

Governor's Early Childhood Task Force

KIDS

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Kentucky Invests in Developing Success

20 Year Comprehensive Early Childhood Plan



Presented to Governor Paul E. Patton • November 17, 1999

KIDS NOW

KENTUCKY INVESTS IN DEVELOPING SUCCESS

**A REPORT FROM
THE GOVERNOR'S EARLY CHILDHOOD TASK FORCE**

**NOVEMBER 1999
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THE VISION FOR KENTUCKY

All young children in Kentucky are healthy and safe, possess the foundation that will enable school and personal success, and live in strong families that are supported and strengthened within their communities.

MISSION STATEMENT

The future strength of the Commonwealth of Kentucky depends upon the healthy development of our youngest citizens. Therefore, this initiative will build upon existing resources, foster public-private partnerships, insure collaborative planning and implementation, and mobilize communities to:

- ◆ support and strengthen families,**
- ◆ assure that all children grow and develop to their full potential,**
- ◆ provide high quality, accessible, affordable early care and education options, and**
- ◆ promote public awareness of the importance of the first years for the well-being of all Kentucky's citizens.**

INTRODUCTION

The message of the research is clear. The earliest influences on children — physical, mental, emotional, social — establish the framework of their lives. The first three years are of particular importance. These tender years lay the foundation that will determine how today's infant deals with tomorrow's tough challenges.

People whose lives have been devoted to early childhood development have long since recognized the truth of these statements. The conclusions they reached through observation and experience are being reinforced by scientific studies, long-term research projects, and statistical analyses.

One recently released study was the first in the nation to track participants from infancy to the age of 21. Among its findings:²

- ◆ Children who received quality early care outperformed their counterparts who did not on academic and cognitive tests.
- ◆ They were more likely to attend college and hold jobs that required higher skill levels.
- ◆ They were less likely to have children by age 21.
- ◆ They were less likely to be placed in special education classes.

Other research has revealed the long-term economic benefits of investing in quality early childhood programs. The benefits reach far beyond the families the programs are designed to serve, resulting in gains to society as a whole. A 1999 RAND study, for example, concluded that every \$1 spent for such programs saves \$7 in remedial education, welfare, and incarceration costs.

In a classic “pay me now, or pay me later” situation, there clearly is a high price to pay — both in human and societal terms — for failing to give our youngest citizens the strongest possible start in life.

A GOOD START

Although an individual has a lifetime to experience the world, infancy is not a dress rehearsal; there are no erasable interactions in the first three years of life. During a child's first 1,095 days, children depend on parents, caregivers, and even policymakers to provide a nurturing, consistent, safe, and healthy environment.

**Education Commission
of the States¹**

THE TASK FORCE INITIATIVE

Ensuring a strong start for our children requires a comprehensive approach. The elements of a successful initiative — health care, family assistance, education, community involvement, and related areas — must be woven into a fabric of support for Kentucky’s children. Improvements must be systemic, reaching children in whatever environments they spend time.

Although exemplary early childhood practices can be found in many Kentucky communities, the state lacks an overall, comprehensive plan. To address this gap, Governor Paul Patton created the Governor’s Early Childhood Task Force in March 1999. The Governor recognizes that quality early childhood experiences are related to the future economic development of Kentucky and that his early childhood initiative is the next logical step in Kentucky’s educational improvement efforts.

The task force was charged with developing a long-term strategy that will enhance the opportunities Kentucky’s children have to succeed as citizens. The Governor specifically requested a 20-year plan in recognition of the reality that supporting quality early childhood experiences requires a significant financial investment that can best be accomplished over an extended period of time.

The task force approached this assignment by establishing work groups that looked at children’s needs throughout early childhood. The work groups, whose members included many involved Kentuckians, devoted thousands of hours to reviewing the existing circumstances and service gaps affecting the state’s young children and their families. In addition, hundreds of citizens voiced their concerns and suggested improvements during ten community forums that were held across the state.

The following pages detail the task force recommendations. These were developed around desired outcomes in four areas:

- ◆ **Assuring Maternal and Child Health**
- ◆ **Supporting Families**
- ◆ **Enhancing Early Care and Education**
- ◆ **Establishing the Support Structure**

THE NEED, IN NUMBERS

- *There are approximately 257,000 children under 5 in Kentucky.*
- *In 1993, 34% of Kentucky’s children under 5 lived in poverty.*
- *64% of Kentucky women with children under 6 work full or parttime.³*
- *More than 187,000 Kentucky children under 6 need child care every day.*
- *As many as 22,800 Kentucky babies are in child care some part of the day.⁴*

Although these recommendations take the long view, the positive impact of many of them could be realized fairly quickly as Kentucky emphasizes excellence for its young children.

A COMMITMENT IS REQUIRED

Ensuring the development and implementation of quality early childhood services requires a long-term commitment on the part of:

- ◆ the parents and guardians who may participate in the services,
- ◆ the people who will operate the services,
- ◆ the policymakers who will decide how to structure and pay for the services, and
- ◆ the communities whose citizens and business and civic leaders will ultimately determine the services' success.

It is the hope of the Governor's Early Childhood Task Force that these recommendations will provide the foundation of a meaningful, results-oriented initiative that will ensure the brightest possible future for all Kentucky children.

PRUDENT INVESTMENTS

Researchers can predict drop-out patterns before children even enter school based on the quality of care and support they receive in the first years of life.

In addition, lack of appropriate stimulation, absence of a nurturing caregiver and-or the presence of stress or trauma can actually hinder brain development and may make a child more prone to violence.⁵

RECOMMENDATIONS

ASSURING MATERNAL AND CHILD HEALTH

Kentucky has long struggled with issues related to maternal and child health. According to the 1996 Kids Count Data Book and the Healthy People 2000 data, Kentucky ranks near the bottom — 41st nationally — in the percent of low birth-weight babies, a risk factor for future health and learning problems. Kentucky also leads the nation in the incidence of birth defects as a cause of infant mortality.

We have a high rate of teen pregnancy and an improving but low percentage of women who seek prenatal care in the first trimester. Kentucky also has a high percentage of women who use tobacco, alcohol, or other drugs, have poor diets, and fail to understand the importance of being healthy before they conceive.

The recommendations in this area focus on assuring a healthy start in life for Kentucky children.

OUTCOME: BABIES ARE BORN HEALTHY.

STRATEGIES:

- ◆ *Make prenatal care more accessible and affordable, particularly in the first trimester, by increasing the Medicaid eligibility limit to 200 percent of the federal poverty level.*

Currently 85 percent of pregnant women in Kentucky receive first-trimester prenatal care. Those most at risk of not receiving early care are teenagers, low-income women, minorities, substance abusers, and domestic violence victims. Early prenatal care provides an opportunity for screening, detection, treatment, and education on health, nutrition, genetic issues, and social and emotional health.

FUNDING PRIORITIES

Although the task force places equal emphasis on all of its recommendations, some areas would be more appropriate for priority funding due to their potential as preventive measures.

In Assuring Maternal and Child Health, these areas include:

- ◆ *Providing preconceptional and prenatal vitamins, especially folic acid, and heightening public awareness of their value.*

- ◆ *Audiological screenings for newborn infants.*

- ◆ *Full funding for the Kentucky Early Intervention System.*

- ◆ *Using health educators and other health professionals to provide basic health services in convenient, non-traditional settings such as child care centers.*

- ◆ ***Provide preconceptional and prenatal vitamins, including folic acid, to local health departments for appropriate distribution and develop a statewide public awareness campaign to increase the use of prenatal multivitamins that include folic acid.***

Only 30 percent of Kentucky women of childbearing age consume or are aware of the benefits of folic acid, a major contributing factor to the incidence of neural tube defects, better known as spina bifida, among infants. Kentucky has the highest rate of neural tube defects in the nation.

- ◆ ***Provide regular screenings and referrals to women of childbearing age for health conditions that may affect a baby's health.***

These services should be offered at public events and places such as health fairs, high schools and colleges, the Kentucky State Fair, and at primary care sites such as local health departments, physicians' offices, and family planning clinics.

- ◆ ***Discourage the use of tobacco, alcohol, and drugs before conception and during pregnancy.***

These messages can be conveyed by enforcing existing laws related to underage tobacco and alcohol purchases; promoting public awareness of the health effects of tobacco and alcohol on a baby; increasing public awareness of drug and alcohol treatment programs and smoking cessation services, and incorporating such information into parenting and prenatal classes, high school coursework, and the guidelines for home visiting programs.

- ◆ ***Before conception and pregnancy, ensure that women of childbearing age receive genetic information from trained providers during doctor or other primary-care consultations.***

- ◆ ***Provide resource and referral information and/or basic health care to pregnant teenagers at non-clinical sites such as schools and community outreach centers.***

OUTCOME: BABIES AND FAMILIES GO HOME TO A SUPPORTIVE ENVIRONMENT, KNOWING WHERE THEY CAN OBTAIN NEEDED SERVICES.

STRATEGIES:

- ◆ *Increase public awareness and outreach for the Women, Infants and Children (WIC) program, food stamps, and the Expanded Food and Nutrition Education Program.*

Families must have access to information and resources to help them adequately nourish their children. Income-eligible families can be given information about these services through newborn units at hospitals, Community Based Services' offices, physicians' offices, and community centers.

- ◆ *Promote family-centered practices that contribute to parents' knowledge about the birth process and early development.*

These practices would include:

- ◆ prenatal parent-education classes in various community settings,
 - ◆ a hospital discharge packet with information on newborn behavior and development, infant feeding information that promotes breastfeeding, a book or toy, and resource information,
 - ◆ a statewide tollfree telephone service, staffed 24 hours a day, that offers child-related information, and
 - ◆ a well-publicized Internet website with child-related information and links to other resources.
- ◆ *Promote family-centered childbirth models and recognize facilities that practice family-centered policies.*

OUTCOME: CHILDREN'S BASIC PHYSICAL AND HEALTH NEEDS ARE MET.

STRATEGIES:

- ◆ *Ensure that all newborns, before leaving the hospital, receive a comprehensive health and developmental screening/examination, including audiological testing, from professionals trained in newborn screening and discharge planning.*

CRITICAL SUPPORT

Service and social supports which respond to children within the naturally occurring context of their family routines and concerns can be critical in helping families cope with the realities of raising a child with a disability.⁷

- ◆ *Ensure that high-risk newborns, such as low birth-weight babies, receive the appropriate developmental care in the hospital as defined by the Newborn Individualized Developmental Care and Assessment Program guidelines.*

- ◆ *Ensure that babies identified on newborn screenings leave the hospital with a plan for a follow-up evaluation.*

All families should know when they leave the hospital what type of follow-up medical services their babies need and how to go about obtaining those services.

- ◆ *Provide a home visit by a qualified professional — agreed to voluntarily by the mother — during the first week following birth.*

- ◆ *Implement periodic home visits by family and child development specialists who also work in community settings such as health departments, physicians' offices, schools, or Family Resource Centers.*

Again, such visits should be conducted only with the voluntary agreement of the family involved.

- ◆ *Provide regular, periodic developmental and basic health screenings for all children at specific age intervals. Refer children with health or developmental risk factors for further evaluations as appropriate.*

These screenings should be offered in a variety of settings in addition to primary care physicians' offices. Such settings could include schools, child care centers, health departments, and community centers.

- ◆ *Ensure that children identified through evaluations as having special health or developmental needs receive appropriate services, such as those provided by the Kentucky Early Intervention System.*

These services should include a high level of family involvement as well as the involvement of caregivers who consistently work with the individual child.

- ◆ *Offer Individualized Family Service Plan training for providers and parents of children with special developmental needs.*

This training, currently available only for providers, should include information for parents on how to move to the next level of service and information on incorporating therapy and education into the home environment.

- ◆ *Encourage families to establish a continuing relationship with a primary health care provider by increasing KCHIP eligibility to 200 percent of the federal poverty level and reimbursing non-clinical sites, including schools and child care centers, for offering the services of medical professionals such as nurse practitioners and health educators.*
- ◆ *Promote public awareness and ensure access to immunizations for birth-to-2-year-olds by using federal programs designed to increase the availability of vaccines.*
- ◆ *Ensure that children who are removed from their natural homes receive appropriate health and developmental assessments that determine what services they need.*

These children should have individual plans that address:

- ◆ the permanency and stability of the placement,
- ◆ family reunification based on the child's needs,
- ◆ substance abuse treatment, where appropriate, for parents and guardians, and
- ◆ a child's health and development needs across the different settings.

INDIVIDUAL PLANNING

Individualized Family Service Planning addresses the developmental needs of an infant or toddler and the priorities, resources, and concerns of the family.

The process is documented in a written, ongoing plan that changes as the needs of the child and family change.

KCHIP

The Kentucky Children's Health Insurance Program (KCHIP) currently provides free health coverage to uninsured children, from birth to age 18, who live in families with income below 200 percent of the federal poverty level.

SUPPORTING FAMILIES

Any change that occurs in the life of a family member affects the entire family. That makes it imperative to the well-being of Kentucky children that we assure the well-being of Kentucky families.

The responsibility of determining a child's best interest rests first and foremost with parents, and families have the most significant impact on the care and education of their children.

Difficulties in making the transition to parenthood occur across all income and education levels. But families who are impoverished, whose educational attainment is low, or who are unemployed have additional burdens as they work to raise their children.

The recommendations in this area focus on supporting the families of Kentucky's young children.

OUTCOME: FAMILIES HAVE ACCESS TO RESOURCES THAT PROMOTE A HIGH STANDARD OF LIVING.

STRATEGIES:

- ◆ *Change the state tax code to allow families to use tax credits for dependent children.*

These changes could include increasing exemptions for children or setting a higher income threshold for state taxes. The objective is to give families more disposable income to use in meeting their needs.

- ◆ *Support local literacy public awareness campaigns and collaborate with existing efforts to encourage the development of family literacy programs at child care facilities, schools, libraries, and in other community settings.*

Nearly one million Kentucky adults have inadequate or nonexistent literacy skills. This means that far too many Kentucky children grow up without regularly having a book read to them by their parents.

FUNDING PRIORITY

Supporting Families:

◆ *New or expanded models to implement a statewide home visitation program — with voluntary participation — for families identified as being at-risk.*

- ◆ *Begin book give-away programs with distribution through physicians' offices, local libraries, the Kentucky State Fair, or other community events.*

Children learn pre-reading skills when their parents read to them every day. For this to happen, parents must be able to read, and children's books must be present in the home.

- ◆ *Under the direction of the Attorney General's office, collaborate to enhance existing child support collections from non-custodial parents, meet family needs through the Family Court system, and offer child-focused training to court officials in child attachment, child development, and parent-equity issues.*

Collaboration across agencies on behalf of families makes the best use of human and financial resources.

OUTCOME: ALL PARENTS HAVE THE INFORMATION AND SUPPORT THEY NEED TO GIVE THEIR CHILDREN THE BEST START IN THE HOME ENVIRONMENT.

STRATEGIES:

- ◆ *Develop or build on existing family education curriculum and, with parental consent, mandate its study by high school students. Include it as part of Kentucky's statewide student testing program.*

This curriculum should include information about appropriate life choices, parenting, child development, the benefits of waiting to start a family, and the economic, emotional, and social costs associated with raising a child.

- ◆ *Offer parenting and family issues classes for teenagers in community settings such as youth groups, libraries, and the YMCA.*

SETTING THE STAGE

An organized, stimulating physical setting with attentive parental involvement, encouragement, and affection are strongly correlated with an infant's IQ.⁶

- ◆ *Provide a continuum of parent-education classes, beginning with prenatal education, in which family members can learn about a child's physical, emotional, social, intellectual, and spiritual needs.*

These classes should help families create positive relationships with children and should include information on conflict resolution, age-appropriate discipline, and available community resources.

- ◆ *Provide information on parenting and child development as part of regular medical and well-child visits.*
- ◆ *If programs are based on income eligibility, offer parent-education services to non-eligible families on a sliding fee scale.*
- ◆ *Conduct a comprehensive public awareness campaign to inform the public about the importance of early childhood issues, the implications of early development and the importance of parents' nurturing young children.*

OUTCOME: ALL PARENTS HAVE ACCESS TO COMMUNITY SUPPORT IN THE HOME ENVIRONMENT.

STRATEGIES:

- ◆ *Develop a network of agencies and trained professionals to provide occasional in-home child care to children with special health care needs.*

Parents of children with special health care needs often have difficulty finding appropriate child care providers they can employ to give them time to devote to their other children or time away from the stresses of caregiving.

- ◆ *Develop new models or build on existing models to implement a home visitation program for parents identified of being at-risk.*

This program, which would require voluntary participation by parents, should be based on best-practice research; be monitored for results and compliance with standards; be locally based, and provide an avenue for ongoing child screening and connections to community resources.

- ◆ *Encourage employers to adopt family-friendly policies.*

This encouragement could take the form of tax credits to businesses that offer such benefits as flex time, child care, job sharing, time off to volunteer in schools or child-care programs, and flexible use of sick time. These businesses also could be recognized by state and local governments for their leadership in modeling family-friendly initiatives.

ENHANCING EARLY CARE AND EDUCATION

Recent brain research findings emphasize the importance of developing public policy that focuses on the needs of children under five. Of particular urgency is the need to improve the quality, availability, and affordability of high-quality care for children under the age of three.

As we work to improve the quality of early care and education, we also must address issues of affordability for families, the education and compensation of child care staff, and the role of communities in improving services for children statewide.

The recommendations in this area focus on improving the quality of early child care and education for Kentucky children from birth through school age programs serving children up to age eight in before- and after-school settings.

OUTCOME: EARLY CARE AND EDUCATION, AS WELL AS SCHOOL AGE CHILD CARE SERVICES, ARE COMPREHENSIVE, COLLABORATIVE, AND COORDINATED WITHIN COMMUNITIES.

STRATEGIES:

- ◆ *Provide technical assistance to upgrade program quality through local child care resource and referral agencies.*
- ◆ *Establish collaborative partnerships at the community level among child care, Head Start, and public preschool programs that assure the availability of quality, comprehensive services in one location.*

STAFFING RATIOS

Kentucky's current child-to-staff ratios for infants and toddlers do not meet the recommended standards for high quality child care programs.

National recommendations:

- ◆ *3:1 or 4:1 for ages under 24 months;*
- ◆ *4:1 or 6:1 for ages of 24 to 36 months.*

Kentucky ratios:

- ◆ *5:1 for under 12 months;*
- ◆ *6:1 for 12 to 24 months;*
- ◆ *10:1 for 24 to 36 months.*

OUTCOME: ALL EARLY CARE AND EDUCATION IS OF HIGH QUALITY AND BASED ON RESEARCH.

STRATEGIES:

- ◆ *Establish a Four Star System of child care standards for all early care and education programs, including those for school age children.*

- ◆ *Tie subsidy rates to the number of stars a program achieves.*

This approach would establish a rating system that would assign stars on the basis of quality indicators established by existing research.

- ◆ *Enhance the effectiveness of regulations by developing reasonable penalties for persistent violators and sanctions for licensed programs with serious deficiencies.*

State surveyors now may immediately close facilities when the lives of children are endangered. But they have no tools to assure that habitual, persistent offenders correct deficiencies in a timely manner.

- ◆ *Develop a coordinated database for all licensed or enrolled child care settings, including school age care, to track use, quality indicators, geographic distribution, and similar information.*

No such database now exists. Improving licensing standards will require good data on which to base decisions and actions.

- ◆ *Require all relative and enrolled providers who receive government funds to obtain orientation training within three months of beginning to care for a child receiving a subsidy and to have a home inspection to assure compliance with basic health and safety standards.*

More than 35 percent of Kentucky's children whose care is being subsidized are in the care of relatives or providers who are not subject to state regulation. Although the providers receive monthly payment for the care of these children, no training is required or site visits made to ensure a safe environment for the child.

KENTUCKY REQUIREMENTS

Requirements for being a child care provider in Kentucky are:

- ◆ *must be at least 18 years old,*
- ◆ *have a negative tuberculosis test, and*
- ◆ *have no prior convictions of child abuse.*

No pre-service training is required. A child care provider must complete six hours of orientation training within the first three months of employment and document 12 hours of training annually thereafter.

Nineteen states require pre-service training for teachers in child care centers. Kentucky requires none.⁸

ENROLLED PROVIDERS

An enrolled provider is a person who takes care of three or fewer children in her home, completes a voluntary checklist on quality indicators, and receives subsidy payments for eligible children.

- ◆ *Pay a differential rate to relative and enrolled providers who obtain additional training each year.*

- ◆ *Develop an early care and education credentialing system that allows providers to obtain credentials at different levels.*

This system should ensure that postsecondary institutions establish a core content for early care and education professionals. The development of articulation agreements among postsecondary institutions also should be encouraged.

This should be a seamless system of early childhood pre-service and in-service education that is coordinated, beginning with an entry-level credential and including all levels of postsecondary education and all systems that deliver in-service training.

- ◆ *Increase in-service training requirements and develop a clearly defined in-service training system that is linked to the early childhood credentialing system.*

- ◆ *Require annual in-service training on the behavior and development of very young children for all state-paid providers who work with children up to five years old.*

- ◆ *Coordinate all in-service training with the early childhood credentialing system and with other appropriate agencies.*

- ◆ *Provide scholarships to recruit individuals entering postsecondary institutions into early care and education training.*

- ◆ *Provide scholarships to upgrade the credentials of people currently working in the field and to help retain their services.*

The costs of these scholarships could be shared by the individuals involved, their employers, and a state incentive program.

- ◆ *To retain the services of early childhood workers, provide pay raises in recognition of continued professional development and consistent service.*

High turnover rates among child care providers can have serious effects on children’s development. These rates are closely related to wages and benefits. Recent data indicates that the average wage for child care providers in Kentucky is \$6.37 an hour, compared to \$7.48 an hour nationally. The annual turnover rate nationally for child care providers is 40 percent.

- ◆ *Establish state-funded health insurance for staff members in child care programs that serve a certain number of subsidized children.*

Most child care programs lack the resources to offer benefits such as health insurance. Providing state-funded insurance would help child care remain affordable since families must now absorb program cost increases. Staff turnover would be reduced.

OUTCOME: FAMILIES CAN FIND AND ACCESS APPROPRIATE EARLY CARE AND EDUCATION SERVICES TO MEET THEIR NEEDS.

STRATEGIES:

- ◆ *Increase infant subsidy rates to encourage more child care programs to offer infant care.*

It is much more expensive to provide care to babies. Care providers need to be subsidized at a rate that compensates for the greater expense.

- ◆ *Encourage the development, expansion, or improvement of early education services.*

This could be accomplished by:

- ◆ Providing incentives for business and industry to offer child care, including school age care, on site or as an employee benefit.
- ◆ Establishing low- or no-cost loan or grant programs to build or renovate child care facilities.

FUNDING PRIORITIES

Early Care and Education:

- ◆ *Establishing a Four Star System to ensure quality.*

- ◆ *Developing scholarship programs to attract and retain child care workers.*

- ◆ *Providing health insurance for employees of programs serving a defined percentage of low-income children.*

- ◆ Providing grants to child care programs to adapt their facilities or buy equipment for children with special needs.
 - ◆ Including the construction of child care facilities under the approved use of state and local construction funds.
-
- ◆ *Establish Family Resource Centers in all schools with a demonstrated need to allow the development of before- and after-school care programs as needed by individual communities.*
 - ◆ *To expand the availability of affordable early care, increase the subsidy eligibility level for families from 160 percent of the federal poverty level to 185 percent of poverty by July 1, 2000 and to 200 percent of poverty by July 1, 2001.*
 - ◆ *Conduct a public awareness campaign to let eligible families know about the availability of subsidies for child care, including school age care.*

ESTABLISHING THE SUPPORT STRUCTURE

Success in any endeavor — whether a community child care system or a multinational corporation — is directly tied to the strength of the network that supports the effort. Such networks, regardless of their scope, must provide a comprehensive, flexible, real-world based foundation on which a program of excellence can be built.

For Kentucky’s early childhood systems to achieve what they must for our youngest citizens, they must receive support from a variety of state and community sources.

The recommendations in this area focus on ensuring the development of the strongest possible structure of support.

OUTCOME: EARLY CHILDHOOD DEVELOPMENT IS SUPPORTED BY A BROAD-BASED NETWORK OF INDIVIDUALS AND ORGANIZATIONS WORKING AT THE STATE AND COMMUNITY LEVELS.

STRATEGIES:

- ◆ *Create state and local partnerships to support services designed to meet the locally identified needs of children and families.*

Individuals and representatives of community programs would make up these collaborative partnerships, which would be guided by a state board that would provide coordination and retain ultimate decision-making authority. Funding would be directly linked to results. Existing funds would not be replaced by new revenue.

- ◆ *Establish a state-level Business Council to promote business awareness, involvement, and partnerships — including participation in professional development efforts.*

This council would recommend business activities to support families with young children.

FUNDING PRIORITIES

Support Structure:

- ◆ *Establishing a Business Council.*
- ◆ *Establishing a professional development council to create a seamless credentialing system.*
- ◆ *Developing state and local partnerships.*
- ◆ *Consolidating existing advisory groups.*

- ◆ *Transfer the child care licensing responsibility from the Cabinet for Health Services to the Child Care Division of the Cabinet for Families and Children, and increase the number of state surveyors who are knowledgeable about child care.*
- ◆ *Establish a new, comprehensive Early Childhood Development Council to combine or coordinate the work of existing councils, including the Kentucky Early Intervention System Interagency Coordinating Council, the Child Care Policy Council, and the Early Childhood Advisory Council.*
- ◆ *Establish higher education and professional development advisory groups for purposes specifically related to the training and education of child care professionals.*
- ◆ *Coordinate and/or merge all existing in-service training initiatives including the Child Care Resource and Referral agencies, the Kentucky Early Intervention System Technical Assistance Teams, and Regional Training Centers.*

END NOTES

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