



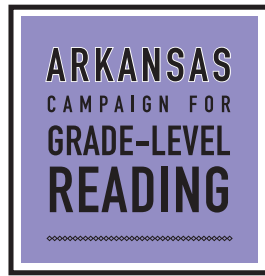
WHAT DO OUR LITTLEST LEARNERS NEED TO BE SCHOOL-READY?



ARKANSAS
CAMPAIGN FOR
GRADE-LEVEL
READING

January 2018





Arkansas Campaign for Grade-Level Reading (AR-GLR)

The Arkansas Campaign for Grade-Level Reading (AR-GLR) was launched in 2011 by the Winthrop Rockefeller Foundation (WRF) to move the needle on education outcomes in Arkansas by focusing on third grade reading proficiency. AR-GLR is managed in partnership with Arkansas Advocates for Children and Families, the Arkansas Community Foundation, and the Winthrop Rockefeller Foundation. AR-GLR is part of a growing movement led by the national Campaign for Grade-Level Reading that includes more than 340 communities in 43 states. AR-GLR is a collaborative effort of more than 25 organizations that believe the only way to advance grade-level reading is to work collectively and in partnership with families, educators, policymakers, and business leaders around the state.

Arkansas Advocates for Children and Families (AACF)

Arkansas Advocates for Children and Families' (AACF) mission is to ensure that all children and their families have the resources and opportunities they need to lead healthy and productive lives and to realize their full potential. AACF leads the policy, advocacy, and research components of AR-GLR. AACF has focused on ensuring adequate funding for the state-funded preschool program, advocating for more summer and after-school programs, and ensuring that children with dyslexia and other reading challenges get the help they need.

January 2018

Arkansas Advocates for Children and Families

Central Arkansas Office:

Union Station

1400 W. Markham St., Suite 306

Little Rock, AR 72201

(501) 371-9678

Northwest Arkansas Office:

614 E. Emma Avenue, Suite 235

Springdale, AR 72764

(479) 927-9800

TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
Improve Access to Screenings and Early Interventions for Infants and Toddlers	2
Fund Research-Based Early Literacy Opportunities.....	2
Improve Early Childhood Education Quality and Coordination	3
Support Families During Their Children's Earliest Years	3
WHY THE EARLIEST YEARS ARE SO CRITICAL	4
WHAT DO BABIES & TODDLERS NEED?	5
GOOD HEALTH	5
Developmental Screenings.....	5
Mental Health & Social-Emotional Learning.....	5
POSITIVE EARLY LEARNING EXPERIENCES	7
Exposure to Talking, Reading, and Singing.....	7
Access to Books in the Home.....	8
Quality Early Childhood Education	8
STRONG FAMILIES	10
Prenatal Care	10
Paid Family Leave.....	10
Economic Support.....	10
Home Visiting	11
Parents as Teachers (PAT)	13
Home Instruction for Parents of Preschool Youngsters (HIPPY) Arkansas.....	13
HOW ARE EARLY CHILDHOOD PROGRAMS IN ARKANSAS FUNDED?	14
WHAT CAN POLICYMAKERS DO TO HELP INFANTS AND TODDLERS BE READY WHEN IT'S TIME FOR THEM TO GO TO SCHOOL?	15
Improve Access to Screenings and Early Interventions for Infants & Toddlers.....	15
Fund Research-Based Early Literacy Opportunities.....	16
Expand Access to High-Quality Early Childhood Education	16
Support Families During Their Children's Earliest Years	17
CONCLUSION	18
ENDNOTES	19

by

Ginny Blankenship, Ed.D.
Arkansas Advocates
for Children and Families
and

Angela Duran
Arkansas Campaign
for Grade-Level Reading



EXECUTIVE SUMMARY

When do children begin to learn? Believe it or not, school readiness begins in the womb. Decades of research show the first few years of life, including the prenatal months, are the most important for healthy brain development and success in school. Unfortunately, too many of our kids aren't getting the boost they need for their healthy growth and development, especially during the most critical developmental stage: the infant and toddler years.



This report by Arkansas Advocates for Children and Families (AACF) and the Arkansas Campaign for Grade-Level Reading (AR-GLR) focuses on a few factors that have the greatest impact on infants and toddlers' school readiness, including:

- **Good Health:** Access to developmental and mental health screenings and treatment, as well as social-emotional learning;
- **Positive Early Learning Experiences:** Access to quality child care, Early Head Start, early interventions, and literacy activities between parents and their children; and
- **Strong Families:** Ongoing parent education, engagement, and support, including prenatal care and paid family leave.

The report also includes recommendations about how policymakers should prioritize programs that support families with infants and toddlers, as well as how these parents can help their young children develop a lifelong love of reading and learning from the beginning.

Improve Access to Screenings and Early Interventions for Infants and Toddlers

- Prioritize and provide incentives for early identification and prevention services.
- Ensure that screening tools are comprehensive and standardized across the systems.
- Strengthen systemwide care coordination and access to patient data.
- Improve support for the entire family and reward family engagement.
- Create a continuum of high-quality care with treatment delivered in the least-restrictive setting.

Fund Research-Based Early Literacy Opportunities

- Provide funding incentives for research-based programs like Dolly Parton's Imagination Library, Reach Out and Read, or other programs that help get books in the hands of kids from the very beginning.





Improve Early Childhood Education Quality and Coordination

- Gather data to better understand where young children are being served.
- Continue efforts to improve the quality of early childhood education programs for infants and toddlers.
- Serve more infants and toddlers through high-quality child care and Early Head Start.
- Encourage coordination of existing programs serving infants and toddlers.



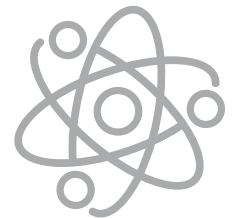
Support Families During Their Children's Earliest Years

- Create a continuum of effective, culturally-appropriate parent engagement from birth through the early elementary grades.
- Provide adequate funding for home visiting programs.
- Provide paid family leave for all families under 200 percent of the federal poverty line (FPL).
- Ensure that all families and their children have access to health insurance and quality care, including prenatal care and developmental and mental health screenings for infants and toddlers.

WHY THE EARLIEST YEARS ARE SO CRITICAL

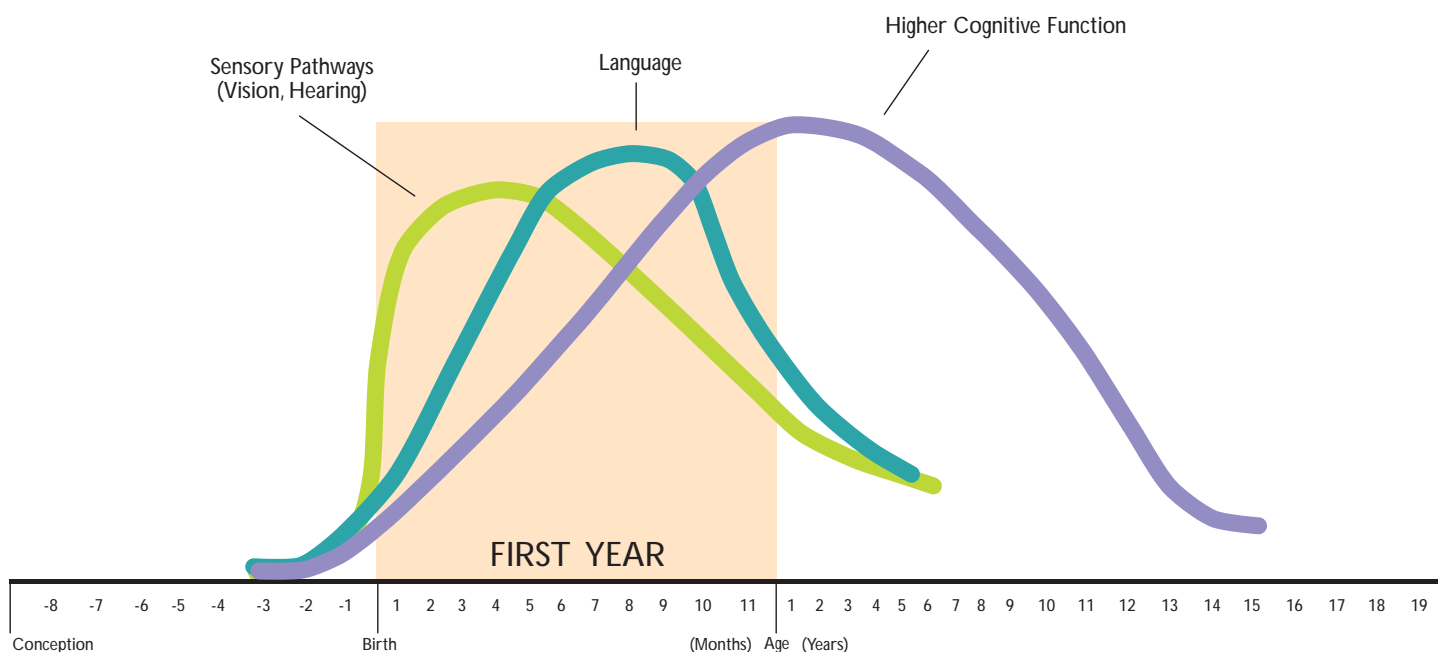
A child's earliest experiences form the foundation for all future learning. They provide the "wiring" that they use to learn how to read, how to think critically, how to set and reach goals, and how to adapt to new situations. The most critical period of growth in a human brain happens during the first three years of life. Before age three, 85 percent of a child's core brain structure is formed.¹ The brain experiences an explosion of activity by building billions of simple neural connections that form a framework for more complex connections later.² This rapid early brain growth is why it is much easier for a toddler to learn a new language than it is for an adult.

The quality of these early learning experiences also strongly influences health, social, and economic outcomes.³ Researchers have found that poverty diminishes brain growth in these earliest years — and nearly half of all babies in the U.S. live at or near the poverty line.



HUMAN BRAIN DEVELOPMENT

Neural Connections for Different Functions Develop Sequentially



WHAT DO BABIES AND TODDLERS NEED?

GOOD HEALTH

Developmental Screenings

Access to developmental screenings and necessary services are critical for ensuring all children are healthy and successful in school, especially children from lower-income families. Usually conducted during well-child visits with pediatricians, an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a simple, quick, and cost-effective way to ensure children are hitting important milestones in their growth and development, allowing vision, hearing, fine motor skills, or other issues to be addressed early.⁴ Every state EPSDT program reports data that help determine if children enrolled in the Medicaid program are receiving child health screening services and being referred for treatment.⁵ Because of the difference in every child's needs, the specific screen or treatment services are not defined by federal or state law, and EPSDT is broadly defined. It's up to the treating physician to decide what the child needs.

In Arkansas, the percentage of children receiving recommended screens decreases with age: In 2016, 92 percent of children enrolled in Medicaid under age 1 received a screen, but only 67 percent of children ages 1 to 2 years old received a screen. The percentage dropped to 58 percent by ages 3 to 5.⁶ Many of these children who would benefit from early intervention are not identified until they start pre-K or kindergarten.

Developmental screenings also occur in other settings: child care centers, Head Start, home visiting, pre-K programs, and by the organizations that provide services to children who have delays. However, there are often no formal mechanisms for communicating the results of these screens to a child's primary care physician and little documentation to determine if appropriate referrals and services are provided if delays are identified. This lack of coordination and data sharing makes it very difficult for our most vulnerable children to receive the quality and quantity of services they need during their earliest years.

Mental Health & Social-Emotional Learning

Children who experience adverse childhood experiences, such as physical or emotional abuse and neglect, in their earliest years tend to have more severe emotional, behavioral, and academic difficulties as they grow.⁷ Brain research confirms that adverse childhood experiences have a significant impact on the ability to learn language and early literacy skills. According to the Arkansas Association for Infant Mental Health, even young children who have not experienced trauma should have access to mental health screenings so that parents and caregivers can address any



issues early on. They must also be nurtured in ways that support their social-emotional learning, such as through positive discipline.

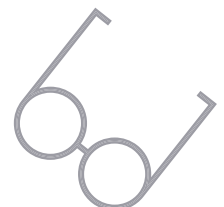
Unfortunately, mental health services for infants and toddlers and their families were almost nonexistent, since Arkansas Medicaid did not reimburse for them in most cases. This lack of access forced many behavioral health providers and doctors to find ways to provide what limited services they could. The good news is that Arkansas's Medicaid program recently adopted a policy to create a service array in the behavioral health manual for children ages 0 to 4, which was implemented in July 2017.⁸

Social-emotional screenings are not required as part of EPSDT; however, there is evidence that the need is great. Children's development of social and emotional capacities contributes significantly to their health and learning.⁹ In a 2012 study of 1,448 children enrolled in Arkansas Head Start and Arkansas Better Chance (ABC) pre-K programs, 16 percent of children had clinically elevated behavioral screening results.¹⁰ Recognizing the under-identification of children's mental health issues and the limited capacity of most doctors to screen and make referrals, the American Academy of Pediatrics has provided guidance on how to implement such processes within medical practices and identified potential screenings tools.¹¹ However, given the lack of a service array specifically for young children requiring behavioral health services in Medicaid, it is not likely that they are being widely used.

Access to screenings and the services those screenings indicate as necessary are both areas that are ripe for improvement and an important step toward ensuring children, especially low-income children, are healthy and successful in school. In 2016, stakeholders from multiple sectors began working to examine state-level data and discuss barriers and opportunities to improve two types of screenings: physical/developmental and social-emotional, screening, referral, and follow-up processes and services in Arkansas. Key findings are presented in AACF and AR-GLR's report, "Childhood Screenings: Improving Access to Early Identification, Referrals, and Linkages to Services."¹²



ReadyNation, a national non-profit comprised of corporate CEOs and other business leaders providing solutions for the nation's workforce, recently released a report, "Social-Emotional Skills in Early Childhood Support Workforce Success" (2017), that underscores the impact of high-quality early childhood education on the development of social-emotional skills later in life and the importance of these skills in the workplace. According to ReadyNation's survey, 92 percent of business leaders agree that children's experiences in the first five years of life affect the development of social-emotional skills later in life. Most respondents (88 percent) agreed that there will be an increasing need for these soft skills among employees and job applicants in the future.



POSITIVE EARLY LEARNING EXPERIENCES

The Campaign for Grade-Level Reading defines school readiness as “a child’s attainment of the emotional, behavioral, social, physical and cognitive skills needed to learn, work and function successfully in school and later in life.”¹³ The Campaign focuses on three key school readiness areas: social-emotional and executive function skills (enabling children to plan, focus attention, remember instructions and juggle several tasks), early literacy, and the health determinants of early school success. Without these elements in place, many children continue to struggle academically and behaviorally throughout their entire K-12 education — if they make it to graduation at all. Not surprisingly, children from lower-income families are at even greater risk. Issues related to physical and social-emotional health are addressed in the previous section. In this section, we address early literacy.



The Campaign cites some startling national statistics:¹⁴

- Children from lower-income homes hear as many as 30 million fewer words than their more affluent peers.¹⁵
- Sixty-one percent of children from lower-income backgrounds have no children’s books at home.¹⁶
- By age 2, lower-income children are already behind their peers in listening, counting, and other skills essential to literacy.
- As early as age 3, a child’s vocabulary can predict third-grade reading achievement.¹⁷
- By age 5, a typical middle-class child recognizes 22 letters of the alphabet, compared to nine for a child from a lower-income family.¹⁸

Fortunately, there are many effective, low- and no-cost policies and programs that states like Arkansas can implement to improve school readiness and outcomes for all children, as this report will highlight.

Exposure to Talking, Reading, and Singing

Researchers have found a strong correlation between children’s vocabulary at age 3 and their reading level in third grade.¹⁹ Parents and caregivers are key players in developing this early literacy. Preschoolers whose parents regularly read to them, tell stories, sing songs, and engage in other literacy activities become better readers and perform better in school.

Early literacy activities are even more important for children from lower-income families. The average vocabulary of a 3-year-old from a low-income family is roughly half that of her higher-income peer (500 words, compared to 1,100 words).²⁰ The difference in both the number of words and the quality of conversation heard by children in low-income families as compared to children in higher-income households is often referred to as the “word gap.” Nearly one-third of Arkansas children from birth through age 5 live in families that earn below the federal poverty line (\$24,600 or less for a family of four in 2017)—and this problem limits the potential of our state’s future workforce and economy.²¹



More than half of Arkansas children start kindergarten unprepared, lagging their peers in critical language, math, and social-emotional skills. In Arkansas, just 47 percent of parents or family members read to their child each day, and 58 percent tell stories and sing to their children ages birth to 5.²² Arkansas's numbers are on par with the national averages of 48 percent and 59 percent, respectively.

The Arkansas Campaign for Grade-Level Reading (AR-GLR) has a wealth of resources to help families guide their children's early learning during this most critical stage of development. The "Talking is Teaching: Talk, Read, Sing" campaign, launched in partnership with Too Small to Fail, encourages parents to read, talk, and sing with their young children and to give them the tools to do so, such as Ready Rosie.²³ For more information, see AACF and AR-GLR's 2017 policy brief, "Talking is Teaching: Talk, Read, Sing."²⁴

Access to Books in the Home

Next to talking and singing, few things are as important as simply having an abundance of age-appropriate books in the home. Exposure to books at an early age leads to improved literacy throughout life. In fact, research indicates that having books in the home is twice as important as the father's education level for developing reading skills.²⁵ Other research shows that even 15 minutes a day of student out-of-school reading can expose students to more than a million words of text in a year.²⁶

However, most children from lower-income families have no children's books in their homes.²⁷ In lower-income neighborhoods, the ratio of books to children is one book for every 300 children, far below the ratio of 13 books per child in middle- and upper-income neighborhoods.²⁸ This literary disparity helps explain why the achievement gap begins so early and remains so persistent.

Child-care centers must provide sufficient access to quality books to help make up for what many children are lacking at home. Research has indicated that there is a serious lack of quality books in many child-care centers, and many states do not have clear guidelines for using books in child-care settings.²⁹ Arkansas requires K-12 schools to have libraries, but there is no similar requirement for early childhood programs. Other states, such as Georgia, have set up clear and consistent guidelines and rules regarding early literacy instruction, which could serve as a model for Arkansas's early learning centers.³⁰

Quality Early Childhood Education

Early childhood education has a significant effect on children's safety and sense of trust in adults, their physical and emotional well-being, long-term health outcomes, and their parents' ability to remain in the workforce. The state's efforts to improve the quality of early childhood education in all child care settings are starting to pay off. The state established the voluntary Better Beginnings rating program. Better Beginnings provides child-care providers with tools to become quality programs.



Dolly Parton's Imagination Library

provides a free, age-appropriate book each month to children ages 0 to 5. A local program must be open to all preschool children in the community and must raise \$25 per child, per year to pay for books and mailing costs. Donated books emphasize themes of self-esteem and confidence, regard for diversity, and appreciation of art. In Arkansas, 56 affiliates serve 16,768 children. The organization plans to serve all 75 counties in Arkansas by the end of 2017. For more information, visit <http://imaginationlibrary.com>.



where great stories begin™

Reach Out and Read (ROAR) Arkansas

is an affiliate of a national nonprofit organization of medical professionals who provide books and literacy coaching to families during children's well-child visits to their clinics. Parents served are up to four times more likely to read aloud to their children, and children served score three to six months ahead of peers on vocabulary exams. There are currently 32 ROAR locations in Arkansas. For more information, visit <http://www.reachoutandreadarkansas.org>.

It also provides parents with information about what quality looks like. Beginning in 2016, in order to receive Child Care Development Fund assistance, centers must be certified in Better Beginnings at level one or higher.³¹ In 2016, the Arkansas Department of Human Services, Division of Child Care and Early Childhood Education and the Arkansas Head Start State Collaboration Office also released new state standards to increase the quality of these programs, which will lead to more children being school-ready. These new standards cover the developmental needs of children from birth to age 5, and show the expected progression across a range of domains including social and emotional development, physical development and health, language development, emergent literacy, and mathematical thinking.³² And in 2015-16, the percentage of Head Start students assessed as meeting or exceeding expectations on literacy increased from 70 percent in the fall to 86 percent in the spring. The percentage of children exceeding expectations increased from 14 percent to 26 percent.³³

However, quality is still uneven across the state, and access is an even bigger issue, even if parents can afford it. Infants and toddlers from low-income families can find affordable care through two sources: 1) Early Head Start or 2) child care centers that accept CCDF funding. For the 31,428 infants and toddlers who live in low-income families across the state, there are only 2,300 Early Head Start slots and 2,044 Child Care Development Fund slots.

Of the 34,500 licensed infant and toddler slots, just 8,123 of them are in centers with a Level 3 Better Beginnings rating. The Division of Child Care and Early Childhood Education is working to move all centers to a level three, currently the highest level, over time.

Access to high-quality Early Head Start programs is critical to young children and their families. Fortunately, Arkansas received several rounds of new funding over the past few years from the U.S. Department of Health and Human Services to develop Early Head Start Child Care partnerships. One of the goals of this program is to build the capacity of child care centers to provide quality infant and toddler care. In 2015, three Head Start programs received \$7.6 million in one-time funding. Another \$3.8 million was awarded to the state in 2017, which will provide high-quality programs for 168 infants and toddlers living in high-need areas. But thousands of other families are still left struggling to find quality child care.



Just

13%

of low-income families have access to affordable infant and toddler care.



STRONG FAMILIES

A 2015 report by Arkansas Advocates for Children and Families (AACF) covered a range of family health, economic, and education issues that are critical to child development in the early years, including the following items that are particularly important for children ages zero to 3:³⁴

- Mothers who have quality prenatal care.
- Parents who have access to paid leave.
- Financially stable households (e.g., through the Earned Income Tax Credit and Temporary Assistance to Needy Families).
- Home visiting programs to help families with infants and toddlers.

Prenatal Care

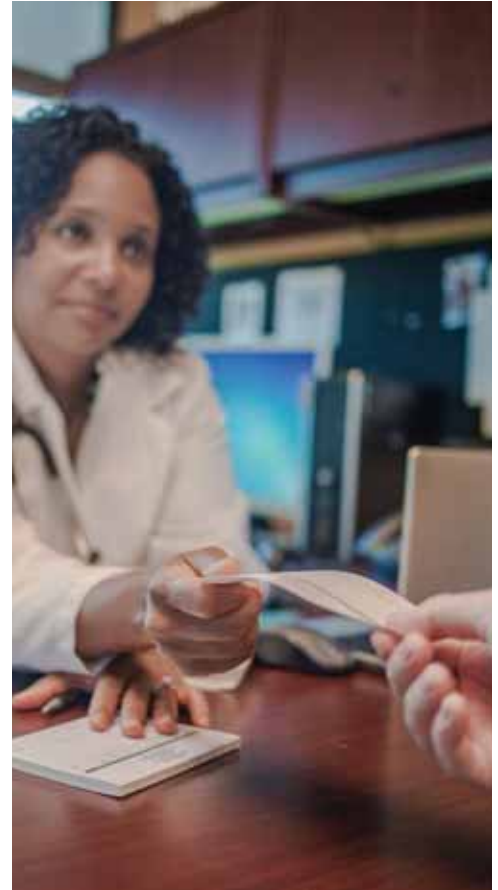
Prenatal care is vital for healthy babies and their mothers. Most births in Arkansas are covered by Medicaid, and many pregnant women qualify for care during their pregnancy and up to 60 days after the baby is born. Since Arkansas expanded coverage under the Affordable Care Act, women account for about 58 percent of enrollees in the state's Medicaid expansion program.³⁵ Extending coverage to more women can reduce premature births and improve prenatal care. Infants born early are at a greater risk for serious health problems.³⁶ This is especially important, since 12.7 percent of babies in Arkansas are born pre-term.

Paid Family Leave

After the baby is born, there is currently no state-level paid leave for non-state employees in Arkansas to help families recover from childbirth, take care of a new child, and bond with their baby during the most critical weeks of their development. Research shows that when families have access to paid leave, they are more likely to take their infants to doctor's appointments, their children get sick less and recover faster, and they are more likely to attempt breastfeeding for as long as they are able. Just a few extra weeks of paid leave is also connected to a significant reduction in infant deaths.³⁷ Taking time away from work to care for a new baby improves a child's emotional, cognitive, and behavioral outcomes, especially during the first year.³⁸

Economic Support

A third of Arkansas's youngest children live in families in poverty — well above the national average of 25 percent. The Earned Income Tax Credit (EITC) is a federal program that helps low-income families keep more of what they earn. The EITC is widely regarded as the most powerful anti-poverty and pro-work policy tool ever implemented. Eligibility is based on several factors like income, age, marital status, and family size. The median adjusted gross income for eligible filers in Arkansas is about \$14,400 a year. Increases in the tax credits have been linked to improved infant and maternal health, better test scores for elementary and middle school students, a better chance of students attending college, and higher salaries decades down the road.³⁹



Over half of states (26 plus the District of Columbia) have implemented a state EITC to supplement the federal credit, because they have seen its effectiveness in helping lift millions of families out of poverty. Arkansas is not one of those states, despite multiple proposals over the last several legislative sessions. However, a state EITC is gaining support among community leaders and lawmakers, which could result in a big boost to help families with young children in our state.⁴⁰

Home Visiting

Another vital support for families of infants and toddlers is home visiting, which reinforces good parenting habits and helps fill in the gaps as needed. Home visiting consists of voluntary, primarily home-based programs available to expectant mothers and families with young children. Home visits cover everything from maternal health to child development and school readiness. These services are particularly valuable to lower-income and rural families who often have limited access to health services and parenting resources. Evaluations of home visiting programs show: a decrease in the incidence of low birth weight babies by nearly half, which means healthier babies and lower health care costs for families and state and private insurers; a sharp decline (almost by half) of instances of child abuse and neglect; and a significant increase in readiness to read.⁴¹

In 2011, Arkansas was one of nine states that received two federal Maternal, Infant and Early Childhood Home Visiting grants from the U.S. Health Resources and Services Administration to help develop, expand and evaluate home visiting services in the state. In 2014, the funding was renewed for another three years, and the program has since had to apply for funding annually. The programs are currently funded through September 2018.

The Arkansas Home Visiting Network (or Stronger Families, Brighter Futures) is a collaboration of the various home visiting programs operating throughout the state. Coordination between the programs was supported in Act 528 of 2013, which prioritized state investment in home visiting programs in Arkansas and required at least 90 percent of state funding to be spent on evidence-based models. The Act mandates that home visiting programs track and measure outcomes such as improvements in maternal and infant health, family self-sufficiency, and school readiness. Outcomes must be measured for all state-funded programs.

The first annual report required under Act 528 was released in October 2016.⁴² It summarized the work done by various partners, including Arkansas's Maternal, Infant and Early Childhood Home Visiting program. The program provides services to at-risk mothers and infants through five evidence-based home visiting models:

- Following Baby Back Home: Serves families of high-risk infants after discharge from the neonatal intensive care unit. The program currently serves 269 infants and toddlers in Arkansas.⁴³
- Healthy Families America: Serves at-risk children from prenatal



stage through age 3. As of 2015, there were 298 active families in Arkansas's program.⁴⁴

- Home Instruction for Parents of Preschool Youngsters (HIPPY): Provides early literacy, language development, and school readiness support for parents of children ages 3 to 5. HIPPY serves approximately 5,300 children in Arkansas annually.⁴⁵
- Nurse-Family Partnership: Serves low-income women who are at or below 28 weeks pregnant with their first child. The partnership currently serves 154 Arkansas families.⁴⁶
- Parents as Teachers: Serves families with children from prenatal stage through age 5. It currently has the capacity to serve 864 families in Arkansas each year.⁴⁷

Arkansas Children's Hospital's Arkansas Home Visiting Network oversees all the programs and auditing in the network, though the programs are administered through differing state agencies and programs. Two other programs included in the Network, but separately funded, are Arkansas Early Head Start and Early Steps to School Success (ESSS). The state is managing the Early Head Start Child Care partnership grant, but funding for all other Early Head Start slots is given directly to Head Start programs around the state by the U.S. Department of Health and Human Services. ESSS is funded through Save the Children or local grants and serves families from pregnancy through age 3.

The Home Visiting Network also administers developmental screens for children they serve and is developing a partnership with DHS's Division of Developmental Disabilities Services known as First Connections.⁴⁸ The program's mission is to provide early intervention to families of infants and toddlers ages birth to 3 under Part C of the Individuals with Disabilities Education Act. All programs use the Ages and Stages Questionnaire, and most use the Ages and Stages Questionnaire: Social Emotional, which screens for mental health. The Network will link families identified by the screeners as needing follow-up to First Connections. See AACF's new report, "Childhood Screenings: Improving Access to Early Identification, Referrals, and Linkages to Services," for more information.



Parents as Teachers (PAT)

What is it? Parents as Teachers (PAT) is an evidence-based home-visiting program that focuses on parent-child interactions, development-centered parenting, and family well-being.

Who does it serve? Families from their child's prenatal stage through kindergarten.

How does it work? PAT serves families through one-on-one home visits, monthly parent group meetings, developmental and health screenings, and connections to community resources. It trains professionals serving children in community settings, such as public housing, to provide parents with information about how their child develops and support them in their parenting challenges. Local sites offer approximately 10-12 home visits per year, with more offered to higher-need families.

How is it funded? Funding comes from the Arkansas Better Chance (ABC) program and the federal Maternal, Infant and Early Childhood Home Visiting grant.

Home Instruction for Parents of Preschool Youngsters (HIPPY) Arkansas

What is it? Home Instruction for Parents of Preschool Youngsters (HIPPY) is an evidence-based home visiting program that works with families in the home to support parents in their role as their child's first and most important teacher. HIPPY Arkansas is part of the national HIPPY USA organization, which is also based in Little Rock, Arkansas.

Who does it serve? HIPPY trains parents to work with their own children from age 3 to 5. Participating families receive all books and training materials free of charge.

How does it work? HIPPY trains home visitors in various communities, who then help local parents strengthen their child's cognitive and early literacy skills as well as social-emotional and physical development. HIPPY offers weekly, hour-long home visits with parents for approximately 30 weeks each year, plus two-hour group meetings each month. HIPPY's home visitors often come from the same population that its site serves, and they have often received services from HIPPY themselves.

How is it funded? Funding for HIPPY includes Arkansas Better Chance (ABC) and the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant.



Parents as Teachers.



HOW ARE EARLY CHILDHOOD PROGRAMS IN ARKANSAS FUNDED?

In 2014, AACF, AR-GLR, and other organizations wrote an interim study proposal for the state legislature about the importance of school readiness and grade-level reading in Arkansas.⁴⁹ This report explained the range of services provided to children in Arkansas, including those ages 0 to 3, and how funding for a few of the programs are structured:

- **Early Head Start.** Early Head Start is a federally-funded intervention for low-income families to ensure that children ages birth to 3 start school on a level playing field. In Arkansas, Early Head Start has 14 grantees serving approximately 2,300 children and families.⁵⁰ A separate grantee provides services to 447 children whose parents are migrant or seasonal workers. Arkansas has also received two federal Early Head Start Child Care Partnership Grants, which has allowed the state to open more slots for eligible families.⁵¹
- **Child Care Development Fund.** Arkansas receives funding from the federal Child Care and Development Block Grant for the state's Child Care Development Fund, which the state uses to provide incentives for quality improvements through Better Beginnings, as well as other programs for infants and toddlers. The Fund is also used to help low-income families pay for child care. The amount of assistance is determined by a sliding fee scale, based on family income. Parents determine which child care provider will use their assistance; the provider must be licensed or registered by the Division of Child Care and Early Childhood Education.
- **Home Visiting.** Funding for home visiting includes Arkansas Better Chance and the federal Maternal, Infant and Early Childhood Home Visiting grant, as well as some local grants. The Home Visiting grant supports several evidence-based home visiting models.



WHAT CAN POLICYMAKERS DO TO HELP INFANTS AND TODDLERS BE READY WHEN IT'S TIME FOR THEM TO GO TO SCHOOL?

What programs should the state fund, and how can state and federal funding be used more effectively? Here are some ideas.

Improve Access to Screenings and Early Interventions for Infants & Toddlers

In 2016, stakeholders from multiple sectors in Arkansas began to examine state-level data and discuss barriers and opportunities to improve screening, referral, and follow-up processes and services. Key findings are presented in AACF's 2017 report, "Childhood Screenings: Improving Access to Early Identification, Referrals, and Linkages to Services," including the following recommendations and summarized below:⁵²

- The state should prioritize and provide incentives for early identification and prevention services. The state recently has passed several important policies to improve services to young children in Arkansas, and a major effort is underway to begin to allow Medicaid to cover behavioral health services in early childhood. State systems like the Medicaid and early childhood divisions at the Arkansas Department of Human Services should continue to increase accountability and create financial incentives for providers to support early intervention and prevention activities.
- Screening tools should be comprehensive and standardized across the systems. Implementing a standardized developmental and behavioral screening tool is one of the most reliable ways to ensure children that are at-risk are identified. The Ages and Stages Questionnaires are currently being used in many child-serving settings in Arkansas, including most home visiting programs, many early childhood education programs, and some pediatric clinics.
- The state should strengthen systemwide care coordination and access to patient data. Assessment findings should be shared rapidly, and families must be linked to services after receiving a screening, even when that screening occurred in a different setting. If a need is identified during a primary care visit or in an early childhood program, the family should be appropriately referred and connected to services. This also requires an improved data system to track early identification and intervention services.
- The state should improve support for the entire family and reward family engagement. Parents and caregivers are key to ensuring that young children receive screenings and are linked to any needed services. Providers should be given incentives for offering ongoing education and engagement with parents.
- The state should create a continuum of high-quality care, and treatment should be delivered in the least-restrictive setting, including: prevention-based interventions such as parent training for all families and quality early childhood education, especially for disadvantaged children; targeted services for children and



families that need more support; intensive and individualized early intervention programs for children with higher levels of need; and care provided across each level should be available in the least restrictive setting, which is a best practice.⁵³

Screening all children early and focusing on prevention and early intervention will require the development of multi-sector strategies and dedicated resources across both the health and education systems. These important investments in young children are vital to ensuring every child in Arkansas has the resources they need to become healthy, productive adults.

Fund Research-Based Early Literacy Opportunities

Several nonprofit organizations have stepped up to help fill in the literacy gap for lower-income infants and toddlers, such as Dolly Parton's Imagination Library and Reach Out and Read Arkansas. Funding comes primarily from private donations, but the state has provided some funding for Dolly Parton's Imagination Library. The Imagination Library is encouraging school districts to use some of their Title I funding to expand this program. Pulaski County has also committed funds to support Imagination Library. Legislation was introduced in Arkansas's 2017 legislative session to provide state funding for the it, but the bill did not come up for a vote.



Expand Access to High Quality Early Childhood Education

Early childhood leaders have been working to improve the quality of programs serving young children and capacity and coordination between programs at the state and local level. They can build on that work in the following ways:

- Continue efforts to increase Better Beginnings ratings: The Division of Child Care and Early Childhood Education and the Arkansas Head Start State Collaboration Office are working to move all child care centers and Early Head Start programs to a Level 3 Better Beginnings rating. They are also exploring opportunities for expanding Better Beginnings to include even higher levels of quality.
- Serve more infants and toddlers through high-quality child care and Early Head Start: Current funding for child care and Early Head Start serves only 4,344, or 13 percent, of eligible infants and toddlers. The Child Care Development Fund and Early Head Start are both federally funded. The state should consider funding to help close the gap.
- Gather data to better understand where our youngest children are being served: As this report has outlined, there is an array of services in which families with infants and toddlers may engage – child care, Early Head Start, home visiting, Dolly Parton's Imagination Library, Reach Out and Read, and health care. We know that none of these services reach all eligible families, but it would be helpful to have a more comprehensive picture of the number of children served by each and the gaps in service delivery in terms of geography and other demographic breakdowns.





- Encourage and provide incentives for coordination of existing programs serving infants and toddlers: Local communities should take a more deliberate approach to connecting and coordinating existing services for infants and toddlers and working with pre-K and Head Start programs and local school districts to build a continuum of services from birth to kindergarten. This might include analysis of enrollment data, mapping of services, alignment of curricula, transition planning, and shared professional development. State agencies and statewide organization partners may need to develop data sharing agreements, policy guidance, and other documents to support these local efforts.

Support Families During Their Children's Earliest Years

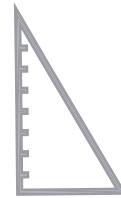
There are some key things that state policymakers and local educators can do to help create authentic parent engagement in the early years, including:

- Create a continuum of effective, culturally-appropriate parent engagement from birth through the early elementary grades. The state should encourage the alignment of the family engagement approaches across the birth to third grade spectrum through required local coordination agreements with local early childhood programs. School districts could adopt the family worker/parent advocate models used in Head Start or other programs, in collaboration with local evidence-based home visiting programs.
- Provide adequate funding for home visiting programs. The state should expand home visiting programs to serve more infants and toddlers. The demand for these programs is great, yet very few families are being served.
- Provide paid family leave for all families under 200 percent of the federal poverty line. Most lower-income workers in the U.S. do not have access to family leave for any reason, leaving us in last place among all other developed (and many developing) nations. No parent should have to make a choice between needing to work and wanting to take good care of his or her children. In the 2017 legislative session, the Arkansas legislature recognized this critical need by enacting a paid family leave program for state employees at a very low cost. The next step is to expand this program to include all Arkansas workers, especially during their children's most vulnerable years.
- Ensure that all families and their children have access to health insurance and quality care, including prenatal care and developmental and mental health screenings for infants and toddlers. Young children cannot learn if they cannot see, hear, or pay attention due to chronic health issues, which can be as simple as a toothache or as severe as malnourishment.



CONCLUSION

Policymakers, educators, parents, and our communities must work together to create a comprehensive, long-term plan to move Arkansas from adequacy to excellence and poverty to prosperity. This will require us to do a better job of supporting new parents before their children are ever born and provide infants and toddlers a much stronger foundation for success in pre-K-12 and beyond. A great place to start is Zero to Three's toolkit to help policymakers and advocates assess the status of services for infants, toddlers, and their families, and to set priorities for improvement.⁵⁴ It will take all of us working together to make these priorities become a reality for our littlest learners.



ENDNOTES

- 1 Shore, R. (1997). *Rethinking the Brain: New Insights into Brain Development*. New York: Families and Work Institute: <http://eric.ed.gov/?id=ED418770>
- 2 Harvard University, Center on the Developing Child. "Brain Architecture": http://developingchild.harvard.edu/key_concepts/brain_architecture
- 3 Heckman, James D. "The Heckman Equation." University of Chicago: <http://www.heckmanequation.org>
- 4 American Academy of Pediatrics. (2009). "A summary report: Developmental screenings in early childhood systems.": <http://www.healthychildcare.org/pdf/DSECSreport.pdf>
- 5 Centers for Medicare & Medicaid Services. "Early and Periodic Screening, Diagnostic, and Treatment": <https://www.medicare.gov/medicaid/benefits/epsdt/index.html>
- 6 Arkansas Advocates for Children and Families. (2015). "What Do #ARKidsNeed from Birth to Age Eight? A Healthy Start, a Good Education, and Economic Security.": <http://www.aradvocates.org/publications/what-do-arkidsneed-from-birth-to-age-eight>
- 7 See the Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/acestudy/index.html>
- 8 Zero to Three. (2017, March 10). "Arkansas Amends Medicaid Rules to Strengthen Infant Mental Health Diagnosis and Treatment.": <https://www.zerotothree.org/resources/1736-arkansas-amends-medicaid-rules-to-strengthen-infant-mental-health-diagnosis-and-treatment>
- 9 Rosewater, A., & Meyers, J. C. (2016). "Connecting Social and Emotional Health and Literacy: Critical for Early School Success," *Child Health and Development Institute of Connecticut*.
- 10 Conners-Burrow, N.A., Whiteside-Mansell, L., McKelvey, L., Amini-Vermani, E., & Sockwell, L. (2012). "Improved Classroom Quality and Child Behavior in an Arkansas Early Childhood Mental Health Consultation Pilot Project." *Infant Mental Health Journal*, 33(3), 256–264.
- 11 Weitzman, C., & Wegner, L. (2015). "Promoting Optimal Development: Screening for Behavioral and Emotional Problems," *American Academy of Pediatrics*, 135(2): <http://pediatrics.aappublications.org/content/pediatrics/135/2/384.full.pdf>
- 12 Arkansas Advocates for Children and Families and the Arkansas Campaign for Grade-Level Reading. (2017). "Childhood Screenings: Improving Access to Early Identification, Referrals, and Linkages to Services": <http://www.aradvocates.org/publications/childhood-screenings-improving-access-to-early-identification-referrals-and-linkages-to-services>
- 13 Campaign for Grade-Level Reading. (2016). "Readiness: Supporting Parent Success Resource Guide.": http://gradelevelreading.net/wp-content/uploads/2016/02/School_Readiness_r34.pdf
- 14 Campaign for Grade-Level Reading. "The Huddle: School Readiness.": <http://glrhuddle.org/school-readiness>
- 15 Hart, B., and Risley, T. (2003). "The Early Catastrophe: The 30 Million Word Gap by Age 3," *American Educator*: www.aft.org/sites/default/files/periodicals/TheEarlyCatastrophe.pdf.
- 16 Binkley, M.; Williams, T.; and Westat. (1996). *Reading Literacy in the United States: Findings from the IEA Reading Literacy Study*. U.S. Department of Education: National Center for Educational Statistics: <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=96258>
- 17 Hart, B., & Risley, T.R. (2003). "The Early Catastrophe: The 30 Million Word Gap by Age 3." *American Educator*: <http://www.aft.org/sites/default/files/periodicals/TheEarlyCatastrophe.pdf>
- 18 Hart, B., & Risley, T.R. (2003). "Meaningful Differences in the Everyday Experience of Young American Children." Boston, MA: *Early Education for All*: http://www.strategiesforchildren.org/doc_research/05_MeaningfulDifferences.pdf



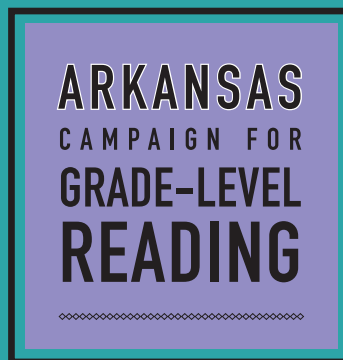
- 19 Shrier, C. (2014). "Kindergarten Readiness: Language and Literacy." Corunna, MI: Michigan State University Extension: http://msue.anr.msu.edu/news/kindergarten_readiness_language_and_literacy
- 20 Hart, B., & Risley, T.R. (2003). "Meaningful Differences in the Everyday Experience of Young American Children." Boston, MA: Early Education for All: http://www.strategiesforchildren.org/doc_research/05_MeaningfulDifferences.pdf
- 21 Arkansas Advocates for Children and Families. (2015). "What Do #ARKidsNeed from Birth to Age Eight? A Healthy Start, a Good Education, and Economic Security.": <http://www.aradvocates.org/publications/what-do-arkidsneed-from-birth-to-age-eight>
- 22 Zero to Three. (2015). "Arkansas State Baby Facts." Washington, DC: <https://www.zerotothree.org/resources/1132-arkansas-state-baby-facts#downloads>
- 23 See Arkansas Campaign for Grade-Level Reading's "Talking is Teaching: Talk, Read, Sing": <http://www.ar-qlr.net/talk>
- 24 Arkansas Advocates for Children and Families & Arkansas Campaign for Grade-Level Reading. (2017). "Talk, Read, Sing: Helping Our Littlest Learners Become School-Ready." http://www.aradvocates.org/wp-content/uploads/Talk-Read-Sing-Report_no-logo-update.pdf
- 25 Evans, M.D.R.; Kelley, J.; Sikora, J.; & Treiman, D.J. (2010). "Family scholarly culture and educational success: Books and schooling in 27 nations." *Research in Social Stratification and Mobility*, 28(2), 171-197.
- 26 Anderson, R.C.; Wilson, P.T.; and Fielding, L.G. (1988). *Reading Research Quarterly*, 23(3), 285-303. Retrieved from: <http://www.palmbeachschools.org/imlms/documents/growthinread.pdf>
- 27 Binkley, M., & Williams, T. (1996). "Reading literacy in the United States: Findings from the IEA Reading Literacy Study." Washington, DC: U.S. Government Printing Office.
- 28 Neuman, S.B., & Dickinson, D.K., Eds. (2006). *Handbook of Early Literacy Research, Volume 2*. New York, NY: Guilford Press.
- 29 Neuman, S.B.; Celano, D.C.; Greco, A.N.; & Shue, P. (2001). *Access for All: Closing the Book Gap for Children in Early Education*. Newark, DE: International Reading Association.
- 30 "Interim Study on Grade-Level Reading." (2014). Interim Study Proposal 2013-001: http://www.ar-qlr.net/media/1283/interimglr_report_resource.pdf
- 31 Arkansas Advocates for Children and Families. (2015). "What Do #ARKidsNeed from Birth to Age Eight? A Healthy Start, a Good Education, and Economic Security.": <http://www.aradvocates.org/publications/what-do-arkidsneed-from-birth-to-age-eight>
- 32 Arkansas Child Development and Early Learning Standards: [http://www.arheadstart.org/Ark_Early_Learning_Standards%20\(19\)%20\(1\).pdf](http://www.arheadstart.org/Ark_Early_Learning_Standards%20(19)%20(1).pdf)
- 33 Arkansas Campaign for Grade-Level Reading. (2017). "Full Speed Ahead: Moving the Needle on Grade-Level Reading in Arkansas": http://www.ar-qlr.net/media/1654/full-speed-ahead-2017_053017.pdf
- 34 Arkansas Advocates for Children and Families. (2015). "What Do #ARKidsNeed from Birth to Age Eight? A Healthy Start, a Good Education, and Economic Security.": <http://www.aradvocates.org/publications/what-do-arkidsneed-from-birth-to-age-eight>
- 35 Arkansas Department of Human Services (2015). Health Care Independence Program Data.
- 36 Andrews, M. (2014). "Rate of Premature Births Falls As Health Law Provisions Begin to Take Effect." Kaiser Health News: <http://khn.org/news/rate-of-premature-births-fall-as-health-law-provisions-begin-to-take-effect>
- 37 "Paid maternity leave linked to lower infant mortality rates." Reuters. (2016, April 8): <http://www.reuters.com/article/us-health-infantmortality-maternity-leav/paid-maternity-leave-linked-to-lower-infant-mortality-rates-idUSKCN0X51S0>
- 38 Ruhm, C. J. (2000). Parental leave and child health. *Journal of Health Economics*, 19(6), 931-960.
- 39 Center for Budget and Policy Priorities. (2015). "EITC and Child Tax Credit Promote Work, Reduce Poverty, and Support Children's Development, Research Finds": <https://www.cbpp.org/research/federal-tax/eitc-and-child-tax-credit-promote-work-reduce-poverty-and-support-childrens?fa=view&id=3793>



- 40 Arkansas Advocates for Children and Families. (2016). "A State EITC in Arkansas: Reinforcing the Bridge Out of Poverty": <http://www.aradvocates.org/wp-content/uploads/AACF-EITC.webfinal.4.6.16.pdf>
- 41 Arkansas Advocates for Children and Families. (2015). "What Do #ARKidsNeed from Birth to Age Eight? A Healthy Start, a Good Education, and Economic Security.": <http://www.aradvocates.org/publications/what-do-arkidsneed-from-birth-to-age-eight>
- 42 "Act 528 of 2013: An Act to Improve the Health and Stability of Arkansas Families." Baseline Outcomes Measurement Report, October 1, 2016.
- 43 Arkansas Home Visiting Network. "The Arkansas Home Visiting Network Program Models" <https://view.joomag.com/ahvn/0746362001445884798?short>
- 44 Arkansas Home Visiting Network. "The Arkansas Home Visiting Network Program Models" <https://view.joomag.com/ahvn/0746362001445884798?short>
- 45 Arkansas Home Visiting Network. "The Arkansas Home Visiting Network Program Models" <https://view.joomag.com/ahvn/0746362001445884798?short>
- 46 Arkansas Home Visiting Network. "The Arkansas Home Visiting Network Program Models" <https://view.joomag.com/ahvn/0746362001445884798?short>
- 47 Conversation with Dr. Kathy Pillow-Price, Director of the Arkansas Home Visiting Network, October 26, 2017.
- 48 See also: http://www.arhomevisiting.org/Research/AboutFirstConnections_forParents.pdf
- 49 "Interim Study on Grade-Level Reading." (2014). Interim Study Proposal 2013-001: http://www.ar-qlr.net/media/1283/interimglr_report_resource.pdf
- 50 Conversation with Jackie Govan, Collaboration Director of the Arkansas Head Start-State Collaboration Office, October 26, 2017.
- 51 Head Start State Collaboration Office/Arkansas Head Start Association. "Fact Sheet": <http://arheadstart.org/factsheetahsa.pdf>
- 52 Arkansas Advocates for Children and Families and the Arkansas Campaign for Grade-Level Reading. (2017). "The Importance of Childhood Screenings: Improving Access to Early Identification, Referrals, and Linkages to Services." <http://www.aradvocates.org/publications/childhood-screenings-improving-access-to-early-identification-referrals-and-linkages-to-services>
- 53 Mark, K., & Vargas-Baron, E. (2016). "Let's create a national policy framework for healthy child development." The Hill Blog. Retrieved from: <http://thehill.com/blogs/congress-blog/healthcare/290944-lets-create-a-national-policy-framework-for-healthy-child>.
- 54 Zero to Three. (2016). "Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit for States." <https://www.zerotothree.org/resources/359-infants-and-toddlers-in-the-policy-picture-a-self-assessment-toolkit-for-states>. See also Zero to Three's 2015 report, "A Place to Get Started: Innovation in Infant and Toddler State Policies."



OUR GOAL IS THAT ALL
ARKANSAS CHILDREN WILL
READ ON GRADE LEVEL BY THE
END OF THIRD GRADE.



For more information, contact:
Angela Duran, Campaign Director
aduran@ar-qlr.net
Web: www.ar-qlr.net
Twitter: @ArkansasGLR
Facebook: ARGradeLevelReading