The Research Base for a

Birth through Eight

State Policy Framework



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Early experiences in childhood lay a critical foundation for later success. The relationships, environments and supports that children experience have a profound impact on their development, because critical neurological and biological systems grow most rapidly in these earliest years and lay the foundation for later growth and development. Throughout early childhood, from birth through age eight, children need early, consistent, high-quality supports to promote and sustain their developmental gains.

Building on decades of research and theory identifying the essential supports for children's development, particularly vulnerable* children, a Birth through Eight Policy Framework emphasizes health, family support, and learning as critical policy areas, and standards, assessment practices, and accountability systems as critical foundations to implement the policies.

This framework emphasizes three important messages:

- There is an evidence base for the policy areas and policy foundations identified in the Birth through Eight State Policy Framework
- 2. The years starting at birth and continuing through age eight are a critical time for achieving positive health, learning, and economic outcomes later in life
- 3. The supports and experiences that children receive have a cumulative effect—each experience influences the next and sustains the growth and development that comes before.





With targeted supports, the period of time from birth through age eight can help put and keep children on a path to success. A Birth through Eight State Policy Framework focuses attention on what is critical within and across different aspects of early childhood development. By doing this, policy influencers and policy makers have a tool they can use to inform their decision making and guide policy choices. What follows is the evidence base for the framework, providing the research for the factors that contribute to, and sustain, the healthy growth and development of young children.

POLICY AREAS: HEALTH, FAMILY SUPPORT, LEARNING

Developmental Science is clear that children interact with their world in *dynamic* and *active* ways. This means that development is not predetermined but occurs in the context of children's relationships, experiences and environments. It also means that children actively shape their own development with their unique characteristics, interests and needs. Children's developmental trajectories are created over time through these transactions with their world. Patterns of interacting with the world are built on the experiences children have, and each experience influences the next. The period of birth through age eight is a critical period for this dynamic interplay between individual growth and the contexts of development—the home, early care and education, school and community. Supporting children's growth and well-being within and across these important contexts during early childhood can ultimately lead to good health, strong families, and better learning outcomes that predict high school graduation, long-term health and sustained success over time.¹ Developmental research indicates that targeted supports for children's *health*, *family supports*, and *learning* during the critical years starting at birth and continuing through age eight can make a difference in children's life trajectories.

Health Research

The first eight years of life are characterized by a series of critical periods during which development is particularly sensitive to experiences that are largely influenced by children's health and well-being. The development that occurs within these sensitive periods is often hardwired and becomes the foundation for all subsequent development. In this way, health in the first eight years of life has significant cumulative and sustained effects on child and adult outcomes. For example, poor health in utero leads to poor pregnancy outcomes² that further increase risk for poor health in early childhood. Young children with poor health are, in turn, at higher risk for serious conditions in adulthood such as obesity and cardiovascular disease³—many of which have serious economic and societal consequences.

When the quality of a child's life is compromised due to poor health, the quality of their subsequent development is also compromised. For example, prolonged and elevated stress due to adverse experiences early in life such as violence or abuse causes changes in neural circuitry and chemical composition in the brain, which make children less resilient over time.⁴ This reduced adaptability undercuts the developmental benefits of positive experiences and puts children at risk for physical and mental illness later in life.⁵

A child's health not only impacts their quality of life, it also dictates which experiences children can have. For example, children with poor nutrition and chronic illness are more likely to miss school, and therefore miss out on important social and academic opportunities. This is especially true for uninsured children, who are less likely to receive preventive care, needed services, and screenings that allow for the early identification and effective management of health concerns. Uninsured children living in poverty disproportionately suffer from lack of access to health care, particularly because poor children are less likely to be in excellent physical and oral health. Moreover, poor children stand to benefit the most from every high-quality developmental opportunity available to them—opportunities that are made possible largely by keeping children healthy and minimizing health risks as much as possible.

Policies that promote the health of all children—and particularly of vulnerable children—will enable these critical opportunities for development to be maximized and ensure that a strong foundation is set for all future development across the lifespan.

Health Policy Choices

- Timely and ongoing prenatal, pediatric, and oral health care⁹
- Access to affordable health insurance for children and families¹⁰
- Screening, assessment and appropriate follow-up for developmental delays or disabilities¹¹
- Partnerships to coordinate the identification and delivery of health care services with early learning programs¹²
- Community-based programs targeting sources of toxic stress such as violence, crime, substance abuse, and mental illness, combined with supports for parents and caregivers who need them¹³
- Simplify access, expand outreach, materials, training, and data use¹⁴ that will maximize¹⁵ participation of families, providers, schools and communities in the Special Supplemental Nutrition Program for Women, Infants and Children Program (WIC), the Child and Adult Care Food Program (CACFP) and the National School Lunch Program (NSLP).¹⁶

Family Support Research

Families play one of, if not the most, important role in a young child's life. Even before a child is born, families set the stage for their development, which begins with adequate prenatal care and a healthy pregnancy.¹⁷ Strong families ensure that their young children receive adequate food, shelter and medical attention¹⁸ and also ensure that children live in safe and stimulating environments in which to explore and learn.¹⁹ As children develop their skills and abilities through their relationships with those around them,²⁰ the opportunity to form secure attachments with sensitive, nurturing parents (or other primary caregivers) are critical to both their cognitive and social-emotional growth.²¹ A lack of a warm positive relationship with parents/caregivers increases the risk that children develop major behavioral and emotional problems, including substance abuse, antisocial behavior, and juvenile crime.²²

Factors such as poverty, low education and family stress can compromise parent-child relationship quality by limiting opportunities for stimulating and responsive interactions, provision of emotional support and exposure to activities that can enrich children's health, knowledge and skills.²³ Family support programs and services are designed to ensure that families are able to meet their needs and overcome stressors that may impair effective parenting. While the specific goals of family support programs may vary, they typically include increasing parents' knowledge of child development;²⁴ improving parenting skills;²⁵ providing work supports;²⁶ helping families to access health and nutrition services, job training, or treatment for substance abuse;²⁷ and reducing parental stress.²⁸ These goals are met through a variety of different activities such as parent education classes and support groups, parent-child groups and family activities, drop-in time, child care, information and referral services, crisis intervention and/or family counseling, and auxiliary support services (such as emergency food).²⁹ Overall, by helping families achieve self-sufficiency and function more effectively, support programs enable families to provide a nurturing environment that will foster the healthy development and school readiness of young children.³⁰

Family Support Policy Choices

- Voluntary, evidence-based, home visiting programs for new and expectant families at risk for poor child outcomes³¹
- Parent education and parent-child interaction programs that support development and nurturing of infants and toddlers
- Access to child care assistance for eligible families with provisions for quality and continuity of care³²
- Effective outreach and enrollment in programs that promote family economic stability and parent participation in higher education³³
- Prevention programs and services for children at risk of abuse and neglect and their families
- Family engagement policies starting with defining family engagement, establishing benchmarks of success for targeted populations, and monitoring progress³⁴
- Access to health care and education programs for children cared for by grandparents and other relative caregivers
- Core competencies for professionals tied to standards and desired outcomes.

Learning Research

Early childhood practitioners and elementary school educators have long seen the period of birth through age eight as a critical span of development for physical well-being and motor development, language and literacy development, cognitive development (including early math and science skills), social-emotional development, and motivational and regulatory skills associated with school readiness and later life success. The years from infancy through early elementary school are ones in which continuity of practice and integrated support services are needed. For example, this time period encompasses a shift from mastering the mechanics of language acquisition to mastering reading comprehension. Language acquisition in terms of both comprehension and production increases dramatically and rapidly in the first four years of life, and third grade (which most children enter at age eight) is seen as a watershed for moving from "learning to read" to "reading to learn". Similarly, as noted earlier in this research review, tremendous gains are made in physical and motor development as well as social-emotional development from early infancy through early elementary school.

Yet research indicates that low-income children tend to lag behind their more affluent peers on a range of developmental outcomes, including at school entry.⁴⁰ The gap in skill development between advantaged and more disadvantaged children emerges early⁴¹ and is predictive of academic trajectories through later schooling.⁴²

Children who experience high-quality care and education tend to have better outcomes across developmental domains than similar children who are not exposed to high-quality care. 43 Conversely, children experiencing poor-quality child care on average display more behavior problems, fewer language skills, and lower levels of academic skills than children in medium- or high-quality care.44 The benefits of high-quality early care and education are greater for vulnerable children⁴⁵ and there is some indication that greater exposure to high-quality early care and education environments (either by starting at a younger age or receiving more hours of such care) can improve cognitive developmental outcomes for young children.⁴⁶ Furthermore, children who enter formal schooling with stronger school readiness skills tend to maintain their advantage over the elementary school years, while children who enter with lower school readiness skills tend to maintain their relative disadvantage over time.⁴⁷ These findings emphasize the importance of insuring that all vulnerable children reach school entry with the strongest school readiness skills possible and the simultaneous need for elementary schools to support children so that early learning successes are sustained. 48 In addition, research indicates that making explicit connections between developmental contexts, especially during critical transition points (such as increasing the connections across the home and school environments when a child is moving to a new school setting) can help smooth out these developmental transitions and guard against stressful and detrimental outcomes for young children.⁴⁹ Such "bridging" activities between developmental contexts are key to supporting and sustaining the acquisition of new skills and abilities.

Learning Policy Choices

- Access to high-quality care and learning through high-quality standards based programs for infants and toddlers with educational, health, and development components; high-quality child care; voluntary, full-day preschool for all low-income 3- and 4-year-olds; and full-day kindergarten⁵⁰
- Partnerships between community and school-based early learning programs and services
- Opportunities for learning outside of the school day, including summer⁵¹
- Transition planning from early care, to preschool, to K-12 learning environments⁵²
- Core competencies for professionals tied to standards and desired outcomes⁵³
- Access to effective education, training (pre- and in-service) and in classroom practice⁵⁴
- Training and coaching for teachers working with special populations including dual language learners and children with disabilities⁵⁵
- Coordinated professional development, coaching and training that improves practice and provides effective learning opportunities for all children⁵⁶
- Specialized certification areas that reflect the education continuum, birth through grade three.

POLICY FOUNDATIONS:

STANDARDS, SCREENING AND ASSESSMENT, ACCOUNTABILITY SYSTEMS

Implementation Science asserts that positive outcomes for young children and families can be achieved when programs and services are enacted by a skilled workforce working within well-designed programs under strong leadership.⁵⁷ For this reason, policy choices must be based in evidence and undergirded by standards, assessment practices, and accountability practices that monitor and evaluate the effectiveness of the investments made to improve and sustain good outcomes for young children. These foundational elements cut across the areas of health, family support, and learning and serve as the underlying framework for effective policy implementation.

Standards

Standards establish quality and practice expectations for the field, as well as expectations that guide children's developmental progress. Many states have developed a statewide quality rating and improvement system to define, measure, monitor, and promote high-quality child care in homes, centers, or school-based settings.⁵⁸ Quality standards vary across states but usually include measures of professional development or the qualifications of teachers and caregivers, the quality of the learning environment, and family engagement efforts. Core knowledge or competency standards establish a set of personal characteristics and attributes that support effective job performance for early childhood and early elementary educators, caretakers, and practitioners who work with young children.⁵⁹ Learning standards or guidelines articulate what children should know and do at all stages of development. 60 These standards and guidelines typically address cognitive skills (language, reading, math, science), and foundational skills (social skills, behavioral control, motivation, problem solving) because both are essential for success in school and in life. There are several policy options states can pursue to support the development and implementation of effective standards that guide programs and practices that benefit children birth through eight.

Standards Policy Choices

- Developmentally appropriate early learning standards that reflect the major domains of development (social-emotional, physical, cognitive, and language) and foundational skill areas (literacy, math, science, social studies, and the arts)
- Alignment of early learning standards and K-12 standards across the major domains of development and foundational skill areas

- Implementation of standards through teacher training, curricula and assessment, with review of results for vulnerable children
- Quality Rating and Improvement Systems (QRIS) that are financed to advance programs to higher quality ratings and improved child outcomes
- Development and use of program quality and practice standards for family support providers.

Screening and Assessment Practices

Screening provides essential information about whether a child appears to be progressing as expected or if he or she may need additional supports to address special needs or developmental delays. The results of a screening indicate whether an in-depth diagnostic assessment is needed to identify if a child needs specific intervention services. Screenings may also be effective when conducted by pediatricians during well-child visits to detect maternal depression, which can have severe and negative effects on children's development.⁶¹ When screenings indicate that interventions are needed they typically include the coordination of family members, early educators, and medical or early intervention specialists?⁶²

Assessments measure children's progress towards meeting specified standards and benchmarks of child development. Assessment that are well designed are age appropriate in content and methodology, are tailored for a specific purpose, and are reliable, valid, and fair. Effective assessment systems benefit young children by informing adults and educators about individual children's strengths and areas of growth, particularly as they transition from early care and education settings to elementary school. To promote the use of effective assessment and screening practices states have several options.

Screening and Assessment Policy Choices

- Screenings for hearing, vision, metabolic disorders, and developmental delays with appropriate follow-up
- Timely, appropriate behavioral and mental health identification and intervention including the needs of children who come to the attention of the child welfare system
- Timely and appropriate assessment, referral, and enrollment in early childhood development and prevention programs
- Child assessment tools that are formative, as well as developmentally, culturally, and linguistically appropriate

- Assessment of the quality of learning environments, educator/child interaction, and teaching strategies
- Statewide Kindergarten entry assessment to assess readiness and inform initial instruction
- Aligned early learning, Kindergarten entry, and K-3 assessments.

Accountability Systems

Accountability systems across the policy areas can inform good policy decisions, effective and efficient resource allocation, effective instruction and provision of services, and continuous quality improvement. For example, statewide longitudinal early childhood data systems that are linked to the K-12 data systems can provide information about workforce and program quality of programs that serve children and progress from early care and education settings into elementary school. Accountability systems help define important benchmarks and outcomes for programs, children and families, and measure progress towards identified goals. States have several policy options for establishing accountability systems that support children from birth into elementary school.

Accountability Systems Policy Choices

- Clear benchmarks of outcomes for children, families, and program effectiveness from health, family support, and learning objectives
- Longitudinal, linked data systems between programs and state agencies that can be disaggregated by risk factors to inform strategies for improving program quality and child outcomes
- Early warning systems to identify problems such as chronic absence and allow for timely intervention
- Early childhood education program data collected and analyzed by children, programs and the workforce
- Professional development for data users (parents, teachers, administrators) to support the correct interpretation and use of data.

CONCLUSION

The findings from decades of developmental research are clear that early childhood, from birth through age eight, is a critical period for supporting children's health, their family relationships and their opportunities for learning. During this period, children develop patterns of relating to others, regulating their own behavior and emotions, engaging in new experiences and learning about the world through listening, talking and reading. The age range is important, as each experience influences the next and sustains the growth that comes before. A Birth through Eight State Policy Framework is a tool that reflects the essential policy areas and foundations to help guide policy decisions during this important time in children's lives.

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REFERENCES

"Vulnerable" is defined as having one or more of the following risk factors, which increases the likelihood of poor health, learning, and economic outcomes: poverty, low parental education, single or teenage parent, homeless, and high residential mobility.

ENDNOTES

- 1 Bronfenbrenner, U., & Evans, G. W. (2000). Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, *9*(1), 115-125.
 - Cairns, R. B., Elder, G. H., & Costello, E. J. (1996). *Developmental Science*. Cambridge, UK: Cambridge University Press. Fogel, A. (2011). Theoretical and applied dynamic systems research in developmental science. *Child Development Perspectives*, 5(4), 267-272.
 - Sameroff, A. J, & Fiese, B. H. (2000). Transactional regulation: The developmental ecology of early intervention. In J. P, Shonkoff & S. Meisels (Eds.), *Handbook of Early Childhood Intervention, Second Edition* (pp. 135-159). New York: Cambridge University Press.
- 2 O'Scholl, T., & Johnson, W.G. (2000). Folic acid: influence on the outcome of pregnancy. American Journal of Clinical Nutrition, 71, 1295S-1303S.
- 3 Center on the Developing Child at Harvard University. (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Cambridge, MA: Harvard University. Retrieved from http://www.developingchild.harvard.edu.
 - Painter, B.C., de Rooij, S.R., Bossuyt, P.M., Simmers, T.A., Osmond, C., Barker, D.J., . . . & Roseboom, T.J. (2006). Early onset of coronary artery disease after prenatal exposure to the Dutch famine. *American Journal of Clinical Nutrition*, 84, 322-327.
 - Leunissen, R.W.J., Kerkhof, G.F., Stijnen, T., & Hokken-Koelega, A. (2009). Timing and tempo of first-year rapid growth in relation to cardiovascular and metabolic risk profile in early adulthood. *Journal of American Medical Association*, 301(21), 2234-2242.
 - Barker, D.J.P. (2006). Adult consequences of fetal growth restriction. *Clinical Obstetrics and Gynecology, 49*(2), 270-283.
- 4 Johnson, S.B., Riley, A.W., Granger, D.A., & Riis, J. (2012). The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics*, 131(2), 319-327.
- Shonkoff, J.P., et al. (2012). The lifelong effects of Early Childhood Adversity and toxic stress. *Pediatrics, 129*, 232-246.
 Danese, A., Moffitt, T.E., Harrington, H., Milne, B.J., Polanczyk, G., Pariante, C.M., . . . & Caspi, A. (2009). Adverse childhood experiences and adult risk factors for age-related disease: Depression, inflammation, and clustering of metabolic risk markers. *Archives of Pediatric and Adolescent Medicine, 163*(12), 1135-1143.
 - Families USA. (2006). Why health insurance matters for children. Washington, DC: Campaign for Children's Health Care. Retrieved from http://www.childrenshealthcampaign.org/assets/pdf/Kids-Why-Insurance-Matters.pdf
- Families USA. (2006). Why health insurance matters for children. Washington, DC: Campaign for Children's Health Care. Retrieved from http://www.childrenshealthcampaign.org/assets/pdf/Kids-Why-Insurance-Matters.pdf
 - Center for Disease Control. (2013). The Case for Coordinated School Health. Atlanta, GA: CDC. Retrieved from http://www.cdc.gov/ healthyyouth/cshp/case.htm
- 7 Eisert, S. & Gabow, P. (2002). Effect of child health insurance plan enrollment on the utilization of health care services by children using a public safety net system. *Pediatrics*, 110, 940-945.
 - Devoe, J.E., Tillotson, C.J., Wallace, L.S., Lesko, S.E., & Angier, H. (2012). The effects of health insurance and a usual source of care on a child's receipt of health care. *Journal of Pediatric Health Care*, 26(5), e25-35.
 - Newacheck, P.W., Stoddard, J.J., Hughes, D.C., & Pearl, M. (1998). Health insurance and access to primary care for children. *The New England Journal of Medicine*, 338(8), 513-519.
- 8 Child and Adolescent Health Measurement Initiative. (2012). National Survey of Children's Health 2011/12 [Data file]. Retrieved from www.childhealthdata.org.
- 9 Central Intelligence Agency. (2013). World Factboook. Langley, VA: CIA. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/
 - UN Interagency Group for Child Mortality Estimation. (2012). Levels and Trends in Child Mortality, Report 2012. New York, New York: United Nations Children's Fund.
 - Alexander, G.R., & Kotelchuck, M. (2001). Assessing the role and effectiveness of prenatal care: History, challenges, and directions for future research. *Public Health Reports, 116*, 306-317.
 - Evans, W.N., & Lien, D.S. (2005). The benefits of prenatal care: evidence from the PAT bus strike. *Journal of Econometrics*, 125: 207-239.
 - Buck, G.M., Cookfair, D.L., Michalek, A.M., Nasca, P.C., Standfast S.J., & Sever, L.E. (1990). Timing of prenatal care and risk of sudden infant death syndrome. *International Journal of Epidemiology, 19*(4), 991-996.
 - Scholl, T.O., & Johnson, W.G. (2000). Folic acid: Influence on the outcome of pregnancy. *American Journal of Clinical Nutrition, 71*(suppl), 1295-1303.
 - Centers for Disease Control and Prevention. (1992). Recommendations for the use of folic acid to reduce the number of cases of spina bifida and other neural tube defects. *Morbidity and Mortality Weekly Report, 44*, 903.
 - Center on the Developing Child at Harvard University. (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Cambridge, MA: Harvard University. Retrieved from http://www.developingchild.harvard.edu.

- Kotch, Jonathan B. (2005). *Maternal and Child Health: Programs, Problems, and Policy in Public Health.* Sudbury, MA: Jones and Bartlett Publishers.
- 10 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2009). Women's Health USA 2009. Rockville. Maryland: U.S. Department of Health and Human Services.
 - Egerter, S., Braveman, P., & Marchi, K. (2002). Timing of insurance coverage and use of prenatal care among low-income women. *American Journal of Public Health*, *92*(3), 423-427.
 - Eisert, S. & Gabow, P. (2002). Effect of child health insurance plan enrollment on the utilization of health care services by children using a public safety net system. *Pediatrics*, *110*, 940-945.
 - Kotch, Jonathan B. (2005). Maternal and Child Health: Programs, Problems, and Policy in Public Health. Sudbury, MA: Jones and Bartlett Publishers.
 - Cassedy, A., Fairbrother, G., & Newacheck, P.W. (2008). The impact of insurance instability on children's access, utilization, and satisfaction with health care. *Ambulatory Pediatrics*, 8, 321-328.
 - Cummings, J.R., Lavarreda, S.A., Rice, T., & Brown, E.R. (2009). The effects of varying periods of uninsurance on children's access to health care. *Pediatrics*, 123(3), 411-418.
 - Kempe, A., Beaty, B.L., Crane, L.A., Stokstad, J., Barrow, J., Belman, S., & Steiner, J.F. (2005). Changes in access, utilization, and quality of care after enrollment into state child health insurance plan. *Pediatrics*, 115(21), 364-371.]
 - Devoe, J.E., Tillotson, C.J., Wallace, L.S., Lesko, S.E., & Angier, H. (2012). The effects of health insurance and a usual source of care on a child's receipt of health care. *Journal of Pediatric Health Care*, 26(5), e25-35.
 - Kotch, Jonathan B. (2005). *Maternal and Child Health: Programs, Problems, and Policy in Public Health.* Sudbury, MA: Jones and Bartlett Publishers.
 - Center on the Developing Child at Harvard University. (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Cambridge, MA: Harvard University. Retrieved from http://www.developingchild.harvard.edu.
- Thompson, D.C., McPhillips, H., Davis, R.L., Lieu, T.A., Homer, C.J., & Helfand, M. (2001). Universal newborn hearing screening summary of evidence. The Journal of the American Medical Association, 286(16).
 - US Preventive Services Task Force. (2004). Screening for visual impairment in children younger than 5 years: recommendation statement. *Annals of Family Medicine*, *2*, 264–266.
 - Mackrides, P.S. & Pyherd, S.J. (2011). Screening for Developmental Delay. American Family Physician, 84(5), 544-549.
- 12 Keyl, P.M., Hurtado, M.P., Barber, M.M., & Borton, J. (1996). School-based health centers: students' access, knowledge, and use of services. *Archives of Pediatric and Adolescent Medicine*, 150, 175-180.
 - Kaplan, D.W., Brindic, C.D., Phibbs, S.L., Melinkovich, P., Naylor, K., & Ahlstrand, K. (1999). A comparison study of an elementary school-based health center. *Archives of Pediatric and Adolescent Medicine*, 153, 235-243.
 - King, J.C., Stoddard, J.J., Gaglani, M.J., Moore, K.A., Magder, L., McClure, E., Rubin, J.D., Englund, J.A., & Neuzil, K. (2006). Effectiveness of school-based influenza vaccination. *New England Journal of Medicine*, 355(24), 2523-2533.
 - Rones, M. & Hoagwood, K. (2000). School-based mental health services: A research review. Clinical Child and Family *Psychology Review, 3*(4), 223-242.
 - Kotch, Jonathan B. (2005). *Maternal and Child Health: Programs, Problems, and Policy in Public Health.* Sudbury, MA: Jones and Bartlett Publishers.
- Shonkoff, J.P., Garner, A.S., The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood Adoption and Dependent Care, & Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129, 232-246.
- 14 Frieden, T.R., Dietz, W., & Collins, J. (2010). Reducing childhood obesity through policy change: Acting now to prevent obesity. Health Affairs, 29(3), 357-363.
 - Waters, E., de Silva-Sanigorski, A., Hall, B.J., Brown, T., Campbell, K.J., Gao, Y., . . . Summerbell, C.D. (2011). Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews, 12*.
 - Foltz, J.L., May, A.L., Belay, B., Nihiser, A.J., Dooyema, C.A., & Blanck, H.M. (2012). Population-level intervention strategies and examples for obesity prevention in children. *Annual Review of Nutrition*, 32, 391-415.
 - American Dietetic Association, 2010. Position of the American Dietetic Association: Food insecurity in the United States. *Journal of American Dietetic Association, 110*, 1368-1377.
 - Kotch, Jonathan B. (2005). *Maternal and Child Health: Programs, Problems, and Policy in Public Health.* Sudbury, MA: Jones and Bartlett Publishers.
 - Dunifon, R. & Kowaleski-Jones, L. (2003). The influences of participation in the National School Lunch Program and food insecurity on child well-being. *Social Service Review, 77*(1), 72-92.
- Johnson, S.B., Riley, A.W., Granger, D.A., & Riis, J. (2012). The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics*, 131(2), 319-327.
 - Shonkoff, J.P., Garner, A.S., The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood Adoption and Dependent Care, & Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129, 232-246.
 - Danese, A., Moffitt, T.E., Harrington, H., Milne, B.J., Polanczyk, G., Pariante, C.M., . . . & Caspi, A. (2009). Adverse childhood experiences and adult risk factors for age-related disease: Depression, inflammation, and clustering of metabolic risk markers. *Archives of Pediatric and Adolescent Medicine*, 163(12), 1135-1143.
- 16 Frieden, T.R., Dietz, W., & Collins, J. (2010). Reducing childhood obesity through policy change: Acting now to prevent obesity. Health Affairs, 29(3), 357-363.
 - Waters, E., de Silva-Sanigorski, A., Hall, B.J., Brown, T., Campbell, K.J., Gao, Y., . . . Summerbell, C.D. (2011). Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews, 12*.
 - Foltz, J.L., May, A.L., Belay, B., Nihiser, A.J., Dooyema, C.A., & Blanck, H.M. (2012). Population-level intervention strategies and examples for obesity prevention in children. *Annual Review of Nutrition*, 32, 391-415.

American Dietetic Association, 2010. Position of the American Dietetic Association: Food insecurity in the United States. *Journal of American Dietetic Association*, 110, 1368-1377.

Kotch, Jonathan B. (2005). *Maternal and Child Health: Programs, Problems, and Policy in Public Health.* Sudbury, MA: Jones and Bartlett Publishers.

- Dunifon, R. & Kowaleski-Jones, L. (2003). The influences of participation in the National School Lunch Program and food insecurity on child well-being. *Social Service Review, 77*(1), 72-92.
- 17 Love, J.M., Kisker, E.E., Ross, C.M., Schochet, P.Z., Brooks-Gunn, J., Paulsell, D., . . . Brady-Smith, C., (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start,* Executive Summary. Washington, DC: U.S. Department of Health and Human Services Administration for Children and Families Office of Planning, Research, and Evaluation.
- 18 Langford, J. (2009). The role of family support in an integrated early childhood system: Helping families get what they need to support their children's development. Washington, DC: Center for the Study of Social Policy.
- 19 Cox, M. J. & Harter, K. S. M. (2003). Parent-Child Relationship. In Bornstein, M. et al. (Eds.), Well-Being: Positive Development Across the Life Course (pp. 191-204). Mahwah, N.J.: Lawrence Erlbaum Associates, Inc.
- 20 Shonkoff, J.P., & Phillips, D.A. (2000). From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press Committee on Integrating the Science of Early Childhood Development.
- 21 Ainsworth, M. (1979). Infant-mother attachment. *American Psychologist, 34*, 932-937. Bowlby, J. (1969). *Attachment and loss: Vol. 1.* New York, NY: Basic
 - Dykas, M. J., & Cassidy, J. (2011). Attachment and the processing of social information across the life span: Theory and evidence. *Psychological Bulletin*, 137, 19-46.
- 22 NOTE: A lack of a warm positive relationship also includes insecure attachment, harsh, inflexible, rigid, or inconsistent discipline practices; inadequate supervision of and involvement with children; marital conflict and breakdown; and parental psychopathology (particularly maternal depression).
 - Coie, J. D. (1996). Prevention of violence and antisocial behavior. In R. D. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 1-18). Thousand Oaks, CA: Sage.
 - Loeber, R., & Farrington, D. P. (1998). Never too early, never too late: Risk factors and successful interventions for serious and violent juvenile offenders. *Studies on Crime and Crime Prevention, 7*(1), 7-30.
- 23 Zaslow, M.J., Dion, M.R., Hair, E. Sargent, J. & Ahluwalia, S. (2001). Maternal depressive symptoms and low literacy as potential barriers to employment in a sample of families receiving welfare: Are there two generational implications? *Women and Health, 32*, 211-251.
- 24 Roggman, L.A., Boyce, L.K., & Cook, G.A. (2009). Keeping kids on track: Impacts of a parenting-focused early head start program on attachment security and cognitive development. *Early Education and Development*, 20(6), 920-941.
- 25 Marcynyszyn, L.A., Maher, E.J., & Corwin, T.W. (2011). Getting with the (evidence-based) program: An evaluation of the Incredible Years parenting training program in child welfare. Children and Youth Services Review, 33, 747-757.
- 26 Bromer, J., & Henly, J.R., (2004). Child care as family support: Caregiving practices across child care providers. Children and Youth Services Review, 26, 941-964.
- 27 Langford, J. (2009). The role of family support in an integrated early childhood system: Helping families get what they need to support their children's development. Washington, DC: Center for the Study of Social Policy. Love, J., Kisker, E., Ross, C., Raikes, H., Constantine, J., Boller, K., et al. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. Developmental Psychology, 41(6), 885-901. Martin, A., Gardner, M., Brooks-Gunn, J., & Hill, J. (2008). Early Head Start Impacts Over Time and by Level of Participation.: Mathematica Policy Research, MPR Reference No. 6260-520..
- 28 Sanders, M. R., K. M. Turner, et al. (2002). The development and dissemination of the Triple P-Positive Parenting Program: A multilevel, evidence-based system of parenting and family support. *Prevention Science*, 3(3), 173-189.
- 29 Langford, J. (2009). The role of family support in an integrated early childhood system: Helping families get what they need to support their children's development. Washington, DC: Center for the Study of Social Policy.
- 30 National Center for Children in Poverty. (2007). Family support: A key topic resource list. New York, New York: Columbia University. Retrieved from http://www.childcareresearch.org/childcare/resources/12625/.
- 31 Kahn, J.A, & Moore, K. A. (2010). What works for home visiting programs: Lessons from experimental evaluations or Programs and interventions. Child Trends Fact Sheet. Washington, DC: Child Trends.
 - NOTE: Child Trends reviewed rigorous evaluations for 35 Home Visiting Programs targeting children ages birth to three and found positive effects in 17.
 - McKlindon, A., Kahn, J., & DeVooght. (2010). *Home Visiting: A Review of National and Local Models.* Washington DC: Child Trends.
 - Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435-1456.
 - Olds, D., Henderson, C.R., Kitzman, H., & Cole, R. (1995). Effects of prenatal and infancy nurse home visitation on surveillance of child maltreatment. *Pediatrics*, *95*(3), 365–372.
 - Kahn, J.A, & Moore, K. A. (2010). What works for home visiting programs: Lessons from experimental evaluations or Programs and interventions. Child Trends Fact Sheet. Washington, DC: Child Trends.
 - Avellar, S., & Paulsell, D. (2011). Lessons Learned from the Home Visiting Evidence of Effectiveness Review. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services. Mathematica Policy Research.
- 32 Danziger, S. K., Ananat, E. O., & Browning, K. G. (2003). *Childcare subsidies and the transition from welfare to work.* (Working paper series #03-11). Ann Arbor, MI: National Poverty Center.

Goerge, R., Harris, A., Bilaver, L. M., Franzetta, K., Reidy, M., Schexnayder, D., & . . . Resnick, D. M. (2009). *Employment outcomes for low-income families receiving child care subsidies in Illinois, Maryland, and Texas.* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Service.

Press, J. E., Fagan, J., & Laughlin, L. L. (2006). Taking pressure off families: Child-care subsidies lessen mothers' work-hour problems. *Journal of Marriage and the Family*, 68, 155-171.

Forry, N. D., & Hofferth, S. (2010). Maintaining work: The influence of child care subsidies on child care related work disruptions. *Journal of Family Issues, 32*, 346-368.

Crosby, D. A., Gennetian, L. A., & Huston, A. C. (2005). Child care assistance policies can affect the use of center-based care for children in low-income families. *Journal of Applied Developmental Science*, 9(2), 86-106.

- 33 Adams, G., & Compton, J. (2011). Client-friendly strategies: What can CCDF learn from research on other systems? Washington, DC: The Urban Institute. Available online: http://www.urban.org/UploadedPDF/412526-client-friendly-strategies.pdf
- 34 Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). Family-provider relationship quality: Review of conceptual and empirical literature of family-provider relationships, OPRE Report #2012-46, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Forry, N., Moodie, S., Simkin, S. & Rothenberg, L. (2011). Family-provider relationships: A multidisciplinary review of high quality practices and associations with family, child, and provider outcomes. OPRE Issue Brief # 2011-26a. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

National Center on Parent, Family and Community Engagement. (2011). The Head Start parent, family, and community engagement framework promoting family engagement and school readiness from prenatal to age eight. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

Weiss, H. B., Bouffard, S. M., Bridglall, B. L., & Gordon, E. W. (2009). Reframing family involvement in education: Supporting families to support educational equity (Equity Matters: Research Review No. 5. New York, NY: The Campaign for Educational Equity, Teachers College, Columbia University.

- 35 Kagan, S.L., Moore, E., & Bredekamp, S. (1995). Reconsidering children's early development and learning: Toward common views and vocabulary. Washington, DC: National Education Goals Panel Goal 1 Technical Planning Group.
- 36 See National Association for the Education of Young Children (2003). Early childhood curriculum, assessment and program evaluation: Building an effective, accountable system in programs for children birth through age 8. (Position statement). Washington, DC: NAEYC. Retrieved from http://www.naeyc.org/files/naeyc/file/positions/CAPEexpand.pdf. See also the position statement from the National Association of Early Childhood Teacher Educators on Early Childhood Certification for Teachers of Children 8 Years Old and Younger in Public School Settings. Retrieved from http://www.naecte.org/docs/ECE%20certification%20position%20statement.pdf. There are many institutes of higher education that support pre-service education for educators serving children ages birth to 8 which result in certificates and licensing for birth to eight educators, recognizing continuity across this time frame.
- 37 Hoff, E., & Shatz, M. (2007). Blackwell Handbook of Language Development, Malden, MA: Blackwell Publishing.
- 38 Snow, C.E., Burns, M.S., & Griffin, P. (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press. National Research Council Committee on the Prevention of Reading Difficulties in Young Children.
- 39 Cox, M. J. & Harter, K. S. M. (2003). Parent-Child Relationships. In Bornstein, M. et al. (Eds.), Well-Being: Positive Development Across the Life Course (pp. 191-204). Mahwah, N.J.: Lawrence Erlbaum Associates, Inc. Cox, M. J. & Harter, K. S. M. (2003). Parent-Child Relationship. In Bornstein, M. et al. (Eds.), Well-Being: Positive Development Across the Life Course (pp. 191-204). Mahwah, N.J.: Lawrence Erlbaum Associates, Inc.
- 40 Brooks-Gunn, J., & Duncan, G. (1997). The effects of poverty on children. The Future of Children, 7(2).
 Lee, V., & Burkham, D. (2002). Inequality at the starting gate: Social background differences in achievement as children begin school. Washington, DC: Economic Policy Institute.
 - Reardon, S.F. (2011). The widening academic achievement gap between the rich and the poor: New evidence and possible explanations. In R. Murnane & G. Duncan (Eds.), Whither opportunity? Rising inequality and the uncertain life changes of low-income children. New York: Russell Sage Foundation Press.
- 41 Fryer, R., & Levitt, S. (2004). Understanding the black-white test score gap in the first two years of school. The Review of Economics and Statistics, 86, 447-464.
 - Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., & Vick, J. (2009). *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study Birth Cohort (ECLS-B)*. Washington, DC: Child Trends.
- 42 Entwisle, D. R., & Alexander, K. L. (1999). Early schooling and social stratification. In R. C. Pianta & M. J. Cox (Eds.), *The transition to kindergarten* (pp. 13-38). Baltimore, MD: Paul H. Brookes Publishing.
- 43 Thornburg, K. R., Mayfield, W. A., Hawks, J.S., & Fuger, K. L. (2009). *The Missouri Quality Rating System School Readiness Study: Executive Summary.* Kansas City, M.O.: Center for Family Policy & Research University of Missouri and the Institute for Human Development University of Missouri. Available at: http://cfpr.missouri.edu/MOQRISexec.pdf
- 44 Burchinal, M. et al. (2000). Children's social and cognitive development and child care quality: Testing for differential associations related to poverty, gender, or ethnicity. *Applied Developmental Science*, 4(3), 149-165.
- 45 Halle, T.G., Hair, E.C., Burchinal, M., Anderson, R., & Zaslow, M. (2012). In the running for successful outcomes: Exploring the evidence for thresholds of school readiness. Technical Report. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Available online: http://aspe. hhs.gov/hsp/13/InTheRunningTechnicalReport/rpt.pdf

- 46 Zaslow, M., Anderson, R., Redd, Z., Wessel, J., Tarullo, L., & Burchinal, M. (2010). Quality Dosage, Thresholds, and Features in Early Childhood Settings: A Review of the Literature, OPRE 2011-5. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services.
- 47 Halle, T.G., Hair, E.C., Burchinal, M., Anderson, R., & Zaslow, M. (2012). In the running for successful outcomes: Exploring the evidence for thresholds of school readiness. Technical Report. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Available online: http://aspe. hhs.gov/hsp/13/InTheRunningTechnicalReport/rpt.pdf
- 48 Halle, T.G., Hair, E.C., Burchinal, M., Anderson, R., & Zaslow, M. (2012). In the running for successful outcomes: Project overview. ASPE Research Brief, Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Available online: http://aspe.hhs.gov/hsp/13/InTheRunningOverview/rb.pdf
- 49 Fogel, A. (2011). Theoretical and applied dynamic systems research in developmental science. *Child Development Perspectives*. 5(4), 267-272.
 - Reynolds, A. J., Magnuson, K. A., Ou, S. (2010). Preschool-to-third grade programs and practices: A review of research. *Children and Youth Services Review 32*, p 1121-1131.
- 50 Burchinal, M. et al. (2000). Children's social and cognitive development and child care quality: Testing for differential associations related to poverty, gender, or ethnicity. *Applied Developmental Science*, 4(3), 149Đ165.
 - Burchinal, M., Kainz, K., & Cai, Y. (2011). How well do our measures of quality predict child outcomes? A metaanalysis and coordinated analysis of data from large-scale studies of early childhood settings. In Zaslow, M., Martinez-Beck, I., Tout, K., & Halle, T. (Eds.), *Quality measurement in early childhood settings* (11-31). Baltimore, MD: Brookes Publishing Co.
 - Burchinal, M., Xue, Y., Sideris, J., & Tien, H. (2013). *Child care quality thresholds: Evidence from several studies.* Presentation at the biennial meeting of the Society for Research in Child Development, Seattle, WA.
 - Howes, C., Burchinal, M., Pianta, R., Bryant, D., Early, D., & Clifford, R. (2008). Ready to learn? Children's pre-academic achievement in pre-kindergarten programs. *Early Childhood Research Quarterly*, 23, 27-50.
 - Love, J., Kisker, E., Ross, C., Raikes, H., Constantine, J., Boller, K., et al. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology, 41*(6), 885-901.
 - Martin, A., Gardner, M., Brooks-Gunn, J., & Hill, J. (2008). Early Head Start Impacts Over Time and by Level of Participation.: Mathematica Policy Research, MPR Reference No. 6260-520.
 - NICHD Early Child Care Research Network. (1998). Early child care and self-control, compliance, and problem behaviors at twenty-four and thirty-six months. *Child Development*, 69(4), 1145D-1170.
 - NICHD Early Child Care Research Network. (2000). The relation of child care to cognitive and language development. *Child Development*, 71, 960-D980.
 - Puma, M., Bell, S., Cook, R., Heid, C., Broene, P., Jenkins, F., Mashburn, A., & Downer, J. (2012). *Third Grade Follow-up to the Head Start Impact Study Final Report,* OPRE Report # 2012-45, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
 - Vortruba-Drzal, E., Coley, R. L., & Chase-Lansdale, P. L. (2004). Child care and low-income children's development: Direct and moderated effects. *Child Development, 75*, 296-312.
 - Yazejian, N., & Bryant, D. M. (2012). Educare Implementation Study Findings—August 2012. Chapel Hill: Frank Porter Graham Child Development Institute, UNC-CH.
 - Zaslow, M., Anderson, R., Redd, Z., Wessel, J., Tarullo, L. and Burchinal, M. (2010). *Quality Dosage, Thresholds, and Features in Early Childhood Settings: A Review of the Literature, OPRE* 2011-5. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- 51 Durlak, J. A., & Weissberg, R. P. (2007). The impact of after-school programs that promote personal and social skills. Available online: http://casel.org/wp-content/uploads/ASP-Full.pdf.
- 52 Bohan Baker, M., & Little, P. (2002). The Transition to Kindergarten: A Review of Current Research and Promising Practices to Involve Families. Cambridge, MA: Harvard Family Research Project.
 - Doucet, F., Tudge, J. (2005). Co-constructing the transition to school: reframing the novice versus expert roles of children, parents, and teachers from a cultural perspective. In Pianta, R., Cox, M.J., Snow, K. (Eds.), *School Readiness and the Transition to Kindergarten in the Era of Accountability* (307-329). Baltimore: Brooks Publishing Co.
 - Mantzicopoulos, P. (2004). The effects of participation in a Head Start-public school transition program on kindergarten children's social competence. *Perspectives in Education*, 22(2), 51-66.
 - Schulting, A. B., Malone, P. S., & Dodge, K. A. (2005). The effect of school-based kindergarten transition policies and practices on child academic outcomes. *Developmental Psychology*, 41(6), 860-871.
- 53 IOM (Institute of Medicine) and NRC (National Research Council). 2012. The early childhood care and education workforce: Challenges and opportunities: A workshop report. Washington, DC: The National Academies Press.
- 54 LeMoine, S. (2008). Workforce designs: A policy blueprint for state early childhood professional development systems. NAEYC Public Policy Report. Washington, DC: National Association for the Education of Young Children.
 - National Professional Development Center on Inclusion. (2010). *Building integrated professional development systems in early childhood: Recommendations for states.* Chapel Hill: The University of North Carolina, FPG Child Development Institute.
 - National Professional Development Center on Inclusion. (2010). *Building integrated professional development systems in early childhood: Recommendations for states*. Chapel Hill: The University of North Carolina, FPG Child Development Institute.
 - Whitebook, M. & Ryan, S. (2011) Degrees in context: Asking the right questions about preparing skilled and effective teachers of young children. Preschool Policy Brief, 22. Berkeley, CA: Center for the Study of Child Care Employment and the National Institute for Early Education Research.
- 55 Buysse, V., Castro, D. C., & Peisner-Feinberg, E. (2010). Effects of a professional development program on classroom practices and outcomes for Latino dual language learners. *Early Childhood Research Quarterly, 25*(2), 194-206.

- Buysse, V., & Hollingsworth, H. L. (2009). Program quality and early childhood inclusion recommendations for professional development. Topics in *Early Childhood Special Education*, 29(2), 119-128.
- 56 IOM (Institute of Medicine) and NRC (National Research Council). 2012. The early childhood care and education workforce: Challenges and opportunities: A workshop report. Washington, DC: The National Academies Press.
 - Kipnis, F., Whitebook, M., Almaraz, M., Sakai, L. & Austin, L.J.E. (2012). *Learning together: A study of six B.A. completion cohort programs in early care and education: Year 4*. Berkeley, CA: Center for the Study of Child Care Employment. University of California. Berkeley.
 - LeMoine, S. (2008). Workforce designs: A policy blueprint for state early childhood professional development systems. NAEYC Public Policy Report. Washington, DC: National Association for the Education of Young Children.
 - National Professional Development Center on Inclusion. (2010). *Building integrated professional development systems in early childhood: Recommendations for states.* Chapel Hill: The University of North Carolina, FPG Child Development Institute.
 - National Professional Development Center on Inclusion. (2011). The big picture planning guide: Building cross-sector professional development systems in early childhood, 3rd ed. Chapel Hill: The University of North Carolina, FPG Child Development Institute.
 - Ray, A., Bowman, B. & Robbins, J. (2006). *Preparing early childhood teachers to successfully educate all children: The contribution of four-year undergraduate teacher preparation programs.* Report to the Foundation for Child Development. Chicago, IL: Erikson Institute.
 - Whitebook, M., Austin, L.J.E., Ryan, S., Kipnis, F., Almaraz, M., & Sakai, L. (2012) By default or design? Variations in higher education programs for early care and education teacher and their implications for research methodology, policy, and practice. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.
 - Whitebook, M., Gomby, D., Bellm, D., Sakai, L., & Kipnis, F. (2009). *Teacher preparation and professional development in grades K-12 and in early care and education: Differences and similarities, and implications for research. Part I of Preparing teachers of young children: The current state of knowledge, and a blueprint for the future.* Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.
 - Whitebook, M., Gomby, D., Bellm, D., Sakai, L., & Kipnis, F. (2009). Effective teacher preparation in early care and education: Toward a comprehensive research agenda. Part II of Preparing teachers of young children: The current state of knowledge, and a blueprint for the future. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.
- 57 Fixsen, D. L., Blase, K., Duda, M., Naoom, S., & Van Dyke, M. (2010). Implementation of evidence-based treatments for children and adolescents: Research findings and their implications for the future. In J. Weisz & A. Kazdin (Eds.), *Implementation and Dissemination: Extending Treatments to New Populations and New Settings* (2nd ed., pp. 435-450). New York: Guilford Press.
 - Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. (FMHI Publication No. 231). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.
- 58 Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). Compendium of Quality Rating Systems and Evaluations (OPRE Report). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. Availableonline: http://www.acf.hhs.gov/sites/ default/files/opre/grs_compendium_final.pdf
- 59 Zaslow, M., & Martinez-Beck, I. (2005). *Critical issues in early childhood professional development.* Baltimore, MD: Brookes Publishing Company.
- 60 Good Start, Grow Smart Interagency Workgroup. (2006). Good Start, Grow Smart: A guide to Good Start, Grow Smart and other federal early learning initiatives. Washington, DC: U.S. Department of Education.
 - Scott-Little, C., Kagan, S.L., & Frelow, V.S. (2006). Conceptualization of readiness and the content of early learning standards: The intersection of policy and research? *Early Childhood Research Quarterly, 21,* 153-173.
- 61 Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8. Available online: http://www.developingchild.harvard.edu
 - Olson, A. L., Dietrich, A. J., Prazar, G., & Hurley, J. (2006). Brief maternal depression screening at well-child visits. *Pediatrics, 118*(1), 207-216.
- 62 National Research Council. (2008). Early childhood assessment: Why, what, and how. Committee on Developmental Outcomes and assessments for Young Children., C. E. Snow and S. B. Van Hemel, Eds. Board on Children, Youth, and Families, Board on Testing and Assessment, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- 63 Halle, T., Zaslow, M., Wessel, J., Moodie, S., and Darling-Churchill, K. (2011). *Understanding and Choosing Assessments and Developmental Screeners for Young Children: Profiles of Selected Measures.* Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
 - National Research Council. (2008). *Early childhood assessment: Why, what, and how.* Committee on Developmental Outcomes and assessments for Young Children, C. E. Snow and S. B. Van Hemel, Eds. Board on Children, Youth, and Families, Board on Testing and Assessment, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- 64 Shepard, L., Kagan, S.L., & Wurtz, E. (1998). Principles and recommendations for early childhood assessments. National Education Goals Panel.
- 65 Early Childhood Data Collaborative. (2010). Building and using coordinated state early care and education data systems: A framework for state policymakers.



