Middletown Early Childhood Plan

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1. Vision

Our overall vision for young children in Middletown has not changed substantially since we first formulated our five goals for children in 2002. Middletown will be a community where **all children**…

1. Belong to economically secure and self-sufficient families in which their basic needs are met;
2. Are physically, emotionally and mentally healthy;
3. Thrive in safe families and neighborhoods;
4. Have equal access to affordable, high quality early learning experiences, and enter school ready to succeed; and
5. Grow up in neighborhoods that nurture imagination, creativity and intellectual development and where diversity is respected, appreciated and celebrated.

Results We Seek

This plan is organized around three key results:

- **Ready Children**. All children are "ready by 5 and fine by 9."
- **Healthy Children**. All children are physically, emotionally and mentally healthy.
- **Thriving Families**. All children thrive in safe families where parents and caregivers have the resources, knowledge and skills needed to support their children's development.

Each are integrated, overlapping and must be achieved simultaneously; ready children are healthy and supported by thriving families.

Changes We Want To See

Ready Children

Population Indicators:

- Percent of children who enter kindergarten with age-appropriate skills, by race/ethnicity and income.
- Percent of children meeting state academic goals in third grade, by race/ethnicity and income.

Healthy Children

Population Indicators:

- Percent of young children in ECE programs who fall within the normal range for BMI percentile for age.
- Percent of WIC mothers who breastfeed at least 6 months.
- Rate of reduced days, suspensions and expulsions from early care and education programs.
- Percent of children with active tooth decay.

Thriving Families

Population Indicators:

- Percent of families who are food-secure.
- Rate of substantiated child abuse and neglect.

2. Supporters

Middletown and Middlesex County have a strong tradition of engaging diverse stakeholders in planning and implementation efforts. This extends back to the 2000-02 planning process that led to our vision for children and families, and includes the Middletown School Readiness Council / Discovery Collaborative, Opportunity Knocks health collaborative, Middlesex Coalition for Children, and multiple parent leadership and parent engagement efforts. We have garnered support from local, regional and state sources, with the William Caspar Graustein Memorial Fund serving as a key supporter over the past 10 years.

We thank all of the participants in this planning process – who have volunteered their time to develop this Early Childhood Plan and who will continue to participate in implementing the plan in the coming years.

Key Organizations and Stakeholders Involved in the Planning Process

- 90+ parents and grandparents (including 17 members of the Opportunity Knocks collaborative and Middletown School Readiness Council)
- A.M.E. Zion Church
- ACES Early Childhood Network
- Bielefield Elementary School
- Central Connecticut Pediatric Dentistry
- Christ Lutheran Preschool
- City of Middletown, Office of the Mayor, Health Department and Board of Health
- Community Health Center, Inc.
- CT Department of Children and Families (DCF)
- CRT Head Start
- Family Advocacy Program, Middlesex Hospital
- Family Practice Group, Middlesex Hospital
- Grace Lutheran Preschool
- Middlesex Coalition for Children
- Middlesex Community College
- Middlesex County Chamber of Commerce
- Middlesex Hospital
- Middletown Board of Education
- Middletown System of Care Community Collaborative
- Middletown Cooperative Nursery School
- Middletown Early Head Start
- Middletown Even Start Program
- Middletown Family Resource Centers
- Middletown Parent Leadership Training Institute, Parents Supporting Educational Excellence and People Empowering People
- Middletown Public Schools
- Middletown School Readiness Council/Discovery Collaborative
- Neighborhood Preschool
- Opportunity Knocks Health Collaborative
- Portland Youth Services
- Russell Library
- Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
- St. Francis Church
- Tunxis Community College Dental Hygiene Program
- Wilbert Snow School
- Wesleyan University

3. Plan Overview

Middletown works **locally and regionally** to improve results for children and families, building on a strong foundation of cross-sector collaboration. Our planning process has capitalized on the following **long-established committees and work groups** focused on children birth through age eight:

The Middlesex Coalition for Children. Founded in 1992, the Coalition works to "improve the lives of children in Middletown and Middlesex County", addressing the full range of issues and ages birth through 18. Its Board or leadership council consists of representatives of major community institutions. Its work is currently focused on three areas: 1) informing the community and mobilizing for action through monthly public meetings and task forces on specific problem areas (e.g. childhood hunger); 2) legislative advocacy on children's issues; and 3) inter-agency collaboration, coordination and planning.

The Middletown School Readiness Council / Discovery Collaborative. The School Readiness Council / Discovery Collaborative works to expand and strengthen every aspect of early care and education in Middletown. In addition to the work of the Council/Collaborative itself, which meets monthly, it convenes the Middletown Early Childhood Network, which provides professional development to the entire field, and the School Readiness Providers Council, consisting of early childhood programs participating in School Readiness.

Opportunity Knocks for Middletown's Young Children Collaborative. Through Opportunity Knocks (OK), Middletown has six years of experience engaging health and early care and education (ECE) providers, community agencies and parents to improve the health and well-being of young children. Opportunity Knocks members have agreed to focus in on three priority areas: nutrition and physical activity for obesity prevention; social, emotional and behavioral health; and oral health. As a result of extensive collaboration efforts, a successful training and consultation system has been established that promotes effective prevention strategies and supports high quality early care experiences for our young children. OK was recently recognized by the W.K. Kellogg Foundation as one of eight place-based initiatives in the U.S. successfully bridging the health and early care sectors to impact the health of young children.

Why Invest in Early Childhood?

The early years of a child's life – from birth to age eight – shape his or her development as a strong, resilient child who grows up to be a successful adult. Important findings include:[1]

- **The human brain is the only organ that is not mature at birth.** The brain develops more rapidly from birth through age three than at any other time of life.
- **The timing and quality of children's earliest experiences actually shape the architecture of the brain** – the foundation of neural circuits upon which future learning, behavior and health depend. This does not pre-determine a child's future, but creates either a resilient or fragile foundation for learning and for health.
- **Young children develop in an environment of personal relationships.** Given that healthy development depends on the quality and reliability of a young child's relationships with the important people in his or her life, both within and outside the family, it is imperative to support parents, grandparents and other caregivers in the care, stimulation and support of young children.
- **Excessive stress disrupts the architecture of the developing brain.** Children who experience a few stressors *without a supportive adult presence* or who experience 5+ stressors *even with a supportive adult* should be targeted for specific, early, intensive intervention as soon as possible.
- **The economic benefits of quality early childhood interventions are significant – producing a $14 -$17 return for every dollar invested.** The return includes increased tax revenue and savings from reduced special education / remedial education, welfare and criminal justice costs.
- **Creating an environment that supports healthy development in early childhood is more effective than treating problems at a later age**. But not all programs are effective. Poor programs can actually harm the development of very young children – we need to invest in evidence-based programs and support them at a level that will give us the proven program model outcomes.

Parent leadership programs. Middletown is one of a handful of Connecticut towns that have had strong Parent Leadership Training Institute (PLTI) programs since its beginning; there are currently 150 graduates. Recently, Parents Seeking Educational Excellence (Parent SEE) and Parents Educating Parents (PEP) programs have been added. The 2008 PLTI class, PLTI alumni and the PLTI Design Team all contributed to the planning process.

We have formed **new committees** in two key areas: a **Prenatal to Age Three Committee** to engage new participants and develop a stronger focus on pregnant women and children birth to three; and a **Family Support Workgroup** to create new cohesion and focus in a critical but under-developed area.

We employed community organizers to convene and lead community meetings in neighborhoods under economic stress, to reach **parents** and caregivers who are not engaged in our committees and who have direct experience with existing publicly-funded support programs. In 2008, we convened six meetings in low income neighborhoods: two in the town's most blighted section, the North End (at Macdonough School and the Family Wellness Center), and four in community centers in or near public or low-income housing (Maplewood Terrace, Traverse Square, Forge Square and the neighborhood around Snow School). The meetings were attended by a total of 76 participants, an average of 12.6 per meeting, with lively, frank and forceful discussions. In 2009 our community organizers worked with participants from the neighborhood meetings to produce parent-focused talk shows on public access TV. The three 30-minute shows aired on four Fridays in May and two Fridays in June. Themes from these conversations and on-air discussions have been presented to the planning committees and are incorporated into this plan.

We have leveraged local resources, including professors and students from **Wesleyan University**. Through Wesleyan's Community Research Seminar, students have conducted studies on pockets of poverty in town, food insecurity, how well our local preschool programs are preparing children for kindergarten, and the effects of Even Start on parents' participation in their child's education after leaving the program. Students volunteer as tutors for elementary school students, and work at community agencies (e.g., Coalition for Children, Even Start, Family Wellness Center, After School Care) through work-study projects. Wesleyan subsidizes and supports the Green Street Arts Center, which offers classes and after school care to the community, and provides funding for CAUSE Grants to preschool and elementary school teachers for special projects.

Middletown's Approach

This plan is designed to spur immediate action. We have developed a pragmatic, two-pronged approach:

1. Implement key **low-cost** actions that build on successful existing efforts and address top priorities. These are actions that Middletown can realistically pursue in the absence of major new investments in early childhood services – actions designed to mobilize and focus the organizational and human resources of all our partners. Given the current economic climate and historic success Middletown has had in tapping local funding sources, we do not believe that substantial new funds can be raised locally to implement the plan.
2. Identify actions that will leverage **major improvements** in results, but which require substantial new funds or policy changes to implement. Middletown will mobilize the community to advocate for these state investments, building on existing structures and efforts. Please note that this plan identifies priority areas, but does not describe legislative goals in detail. Our Advocates Group meets monthly to address priority areas and respond quickly to threats and opportunities.

We have brought planning participants together in **all-partner meetings** hosted by the Coalition for Children. At the February 2009 meeting, participants shared draft plans from their committees, and the full group set priorities for action. A four-person "writing group" representing the key content areas then drafted the details of the Plan for final presentation and discussion with the partners.

Figure 1 (on next page) presents an overview of the plan.

Figure 1: Overview of Middletown Early Childhood Plan

Our Vision

Ready Children	***Healthy Children***	***Thriving Families***
All children are "ready by 5 and fine by 9"	All children are physically, emotionally and mentally healthy	All children thrive in safe families where parents and caregivers have the resources, knowledge and skills needed to support their children's development.

How We Will Get There: Our Strategies

Ready Children

1. Expand early literacy experiences for children birth to 8.
2. Recruit, train and retain high-quality early education teachers.
3. Expand quality preschool and align with K-3 education.
4. Improve the quality and expand the supply of infant – toddler early care and education.
5. Expand access to translation services for families.

Healthy Children

1. Promote better nutrition, physical activity and obesity prevention (breastfeeding, nutrition consultation system, community intervention).
2. Promote behavioral, social and emotional health (ECE consultation system, school support center model, parent education and support).
3. Promote oral health best practices (ECE and health provider training, dental home expansion).
4. Address health disparities.
5. Prevent unintentional injuries.

Thriving Families

1. Ensure that families' basic needs are met.
   a) Reduce hunger
   b) Improve access to benefit programs
   c) Ensure respect for families
2. Expand and improve parent education and support.
   a) Provide training for parent educators
   b) Promote Differential Response
   c) Replicate Child FIRST

Changes We Want to See: Our Success Indicators

Ready Children

Population Indicators:
- Percent of children who enter kindergarten with age-appropriate skills.
- Percent of children meeting state academic goals in third grade.

System Measures:
- Percent of kindergarten students with 2 years of preschool experience.
- Number of families participating in early literacy experiences.

Healthy Children

Population Indicators:
- Percent of young children in ECE programs within the normal range for BMI percentile for age.
- Percent of WIC mothers who breastfeed at least 6 months.
- Rate of reduced days, suspensions and expulsions from early care and education programs.
- Percent of children with active tooth decay.

System Measures:
- Number of ECE programs meeting nutrition and physical activity standards.
- Number of families who utilize family support services.
- Number of dental providers accepting HUSKY insurance, and accepting children at age one.

Thriving Families

Population Indicators:
- Percent of families who are food-secure.
- Rate of substantiated child abuse and neglect.

System Measures:
- Number of families receiving Food Stamps.
- Number of families receiving WIC.
- Number of families receiving home visits.

4. Current Condition

Middletown is a diverse and dynamic community with assets in its families and agencies as well as serious challenges. There were approximately 5,400 children ages 0-8 in the Middletown in 2008. The population ages 0-8 represents about 13% of the total population. Every year, more than 500 children are born in Middletown. As shown in Table 1, a number of children are at risk of not arriving at school ready due to the presence of risk factors that are known to influence school readiness.

Table 1 highlights two major features of our community:

- **Racial and Ethnic Diversity**. Middletown is a diverse community: 40%+ of students are non-white and 12%+ of young children (0-6) live in families where the primary language is not English.
- **Substantial Number of Poor Families**. Middletown has a higher proportion of students from low-income families (below 185% of poverty) than Connecticut. This proportion has not changed much in recent years. For reference, in 2008, a family of three making $32,560 is at 185% of the poverty level. A single parent with two children working full time at minimum wage of $7.65 per hour would make about $15,900 a year, below the poverty level.

Table 1: Middletown Children by Age Group and Key Risk Factors

Indicator	**Year**	**Source**	**Total %**	**Infant/ Toddler**	**3 - 4 Year Olds**	**5 - 8 Year Olds**	**Total 0-8**
Total Number	2006	Geolytics	--	1,800	1,200	2,400	**5,400**
Children Living in Poverty	2000	Census	8.2%	148	98	197	**443**
Eligible for Free and Reduced Lunch (185% of federal poverty level income)	2007-08	CT SDE	32.6%	587	391	782	**1,760**
Children Born to Teen Mothers	2005	CT DPH	6.0%	108	72	144	**324**
Children Living in Single-Parent Households	2000	Census	26.5%	477	318	636	**1,431**
Children in Families in which All Parents are Working (indication of need for out of home care)	2000	Census	67.9%	1,222	815	1,630	**3,667**
Children Whose Mothers have not Completed High School	2005	CT DPH	10.7%	193	128	257	**578**
Children Living in Families where the Primary Language Is Not English	2000	Census	12.6%	227	151	302	**680**
Children 0 - 8 with Behavioral Issues (based on research, not local data)			20%	360	240	480	**1,080**

5. Strategies

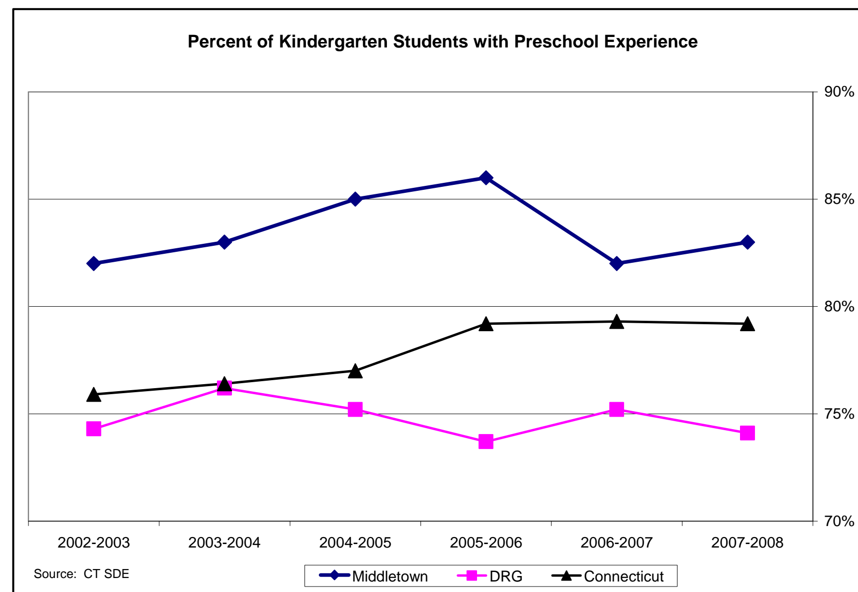
This section describes the key strategies for achieving our desired results of ready children, healthy children and thriving families. As noted in Section 3, we have divided our strategies into two categories: (1) low cost actions that we can implement right away; and (2) major investments that have the potential for "turning the curve." Appendix A includes detailed actions for each strategy and sub-strategy.

A. Ready Children

Where We Are Now

The readiness of Middletown's children varies greatly depending on the assessment used. Based on CMT results for third grade, the readiness of kindergarten students is likely somewhere between local and state assessment figures.

- 90% of entering kindergarten students are ready to succeed, based on the DIAL-3 assessment that measures motor, cognitive and linguistic readiness (2001-2006). Children attending preschool and family child care achieved higher DIAL-3 scores than students with no preschool. Children attending preschool longer achieved higher DIAL-3 scores.
- Based on the 2008 state Kindergarten Entrance Inventory, approximately one-third of entering kindergarten students consistently demonstrate the skills needed to succeed in kindergarten, while 28% require a large degree of additional instructional support to demonstrate necessary literacy skills.[1]
- More than 7 out of 10 third graders (70.6%) scored proficient or above on the CMT in reading (2008). Half (50%) of students eligible for free/reduced lunch scored proficient or above, 53% of African-American students and 63% of Hispanic students. Results for each group are higher than state averages. The achievement gap between African-American and white students (26%) is lower than the statewide gap of 34%.



A critical pathway to ready children is ensuring that all children have equal access to affordable, high quality early learning experiences. In September 2008:

- 86% of entering kindergarteners had a preschool experience.
- 60% of entering kindergarteners had 2 or more years of preschool. However, only 26% of kindergarten students who qualify for free/reduced lunch had 2+ years of preschool, and 39% of minority students had 2+ years of preschool.
- There are 895 center-based preschool spaces to serve Middletown's 1,200 children ages 3-4. However, some programs operate below full capacity, so there may still be more need for additional center-based slots. There are 245 infant/toddler spaces; less than half of estimated demand.[2]
- There are 11 NAEYC accredited early care and education centers, and one additional center pursuing accreditation. This represents 601 of the estimated 895 preschool slots (67%).

The Story Behind the Numbers

- The overall numbers mask a persistent achievement gap. We need to track data by income and race/ethnicity, and focus our strategies to reach children who can benefit the most from quality early care and education and from early literacy experiences. This achievement challenge in school results from, among other factors, a combination of limited home literacy environments, exposure to stresses in children's homes, and limitations on the quality of preschool programs due to their inability to hire more qualified teachers within current funding constraints.
- Teachers are critical to the quality of early care and education. This is a statewide challenge: to attract, prepare and retain high-quality staff and develop the profession. We need more ECE professors to train new teachers, a system of ongoing professional development for teachers, and, most importantly, the resources to offer competitive salaries that will attract and retain qualified teachers. The lack of qualified teachers places a cap on the successful expansion of early care and education in Middletown.
- Middletown has made a great deal of progress in expanding the supply of preschool to reach 3- and 4-year-olds. We face two outstanding challenges: improving the early learning experiences for infants and toddlers in multiple settings (centers, family day care, homes), and promoting early literacy to reach **all** children from birth to 8. If we can address these gaps, this will lead to more children starting Kindergarten prepared to succeed, and more third graders meeting state academic standards.

Ready Children: Existing Programs and Initiatives (part one)

- Middletown has **expanded preschool** opportunities for low-income families. The SRC helped create new preschool and child care programs at South Farms Nursery School, Phelps Ingersol Center for Children at the Y.M.C.A., Middlesex Community College Preschool at Macdonough School, Snow and Bielefield Schools, and Town and Country Early Learning Center II. A total of 238 preschool spaces are available for low-income children through School Readiness (SR) and an additional 120 spaces through Head Start.
- Middletown provides a wide range of **supports for ECE providers and educators**. The SRC worked with Middlesex Community College to develop an associate degree program in early childhood education, created the Middletown Early Childhood Network to provide support, networking opportunities, and training to all ECE programs in Middletown, and created a School Readiness Providers Council to disseminate information about School Readiness requirements, and share resources / create initiatives to meet SR requirements. Middletown provided an EC consultant to programs to earn N.A.E.Y.C. accreditation and re-accreditation. Middletown currently has eleven accredited programs, with one additional program in process. The Middletown Public Schools in conjunction with early childhood leaders from community programs developed the Middletown Preschool Curriculum based on the CT Preschool Curriculum Framework. The SRC worked with the Project to Increase the Mastery of Mathematics and Science (P.I.M.M.S.) to bring two summer institutes to Connecticut to train early care and education teachers in math and science, and developed interagency agreements to connect ECE providers with community services. Middletown's two Family Resource Centers provide support and training to family child care providers.
- Middletown promotes **early literacy**. We developed book distribution programs at medical offices and in early childhood programs for low-income children, created a storytelling program with the CT Storytelling Center that brings storytelling performances to preschool children in local SR programs, provided literacy mini-grants to local early childhood education programs, hired a consultant to rate preschool classrooms using the Early Language and Literacy Classroom Observation tool and provided consultation to programs for subsequent improvements, and conduct parent nights in partnership with the Russell Library for School Readiness parents to tour the library and obtain a library card. The Family Resource Centers hold literacy playgroups and implement the Raising Readers family literacy program. The CHC Family Wellness Center collaborates with the CT Humanities Council on the Family Read program. Our Even Start program works with parents and their children ages six weeks to three years to support their efforts to provide literacy activities in their homes.

Strategies: How We Will Achieve Our Vision of Ready Children

What We Can Do Now

1. **Expand early literacy experiences for children birth to 8**.

   a) *Create an Early Literacy Collaborative*. We will actively seek grant opportunities to create an Early Literacy Collaborative that dramatically expands literacy programs and opportunities for families. A diverse set of stakeholders have committed to this approach, which will build on existing efforts for children birth to 8 (see above).

   b) *Develop an early literacy plan*. The Collaborative will develop and oversee a local early literacy plan. Potential activities could include new two-generational literacy opportunities, satellite literacy playgroups in low-income communities, and literacy training for all staff who make home visits.

2. **Recruit, train and retain high-quality early education teachers**.

   a) *Expand and improve the Early Childhood Program at Middlesex Community College*. Middletown has successfully established an Early Childhood Education program at Middlesex Community College. Our next step is to engage the College in discussions to increase program enrollment and to apply for and secure accreditation. Accreditation can serve as a critical activity for leveraging program expansion and improvement.

3. **Expand quality preschool and align with K-3 education**.

   a) *Work with Middletown Public Schools to develop a long-range plan for preschool expansion*. In 2005, Middletown Public Schools and the School Readiness Council discussed developing a long-range plan for preschool expansion. This planning process did not proceed due to immediate pressure to address NCLB targets. There is a window of opportunity to revisit this effort, as perhaps the starting point for deeper collaboration between ECE and K-12 education. A recent research study ("Evergreen") highlighted the need to formally connect the Middletown's SRC and Board of Education and to align early learning practices with the K-3 curriculum.[3] This has generated increased interest at the State Department of Education, and will provide the impetus to re-start these discussions in 2009.

Existing Programs and Initiatives (part two)

- Middletown is improving the **transition to kindergarten**. The SRC collects contact information about preschool students entering kindergarten to share with elementary schools so they can invite families to orientation and registration, preschool teachers complete a developmental profile on each child and share it with the receiving elementary school, preschool and kindergarten teachers exchange class visits / program tours and participate in shared professional development. Middletown developed a video about kindergarten to share with families and a kindergarten presentation for schools to use at their orientation. Preschool students take tours of an elementary school with their preschool class prior to kindergarten registration. The MPS Parent Resource Coordinator has implemented Raising Readers for Kindergarten families to support transition.

- Middletown has participated in and conducted **research** on early care and education issues. Articles and studies include: "The School Readiness Agenda in South-Central Connecticut: Meriden, Middletown, New Haven and Waterbury" by Dr. Walter Gilliam; annual analysis of Middletown kindergarten students and their preschool experiences (2000-09); "The Well-Being of Young Children in Middletown" (2003) with 10,000 copies distributed in the community; "Food Security and Hunger Among Middletown Households and Children" and "Ready or not, Preschool Outcomes in Middletown, CT" by Wesleyan student researchers; "Policy Tools in Action: Crafting the School Readiness Agenda in Evergreen" by Dr. Alice Torres; and "Even Start Family Literacy: Measuring Parental Involvement in Education."

- Middletown Public Schools promotes **early school success** through a comprehensive set of strategies based on the district's NCLB Improvement Plan. A key element of early school success is parent engagement – through the district's School-Family Community Partnerships and parent leadership training programs. All Middletown elementary schools are implementing targeted literacy projects in the early grades that engage families by promoting literacy and numeracy activities at home, with research indicating greater improvements in reading for children participating in the program.

4. **Improve the quality and expand the supply of infant – toddler early care and education**. While a lower immediate priority among planning participants, this is clearly a critical issue.

   a) *Train providers in Early Learning Guidelines*. In the short-term, the School Readiness Council will train center-based and home-based providers in Connecticut's Early Learning Guidelines for infants and toddlers to support quality infant-toddler care.

   b) *Re-bid for Early Head Start Funding*. Middletown will re-bid for Early Head Start to ensure the continuation of this valuable program for younger children.

5. **Expand access to translation services for families**.

   a) *Utilize translators from Wesleyan's Language Bank*. Wesleyan is launching a Language Bank with student volunteers who can translate in any of 28 languages. We will publicize these services so Middletown's early care and education programs, schools and community agency partners (see "Thriving Families") take advantage of this new resource for parent-teacher conferences, publications and communication with families. This can support all of Middletown's efforts to close the achievement gap, through improved communication with families.

Major Investments: Our Advocacy Agenda

1. **Expand early literacy experiences for children birth to 8**. We will advocate at the state and federal levels for increased support for Even Start and other quality two-generational literacy programs.
2. **Recruit, train and retain high-quality early education teachers**. We will advocate for increased resources for local professional development opportunities, scholarships for prospective ECE teachers, and higher teacher salaries (through higher reimbursement).
3. **Expand quality preschool and align with K-3 education**. We will advocate for expanding the number of School Readiness slots to ensure that all Middletown children receive two years of high-quality preschool.
4. **Expand access to Care4kids, the state's child care subsidy program.** We will advocate for the reversal of recent narrower eligibility requirements as well as expansion to those who need child care to further their education.

Partners and Resources Needed

Middletown's planning process engages the key partners for implementing these strategies, and all partners have committed to pursuing the strategies described above (see Appendix A for lead partners by strategy).

Given the difficult economic climate, we have focused on low-cost strategies that do require staff time but do not require substantial new funding. The exception is the Early Literacy Collaborative, where we are actively seeking grant opportunities.

Key partners include:

- Middletown School Readiness Council
- Middlesex Community College
- Middletown Public Schools
- Connecticut State Department of Education
- Russell Library
- Middletown Family Resource Centers
- Middletown Even Start
- Wesleyan University
- Early care and education providers in Middletown
- Middlesex Coalition for Children (advocacy)

B. Healthy Children

Where We Are Now

Physical Health

- In 2007-08, only 21% of Middletown 4th grade students passed all 4 physical fitness tests.[4]
- Of mothers who enrolled prenatally in WIC in Middletown 159 (63.6%) initiated breastfeeding; 3 (3%) breastfed to 26 weeks (6 months). The statewide WIC breastfeeding initiation rate is similar, 63.4%.
- Children enrolled in the Middletown Head Start program have a similar BMI pattern as children enrolled in the New York City Head Start Program. More than twice as many children as expected are categorized with a BMI above the 85th percentile for age (see table).

Weight Status by BMI category	**% children (#) Middletown, CT**	**% of children New York**
Total children measured	103	> 16,000
Underweight (< 5th %)	5.8% (6)	5%
Overweight (85th to 95th %)	14.6% (15)	15%
Obese (> 95th %)	24.3% (25)	27%
Combined Overweight & Obese (> 85th %)	**38.8%** (40)	42%

Access to Health Care

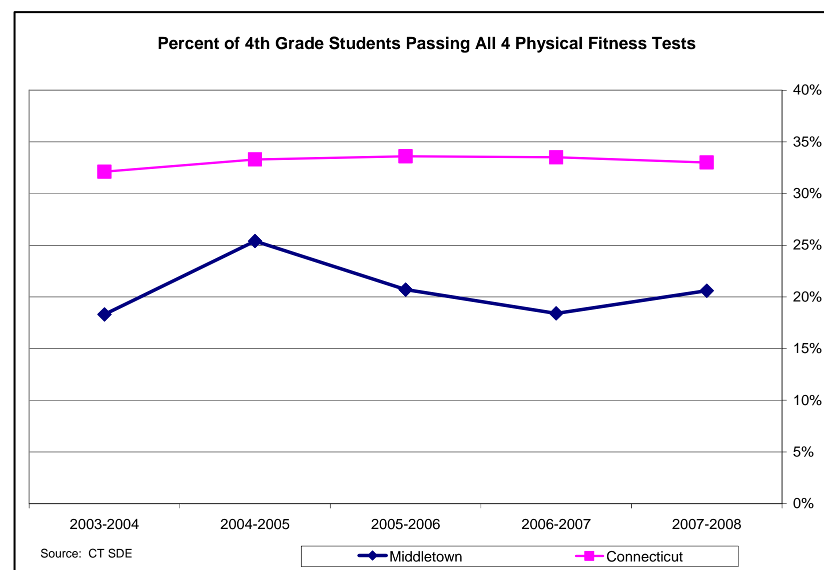
- In 2007, 78% of 2-5 year-olds and 48% of 6-8 year olds continuously enrolled in HUSKY A received well-child visits.
- From 2004-06, the rate of hospital admissions for Ambulatory Care Sensitive (ACS) conditions was more than double the state rate. This is a key indicator of poorer access to care and/or poorer quality of primary care.[5]

Behavioral, Social and Emotional Health

- There has been a decrease in the number of preschool suspensions and expulsions in recent years as a result of local efforts (see Section 5A), from 26 incidences in 2004-05 to 10 incidences (6 children) in 2008-09.
- From 2004-06, the rate of emergency room visits for behavioral and emotional disorders for children 0-17 (per 100,000) was 629 in Middletown, substantially higher than Middlesex County (509) and Connecticut (513).[6]

Oral Health

- A 2005 survey of 334 Middletown families found that 25% of children have gone more than 1 year since their last visit to the dentist.
- In 2008, Middletown's Mobile Dental Program served 289 children. Of these, 70% had tooth decay, 10% did not have dental insurance and 8% had 4 or more cavities.



The Story Behind the Numbers

- A substantial number of children are at risk for not being born healthy and thriving in their early years of life. More detailed analyses of local and state data also indicate substantial disparities in health outcomes based on income and race/ethnicity.
- As a result of the community assessment and planning process in 2003, Opportunity Knocks Collaborative (OK) members identified three critical areas of need which were impacting children's school success and having a large impact on wellbeing: nutrition and physical activity for obesity prevention; behavioral, social and emotional health; and oral health. Based on extensive deliberation as a collaborative and as part of the community planning process, OK has attributed these conditions to a combination of barriers to access (insurance for some, transportation, knowledge, cultural issues), current practices (lack of consistent screening, assessment and referral), and personal issues faced by families (insecurity, lack of resources, knowledge, or support).
- These are huge challenges that require a comprehensive approach that starts before children are born. OK, together with the other planning partners, is working to address these issues but we cannot effectively tackle all aspects of health at once. For this reason, we are focusing on a targeted set of health challenges that are critical to long-term health and early school success.
- The Child Health and Development Institute of Connecticut, Inc. recently published "A Framework for Child Health Services" which articulates the full continuum of child health services (and connections between health and other early childhood services) that are needed for a comprehensive early childhood system. The W.K. Kellogg Foundation also recently published a study of place-based initiatives "Health Matters: The role of health and the health sector in place-based initiatives for young children" that details the successful strategies of Opportunity Knocks and other similar initiatives. These reports highlight areas where Middletown can improve moving forward. OK has been very successful infusing a health agenda into Early Care and Education. Infusing an ECE agenda into the health sector will take more time and substantially more effort.
- Our analysis has also pointed out weaknesses in existing data: the 4th grade physical fitness test is not a good measure of nutrition and physical activity for young children. ECE providers are required to collect a health assessment record from each child's primary care provider. With additional work this data could possibly be compiled to show community trends in BMI percentile. Additional resources will be needed to accurately and adequately collect this data.

Healthy Children: Existing Programs and Initiatives

Opportunity Knocks (OK) leads efforts to improve young children's health in Middletown, and has a number of programs in place to ensure that all children are physically, emotionally and mentally healthy:

- Middletown promotes better **nutrition and physical activity** for children. OK provides nutrition training for preschool teachers and parents, and consultation to preschool programs to develop optimal nutrition and physical activity policies and practices. OK developed Fit for Kids, a chronic care management program to infuse prevention and early intervention efforts into Pediatric Primary Care. OK also collaborates with many groups including the Hunger Task Force, WIC, and the Community Health Center, Inc. to promote nutrition education and, beginning in the fall, breastfeeding.
- Middletown promotes children's **social and emotional health**. OK and the SRC crafted a consultation system to support preschool children with challenging behaviors (and their families) through teacher training, implementation of the Bingham Pro-Social Development and Second Steps curricula in preschool programs, consultation to preschool programs, monthly case consultation meetings to develop behavior plans for individual cases, and parent education through parenting series and home visits.
- Middletown is improving children's **oral health**. OK delivers oral health training for ECE providers and parents, primary care providers and community agencies; works with WIC and Head Start to connect families with dental homes; and supports the Community Health Center's Mobile Dental Program (formerly Miles of Smiles) that travels to early care and education programs, elementary schools and community locations such as WIC and Even Start to clean, screen and refer children and their family members with HUSKY health insurance or who are under/un-insured for treatment.
- Middletown is successfully **financing** health strategies through a wide range of sources. OK has acquired $746,000 over a five year period from the Health Funders Collaborative, CHEFA, Middlesex County Community Foundation, Ethel Donaghue TRIPP Center at UCHC, Liberty Bank Foundation, Children's Fund of Connecticut, City of Middletown, Middlesex United Way, Hartford Courant Foundation, McKesson Foundation, Middlesex Hospital, and Middletown School Readiness Program.

Strategies: How We Will Achieve Our Vision of Healthy Children

What We Can Do Now

1. **Promote better nutrition, physical activity and obesity prevention**.

   a) *Promote breastfeeding*. Create an OK Infant Feeding Workgroup to identify evidence-based policies and practices that support breastfeeding that could be adopted by preschool/childcare providers, health providers, community agencies and families. The Workgroup will outreach to and collaborate with experts, including obstetricians, to assess current policy and practice, develop trainings and support policy change. We specifically target obstetricians for training, since research indicates that families need to commit to breastfeeding during pregnancy to be successful.

   b) *Promote nutrition and physical activity*. Implement a health promotion project as a result of the Parent Engagement for Obesity Prevention focus groups currently being conducted. Project activities may include a social marketing campaign of key health behavior messages, or environmental changes such as access to recreational facilities and healthy foods.

   c) *Prevent obesity among young children*. Continue consultation and training with ECE providers to promote wellness, and continue Fit for Kids.

2. **Promote behavioral, social and emotional health**.

   a) *Implement ECE support program*. Continue our comprehensive ECE social-emotional health support program to reduce the number of expulsions and promote social and emotional development. We will monitor suspensions, reduced days and expulsions on a monthly basis to track progress and facilitate ongoing program improvement. Continue to partner with Family Advocacy to refer families identified through ECE to Parent Education.

   b) *Implement school support center model*. With support from the CT Health Foundation, implement an enhanced school support center model at one elementary school, to improve social-emotional health through immediate in-school interventions and through parent and community engagement (including engagement of the faith community).

   c) *Perinatal depression screening, referral system*. Initiate screening at WIC, continue referral process from WIC to perinatal case management and parent education; support state efforts to implement universal screening for Medicaid participants.

3. **Promote oral health**.

   a) *Train non-dental health providers*. Collaborate with Tunxis Community College Dental Hygiene program and University of Connecticut Health Center (UCHC) School of Dentistry to train non-dental health and education providers in oral health best practices, and train non-dental health providers in **reimbursable** oral health assessment and fluoride varnish.

   b) *Implement Mobile Dental Program*. Continue to support and refer to CHC, Inc. Mobile Dental to provide dental services in community locations.

c) *Increase the number of children with dental homes*. Collaborate with CT DPH Home by One program, ECE and WIC providers to assess whether children currently have a dental home, connect families to the BeneCare outreach staff and subsequently a dental provider who is willing to serve the child by age one.

4. **Address health disparities**.

a) *Emphasize cultural competence in all OK trainings*. Research and identify cultural competency curricula and create training modules that can be integrated into OK trainings. We will also track indicators by income and race/ethnicity to assess the impact of OK strategies on disparities, and work with organizations and collaboratives across Connecticut that are identifying and addressing disparities (e.g., the recent Health Disparities report produced by the Department of Public Health).

5. Prevent unintentional injuries.

a) Implement through a collaboration of health departments, Middlesex Hospital and various interested groups a CT Safe Kids Middlesex County Chapter to monitor unintentional injuries and promote safety.

Major Investments: Our Advocacy Agenda

1. **Promote better nutrition, physical activity and obesity prevention**. We will support the launch of a statewide primary care provider education program to increase adoption of obesity prevention protocols in their clinical practice.

3. **Promote oral health**. We will advocate with BeneCare to increase the number of local dental providers who accept children for age one dental visits through HUSKY, and advocate for increased Medicaid reimbursement for adult oral health services to match the increase for children's services.

4. **Address health disparities**. We will continue to monitor local implementation of the HUSKY program and advocate for evidence-based improvements in services, enhanced care coordination, and full implementation of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards.

Partners and Resources Needed

Middletown's planning process engages the key partners, with all committed to pursuing the strategies. Opportunity Knocks and its partners have received grants and are applying for additional grants to implement each of the activities listed above. Given our strong track record, we believe that we will be successful in continuing successful programs and instituting new efforts to improve children's health.

Key partners include:

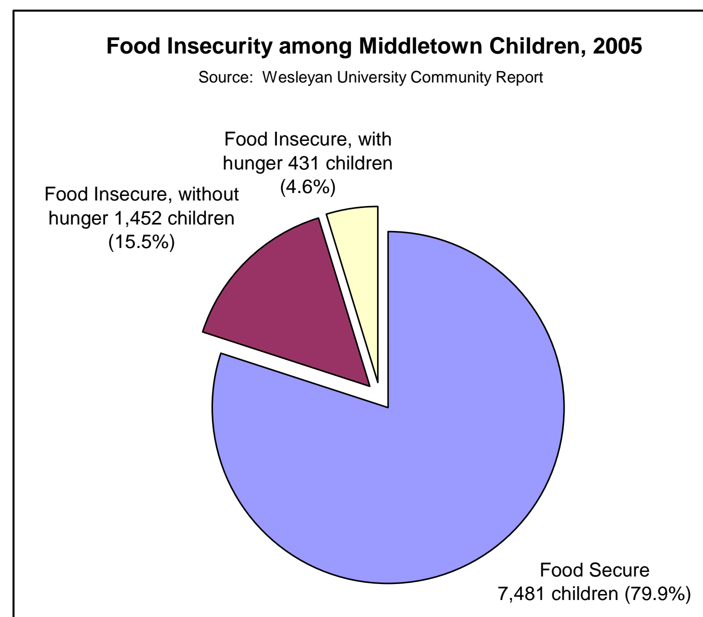
- Opportunity Knocks
- Middlesex Hospital
- Community Health Center
- Middletown School Readiness Council
- Middletown Public Schools
- Connecticut Department of Public Health
- Tunxis Community College
- UCHC School of Dentistry
- Middlesex Pediatric Associates
- Health/dental providers
- Middlesex Coalition for Children (advocacy)

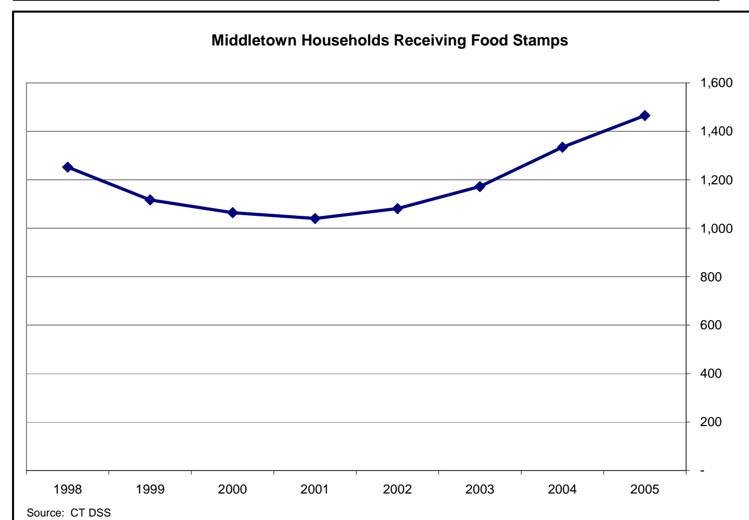
C. Thriving Families

Where We Are Now

Please note that we have much more data for ready children and healthy children, and are further along in planning efforts for these two areas as well (essentially going back to 2000). Below are several key data points that reflect challenges for Middletown families:

- 5% of children experience hunger, and another 15% experience food insecurity (limited availability of nutritious food). A recent research study has shown that households with food insecurity have higher levels of maternal depression and lower levels of positive parenting, which adversely affects the cognitive development of infants and toddlers.[7]
- The number of households receiving Food Stamps has risen in recent years.
- There were 141 substantiated child abuse reports for children ages 0-8 in 2005, nearly double the state rate.
- In 2006, 97 children were served by the Birth to Three System.





The Story Behind the Numbers

- The issues affecting families in Middletown are many and complex, with poverty and lack of education as major challenges. Families and early childhood stakeholders will need to acknowledge these challenges and work across partner agencies to reach families, connect them with supports when needed, and engage and support them in their role as their children's first teacher.
- Hunger is a hidden but significant problem in Middletown. We need to address food security to support both healthy and ready children. We also need to greatly expand and coordinate parent education and support efforts, to address negative parent actions (child abuse and neglect) **and** to promote positive parent actions (nurturing, child development). Finally, both hunger and parent education connect directly back to Middletown's achievement gap. We need to focus on all areas simultaneously to be successful.
- There are a substantial number of families in Middletown whose basic needs are not being met. The number of families in need is likely to increase in 2009-10, given the economic downturn.
- Middletown needs to develop a better system for coordinating services to families, and for identifying and addressing gaps in services.

Strategies: How We Will Achieve Our Vision of Thriving Families

What We Can Do Now

1. **Ensure that families' basic needs are met**.

   a) *Reduce hunger*. The Childhood Hunger Task Force will continue to expand the Amazing Grace food pantry through support for a new facility, increased community donations and enhanced fund development (e.g., new annual giving program). The Task Force will work with CRT to expand its summer meal program (there are existing federal resources for this program), and will work with Opportunity Knocks to disseminate information on food resources for families to its network of partners as part of nutrition and obesity prevention efforts.

   b) *Improve access to services*. We will explore options to expand our direct outreach to families in need. Building on our neighborhood meetings and the efforts of our community organizers, we will examine a Neighborhood Messenger approach (like the one being developed in Bridgeport), possibly by training PLTI graduates as messengers with stipends to encourage participation. A second option is to establish a National Student Partnership site at Wesleyan University, based on the model started at Yale where students connect families with services. There is a great opportunity to improve food security through enrollment in Food Stamps, as the eligibility requirements rise from 130% to 185% of poverty. The Middlesex Coalition for Children will partner with the United Way to provide resources that specifically benefit families with young children: diapers and income tax assistance.

   c) *Ensure respect for families*. A major issue raised at our parent conversations was lack of respect for families by key government agencies. As a first step in addressing this challenge, we have approached the Department of Social Services (DSS) about improving their waiting room. One idea is to recruit interior designers to work with families as part of an "office makeover" project to create an inviting, family-friendly environment.

Existing Programs and Initiatives

Middletown has many initiatives and programs to address families' **basic needs**. The Middlesex Coalition for Children's Childhood Hunger Task Force strengthens the charitable food system (Amazing Grace food pantry), conducts Food Stamp outreach, is growing the summer meals program, conducts research (Wesleyan report on food insecure families in Middletown), established a backpack program for families to have food over the weekend, and supports WIC in crisis management and advocacy. Outreach efforts help families access benefits, including Food Stamps, HUSKY, multi-benefit application assistance (Amazing Grace, Community Health Center) and tax assistance (VITA).

Middletown delivers a range of **parent education and support** programs. OK contracts with Family Advocacy to provide parenting education for five School Readiness families at a time. Nurturing Families Network screens first-time mothers and can serve 60 families at a time. The ABC's of Parenting, a parent education and support series, is offered three times a year to all families with young children, as well as one session designed just for fathers. The Community Health Center's Family Wellness Center provides support and information to strengthen families in a community-based, family-friendly setting, and Middletown's two Family Resource Centers strengthen the ties between families and schools to promote high academic achievement for all children, especially those at risk. Even Start provides early childhood education so that parents can attend Adult Education classes, along with parenting classes and interactive literacy activities for Parents and Children Together (PACT) that help parents learn how to help their children learn. The Family School Connection at Bielefield Elementary School works with families of children who have been identified as having truancy, academic, and/or behavior issues through weekly scheduled home visits to improve parenting skills, address basic needs and improve family's stabilization.

2. **Expand and improve parent education and support**.

   a) *Train home visitors*. The Family Support Workgroup is developing plans to train all home visitors in health and safety practices, quality learning experiences and use of the Ages and Stages assessment.

   b) *Implement DCF "differential response" model*. The Coalition will build on its close collaboration with the Middletown DCF office to help implement "differential response" (i.e. the delivery of preventive services to families who come to the attention of DCF but upon investigation are not found to be abusing or neglecting their children) through supportive community programs, and to expand DCF's ability to assist families in crisis without stigma and fear.

   c) *Implement Child FIRST*. To address the needs of families in crisis, we plan to apply to be one of the replication sites for the Child FIRST early childhood intensive family intervention program (pending funding of their replication grant). The Child FIRST model establishes a collaborative system for early identification, referral and home-based treatment for our most vulnerable children and families, and can integrate existing services for families to form a continuum of services.

Major Investments: Our Advocacy Agenda

2. **Expand and improve parent education and support**. We will advocate for more, better-funded Family Resource Centers, expansion of the Family School Connection model to additional elementary schools, expansion of the Nurturing Families Network, and for increased support for proven models like the Family Wellness Center that serves as an excellent community-based hub for parents.

Partners and Resources Needed

Middletown's planning process engages the key partners, with all committed to pursuing the strategies. We have purposefully selected strategies that either require little new funding, or where there are opportunities to leverage existing funding (e.g., Child FIRST replication grant, Americorps funding for National Student Partnership).

Key partners include:

- Middlesex Coalition for Children
- Amazing Grace Food Pantry
- Community Health Center Family Wellness Center
- Nurturing Families Network
- Middletown's Family Resource Center
- Middletown Even Start
- Middletown Public Schools
- Child FIRST
- Middletown PLTI
- Wesleyan University
- Connecticut Department of Social Services
- Connecticut Department of Children and Families

D. Building the System

Data and Assumptions

- Our strategic planning process identified a range of actions that will "turn the curve", but that require major state/federal investments or policy changes. We are well-positioned for a successful advocacy campaign as a state leader in parent leadership – with 150 PLTI graduates, 81 Children's Leadership Training Institute (CLTI) graduates, 27 Parent SEE graduates and new PEP trainings.
- Middletown has strong cross-agency communication in early care and education, health, family support and some aspects of social services through the School Readiness Council, Opportunity Knocks and the Middlesex Coalition for Children, but needs to develop stronger ties to many other public and non-profit organizations that work directly with vulnerable families, especially housing and employment programs. A goal is to develop connections with the Chamber of Commerce.

Strategies: How We Will Build the System

What We Can Do Now

1. **Mobilize parents and community members to advocate for local, state and federal policies that achieve the results we want for families**.
   a) *Expand participation in advocacy efforts*. We will recruit representatives from the business and faith communities to early childhood collaboratives, building on existing networks, and develop an on-going support system for parent leadership graduates to facilitate their continued participation in community leadership and advocacy efforts. Specific activities could include engagement in a Neighborhood Messenger campaign (see "thriving families"), monthly alumni meetings, and peer recruitment for early childhood collaboratives.
   b) *Collaborate with other communities*. To expand our voice and impact, we will identify more opportunities for cross-community advocacy on key issues, working with the Graustein Memorial Fund and other state groups devoted to early childhood investment.
   c) *Implement advocacy campaign*. The Early Childhood Plan will serve as the initial roadmap for advocacy campaign activities.

Existing Programs and Initiatives

Middletown has many programs and efforts to promote parent advocacy and leadership, and policy advocacy for state investments that will make a real difference for families. Middletown **parent leadership** programs include People Empowering People (PEP), Parent Leadership Training Institute (PLTI), and Parents Supporting Educational Excellence (Parents SEE). Seventeen (17) parents/grandparents currently participate on the SRC and OK.

Middletown launched an Early Care and Education **Communication Campaign** to build awareness and public will. The campaign developed a brochure, logo, tagline, bumper stickers and web site; conducts annual Week of the Young Child events; and makes presentations to numerous civic groups, on cable TV, and at conferences. Through the early childhood planning process, two community organizers have facilitated six parent conversations with our most vulnerable families to identify key challenges and potential solutions. The community organizers are now producing a TV show for parents that airs on cable access.

The Middlesex Coalition for Children engages citizens and community leadership in goal setting and **advocacy** efforts. The Coalition holds monthly public meetings on children's issues, hosts a monthly Advocates Group to support legislative advocacy at state and federal levels, publishes legislative agendas, hosts annual legislative breakfasts, and participates in state-wide advocacy efforts on a range of issues. The Middletown Children's Posse consists of 80 – 90 people who are pledged to advocate on early childhood issues.

2. **Improve communication and coordination of services across family-serving systems**.
   a) *Develop a process for communicating and coordinating across agencies*. As a first step, we will convene family-serving agencies that have not participated in our ongoing early childhood collaboratives, in areas like social services, basic needs, workforce development, and public housing. We will work with these agencies to identify specific opportunities to improve services for vulnerable families, and explore structures and/or mechanisms to promote ongoing information sharing and coordination of services.
   b) *Implement projects that better coordinate services for families*. A next step might include identifying 1-2 pilot projects, possibly involving shared outreach and/or co-communication campaigns that better connect vulnerable families to early care and education, health care, family support, education and advocacy.

Major Investments: Our Advocacy Agenda

3. **Build the system**. We will advocate for ongoing state funding for "local infrastructure" – to staff collaborative tables, engage and support parents so they can fully participate in meetings, report on results, etc. This is a critical investment that will promote more effective collaborative planning and guidance of the early childhood service system.

Partners and Resources Needed

As noted above, our goal is to expand the number of partners beyond those already engaged. One critical resource is time – to personally engage new partners, participate in meetings, and communicate across agencies. The second resource is funds for local infrastructure, part of our advocacy agenda.

Key partners include:

- Middlesex Coalition for Children
- Middletown PLTI and parent leadership programs
- Middletown School Readiness Council
- Opportunity Knocks
- William Caspar Graustein Memorial Fund and Discovery communities
- "Non-traditional" partners: Housing Authority, One-Stop Center and workforce development programs, social service providers

6. Implementation Approach

We have mapped out a workplan for Year 1, specifying the action steps for several strategies in detail, and presenting performance measures for those areas where data is either readily available or there was consensus on the measures (see Appendix A for details). We will continue to refine the workplan in the coming months and to identify additional sub-strategies in order to "turn the curve" of the results we seek for children. As noted in Section 8, we will revise and update the work plan annually as part of all-partner meetings on the Early Childhood Plan.

We are also in the process of creating a "data development agenda" based on the population indicators, system measures and performance measures that have been identified to date. We have focused on data that is currently available to ensure that this is a manageable process.

Data We Have
The sidebar on this page lists the population indicators, system measures and performance measures that we currently collect, as well as data that will be readily available for new strategies and activities.

Data We Need
Table 2 (on next page) summarizes our data development agenda. This will likely be updated as we refine and complete our work plan (and subsequently identify additional performance measures and potentially refine our population indicators and systems measures).

Data We Have

Population Indicators

- Percent of children who enter kindergarten with age-appropriate skills. (Note that we would need to conduct addition analyses to report data by race/ethnicity and income.)
- Percent of children meeting state academic goals in third grade, by race/ethnicity and income.
- Percent of WIC mothers who breastfeed at least 6 months.
- Rate of reduced days, suspensions and expulsions from early care and education programs.
- Rate of substantiated child abuse and neglect.

System Measures

- Percent of kindergarten students with 2 years of preschool experience, by race/ethnicity and income.
- Number of early care and education programs maintaining Nutrition and Physical Activity Policies and practices that meet or exceed NAEYC standards and best practices.
- Number of dental providers accepting HUSKY patients, and children at age one.
- Number of families receiving Food Stamps.
- Number of families receiving WIC.

Performance Measures

- Number of preschools participating in OK nutrition and physical activity program.
- Number of children participating in Fit for Kids.
- Number of case consultations for OK social-emotional health program.
- Number of teachers trained through OK social-emotional health program.
- Number of preschool suspensions, reduced days and expulsions.
- Number of children served through Mobile Dental Program.
- Percent of children with tooth decay seen through Mobile Dental Program.
- Number of families served at Amazing Grace.
- Number of children receiving weekly backpack food supplements.
- Number of preschool children participating in the Child and Adult Food Program.
- Number of summer meals served.

Table 2: Data Development Agenda

Type	Measure	Historic Data	Plan for Future Data Collection
Population	• Percent of young children in ECE programs who fall within normal range for BMI percentile for age.	BMI data for 103 children in Head Start (2006)	This data is extremely difficult to collect, but could be obtained from ECE health records. We will work with DPH, which is also examining how to collect accurate data.
	• Percent of children with active tooth decay.	Mobile Dental Program collects data for the patients it sees	We will work with other oral health collaboratives to identify appropriate data, or may develop a survey specifically for this strategy.
	• Percent of families who are food-secure.	2005 survey by Wesleyan students	Work with Wesleyan to conduct a follow-up survey in future years (may not be annual given the resources needed).
System	• Number of families participating in early literacy experiences	Have data for individual programs	The Early Literacy Collaborative will track this measure as part of plan implementation.
	• Number of families receiving family support, and behavioral and social-emotional health services	Track number of families receiving services	OK will track services by type, and will explore estimating the need for services in order to track improvements over time.
	• Number of families receiving home visits	Have data for individual programs	The Family Support Workgroup will develop a formal agreement for home visiting programs to report data.
Performance	• Number of participants (see Appendix A for specific measures)	N/A	These measures are primarily for new activities, and will be tracked at the agency level, and compiled across agencies where applicable by the collaborative body (e.g., early literacy).
	• Percent of all receiving service (see Appendix A for specific measures)	N/A	We will calculate this where data is easily available (e.g., all preschool teachers)
	• Percent of participants using tools / strategies (see Appendix A for specific measures)	N/A	We will conduct follow-up surveys to assess the use of new strategies and/or tools from training sessions
	• Percent of participants achieving outcome (see Appendix A for specific measures)	NA	Where possible, we will connect participants with existing data sources. For example, we can utilize the DIAL-3 or Kindergarten Inventory to assess the extent that early literacy activities promote school readiness.

7. Financing Strategy

A recent study revealed that Middletown receives about $22.3 million in federal, state and philanthropic resources annually for services to families with children ages 0 to 8 years old (see table). As detailed planning proceeds, we will explore opportunities to tap or redirect some of these resources toward plan priorities. Appendix D summarizes where we are in identifying funding sources to implement our activities.

Overall our approach has been as follows:

- **Infrastructure.** Adequate staff support for our committees has been critical to our success to date. While a constant challenge, we will continue to piece together resources from the School Readiness Program grant, Discovery grant (or successor), health grants, and other sources for this purpose.
- **Low-Cost Activities**. We have focused in Year 1 on activities that require little or no new costs to implement. We will continue to rely on in-kind support from our many partners to help us make progress.
- **Advocacy**. We see advocacy as a critical leverage point for achieving desired results for children and families. Successful advocacy can not only unlock new resources for families, it can also eliminate barriers to effective use of existing funds. As we have noted in past reports, the state does not have an integrated early childhood system; it has dozens of separate, uncoordinated programs, each with its own philosophy, rules, administrative structure and funding restrictions. Changes in these state programs can help communities develop comprehensive, integrated systems.
- **Targeted Fundraising**. We have successfully raised funds to institute a range of effective programs for children and families. Our plan identifies several new efforts where we have received grants for planning and/or identified funding opportunities for implementation. We have also leveraged regional support through Tunxis Community College Dental Hygiene program and the Ethel Donaghue TRIPP Center at UCHC. Local funding agencies have also been engaged not just as funders but as participants in our planning process.
- **Partner Commitments**. Our early childhood planning process and early childhood "tables" engage key family-serving organizations, public institutions, funders, and policymakers. Through these tables, we have

Estimated Federal, State and Philanthropic Investments in Middletown Early Childhood Services, 2005-2006 (in thousands of dollars)

Type of Program	Federal	Federal/ State	State	Philan- thropic	Grand Total
Child Welfare		3,489			3,489
Early Care and Education	14	2,122	1,222	95	3,454
Early Literacy	172			79	251
Family Support		1,227	98		1,325
Health	2,126	3758	50	125	6,060
Health - Behavioral		403	8		411
K-3 Education	1,536		5,678		7,214
Parent Engagement			28		28
Youth Development			11		11
After School	54				54
Grand Total	3,902	10,999	7,095	299	22,295

secured commitments from local partners to implement plan strategies and activities.

8. Governance and Accountability

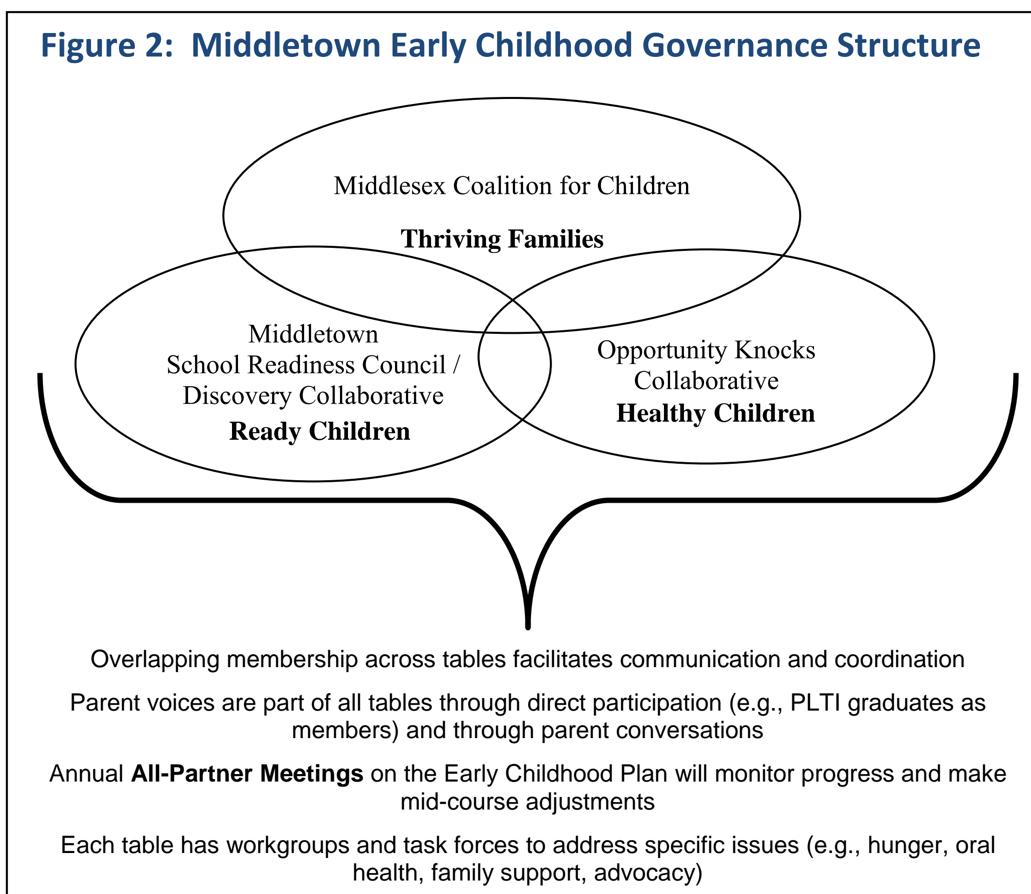
Birth to 9 efforts in Middletown and Middlesex County have a current governance structure that developed organically over time, and has worked well in developing concrete, effective strategies and programs that meet the needs of children and families. This planning process afforded us the opportunity to reflect on our existing structure, and develop a revised governance structure that strengthens cross-section coordination of efforts and ongoing monitoring and accountability for results.

Our basic starting point is the three major tables for planning and implementation: (1) Middletown School Readiness Council / Discovery Collaborative; (2) Opportunity Knocks Collaborative; and (3) Middlesex Coalition for Children with its Leadership Council and task forces addressing specific topic areas.

Given our multiple collaborative structures and consensus approach to decision-making, there is no one collaborative at the "top" of the structure. Rather, the Coalition for Children will serve as the central hub for all-partner deliberations and decision-making. Coordination will be ensured through a common early childhood agenda, cross-table membership (18 are members of at least 2 of the 3 collaboratives), and **annual all-partner meetings** to formally review progress on the Early Childhood Plan and make mid-course adjustments. Parent voice is ensured through parent membership and active participation at each table, connections with Middletown's parent leadership programs and on-going parent conversations to hear from under-represented groups.

Monitoring and follow-up will be integrated in the new governance structure. The three tables include leadership from the government, non-profit, health, education, faith, business and philanthropic sectors, who can not only make but follow through on commitments. The All-Partner meetings will review progress on the plan, identify mid-course corrections, and include follow-up with key partners to ensure follow-through on identified changes.

Figure 2: Middletown Early Childhood Governance Structure



To promote accountability, we will produce annual reports on progress in implementing the plan and achieving desired results for children including our population indicators, system measures and performance indicators. We will disseminate this plan through multiple channels: on the web, via email, through existing dissemination networks of our partner organizations, and presentation of the report at our annual All-Partner meeting.

Appendices:

A. Implementation Work Plan for Year 1

B. Organizational Chart of the Middletown Early Childhood Council

C. Themes from Neighborhood Meetings with Parent / Caregivers, Video Interviews and Cable-Access TV Shows

D. Middletown Financing Strategy

Appendix A: Implementation Work Plan for Year 1

● How much? ❖ How well? ✓ Better off?

Ready Children:

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
1) Expand early literacy	a) Create an Early Literacy Collaborative	• Secure commitments from key partner agencies to participate on Collaborative • Identify grant opportunities • Apply for grant(s) – develop initial structure and activities for Collaborative	Russell Library	• Number of collaborative members ❖ Resources raised
	b) Develop and implement an early literacy plan	• Facilitate a series of Collaborative meetings to develop plan • Secure commitments from partners to implement plan • Implement plan activities • Monitor progress and make mid-course adjustments	Russell Library	• Number of children receiving early literacy services, by type of activity ✓ Percent of children receiving services who enter kindergarten with age-appropriate skills
2) Recruit, train and retain high-quality ECE teachers	a) Expand and improve the Early Childhood Program at Middlesex Community College	• Meet with Middlesex Community College program staff and college leadership to discuss options • Work with College to secure accreditation for Early Childhood Program	Middlesex CC, SRC	• Number of EC Program graduates • Number of graduates hired by Middletown ECE programs ❖ Accreditation of EC Program
3) Expand quality preschool and align with K-3 education	a) Work with Middletown Public Schools (MPS) to develop a long-range plan for preschool expansion	• Disseminate the "Evergreen" research study results to MPS and to key stakeholders in Middletown and at the state • Meet with MPS leadership and key stakeholders to explore how best to work together on a plan, given time and resource constraints • Depending on the outcome of initial meetings, develop a process for on-going collaboration to align ECE and K-12 efforts	MPS and SRC	To be defined as planning proceeds
4) Improve and expand infant-toddler care	a) Train providers in CT's Early Learning Guidelines	• Recruit center-based and home-based providers to participate in training • Develop contents and materials for training • Deliver training to providers	SRC	• Number of providers trained • Percent of all providers trained ❖ % of providers who report using Guidelines after the training
	b) Re-bid for Early Head Start funding	• Identify lead organization(s) to apply for funding • Apply for funding	SRC	• Funding secured for EHS • Number of children participating

Appendix A: Implementation Work Plan for Year 1

● How much? ❖ How well? ✓ Better off?

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
5) Expand access to translation	a) Utilize translators from Wesleyan's new Language Bank	● Disseminate information on Language Bank to early care providers, schools, health providers, community agencies, parents, funders, city officials, faith leaders, etc. (through partner networks) ● Collect data from Wesleyan to track use of translation ● Identify gaps in service delivery and conduct targeted outreach (e.g., specific schools or programs)	SRC	● Number of families receiving translation at parent-teacher conferences, by organization and grade

Healthy Children:

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
1) Promote better nutrition & higher levels of physical activity	a) Promote breastfeeding	● Create an Infant Feeding Workgroup ● Identify evidence-based policies and practices that support breastfeeding ● Work with experts, including obstetricians, to assess current policy and practice, develop trainings and support policy change ● Implement breastfeeding plan, targeting obstetricians for trainings and interventions	OK	● Number of providers trained by type ❖ Number of providers reporting changes in practices Additional measures to be defined as planning proceeds
	b) Promote nutrition and physical activity	● Using data from the Parent Engagement for Obesity Prevention project (conducting focus groups with parents to identify strategies and messages) design a community intervention to promote better nutrition and higher levels of physical activity ● Implement project activities (e.g., social marketing, environmental changes)	OK	To be defined as planning proceeds
	c) Prevent obesity among young children	● Continue existing work with preschools to promote nutrition and physical activity ● Continue Fit for Kids for children up to age 8	OK	● Number of preschools participating ● Number of children participating
2) Promote behavioral, social and emotional health	a) Implement preschool support program	● Conduct monthly case consultations ● Train preschool teachers in strategies for addressing challenging behavior ● Consult with programs on-site to address behavior challenges ● Deliver parent education on social-emotional development	OK & SRC	● Number of consultations ● Number of teachers trained ✓ Number of suspensions (tracked monthly)

Appendix A: Implementation Work Plan for Year 1

● How much? ❖ How well? ✓ Better off?

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
	b) Implement school support center model	● Implement enhanced school support center model at one elementary school, to improve social-emotional health through immediate in-school interventions and through parent and community engagement	MCC, FAP	● Number of families engaged ✓ Number of suspensions
	c) Implement Perinatal Depression and Stress Screening	● Initiate screening at WIC ● Develop formal referral ● Refer mother from WIC to perinatal case management and parent education ● Support state efforts to implement universal screening for Medicaid participants	OK, WIC	● Number of WIC enrolled women screened ● Number of referrals offered ❖ Percent of mothers referred who receive services
3) Promote oral health	a) Train non-dental health providers	● Submit project request to Tunxis Community College Dental Hygiene program and UCHC School of Dentistry ● Train non-dental health and education providers in oral health best practices ● Train non-dental health providers in reimbursable oral health assessment and fluoride varnish	OK	● Number of providers trained ❖ Number of providers receiving reimbursement for oral health assessment and fluoride varnish
	b) Implement Mobile Dental Program	● Continue program to provide dental services in community locations	Community Health Center	● Number of children served ✓ % of children with tooth decay
	c) Expand the number of children with dental homes	● Through ECE providers and community agencies, assess whether families currently have a dental home ● Connect to BeneCare or other insurance companies to link to a dental home by age one	OK	● Number of children without a dental home ❖ Number of children connected and seen by age one
4) Address health disparities	a) Emphasize cultural competency in OK trainings	● Research and identify cultural competency curricula / resources that have been used with health and ECE providers ● Create cultural competency training modules that can be integrated into other trainings and multiple settings and workshops ● Deliver trainings to providers	OK	● Number of workshops that incorporate cultural competency ● Number of providers participating in workshops
5) Unintentional injury prevention	a) Develop Safe Kids Middlesex County	● Collaborate with area health departments, Middlesex Hospital, and area agencies to initiate a chapter	Middletown Health Dept	● Chapter established

Appendix A: Implementation Work Plan for Year 1

● How much? ❖ How well? ✓ Better off?

Thriving Families:

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
1) Ensure basic needs are met	a) Reduce hunger	• Expand the Amazing Grace food pantry through increased community donations and enhanced fund development • Work with CRT to expand its summer meal program • Work with Opportunity Knocks to disseminate information on food resources for families to its network of partners	Coalition for Children	• Number of families served at Amazing Grace • Number of summer meals served • Number of children receiving weekly backpack food supplements • Number of preschool children participating in the Child and Adult Food Program
	b) Improve access to services	• Continue current outreach efforts to help families enroll in and receive basic needs services • Explore options to expand our direct outreach to families in need • Provide diapers and income tax assistance for families with young children	Coalition for Children	• Number of families reached through outreach efforts • Number of families enrolled in Food Stamps
	c) Ensure respect for families	• Meet with the Department of Social Services (DSS) to secure a commitment to improve their waiting room. Recruit interior designers to work with families as part of an "office makeover." • Hold parent conversations to identify key agencies and key strategies for improving welcoming atmosphere • Identify strategies for improving atmosphere and promoting client respect (e.g., training, data collection and reporting, sharing best practices like MPS Welcoming Walkthroughs)	DSS & Coalition for Children	To be identified as part of meetings and planning process (e.g., client satisfaction surveys, Walkthrough checklist)
2) Expand / improve parent education and support	a) Train home visitors	• Train all home visitors in health and safety practices • Train home visitors in quality learning experiences • Train home visitors in Ages and Stages assessment • Train home visitors in early literacy skill development	SRC	• Number of staff trained ❖ Percent of staff who report using practices and assessments in home visits
	b) Promote DCF "differential response" model	• Meet with DCF to discuss use of differential response (DR) in Middletown • Secure formal agreement from DCF with targets for use of DR • Develop plan for implementing DR	DCF & Coalition for Children	• Funds devoted to DR • Number of families receiving DR services
	c) Replicate Child FIRST	• Meet with Child FIRST to explore potential for	Child FIRST,	Use Child FIRST standard measures

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
		replication in Middletown • Convene key Middletown partners to discuss and formally agree on implementation of the model • Apply to be one of the replication sites for Child FIRST (pending funding of their replication grant)	OK, SRC, Coalition for Children	

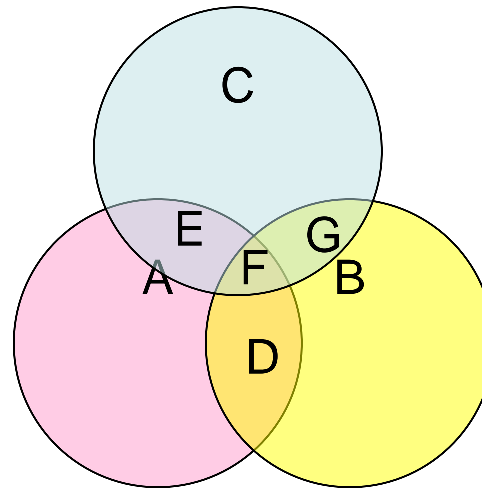
Building the System:

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
1) Mobilize parents and community members to advocate for polices that achieve desired results	a) Expand participation in advocacy efforts	• Recruit additional parents/grandparents for EC tables, including peer recruitment. • Develop an on-going support system for parent leadership graduates to facilitate their continued participation in community leadership and advocacy efforts • Recruit representatives from the business and faith communities for EC tables, building on existing networks (e.g., Coalition Leadership Council)	Coalition for Children & PLTI	• Number of advocates by type
	b) Collaborate with other communities	• Meet with statewide early childhood groups to identify opportunities for cross-community advocacy	Coalition for Children	•
	c) Implement advocacy campaign	• Agree on top priorities for advocacy, using our Early Childhood Plan as a starting point (see Section 5) • Develop detailed workplan with timelines and responsibilities • Implement advocacy campaign activities • Monitor participation and success by priority area	Coalition for Children	• Number of citizens participating in specific advocacy activities (e.g., legislative breakfasts) ❖ Legislative achievements
2) Improve communication and coordination of services	a) Develop a process for communicating and coordinating across agencies	• Identify family-serving agencies that have not participated in early childhood collaboratives but are critical to family and child success (e.g., social services, basic needs, workforce development, and public housing) • Convene 1-2 meetings with agencies to share information on their services and identify opportunities to improve services for vulnerable families • Develop structure and/or mechanism to promote ongoing information sharing and coordination • Recruit agencies to participate in ongoing sharing / coordinating process	Coalition for Children	• Number of agencies participating in meetings

Strategy	Sub-Strategy	Actions	Lead Partner	Performance Measures
	b) Implement projects that better coordinate services for families	• Identify 1-2 pilot projects that better connect vulnerable families to early care and education, health care, and family support and education • Implement pilot projects and assess results • Convene agencies to share results of pilot projects and decide on next steps (e.g., additional targeted projects, larger system changes, etc.)	Coalition for Children, lead agencies for pilots to be identified	• Pilot projects planned and implemented Measures to be determined based on project specifics

Type of Performance Measure: ● How much? ❖ How well? ✓ Better off?

Appendix B: Organizational Chart: Middletown Early Childhood Council (interlocking membership and annual All-Partner meetings)



A
Middletown School Readiness Council/Discovery Collaborative

Parents/ Grandparents
Christine O'Grady, Family-School Connection. • Jerome Long
A.M.E. Zion Church, Alvenis Riddick
ACES Early Childhood Network, Alice Torres
Bielefield School, Renata Lantos
Department of Social Services, Alice Ellovich
Family Resource Centers, Maureen Partyka
Middletown Cooperative Nursery School, Wendy Berlind
Middletown Public Schools, John Hennelly
Office of the Mayor, Tina Gomes
Russell Library, Kitty Robinson
St. Francis Church, Jewel Christy
Snow School, James Gadreau

D
Parents, Terri Ayala
Community Health Ctr., Julie Deak
CRT Head Start, Lisa Ellis
Discovery Liaison, Catherine Bradshaw
Early Head Start, Paula Cabrera
Even Start Program, Cindy Cappetta
Family Advocacy Program, **Middlesex Hospital**, Susan Macary
Family Practice Group, Middlesex Hospital
Dr. Cliff O'Callahan
Middlesex United Way, Ed Bonilla
Women, Infants & Children, Monica Belyea

G
Middletown Coalition for Children's Mental Health, Willard McRae

C
Middlesex Coalition for Children

Middletown Board of Ed, William Boyd
Middlesex Hospital, Terri DiPietro
Middlesex Comm. College, Adrienne Maslin
Middlesex County Chamber of Commerce, Rep. Brian O'Connor
Portland Youth Services, Mary Pont
Wesleyan University, Donna Thompson
Middlesex United Way, Kevin Wilhelm

E
Middletown Public Schools, Dr. Michael Frechette, Superintendent
Middletown Mayor Sebastian N. Giuliano
Wesleyan Univ., PIMMS, Robert Rosenbaum

B
Opportunity Knocks

Parents, Dawn Baker • Bryan Baker • Tateisha Bond • Nina Coleman • Ann Dombrowik • Sean Donadio • Marilyn Dunkley • Christine Holley • Rochelle Hughes • John Kilian • Beverly Lawrence • Patricia Reyes • Sarah Ricketts • Jackie Turner
Middletown Board of Education, Sheila Daniels
Central CT Ped. Dentistry, Dr. Robert Gatehouse
Christ Lutheran Church Preschool, Dawn Byrne
Community Health Center, Mary Farnsworth • Jessica Lyman
CRT Head Start, Selissa Turner
DCF, Eileen Breslin • Louise LaChance-Price • Michelle Peterson-Aresco
Family Resource Centers, Traci Dubos
Grace Lutheran Church Preschool, Lisa Mentlick
Middlesex Hospital, Piper Tobler, Eileen Lader, Ava Hart, Christine O'Grady, Ann Purcell-Murray, Veronica Mansfield, Mariah Popieleski, Kit McKinnon, *IRMA*
Middlesex Pediatric Assoc., Dr. Lisa Alonso
Middletown Coalition for Children's Mental Health
Dick Wiseman
Neighborhood Preschool, Karyn Hurlbert
School Readiness Programs, Judi Kenney, Mary Popick, *Town and Country,* Hilary Phelps, *Middlesex Community College,* Karin James, *Middlesex YMCA,* Annette DiMauro, Kelly Veneziano, *South Farms,* Kristen Peck, *Middletown Public Schools*
State Farm Insurance, Nick Zullo
Tunxis Comm. Coll., Robin Knowles • Julie Nocera

F
Middlesex Coalition for Children, Betsy Morgan
PLTI, Donna Marino
Middletown School Readiness, Christine Fahey

All forms of consultation were peer-led by the community organizers for the project, Beverly Lawrence and Marilyn Dunkley. The format, which consisted of prompts rather than questions, was designed to stimulate discussion along two lines:

a) Participants' general experience of raising a family in Middletown, using available resources and programs

b) Experience in three specific areas: early care and education, health care and family support programs

A. Parents' General Experience

1. **Cases of extreme hardship**. Two categories of parents expressed how desperate is their struggle to raise their children and stay afloat: homeless families (one neighborhood included a family shelter) and families with special needs children. Both focused on basic needs (food, shelter, clothing), and felt that systems were radically failing them.
2. **Cases of hardship.** Two other categories of parents felt beleaguered: grandparents raising children and single mothers. Grandparents wanted more financial help from the state (e.g. parity with foster parents) and more and better recreational programs for children. Single mothers, in this post-Welfare era, placed a lot of emphasis on the need for fathers to take more responsibility, and the failure of the child support system ("useless"). Family structure matters.
3. **Experience of social programs.** This was perhaps the most illuminating aspect of the meetings, in several ways:
   a. Parents were experienced navigators of social programs, and greatly enjoyed sharing their knowledge and learning from others present. Each meeting ended with a request for more meetings for peer networking and information-sharing. Skilled assistance by professionals or trained volunteers was also mentioned, but with less enthusiasm.
   b. There was a very strong sense of being treated badly – **disrespectfully, in a "degrading" manner** – by the programs they need, to the extent that many prefer to forego benefits. This is especially true of programs administered by DSS, but was also mentioned in connection with CHC and CRT. WIC however was cited as a splendid exception.
   c. Some parents recognized the need to become advocates, to speak up and attend meetings. Participants at one meeting (Maplewood Terrace) were ready to march on City Hall. There appears to be fertile ground for community organizing.

OUR CONSULTATION PROCESS

1. **Neighborhood meetings.** During 2008 six peer-led neighborhood meetings were held, two in Middletown's poorest area, the North End (at Macdonough School and the Family Wellness Center), two in housing "projects" (Maplewood Terrace, Traverse Square), and two in neighborhoods of low-income housing (at Forge Square and at Snow School for families living in surrounding streets). The meetings were attended by a total of 76 participants, not including project staff – an average of 12.6/meeting. The meetings included a meal (one breakfast, 5 dinners), childcare (for 131 children) and, for 4 of the 6 meetings, a $10 WalMart gift certificate for each family.
2. **PLTI.** A 7th meeting, using the same format, was held with 16 members of the 2008 Parent Leadership Training Institute Class.
3. **Video and Live TV.** In the spring of 2009, a total of 5 parents were videotaped telling their stories in two sessions at Russell

4. **A family-friendly city.** On the whole, parents thought Middletown a good place to raise children. Schools are trusted, Park and Rec programs admired, neighborhoods (except for Maplewood) safe, and there are a lot of free or affordable family activities. Complaints included a lack of playgrounds, too expensive ("white") sports leagues, difficulties with transportation, and a feeling that the police are "horrendous" to kids of color.

B. Early Care and Education

1. Two areas of real complaint:

   a) Lack of affordable, high-quality care for infants and toddlers. The closing of Early Head Start was lamented. Parents recounted bad experiences with caregivers. And, even with Care4Kids, it was hard to earn enough to make it worth working. Some parents thought public money should be put into enabling parents to stay home with young children, rather than into daycare for infants and toddlers.

   b) Care4Kids. The worst problem is the Care4Kids paradox: can't get a job without childcare, but can't qualify for Care4Kids without a job. Parents have to go to work with no assurance of childcare assistance; childcare programs are often asked to swallow the risk. Staying on the program requires a lot of attention on parents' part, and "customer service" was regarded as poor. Nevertheless, parents saw it as the lifeline that allowed them to work.

2. Preschool. Parents thought Middletown has a good range of high quality, affordable preschool options. School Readiness programs and the public schools' preschool were both highly praised. Head Start had mixed reviews, some parents very critical, others appreciative.

C. Health

Of the three areas this was regarded as the most problematic, for several reasons:

a) The conflict between work and health care for children. In most cases, parents have to take time off work, though limited Saturday hours at the Community Health Center and Family Practice were appreciated.

b) The unavailability of dentists and other specialists who accept HUSKY patients in Middletown, leading to long trips out of town or foregoing care. The Miles of Smiles program was valued as a partial response to this problem.

c) The unending task of navigating HUSKY. For low-moderate income parents, HUSKY co-pays are a major problem.

Other specific problems:

d) Need for vision screening and affordable glasses for children.

e) Untreated ear infections, leading to hearing loss.

D. Family Support

This is the least developed of the three areas in terms of institutions and policy. Parents' comments reflected that fact. A few parents had positive experiences with the Nurturing Families Network program, or with Parent Aides. Families connected to one of the existing "hubs" – Family Resource Centers or the Family Wellness Center – were enthusiastic about them. Above all, parents wanted to know where to turn when they had a problem – not just to 211 (which some parents use), but to a local resource.

Appendix D: Middletown Financing Strategy

Strategy	Sub-Strategy	Cost/Funding
Ready Children		
1) Expand early literacy	a) Early Literacy Collaborative; b) Early literacy plan	In-kind staff and resources. Funds needed to implement
2) Recruit, train, &retain teachers	a) Expand and improve the EC Program at Middlesex CC	Program expansion will require college resources
3) Expand quality preschool/align with K-3	a) Long-range plan for preschool expansion	Planning- in-kind; 150 slots will require $1.3 million
4) Improve and expand infant-toddler care	a) Train providers in CT's Early Learning Guidelines	SRC resources
	b) Re-bid for Early Head Start funding	EHS funding ($1,000,000)
5) Expand access to translation	a) Utilize Wesleyan's translators	In-kind staff and resources
Healthy Children		
1) Promote better nutrition & higher levels of physical activity	a) Promote breastfeeding	Grant and in-kind will fund planning, will apply for implementation grant
	b) Promote nutrition and physical activity	Grant funds focus groups/apply for implementation
	c) Prevent obesity among young children	Current grants and in-kind resources; $65,000
2) Promote social and emotional health	a) Implement preschool support program	Current partner resources
	b) Implement school support center model	CT Health Foundation grant; $1,250,000
	c) Perinatal depression screening and referral	TBD
3) Promote oral health	a) Train non-dental health providers	In-kind staff and resources
	b) Implement Mobile Dental Program	Current partner resources
	c) Expand the number of children with dental homes	In-kind planning, CT DPH and BeneCare in kind support
4) Address health disparities	a) Emphasize cultural competency into all OK trainings	In-kind staff and resources
Thriving Families		
1) Ensure basic needs are met	a) Reduce hunger	Current partner resources, UW funding
	b) Improve access to services	Current partner resources, UW funding
	c) Ensure respect for families	TBD
2) Expand / improve parent education and support	a) Train home visitors	In-kind staff and resources
	b) Implement DCF "differential response" model	Staff time, existing DCF resources
	c) Implement Child FIRST	$300,000 – 500,000
Building the System		
1) Mobilize parents and community members to advocate for polices that achieve desired results	a) Expand participation in advocacy efforts	In-kind staff and resources, may need to raise funds for parent support
	b) Collaborate with other communities	In-kind staff and resources
	c) Implement advocacy campaign	Current partner resources, may need to raise funds for specific activities
2) Improve communication and coordination of services	a) Communicating and coordinating across agencies	In-kind staff and resources
	b) Implement projects that better coordinate services	Current partner resources, may raise funds for projects

End Notes

[1] The Connecticut Kindergarten Entrance Inventory is an interim process required by and administered by the State Department of Education while they develop or select a more complete approach to assessing Kindergarten readiness. It is based on a subjective judgment by Kindergarten teachers of children's readiness across five domains.

[2] Assuming half of working parents need center-based care, there would need to be 33 spaces per 100 infants/toddlers.

[3] "Policy Tools in Action: Crafting the School Readiness Agenda in Evergreen" by Alice Torres, Ed.D.

[4] While the fourth grade fitness tests do indicate that physical fitness is a challenge, the fitness tests have no relationship to birth – 5 or 5 – 8 years of age physical activity. Fitness is a very short term measure influenced by the previous 6 to 8 weeks of training.

[5] ACS conditions are less likely to result in hospitalization with high quality primary care and good patient compliance.

[6] *A Community Health Assessment for Middlesex Health System*, Center for Health Policy, Planning and Research, 2008.

[7] 2008 Childs Trends study, *Food Insecurity During Infancy: Implications for Attachment and Mental Proficiency in Toddlerhood*, Maternal and Child Health Journal.