



## Studies in the News for



## Children and Families Commission

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## Introduction to Studies in the News

Studies in the News: Children and Family Supplement is a service provided to the First 5 California Children and Families Commission by the California State Library. The service features weekly lists of current articles focusing on Children and Family policy. Prior lists can be viewed from the California State Library's Web site at <http://www.library.ca.gov/sitn/ccfc/>.

## How to Obtain Materials Listed in SITN:

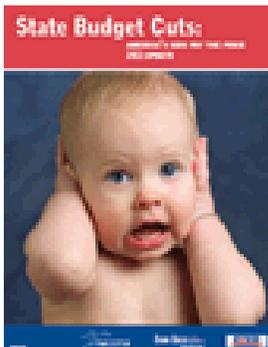
- When available on the Internet, the URL for the full-text of each item is provided.
- California State Employees may contact Information Services at (916-654-0261; [cslinfo@library.ca.gov](mailto:cslinfo@library.ca.gov)).
- All other interested individuals should contact their local library - the items may be available there, or may be borrowed by your local library on your behalf.

The following studies are currently on hand:

## IMPROVED CHILD DEVELOPMENT

**State Budgets Cuts: America's Kids Pay the Price 2011 Update. By the National Association of Child Care Resource and Referral Agencies. (NACCRRA, Arlington, Virginia) October 2011. 22 p.**

Full text at: <http://www.naccrra.org/publications/naccrra-publications/publications/2011%20BudCuts%20ECM%20NACCRRA%20Voices.pdf>



[“According to a report released... by the National Association of Child Care Resource and Referral Agencies (NACCRRA), Every Child Matters Education Fund and Voices for America’s Children, the majority of states continue to make deep budget cuts in key areas that support children’s development, health and safety. ‘State Budget Cuts: America’s Kids Pay the Price,’ lists

state-by-state cuts to programs affecting children, including public health, early education, child care, K-12, and programs for children with special needs. Based on a survey of Child Care Resource and Referral agencies (CCR&Rs), the report shows that FY 2011 budget cuts drastically affected children and family services within their states. Additional information was contributed by members of Every Child Matters and Voices for America's Children." NACCRRRA Press Release (October 31, 2011.)]

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**Putting the Pieces Together: Community Efforts to Support our Youngest Children 0-8: A Report on the Early Learning Communities Initiative. By the Head Start Resource Center. (Administration for Children and Families U. S. Department of Health and Human Services, Washington, DC) July 2011. 72 p.**

Full text at: [http://www.acf.hhs.gov/earlychildhood/docs/ELC\\_FINAL\\_7\\_7\\_2011.pdf](http://www.acf.hhs.gov/earlychildhood/docs/ELC_FINAL_7_7_2011.pdf)

[“Local and state leaders are coming together across the country to find ways they can support healthy and successful early childhood development in their communities. It is at this very basic level - in the neighborhoods, towns, and cities where families and children live - that some of the most innovative and effective approaches to improving and coordinating services are being developed. This work is bringing together schools, community-based providers, parents, and public, private, faith-based, and civic representatives to support young children and their families. This publication is a snapshot of the creative work taking place in communities across the country. It is designed both to provide insight into the key ingredients for success and to inform other community efforts to create more coordinated and improved service delivery systems during the earliest years. Throughout this report you will read about place-based or community-wide strategies for planning across programs, gathering data on how young children are faring across the community, creating a focal point for quality improvements, and linking early childhood providers with schools.”]

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**Learning to Read: A Guide to Federal Funding for Grade-Level Reading Proficiency. By Cheryl D. Hayes and others. (The Finance Project, Washington, DC) 2011. 176 p.**

Full text at: [http://www.financeproject.org/publications/GLR\\_Guide.pdf](http://www.financeproject.org/publications/GLR_Guide.pdf)

[This guide “provides information on 103 federal sources across seven cabinet-level departments and three independent agencies that can help fund investments in early literacy programs and infrastructure. These funding sources can be used to address the root causes of children failing to learn to read, such as limited access to high-quality early care and education, undetected and untreated developmental delays, and few after-school and summer enrichment programs. They can be used to help fund remediation strategies,

such as reversing summer learning loss, that affect third-grade reading competency. They can also be used to build the cohesive infrastructure and systems necessary to effectively train and guide professionals, provide outreach to vulnerable students, and track performance over time. This guide is intended to help state and local officials, leaders of community-based and national organizations, school leaders, and private investors identify, access, and make the best use of available federal funding to meet their policy and program goals.”]

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**“Stadiums vs. Early Childhood Education: When Do the Kids Get Their Turn?” By Art Rolnick. IN: MPR News (October 27, 2011) 1 p.**

Full text at: <http://minnesota.publicradio.org/display/web/2011/10/27/rolnick/>

[“Back in 2002, I had an engaging conversation with John Cowles Jr. (former CEO of the Cowles Media Company and parent company of the Star Tribune) concerning public priorities. Cowles applauded my work on early childhood education (ECE). However, he strongly disagreed with my view that no state or local government should be subsidizing professional sports teams. He argued that we could have it all - that both sport teams and ECE could and should be funded. While I reluctantly agreed that professional sports had some public value beyond the private gains of players and owners, I was skeptical that the public could fund both. Now roughly 10 years have passed.”]

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**“Policy Statement: Media Use by Children Younger Than 2 Years.” By Ari Brown and others, Council on Communications and Media, American Academy of Pediatrics. IN: Pediatrics, vol. 128, no. 5 (November 1, 2011) pp. 1040-1045.**

Full text at: <http://pediatrics.aappublications.org/content/128/5/1040.full.pdf+html>

[“In 1999, the American Academy of Pediatrics (AAP) issued a policy statement addressing media use in children. The purpose of that statement was to educate parents about the effects that media - both the amount and the content - may have on children. In one part of that statement, the AAP recommended that ‘pediatricians should urge parents to avoid television viewing for children under the age of two years.’ The wording of the policy specifically *discouraged* media use in this age group, although it is frequently misquoted by media outlets as *no* media exposure in this age group. The AAP believed that there were significantly more potential negative effects of media than positive ones for this age group and, thus, advised families to thoughtfully consider media use for infants. This policy statement reaffirms the 1999 statement with respect to media use in infants and children younger than 2 years and provides updated research findings to support it. This statement addresses (1) the lack of evidence supporting educational or developmental benefits for media use by children younger than 2 years, (2) the potential adverse health and developmental effects of media use by children younger than 2 years,

and (3) adverse effects of parental media use (background media) on children younger than 2 years.”]

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**Meeting the Early Learning Challenge: Supporting English Language Learners. By Hannah Matthews. (Center for Law and Social Policy, Washington, DC) October 2011. 9 p.**

Full text at: <http://www.clasp.org/admin/site/publications/files/ellsandelc.pdf>

[“More than one in four (27 percent) young children under age 6 in the United States have at least one parent who speaks a language other than English, and one in seven (14 percent) has at least one parent who is limited English proficient (LEP)... The Early Learning Challenge is an opportunity for states to direct their attention to the needs of this group of children who are often overlooked in policy conversations. The challenge for states in addressing the needs of ELLs in the Early Learning Challenge rests on gaps in research on the most effective early education practices for young ELLs and the current state of early care and education standards and policies related to ELLs. Still, strategies for how to most effectively reach and serve ELLs in quality early education exist and can be implemented.”]

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**Using Pre-K to Advance Education Reform: Opportunities for State Advisory Councils. By Stacie G. Goffin and Elliot Regenstein. (Pre-K Now, Pew Center on the States, Washington, DC) October 2011. 11 p.**

Full text at: [http://www.preknow.org/documents/2011\\_ECAC\\_brief.pdf](http://www.preknow.org/documents/2011_ECAC_brief.pdf)

[“By strengthening linkages between pre-k programs and education reform agendas, Early Childhood Councils are well positioned to influence their states’ school improvement activities. This brief identifies specific steps councils can take to maximize their states’ investments in early education including aligning policy prior to and following pre-k.” Pew Center on the States.]

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## **IMPROVED FAMILY FUNCTIONING**

**State of the World’s Mothers 2011. By Save the Children. (Save the Children, Westport, Connecticut) May 2011. 34 p.**

Full text at:

[http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6748295/k.BE47/State\\_of\\_the\\_Worlds\\_Mothers\\_2011\\_Statistics\\_and\\_Facts.htm](http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6748295/k.BE47/State_of_the_Worlds_Mothers_2011_Statistics_and_Facts.htm)

[“The top ten ‘best places to be a mother’ do not include the U.S. (it ranks 31st among 43 developed nations). The ‘Mothers’ Index,’ a composite of separate indices of child and maternal well-being, has been published for each of the past 12 years by Save the Children. A total of 164 countries are ranked in this year’s report. Reasons cited by the report for the less-than-impressive U.S. ranking include high rates of maternal mortality and under-5 child mortality; low rates of preschool enrollment; weak maternal leave policies; and lagging political representation by women. The ‘best’ places to be a mother: Norway, Australia, and Iceland take the top three slots.” The Child Indicator (Fall 2011.)]

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**The High Cost of Unintended Pregnancy. By Adam Thomas and Emily Monea, Center on Children and Families, Brookings Institution. CCF Brief. No. 45. (The Institution, Washington, DC) July 2011. 6 p.**

Full text at:

[http://www.brookings.edu/papers/2011/07\\_unintended\\_pregnancy\\_thomas\\_monea.aspx](http://www.brookings.edu/papers/2011/07_unintended_pregnancy_thomas_monea.aspx)

[“Here is a stunning but under-reported fact: nearly half of all pregnancies in the United States are unintended. In other words, one out of every two pregnancies is to a woman who says either that she is not yet ready to have a (or another) child or that she does not want to have a child at all. Unintended pregnancies are particularly concentrated among individuals for whom they are likely to be the most disruptive and who are less likely to have the resources needed to deal with the consequences of becoming pregnant unintentionally. Among women who are teenaged, unmarried, or low-income, the proportion of pregnancies that are unintended exceeds 60 percent. Unintended pregnancy is also associated with an array of negative outcomes for the women and children involved. For example, relative to women who become pregnant intentionally, women who experience unintended pregnancies have a higher incidence of mental-health problems, have less stable romantic relationships, experience higher rates of physical abuse, and are more likely to have abortions or to delay the initiation of prenatal care. Children whose conception was unintentional are also at greater risk than children who were conceived intentionally of experiencing negative physical- and mental-health outcomes and are more likely to drop out of high school and to engage in delinquent behavior during their teenage years.”]

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**Building Infrastructure to Support Home Visiting to Prevent Child Maltreatment: Two-Year Findings from the Cross-Site Evaluation of the Supporting Evidence-Based Home Visiting Initiative. By Patricia Del Grosso and others. Prepared for Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (Mathematica Policy Research, Princeton, New Jersey) August 12, 2011. 54 p.**

Full text at: [http://www.mathematica-mpr.com/publications/PDFs/earlychildhood/EBHV\\_infrastructure.pdf](http://www.mathematica-mpr.com/publications/PDFs/earlychildhood/EBHV_infrastructure.pdf)

[“The Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) initiative is designed to build knowledge about how to build the infrastructure and service delivery systems necessary to implement, scale-up, and sustain evidence-based home visiting program models as a strategy to prevent child maltreatment. The grantee cluster, funded by the Children’s Bureau (CB) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services, includes 17 diverse grantees from 15 states. Each grantee selected one or more home visiting models it planned to implement for the first time in its state or community (new implementers) or to enhance, adapt for new target populations, or expand. To support the implementation of home visiting with fidelity to their evidence-based models and help ensure their long-term sustainability, the grantees are developing infrastructure such as identifying funding streams and establishing strategies for developing and supporting the home visiting workforce. The EBHV grantees must conduct local evaluations to assess implementation, outcomes, and costs associated with their selected home visiting models. The national cross-site evaluation, conducted by Mathematica Policy Research and its partner, Chapin Hall at the University of Chicago, is designed to identify successful strategies for building infrastructure to implement or support the grantee-selected home visiting models.... This report describes cross-site findings from the first two years of the initiative (fiscal years 2008–2010), including the planning period and early implementation of the grantee-selected home visiting models.”]

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## IMPROVED HEALTH

**March of Dimes 2011 Premature Birth Report Card: California. By the March of Dimes. (March of Dimes Foundation, White Plains, New York) 2011. 3 p.**



[“The state’s premature birth rate fell in 2009 as more California mothers carried their babies to full term, fewer smoked while pregnant and fewer expectant moms went without health insurance, according to a... report from the March of Dimes. California earned a B grade on the March of Dimes’ 2011 Premature Birth Report Card, released Tuesday. The state’s preterm birth rate for 2009 - the latest year available - dropped to 10.3 percent from a high of 10.9 percent in 2007. California’s preterm birth rate in 2006 was 10.7 percent.... Most states also improved between 2006 and 2009. Only Vermont received an A grade. The United States received a C overall.... The group gave California high marks for reducing the rate of late preterm births, along with the percentage of women of childbearing age who smoke.” Sacramento Bee (November 2, 2011.)]

California report card:

<http://www.marchofdimes.com/mapflashfilespad/reportcards/2011/english/CA.pdf>

National report card and report cards of other states:

[http://www.marchofdimes.com/mission/prematurity\\_reportcard.html](http://www.marchofdimes.com/mission/prematurity_reportcard.html)

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**Pediatric Medical Homes: Laying the Foundation of a Promising Model of Care. By Andrea Bachrach and others. (National Center for Children in Poverty, New York, New York) October 2011. 16 p.**

Full text at: [http://www.nccp.org/publications/pub\\_1041.html](http://www.nccp.org/publications/pub_1041.html)

[“This Thrive report describes the current status of the medical home concept and explains how it has been broadly defined, applied to children, and measured. It also reports on the number and characteristics of American children served by medical homes and discusses opportunities to further leverage medical homes to improve medical care and achieve better health outcomes for young children, with a particular focus on the coordination of care for vulnerable children.”]

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**Children’s Exposure to Secondhand Smoke: Nearly One Million Affected in California. By Sue Holtby and others. IN: Health Policy Brief (UCLA Center for Health Policy Research, Los Angeles, California) October 2011. 7 p.**

Full text at: <http://www.healthpolicy.ucla.edu/pubs/files/SmokePBREVISED11-2-11.pdf>



[“Despite the steady decline of smoking rates in California, over 200,000 children under age 12 live in homes where smoking is allowed, and another 742,000 live with an adult or adolescent smoker. Significant differences in children’s exposure to tobacco smoke and risk of exposure are found by race/ethnicity, geographic regions within the state and by poverty level. African-American children were found to have a significantly higher rate of exposure than other racial and ethnic groups, while children in the Northern/Sierra and San Joaquin Valley regions were at the highest risk of exposure to secondhand smoke. Children living in lower-income households were also at higher risk. These findings can aid strategies to decrease children’s exposure to tobacco smoke in the home through targeted public health messages and outreach to those enrolled in public programs.”]

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**“Parent Education by Maternity Nurses and Prevention of Abusive Head Trauma.”**  
By Robin L. Altman and others. IN: *Pediatrics*, vol. 128, no. 5 (November 1, 2011)  
pp. e1164 -e1172.

Full text at: <http://pediatrics.aappublications.org/content/128/5/e1164>

[“A consortium of the 19 community hospitals and 1 tertiary care children’s hospital that provide maternity care in the New York State Hudson Valley region implemented a program to teach parents about the dangers of shaking infants and how to cope safely with an infant’s crying. This study evaluated the effectiveness of the program in reducing the frequency of shaking injuries. **Methods:** The educational program, which was delivered by maternity nurses, included a leaflet explaining abusive head trauma (‘shaken baby syndrome’) and how to prevent it, an 8-minute video on the subject, and a statement signed by parents acknowledging receipt of the information and agreeing to share it with others who will care for the infant. Poisson regression analysis was used to compare the frequency of shaking injuries during the 3 years after program implementation with the frequency during a 5-year historical control period. **Results:** Sixteen infants who were born in the region during the 8-year study period were treated at the children’s hospital for shaking injuries sustained during their first year of life. Of those infants, 14 were born during the 5-year control period and 2 during the 3-year postimplementation period. The decrease from 2.8 injuries per year (14 cases in 5 years) to 0.7 injuries per year (2 cases in 3 years) represents a 75.0% reduction ( $P = .03$ ). **Conclusions:** Parent education delivered in the hospital by maternity nurses reduces newborns’ risks of sustaining an abusive head injury resulting from shaking during the first year of life.”]

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**“SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment.”** By Rachel Y. Moon and others, Task Force on Infant Death Syndrome, American Academy of Pediatrics. IN: *Pediatrics*, vol. 128, no. 5 (November 1, 2011) **Policy Statement:** pp. 1030 -1039. **Technical Report:** pp. e1341-e1367.

[“Despite a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics (AAP) released its recommendation in 1992 that infants be placed for sleep in a non-prone position, this decline has plateaued in recent years. Concurrently, other causes of sudden unexpected infant death that occur during sleep (sleep-related deaths), including suffocation, asphyxia, and entrapment, and ill-defined or unspecified causes of death have increased in incidence, particularly since the AAP published its last statement on SIDS in 2005. It has become increasingly important to address these other causes of sleep-related infant death. Many of the modifiable and nonmodifiable risk factors for SIDS and suffocation are strikingly similar. The AAP, therefore, is expanding its recommendations from focusing only on SIDS to

focusing on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS. The recommendations described in this policy statement include supine positioning, use of a firm sleep surface, breastfeeding, room-sharing without bed-sharing, routine immunizations, consideration of using a pacifier, and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs. The rationale for these recommendations is discussed in detail in the accompanying ‘Technical Report - SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment’ ....”]

Policy Statement: <http://pediatrics.aappublications.org/content/128/5/1030.full.pdf+html>

Technical Report: <http://pediatrics.aappublications.org/content/128/5/e1341.abstract?etoc>  
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**Sugary Drinks: A Big Problem for Little Kids. By Andrea Giancoli and Rosa Soto, California Center for Public Health Advocacy. First 5 LA Public Policy Brief. (First 5 LA, Los Angeles, California) 2011. 9 p.**

Full text at: [http://www.first5la.org/files/Sugar-Sweetened\\_Drink\\_Policy\\_Brief.pdf](http://www.first5la.org/files/Sugar-Sweetened_Drink_Policy_Brief.pdf)

[“Increasingly, the obesity epidemic in children is pointing to sugary drinks as a prime source of added calories. Young children are consuming far more calories from sugar-sweetened beverages now than they did 30 years ago, and the consumption of these sugary drinks is strongly correlated with weight gain. These beverages are full of empty calories in the form of added sugars and provide little to no essential nutrients. They are linked not only to weight gain, but also to poor diets, poor health and tooth decay in children.”]

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## IMPROVED SYSTEMS OF CARE

**Child Care Licensing Study, 2008. By Sheri Fischer, U.S. Department of Health and Human Services and Pauline Koch, National Association for Regulatory Administration. (Inter-University Consortium for Political and Social Research, Ann Arbor, Michigan) October 2011. Computer file.**

Full text at: <http://www.researchconnections.org/childcare/resources/22156>

[“The purpose of the 2008 Child Care Licensing Study is to report two aspects of child care licensing from 2008 for all 50 states and the District of Columbia: (1) state child care licensing programs and policies and (2) child care center and family child care home licensing regulations. It focuses on the processes and policies in each state related to staffing for the licensing program, monitoring facilities, and enforcement of licensing regulations.” Child Care and Early Education, Research Connections.]

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**Meeting the Early Learning Challenge: A Checklist for High Quality QRIS. By Christine Johnson-Staub. (Center for Law and Social Policy, Washington, DC) October 2011. 8 p.**

Full text at: <http://www.clasp.org/admin/site/publications/files/Meeting-the-Early-Learning-Challenge-A-Checklist-for-a-High-Quality-QRIS.pdf>

[“While more than half of states currently operate a QRIS [Quality Rating and Improvement System], they vary in design and effectiveness. Research has shown that QRIS can have a positive effect on program quality; yet, the design and implementation of each state system impact whether it will actually increase the availability of high quality care for high needs children. State QRIS also vary in their ability to reach, support, and improve the quality of child care and early education programs serving the most vulnerable children.”]

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### **STUDIES TO COME**

[The following studies, reports, and documents have not yet arrived. California State Employees may place requests, and copies will be provided when the material arrives. All other interested individuals should contact their local library - the items may be available there, or may be borrowed by your local library on your behalf.]

### **IMPROVED HEALTH**

**“A Simulation of Affordability and Effectiveness of Childhood Obesity Interventions.” By Sai Ma and Kevin D. Frick. IN: Academic Pediatrics, vol. 11, no. 4 (July 2011) pp. 342-350.**

[“This study seeks to project at what level of effectiveness and cost a population-based or targeted intervention would yield a positive net economic benefit.

Methods: Data sources include prevalence of obesity at all ages from the National Health and Nutrition Examination Survey, the persistence of obesity from childhood to adulthood from a literature review, and a cost estimate from the 2006 Medical Expenditures Panel Survey. Econometric analysis was used to estimate medical cost related to obesity. Lifetime medical cost related to obesity is calculated by race, gender, and smoking status. Simulations were conducted to estimate the break-even point for interventions that take place between ages 0 and 6 years, ages 7 and 12 years, and ages 13 to 18 years, with a range of effectiveness.

Results: Results of simulations reveal that, from a pure medical cost perspective, spending approximately \$1.4 to \$1.7 billion at present value for each birth cohort will break even if 1 percentage point reduction in obesity among children is achieved. Population-based interventions can spend up to between \$280 and \$339 per child at

present value if 1 percentage point reduction in obesity rate could be achieved; in contrast, should we invest in interventions that only target obese children, we can spend up to \$1648 to \$2735 per obese child for every 1 percentage point reduction in obesity rate.

Conclusions: This study has several important policy implications; early interventions make economic sense. Targeted interventions could yield higher cost savings than population-based interventions for young children (aged 0–6 years), whereas a population-based approach could yield greater economic net benefits for adolescents (aged 13–18 years). Our simulation shows that childhood obesity interventions, even with moderate effectiveness, would make economic sense, which should motivate policy makers to take action.” NOTE: A Simulation of Affordability... will be available for loan.]

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## CONFERENCES AND OPPORTUNITIES

**Closing the Gap: Using Parent Involvement to Increase Student Achievement for Preschool through High School. By the California Parent Center in partnership with the Orange County Department of Education. December 7-8, 2011. National University, Costa Mesa, California.**

For more information: <http://coe.sdsu.edu/cfd/cpc/conferences.php>

[“The California Parent Center (CPC), part of the Child and Family Development Department located in the College of Education, San Diego State University, is a state level training center that works in consultation with the California Department of Education to provide technical assistance to districts, schools and parent leaders to help them to establish partnerships that directly support increased student achievement.... The CPC partners with districts and county offices of education across the state to schedule Leadership Development Trainings titled, ‘Closing the Achievement Gap: Using Parent Involvement to Increase Student Success and Academic Achievement.’”]

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**Zero to Three - 26<sup>th</sup> National Training Institute: Connecting Science, Policy and Practice. December 9-11, 2011. Pre-Institute, December 8, 2011. Gaylord National Hotel and Convention Center, National Harbor - Washington, DC.**

For more information: <http://www.zttntconference.org/>



[“Zero to Three’s National Training Institute (NTI) is the premier conference for professionals dedicated to promoting the health and well-being of infants and toddlers. Don’t miss this comprehensive and multidisciplinary conference that focuses on cutting-edge research, best

practices, and policy issues for infants, toddlers, and families. Make plans now to join your colleagues for a truly innovative educational experience that will enhance your professional career.”]

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<http://www.library.ca.gov/sitn/ccfc/>

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