academically and socially and to grow up to be engaged and productive citizens. As a result, ensuring the healthy development of young children is an effective primary prevention strategy that helps to make individuals successful, families strong, and communities healthy.

BACKGROUND AND RATIONALE

The earliest years of a child's life – birth to age five – lay the foundation for success in school and later in life. Brain development research tells us that young children are learning from the earliest moments of life, and learning especially rapidly in their first five years. Emotional intelligence and social competence, which are not only necessary for educational achievement but are the foundations for successful functioning in life, begin to develop early in life.

Early childhood development advances through relationships with other humans, especially parents, family members, and other caregivers and teachers. To the extent that these relationships are nurturing and loving, early childhood development proceeds well. When they are not, development can be slowed or impaired. Simply put, early childhood development requires good health, good parents, and good early education experiences before entering kindergarten.

The accumulated evidence tells us that children that attend high quality early education programs advance more quickly in intellectual, social, and emotional competencies, do better academically (in both reading and math) and socially in school, and generally live more productive lives as adults than children who have no preschool education or who have poor early educational experiences. All young children benefit from good preschool education, with disadvantaged children realizing greater gains. We know that the costs of providing good preschool education are outweighed by the benefits. All kinds of programs for young children have the potential to provide good early education, i.e., to promote social, emotional, intellectual, and physical development and learning. We also know that not all young children have opportunities to experience good early education, since the majority of what is offered does not meet accepted standards of quality.

SPARTANBURG'S CHILDREN

Spartanburg County children are doing fairly well on traditional health indicators. For example, 90% of two-year-olds were fully immunized in 1999. In addition, support for families with young children is increasing through local family literacy and parent education programs. Other indicators, however, are not so positive. Nearly three-quarters (73%) of the Spartanburg County children under five (12,219 children) have working parents and are cared for regularly by someone other than their parent. Although there are probably enough places for children to be cared for while their parents work, the quality of educational experiences offered in these places is not high. For example, only 3 of 100+ center-based early care and education programs have met national accreditation standards and the majority of young children are not taught by well-

prepared teachers. The community is becoming engaged in addressing these issues through initiatives like First Steps and the work of other organizations.

INVESTMENT OPTIONS FOR THE MARY BLACK FOUNDATION

Young children and early childhood development are key areas of interest for foundations throughout the country. The lesson from local funders for the Mary Black Foundation is this: with the right set of strategies, community partners and clear focus, a local funder can make a positive impact on early childhood development in its own community.

There are several key leverage points that local philanthropy has employed to good effect in early childhood development. To be effective the investment will need to be sustained over at least five years. Setting achievable benchmarks to track progress over time helps to keep the community engaged. Focus is important so that resources and effort are concentrated. Finally, a package of inter-related strategies appears to be more successful than a single strategy. Philanthropic investment in Spartanburg County might employ several of these strategies.

1. **Improve the quality of children's experiences** – A community-wide quality improvement initiative aimed at all early care and education programs for children 0-5 – child care centers, family child care homes and schools can have far-reaching effects on child development.
2. **Create essential health supports** – While much of the health agenda of early childhood, such as first trimester prenatal care and timely immunization of children, are being met through the existing healthcare system, there are gaps that can be filled.
3. **Strengthen and expand family support options for parents** – All families need some help as parents, whether they are first-time parents or seasoned veterans. Parents have questions about expectations for children's behavior at different ages (stages of child development), knowing what to do with a newborn, how to handle sibling rivalry and many other concerns. Social support networks help families thrive.
4. **Encourage continuity** – The transition between preschool/child care and kindergarten can be a rocky road for children and for parents. Several communities have taken on the challenge of creating continuity between preschool and kindergarten.
5. **Support family economic security** – Good child care is essential to family economic security. Helping families afford good child care is a role that some local funders have taken on.
6. **Promote public awareness** – Several local foundations have incorporated into their package of strategies modest efforts to increase public understanding about the importance of early childhood development.

INTRODUCTION TO EARLY CHILDHOOD DEVELOPMENT

Early childhood development is the process of growth and maturation that happens during the first five years of a child's life. Development encompasses growth in physical, emotional, social and intellectual areas. The health and wellbeing of a community depend on the health and wellbeing of the individuals in the community, especially its children since they are our future. Healthy development of children is a primary prevention strategy that helps to make families strong and communities healthy.

WHAT IS EARLY CHILDHOOD DEVELOPMENT?

The earliest years of a child's life – birth to age five – lay the foundation for success later in life. Children from birth to age five are developing at a pace more rapid than at any other time of their lives. They are growing and changing almost daily. During these years, children develop the capacities that are the foundation for healthy living and learning. They grow physically, learning to crawl, toddle, walk and run. They begin to master the language, listening and babbling, eventually talking in whole sentences, writing their names, using numbers. They develop the emotional capacity to feel joy and sadness, to empathize with other humans, to love and be loved and the social skills to cooperate, care and connect. They learn to feed and dress themselves and even tie their shoes. All of this development happens through the continuous interaction between biology (what you are born with) and environment (the experiences you have). Nature and nurture are intertwined in development. Early childhood development results from the cumulative effects of both.

Early childhood development advances through relationships with other humans. From a child's perspective, the relationships that matter are those with people in her daily life – first with her mother, then moving out to other parents, siblings, grandparents, friends, neighbors, teachers and caregivers. To the extent that these relationships are nurturing and loving, early childhood development proceeds well. When they are not, development can be slowed or impaired.

Simply put, early childhood development requires good health, good parents, and good programs before entering kindergarten.¹ A young child's health depends on the health and wellbeing of her parents. Every child needs a mother who gets early and continuous prenatal care, parents who provide good nutrition, and a family in good mental health. Young children need access to healthcare, a medical home, timely immunizations and good nutrition. Young children need parents who welcome them with love and have support networks to lean on to learn about parenting and child development. Given that most children under age five are regularly cared for by someone other than their parents, these people and programs are a large part of the web of relationships and experiences that shape early childhood development.

WHAT'S NEW?

The study of early childhood development is not new. Early psychological and educational research on young children informed parents and spawned several movements in education – infant schools in the 1800s to nursery schools in the 1930s and the widespread implementation of kindergarten for 5-year-olds in the last 50 years. Knowledge in the fields of psychology and education advanced rapidly beginning in the early 1900's. As the child study movement grew, nursery schools opened on some college campuses as labs for these departments and training

grounds for teachers. By the early 1920's, the early childhood education profession was born - 2001 marked the 75th anniversary of the National Association for the Education of Young Children, founded in 1926 as the National Association of Nursery Educators.

Parents have been enrolling their young children in preschools for many years. What's changed dramatically over the last 10 to 20 years is the increasing amount of time children spend in preschool programs and the younger age at which they begin to attend. The proportion of children who grow up in two-parent and single parent working families has increased steadily until today it is the norm. Families increasingly need more than one full-time worker's income to survive and adequately support their children. The most recent wave of welfare reform that began in 1995 has dramatically increased the numbers of low-income single parents who are working. The economic security of families with young children depends on good early care and education opportunities. All this means more young children are enrolled in more programs and that being cared for by adults besides your own parents is a common part of childhood.

The Brain

While the growth and development of young children has long been an interesting topic of study, the brain itself has been an object of fascination and speculation for several centuries. What's new is that technological advances in the last decade or so have allowed neuroscientists to study the living brain. This means we know much more about how children react to stimuli and what parts of the brain do the processing. The new knowledge from neuroscience underpins and deepens our understanding of development gained from the child study movement and the subsequent decades of psychological research.

Early childhood educators have long believed that children are learning from their earliest moments and that learning is a social, interactive process. Recent advances in neuroscience offer convincing scientific evidence in support of these well-known theories of child development and learning and startling new understanding about brain development. Infants are born with immature brains so as to be able to adapt to their environment; about three-quarters of brain development occurs post-natally. The human brain develops primarily in the first decade, with especially rapid increases in the first three years of life. Emotional intelligence – the ability to empathize and connect with others – develops during the first year of infancy. There appear to be close connections between emotional and cognitive development during early childhood. Brain capacity -- the structure, complexity and flexibility of the brain that is the foundation for learning

“Much of our thinking about the brain has been dominated by old assumptions--that the genes we are born with determine how our brains develop, and that in turn how our brains develop determines how we interact with the world. Recent brain research is challenging these assumptions. Neuroscientists have found that throughout the entire process of development, beginning even before birth, the brain is affected by environmental conditions, including the kind of nourishment, care, surroundings and stimulation an individual receives.”

from Rethinking the Brain: New Insights into Early Development

-- is developed through responsive, nurturing human interactions. Every experience has the potential for influencing brain development.

Research indicates that milestones in development such as progress in motor control, emotional and behavior regulation, and language acquisition occur at the same times as significant changes in brain structure. Milestones in brain development are linked to milestones in early childhood development, confirming what developmental theorists have observed over several decades (for example, Piaget in the 1950s). While there are some “critical periods” of brain development, e.g., those relating to vision, the time frames for most aspects of brain development are not immutable and occur over fairly long time periods. The brain is flexible enough during the first five years to be able to adapt, so that children who have been deprived of experience earlier can compensate through enriched experiences later in the early childhood period.²

One of the unfortunate consequences of the popularization (and oversimplification) of neuroscience was that some educators went too far in their interpretation, made simplistic proposals, or misunderstood the research. Current brain research findings are not robust or specific enough to be translated into specific educational practices. The idea that giving classical music CDs to new mothers to play at home will improve their newborns’ IQs is nonsense. In particular, because the vast majority of research has involved children aged five or younger, any calls for wholesale changes in curriculum or teaching methods in elementary education are unwarranted. These concerns were eloquently expressed primarily by John Bruer who in 1999 wrote several articles in education journals (*In Search of Brain-based Education*, *Education and the Brain: A Bridge Too Far*) and a book called *The Myth of the First Three Years*. While acknowledging that some of his concerns were valid, many felt Bruer himself went too far in rejecting the importance of development during the early childhood period.

Summary of What’s New

The evidence indicates that children’s development and school achievement are strongly affected by their early experience, especially the human interactions that produce brain capacity. Therefore, parents and teachers – as the primary humans interacting with young children – are essential to children’s learning. All of the places children go and relationships they experience during their early years have direct effects on their brain capacity – either shaping and building its capacity or limiting its growth. Children spend time at home with their families and in relationships and settings outside their families. All of these experiences matter.

WHAT WORKS?

After forty years of research on the characteristics and effects of early childhood programs, two overall findings appear clear. First, preschool programs can have a remarkable, long-lasting impact on the lives of children, particularly low-income children. Second, these impacts are dependent on the quality of the preschool program – high quality preschool programs lead to high quality impacts, and low quality programs are often associated with disappointing results. Furthermore, research suggests that the quality of preschool programs appears to have positive effects for all children to some degree, with more at-risk children experiencing greater benefits.

Evidence From Early Intervention Programs

Over the past four decades the conceptual underpinnings and theoretical constructs underlying various early childhood intervention strategies have evolved. There are basically two bodies of literature that provide information about the quality of early childhood programs: one is research on overall program efficacy; the other is research examining the effects of various program characteristics on program outcomes. There are about a dozen significant long-term studies based on quality of design and length of follow-up. Collectively, they show that well-implemented early intervention programs increase children's intellectual competence, language skills, social and emotional capabilities, school achievement, and educational attainment. Benefit-cost analysis shows that the costs are offset by savings from fewer special education placements, fewer children retained in grade, fewer dropouts and higher lifetime earnings.

The first wave of early childhood intervention programs begun in the 1960s focused on the child. These sought to improve the child's cognitive functioning (i.e., raise IQ into the normal range by the time of school entry) by providing experiences for the child that essentially substituted for the deficient parent. Another approach, used in other early programs that focused on the parent, was to train the parent/caregiver as the intervenor by attempting to alter parenting behaviors to promote cognitive functioning of the child and the child's health. In reality, neither type of program was entirely exclusive in its focus. In most child-focused programs, the notion that some form of parent involvement was required to reinforce the educational intervention for the child was assumed. Many of the parent-focused programs provided activities for the child either in the home or in a center-based program. The idea that these foci are mutually reinforcing and that perhaps the most effective programs are those that consciously address both the child and the parent is the prevalent view today.³

Significant Long-term Studies

- Chicago's Child Parent Centers (Reynolds, 2001)
- Garber and Heber's Milwaukee Project (Garber, 1988; Garber & Heber, 1981)
- Gray's Early Training Project (Gray, Ramsey, & Klaus, 1984).
- Honig's Syracuse Family Development Research Program (Lally, Mangione, & Honig, 1987)
- Herzog's Washington, DC Project (Herzog, Newcomb, & Cisin, 1974)
- Karnes' Comparative Curriculum Study (Karnes, Schwedel, & Williams, 1983)
- Miller's Louisville Experiment (Miller & Bizzell, 1983, 1984)
- Monroe and McDonald's Rome Head Start Study (Monroe & McDonald, 1981)
- Nieman's Cincinnati Title I Study (Nieman & Gathright, 1981)
- New York State's Experimental Prekindergarten Program (New York State Education Department, 1982)
- Philadelphia's Prekindergarten Head Start Evaluation (School District of Philadelphia, 1984)
- Ramey's Abecedarian Project (Ramey & Campbell, 1987, 1991; Frank Porter Graham, 1999)
- Weikart's Perry Preschool Project (Berrueta-Clement et al., 1984, Schweinhart et al., 1993)

Just as the notion of the target of intervention has shifted toward a holistic conception (i.e., the whole family, rather than a choice between parent or child), the range of expected outcomes has tended to broaden as well. The narrowly cognitive focus of early programs gradually gave way to attention to the entire range of developmental outcomes for the child (i.e., social and emotional well-being as well as cognitive functioning and physical health) and to the

improvement of life outcomes for the parents. Certainly, the quality of the parent-child relationship -- the ability to be warm and nurturing -- has strong effects on the social and emotional well-being of a child and probably affects cognitive functioning as well.

The evidence is fairly clear that interventions beginning earlier in the lifecycle are more effective, i.e., beginning prenatally rather than when the child is near to school entry. Those that are more intense in the sense of providing services for a longer period of time rather than for one or two years appear to generate stronger effects. And the quality of the program is critical.

The research on small-scale early intervention programs has informed the design of a few programs that have been mounted on a larger scale (e.g., Head Start and some state's prekindergarten programs). However, the typical programs that most children experience do not have the same features as early intervention programs and therefore cannot be expected to produce the same results. Understanding the effects of more typical programs, which features of such programs contribute to better child outcomes, and how programs can be improved has been the focus of contemporary research.

Evidence From Typical Programs

As child care has become a common experience for young children, the body of research on the characteristics of child care and its effects on children has grown. Early research showed that aspects of child care that can be regulated have effects on quality: group size, staff:child ratio and staff training.⁴ Research conducted over the past three decades has confirmed that these structural elements matter and that the adults are the key factor in program quality and child outcomes. Several aspects of the adult environment have positive effects on children's outcomes: level of education and specificity of training for teaching staff,⁵ levels of education and experience of administrators,⁶ levels of compensation for all staff⁷, intentionality (for family child care),⁸ and presence of a community of well-educated colleagues (for center staff).⁹

The quality of early childhood programs (whether child care, preschool, nursery school or Head Start) and the subsequent outcomes for children that higher quality programs produce, are associated with the preparation and continuing professional development of the adults who work directly with children. Research has shown that training specific to the tasks of working with young children as well as the amount of education the teacher has attained both matter. The education and job-specific training of the teaching staff is one factor in the quality equation. Research shows that staff compensation – wages and benefits – are associated with quality. Better wages and benefits are linked with higher quality programs. This is the second factor in the quality equation.

Research supports the theory that higher quality child care is associated with directors who have more years of experience in the director job and who have higher levels of educational attainment, that is, college degrees. Several studies show that the director role is essential to program quality – some have called directors the “gatekeeper to quality.”¹⁰ As more training opportunities for directors become available, research may begin to show a link between job-specific training and program quality, similar to the link that is well-established for teaching staff.¹¹ The director's education, experience and training are the third factor in the quality equation.

These three factors together (teacher preparation and professional development, compensation, and the director's training and experience) lead to reduced staff turnover (increased staff tenure) and higher quality environments for children. In a nutshell, quality child care environments led by well-prepared administrators and staffed with capable adults who can form stable and supportive relationships with children lead to good child outcomes.

Studies find that less than half (40%) of programs for 3-5 year olds are adequate and about 20% are harmful. More disturbing, nearly half of programs for infants and toddlers are of such poor quality they are harmful. The prevalence of quality child care is related to state regulations; states with better regulations have fewer poor quality centers.

Research on the effects of programs on children shows that the quality of children's experiences in typical child care centers affects their development while they are in child care and in elementary school.¹² Children who attended higher quality child care centers performed better on measures of both cognitive skills (e.g., math and language abilities) and social skills (e.g., interactions with peers, problem behaviors) in child care. The quality of child care affected children's reading and math skills and children's behavioral skills in the classroom (thinking/attention skills, sociability, problem behaviors, and peer relations) through kindergarten and in many cases through the end of second grade. The influence of child care quality was important for children from a wide range of family backgrounds; at-risk children are affected more by the quality of child care experiences than other children.

Research Reviews

Over time, several useful literature reviews and analyses have been done. In 1987, the National Association for the Education of Young Children published *Keeping Current in Child Care Research: An Annotated Bibliography*, by Carollee Howes of the University of California at Los Angeles. This has recently been updated with research through 1999 by the Center for Early Education and Development at the University of Minnesota.¹³ In 1998 the RAND Corporation reviewed early childhood interventions and analyzed the cost and benefit in terms of public investments. They concluded that programs provide significant benefits for disadvantaged children and that over time the benefits outweigh the costs.¹⁴

In 2000, Child Trends conducted an extensive review of literature on factors that contribute to school readiness from child health to school transition practices. They provide a very helpful chart that summarizes what works in each area, based on significant research results. For example, home visits by nurses beginning in pregnancy and continuing through age 2 lead to good parenting practices, better child health, and social and academic outcomes for both child and parents. Quality stable child care that addresses the multiple areas of child development in a stimulating environment has positive effects on children's social, cognitive and physical development and leads to better school outcomes. Specific effective literacy practices, e.g., reading books to children and making them an active part by asking questions, known as "dialogic reading," can be promoted in the home and early childhood programs.¹⁵

The most recent review was undertaken by the Task Force on Community Preventive Services of the Centers for Disease Control and Prevention. The Task Force considered scientifically

rigorous studies of various interventions to improve community health. After reviewing the evidence for several types of interventions, they recommended two: family housing (housing subsidy vouchers that allow low-income families to choose the neighborhood) and early childhood development, which was strongly recommended. Specifically, they recommended publicly funded, center-based comprehensive early childhood development programs for low-income children aged 3-5 years, based on overwhelming evidence of effectiveness in preventing developmental delays and improving cognitive outcomes for children.¹⁶

Summary of What Works

Brain development research tells us that young children are learning from the earliest moments of life, and learning especially rapidly in their first five years.¹⁷ The accumulated evidence tells us that children that attend high quality early education programs advance more quickly in intellectual, social, and emotional competencies, do better academically (in both reading and math) and socially in school, and generally live more productive lives as adults than children who have no preschool education or who have poor early educational experiences.¹⁸ All young children benefit from good preschool education, with disadvantaged children realizing greater gains. We know that the costs of providing good preschool education are outweighed by the benefits.¹⁹ All kinds of programs for young children have the potential to provide good early education i.e., to promote social, emotional, intellectual, and physical development and learning. We also know that not all young children have opportunities to experience good early education, since the majority of preschool and child care programs currently offered do not meet accepted standards of quality.²⁰

YOUNG CHILDREN IN SPARTANBURG COUNTY

According to the 2000 Census, Spartanburg County is home to 16,739 children under age five. So, how are your children? For successful early childhood development to occur, children need good health, knowledgeable and caring parents, and early experiences that nurture emotional and social competence and stimulate learning. Employing the frame of health, parents, and early experiences and using the most recent available data for Spartanburg County, here's how children under five are doing in the county.²¹

HEALTH

Several aspects of child and maternal health are significant to early childhood development. Prenatal care is the most obvious. The percent of pregnant mothers in the county who received no prenatal care in the first trimester was 22% in 1998. This is an improvement over previous years.

Access to well-child care and receiving timely immunization are critical factors in children's health. Nearly 90% of two-year-olds were fully immunized in 1999; this is a dramatic improvement from 1990 when less than 50% of two-year-olds were fully immunized. Having health insurance coverage is one measure of health status: in South Carolina, 19% of all children do not have any health coverage (compared with 14% nationally) and nearly 90% of eligible children are enrolled in Medicaid or the state's Child Health Insurance Program.

Nutrition is an important ingredient in healthy early childhood development. Data on the nutrition status of young children is not routinely collected. Two measures that shed some light on child nutrition are: 1) the proportion of eligible mothers who are participating in programs like the Women Infants and Children (WIC) feeding program and 2) the proportion of eligible families who are using Food Stamps. Currently in Spartanburg County, there are 831 pregnant mothers, 1,788 infants, and 2,755 children between ages one and five participating in WIC and 10,132 families benefiting from Food Stamps.²²

PARENTS

Parents are key to the emotional development of young children and, along with others, shape the social and intellectual competence of young children. Children's success in school is related to the education levels of their parents, especially their mothers. Considering the children who are now four years old (i.e., babies born in 1998), 23% had mothers who had not completed high school when the children were born. This is significantly better than 1970, when 48% of babies in the county were born to mothers with less than a high school education.

Helping parents, especially first-time parents, to understand child development and offering them support in their role as parents benefits young children. Some communities have family resource centers, parent support groups and parent information services. Two states provide parent education through their public school system to all families who want it (Minnesota and Missouri); some states and communities offer home-visiting programs to all parents of newborns. Some communities provide family literacy – a combination of adult education and parenting education for the adults combined with early childhood education for the young children.

In Spartanburg County, there are some family support options, but probably not enough to reach all families who might want or need them. Because parents are likely to respond to information and support from a trusted source, outreach to parents can come from faith communities, schools, child care centers, libraries, hospitals, etc. The Spartanburg County First Steps initiative has funded family literacy programs in 3 sites in the county and supports 18 parent educators (one is bilingual in Spanish). Some of the seven school districts in the county have parent educators on staff (there are 10 parent educators across the county). The MBF has funded some literacy efforts aimed at parents of young children (e.g., Spartanburg Reads! that promotes early literacy, Read Aloud Spartanburg County that encourages adults to read aloud to infants, and Readiness Recipe that offers family literacy and home visitation in School District 7).

EARLY EXPERIENCES

Experiences in and out of a child's home influence early childhood development. Parents are the major influence in the home. Children's experiences outside their home come in a variety of forms, including nursery schools, child care centers, family child care homes and schools. The teachers and caregivers in these settings are another important influence on early childhood development.

Spartanburg's families are similar to those across the nation. Parents are working to support their families and need care for their children while they work. Further, parents understand the value of early education and want to enroll their children in preprimary education. For working

parents, having both education and care in one place is ideal. In Spartanburg county, nearly three-quarters (73%) of the children under five (12,219 children) have working parents and are cared for regularly by someone other than their parents.²³ The other 27% of children (4,520) have a parent available to take care of them; usually they live in a two-parent family with one parent who works and one who stays at home. Typically, children with working parents go to a center, family child care home, or a relative’s home, or a babysitter comes to the child’s home (nanny). Spartanburg’s young children who have working parents are likely to be in these kinds of arrangements.

Where are children?	How many children?
• in centers	4,687
• in family child care homes	2,343
• with relatives in their home	4,520
• with nannies/babysitters	670

In addition, many of the children whose parents are available to take care of them are also enrolled in some kind of program; many parents want their children to have preschool experience and enroll them in centers. According to the National Household Education Survey²⁴ for 2001, large proportions of young children (regardless of whether their parents work) are enrolled in center-based early childhood care and education programs – 66% of all four-year-olds and 73% of five-year-olds who are not yet in kindergarten. Applying these national data to Spartanburg, we would expect that 2,210 four-year-olds and 2,444 five-year-olds would be in centers and schools.

In fact, we know that there are 550 children aged 3-5 in the Head Start program in Spartanburg County (in 11 Head Start centers) and 120 children under age 3 in the county’s one Early Head Start program. All seven of the county’s school districts offer 4-year-old kindergarten programs, commonly called “4-K.” There are 985 children enrolled in 4-K. Two-thirds of these children are in 4-K programs that are part-day and one-third attend for the school day. There are about 100 centers in the county, including the school-based 4-Ks and the Head Start centers; there are 75 family child care homes.²⁵

The bottom line is that the vast majority of young children in Spartanburg County are in settings outside their homes and have daily experiences with adults other than their parents. The quality of these relationships is a factor in early childhood development.

Supply

In terms of the basic supply – are there enough places for children? – the answer seems to be ‘yes,’ according to state data on regulated centers and homes in Spartanburg County. There are about 10,250 spaces in regulated centers and homes in the county.²⁶ Note that these programs may enroll children up to age twelve or so, not just children under five, in whom we are most interested. A common benchmark for judging adequacy of supply is that the number of regulated spaces should equal 25% of the total number of children. There are about 43,500 children birth through age twelve in Spartanburg County, so there should be 10,850 regulated spaces, which is roughly equal to the number available currently.

Program Quality

In terms of early childhood development, there are several significant questions beyond supply. What is the quality of these settings? What are the qualifications of the people who are working with children in these settings? What kinds of professional development are available to these teachers?

One widely accepted measure of the quality of center and home-based programs is meeting national standards for accreditation. The major national bodies that accredit early childhood programs are the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC). There are over 100 centers in Spartanburg County; just three are accredited by NAEYC. These are: Spartanburg Regional Medical Center's Child Development Center, University of South Carolina at Spartanburg's Child Development Center, and United Way Partnership Early Head Start. Of the approximately 85 family child care homes, none are accredited by NAFCC.

The state of South Carolina has taken modest steps to create incentives for quality in the state's child care subsidy program, called Advocates for Better Care (ABC).²⁷ The state Department of Health and Human Services established ABC standards at three levels and pays slightly higher rates for facilities that are at the two higher levels. Child care facilities must enroll in ABC in order to receive payments through the subsidy system. Level 1 facilities meet the state's basic regulations for legal operation, which cover health and safety to protect children from harm. Level 2 facilities agree to be observed and rated annually on standards that go a bit beyond basic regulations to include several key areas such as caregiver-child interactions and materials and activities for learning. Level 2 facilities are commonly referred to as "enhanced." Level 3 facilities meet all Level 2 requirements and have also achieved national accreditation either from NAEYC for centers or NAFCC for homes. In Spartanburg County, there are 36 enhanced centers and 4 enhanced homes.

Teacher Quality

Who is teaching young children in Spartanburg County? The quality of a child's experience is associated with the number of children compared with the number of adults (child:staff ratio), the size of the group of children (class size) and several characteristics of the staff. Quality of children's experiences and the child outcomes produced are related to education levels of staff, retention of staff from year to year, and staff compensation.

NAEYC's national accreditation standards, which are research-based, expect that a group of 4-year-olds has no more than 20 children with 2 adults. The teacher in charge of the group of children is expected to have at least a Child Development Associate²⁸ (CDA), which is a national credential, or an associate's degree in early childhood education/child development.²⁹ The state of South Carolina's basic regulations for child care allow one adult for each 18 four-year-olds and have no limit on the size of the group of children; staff need only have a high school degree (or equivalent) and agree to do 12 hours of training each year. By contrast, federal Head Start Performance Standards³⁰ require that groups of 4-year-olds have no more than 20 children with 2 adults (teacher and teacher aide), one of whom must have at least a CDA. By 2003, the teacher qualification requirement for Head Start increases to an associate's degree in early childhood education/child development. Teachers in South Carolina 4-K programs must either have a state

teaching certificate in early childhood education, a bachelor's degree in child development or a bachelor's degree in another subject with at least one early childhood education course.³¹

The recent survey of the workforce in regulated programs offers some useful information about actual staff qualifications in Spartanburg County.³² In 2000, about 30% of center directors said most to all of their preschool staff have a two-year or four-year college degree; 52% reported few to none of their staff have a child care credential of any kind. Just 35% of centers experienced no turnover in the previous two years among preschool staff. Only 15% of Spartanburg centers pay preschool staff above \$8.00 per hour and only 1/3 of centers offer staff health insurance or paid sick days. Currently, all the teachers in Spartanburg County's Head Start programs have a CDA credential.³³

Turning to family child care homes, 20% of home providers have an associate or higher degree. Forty percent have gross earnings of less than \$300 per week and just 2% gross more than \$500 per week. While most (92%) have health insurance, only 4% get it through their child care business. Nonetheless, they are a stable group: 70% have been providing family child care for five years or longer.

Professional Development

Given the relatively low levels of education of child care staff in Spartanburg County, access to professional development opportunities, especially ones that lead to credentials and degrees, is an important factor in the quality improvement equation. South Carolina has a statewide professional development system administered by the Center for Child Care Career Development through South Carolina First Steps. It offers the South Carolina early childhood credential that is awarded on completion of the 60 hour course, Early Childhood Development 101, taught at all technical colleges across the state including Spartanburg Tech. In addition, there are several area colleges that offer four-year degree programs in early childhood teaching, including South Carolina State University, Presbyterian College, Winthrop University and the University of South Carolina at Spartanburg.

Current Initiatives in Spartanburg County

Spartanburg County First Steps is addressing program quality in two ways. They offer quality improvement grants to facilities for materials to assist them in meeting enhanced ABC standards. The grants are about \$3,500 per center. Spartanburg County First Steps has also offered special needs incentive grants at \$5,000 per facility to reduce barriers to caring for children with special needs.

At the state level, South Carolina First Steps is the licensee for Teacher Education And Compensation Helps Early Childhood (T.E.A.C.H. Early Childhood), a scholarship program that supports the cost of pursuing education for a child care staff member in exchange for a commitment to remain at the program and a commitment by the employer to increase the scholarship recipient's pay when they complete the education. T.E.A.C.H. Early Childhood is funded by the South Carolina Department of Health and Human Services. Scholarships are available to support levels of education up to the associate degree. Spartanburg County First Steps is supporting professional development with incentive grants to facilities. Each facility

gets \$325 per person completing ECD 101 and the individual gets \$50. During 2001-02 year, 125 staff participated in this initiative.

At the end of June, a joint professional development conference for child care programs in the county was held on a weekend. It was co-sponsored by Spartanburg County First Steps, the University of South Carolina at Spartanburg, Spartanburg Tech, the Center for Child Care Career Development, and Child Care Resource and Referral of Upstate. The purpose of the conference was to provide educational workshops for staff and a forum for staff to interact with faculty from colleges that offer early childhood courses. The event was well-attended and many participants expressed appreciation and requested more such opportunities.

This recent collaboration offers some guidance on the capacity of organizations to take on early childhood improvement efforts. The major local organizations with interests in early childhood are the colleges, Spartanburg County First Steps and the Center for Child Care Career Development. The South Carolina Department of Health and Human Services is a catalyst for professional development in the state, funding the Center for Child Care Career Development, T.E.A.C.H. Early Childhood, and sponsoring statewide “summits” for colleges to connect associate and bachelor degree programs. (See the Appendix for a list of contact information for these and other potential partners.)

PHILANTHROPIC INVESTMENT OPPORTUNITIES

Young children and early childhood development are key areas of interest for foundations throughout the country. Since 1993 the Early Childhood Funders Collaborative (ECFC) has served as a gathering place for foundations who share a strategic interest in early childhood. The ECFC functions as a learning community, information exchange and venue for crafting joint initiatives to improve early childhood development.

WHAT ARE OTHER FUNDERS DOING?

Among the ECFC members are national foundations with a defined program area in early childhood, foundations that focus some of their responsive grantmaking on early childhood and a few foundations that have made early childhood their main focus. Several of the members of the ECFC are regional or local foundations; some of these have early childhood as their major focus area for funding. Two of them – the Miriam and Peter Haas Fund of San Francisco and Sisters of Charity Foundation of Canton, Ohio – provide particularly good examples of how a local foundation whose grantmaking is targeted to a specific county has invested in early childhood and may offer some guidance to Mary Black Foundation. Both foundations are similar to Mary Black Foundation in amount of annual grantmaking and both focus on geographic areas similar in child population size to Spartanburg County. (See the Appendix for comparison charts.) San Francisco County has a population of about 30,000 children under five, while Stark County Ohio is home to about 24,000 children under five.

Miriam and Peter Haas Fund (San Francisco, California)³⁴

The Miriam and Peter Haas Fund, a family foundation, was incorporated in 1982 and established a general grantmaking program devoted to arts and culture, education, civic and public affairs,

and health and human services organizations. With the receipt of a large bequest in 1992, the Fund expanded to formalized operations and developed a specialized grantmaking focus. The early childhood grantmaking program was initiated in 1993-94. After reviewing research on early childhood, the Trustees concluded that young children and their families must be able to access high quality early childhood programs that are affordable to families and that link families to a comprehensive, coordinated system of services in their communities. From this understanding and the Trustees' desire to have a direct impact in San Francisco, a grantmaking strategy was developed that focuses on preschool-age children and concentrates resources in the San Francisco area. Initially, the major direct service strands of the Fund's early childhood program were: 1) supporting mental health services in early childhood settings, 2) seeding reform and improvement of the San Francisco school district's child development programs, and 3) supporting center-based early childhood programs throughout the City with a materials and equipment small grants program. Early childhood grants in 1994 totaled \$738,000.

Throughout 1994 and into 1995, the Trustees assessed the Fund's growing experience with early childhood grantmaking and refined their theories of philanthropic impact. They knew that high-quality early childhood programs offer low-income children a real chance to improve their educational performance and become productive citizens. They also knew that centers serving such children are chronically under-funded and thus unable to produce the kind of quality program that makes a difference. They believed that providing significant resources to a small number of early childhood programs would demonstrate that high quality can be produced. These programs could become "models" of high-quality, developmentally appropriate child care. They firmly believed that financial resources must be provided within a framework of careful planning and review, in response to identified and well-documented needs, and supported by significant technical assistance—creating, in essence, a partnership between center and funder focused on quality improvement. Thus, the Model Centers Initiative was launched.

In June of 1995, the Miriam and Peter Haas Fund awarded \$10,000 to each of four centers for conducting the needs assessment. In 1996, the first year of the Initiative, the total direct support for the four Model Centers was \$1,191,014. Grants continued at about this level through 1998. As planned, the fourth (1999) and subsequent years of funding were reduced and eventually funding for these centers phased out in 2001. An evaluation of the Model Centers showed that each center made significant gains in overall quality moving from scores of 3 (minimal) on a widely used measure (the Early Childhood Environment Rating Scale) to scores between 5 and 6 (good to excellent). The highest possible score is 7. A new cadre of centers was invited to join the Initiative in 2002.

Each year, several organizations are funded to provide technical assistance to the Model Centers and/or to explore feasible solutions to issues of concern to the Model Centers, to the Initiative and the surrounding area in which the Model Centers operate. These included California Child Care Health Project in Oakland to provide health assessment and health consultation in child care centers and train child care staff to be health advocates; the Child Care Law Center in San Francisco to provide general legal technical assistance; the Parent Services Project in San Rafael to develop family engagement programs and support efforts on male involvement in early childhood programs; Asian Neighborhood Design in the San Francisco Bay Area to explore options for facility design and construction financing and to provide specific consultation to each

of the Model Centers; and the Children's Council of San Francisco and San Francisco City College to create and implement a plan for improving early childhood professional development in San Francisco.

The Haas Fund's early childhood grantmaking was able to leverage funds from other sources. The Early Childhood Mental Health Initiative is an example. The goal of the initiative is to improve the quality of early care and education by providing mental health consultation to adults (families and staff) and therapy to children to promote healthy social and emotional development. Through a series of grants to collaborations between leading mental health organizations and child care programs in the City, the Fund was able to demonstrate innovative approaches to successfully provide mental health support to children, families and staff in child care programs. (For more information, see the report *Mental Health Approaches in Early Childhood Settings*, available from the Fund.) In 1999, the City of San Francisco committed over \$1 million in public funds to continue and expand this effort to improve the quality of early childhood care and education through mental health consultation to child care providers and parents and therapy to children. This continuing public commitment helps many child care programs in the City by offering on-site mental health consultants.

To reach out to other philanthropists and public opinion leaders, the Fund commissioned a publication, *Early Childhood Education: A Social and Economic Imperative*, that summarizes the rationales for investment in early childhood education.

*Sisters of Charity Foundation of Canton (Stark County, Ohio)*³⁵

The Sisters of Charity of St. Augustine have existed for over 150 years, devoting much of their mission to healthcare in hospitals in Canton and Cleveland, Ohio and in Columbia, South Carolina. The Sisters of Charity Foundation of Canton was established in 1995 with funds made available by the purchase of the Mercy Medical Center. The newly formed foundation, focused solely on Stark County, began with a "commitment to address the needs of the poor and underserved by understanding the root causes of poverty, nurturing the growth of healthy communities, emphasizing youth and family, and measuring the outcomes of these efforts." Initial grantmaking was responsive.

To determine future areas of focused grantmaking, research was begun early in 1996 on several possible grantmaking areas including job training, prenatal care, health access, early childhood development and transportation. Staff conducted research reviews, examined national and local data and sought extensive community input primarily through interviews and focus groups. Early childhood, specifically child care, emerged as the overwhelming concern of parents, employers and educators across the county. Further, the community's input demonstrated that access or availability of child care was not the main issue; their strongest concern was about the quality of child care. Based on this community consensus, staff explored strategies to improve child care quality. Recognizing that overall program quality depends largely on the education and skills of staff, that voluntary national quality standards were in place, and that public investment in the long run rested on public attitudes, the staff proposed four major areas: accreditation of programs, support services directly to programs, professional development for staff and public awareness. True to the Sisters' commitment, an evaluation was also planned.

The Foundation's interest in early childhood also came from several factors external to Stark County. Recent research had provided sound scientific evidence that an individual's capacities are not fixed at birth, but significantly affected by the environment. Strong and secure attachment in the early years leads to future ability to cope socially and emotionally. Early education, especially for children in poverty, has profound positive impact on later academic achievement. The advent of welfare reform nationally, the steady increase in the number of children with working parents, the overall low level of child care quality and the growing philanthropic and public interest in these issues also influenced their decision.

In May 1998, the Foundation's Board committed \$1 million to launch the Quality Child Care Initiative. This was the Foundation's first proactive grantmaking. The initial commitment has been renewed each year and is now a five-year commitment. Quality Child Care employs four strategies: accreditation, support services, professional development and public awareness, supported by evaluation.

Accreditation was chosen as the vehicle for quality improvement because national accreditation is an accepted benchmark of quality, its standards are comprehensive and represent a 'stretch' for nearly all programs, and it provides a measurable indicator of progress. In 1998, there was only one accredited center out of the 120 centers in Stark County; now there are 32. Initially, the Foundation provided grants to nonprofit centers and preschools to pursue accreditation from the NAEYC. These continue and are supported by a facilitation project that provides mentors from accredited centers to support centers in the process of pursuing accreditation.

Support services were originally conceived as a way to provide more intensive support to urban centers with especially needy children to assist them in pursuit of accreditation. Through the evaluation and conversations with center directors across the county, a common need for child behavior interventionists emerged. In response, the Foundation established in 2000 a Behavior and Parenting Support Center at a local university. The Center offers both direct onsite intervention for child care programs and extensive training courses for child care staff. Another common concern was curriculum development, and in response the Foundation funded the local branch of the Ohio Department of Education to offer onsite curriculum development, staff training workshops, and funds for model classrooms in five sites.

Professional development is carried out largely through the Early Childhood Resource Center, established with Foundation support. The center was the recommendation of a group of early education faculty from area colleges and universities along with practitioners convened to explore the best means of supporting professional development. The Center offers educational workshops for all early childhood practitioners and parents in Stark County. The Center has a production lab, a computer classroom, and a lending library of educational materials and equipment (in cooperation with the county library system) and offers scholarships for staff pursuing credentials and associates degrees at local colleges.

Public awareness began with a survey in late 1999 to establish the baseline of public preferences for child care, current usage, and general understanding of quality. Half of respondents identified good quality trustworthy child care as the most important issue facing working parents, only a quarter were satisfied with child care currently available in the county, and two-thirds

agreed it was very hard for low-income families to find good care. Findings were used to develop a community-wide quarterly newsletter and informational brochures as well as articles in local newspapers. The public awareness survey is slated to be repeated at 2 year intervals to assess change in public attitudes.

Sisters of Charity has been able to make a discernible difference in quality in a few years and is committed for the long haul. They are convinced that launching a focused initiative was key to their success. Concentrating on an area allows for deeper knowledge and sharper focus on outcomes. The Foundation believes that their success is largely the reason that the WK Kellogg Foundation selected Stark County over other Ohio counties for a school readiness initiative. The SPARK (Supporting Partnerships to Assure Ready Kids) Initiative³⁶ will bring \$4 million into the county over the next five years, leveraging local resources effectively and bringing national recognition to Stark County.

Common Approaches of Local Funders

Both the Haas Fund and Sisters of Charity wanted to make a difference for young children and families in their local community. From their perspective, children's well-being is related to family well-being which is, in turn, related to community well-being. To help families improve economically requires child care. For children to enter school ready to learn requires good early care and education experiences at home and in other settings. Essentially, these local philanthropists understood early childhood development to be the linchpin of any attempt to improve the quality of life for children and families.

They recognized that early childhood development is a major societal issue, and one that is influenced by federal and state policies. They made the issue manageable, and increased their chances for success, by concentrating on their own community and carefully choosing a package of related strategies. Both chose to work on developing 'models of excellence' to show that high quality can be achieved in practice in the real world (not just in early intervention programs in academic settings). Both chose strategies that addressed quality improvement from the whole program perspective, Haas Fund through partnerships with a select group of centers and Sisters of Charity through accreditation. Both also addressed individual improvement, the key element of teacher quality, with strategies to expand and improve professional development. Both developed support services to address the behavioral and mental health of children. Both also believe that philanthropy succeeds best when it works in partnership with community organizations. There are many potential partners for MBF in Spartanburg and beyond, some of which are listed in the Appendix.

The lesson from these local funders for the Mary Black Foundation is this: with the right set of strategies, community partners and clear focus, a local funder can make a positive impact on early childhood development in its own community.

WHAT CAN THE MARY BLACK FOUNDATION DO?

Primary prevention is an appropriate frame for considering philanthropic options for early childhood development. The fable at the beginning of this paper illustrates the MBF philosophy – MBF is the visitor who focuses on helping the community identify and change the upstream cause of the downstream problem. The health and wellbeing of the Spartanburg community is

related to the health and wellbeing of its families and children. Early childhood development is the foundation of a healthy community. Children who grow up healthy, in caring families, and experience quality early care and education are eager to learn when they enter school, and more likely to succeed academically and socially and to grow up to be engaged and productive citizens.

A coherent approach to early childhood development is one that addresses both parenting and early childhood experiences as well as traditional health issues. Prevention strategies to improve the odds of success for all children are strategies that demonstrate what is possible, have the potential for widespread diffusion, and, ultimately, can garner public support. MBF already has significant experience with the ‘model’ approach through its support of the Middle Tyger Community Center, a model family support center which has developed many successful programs through partnerships with community service providers.

Early childhood development is essential to community health; it is clearly prevention and offers MBF a focus area with high potential for success. There are several key leverage points that local philanthropy has employed to good effect in early childhood development. Based on lessons learned in other communities, to be effective the investment will need to be sustained over at least five years. Setting achievable benchmarks to track progress over time helps to keep the community engaged. Focus is important so that resources and effort are concentrated. Finally, a package of inter-related strategies appears to be more successful than a single strategy. Philanthropic investment in Spartanburg County might employ several of the strategies³⁷ outlined below.

1. **Improve the quality of children’s experiences** – A community-wide quality improvement initiative aimed at all early care and education programs for children 0-5 – child care centers, family child care homes and schools – can have far-reaching effects on child development.
 - **Promote accreditation** – Create incentives and supports for programs to pursue national accreditation. This would likely need a community accreditation facilitation project, which usually involves mentoring, onsite technical assistance, grants for materials, etc. A community goal might be “By 2005, 10% of centers and 5% of homes will be nationally accredited.”
 - **Advance professional development** – Work with colleges to offer more credit-bearing courses that will lead to credentials and degrees. Consider a joint professional development center. Expand on T.E.A.C.H. and create additional financial incentives for pursuit of education.
 - **Create models of excellence** – Develop model early childhood centers in different parts of the county and establish 4-K programs in child care centers (and family child care homes) if they have qualified staff. This would take an effort similar to accreditation facilitation.
2. **Create essential health supports** – While much of the health agenda of early childhood, such as first trimester prenatal care and timely immunization of children, is being met through the existing healthcare system, there are gaps that can be filled.

- **Health/mental health consultation service** – Most early childhood programs do not have the expertise or resources to address the full range of children’s health needs, especially mental health. In several communities, replicable models of health consultation have been developed. A resource is the Center on Health Consultation.
 - **Voluntary nurse home visiting for all new parents** – There is ample evidence that home visits by nurses beginning in pregnancy and continuing through age 2 lead to good parenting practices, better child health, and improved social and academic outcomes for both child and parents.
3. **Strengthen and expand family support options for parents** – All families need some help as parents, whether they are first-time parents or seasoned veterans. Parents have questions about expectations for children’s behavior at different ages (stages of child development), knowing what to do with a newborn, how to handle sibling rivalry and many other concerns. Social support networks help families thrive.
- **Continue to support family support outreach** – Family support can emanate from many sources, as long as they are trusted by family members. Family resource centers, parent educators, family literacy programs and related efforts can be in the schools, libraries and other places such as churches. The Parents as Teachers National Center is a resource.
 - **Extend family support opportunities** -- Since so many children live in working families, connecting family support/parent education to early care and education programs makes sense as an outreach strategy. The Parent Services Project has a successful track record doing this in diverse communities; the Parents as Teachers model offers a curriculum for training child care staff to support parents.
4. **Encourage continuity** – The transition between preschool/child care and kindergarten can be a rocky road for children and for parents. Several communities have accepted the challenge of creating continuity between preschool and kindergarten through efforts such as joint staff development of preschool teachers and kindergarten teachers, community conversations among parents and teachers about what school readiness is, and processes to develop shared learning outcomes for children across the age range.
5. **Support family economic security** – Good child care is essential to family economic security. Helping families afford good child care is a role that some local funders have taken on.
- **Develop endowments for accredited centers** – Community foundations have helped individual centers create endowments that help support the cost of improved quality.
 - **Create a community scholarship fund** – Recognizing that the public child care subsidy system is only helping the poorest families and that many families need help paying for good child care, community foundations have set up scholarship funds. These function somewhat like the financial aid office of a college, basing awards on the difference between the tuition price and the family’s ability to pay.
6. **Promote public awareness** – Several local foundations have incorporated into their package of strategies modest efforts to increase public understanding about the importance of early childhood development. The expense of major ad campaigns is

beyond the budget of most local foundations, but pro-bono support has been found for billboards, newspaper inserts, etc. The key appears to be having a clear message and communicating it strategically. Public awareness/strategic communication³⁸ is best done in combination with program development strategies that provide examples of what is being promoted.

Local funders can make significant differences, changing the odds of success for children. A coherent multi-strategy approach to improving young children's early experiences, both in their homes and in settings outside their homes, can have profound effects on early childhood development and the overall health of the Spartanburg community.

APPENDIXES

CONTACT INFORMATION FOR KEY LOCAL ORGANIZATIONS

Spartanburg County First Steps
Carolyn Brooks
(864) 594-6762

Center for Child Care Career Development
Krista Kustra
(864) 250-8581

University of South Carolina at Spartanburg
Tom Reed
(864) 503-5579

Spartanburg Technical College
Patricia Voelker
(864) 591-3873

Clemson University
Institute on Family and Neighborhood Life
Janet Marsh
(864) 656-0229

United Way of the Piedmont
Success by Six
(864) 582-7556

Child Care Resource and Referral of Upstate South Carolina
Greenville's Child
Agnes Williams
(864) 467-4804

SELECTED RESOURCES OUTSIDE SOUTH CAROLINA

The **National Association for the Education of Young Children** (NAEYC), founded in 1926, is the nation's largest and most influential organization of early childhood educators and others dedicated to improving the quality of programs for children from birth through third grade. NAEYC's purpose is leading and consolidating the efforts of individuals and groups working to achieve healthy development and constructive education for all young children. NAEYC has over 100,000 members and a national network of nearly 450 local, state, and regional Affiliates. NAEYC Affiliate Groups work to improve professional practice and working conditions in early childhood education and to build public support for high quality early childhood programs. NAEYC is located in Washington, DC at (800) 424-2460 or on the web <<http://www.naeyc.org/>>

The **National Association for Family Child Care** (NAFCC), founded in 1982, is a national non-profit organization whose purpose is to assist and support state and local family child care associations. This assistance is provided through publications, conferences and other means for developing leadership and professionalism, addressing issues of diversity, and by promoting quality and professionalism through NAFCC's Family Child Care Accreditation. NAFCC is located in Salt Lake City, Utah at 801-269-9338 or on the web <<http://www.nafcc.org/>>

Parent Services Project (PSP), founded in 1980, is a national nonprofit organization dedicated to integrating family support into early childhood programs through training, technical assistance and education. PSP's family support strategies have taken root and thrive in a wide range of cultures and settings including child care centers, family child care homes, Head Start, elementary schools and teen parent programs in a wide variety of communities and many states. PSP is located in San Rafael, California at (415) 454-1870 or on the web <<http://www.parentservicesproject.org/>>

Parents as Teachers National Center was established in 1987 in response to the growth of the Parents as Teachers (PAT) program within and outside of Missouri. Provided in all Missouri public schools since 1984, PAT is an early childhood parent education and family support program serving families throughout pregnancy until their child enters kindergarten, usually age 5. The National Center develops curricula, trains early childhood professionals, and certifies parent educators to work with parents to provide them with parenting support and information on their developing child. The National Center is located in St. Louis, Missouri at (314) 432-4330 or on the web at <<http://www.patnc.org/>>

The **National Training Institute for Child Care Health Consultants** is a technical assistance center established in 1999 with funding from the federal Maternal and Child Health Bureau. The Center provides information about health consultation and offers a national child care health consultant training program. The Center is located in Chapel Hill, North Carolina at (919) 966-3780 or on the web <<http://www.sph.unc.edu/courses/childcare/index.html>>

The **National Child Care Information Center** (NCCIC), established in 1996 and funded by the federal Child Care Bureau, is a comprehensive clearinghouse of information on all aspects of early care and education. The website has extensive resources on multiple topics from inclusive child care to state prekindergarten programs well as descriptions of related organizations and links to them. NCCIC is located in Vienna, Virginia at (800) 616-2242 or on the web <<http://www.nccic.org/>>

COMPARISON OF THREE COUNTIES³⁹

	Total Population	Percent of population that is white	Percent of population that are children under 5	Population of children under 5	Percent of children in poverty
San Francisco County, CA	776,733	50%	4.1%	31,846	22%
Stark County, OH	377,438	90%	6.4%	24,156	16%
Spartanburg County, SC	253,620	75%	6.6%	16,739	18%

COMPARISON OF PHILANTHROPIC INVESTMENTS IN EARLY CHILDHOOD

Philanthropy	Annual Early Childhood Grants	Grant dollars per capita children under 5
Miriam & Peter Haas Fund	\$1,551,462	\$49
Sister of Charity of Canton	\$1,000,000	\$41

Endnotes

- ¹ The simple framework of health, family and programs guides many of the large-scale, organized efforts to affect early childhood development. North Carolina's Smart Start aims to have all children healthy and ready for school. Its programmatic and funding focus is on three major areas: health, family support and early education/child care. The majority of Smart Start funding supports early care and education. Kentucky's Early Childhood Development Authority oversees the KIDS (Kentucky Invests in Developing Success) Now Initiative, which supports child health, family support and home visiting, as well as significant efforts to improve the quality and availability of early care and education. Similarly, First Steps to School Readiness in South Carolina supports child health, parent education, family literacy, early education and child care.
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- ¹¹ Center for Career Development in Early Care and Education (2000). *Research Findings Relevant to Director Credentialing*. Boston: Wheelock College.
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- ¹⁶ Centers for Disease Control and Prevention (2002). Community Interventions To Promote Healthy Social Environments. *Morbidity and Mortality Weekly Report MMWR 51*(RR-01) 1-8.
- ¹⁷ Shore, Rima (1997). *Rethinking the Brain*. New York: Families and Work Institute.
- ¹⁸ Cost, Quality and Child Outcomes Study Team. (1999). Frances A. Campbell, Elizabeth P. Pungello, Shari Miller-Johnson, Margaret Burchinal, and Craig T. Ramey (2000) *Early Learning, Later Success: The Abecedarian Study Early Childhood Educational Intervention for Poor Children, Executive Summary*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center. <<http://www.fpg.unc.edu/~abc/>>
- ¹⁹ Barnett, W. Steven. Long-term Effects of Early Childhood Programs on Cognitive and School Outcomes. *The Future of Children* 5, 3 (1995): 25-50.
- ²⁰ Cost, Quality and Child Outcomes Study Team (1995). *Cost, Quality and Child Outcomes in Child Care Centers*. Denver, CO: University of Colorado.
- ²¹ Unless noted otherwise, the information in this section is primarily from South Carolina Kids Count 2001. <<http://167.7.127.238/kc/entire.asp?cnty=Spartanburg>>
- ²² South Carolina Department of Social Services (July 2002). *Food Stamp Caseload for Selected Counties*. Report FR388, Division of Information Systems.
- ²³ Data for Spartanburg are extrapolated from Census 2000 population figures and the most recent (1999) national data on working parents. Data from the mid-1990s indicates that South Carolina has a slightly higher proportion of working families than the nation as a whole, so these calculations are conservative estimates. National data are based on:
- Sonenstein, Freya L., Gary J. Gates, Stefanie Schmidt and Natalya Bolshun. (May 2002). *Primary Child Care Arrangements of Employed Parents: Findings from the 1999 National Survey of America's Families*. Occasional Paper Number 59. Washington, DC: The Urban Institute.
- ²⁴ Wirt, John, et al. (June 2002). *The Condition of Education 2002*. Washington, DC: U.S. Department of Education, National Center for Education Statistics. Page 43. Available on the web: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2002025>
- ²⁵ Head Start and public schools are required to report the number of children enrolled by age. Child care centers and homes are not required to report enrollment. A recent survey, *South Carolina Child Care: Survey of the Workforce 2000*, commissioned by the SC Department of Health and Human Services, asked regulated programs about the current enrollment of children birth to age 12. The approximately 100 centers in Spartanburg County are currently caring for 6,835 children. The 70 registered family child care homes were caring for about 350 children and the 5 group family child care homes were caring for about 50 children in 2000.
- ²⁶ _____ (February 2002). *Currently Approved/Licensed/Registered Child Day Care Facilities and Spaces by County*. Columbia, SC: South Carolina Department of Social Services, Division of Child Day Care Licensing and Regulatory Services.
- ²⁷ Marsh, Janet (April 2001). *South Carolina Child Care: Survey of the Workforce 2000*. Columbia, SC: South Carolina Department of Health and Human Services, ABC Child Care Program. Pages 6-12.
- ²⁸ A Child Development Associate (CDA) is an individual who has successfully completed a CDA assessment and has been awarded the CDA Credential. CDA is a national credential for adults who work with children birth through age 5, developed originally for staff of Head Start programs, that has reached well into other sectors of the early childhood field. The CDA credential is for one of three settings: center-based, home visitor or family child care. Center-based credentials have an endorsement for working with preschoolers or infants and toddlers. To be awarded the credential, a candidate must document 480 hours of direct experience working with young children and 120 hours of formal education such as college coursework across 8 areas, complete a written assessment and an oral interview, submit parent opinion surveys and be observed working with children. There are more than 100,000 CDAs. For more info, see the website <<http://www.cdacouncil.org/index.htm>>
- ²⁹ NAEYC (1999). *Guide to Accreditation*. Washington, DC: NAEYC.
- ³⁰ For more info on Head Start and the Performance Standards, see <<http://www2.acf.dhhs.gov/programs/hsb/>>
- ³¹ Information on teaching certificates is available at <www.scteachers.org/SCTeachers/Cert/Require/early-ch.htm>
- ³² Marsh, op. cit. Data tables for Spartanburg County provided by Janet Marsh.
- ³³ Information provided by Mary Lynne Diggs, South Carolina's Head Start-State Collaboration Director.
- ³⁴ Mitchell, A. and L. Sakai (2001). *The Model Centers Initiative of the Miriam and Peter Haas Fund: Final Evaluation Report (1995-2000)*. San Francisco: Miriam and Peter Haas Fund.
- ³⁵ The information on Sister of Charity Foundation of Canton comes from a telephone interview July 3, 2002 with Joni Close, program officer of the Foundation and from materials provided by the Foundation, including a brochure

Early learning is forever learning, several newsletters from 1998-2000 and the latest edition of their brochure describing the Quality Child Care Initiative.

³⁶ For more information on SPARK, see the website: <<http://www.wkcf.org/Programming/Overview.asp?CID=168>>

³⁷ Resources noted in this section are described along with contact information in the Appendix.

³⁸ The Communication Consortium Media Center is an excellent resource. Their website has summaries of media research and examples of successful campaigns: <www.earlycare.org>

³⁹ Census 2000, State and County Quick Facts from the website: <<http://quickfacts.census.gov/qfd/>>