Journey to Great Beginnings

An excerpt from the 2012 Candidate Connection Policy Handbook

Including:
Maternal & Infant Health
Children’s Health
Child Care
Pre-K

State & Federal Policy  Statistics  Voter Opinion  Budget

Voices
THE CHILDREN’S CAMPAIGN

Who’s for Kids
and Who’s Just Kidding

Making a Difference for Over 25 Years
FOR AMERICA’S CHILDREN

WWW.IAMFORKIDS.ORG
A narrow window of time – known as “the early years” - exists to provide children a developmental foundation that will largely determines future health, educational achievement and success. Policymakers can either pay now or pay later. Insufficient investing results in high costs immediately as well as down the road in health care services, remedial education, impacts on private industry and business, and public safety.

Brain research and neuroscience have established that the first five years of life form a child’s overall identity and resiliency and the acquisition of skills and learned behaviors. Therefore, toxic stress, adverse childhood experiences such as abuse and neglect, low quality child care and untreated developmental delays during these years can be particularly damaging.

Birthing healthy babies is a critical threshold followed by access to preventive health and developmental services and medical care to treat illness and injury when they occur. Obviously, health needs of children differ from adults – due to rapid development of minds and bodies – but most health coverage is based on adult care models.

Approximately 1 of every 5 young children present diagnosable behavioral, developmental or mental-health conditions, but more than half go undetected until children reach school age. A failure to intervene early leads to problems that are not easily reversed, and often can’t be.

It is troubling that Florida ranks in the bottom third of all states in almost every key indicator of child well-being. Examples include obesity, pre-kindergarten quality (last place); and uninsured children (next to last). As a result, Florida can expect massive expenditures of public sector dollars for remediation and failure.

This briefing booklet provides a roadmap to better choices and decisions. It describes where the state has been, where it is going, and what it needs to do to ensure that tax dollars result in the best possible outcomes.

Journey to Great Beginnings is provided by The Children’s Campaign, Florida’s most dependable and effective multi-issue child advocacy and watchdog organization, with support from Voices for America’s Children, the nation’s largest child advocacy network. Questions about content or requests for more information can be directed to Roy Miller, president, rmiller@iamforkids.org, or Linda Alexionok, executive director, lalexionok@iamforkids.org, or by calling the Children’s Campaign office at (850)425-2600.
CURRENT SITUATION:
Florida’s infant mortality rate of 6.9 per thousand births – or 1,531 infant deaths in 2010 – is worse than the national rate of 5.98 predicted for the current year. Called the “canary in the coal mine”, infant mortality is the sentinel indicator of the health of a community. The United States has one of the highest infant mortality rates in the developed world.

A premature or low birth weight baby has an increased risk of impaired development and long-term disability. In 2010, Florida had more than 18,719 low birth weight babies. Healthcare costs for premature and low birth weight babies are exponentially higher than the costs of quality health care for pregnant moms and care for healthy newborns, nearly 10 times higher than a healthy birth according to the March of Dimes. Overall, birth indicators by ethnicity portray some of the greatest health disparities.

Until more recent budget cuts, Florida was on a path of improving rates of infant death and low birth weight babies. Notably, current rates are the lowest level of adverse indicators achieved in a decade. This progress is now at risk.

Research has shown that women’s health status prior to pregnancy has the greatest impact on rates of fetal and infant deaths.

Healthy Start is Florida’s largest maternal and infant health program. The network is dedicated to reducing infant deaths and low birth weight babies, and improving health and developmental outcomes of children up to age three. In 2010, Healthy Start served 210,237 women and infants, and 236,166 women in its MomCare program. With reduced funds in 2011, Healthy Start was unable to provide care to 22,600 women (est.) and infants previously served.

Healthy Start is a private-public partnership with local decision making. It develops plans for service delivery, monitors and ensures access to the system of care, leverages additional funding from non-state sources, and allocates maternal and child healthcare dollars in alignment with community needs. Healthy Start is supported by a diverse group of providers, community leaders, grassroots advocates, parents, concerned citizens, and other stakeholders.

CHALLENGES & ISSUES:
Lack of life-long access to health care for girls and women is a leading cause of infant mortality. The challenge of infant mortality is the challenge of women’s overall health and wellness. Programs like Medicaid, KidCare, Children’s Medical Services, and Healthy Start play vital roles.

Pregnant women continue to have difficulty accessing health care in their first trimester of pregnancy. In 2010, the number reached 21.9% of pregnant women. Of these, about 5.1% either did not receive prenatal care until late in their pregnancy, or did not receive care prior to the birth of their baby. Based on current policies, Medicaid covers pregnant women with family income less than or equal to 185% of the Federal Poverty Level (FPL - approximate monthly income of $2,943 for family of 3). Infants (under one year of age) are covered up to 200% of FPL. Newborns falling into the gap are the state’s responsibility without benefit of quality maternal care and its preventive cost avoidance.

Many factors influence the incidence rate of infant deaths and low birth weight babies. Previous poor birth history, ongoing illness, smoking, drug abuse, poverty, family violence, lack of proper nutrition, and obesity lead to negative outcomes.
Black babies are twice more likely to die before their first birthday than white babies. In 2010, black infants in Florida died at a rate of 12.9 per 1,000 births as compared to white babies at a rate of 5.7.

More than 1.4 million women of childbearing age in Florida do not have health insurance, or 25% of the childbearing age population. Florida’s rank is 47 out of 51 (all states and D.C.). Non-citizens may be ineligible for Medicaid coverage, but their infants will be U.S. citizens; so it makes financial sense as well as being humane to serve pregnant women regardless of citizenship status.

**BUDGET:**
At current funding levels, Healthy Starts meets about half of the estimated need.

Following a $4.7 million cut in 2010 and $5.4 million cut in 2011, $3.2 million was restored in the 2012 legislative session. The overall loss of funding over the 3 year period has resulted in tens of thousands of mothers and children not receiving care. Future costs to the state budget will far exceed the investment opportunity missed. Children will face life-long conditions which could have been prevented. In spite of proven success, Healthy Start struggles in the annual appropriations process.

**VOTERS:**
Citizens support programs that improve healthy birth outcomes. Public polling shows recognition of the need to contain current and future health care costs, concern about the overall health of children and the desire for a focus on prevention. In a previous poll conducted by The Children’s Campaign, 90% of voters strongly agreed or agreed that “every parent should have access to pre-natal and healthy infant care”.

**STATE ACTION NEEDED:**
- Ensure babies are born healthy and develop properly. Healthy Start and other Florida programs have an impressive record, but only meet half the needs of at-risk pregnant women and babies due to lack of funding.
- Index Healthy Start and other wellness programs for inflation. Provide cost of living increases to maintain services to at-risk families and deliver quality.
- Initiate comprehensive wellness efforts. Research shows the health of the mother before she is pregnant has the greatest impact on the health of her infant.
- Increase Medicaid eligibility for pregnant women and infants up to 200% of the poverty level to take advantage of new federal legislation and help reduce the number of uninsured working poor.
- Reinstate funding for the Black Infant Health Initiative to reduce racial disparities in the health of Florida’s babies.

**CURRENT SITUATION:**
More than 659,000 Florida children do not have health insurance. At 16%, the Florida rate is much worse than the national average of 10%. A current survey by the Commonwealth
organization ranked Florida’s child health care system as 35th in the country based on indicators such as health insurance coverage, infant mortality and childhood obesity rates.

A majority of Florida’s children without health insurance are eligible for Kidcare. Over 494,000 of Florida’s uninsured children are estimated to live in families with incomes at or below 200% of the federal poverty level. In the time period 2009-2010, application submissions to Kidcare increased by 14.2% in response to favorable legislative changes. In 2012, legislation passed to include children of low income state employees.

The federal Affordable Care Act has benefited Florida’s children. More than 1.4 million children in Florida with pre-existing conditions now have access to health insurance coverage previously denied. Young adults can be covered under their parents plan while finishing school and seeking employment. As small businesses take advantage of new tax credits for providing insurance to employees, more children gain coverage. The ACA expands and strengthens the child health safety net.

Mental health issues are increasingly common and services hard to come by. Florida ranks in the bottom five states for mental health access. Only 52% of children with emotional, developmental, or behavioral problems received mental health care in 2007. Over 65% of the youth in the care of the Florida Department of Juvenile Justice have a mental illness or substance abuse problem.

Nationally, for people between the ages of 10 and 24, suicide is the third leading cause of death. Most people with clinical depression never seek treatment. Left undiagnosed and untreated, depression can worsen. It is estimated that by 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.

Learning disabilities and special needs are affecting greater numbers of children. In 2011, 12% of children had special needs. The National Survey of Children’s Health reported that 1 in 91 children in the U.S. are affected by Autism Spectrum Disorder (ASD). In Florida the number was 1 in 88 for boys, and 1 in 345 for girls. The study found that rates varied by ethnicity: 1 in 218 White children, 1 in 333 Black children, and 1 in 122 Hispanic children. In 2009-2010, 32% of screened Florida Kidcare applicants met the special needs status requirements.

Research proves that the best outcomes for children with special needs are achieved through early intervention. Early Steps provides early intervention services for Florida’s infants and toddlers from birth to 36 months who either have a developmental delay, or a condition that places them at risk for developmental delay. In 2010-11, Florida Early Steps provided services to 45,350 children. Investing in early intervention services provides long-term cost savings, as children who receive these critical services demonstrate improved general health, improved functioning and decreased need for special education services.

Vision and dental health are essential too. Undiagnosed vision problems result in skill deficiencies, difficulty in reading and learning, and poor academic performance. 7 out of 10 troubled youth have undiagnosed vision problems. Tooth decay affects children in the United States more than any other chronic infectious disease and may lead to problems such as eating, speaking, playing, learning and even death. Only 23.5 % of Medicaid enrolled children, age 18 and under, received dental care in 2008. In 2010, according to the Pew Center of the States, an organizational report gave Florida an “F” grade for failing to enact stronger policies to improve access to dental care for disadvantaged children.

Childhood obesity is on the rise. The percentage of children aged 6–11 years in the United States who were obese increased from 7% in 1980 to nearly 20% in 2008. Similarly, the percentage of adolescents aged 12–19 years who were obese increased from 5% to
18% over the same period. 32.5% of Florida’s children (ages 10-17) are overweight or obese; more than two of five of Florida’s children who are poor are obese (43.1%). The Henry J. Kaiser Family Foundation ranks Florida 37th among the 50 states.

**CHALLENGES & ISSUES:**

High levels of unemployment and private-sector cutbacks in benefits are severing families from affordable health care. When children do not receive regular checkups and other preventative care, health crises and expensive trips to the emergency room are often an inevitable result. Children who do not receive inoculations pose a health risk to others as well.

**Services are in crisis.** For example, funding for Early Steps is at a troubling level. The number of children and families that need early intervention services continues to rise; a 5.19% increase in participation is expected next year, while funding supports shrink. In 1994, about 20,000 children were enrolled at $1,750 per child. The numbers of children enrolled have since increased to 45,000 while support dropped to $900 per child. In 2011, the program was cut back; in 2012 funds were reinstated in order to maintain the federal matching grant. Children’s Baker Act services received a 19.6% cut in the 2012 Session. Counties are already under pressure to find the dollars needed to fund these necessary crisis centers. Adjusting for inflation, Florida now spends less on mental health than it did in the 1950s.

**Parents and communities must provide and reinforce healthy options.** A majority of Florida children do not exercise regularly. Eating habits are learned – taste preferences are directly linked to what and how we eat in our early years. Unhealthy products in school vending machines, snack food advertisements targeting children, and lack of healthy menu options do not promote healthy eating. According to the Tallahassee based COPE Coalition, in its Executive Summary, May 2011, 32.5% of Florida’s children (ages 10-17) are overweight or obese; more than two of five of Florida’s children who are poor are obese (43.1%).

**BUDGET:**

**KidCare grows slightly as does enrollment.** In 2011 the KidCare budget was increased to provide services to more than 19,000 additional children, an 8% growth; in 2012 an additional 4% growth was funded. This increase while positive fails to meet a significant amount of the unmet need which continues to grow due to a tough economic and job climate.

**Children’s mental health services barely survive.** After being threatened with elimination during the 2012 legislative session, all but .4% of funding was restored to children and adult substance abuse programs and 3.9% for mental health services. In the final days of session, dollars needed to continue Early Steps were also included in the budget.

**Dental health sees a slight upswing.** After a 10% fee increase was enacted for Medicaid dental services for children in 2011, the 2012 Session provided for a 5% rate adjustment in the next contract year.

**VOTERS:**

Polls show strong support for children to be covered by affordable health insurance. 55% of likely voters say that the candidate’s position on children’s health care issues will affect their decision.

**S-CHIP & KidCare enjoy popular support.** S-CHIP, the federally funded State-Child Health Insurance Program, provides a statutory and monetary framework for Florida KidCare. A poll conducted by First Focus shows that Americans favor health care coverage for all children by nearly an 8-to-1 margin; paying for the coverage even if it requires a tax increase is favored by voters with a 68%-28% margin.

**Parents in the 2007 C.S. Mott Children’s Hospital National Poll on Children’s Health ranked childhood obesity as the third-most pressing concern.** Parents view diet/nutrition, and exercise/sports, as the top 2 issues they want the doctor to discuss with their adolescents during routine check ups. 1 out of 8 parents give schools a "D" or "F" for healthy food choices. Childhood obesity is rated by adults as the top health problem for children in their communities for the third year in row.
**STATE ACTION NEEDED:**

- **Expand the Florida KidCare program** and allocate sufficient state matching dollars to maximize the use of federal funds; allow for children of immigrants who are lawfully present to be enrolled in KidCare; designate one agency to manage and oversee KidCare; simplify enrollment especially for hard-to-reach populations; improve community coordination and retention.

- **Stabilize and increase funding to the Part C Early Steps program** to effectively serve children with developmental delays.

- **Initiate a community wide response to childhood obesity.** School nutrition, physical activity requirements, access to fresh fruits and vegetables, and food marketing to children must be examined.

- **Maintain substance abuse and mental health treatment funding for children.** Invest in community-based substance abuse and mental health programs.

**CHILDREN’S HEALTH FEDERAL PICTURE:**

In addition to the 8 million children who remain uninsured, the United States faces significant challenges in ensuring the good health of the next generation. For the first time, America’s children face the prospect of growing up less healthy, having more debilitating and costly chronic health conditions as adults and living shorter lives than their parents. Unhealthy diets, lack of exercise and exposure to environmental toxins all play a role in the rise in obesity, diabetes, asthma and other acute and chronic health conditions. Major disparities exist in health care access by income, race and geographic location, compromising future health outcomes and leading to huge expenses which could be avoided with investing in child health, prevention and intervention.

**Healthy Start faces reauthorization in 2014.** The national Healthy Start Initiative receives about $105 million in federal funding through the Maternal and Child Health Bureau of the U.S. Dept. of Health and Human Services. Established in 1991, Healthy Start is comprised of community-based programs that respond to the medical, social, cultural and social service needs of women and their infants.

The administration and congress have increased investments in children's health but the recession and health reform present uncertainties. In 2000, the federal government also established the Child Health Insurance Program (CHIP) to provide additional financing to states to provide health insurance to children whose family income was above state Medicaid levels, either through the Medicaid program itself or a state-administered program. States have set eligibility levels for participation, and most states now cover children and pregnant women under Medicaid or CHIP up to 200 percent of the federal poverty level ($46,100 for a family of four). Currently, half of all participants in the Medicaid program are children, but adults with disabilities and long-term care needs on Medicaid account for about 80 percent of program costs.

The Children’s Health Insurance Program Reauthorization Act (CHIP), is providing $32.8 billion in new spending through 2013. New federal dollars will expand health coverage to an additional 4.1 million children whose families earn too much to qualify for Medicaid but are unable to afford private coverage. The new law included many improvements, allowing states to eliminate the five-year waiting period before enrolling legal immigrant pregnant women and children, simplifying enrollment, requiring dental benefits and mental health parity, and more.

**Employer-based health coverage for children has declined over the last 30 years.** Increases in publicly funded coverage for children under Medicaid and CHIP have reduced the proportion of uninsured children in the United States. Today, over one-third of all children in the United States, and half of all births, are covered under Medicaid or CHIP.

**Provisions within the Affordable Care Act of 2010 expand coverage for children.** The elimination of refusal for pre-existing conditions, access to dental and vision insurance, health exchanges and health navigators who seek to enroll children and adults in health coverage help children and families. Uncertainty about the future of child health coverage is the result...
of opposition by state governments and the impending Supreme Court ruling to be released in June of 2012.

**CHILDREN’S HEALTH FEDERAL ACTION NEEDED:**

- Reauthorize and increase federal Healthy Start funding to enable the expansion of federal projects to cover more families.
- Support health reform that ensures all children have affordable, accessible, comprehensive and continuous health care from “cradle to career.”
- Ensure Medicaid and CHIP are maximized to work best for children and providers especially in the area of dental care.
- Expand the number of professionals who can provide dental care to low-income children.
- Support the implementation of the U.S. Department of Agriculture (USDA) proposed update of nutrition standards for the National School Lunch and Breakfast Programs, as intended by the Healthy and Hunger-Free Kids Act of 2010.

**EARLY LEARNING & CARE**

**CURRENT SITUATION:**

**Florida’s economy hinges on quality child care.** Access to child care reduces absenteeism among working parents and paves the way for a more productive workforce. It is a wise investment. The High/Scope Perry Preschool Study quantified results for children in quality early care settings by following them for more than 4 decades, starting in the 1960’s. They have found that “every dollar invested in quality Early Care and Education saves up to $17 by reducing costs of remedial education, grade retention and crime. Other long-term benefits include higher average wages earned, higher likelihood of home ownership, and taxes paid to the state.

**Child care is a necessity for most families with small children.** In 2011, more than 469,000 children under the age of 6 had both parents in the labor force.

- More than half of children ages 3–6, not yet in kindergarten, are enrolled in center-based care. In 2010, 24% percent of children ages 0-4 spent the most amount of time in a center-based arrangement.

**Child development lags as children wait for care.** Over 230,000 Florida children currently receive financial aid to attend a child care program. By age the numbers are: 0 – 12 months: 8,392; 13-23 months: 19,147; 2 -5 years: 98,128; school age: 63,799. Many more wait for care, the waitlist in 2010-2011 was over 80,000. Those who wait for care fall behind their peers and generally stay behind. Qualifying families must be below $27,468 for a family of three (148% of the federal poverty level and 47% of state median income). Families make co-payments based on a sliding scale.

**Families with children with disabilities struggle to find appropriate care.** Without it, parents are forced to stay home and lose income. Inclusive child care places children across the range of physical, emotional and academic abilities in the same learning environment. Children with disabilities benefit from this practice because they learn age-appropriate communication and social behaviors from their non-disabled peers, and children without disabilities learn to understand and accept differences.

**Families of diverse racial, cultural and linguistic backgrounds may experience difficulties securing professional child-care services that match their own backgrounds and experiences.**

**CHALLENGES & ISSUES:**

**Child Care Licensing Needs Support.** In the world of early childhood, licensure and regulation is the foundation of a house to be built. In 2010-11, over 27,000 inspections and technical assistance visits took place, making Florida second only to the Department of Defense in on-site reviews. In spite of this activity, gaps exist as do areas that require strengthening. Florida law currently allows many exemptions from licensure; for example, 1,300 family child care homes, 475 church based programs, and an unknown number of summer camps. All providers and settings should meet minimum requirements for health, safety and quality. Further, improved standards are needed in the areas of child ratios,
group size, child interactions, targeted training, and also creating service delivery efficiencies.

Two media investigations in Florida in the past year revealed problems with felons running and working in summer camps and child care facilities being operated by people with criminal histories including grand theft, domestic violence, child abuse and manslaughter. To act more aggressively, child care licensing agents need support in Florida with better laws and more resources.

**Florida’s child care marketplace is hard-pressed to support quality.** Economic factors drive the industry. An average wage for program staff in Florida hovers around $8 per hour. Few receive medical insurance or paid sick leave. Teachers with bachelor’s degrees are unable to receive compensation comparable to that of a public school teacher. Turnover is rampant: nearly 4 out of every 10 child care teachers leave their jobs annually. Quality suffers.

**For parents, cost is a primary consideration.** Many parents find that quality care is more expensive than sending a child to college. As a result, they turn unknowingly to marginal or possibly harmful child care.

**Financial gaps present hardships for child care businesses.** Centers report that income derived from subsidized child care plus the fees paid by families is routinely less than their per-child operating costs.

**Professional Standards are lacking:** By the end of the first year of employment, child care teachers need only 40-contact hours of training and/or to pass a competency test at the 5th grade level. Current standards allow a new employee in the classroom for up to 89 days without any training, and more than 11 months without completing the requirements. These are not standards associated with guaranteeing quality.

**Reading and language skills are developed in the earliest years.** 80% of brain development occurs before a child’s second birthday. Experts advise that children who do not have high-quality early learning opportunities, whether at home or through group child care, begin school with a vocabulary as low as 5,000 words. Those who benefit from quality early care begin school with a vocabulary with as many as 20,000 words.

**BUDGET:**
In the 2011 Legislative Session, school readiness lost non-recurring dollars from the federal stimulus fund previously used as a stop-gap measure. The $38 million reduction was not restored in 2012.

**VOTERS:**
Voters have a strong preference for early care that promotes student achievement and closes the achievement gap in safe and enriching centers, family home settings, and public schools. 80% of voters agree that Florida needs to do everything it can to ensure every child has early experiences that support school readiness.

**STATE ACTION NEEDED:**
★ Improve quality based on proven national standards and the recommendations of experts. Centers or family care settings that do not meet quality benchmarks or which harm children should be penalized.
★ Strengthen child care licensing by removing exemptions and adding resources for inspections and reviews.
★ Increase state investments to move kids off waiting lists and into care.
★ Improve the procedure for assessing the state’s child care reimbursement rate to ensure that the actual unit cost to provide that service is being paid.
★ Support those who provide early care to our children. Salaries must be commensurate with the educational levels of staff and the quality of services. Create a funded career ladder to reward those who improve their skills through education and training.
★ Provide opportunities for families of children with disabilities to access inclusive, and appropriate care.
★ Help parents shop for quality through Quality Rating Systems.
★ Mandate all centers be nationally accredited.
CURRENT SITUATION:
Florida’s pre-k program ranks highest in access and lowest in quality in the country. The National Institute for Early Education Research (NIEER) reported that Florida meets three of the ten benchmarks for quality – next to worst in the nation. Florida fails to provide quality teachers, sufficient in-service education and training, or staff to child ratios oriented around quality. As a result, too many of Florida’s kindergarteners are not ready to learn and more than one in every four Florida third-graders fails in reading.

While in 2011 the percent of four-year-olds enrolled in pre-k climbed from 73% to 76%, state spending per child went down from $2,564 to $2,422; Florida’s rank is 35th out of 39 states which fund pre-k programs.

Degreed teachers are the cornerstone of quality in pre-k. Brain research proves that very young children must have quality early learning to reach their full potential. According to a Harvard University study, differences in the size of a child’s vocabulary first appear at the age of 18 months, based on education and development experiences. It makes no sense that lead teachers in Florida’s pre-k classrooms are held to a lower degree requirement than kindergarten teachers. About half of children in Florida start school behind – creating an achievement gap that widens each year.

Development in the earliest years determines future outcomes. Behavioral science and the study of child development indicate that the youngest years of a child’s life establish key social and educational aptitudes. The High/Scope Perry Preschool Study tracked children over 40 years and found that “every dollar invested in quality Early Care and Education saves up to $17 dollars in future costs related to remediation, school failure, and criminal activity. Children denied quality pre-k are less likely to graduate from high school, get a job, buy a home or pay taxes.

CHALLENGES & ISSUES:
Qualified teachers are the backbone of any educational system. Their students score better on language tests, have higher self-confidence, are more sociable, and present fewer behavioral problems. Teachers guide their students’ personal and mental development and make them want to achieve. Children with learning disabilities are less likely to fall through the cracks when a degreed teacher is in charge. According to PEW Charitable Trusts, of the 40 states that offer preschool programs to four-year olds, 31 utilize bachelor degreed teachers, and 45 states require specialized training.

Currently, full day pre-k and degreed teachers are provided in public school programs in Florida only in
the summer. Why is this standard not required for children attending pre-k during the regular school year?

Low standards and low salaries drive professionals from pre-k classrooms. Most bachelor-degreed pre-k teachers are unable to earn a salary equivalent to a K-12 teacher. Lack of pension and benefits contribute to high-turnover.

Parental choice must be preserved. Florida’s pre-kindergarten program is based on a mixed delivery system, allowing the program to be provided in school, faith-based, and private settings. Future improvements to pre-k must preserve parent options.

BUDGET:
In 2011, the Florida legislature increased the budget for the VPK program by $7.7 million to accommodate projected growth, and also provided for a $4.5 million in funding for assessments in VPK. Funding was also maintained for Early Learning Information System. This increase as described provided slots for children to enroll in the program but did not add new dollars to be spent on quality indicators.

Bringing low quality to more of Florida’s four-year-olds. The 2012 legislature has increased the pre-k budget by $28.7 million (7.5%) to fund an expected increase in enrollment of more than 11,500 children. The base per student allocation remained the same.

The estimated cost to implement the goal of degreed teachers in every pre-k classroom is $60 million annually. The cost of upgrading teacher credentials can be paid for from the savings realized by cutting the failure rate of third-graders in half as has been shown in other states. Florida’s cost for non-promotion, grades pre-k through 3 annually exceeds $336 million. Investing in pre-k teachers with bachelor’s degrees will actually save more than $1-billion over ten years.

VOTERS:
Florida voters have gone on record. In 2002 they passed a constitutional amendment requiring “every 4 year old child in Florida be provided a high-quality pre-kindergarten learning opportunity... delivered according to professionally accepted standards.” To date, the will of the voters has not been met. More recently, national polling, conducted by Pre-K-Now, shows that voters reward candidates who respond to early childhood needs. Nearly 7 in 10 voters want more federal support for state-funded pre-k.

Public-opinion polls consistently show that voters want candidates to speak out on how they will help ensure the success of the next generation; and, in particular, how they will ensure young children start school equipped for success. Support for investing in children has increased as a result of research showing the big returns on investment from high-quality early-childhood programs. At the same time, polls show voters feel they have limited information on which candidates propose public policies to support young children.

STATE ACTION NEEDED:
★ Pass legislation to require pre-k teachers to hold a bachelor’s degree. With so much at stake, why does the state hesitate to guarantee that lead teachers in pre-k classrooms are degreed and qualified?

★ Improve Florida’s pre-k program to meet the 10 national standards established by the National Institute for Early Education Research (NIEER), including focus on appropriate assessment and readiness rate created with input from all stakeholders.

★ Money allocated for degreed teachers must follow the teacher rather than program type, allowing for mixed delivery and parent choice. Support efforts by current pre-k staff to earn the necessary credentials.

★ Direct the Florida Office of Early Learning and the Department of Education to come forward with an improvement plan to raise Florida’s pre-k quality in accordance with national standards.

★ Create a plan to bring the Florida program to a level that is more competitive for future Early Learning Challenge Grants.

EARLY LEARNING & CARE FEDERAL PICTURE:
In 1964, as part of the War on Poverty, the federal government established one of the first national programs directed to young children, Head Start. Administered through community agencies, it remains the largest federal initiative to promote child development in the pre-school years. Head Start serves as both a child development and an anti-poverty program, providing preschool experiences for low-income 3- and 4-year-olds. It serves a little less
than half of all children who are eligible (with its eligibility level of 100 percent of poverty).

In addition to Head Start, the federal government now plays a major role in making child care available for working parents. Since 1970, the proportion of young children living in families where both (or the only) parent works has increased from 30 percent of all families to 70 percent. Declining real wages over the last 40 years, particularly for those without a college degree, has most families depending on two incomes. As welfare support has tightened, the federal government has increased its funding support to states to provide subsidized child care to lower-income families.

Most recently, the federal government placed an even greater emphasis upon strengthening education in the early years. In 2011, the U.S. Departments of Education and Health and Human Services established a "Race to the Top—Early Learning Challenge" competitive grant program to foster innovation and leadership among states.

While a multitude of federal programs exist that serve young children and their families, overall public per-child investments in young children’s education and development remain small in comparison with that for school-aged children. For every dollar government (federal, state, and school district) invests in the education of a school-aged child, government invests only 7 cents in the education and development of an infant and toddler (0-2), and 25 cents in a preschooler (3-5). While 90 percent of the education investments in school-aged children reside at the state and school district level, half of the investment in young children’s education and development is made by the federal government.

**EARLY LEARNING & CARE FEDERAL ACTION NEEDED:**

- Reauthorize and strengthen the Child Care and Development Block Grant. Provide parents real choice among quality child care providers.
- Limit potentially unsafe license-exempt care. Requiring child care providers who receive federal subsidies to have a license or be subject to oversight and conduct background checks will keep kids safe.
- Amend major education laws to include pre-k as an integral part of federal support for public education.
- Establish and fully support a pre-k incentive grant that encourages state efforts to expand the capacity and improve the quality of publicly funded pre-k programs.
ABOUT US

The Children’s Campaign is Florida’s most dependable and most effective multi-issue child advocacy and watchdog organization. Facts are reported without bias.

Since our inception in 1992, we have led many public policy efforts as well as educated countless numbers of elected officials, policy makers, citizens, and community leaders about the health, safety, and education needs of Florida’s children.

Research and outcome based evidence builds a strong case for the best public policy.

The Children’s Campaign embraces a bi-partisan citizen governance structure with final decision-making authority.

The highly experienced team of The Children’s Campaign is proficient and well-versed in children’s policy and best practices. We are an established grassroots advocacy organization and work at the local, state and federal level.

Roy Miller, President and Founder, is a political strategist, lobbyist, media spokesman and commentator, and an unapologetic watchdog for children. His innovations have resulted in new non-partisan approaches to public policy, new service structures for at-risk children, and powerful new advocacy voices.

Linda Alexionok, Executive Director, is a recognized business and community leader in North Florida she has long supported social justice and human service organizations and was a gubernatorial appointee and chaired the Florida School Readiness and Early Learning Coalition of the Big Bend.

Linda Sutherland  
Board Chair  

Roy Miller  
President & Founder  

Linda Alexionok  
Executive Director  

www.iamforkids.org  * P.O. Box 1718, Tallahassee, FL 32302  * 850.425.2600