

## **Developing a SUS Agenda to Support School Readiness: A Work in Progress**

### **Reasons for SUS Involvement**

As Florida plans for the new millennium, economic and social changes in our state call for childcare and early childhood education to be at the top of our agenda. These changes include rapid movement toward a global economy, changes in the demographic characteristics of Florida's citizens, and the growing numbers of parents and family members working full time<sup>1</sup>. Technological advances demand new attitudes, behaviors, and thinking skills. Research is telling us that success in school and at work depends upon what we experience and learn very early in life, long before entering kindergarten.

In 1999, the School Readiness Act was enacted by the Florida Legislature and signed into law by Governor Jeb Bush<sup>2</sup>. This law and other recent legislative initiatives such as the A+ School Improvement Plan<sup>3</sup> put forth a public policy that recognizes the importance of providing Florida's youngest citizens with the capacity needed to learn throughout their lives.

State policy makers and governmental agencies, educators, business leaders, service providers, community groups, and citizens alike are joining Governor Bush as he challenges all of us to make Florida a 21st century "opportunity state" – which has as its foundation a high-quality education system. Constructing a 21<sup>st</sup> century education system will require a dramatic departure from today's fragmented system and can only be built by increasing Florida's intellectual capital. This will require investing in knowledge-building and sharing mechanisms not currently in place. What is needed is a seamless education system that flows from early childhood through university learning and functions as a connected and "networked" entity. For this transformation to succeed, all must come together and commit to a common vision.

Creating this system requires change on at least two levels: changes with people and changes in the system. The first level of change must happen with individual teachers, health care providers, and leaders. If we are asking people to adopt change with the goal of accomplishing very different outcomes, we must assure them access and training to skills and knowledge not now readily available. The second level of change is with organizational or systemic conditions. Conditions that inhibit continuous learning and collective problem solving must be converted into those that encourage and support learning and team-based problem solving. For both levels of change to occur, significant new investment in support mechanisms is needed.

The recent State University System (SUS) strategic planning process identified ways the SUS could become an active partner in creating this seamless Early Childhood-through-University Learning System. Florida has many elements needed to create such a system, but has not yet truly linked them. Some elements need to be strengthened and others developed. The SUS, as an active partner, can help Florida create this system and become an "opportunity state" by focusing on the four initiatives identified in its Strategic Plan. These initiatives are depicted in Figure 1.

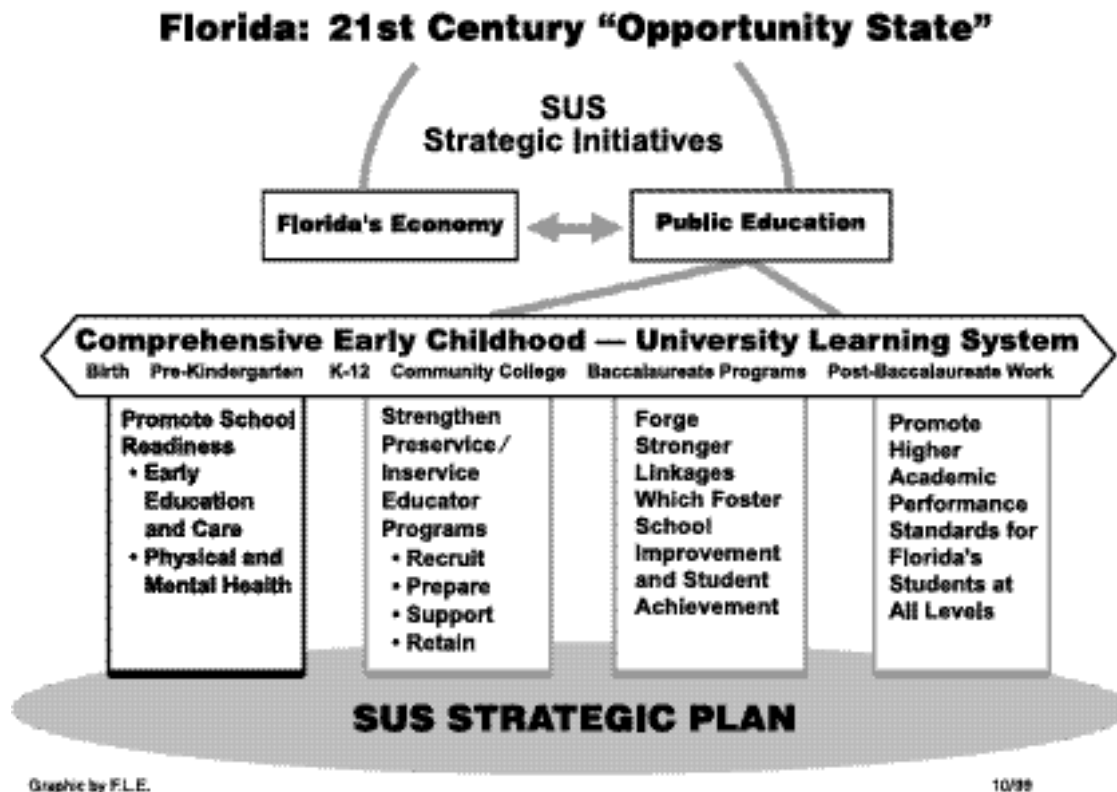
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<sup>1</sup> In 1965, only 17 percent of mothers of one-year-olds were in the labor force; in 1991, fully 53 percent worked outside the home. More than five million infants and toddlers are now in the care of other adults while their parents work. (Carnegie Corporation of New York – *Starting Points: Meeting the Needs of Our Youngest Children*)

<sup>2</sup> Florida Statute 411.01

<sup>3</sup> ch. 99-398, Laws of Florida

Figure 1 SUS Strategic Plan



This concept paper focuses on one of these initiatives: how the SUS can join with local readiness coalitions, the Florida Partnership for School Readiness, K-12 and Community College educators, and other readiness stakeholders and advocates already involved in readiness initiatives to strengthen the early childhood segment of the Early Childhood-through-University Learning System continuum.

This paper looks at what is needed for a high-quality readiness system, and ways that the SUS could work collaboratively with other stakeholders to overcome the obstacles to creating such a system. This paper is organized into four parts:

1. identifying important components of a high-quality early readiness system;
2. identifying obstacles to creating a high-quality early readiness system;

3. suggesting "beginning points" for the kind of collaborative infrastructure and support mechanisms that will be needed to overcome obstacles; and,
4. proposing an action plan that brings key stakeholders together to prioritize needs and collaboratively take action.

## 1. Needed Components for a High-Quality Readiness System

### A Vision for Excellence

The literature<sup>4</sup> identifies attributes consistent with high quality childcare, health, and education programs. Quality readiness programs meet the developmental needs (physical, language, cognitive, social, emotional) of children and families in culturally sensitive ways. Quality readiness programs address children's health, safety, and educational needs. Quality readiness programs use research-based and practice-validated strategies, programs, and materials. Quality readiness programs ensure that all children come to school eager, ready to learn and possess the skills and knowledge needed to be successful. Quality readiness programs also integrate a wide array of services in their communities delivered by a host of organizations including governmental agencies, social agencies, health care providers, community-based organizations, businesses, faith-based providers, individuals, and educational institutions. Quality readiness programs are available and accessible to all children whose families choose to enroll them. Families and parents are active partners in quality early care and education programs. Quality readiness programs are supported by coordinated infrastructure mechanisms that help to continually improve performance. Quality readiness programs and their supporting organizations are held accountable for concrete, measurable improvements in all children's achievement.

Experts, practitioners, stakeholders, and advocates agree that two interdependent components are necessary for a high quality readiness system. One component, made up of both educational and health elements, address the kinds of **services provided directly to children and families**. The second component addresses the need for an infrastructure composed of readily accessible **support mechanisms** that help childcare, health, education professionals, and local communities to meet new and greater expectations.

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<sup>4</sup> Johnson, L., LaMontagne, M., Elgas, P., & Bauer, A. (1998). *Early childhood education: Blending theory, blending practice*. Baltimore: Paul H. Brooks Publishing Co.

Kagan, S. (1996). *Reinventing early care and education: A vision for a quality system*. San Francisco: Jossey-Bass.  
Mills, K. (1998). *Something better for my children: The history and people of Head Start*. New York: The Penguin Group.

Neuman, S., & Roskos, K. (Eds.) (1998). *Children achieving: Best practices in early literacy*. Newark: DE: International Reading Association.

Seefeldt, C. (Ed.). (1999). *The early childhood curriculum: Current findings in theory and practice*. New York: Teachers College Press.

Spodek, B. (Ed.) (1993). *The handbook of research on the education of young children*. New York: Macmillan Publishing Co.

### ***Direct Services for Children and Families***

Research suggests that the foundation for academic success is developed before a child enters kindergarten and extends through the third grade. Recent advances in cognitive science<sup>5</sup>, reading readiness<sup>6</sup>, and brain development<sup>7</sup> research provide powerful insights for enhancing children's learning. We now know that individuals need to use previous experiences as "tools" to acquire and use new information. We also know that using lessons relevant to the lives and interests of learners increases understanding.

In the areas of reading readiness, we know that early readiness skills (birth to three) and early school experiences (prekindergarten through third grade) greatly impact a child's ability to read. We also know that from the fourth grade on, it is taken for granted that children are capable of reading to learn. It is, therefore, imperative that children's ability to learn to read be sufficiently well developed during the critical years from birth to grade three.

The prenatal period is a window of opportunity for positively influencing parents' attitudes and behaviors that they believe will benefit their children. To assure optimal readiness to read, it is important to assess and address parents' literacy levels, especially maternal literacy prior to an infant's birth.

Brain research suggests that:

- brain development that takes place during the prenatal period and in the first year of life is more rapid and extensive than previously realized;
- brain development is much more vulnerable to environmental influences than most people ever suspected; and
- there are "windows of opportunity" when appropriate stimuli increase brain development.

The research on early childhood development<sup>8</sup> also documents the importance of health care and nutrition to children's well being, including their social development and school achievement. Appropriate health care during the early childhood years can detect and treat conditions that affect a child's performance in school. Children in poor health may be absent from school more often, unable to perform in class, or may exhibit disruptive behavior. In addition, health

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<sup>5</sup> Marshall, H. (1998). Teaching educational psychology: Learner-centered and constructivist perspectives. In N. Lambert & B. McCombs (Eds.), *How students learn: Reforming schools through learner-centered education* (pp. 449-461). Washington, DC: American Psychological Association.

<sup>6</sup> Snow, C., Burns, S., & Griffin, P. (Eds.) (1998). *Preventing reading difficulties in young children*. [Report of the National Research Council.] Washington, DC: National Academy Press.

<sup>7</sup> Carnegie Corporation of New York. (1994). *Starting points: Meeting the needs of our youngest children*. New York: Author.

Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute.

<sup>8</sup> U. S. General Accounting Office. (1995). *Early childhood centers: Services to prepare children for school often limited*. (Chapter 2: Disadvantaged children need full range of services to prepare them for school). (Report to the Ranking Minority Member, Sub-Committee on Children and Families, Committee on Labor and Human Resources, U.S. Senate). Washington, DC: Author.

Zill, N. (1990). *Child health and school readiness: Background paper on a national educational goal*. Washington, DC: Child Trends, Inc.

problems or untreated injuries can lead to permanent disabilities impairing a child’s cognitive abilities and social, emotional, and physical development.

For young children, the issues of health and education are complex and inextricably intertwined. To ensure that children’s capacity to profit from opportunities to learn are not hindered by a lack of attention to either their health or education needs, we must learn to quickly translate and implement new advancements into routine practices — both in the home and in the classroom. We will not succeed at improving every child’s chance for success in school and in life without addressing both issues simultaneously as part of a comprehensive school readiness system.

***Structural Support Mechanisms***

To produce different outcomes for children and families, desired outcomes need to be translated into knowledge and skill requirements needed to achieve them. Existing early care, health care, and education organizations are not able to consistently provide the services needed to ensure every child is ready to learn when they enter school. Childcare, health care, and education professionals must have access to new knowledge, opportunities to learn how to apply this knowledge, as well as the support needed to translate it into actual practice.

To tap and build on existing expertise, an infrastructure of support mechanisms is needed. It must be composed of inter-institutional support networks that span traditional boundaries. Both practitioners and researchers must be involved. They must harness technology-based and human-based tools to help childcare, health care, and education professionals carry out their work more effectively. These support networks must be flexible, user-friendly, and focus on solving critical problems by generating, implementing, and evaluating creative solutions.

The components and their attributes of a high quality readiness system, including those for direct services for families and children are presented in Table 1. Table 2 addresses the attributes of a collaborative infrastructure.

**TABLE 1: Key Elements of a High-Quality Readiness System: Direct Services**

<b>Direct Services for Families and Children</b>	
<b>Readiness Component</b>	<b>Attributes</b>
<b>Physical and Mental Health Readiness</b>	<ul style="list-style-type: none"> <li>• ready access to affordable prenatal care and education services;</li> <li>• ready access to affordable health screening and referral services;</li> <li>• ready access to comprehensive and coordinated early physical and mental health care services;</li> <li>• all children living and learning in safe, nurturing environments protected from abuse, neglect, or violence.</li> </ul>
<b>Social And Cognitive Readiness</b>	<ul style="list-style-type: none"> <li>• ready access to affordable, safe, developmentally appropriate, and culturally sensitive readiness programs;</li> <li>• all children engaged in challenging and research-based cognitive, social, and developmental learning experiences;</li> <li>• all children taught by well-trained, competent and caring teachers; and</li> <li>• ready access to the resources, knowledge, and skills needed by families to enhance their children’s readiness to learn.</li> </ul>

**TABLE 2: Key Elements of a High-Quality Readiness System: Collaborative Infrastructure**

<b>Collaborative Infrastructure</b>	
<b>Readiness Component</b>	<b>Attributes</b>
<b>Structural Support</b>	<ul style="list-style-type: none"> <li>• problem-solving networks that span traditional organizational boundaries and focus on problems faced by local readiness coalitions;</li> <li>• ready access to new knowledge, expand access, and research-based and practice-validated models, strategies, and tools by local readiness coalitions;</li> <li>• enhanced leadership development, policy expertise, and impact assessment at the community, regional, and state levels provided by collaborative support mechanisms;</li> <li>• ready access to and use of research-based, user-friendly evaluation and assessment tools;</li> <li>• ready access to ongoing and rigorous professional learning;</li> <li>• incentives and rewards aligned to new priorities and goals;</li> <li>• high levels of awareness and involvement by families, providers, communities, employers, the media, and decision-makers regarding early childcare and education issues;</li> <li>• high-quality and multiple entry pathways for becoming a teacher.</li> </ul>

## 2. Challenges and Barriers

In spite of our efforts to ensure all children will start school ready to learn, barriers still obstruct our efforts. Whether the barrier is access to affordable, quality childcare so parents can work, preventive health services so children can learn, or quality preschool programs so children become successful lifelong learners, the result is the same: many children inadequately prepared for success in school and in life.

The costs to our state are immense. Lack of readiness for school leads too often to school failure, remediation, dropping out, lower lifetime wages, fewer taxes paid, increased criminal acts committed, and additional demand for social services<sup>9</sup>.

Several obstacles present challenges to creating a comprehensive readiness system. The obstacles for Direct Services focus on the lack of adequate early learning and health care services provided directly to children and their families. The obstacles related to Collaborative Infrastructure focus on systemic change. A systemic approach assumes that every part of the system will be examined; that practices that are not working will be discarded; and recognizes that change in one part of the system may require changes in other parts. A systemic approach underscores the

<sup>9</sup> One of the most important outcome studies of both short- and long-term benefits of early childhood education is the High/Scope Perry Preschool Project. Researchers concluded that adults born in poverty who attended high quality preschool programs at ages 3 and 4 have fewer criminal arrests, higher earnings and property wealth, and greater commitment to marriage than those who did not. Over participants' lifetimes, an estimated \$7.16 is saved for every dollar invested.

Schweinhart, L.J., Barnes, H.V., & Weikart, D.P. (1993). *Significant benefits: The High/Scope Perry Preschool study through age 27* (Monographs of the High/Scope Educational Research Foundation, 10). Ypsilanti: High/Scope Press.

need to develop capacity and collaboration across multiple systems by giving deliberate attention to creating infrastructure mechanisms that encourage learning and make connections. To be successful will require long-term commitments from individuals at all levels to make changes. All must demonstrate their commitment through their actions. Table 3 illustrates the obstacles that present challenges and barriers to achieving a high quality readiness system.

**TABLE 3: Obstacles to a High-Quality Readiness System**

<b>Readiness Dimensions</b>	<b>Obstacles</b>
<p align="center"><b>Direct Services for Children and Families</b></p>	<ul style="list-style-type: none"> <li>• fragmented and uneven access to affordable, flexible, research-based and developmentally appropriate learning programs;</li> <li>• limited access to high-quality programs that assist children in overcoming delayed physical, social, and cognitive skills;</li> <li>• uneven access to well-trained, competent, and caring teachers;</li> <li>• uneven access to affordable, flexible prenatal education and care; and</li> <li>• uneven access to preventive and protective physical and mental health services for infants and toddlers.</li> </ul>
<p align="center"><b>Collaborative Infrastructure</b></p>	<ul style="list-style-type: none"> <li>• lack of wide-spread consensus around a compelling vision, expected outcomes, responsibilities, and best practices;</li> <li>• lack of capacity-building mechanisms and collaboration across multiple systems;</li> <li>• isolation and lack of easy access to needed knowledge, skills, and tools;</li> <li>• misalignment of policies, goals, practices, and resources;</li> <li>• inadequate coordination of initiatives;</li> <li>• lack of investment in widely-accessible support mechanisms that:               <ol style="list-style-type: none"> <li>1) develop leadership and policy expertise;</li> <li>2) develop teachers' expertise about teaching, learning, content, students;</li> <li>3) produce research-based instructional and curricular tools;</li> <li>4) reform current dissemination practices;</li> <li>5) use evaluation tools to assess progress, evaluate program effectiveness, and improve performance;</li> <li>6) facilitate and support the change process to decrease the gap between what is known and what systems actually do;</li> <li>7) align rewards and incentives with emerging priorities and goals;</li> </ol> </li> <li>• lack of commitment to "staying the course" as changes in leadership occur or when new barriers emerge.</li> </ul>

### **3. A "Beginning Point" for Overcoming Obstacles**

#### **What Can the SUS Do to Help?**

The State University System stands ready to join the Florida Partnership for School Readiness and other stakeholders and advocates in improving the improving the learning and health of Florida's children. Answers to two questions can help identify ways in which the SUS might help:

- What are the obstacles to creating a school readiness system?
- How can SUS intellectual capital and expertise be used to help overcome obstacles?

The Florida Partnership Board is charged with building a high-quality readiness system for Florida. Achieving this ambitious goal will mean changing the way we think about and implement readiness programs, services, and support activities. To make this extraordinary transition successfully will require all of us becoming expert at dealing with change, knowledge access and use, and collaboration.

### ***Change***

To dramatically improve the readiness outcomes for all children will require significant amounts of purposeful change — changes in the ways services and programs are organized, delivered, and evaluated and changes in the ways we work together. Three kinds of change forces must be managed during this transition:

Change related to rethinking what we want to accomplish: *vision-building*

Change related to redesigning the ways we work and to acquiring needed skills and knowledge: *capacity-building*

Change related to sustaining and continuing improvement of programs and services: *knowledge-building*

### ***Knowledge Access and Use***

New visions will require all of us to develop new understandings and use new skills. Knowledge-based support mechanisms must be developed and made easily accessible to all. Workplace environments must encourage continuous learning and team-based problem solving if we are to successfully confront the complex issues related to early readiness.

### ***Collaboration***

Historically, individual early childcare, health, and education professionals were expected to overcome obstacles to high-quality programs and services offered to children. Working in semi-isolation, with the press of daily challenges, professionals had limited success. This “isolationist” approach has often proven to be ineffective. If we are to achieve the different outcomes needed to be successful in the 21<sup>st</sup> century, we must find different ways to work.

The challenges of creating a comprehensive readiness system are daunting. Children care, health, and education professionals can not do the task alone. Many different groups spanning health, education, business, and communities have a stake in improving readiness programs and services and all must help carry the ball. These groups differ, however, in their structures, cultures, and reward systems. To be successful will require all of us to work hard at working together. This means forging new structures, engaging in joint activities, and rethinking roles and relationships.

### **Creating a Collaborative Infrastructure**

Just as businesses are recognizing that harnessing knowledge is a critical key to increasing productivity in the workplace, so must education and human services learn to harness knowledge to achieve desired outcomes. How to go about harnessing and using the power of knowledge and

working collaboratively to improve childcare, education, and health programs becomes the mission of a collaborative infrastructure.

A collaborative infrastructure must focus *on* new designs of curricular and instructional practices; *on* viable assessment systems; *on* professional development; *on* ways to transfer knowledge; *on* integrating services; *on* problem-focused research; *on* policy analysis; and *on* figuring out how we can apply what we know works "across the board" rather than only succeeding in creating "pockets of excellence."

Building this system will require accessing knowledge from many disciplines using both theoretical and practice-based sources; creating incentives for innovation; developing effective ways to create, store, retrieve, and transfer knowledge; and a strong commitment to putting into widespread practice what is learned.

Universities are well positioned to help develop this needed collaborative infrastructure. Producing knowledge is already part of their mission. However, the SUS cannot create or sustain such a system by itself. The SUS stands ready to join the Florida Partnership for School Readiness and other stakeholders in identifying ways intellectual capital and expertise within the SUS and across the state can be used to create a collaborative infrastructure.

Many SUS universities are already engaged in activities and research efforts that are related to the elements of a comprehensive readiness system. Working with local readiness coalitions, the Florida Partnership for School Readiness, K-12 school districts, community colleges, Healthy Start Prenatal and Infant Health Care Coalitions, and other key stakeholders, the SUS can help to identify and build on current initiatives and help to create mechanisms needed by local readiness coalitions to dramatically improve the quality of readiness services. To do so will require us to work collaboratively to:

- establish clear state and community goals and related school readiness indicators which can be easily measured;
- create problem-focused and results-driven partnerships to tap and leverage intellectual capital available within the SUS and across the state;
- design and implement coordinated actions that integrate and apply research to policy and practice in real-world settings; and
- assess and regularly monitor state and community level readiness indicators and modify activities as appropriate.

### **One Possible Scenario: A “Beginning Point” for Discussion**

One possible scenario for what a collaborative infrastructure might look like when fully implemented is presented in Figure 2. In presenting this model, we hope to **stimulate thinking about:**

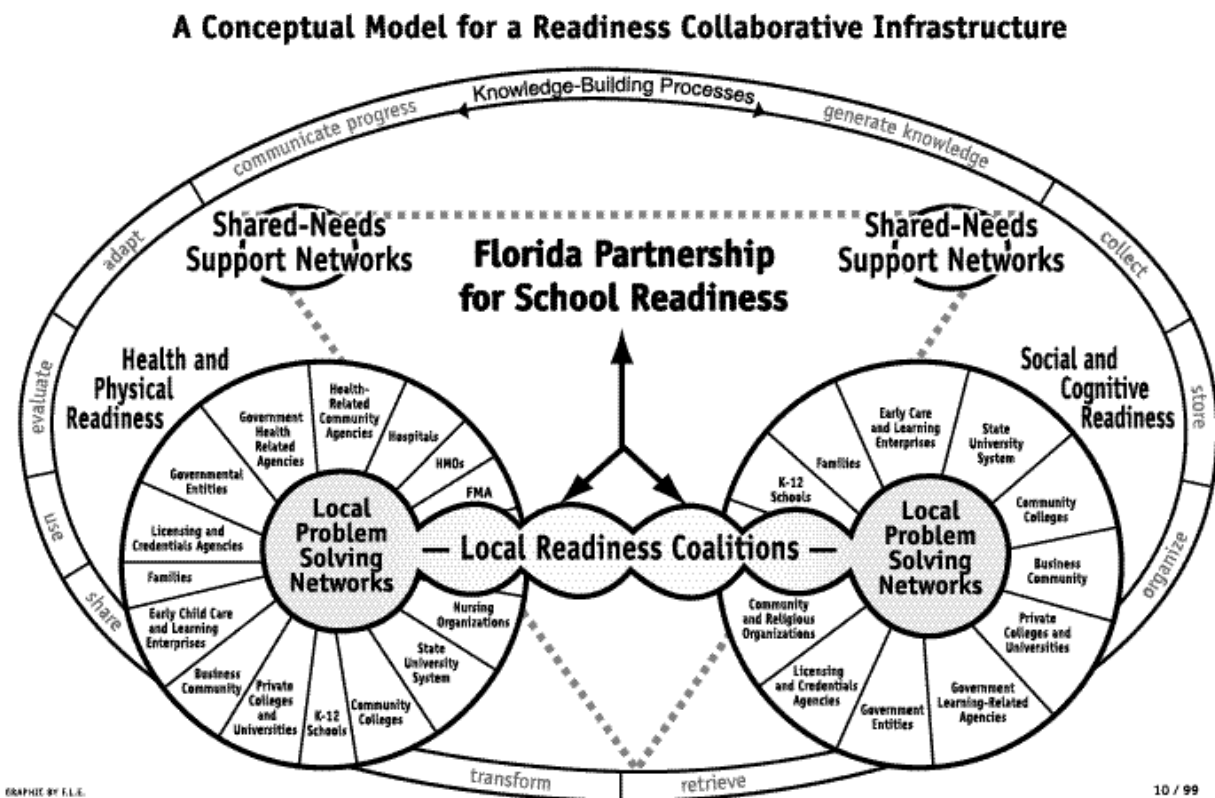
- what must be done to create a high-quality early readiness system;

- what skills and knowledge are needed first; and
- what mechanisms and strategies might foster their development.

### Conceptual Model for a Collaborative Infrastructure

In this scenario the Florida Partnership for School Readiness and the local readiness coalitions are at the center of the infrastructure. They form the "hub" for community-based childcare, health, and education initiatives.

Figure 2: Collaborative Infrastructure



The Florida Readiness Partnership and local readiness coalitions are supported by two kinds of infrastructure mechanisms: (1) local problem-solving networks; and (2) shared-needs support networks. These infrastructure mechanisms are depicted as a “triangle of support.” Important knowledge-building processes surround the proposed collaborative infrastructure.

The **Local Problem-Solving Networks** represent community-based organizations that help local coalitions overcome obstacles to providing coordinated, high-quality childcare, health, and education services to children and their families. These problem-solving networks, in support of local readiness coalitions, would be linked to state-wide networks and other resources as they seek ways to solve local problems.

The **Shared-Needs Support Networks** would address high priority needs that are common across many local readiness coalitions and that can best be met through coordinated efforts. Shared-Needs Support Networks would be linked face-to-face and electronically to local readiness coalitions. These Shared-Needs Support Networks would serve as “gateways” and address issues related to:

- **curriculum and instruction practices;**
- **evaluation and assessment;**
- **integrating and financing services across partnering institutions; and**
- **problem-focused research.**

These networks also would serve as "implementation and dissemination hubs" where network facilitators would ask questions, clarify needs, help access information for solutions to problems, develop tools and methods that enable childcare professionals to learn from each other and together, and assist in implementation.

Other Shared-Needs Support Networks might be linked more closely with the Florida Partnership for School Readiness. For example, a policy network that examines the match among Florida readiness goals; state and regional needs; and existing and developing policies and services would provide a base from which the Partnership could more effectively develop policies and allocate resources. Such a network could examine the degree to which initiatives are, in fact, implemented, and assessed short- and long-term effects of readiness initiatives.

A quality readiness system depends on a "knowledge-based" infrastructure made up of support mechanisms that are not currently in place. This collaborative infrastructure must build on existing support mechanisms, refocus some existing efforts, increase innovation, harness technology, bring diverse perspectives together, and expand current capacities to carry out new tasks. These support mechanisms must also take into account that local coalitions will vary in setting, format and needs. They must be easily accessible and responsive to local coalition needs. The mechanisms must make it possible for local readiness coalitions to acquire the necessary skills and knowledge; target priority areas of need; and change and improve practice. Finally, to enhance the likelihood of improving the whole system rather than just benefiting isolated programs, such a support infrastructure must coordinate and connect efforts across many different stakeholder organizations.

Building and maintaining this kind of knowledge-based infrastructure will require stable resources — money, time, and personnel — coupled with incentives and rewards for participating and using it. This is not a short-term project, but a long-term commitment to changing the way in which childcare, health care, and education are delivered.

Missing support mechanisms include:

- mechanisms for accessing knowledge from many disciplines;
- mechanisms for creating, storing, retrieving, and translating knowledge into best practices;

- mechanisms to support practitioners, families, and communities as new practices are made routine, and
- mechanisms for assessing impact of actions and progress towards goals.

#### **4. Action Plan**

##### **SUS Eight Point Action Agenda: A Beginning Point**

This kind of needed collaborative infrastructure cannot be created by any single organization working in isolation. To succeed, this must be a collaborative effort that includes stakeholders from both private and public sectors across the state. It must build on efforts that are already underway, such as the dissemination model used by the Institute of Food and Agricultural Sciences (IFAS), rather than "reinventing the wheel." Partnering institutions must be willing to change how they structure communications, how they structure work and allocate resources, and how they reward employees.

Two Type I Centers<sup>10</sup> -- the Florida Institute of Education and The Lawton and Rhea Chiles Center for Healthy Mothers and Babies -- have agreed to spearhead efforts to bring together partnering institutions and help organize the work teams that will be needed to design and implement specific activities. SUS institutions, and other centers and institutes, in collaboration with leaders from other stakeholder organizations, would take leadership roles for specific initiatives and chair work teams. Eight possible initiatives in the areas of health and education emerge as "targets" for action:

##### **Building Capacity**

1. Help readiness stakeholders and advocates more clearly define goals, roles, and shared responsibilities as well as identify existing and needed resources.
2. Support development of local readiness coalitions through locally developed problem-solving activities.
3. Develop high-quality multiple-entry pathways and incentives for initial preparation and ongoing professional development for early childcare, education, and health professionals.
4. Enhance state-wide leadership and policy expertise and assess policy impact.

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<sup>10</sup> The Florida Institute of Education, a Type I Center with a state-wide mission, is charged with helping to improve the quality of education in Florida through collaborative initiatives. The University of North Florida hosts the Florida Institute of Education. Dr. Cheryl Fountain, Assistant to the Chancellor for Education Policy, serves as the Executive Director.

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies, a Type I Center with a state-wide mission, is charged with the promotion and protection of mothers, infants, and young children in Florida through collaborative initiatives. The University of South Florida hosts the Chiles Center. Ms. Delores Jeffers serves as the Executive Director and works under the direction of Center Director, Dr. Charles Mahan, Dean, College of Public Health, USF.

5. Develop “bridging” mechanisms that link early childhood programs with specific SUS institutes, centers, and academic majors (e.g. joint appointments, shared research agendas, collaborative problem-solving, and clinical placements).

6. Increase SUS students’ understanding of the importance of becoming a child’s mentor and providing them with the skills needed to be an effective mentor.

### **Increasing New Knowledge and Access to Research-Based Models and Strategies**

7. Create and sustain shared-needs applied research networks that:

- extend current knowledge bases;
- translate research and assessment findings into practice-based curricular and instructional applications;
- field-test promising health care and learning models; and
- redesign dissemination tools to share what is learned in ways that are user-friendly, build expertise, and impact practice.

### **Improving Evaluation and Shared Accountability**

8. Develop user-friendly evaluation tools that:

- assess child-specific social, cognitive, and physical development used to improve individual learning;
- assess the degree to which programs achieve newly defined goals;
- use assessment data for ongoing program feedback and improvement;
- assess the degree to which systems provide access to high-quality teaching, resources needed to achieve student learning standards, and policies that facilitate creating and sustaining productive learning environments; and
- can be used to make "high-stakes" decisions.

### **Actions Needed to be Taken Immediately**

1. *Expand Existing SUS Senior Readiness Leadership Team* to include the President’s readiness liaison from each SUS institution; the Executive Director for the Florida Partnership for School Readiness; a representative of the Area Health Education Centers, Florida Departments of Education (DOE), Health (DOH), and Children and Families (DCF); community college liaisons; and early childcare, education, and health readiness leaders.

2. *Ask each University president to appoint a Readiness Liaison and Readiness Resource Team* to assist the Florida Partnership for School Readiness in helping local coalitions develop their local school readiness plans; access information on innovative and best practices using research and problem-focused inquiry; and focusing on continuous improvement.

3. *Identify Current SUS Activities, Research Efforts, and Best Practices* related to the creation and implementation of a comprehensive readiness system.
4. *Gather Input Related to Needs* from local readiness coalitions, the Florida Partnership for School Readiness, early childcare and education experts, colleges of health, education, medicine, business, arts and sciences; SUS centers/institutes already focused on this issue; key legislators and decision-makers; and other critical advocates and stakeholders.
5. *Organize Inter-Institutional Work Teams Around an Action Agenda* and charge the teams with developing action plans and timelines, identifying existing and needed resources, and identifying benchmarks of success.
6. *Secure Needed Resources.*