Safe. Healthy. Ready to succeed in school and in life.

How will we get there?

Norwalk Early Childhood Action Plan 2012-2016
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Background Timeline

1997    Norwalk School Readiness Council created by legislative mandate to help ensure that Norwalk’s young children enter kindergarten ready to learn and succeed in school and in life. The Mayor assigns the job of monitoring the Council, and managing a $4 million School Readiness Grant, to the Norwalk Department of Youth Services.¹

2007    Norwalk Early Childhood Council (NECC) is formed by combining three organizations:
1. Norwalk School Readiness Council
2. Norwalk Kids Start Smart (The Norwalk Graustein Memorial Fund Discovery Initiative)
3. Norwalk Healthy Families Collaborative (NHFC)

The newly formed NECC develops the 2007-2012 Norwalk Early Childhood Action Plan. The plan lays the foundation for work in three areas.

GOAL 1: Early Childhood Care and Education
GOAL 2: Early Childhood Health
GOAL 3: An Information-Rich Community for Families

2009    NECC leadership establishes a new office—the Norwalk Office of Early Childhood, located at City Hall—to build on the achievements of the Norwalk School Readiness Council and the Norwalk Department of Youth Services by coordinating Norwalk’s early childhood efforts and managing the School Readiness grant.

2010    The Mayor creates the position of Early Childhood Coordinator. The Office of Early Childhood is now the home of the Early Childhood Team, a City/Schools partnership on early childhood education and development that is supported by funding from The William Caspar Graustein Memorial Fund for the Norwalk Discovery Initiative and the United Way of Coastal Fairfield County. The Team also receives administrative funds from the CT State Department of Education School Readiness Grant, the City of Norwalk, and the Norwalk Board of Education. The team is comprised of:
• The Early Childhood Coordinator, who reports directly to the Mayor
• The Norwalk Public Schools’ Instructional Specialist for Early Childhood and the School Readiness Coordinator, both of whom report to the Superintendent of Norwalk Public Schools


The result of this review is an updated Early Childhood Action Plan for the next four years: 2012 - 2016.

¹School Readiness legislation (PA97-259) was passed unanimously by the Connecticut Legislature in 1997. The legislation mandated the establishment of local School Readiness Councils to ensure compliance with the School Readiness Grant. The Council membership includes designees of the Mayor and the Superintendent of Schools, representatives from many agencies including School Readiness Providers, Birth to Three, Family Resource Centers, Family & Children’s Agency, the Child Guidance Center of Mid-Fairfield County, Norwalk Health Department and the two Norwalk community health centers, Norwalk Public Library, Norwalk Community College and parents.
A quick look at Norwalk’s families with young children:

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Norwalk population, 2010</td>
<td>85,603²</td>
</tr>
<tr>
<td>Children under age nine</td>
<td>10,959 (13%)³</td>
</tr>
<tr>
<td>Children under age five</td>
<td>5,870 (6.9%)⁴</td>
</tr>
<tr>
<td>Children ages 0-3</td>
<td>3,810 (5%)⁵</td>
</tr>
<tr>
<td>Population 3 and older, enrolled in school</td>
<td>16,265 (19%)⁶</td>
</tr>
<tr>
<td>Population speaking a language other than English at home</td>
<td>26,195 (30.6%)⁷</td>
</tr>
<tr>
<td>Families with children under age five living below poverty level</td>
<td>1,468 (25%)⁸</td>
</tr>
<tr>
<td>Families with children under age six with all parents working</td>
<td>7,533⁹</td>
</tr>
<tr>
<td>Births to mothers who have not completed high school</td>
<td>138¹⁰</td>
</tr>
<tr>
<td>Births to teen mothers under age 20</td>
<td>59¹¹</td>
</tr>
<tr>
<td>Children served by the birth to three system in FY 2011</td>
<td>246¹²</td>
</tr>
</tbody>
</table>

There were six steps to updating the Early Childhood Action Plan

Step 1: What is our desired population result?

The first step was to determine the quality-of-life condition that we want to achieve for a target population. The answer — the population result — reflects conditions of well-being in plain language that residents and families can understand. It may include several areas — domains — such as succeeding in school, promoting health and safety. Examples include “a safe community for Norwalk children,” and “healthy babies and children.”

Step 2: Indicators—what would these conditions look like if we could see them?

The second step was to identify the possible measures — indicators — that will help quantify our results. For example, third grade CMT scores help us determine how successful our children are in school today; well child visit rates help us know if our children are getting preventive health care to optimize their healthy development; and the child abuse rate helps us quantify the safety of our children in the community.

Step 3: Baseline data—how can we measure these conditions?

The third step whittled the list of possible indicators down to those that are the most representative of the results we seek to achieve. In this step we looked at the trend of the indicators — the baseline data — to see where we’ve been and forecast where we’re likely to go if current conditions continue. This helped us to identify possible causes of the current conditions and tell the “story behind the baseline.”

Step 4: What strategies will “turn the curve” of the baseline and which partners have a role?

The fourth step developed our strategies and actions to improve these conditions, or turn the curve — change the direction or rate of change of the baseline. These strategies are based on what we know works from research and best practices and common-sense approaches. These actions include no-cost and low-cost efforts and span a four-year period (2012-2016). In this step we also identified the partners who are committed to working together to improve conditions for Norwalk’s young children.

Step 5: Performance measures—how good are the outcomes achieved by programs and agencies?

After developing our proposed plan, we collectively worked with partnering agencies to select the measures for each domain that we all agree to track and to which we hold ourselves accountable. These measures will help us know how well our strategies are working and if children are better off as a result of our efforts.
Step 6: Financing
In this step we looked at financing the implementation of the plan over time, including state and local resources and new funds that may be needed to help turn the curve on the indicators.

Norwalk Early Childhood Action Plan Goals

Our desired population result
We discussed Step 1 — “What is the quality of life that we dream of for Norwalk’s young children?” — in Norwalk Early Childhood Council and subcommittee meetings to establish our desired population results statement:

All Norwalk children birth to age nine are safe, healthy and ready to meet the challenges of school and of life.

Based on this statement, we collectively developed our updated Action Plan. We revised our original three goals and the various domains under each goal, and selected indicators to tell us if we are getting the results we want.

Goal #1: Early Care & Education
All Norwalk children birth to age nine are ready to meet the challenges of school and life.

Under the direction of the NECC’s Program Committee, Goal 1 focuses on getting children “ready” for school and school success. Quality early learning experiences support children’s later school success. Goal 1 focuses its work on quality experiences for children in all settings from birth to age nine and, in combination with goals 2 and 3, emphasizes the role that health and parent engagement play in children’s learning.

Goal #2: Early Childhood Health
All Norwalk children birth to age nine have healthy bodies, healthy teeth and healthy minds.

Guided by the NECC Norwalk Healthy Families Collaborative Committee, Goal 2 focuses on the healthy development of the whole child. Good physical, behavioral and oral health enhance a child’s readiness for kindergarten and for success in school and in life. Goal 2 focuses on ensuring that children are screened at well child visits according to the American Academy of Pediatrics (AAP) recommended Early Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule, that opportunities for early detection and prevention of developmental/behavioral and oral health problems are provided, and that connection to appropriate services is available as needed.

Goal #3: Family Support & Child Safety
All Norwalk Children birth to age nine are safe, healthy and ready to meet the challenges of school and life.

Guided by the NECC Family Support Alliance Committee, Goal 3, in coordination with Goals 1 and 2, focuses on ensuring that families have the information they need to serve as their child’s best first teacher and to nurture healthy, safe, school-ready children who are prepared to succeed in school and in life. Goal 3 promotes parents reading, talking, and listening to their children and providing safe, nurturing homes.

The following are in-depth reports on the three goals.
Goal 1: Early Care and Education

All Norwalk children birth to age nine are ready to meet the challenges of school and life.

The current environment
We are currently in a time when the importance of early education is both noted and respected by our Governor, State Legislators, the Mayor of Norwalk, the Common Council, the Superintendent of Schools, and the Board of Education. Governor Malloy is quoted as saying, “I’ve spoken of the importance of early childhood education for many years now. When I was Mayor of Stamford, we led the way in making pre-K available to every child. Every childhood provider and the educators who run their programs need and deserve more support from the state. The work they do is critical to our children’s future, and indeed the future of our whole state.”

Legislators have also been quoted. “Expanding early education opportunities is vital to closing the achievement gap and setting a foundation for long-term success,” said Education Committee Co-Chair State Senator Andrea Stillman (D-Waterford). “The Governor’s proposal represents a huge step forward for our state,” said Education Committee Co-Chair State Representative Andrew Fleischmann (D-West Hartford). “Accessible, high-quality early childhood education,” he continued, “is critical to the future of Connecticut.”

Mayor Richard Moccia’s campaign included the importance and necessity of early childhood education and he has shown this commitment by creating the Office of Early Childhood, and a dedicated position of Early Childhood Coordinator, all supported by the Common Council. Norwalk’s State Senator and Representatives have also shown strong support for early childhood education.

Current (as of this report) Norwalk Schools Superintendent Anthony Daddonna and former Superintendent Dr. Susan Marks have shown a commitment to and support of Early Childhood, having a vision statement of “children as ready for kindergarten and prepared for college.” The Board of Education has funded a position (Instructional Specialist—Early Childhood) for the last several years dedicated to the early childhood years Pre-K to grade three.

What the research shows
Research demonstrates that providing children with a preschool education makes a difference in their kindergarten readiness and their future success in school and life. Over the past several decades the landscape of early childhood has changed due to brain research and the understanding of the long-term effects of early relationships. Recent National Academy of Sciences reports such as Eager to Learn and From Neurons to Neighborhoods clearly demonstrate the importance of the first five years of life. Decades of early intervention research have shown that early exposure to high-quality care and education can make a significant, positive impact on a child’s later school and life success, especially for children with certain socioeconomic and health risks. Experts cite an increasing belief in society that young children benefit from—and should receive—early education experiences in a caring environment.”

“Well-designed preschool education programs produce long-term improvements in school success, including higher achievement test scores, lower rates of grade repetition and special education, and higher educational attainment. Some preschool programs are also associated with reduced delinquency and crime in childhood and adulthood. The strongest evidence suggests that economically disadvantaged children reap long-term benefits from preschool. However, children from all other socioeconomic backgrounds have been found to benefit as well.”

13 Governor’s Press Release February 2, 2012
14 NPC Prekindergarten Framework, The University of North Carolina at Chapel Hill,2004 (http://www.fpg.unc.edu)
Community and program-specific evaluation studies of Connecticut’s School Readiness Program conducted by researchers at the Yale Child Study Center have shown that high-quality early education programs can reduce or even eliminate performance gaps across groups of preschool-aged Connecticut children. At least one Connecticut study has documented an immediate and substantial reduction in early elementary special education costs.

Finally, a survey of kindergarten teachers in Connecticut’s priority school districts revealed that children with “two years of preschool were twice as likely to be seen as ready for kindergarten in language and literacy skills” and in math skills than their peers without preschool.16

Progress since the start of the 2007-2010 Action Plan

The number of children attending preschool has increased by 600 children, from 1,708 in 2008 to 2,308 in 2011. Capacity has increased, thanks to an increase in School Readiness funding, with five new School Readiness funded sites, all of which have become nationally accredited through the National Association for the Education of Young Children (NAEYC). In addition, the Brighter Futures summer program, initiated in 2005 under the School Readiness Council, has helped children lacking a formal preschool experience to be prepared for kindergarten entry, with only a one year program hiatus during the summer of 2010 due to a lapse in funding. The program was resumed in the summer of 2011 and will continue. To strengthen and expand management capacity, an Early Childhood Coordinator position was created, as well as the continuation of the Instructional Specialist for Early Childhood and the School Readiness Coordinator positions. As stated previously, the Office of Early Childhood was created as a joint effort by the City of Norwalk and the Norwalk School System.

Over the past five years, the Norwalk Early Childhood Council has annually provided a variety of professional development opportunities in collaboration with Norwalk Community College through the Model Lab School Grant. As a result of the economic downturn, the Lab School grant was eliminated, but through the NECC Program Committee, the NECC continued professional development for the providers in Norwalk and surrounding towns. Training and technical assistance have been directed to program improvement based on NAEYC criteria. Training and support have provided support to Program Directors to strengthen their management skills.

Three new domains

Moving forward, the Goal 1 Committee has selected three domains and identified the corresponding desired population results and indicators. The three domains for 2012-2016 are:

1. Birth to Five
2. Kindergarten
3. Grade Three

The desired population results, indicators, story behind the baseline, strategies, and performance measures to demonstrate whether those strategies make a difference are described in detail below for each of the three domains.

Domain 1: Birth to Five

Desired population results
All Norwalk children birth to age five have a quality early childhood experience.

Headline indicators
- Percentage of needs met for quality 0-3 child care slots.
- Percentage of children ages 3 to 4 attending an early care program.

Secondary indicators
- Percentage of children attending a National Association for the Education of Young Children (NAEYC) accredited program.
- Highly qualified staff (percent of staff with Associates degrees or Bachelor’s degrees in Early Childhood, Child Development, etc.).

Story behind the baseline
Early care and education is a crucial foundation for later school achievement. The City of Norwalk provides very strong support for early childhood as evidenced by the creation of the Office of Early Childhood housed at City Hall and funding support provided through a collaboration of the City and the Norwalk Public Schools. In addition, there are a variety of Community Agencies that support the early childhood efforts. Literacy initiatives receive funding from the United Way of Coastal Fairfield, the Board of Education has expanded integrated preschool programs, and The Norwalk Children’s Foundation supports the Brookside Preschool program and the Brighter Futures program.

Despite capacity, not all children attend preschool
According to the School Readiness data from the CT State Department of Education, Norwalk has increased the number of School Readiness slots from 314 to 486 over the past four years. The unmet need report submitted to the CT State Department of Education for 2011 indicates our capacity for preschoolers in a full day setting was approximately 1,350. Approximately 130 slots are available for a school day setting and approximately 140 for a part day setting. Norwalk still has an unmet need of approximately 200 children according to the data collected in 2011. There are a variety of reasons that some children do not attend preschool, including but not limited to: cost, preference for at home or friend and family child care, a lack of subsidized slots, immigration status, lack of understanding of the importance of preschool, and not being eligible for Care for Kids, a program sponsored by the State of Connecticut’s Department of Social Services that helps low to moderate income families pay for child care costs.

Barriers to accreditation
Despite the fact that all 12 of the Norwalk School Readiness sites are accredited by NAEYC, there is only one other Department of Public Health licensed early childhood program that is NAEYC accredited. Since accreditation is an indicator of quality, an increase in accredited programs would benefit the children; however, there are a number of barriers to accreditation for early childhood programs. These include:
- Staff requirements
- Cost
- Burden of the work
- Perceived lack of benefit
- Philosophical change

18 State Department of Social Services’ CT Care 4 Kids program data viewable at http://www.ctcare4kids.com/
Birth to Three Population
Of the estimated 3,810 children ages 0 to 3 years in Norwalk, 420 (11%) are in licensed center based care or family day care homes, as reported in the United Way 2-1-1 Child Care report.

2011 data from the United Way 2-1-1 Childcare Report indicate there are 13 licensed center-based programs that serve infants and 16 that serve toddlers in Norwalk. Further research into the reasons for the unused slots is needed.

A history of vacancies
Despite having 29 Infant/Toddler Centers and Group homes with 370 infants/toddlers enrolled, and 51 Infant/Toddler day care homes with 50 infants/toddlers enrolled, there is a history of vacancies. As of November 2011, there were 65 vacancies in Infant/Toddler Centers and Group Homes, and 28 vacancies in Infant/Toddler Day Care Homes, for a total of 93 vacancies.

Despite new providers becoming licensed through Kith and Kin, the number of infants and toddlers enrolled increased by less than 5%, from 409 in 2007 to 419 in 2011.

Many families choose to stay home and care for their children; others will use friend and neighbor care. To assure that children in this age group, especially the most vulnerable, have opportunity for quality early learning experiences, connections with families will be crucial. Identifying and connecting families with quality child care resources through Family Resource Centers, home visitation models, and other programs that offer services for this age group will be necessary and made possible through collaboration with the partners involved in Goal 3 Parent Information & Support.
Identifying quality early learning experiences
An important goal for the council is to identify quality early learning experiences that promote optimal brain development and prepare children for school. There is a real need and challenge to engage all parents in understanding the importance of early and rich experiences for their child’s development.

One earmark of quality early learning experiences is NAEYC accreditation. Of 29 center based licensed programs in Norwalk, 13 are nationally accredited under NAEYC.

### Number of Children Attending Preschool

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2308</td>
</tr>
<tr>
<td>2010</td>
<td>2284</td>
</tr>
<tr>
<td>2009</td>
<td>2214</td>
</tr>
<tr>
<td>2008</td>
<td>1764</td>
</tr>
</tbody>
</table>

Source: Norwalk Early Childhood Office

### Number of children attending NAEYC accredited programs

- School Readiness Programs: 710
- Head Start Programs: 275
- State Department of Education (Formerly Department of Social Services) Programs: 86
- Non Funded Programs: 102

Source: Norwalk Early Childhood Office

### Number of NAEYC accredited programs

- Funded: 12
- Non-Funded*: 1

*Not funded by School Readiness Grant

Source: Norwalk Early Childhood Office
**Strategies (Proposed actions to “turn the curve”)**

**Infants and Toddlers**
- Identify number of programs that currently serve the infant-toddler age group.
- Work to increase enrollment in quality infant/toddler programs and determine if need is being met for working families with infants and toddlers.
- Survey parents of infants and toddlers to determine need/desire for infant/toddler center based care.
- Support and encourage quality standards in existing infant/toddler programs.
- Provide publicity about licensed infant/toddler programs through the Guide to Preschools, 2-1-1, and the online Norwalk Resource Directory, in collaboration with Goal 3.
- Collaborate closely with the Family Resource Centers working with families of infants and toddlers to educate parents about the importance of high quality early learning experiences.

**Preschool**
- Enable funded programs to adopt non-funded programs.
- Increase School Readiness preschool slots as funding permits.
- Continue to work with non-School Readiness Early Care Programs to share waiting lists, maximizing the ability to meet Norwalk’s unmet need for preschool slots.
- Continue to work with Norwalk Public Schools to expand the opportunities for Norwalk’s preschool children to participate in the integrated preschool classes (“typical” children attend with children identified with special needs).
- Develop a centralized system for families seeking information on preschool.
- Inform families about 2-1-1 Child Care in collaboration with the Family Support Alliance.
**Goal 1: Early Care and Education: Domain 1: Birth to Five**

**Quality Initiatives in concert with the Tiered Quality Rating Improvement System (TQRIS) state system**

Continue to support and maintain current accredited programs through professional development:

- Reach out to non-accredited programs to participate in Provider Network Meetings and professional development.
- Employ strategies to get more programs accredited:
  - Market accreditation more effectively
  - Raise knowledge of accreditation
  - Include such supports as mentoring and accreditation facilitation project information
  - Use Director’s Forums as vehicle for promoting NAEYC Accreditation.
- Support Directors through a variety of professional development opportunities which will build capacity to strengthen Early Childhood Education Programs.
- Encourage non-accredited programs to participate in Provider Network Meetings and professional development.
- Collaborate with Institutions of Higher Education to support teaching staff to attain Associates and Bachelor’s Degrees to meet state mandates and NAEYC accreditation requirements.
- Prepare the community for expansion when funding becomes available.
- Align with other Norwalk community based organizations such as Norwalk ACTS to adopt a Collective Impact Model to leverage resources.
- Collect, update, and electronically track kindergarten registration data for children entering with a preschool education.

**Transition to kindergarten**

- Collaborate with secretaries to get concrete information regarding preschool statistics.
- Continue Brighter Futures Summer Program for children entering kindergarten without a formal preschool experience.
- Seek Transition Committee Support to align the data between pre-K and kindergarten and pre-K skills inventory.

**Performance Measures**

- Number and increased percentage of quality childcare slots for children birth to three.
- Number and increased percentage of children ages three and four attending preschool.
- Number and percentage of preschool programs maintaining accreditation status.
- Increased number and percentage of newly accredited programs.
- Increased number of preschool teachers with Associate and Bachelor degrees in Early Childhood.
**Domain 2: Kindergarten**

**Desired population results**

All Norwalk children enter kindergarten ready to learn with the skills they need to succeed in school and life.

**Headline indicator**

- Percentage of children at Performance Level 3 in language skills, literacy skills, and numeracy skills on the CT State Department of Education Kindergarten Inventory.

**Story behind the baseline**

The Kindergarten Inventory indicates where Norwalk children function on the following skills: Literacy, Language, Numeracy, Physical Motor, Creative Aesthetic and Personal/Social as compared to the state. There are three performance levels:

- **Performance Level 1** – Generally, students at this level demonstrate emerging skills in the specified domain and require a large degree of additional instructional support.
- **Performance Level 2** – Generally, students at this level inconsistently demonstrate the skills in the specified domain and require some additional instructional support.
- **Performance Level 3** – Generally, students at this level consistently demonstrate the skills in the specified domain and require minimal additional instructional support.

**Kindergarten Entrance Inventory Results, Fall 2010**

<table>
<thead>
<tr>
<th>Area</th>
<th>Performance at Level 3 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy Skills</td>
<td></td>
</tr>
<tr>
<td>Norwalk</td>
<td>35.9%</td>
</tr>
<tr>
<td>State</td>
<td>39.2%</td>
</tr>
<tr>
<td>Language Skills</td>
<td></td>
</tr>
<tr>
<td>Norwalk</td>
<td>34.8%</td>
</tr>
<tr>
<td>State</td>
<td>39.4%</td>
</tr>
<tr>
<td>Numeracy Skills</td>
<td></td>
</tr>
<tr>
<td>Norwalk</td>
<td>40.6%</td>
</tr>
<tr>
<td>State</td>
<td>41.7%</td>
</tr>
</tbody>
</table>

There are a number of issues faced by families and children today that may affect performance on these measures.

- Poverty: 41% eligible for free and reduced lunch; 0.1% homeless.\(^{20}\)
- Second language learners: 11.7% not fluent in English; 35.4% of this district’s students (excluding pre-kindergarten students) come from homes where English is not the primary language. The number of non-English home languages is 57.\(^{21}\) 24.3% of Norwalk residents are Hispanic.\(^{22}\)

- Single parenting
- Having a teen parent
- School absenteeism
- Inconsistency of caregiving
- Parenting stress
- Media influences
- Chronic health issues
- Nutrition
- Developmentally inappropriate activities
- Education level of parents

**Norwalk Public Schools Kindergarten Entrance Inventory**

<table>
<thead>
<tr>
<th>School Year</th>
<th>No. of Students</th>
<th>Literacy Skills (%)</th>
<th>Language Skills (%)</th>
<th>Numeracy Skills (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
</tr>
<tr>
<td>2010-11</td>
<td>917</td>
<td>26.6</td>
<td>37.5</td>
<td>35.9</td>
</tr>
<tr>
<td>2009-10</td>
<td>953</td>
<td>26.2</td>
<td>39.7</td>
<td>34.1</td>
</tr>
<tr>
<td>2008-09</td>
<td>884</td>
<td>27.9</td>
<td>39.4</td>
<td>32.7</td>
</tr>
</tbody>
</table>

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\(^{20}\)Norwalk School District, Strategic Profile 2009-10  
\(^{21}\)ibid  
\(^{22}\)City-Data.com, Norwalk, Connecticut
Goal 1: Early Care and Education: Domain 2: Kindergarten

**Story behind the baseline**
The Developmental Reading Assessment Second Edition (DRA2) is an individual reading assessment. The DRA2 provides information to teachers which helps them determine the student’s independent reading level and what he/she needs to learn next. As of September 2009, All Priority School Districts (PSDs) in Connecticut are required to give the DRA2 district wide in grades one to three as the state-required assessment on an ongoing basis, and use the resulting assessment data to inform instruction. The DRA2 is given three times per year (fall, winter, and spring) in grades one to three. It is also given in the spring of the kindergarten year.

Students who are reading well below grade level and are at risk for being unable to read and comprehend grade-level material at the end of the grade are said to be substantially deficient. Students who are able to read independently at a level deemed proficient for that grade level are termed proficient. Please see tables and graphs below.

**Norwalk Public Schools DRA (2) Data, June 2009 and June 2010: Percent of Students Scoring Proficient or Better**

<table>
<thead>
<tr>
<th>Grade</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>42.29%</td>
<td>47.82%</td>
</tr>
<tr>
<td>First Grade</td>
<td>45.44%</td>
<td>50.06%</td>
</tr>
<tr>
<td>Second Grade</td>
<td>57.38%</td>
<td>52.00%</td>
</tr>
<tr>
<td>Third Grade</td>
<td>56.55%</td>
<td>55.02%</td>
</tr>
</tbody>
</table>

**Strategies (Proposed Actions To “Turn The Curve”)**
- Provide technical support to childcare centers on teaching developmentally appropriate strategies to support student learning focusing on the skills needed for kindergarten.
- Capture data from the Preschool Assessment Framework (PAF) by using an online tool to collect student outcome data.
- Train programs that are not gathering assessment data to begin doing this.
- Increase literacy activities for parents. Help support Goal 3 activities by publicizing workshops, etc. to parents and holding workshops at Early Childhood centers.
- Integrate and align pre-kindergarten to kindergarten curriculum, assessment, and instructional practice, design joint professional development opportunities for teaching staff and administrators, and increase intentional opportunities for staff to work together to meet the needs of children and families.
- Give targeted support to at-risk children and families via the coordination of wrap around services, in collaboration with the Family Support Alliance and Norwalk Healthy Families Collaborative.
- Develop parent academies—a series of workshops designed to help parents better understand child growth, development, and learning; to advocate for children; to collaborate with school community; and to achieve personal goals.
Goal 1: Early Care and Education: Domain 2: Kindergarten
Goal 1: Early Care and Education: Domain 2: Kindergarten

- Develop a campaign to highlight the critical importance of education targeted to at-risk children and families.
- Identify and increase awareness of and access to out-of-schooltime programs (before and after school) for at-risk children and families.
- Increase summer learning opportunities for at-risk children to decrease the probability of summer learning loss.

Transition Committee Activities
- Building bridges—continue connections between preschools and kindergarten teachers.
- Support work on how early learning standards align with the Common Core State Standards.
- Parents visit school in spring to learn kindergarten readiness activities to do with their child over the summer to maintain gains.

Performance Measures
- Increase percentage of students proficient or better on DRA2.
- Increase number of programs using the PAF online data collection tool.
- Increase number of students involved in high quality out-of-schooltime programs (before and after school, summer).
- Measure gain/loss in DRA2 scores from June-September, K-3.
Domain 3: Grade Three

Desired population results
All Norwalk children are at or above goal on the third grade Connecticut Mastery Test (CMT) in reading and math.

Headline indicator
- Percentage of children at or above goal on the third grade CMT in reading and math.

Story behind the baseline
The CMT is designed to measure student performance in the areas of mathematics, reading and writing. The assessment focuses on content that is reasonable to expect students at each grade to master. On the CMT, students are not compared to one another in terms of performance; rather, student performance is compared to an absolute standard of specific learning goals and objectives. These goals and objectives are identified by the Connecticut Curriculum Frameworks. The Frameworks guide educators throughout Connecticut in designing instructional programs across all grades to bring about continued improvement in student achievement. Federal No Child Left Behind (NCLB) legislation now requires states to administer a statewide assessment to all public school students in Grades 3 through 8.

<table>
<thead>
<tr>
<th>CMT</th>
<th>Below Proficiency</th>
<th>Proficient or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td>Norwalk 16%</td>
<td>State 16%</td>
</tr>
<tr>
<td></td>
<td>Norwalk 84%</td>
<td>State 84%</td>
</tr>
<tr>
<td>Literacy Skills</td>
<td>Norwalk 29%</td>
<td>State 26%</td>
</tr>
<tr>
<td></td>
<td>Norwalk 71%</td>
<td>State 74%</td>
</tr>
<tr>
<td>Numeracy Skills</td>
<td>Norwalk 20%</td>
<td>State 19%</td>
</tr>
<tr>
<td></td>
<td>Norwalk 80%</td>
<td>State 81%</td>
</tr>
</tbody>
</table>

Many Norwalk children come from a variety of preschool settings. Although our CMT scores are looking good, we need to continue to work on building continuity between preschool instruction and the skills needed to succeed in school.
## Goal 1: Early Care and Education: Domain 3: Grade Three

### Grade 3 CMT Reading Scores

<table>
<thead>
<tr>
<th>Year</th>
<th>Scale Score</th>
<th>Below Basic Level 1</th>
<th>Below Proficiency Levels 1 and 2</th>
<th>Proficiency Range Levels 3, 4 and 5</th>
<th>Goal Range Levels 4 and 5</th>
<th>Advanced Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>232</td>
<td>236</td>
<td>20%</td>
<td>20%</td>
<td>65%</td>
<td>68%</td>
</tr>
<tr>
<td>2009</td>
<td>236</td>
<td>239</td>
<td>18%</td>
<td>18%</td>
<td>68%</td>
<td>71%</td>
</tr>
<tr>
<td>2010</td>
<td>234</td>
<td>240</td>
<td>20%</td>
<td>18%</td>
<td>69%</td>
<td>72%</td>
</tr>
<tr>
<td>2011</td>
<td>236</td>
<td>241</td>
<td>19%</td>
<td>17%</td>
<td>71%</td>
<td>74%</td>
</tr>
</tbody>
</table>

### Grade 3 CMT Reading Scores

- **Below Basic**: Levels 0, 1
- **Below Proficiency**: Levels 1, 2
- **Proficiency Range**: Levels 3, 4
- **Goal Range**: Levels 4, 5
- **Advanced**: Level 5
**Strategies** (Proposed actions to “turn the curve”)

- Building bridges—continue connections between preschools and kindergarten teachers.
- Support work on how early learning standards align with the common core.
- Encourage parents to attend kindergarten orientations, kindergarten open houses and Early Childhood Education kindergarten visits in order to learn kindergarten readiness activities to do with their child over the summer to maintain gains.
- Provide opportunities for children in Norwalk to receive books for their home libraries, in collaboration with Goal 3 (Family Support & Child Safety).
- Increase parents’ awareness of the importance of reading to their children by helping to connect them to the Parent Zone Workshops at Steppingstones Museum for Children, in collaboration with Goal 3 (Family Support & Child Safety).
- Integrate and align kindergarten to grade three curriculum, assessment, and instructional practice; design joint professional development opportunities for teaching staff and administrators; and increase opportunities for staff to work together to meet the needs of children and families.
- Give targeted support to at-risk children and families via the coordination of wrap around services.
- Continuation of parent academies—a series of workshops designed to help parents better understand child growth, development and learning; to advocate for children; to collaborate with school community; and to achieve personal goals.
- Develop a campaign to highlight the critical importance of education and reading targeted to at-risk children and families.
- Increase summer learning opportunities to decrease the probability of summer learning loss.

**Performance Measures**

- Increase percentage of students proficient or better on DRA2.
- Increase number of students involved in high quality out-of-schooltime programs (before and after school, summer).
- Measure gain/loss in DRA2 scores from June–September, K-3.
Goal 2: Early Childhood Health

Goal 2 Domains

Early Childhood Health
Norwalk children ages birth to nine will be healthy and have well child visits and screenings to promote optimal healthy development.

Children’s Behavioral Health
Norwalk children ages birth to nine who are identified at well child screenings with developmental and/or behavioral health issues receive appropriate services to improve their well-being.

Childhood Obesity Prevention
Norwalk children ages birth to nine are a healthy weight.

Children’s Oral Health
Norwalk children ages one to nine have a dental “home” and receive preventive care and restorative care as needed.

All Norwalk children birth to age nine have healthy bodies, healthy teeth and healthy minds.
Norwalk Healthy Families Collaborative (NHFC) is a group of health and social services partners who have worked together since 1997 to improve birth outcomes and the health of Norwalk’s young children. The NHFC has served as the child health committee of Norwalk Early Childhood Council since 2007, when the Norwalk School Readiness Council, Norwalk Kids Start Smart, and Norwalk Healthy Families Collaborative joined forces to become the Norwalk Early Childhood Council. The NHFC partners guided progress on the child health goals of the Norwalk 2007-2010 Early Childhood Action Plan, with the following results.

Highlights of progress on the 2007-2010 Action Plan Goal 2

More children have their own doctor
Our research shows that most Norwalk children with and without health insurance (HUSKY) have access to a primary care provider for ongoing health care, due to increased capacity in the community through the expansion of Norwalk Community Health Center (NCHC), six physicians who accept HUSKY (includes pediatricians and family practice physicians); AmeriCares Free Clinic and Day Street Community Health Center’s Family Practice; as well as Norwalk Health Department for well child visits and immunizations. Our research revealed the unexpected finding that only a small percentage (7%) of the pediatric patients ages birth to nine who used the Norwalk Hospital ER during FY 2008-2009 had no primary care doctor. Analysis of the data showed that a third of the ER patients ages birth to nine who used the ER for non-urgent care (four per day) did so during hours when they could have been treated at NCHC. Thus, NCHC launched a messaging campaign to educate patients and the community through outreach and a bilingual pediatric department brochure about the extended hours at NCHC, Open Access scheduling and on-call pediatrician, HUSKY and NCHC’s sliding fee scale, and the benefits of using NCHC instead of the ER. NCHC pediatric staff also initiated workshops on newborn care and how to manage common illnesses such as asthma.

Behavioral health screenings occur at pediatric visits
To increase early detection and timely referrals for behavioral health issues, NCHC and the Child Guidance Center of Mid-Fairfield County initiated a project to integrate behavioral health into pediatric care at NCHC, with an on-site child psychologist and consulting child psychiatrist from the Child Guidance Center. This project laid the foundation for establishing the Norwalk Child FIRST program in 2010, in partnership with Family & Children’s Agency, co-located at NCHC. NCHC also hired two licensed social workers (one bilingual) to provide short-term counseling and social work services to NCHC pediatric and adult patients on-site, with referrals to longer-term counseling or other supports as needed. Norwalk Smiles became Day Street Community Health Center, a Federally Qualified Health Center, and added a behavioral health service for children and adults. Mid-Fairfield Child Guidance Center also recently hired a new bilingual mental health clinician.

All children have a dental screening before kindergarten
Three times as many children ages birth to nine were served by Norwalk Smiles dental clinic in 2011 as in 2007-2008. A new dentist in Norwalk accepts HUSKY, and West Avenue Dental serves patients referred by NCHC.
Obesity prevention efforts continue
Norwalk Health Department and its community partners developed a variety of initiatives to address childhood obesity, including nutrition and physical activity programs, and the Fodor Farm Community Garden, while continuing to track obesity data for kindergarten, sixth and tenth graders, to assess trends over time.

During 2011 the NHFC reviewed the child health goals of the 2007-2010 Early Childhood Action Plan, *A Framework for Child Health Services*, and progress achieved. The NHFC determined that it is critically important to sustain efforts to improve Norwalk children’s health under the same four domains as the 2007-2010 Early Childhood Action Plan, in close collaboration with the partners working on Goal 1 (Early Care & Education) and Goal 3 (Family Support & Child Safety), to help support children’s readiness to succeed in school and in life.

Four Domains
Moving forward, therefore, the NHFC kept the same four domains as the 2007-2010 Action plan and updated or added corresponding desired population results and indicators. The four domains for 2012-2016 are:

1. **Early Childhood Health**
2. **Children’s Behavioral Health**
3. **Childhood Obesity Prevention**
4. **Children’s Oral Health**

The desired population results, indicators, story behind the baseline, strategies, and performance measures to demonstrate whether those strategies make a difference are described in detail for each of the four domains.

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24 Honigfeld L, Meyers J, Macary S. *A framework for child health services: Supporting the healthy development and school readiness of Connecticut’s children—A toolkit for integrating child health services into community early childhood initiatives* (Farmington, CT: Child Health and Development Institute of Connecticut, July 2011) provided helpful guidance in updating Goal 2 for 2012-2016. We will use the toolkit to help guide our work as we move forward.
Domain 1: Early Childhood Health

Desired Population Result

Norwalk children ages birth to nine will be healthy and have well child visits and screenings, including lead screenings, to promote optimal healthy development. The NHFC group selected the following indicators:

Headline indicators

- Number and percentage of women who obtain late or no prenatal care (PNC) visits, or non-adequate PNC (defined as a combination of the month of the first prenatal care visit and the total visits during pregnancy).
- Number and percentage of children ages birth to nine who have well child visits and screenings following the American Academy of Pediatrics (AAP) recommendations for Preventive Pediatric Health Care Early Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

Secondary indicators

- Number of low birth weight babies.
- Number of children ages birth to nine continuously enrolled in HUSKY who receive well child visits.
- Immunization rate for children ages birth to two.

The story behind the baseline

"Access to basic medical care for pregnant women and children can help prevent threats to healthy development as well as provide early detection and intervention for problems that emerge." Regular prenatal care and well child visits offer unique opportunities for improving birth outcomes and early detection, prevention, health promotion, anticipatory guidance and treatment of young children’s developmental and behavioral health issues. Continuous enrollment in HUSKY is critically important to ensure that babies and children receive preventive services and timely treatment as needed.

Prenatal care

The rate of late or no prenatal care in Norwalk is higher than the statewide rate, and indicates a need for improvement to optimize maternal health and healthy birth outcomes:

Late or No Prenatal Care

<table>
<thead>
<tr>
<th>Year</th>
<th>Connecticut</th>
<th>Norwalk</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>13.5%</td>
<td>19.0%</td>
</tr>
<tr>
<td>2008</td>
<td>12.4%</td>
<td>16.3%</td>
</tr>
<tr>
<td>2009</td>
<td>12.2%</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

Low birth weight in Norwalk

While the rate of low birth weight births to Norwalk Community Health Center OB patients was 5% in calendar year 2010, below the national average of 8.2%, and below both the 2009 Connecticut and Norwalk low birth weight rates, the CT Department of Public Health (DPH) data at right indicate that Norwalk as a whole should sustain efforts to help ensure that pregnant women obtain regular prenatal care visits as early in their pregnancy as possible. The NHFC partners are committed to working together through our outreach and maternal/child programs such as Healthy Start, MOMS and Nurturing.
Families Network at Family & Children’s Agency, WIC at Norwalk Health Department and the Family Resource Centers, as well as the School-Based Health Centers, Norwalk Health Department WIC, NCHC, AmeriCares Free Clinic and Day Street CHC to help ensure that pregnant women, including pregnant teens, access prenatal health care as early in their pregnancies as possible.

### Norwalk Babies Born at Low Birth Weight (<5.5 pounds)

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th></th>
<th>2008</th>
<th></th>
<th>2009</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Number</td>
<td>Percent</td>
<td>Total</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>1,271</td>
<td>86</td>
<td>6.9%</td>
<td>1,261</td>
<td>78</td>
<td>6.3%</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>584</td>
<td>28</td>
<td>4.8%</td>
<td>571</td>
<td>29</td>
<td>5.1%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>141</td>
<td>22</td>
<td>15.7%</td>
<td>166</td>
<td>20</td>
<td>12.1%</td>
</tr>
<tr>
<td>Other Non-Hispanic</td>
<td>89</td>
<td>9</td>
<td>10.1%</td>
<td>94</td>
<td>9</td>
<td>9.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>429</td>
<td>26</td>
<td>6.1%</td>
<td>410</td>
<td>20</td>
<td>4.9%</td>
</tr>
<tr>
<td>Unknown Race/Ethnicity</td>
<td>28</td>
<td>1</td>
<td>a†</td>
<td>20</td>
<td>a†</td>
<td></td>
</tr>
</tbody>
</table>

### Mothers with Babies Born Late* or with No Prenatal Care Visits

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th></th>
<th>2008</th>
<th></th>
<th>2009</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Number</td>
<td>Percent</td>
<td>Total</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>1,271</td>
<td>237</td>
<td>19.0%</td>
<td>1,261</td>
<td>203</td>
<td>16.3%</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>584</td>
<td>45</td>
<td>7.7%</td>
<td>571</td>
<td>45</td>
<td>7.9%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>141</td>
<td>44</td>
<td>31.2%</td>
<td>166</td>
<td>42</td>
<td>25.6%</td>
</tr>
<tr>
<td>Other Non-Hispanic</td>
<td>89</td>
<td>11</td>
<td>12.4%</td>
<td>94</td>
<td>10</td>
<td>10.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>429</td>
<td>137</td>
<td>32.0%</td>
<td>410</td>
<td>105</td>
<td>25.6%</td>
</tr>
<tr>
<td>Unknown Race/Ethnicity</td>
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<td>–</td>
<td>a†</td>
<td>20</td>
<td>1</td>
<td>a†</td>
</tr>
</tbody>
</table>

### Mothers with Non-adequate Prenatal Care Visits**

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th></th>
<th>2008</th>
<th></th>
<th>2009</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Number</td>
<td>Percent</td>
<td>Total</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>1,271</td>
<td>246</td>
<td>19.8%</td>
<td>1,261</td>
<td>276</td>
<td>22.2%</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>584</td>
<td>91</td>
<td>15.8%</td>
<td>571</td>
<td>111</td>
<td>19.4%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>141</td>
<td>40</td>
<td>28.6%</td>
<td>166</td>
<td>51</td>
<td>31.5%</td>
</tr>
<tr>
<td>Other Non-Hispanic</td>
<td>89</td>
<td>112</td>
<td>13.5%</td>
<td>94</td>
<td>15</td>
<td>16.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>429</td>
<td>103</td>
<td>24.1%</td>
<td>410</td>
<td>98</td>
<td>24.0%</td>
</tr>
<tr>
<td>Unknown Race/Ethnicity</td>
<td>28</td>
<td>–</td>
<td>a†</td>
<td>20</td>
<td>1</td>
<td>a†</td>
</tr>
</tbody>
</table>

Source: CT DPH Registration Reports [2009 is most recent data available]

*Late prenatal care is defined as prenatal care beginning in the second or third trimester of pregnancy.

**Non-adequate prenatal care comprises intermediate and inadequate prenatal care based on the Adequacy of Prenatal Care Utilization (APNCU) Index.

† a = less than 5 events.
Goal 2: Early Childhood Health: Domain 1: Early Childhood Health

Racial disparities in prenatal care

The preceding prenatal care and low birth weight data also indicate a need to address racial disparities in prenatal care and low birth weight. As the chart shows, more Black and Hispanic pregnant women obtained late or no prenatal care and gave birth to low birth weight babies than women of other races in 2007-2009, continuing a persistent trend. In fact, in 2008, a state priority was identified within the Title V Maternal and Child Health (MCH) Block Grant of the Connecticut Department of Public Health (DPH) to reduce health disparities in the MCH population, especially disparities related to teen pregnancy, low birth weight, prenatal care and infant mortality. Participants in a DPH forum in 2009 included CT statewide and community MCH leaders, identified negative determinants at the community level that contribute to non-adequate prenatal care. These included being uninsured or under-insured; lack of health insurance for undocumented individuals; stress; poverty; and unintended or teen pregnancy.

Norwalk Community Health Center reports that 70% of their OB patients have no health insurance coverage. Healthcare providers suggest that one reason some Norwalk pregnant women obtain late or no prenatal care is that they arrive in Norwalk from other countries or other areas, already well along in pregnancy.

The NHFC partners agree that additional, focused efforts should be made to reduce disparities. The 2009 CT DPH forum mentioned above developed a set of prioritized intervention and prevention strategies, which included “low-cost action steps of high feasibility to address disparities in Connecticut’s perinatal system of care,” several of which the NHFC is adopting as part of this Action Plan, as described in the strategies on the following pages.

Well child visits and HUSKY enrollment for babies and children to age nine

The American Academy of Pediatrics (AAP) recommends 11 well child visits from birth to age two, with annual visits thereafter as follows: newborn, two to four weeks, two months, four months, six months, nine months, 12 months, 15 months, 18 months, 24 months, then yearly. At the state level, the most recent report for 2008 shows that 95% of Connecticut babies ages one to two continuously enrolled in HUSKY received well child screening exams; still, a recent Connecticut Voices for Children’s report states: “Connecticut has been largely successful in enrolling children and their families in the HUSKY Program, especially during the recent economic downturn. However, many children and families have difficulties staying enrolled, even when eligible and in need of coverage.”

The NHFC health care partners report that the reason well child

31 Lee MA, Communication to NHFC Coordinator, 9/06/12. Data source: CT Dept. of Social Services HUSKY Progam Enrollment Data. Analysis by CT Voices for Children
Goal 2: Early Childhood Health: Domain 1: Early Childhood Health

Well child visits among Norwalk children continuously enrolled in HUSKY A in 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Connecticut</th>
<th>Norwalk</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5 years</td>
<td>76.1%</td>
<td>79.6%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>45.7%</td>
<td>48.7%</td>
</tr>
</tbody>
</table>

(Most recent local HUSKY data available)

NCHC Data

According to 2010 data from the Norwalk Community Health Center—the largest provider in Norwalk of pediatric care for children on HUSKY and for uninsured children—90% of the 1,692 children birth to age five and 67% of the 561 children five to age nine seen at the Health Center had a well child visit. The NCHC data do not indicate if children birth to nine obtained all the recommended well child exams.

Norwalk Immunization Rate

Every fall, the State of CT DPH Immunization Program runs immunization rates for the two-year-old children enrolled in the CT Immunization Registry and Tracking System (CIRTS).

- **Statewide rate:** Of the 34,316 two-year-olds (born in 2008) enrolled in CIRTS, 26,574 children (78%) received their age appropriate immunizations for the series of: 4 DTaP, 3 Polio, 1 MMR, 2 Hib (this takes into account the Hib shortage that was experienced), 3 Hep B, 1 Varicella, 2-4 PCV by their second birthday when the primary series of immunizations are given. This rate not only measures the number of doses, but the validity of many of the doses (given age appropriately and with acceptable intervals between doses).

- **Norwalk rate:** For the Norwalk Immunization Action Plan (IAP) area (Norwalk, Wilton, Westport, Weston and New Canaan), 1,264 out of 1,470 (86%) of the children born in 2008 were adequately immunized by their second birthday. In comparison to the other 11 IAP areas throughout the State, Norwalk tied for first place with New Britain. Danbury was second at 85%. Four of our providers scored at 90% or above. Norwalk Community Health Center achieved a 95% rate (Outstanding).

Conclusions

Based on the best available evidence, there remains room for improvement at both the state and local levels to ensure that pregnant women obtain timely prenatal care, babies and children stay enrolled in HUSKY, and that children ages birth to nine get their well child exams and screenings, including lead screenings, according to the recommended AAP schedule.
Conclusions (continued from page 25)
Based on the currently available data (cited on the previous page), Norwalk appears to be doing well in providing well child visits to young children; however, since current HUSKY data is not available, we do not have a complete picture of how many babies and young children are actually obtaining well child visits according to the recommended schedule. Therefore, we propose to collect data on the local level to determine the number of children ages birth to nine who are getting the AAP recommended number of EPSDT well child visits and work together to:

- Increase the percentage of young children who obtain well child visits by continuing efforts to enroll all eligible babies and children in HUSKY and ensure ongoing coverage at age one.
- Reach out to families through the IAP program to have them bring in their children (birth to age two) for well child visits.
- Explore the feasibility of instituting a recall system for children who are due for their well child visit but do not appear.
- Work with programs such as WIC at Norwalk Health Department, Healthy Start, MOMS and the Nurturing Families Network at FCA to ensure that children at risk who are served by those programs obtain their well child visits according to the AAP’s recommended schedule. (The Norwalk IAP has a 100% success rate of bringing young children back into care who haven’t had their regularly scheduled immunizations. Children birth ages to two are the focus of the CT DPH Immunization Action Plan.)

While Norwalk is doing very well at providing children their scheduled immunizations, the NHFC, in collaboration with the Norwalk IAP, seeks to ensure that no younger child misses an immunization.

Well child screenings
Effective January 1, 2008, private pediatric care providers who performed developmental screening or testing could bill for and expect to be reimbursed for screening performed on the same day as a well child visit or other service. In 2008, the percentage of children under six with claims or encounter records for developmental screening more than doubled, to 5.3 percent of young children. Billing separately for screenings is not allowed for Federally Qualified Health Centers, however. NCHC reports that the NCHC pediatricians screen children as a routine part of the well child exam, so we believe the rate for well child screenings for HUSKY children in Norwalk is very high.

Conclusion
The low rate of screenings (5.3%) cited above does not appear to reflect local practice, based on anecdotal evidence from the NCHC pediatric providers. We need to work together to track the number of screenings on the local level to obtain an accurate picture. We anticipate that the number of screenings probably increased after billing for such service became possible for “private” pediatricians.

A major goal is that no child be missed who could benefit from early intervention
According to the national report card by Easter Seals Disability Services, “Just one out of every five children under four years old in Connecticut are (sic) properly screened to identify their special education needs and even fewer actually get early education services.”
Strategies (Proposed actions to “turn the curve”)

Overarching strategy for the four health domains (Early Childhood Health, Behavioral Health, Obesity Prevention and Oral Health):
All children birth to age nine receive developmental/behavioral, weight, lead and oral health screenings at well child visits and are connected to appropriate services as needed.

Strategies to “turn the curve” on the early childhood health indicators
The NHFC health partners will:
• Sustain efforts to provide information and link pregnant women to a “medical home” to help ensure that they obtain timely and regular prenatal care, starting as early in the pregnancy as possible, through the Women Infants & Children program (WIC) at Norwalk Health Department, the AmeriCares Clinic, maternal/child programs at FCA (Healthy Start, MOMS, Nurturing Families Network), the Family Resource Centers, school-based Health Centers for pregnant teens, and Norwalk Community Health Center.
• Work together to ensure maximal co-enrollment of WIC and HUSKY A during the prenatal and postpartum/interconception periods, because participation has been shown to improve health outcomes. Partners in this effort include FCA’s Healthy Start, MOMS and NFN programs, and Norwalk Health Department WIC.
• Publicize HUSKY in collaboration with Covering CT Kids and the partners in the Family Support Alliance through the Goal 3 community messaging campaign, sustain Norwalk health and social service providers’ efforts to enroll all eligible pregnant women and children, and work together to help ensure that babies, children and families on HUSKY remain continuously enrolled, especially babies turning age one. A number of NHFC agencies are key partners in helping pregnant women and families enroll and stay enrolled in HUSKY: NCHC, the Norwalk Health Department WIC and IAP programs, the School-Based Health Centers, Family & Children’s Agency, Day Street Community Health Center, Norwalk Economic Opportunity Now (NEON), and the Norwalk Family Resource Centers. We will continue to advocate on the state level for restoration of continuous eligibility for HUSKY.
• Maintain the Norwalk Resource Directory, and in collaboration with the Family Support Alliance, publicize the Norwalk Resource Directory and 2-1-1 (see Goal 3) to provide information about resources for prenatal health and healthcare, including HUSKY, to health and social service providers and Norwalk families.
• Explore the development of a reminder/recall system to help ensure that the partnering providers are aware of when children should be returning for their next well child visit and can follow up with parents in a timely manner, that children get their well child visits and screenings according to the AAP recommended schedule, and that the visits are tracked and reported.
• As IAP funding permits, work with the Norwalk Health Department IAP to re-engage children ages birth to two who do not appear for their scheduled well child visits. (Children birth to age two are the focus of the CT DPH Immunization Action Plan. The Norwalk IAP has a 100% success rate of bringing children back into care who haven’t had their regularly scheduled immunizations.)
• Pediatricians will continue to administer the Modified Checklist for Autism in Toddlers (MCHAT) at 18 months and 24 months per AAP guidelines to screen for autism and refer children as needed to Birth to Three/2-1-1 Child Development Infoline (central intake for CT Birth to Three).
• Track data on elevated lead levels through the Norwalk Health Department for children ages birth to nine.

Goal 2: Early Childhood Health: Domain 1: Early Childhood Health

- Arrange with the Education Practices in the Community program (from Child health and Development Institute of Connecticut) and Bridgeport Child FIRST to train interested Norwalk pediatric healthcare providers in the screening tools used by EPIC and Child FIRST at the Bridgeport Hospital Pediatric Clinic to identify young children at risk for developmental/behavioral problems. (Long term strategy.)
- Continue to track and share data on the number of referrals of children made to specific community services. (Data development item.)
- Eventually share successes with Norwalk HUSKY providers and private practice pediatricians at a Norwalk Hospital pediatric meeting, to engage additional partners in the above efforts.

Early childhood health performance measures (to be measured over time to show progress in “turning the curve”)

- Number of pregnant women connected to a medical home through programs such as Healthy Start, MOMS & Nurturing (FCA), AmeriCares, and others.
- Number of pregnant women who obtain an adequate number of prenatal care visits.
- Number of women and children who are newly co-enrolled in HUSKY and WIC.
- Number and percentage of Norwalk babies and children to age nine continuously enrolled in HUSKY (track as state data become available).
- Number and percentage of continuous pediatric patients birth to age nine who obtain the number of well child visits and screenings recommended by the AAP at NCHC, AmeriCares, and Day Street Community Health Center. Track increase.
- Number of children ages birth to two who are outreached by the Immunization Action Plan and brought back into care, and Immunization Rate for two-year-olds enrolled in Connecticut Immunization Registry and Tracking System (CIRTS).
- In collaboration with the Goal 3 FSA Committee, track number of Norwalk calls to 2-1-1 for referrals to prenatal and pediatric health care.

The NHFC partners will explore ways to track the number of children referred by pediatric providers and whether they connect with community services (e.g. Family and Children’s Agency, Child Guidance, Child FIRST, Family Resource Centers. (Data development item.)
Domain 2: Children’s Behavioral Health

**Desired Population Result**
Norwalk children birth to age nine who are identified at well child screenings with developmental and/or behavioral health issues receive appropriate services to improve their well-being.

**Headline Indicator**
Number of children birth to age nine identified with behavioral and/or developmental issues who are referred to appropriate services, as needed.

**Story Behind The Baseline**
Prevention, early detection, and treatment for behavioral/developmental issues help to optimize children’s healthy development and prevent problems from escalating. Research indicates that 12-20% of children present with behavioral health problems that would benefit from treatment. (Source: *Child Development* 2011). According to the 2010 Census, there are approximately 10,959 Norwalk children under age nine. If 12-20% of those children present with behavioral health problems, then an estimated 1,315 to 2,200 children under age nine could be in need of behavioral health services. The Norwalk agencies listed in the chart below provide mental health services to children.

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Birth to Four</th>
<th>Five to Nine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth To Three</td>
<td>246 (0-3)</td>
<td>n/a</td>
<td>246</td>
</tr>
<tr>
<td>Child Guidance Center of Mid-Fairfield County Clinical Programs*</td>
<td>40</td>
<td>234</td>
<td>274</td>
</tr>
<tr>
<td>Child Guidance Center of Mid-Fairfield County Early Childhood Consultation Partnership (ECCP) School Readiness (SR) and NEON Child Consultations</td>
<td>210 ECCP 48 SR</td>
<td>n/a</td>
<td>220 NEON 478</td>
</tr>
<tr>
<td>Family and Children’s Agency (FCA)</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Norwalk Community Health Center (NCHC) Behavioral Health</td>
<td>65</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Day Street Community Health Center Behavioral Health</td>
<td>29</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Catholic Charities Norwalk Mental Health Services</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,113</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Includes Outpatient Clinic, Extended Day Treatment, Emergency Mobile Psychiatric Services and Norwalk Child FIRST in collaboration with Family and Children’s Agency.

**Meeting children’s needs for early intervention and mental health services**
While Birth to Three and the Child Guidance Center of Mid-Fairfield County are the primary providers of birth to three and mental health services for Norwalk’s young children, the agencies listed above also provide on-site behavioral health services. Compared to the estimated 1,758 (average of the number of children under age nine who could be in need of early intervention and behavioral health services), it appears that 63% are getting services. Child Guidance reports a need to expand its mental health capacity — 17 children are currently on the Child Guidance waiting list. Norwalk Child FIRST has four families awaiting services, while FCA has six. The estimated community need indicates that possibly 645 additional children may be in need of early intervention and/or behavioral health services. By improving

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*Source: Census 2010, CT Data Portal*
the number of children who obtain well child visits, and screenings we aim to ensure that no child is missed who could benefit from developmental/behavioral health services. We need to ensure that we have the capacity to meet the need.

Note: Currently, we have no way of knowing whether the total number of children who received Birth to Three or mental health services is an unduplicated number. Thus, it would be very helpful if all Norwalk children could be assigned a unique identifier number at birth so as to track their progress on various measures from birth through age eight, and to determine the number of unduplicated children who are screened, referred and receive prevention and intervention services. The need for such an identifier has been frequently cited over the years in various local and statewide forums, including meetings of the former CT Early Childhood Cabinet. Since it seems unlikely that a unique identifier system will be instituted any time soon due to privacy, political and other barriers, we may at least be able to track children who have Preschool Identification numbers or Board of Education Genesis System Numbers assigned to them.

Strategies (Proposed actions to “turn the curve”)

• Improve the well-being and functioning of children identified with developmental and/or behavioral health concerns by offering a continuum of care through collaboration, early intervention, behavioral health, and prevention programs.

• NCHC, AmeriCares, Norwalk Health Department (NHD) and Day Street CHC continue to refer children identified with behavioral and/or developmental issues and their families to appropriate services, with signed parental Release of Information and permission as required.

• Track and share data as to the number of referrals made for children to Birth to Three and behavioral health services. (Data development agenda.)

• The NHFC partners are very concerned about the capacity of our local programs to meet the mental health needs of young children if many additional children are identified through well child screenings, and will seek to increase this capacity as warranted, primarily through the Child Guidance Center of Mid-Fairfield County, currently the largest provider in Norwalk of clinical mental health services for young children. (Please see the Behavioral Health Domain Strategies below. Day Street CHC is adding a child psychiatrist and now has three mental health clinicians to serve children ages birth to nine.)

• Keep Child FIRST embedded at Norwalk Community Health Center and seek funding to expand the program.

• Work together to develop resources to address any gaps in treatment services—identify additional funding to expand capacity as needed.

Performance Measures (to be measured over time to show progress in “turning the curve”)

• Number of children ages birth to nine identified through well child screenings who are referred to Birth to Three and Behavioral Health Services.

• Number of Norwalk calls to 2-1-1 Child Development Infoline for Birth to Three and behavioral health services.

• Number of children ages birth to nine who receive Birth to Three and mental health services.

• Number and percentage of children ages birth to nine receiving early intervention and mental health services compared to the estimated community need.
Domain 3: Childhood Obesity Prevention

Desired Population Result
Norwalk children birth to age nine are a healthy weight.

Headline Indicator
Percent of children who are overweight or obese at Kindergarten and Grade 3.

Story Behind The Baseline
The Centers for Disease Control states: “Childhood obesity is the result of eating too many calories and not getting enough physical activity. Body weight is the result of genes, metabolism, behavior, environment, culture, and socioeconomic status. Behavior and environment play a large role causing people to be overweight and obese. These are the greatest areas for prevention and treatment actions.” Prevention of childhood obesity lessens the risk of associated diabetes and cardiovascular problems, as well as social-emotional problems.

Local data show that too many Norwalk children ages birth through eight are overweight or obese and too few meet the CT Physical Fitness Assessment Standards.

WIC: The percentage of children birth to age five years participating in the WIC program who are overweight or obese has increased from 2006–2010.

<table>
<thead>
<tr>
<th>Years</th>
<th>&lt;2 years</th>
<th>&gt;= 95th</th>
<th>85th – &lt;95th</th>
<th>&gt;/= 95th</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-08</td>
<td>13.9%</td>
<td>17.0%</td>
<td>19.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(696 of 5000)</td>
<td>(356 of 2099)</td>
<td>(418 of 2099)</td>
<td></td>
</tr>
<tr>
<td>2008-10</td>
<td>16.3%</td>
<td>18.2%</td>
<td>22.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(929 of 5687)</td>
<td>(472 of 2598)</td>
<td>(578 of 2598)</td>
<td></td>
</tr>
</tbody>
</table>

Based on 2000 CDC growth chart percentiles for weight-for length for children under age two, and BMI-for-age for children two years of age and older. 85th–<95th percentile identifies overweight children and >/=95th percentile category identifies obese children.

Overweight and obese NPS students in kindergarten and sixth grade
in the 2007-2008 school year, approximately 36.8% of NPS kindergartners (292 of 795 children) were overweight or obese. The rate of overweight or obese NPS kindergarten students remained relatively flat between 2008 and 2009, but in both years, rates were even higher for sixth graders (43%).

<table>
<thead>
<tr>
<th>Norwalk Public Schools BMI Data*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kindergarten</strong></td>
</tr>
<tr>
<td>Overweight</td>
</tr>
<tr>
<td>Obese</td>
</tr>
<tr>
<td>Combined</td>
</tr>
</tbody>
</table>

*Most recent data available

37 Norwalk Student Body Mass Index Report.
Norwalk sixth grade students in 2009-2010 were in kindergarten in 2003-2004. That year the overweight/obesity rates were as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Overweight</th>
<th>Obese</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>18%</td>
<td>15%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Please note, because of fluctuations in enrollment, these classes (K in 2003/04 and 6th in 2009/10) are not exactly the same cohort, yet it provides a decent estimation.

Physical Fitness Standards

Local data also show that only 53% of NPS fourth graders who took the CT Physical Fitness Assessment test met the standards for their grade in SY2009-2010 (399 of 752 children). On the positive side, NPS fourth graders performed better than their counterparts statewide, only 30-40% of whom met the standards in the last five years. (Source: District Resources)

Conclusion

The recent Norwalk Student Body Mass Index Report notes: “A child’s weight status in kindergarten is highly predictive of his or her weight status through sixth and ninth grade. If a child in our database was already overweight or obese in kindergarten, he or she was more than three times more likely to remain overweight or obese through high school than to become a healthy weight.”

The Norwalk WIC overweight/obesity and physical fitness data provide strong evidence for the importance of working on obesity prevention in early childhood as well as in the school setting.

Strategies (Proposed actions to “turn the curve” on childhood obesity)

The Norwalk Childhood Obesity Prevention Committee coordinates specific community childhood obesity prevention efforts and oversees implementation of targeted strategies. The NHFC Partners will support the revitalization of Norwalk Childhood Obesity Prevention Committee and its strategies to help address childhood obesity in the community. For example, in collaboration with the Norwalk Early Childhood Council, the NHFC will serve to connect the Childhood Obesity Prevention Committee with early childhood providers to help collect information on current policies and systems related to nutrition and physical activity.

A major focus in 2012-2016 is implementing a new initiative to a) use the data collected to determine/implement health-promoting, high-impact policies related to physical activity and nutrition in daycares, preschools, and Norwalk Public Schools, and b) help develop and implement a youth-driven social marketing campaign to support those policies and encourage healthy choices. We will:

- Continue to collect BMI data for NPS kindergarteners and gather data at grade three to track and compare. (New data collection effort.)
- Track CT Physical Fitness Assessment data for NPS fourth graders.
- The NHFC will provide input to the Childhood Obesity Prevention Committee regarding the health of children ages birth to nine.

Performance Measures (To be measured over time to show progress in “turning the curve”)

- Percent of Norwalk children with healthy BMI at kindergarten and third grade.
- Percent of children who meet the CT Physical Fitness Standards for their grade.
Domain 4: Children’s Oral Health

Desired Population Result
Norwalk children ages one to nine have a dental “home” and receive preventive care and restorative care as needed.

Headline Indicator
- Number of children ages one to nine with preventive dental care.
- Number of children ages one to nine with treatment (restorative care).

Story Behind The Baseline
The National Oral Health Policy Center states in the Technical Issue Brief: EPSDT Periodicity and their Relation to Pediatric Oral Health Standards in Head Start and Early Head Start: “From an epidemiological perspective, dental caries (tooth decay) remains the most common chronic disease of childhood, with the highest rates observed in economically disadvantaged and racial and ethnic minority children. Left untreated, it [tooth decay] leads to tooth destruction (cavities), spread of infection, pain and diminished quality of life. Nearly 30% of 2- to 5-year-old U.S. children living in poverty exhibit untreated tooth decay; and nearly 80% of decayed teeth in children living below 100% of the federal poverty level (FPL) go untreated. Low-income preschoolers — i.e., those between 100% and 200% of the FPL — are 3 to 5 times more likely to have untreated decayed teeth than their more affluent counterparts.”

CT and local data show that too many children lack dental care, although the situation is improving\(^38\)
- In 2007, statewide only 45.3% of children ages <3 years to eight continuously enrolled in HUSKY A had care, according to CT Voices for Children.
- In 2008, statewide only 7.5% of infants and children ages one to two years and 56.3% of children ages three to 19 had any dental care.
- In 2008, 42.3% of Norwalk children under age 21 ever enrolled in HUSKY A had any oral health care, while 53.6% of children continuously enrolled did so, according to UCONN school of Dental Medicine.

Statewide improvements
In 2008, Connecticut made significant changes in the HUSKY Program that were designed to improve access to dental care for children. The results of the CT VOICES research report\(^39\) show that in 2009 and 2010, the number and percentage of children who receive dental services increased over previous years when the HUSKY Program was delivered through a program of risk-based managed care:
- About 60% of children in HUSKY A (Medicaid) had preventive dental care and about 33 % had treatment, significantly more than in previous years.
- Nearly 70% of children in HUSKY B (CHIP) had preventive dental care, significantly more than in HUSKY A; however, dental treatment occurred at roughly the same rates for children in HUSKY A and HUSKY B.
- In HUSKY A, about four in ten children with any dental care had two or more preventive visits, as recommended by pediatric and dental care professionals; the rate was even higher for children in HUSKY B.
- Among children under age three in HUSKY A, the percentage who were seen for preventive care increased, as did the percentage of children under three who received treatment.
- As in previous years, Hispanic children were most likely and Black children were least likely to have received preventive care.

\(^{38}\) Lee MA, The HUSKY Program in Transition: Enrollment and Health Services Utilization in 2008 (New Haven: CT Voices for Children, April, 2011) p. 10 and Note 27
The data below indicate that fewer Norwalk children ages one to nine on HUSKY received preventative care (50%) and treatment (23%) in 2011, compared to the 2009/2010 CT statewide rate for all HUSKY children (65% preventive care in HUSKY A & B combined, and 33% treatment).

### Norwalk HUSKY Children Ages One to Nine Receiving Dental Care in 2011

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Any Care</th>
<th>Preventative</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>54%</td>
<td>50% (CT 65%)</td>
<td>23% (CT 33%)</td>
</tr>
<tr>
<td>Number Receiving</td>
<td>1,811</td>
<td>1,676</td>
<td>767</td>
</tr>
<tr>
<td>Number Continuously Enrolled</td>
<td>3,375</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Children seen by Norwalk Smiles (Now Day Street Community Health Center)**

Norwalk Smiles has served a growing number of children for prevention and restorative care from 2007 to 2011 and aims to continue this growth, in collaboration with local oral health partners.

### Day Street CHC (Norwalk Smiles) Children Ages 0 – 9 Served

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insured</strong></td>
<td>550</td>
<td>1861</td>
<td>2133</td>
</tr>
<tr>
<td><strong>Uninsured</strong></td>
<td>46</td>
<td>327</td>
<td>294</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>596</td>
<td>2188</td>
<td>2407</td>
</tr>
<tr>
<td><strong>Dental Office</strong></td>
<td>402</td>
<td>1328</td>
<td>1588</td>
</tr>
<tr>
<td><strong>Mobile Dental</strong></td>
<td>194</td>
<td>860</td>
<td>819</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>596</td>
<td>2188</td>
<td>2407</td>
</tr>
</tbody>
</table>

**Note:** As of September 2011 all Norwalk Smiles/CHC mobile units in elementary and School Readiness preschools (The Children’s Playhouse, Children’s Playhouse Too, NCC Child Development Lab and Room to Grow) have EMR, which will document preventive and restorative treatment. Side by Side and Growing Seeds were operational as of March 2012.

**Conclusion**

The data above show the need to continue working together to increase the number of children who receive preventative oral health care and treatment.
Strategies (Proposed actions to “turn the curve”)

The partners in the NHFC and the Norwalk Oral Health Collaborative will collaborate on implementing the following strategies:

- Continue to disseminate information about the importance of oral health care to pregnant women and families with young children newborn to age nine through the partners in the NHFC, including NCHC’s OB Orientation for pregnant women, and Norwalk Early Childhood Council including early care and education providers, and the NECC Family Support Alliance.
- NCHC, Day Street CHC, AmeriCares Clinic and the NHD continue to ensure that pregnant women have a dentist; and children ages one to nine have a dentist (“dental home”).
- The above providers record, track and share the number of patients they refer to a dentist/dental home.\(^{40}\)
- Advocate for coverage for the first dental visit at one year. (Some insurance does not cover visits for one-year-olds.)

Performance Measures (to be measured over time to show progress in “turning the curve”)

- Number of pregnant women linked by NCHC, Norwalk Health Department WIC, AmeriCares Free Clinic and Day Street CHC linked to a dental “home.”
- Number of children connected to a dental “home” for ongoing oral health care.
- Number of pregnant women and children ages one to nine obtaining preventive oral health care.
- Number of pregnant women and children ages one to nine obtaining restorative dental care.

Goal 2 Oversight

The NHFC and the NHFC Coordinator will work together to accomplish all the Goal 2 strategies in each of the four child health domains, working in close collaboration with Goal 1 and Goal 3, to integrate the child health, early care, and family support sectors of the child health system in Norwalk.\(^{41}\) The NECC is committed to seeking funding support to sustain the NHFC Coordinator position as a member of the Norwalk Early Childhood Management Team.

\(^{40}\)Note: NCHC is required by HRSA to do oral health inspections on all children. Recent audits reveal that this is occurring 100% of the time at non-sick visits. All the NCHC children screened for decay are referred to West Ave Dental, as needed. West Ave Dental honors NCHC’s Sliding Fee Schedule and provides free transport to those in need, both directions. This is well publicized throughout the health center.

\(^{41}\)Honigfeld L, Meyers J, Macary S., A framework for child health services: Supporting the healthy development and school readiness of Connecticut’s children—A toolkit for integrating child health services into community early childhood initiatives (Farmington, CT: Child Health and Development Institute of Connecticut, July 2011) p. 5
Goal 3: Family Support and Child Safety

Goal 3 Domain
Family Support and Safety
Norwalk children birth to age nine grow up in literacy-rich environments that promote attachment, language and literacy development through reading and talking together.

Norwalk families have easy access to information about the family support and community resources available to help them nurture their children and keep them safe through the Norwalk Resource Directory, 2-1-1, the NECC/Family Support Alliance messaging campaign, preschool and kindergarten guides, and more.

Norwalk parents are invited and empowered to share information that will support families in nurturing their children and promote early language and literacy, through a parent-to-parent community messaging campaign.

All Norwalk Children birth to age nine are safe, healthy and ready to meet the challenges of school and life.

Overarching Strategy:
All Norwalk families have access to the support and information needed to nurture their young children and keep them safe.

Introduction
Babies and very young children depend on their caregivers to meet all their needs. Every child is unique, but all families can use information about child development and parenting to help them raise healthy, happy and safe children. Some families may need more intensive assistance at various times in their child’s development. Numerous resources are available for families on the state and local level and, increasingly, on the Internet and in print. We need to ensure that families know how to access information so that they can get the help they need.

In 2010, the NECC Family Support Alliance (FSA) was formed to guide the continued work on Goal 3 of the 2007-2010 Early Childhood Action Plan, which was to help ensure that parents get the information they need to support their children—“All families have easy access to the information they need and most know what to do so their children are healthy and ready to learn, grow and succeed.” (P. 12, 2007-2010 Early Childhood Action Plan.)

Since the 2007-2010 Early Childhood Action Plan, we have made gains in ensuring that parents receive the information that they need in order to help their children be ready to meet the challenges of school and life. While Parent Circles were not a sustainable option for our community, the Parents as Teachers program, administered through the Family Resource Centers, has expanded and is serving an increasing number of parents. Community messages have been developed, printed in English and Spanish, and displayed in city buses throughout Norwalk. They are reaching parents with messages about reading to their children at an early age, scheduling well child doctor and dental visits, and where to seek help when needed. The updated Norwalk Resource Directory has launched its new website www.norwalkresources.org and provides information for all families and individuals on a variety of services and resources available in the community.

Families continue to take part in Parent Zone workshops sponsored by the United Way of Coastal Fairfield County and the Family Support Alliance and in parent/child activities provided by the Family Resource Centers.

The new domain for 2012-2016
Moving forward, the FSA selected one domain and identified the corresponding desired population results and indicators. The new domain is:

Family Support and Safety
The desired population results, indicators, “story behind the baseline,” strategies, and performance measures to demonstrate whether those strategies make a difference are described in detail in the following pages.
Domain: Family Support and Safety

Desired population results
Norwalk children birth to age nine grow up in literacy-rich environments that promote attachment, language and literacy development through reading and talking together.

Norwalk families have easy access to information about the family support and community resources available to help them nurture their children and keep them safe through the Norwalk Resource Directory, 2-1-1, the NECC/Family Support Alliance messaging campaign, preschool and kindergarten guides, and more.

Norwalk parents are invited and empowered to share information that will support families in nurturing their children and promote early language and literacy, through a parent-to-parent community messaging campaign.

Indicators:
- Number of children whose families participate in support programs as compared to the number estimated to be at risk.
- Number of babies born to teens whose parents are connected to support to help nurture their young children.
- Number of parents of children birth to age nine who
  a) participate in literacy activities and initiatives and
  b) receive new or gently used books to build or expand their child’s home library.

The story behind the baseline
Child abuse and neglect: Although there was an 8% decrease in the total number of substantiated Abuse/Neglect/Uncared for cases from 248 in 2006 to 225 in 2011, the increase in the number of substantiated cases among Norwalk children ages birth to nine, from 126 in 2008 to 165 in 2011 is of great concern. The doubling of substantiated cases for children ages four and six is particularly alarming. Too many Norwalk children continue to suffer abuse and neglect. These data are a strong indicator that many Norwalk families with children in this age range could benefit from extra support.42

Substantiated cases of abuse/neglect/uncared for children ages 1-8 in Norwalk for Fiscal Year 2008-2011

<table>
<thead>
<tr>
<th>Age of Unique</th>
<th>Fiscal Years:</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Substantiated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>19</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>17</td>
<td>17</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
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<td>19</td>
<td>16</td>
<td>20</td>
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<td>7</td>
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<td>23</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>13</td>
<td>18</td>
<td>10</td>
<td>20</td>
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<tr>
<td>Grand Total</td>
<td></td>
<td>126</td>
<td>137</td>
<td>131</td>
<td>165</td>
</tr>
</tbody>
</table>

Research on Early Brain Development by Darcy Lowell, M.D., developer of the Child FIRST Model, indicates, “Significant stress exposure damages developing brain architecture leading to lifelong problems in learning, behavioral and emotional development, and physical health. However, responsive, nurturing relationships, which lead to secure attachment, have been shown to serve as a powerful, protective buffer to potentially damaging stressful experiences early in life.”

The most dangerous form of stress response, toxic stress, can result from strong, frequent, or prolonged activation of the body’s stress response systems in the absence of the buffering protection of a supportive, adult relationship. The risk factors studied in the Adverse Childhood Experiences Study include examples of multiple stressors (e.g., child abuse or neglect, parental substance abuse, and maternal depression) that are capable of inducing a toxic stress response.

“Stress-induced changes in the architecture of different regions of the developing brain (e.g. amygdala, hippocampus, and prefrontal cortex) can have potentially permanent effects on a range of important functions, such as regulating stress physiology, learning new skills, and developing the capacity to make healthy adaptations to future adversity.”

Children react differently to stressful events and situations, and also have different coping strategies. Children can cope through tears and crying, through tantrums, or by retreating from unpleasant situations. Children who are around supportive adults and caregivers usually develop a variety of coping strategies and are more likely to become more resilient. Many children, however, do not have a supportive environment and do not learn a set of positive management strategies.

Many Norwalk families with young children are exposed to major life challenges, as evidenced by the following statistics.

**Poverty**

According to the U.S. Census Bureau, in 2010, 10.4% of Norwalk’s children ages 5-17 were living in poverty. In 2011, the U.S. government set the poverty level for a family of four at $22,350 (total yearly income). A recent study found that the longer kids spent in poverty, the worse their bodies were at handling the stressors of their environment, increasing their risk for long-term health problems. “We think that these mechanisms may be related to the fact that children who grow up in poverty have a steeper life trajectory of premature health problems than other children, regardless of their socioeconomic status in adulthood,” writes Gary Evans, professor of human ecology at Cornell University in Ithaca, NY. “These muted responses of stress regulatory mechanisms, which are part of the cardiovascular system, not only compromise the ability of the adolescents’ bodies to respond to such stressors as noise, poor housing and family turmoil but also indicate they are suffering from more stress-induced physiological strain on their organs and tissues than other young people.”

**Unemployment**

In December 2011, the Connecticut Department of Labor released findings showing that Norwalk’s unemployment rate was at 7.8%. Children living in homes where at least one parent is jobless potentially face a range of emotional issues—from stress and depression to poor school performance and behavioral problems. What’s more, the lower standard of living and loss of health insurance often lead to poor health for many of these children, experts said. “Whenever there’s a downturn, it’s the kids who suffer a significant burden,” said Dr. Christopher Bellonci, an assistant professor of psychiatry at Tufts University School of Medicine in Boston. “When families are doing well, they can buffer some of this stress. When they can’t, it bleeds through to the kids.”

Community Violence
Norwalk Police Department statistics point to an overall downward trend in violent crime in Norwalk. Total incidents in property and violent crime in 2009 were 2,127. Projected data for 2011 indicates a rate of 1,853 incidents.

Family Stress Resulting In Domestic Violence
The number of occurrences designated as Family Violence Incidents in Norwalk dropped by 9.2% from 695 in 2009 to 628 in 2010.

Consequences of violent environments for infants
We intend to monitor these two trends as children growing up with violence are at risk for pathological development. According to Erikson’s classical exposition of individual development, learning to trust is the infant’s primary task during the first year of life. Trust provides the foundation for further development and forms the basis for self-confidence and self-esteem. The baby’s ability to trust is dependent upon the family’s ability to provide consistent care and to respond to the infant’s need for love and stimulation. Caregiving is compromised when the infant’s family lives in a community wracked by violence and when the family fears for its safety. Parents may not give an infant proper care when their psychological energy is sapped by efforts to keep safe (Halpern, 1990). Routine tasks like going to work, shopping, and keeping clinic appointments take careful planning and extra effort.

Consequences of violent environments for toddlers
When infants reach toddlerhood they have an inner push to try newly gained skills, such as walking, jumping, and climbing. These skills are best practiced in parks and playgrounds, not in crowded apartments. But young children who live in communities wracked by crime and menaced by gangs are often not permitted to be out of doors. Instead, they are confined to small quarters that hamper their activities, and that lead to restrictions imposed by parents and older family members (Scheinfeld, 1983). These restrictions, which are difficult for toddlers to understand and to obey, can lead in turn to disruptions in their relationships with the rest of the family.

Consequences of violent environments for preschoolers
During the preschool years, young children are ready to venture outside of the family in order to make new relationships and learn about other people (Spock, 1988). However, when they live in neighborhoods where dangers lurk outside, children may be prevented from going out to play or even from accompanying older children on errands. In addition, preschoolers may be in childcare programs that are located in areas where violent acts occur frequently.48

Food Insecurity In Norwalk
According to Norwalk Public Schools, in 2011, 41% of Norwalk Public School children qualified to receive free and reduced lunch (increase of 30% since 2008). Qualitative research has shown that food insecurity, defined as a limited or uncertain availability of nutritionally adequate and safe food resulting from constraints in economic resources, is a particular form of material deprivation that can stress mothers and their young children.\(^{49}\)

Children Residing In Homeless Shelters In Norwalk
The Open Door Shelter in Norwalk reported that a total of 22 children resided in the shelter during the 2011 calendar year. Of the 13 boys and 12 girls, 17 of them were ages 1-5 and 5 were ages 6-12 and 3 were ages 13-18.

Homelessness affects children before birth
According to a report prepared by Ellen Hart-Shegos for the Family Housing Fund, the impact of homelessness begins well before a child is born. Pregnant women who are homeless are less likely to receive prenatal care and often face other obstacles including chemical abuse and chronic and acute health problems. Homelessness can expose infants to harmful environmental factors and decreased access to healthcare causing them to miss screenings and important immunizations. Undetected developmental delays can present themselves as the child ages and can lead to later behavioral and emotional problems. Homeless preschoolers may also more likely to experience developmental delays and suffer emotional problems. When children enter school, their situation can affect them socially, physically and academically.

Single Parenting
Of the 36,386 households in Norwalk (Census 2010), 2,021 were headed by a single female with children under the age of 18 present in the home (2010 U.S. Census). Kristen Anderson Moore in the *Child Trends Research Brief* writes that in 2007, children living in households with single mothers were five times as likely to be poor as children in households where both parents were present. The combination of poverty and single parenthood negatively affects a child’s academic progress. According to Moore, the family is likely to move frequently and experience changes in family structure. There is often more parental distress and less supervision in the home. She explains that these factors contribute to chronic stress in the child as well as problems with social and cognitive development.

Parent’s Level Of Education and Marital Status
According to the 2010 Census, of the 1,465 women who gave birth in the past 12 months, 244 or 17% were unmarried. 138 or 9.5% of them had less than a high school diploma and 263 or 18% were high school graduates (or equivalency). Both the education level of the mother and her marital status affect a child’s readiness for kindergarten. Children whose mothers had lower levels of education and children from single-parent homes tended to score lower on early readiness tests. A study by the National Center for Education and Statistics followed the academic progress of children who were classified as “at-risk” for academic failure, including children from single-parent households, children whose mothers had not completed high school, and children whose mothers were on public assistance. These children consistently had lower test scores in math, reading and science.

Home Language

30.6% of Norwalk’s residents speak a primary language other than English in their home, according to the 2010 Census.

Language minority parents may face a number of challenges when trying to communicate or become involved with their child’s school. For instance, the inability to understand English, unfamiliarity with the school system, and differences in cultural norms concerning appropriate levels of parent-school involvement can hinder communication or involvement with their child’s school. In addition, on average, language minority children reside in households with lower family incomes than children in families who speak only English at home. Research has also shown that family income level may be associated with parents’ involvement in their child’s school.

Children With Teen Mothers

Babies born to teen parents are a special focus of our concern, as research and local program experience show that they are at greater risk for poor outcomes regarding birth, health and child development than babies born to parents who delay childbirth until age 20 or older.

Although the rate of babies born to Norwalk mothers under age 20 in 2009 was lower than the state rate (4.6% compared to 6.9%), teen pregnancy remains a major concern. Racial disparities in teen births continue, with more babies born to Hispanic and black teen mothers than to white, according to the most recent published data.

Babies born to teen mothers from calendar year 2003 through calendar year 2009:

- 434 Norwalk babies were born to Norwalk teen mothers between 2003 and 2009
- 230 babies were born to Hispanic mothers under age 20 (53% of all births to teen mothers < age 20)
- 144 babies were born to Black mothers under age 20 (33% of all births to teen mothers < age 20)
- 140 of the babies were born to mothers under age 18 (77 Hispanic, 44 Black and 19 white)
- 6 of the babies were born to mothers under age 15 (3 to Black teen mothers, 1 to Hispanic, 1 to White, 1 Other)
- 176 of the babies born to teen mothers were ages 2 to 5 in 2011 (preschool age)
- 258 of the babies born to teen mothers between 2003-2009 were ages 5-8 in 2011 (school age)

52 CT DPH Registration Reports 2003-2009
Teen mothers and their babies face many problems

Babies born to teen mothers are more likely to be born prematurely (before 37 completed weeks of pregnancy) than babies born to mothers over age 20. Babies born prematurely face an increased risk of newborn health problems, long-term disabilities and even death.\(^5\)

Only 40% of teenagers who have children before age 18 go on to graduate from high school. Teen mothers often lack job skills, making it difficult to find and keep a job. About 64% of children born to an unmarried teenage high-school dropout live in poverty, compared to 7% of children born to women over age 20 who are married and high school graduates. A child born to a teenage mother is 50 percent more likely to repeat a grade in school and is more likely to perform poorly on standardized tests and drop out before finishing high school.\(^4\)

Literacy Activities/Initiatives And Books

Research shows that the single most important indicator of a child’s success in school is proficiency in reading by the end of third grade. This enables students to make the shift from learning to read to reading to learn. Because this is such an important factor in a child’s future success in school and in life, the crafters of the Norwalk Early Childhood Action Plan for 2012-2016 felt the need to address it in more than one goal area. While Goal 1—Early Care and Education—encompasses a quality preschool experience, school readiness, and the number of children reading at grade level in third grade, we feel that it is important to note that the foundation for reading at grade level in third grade is set long before formal schooling begins. Parents need the help of the community to support their child’s early literacy development. Children who are read or spoken to regularly and have access to books are more likely to have the critical foundation needed for early language development. The strategies developed for Goal 3 therefore support children’s early literacy development, as well as incorporate a wide range of initiatives, and involve a large cross-section of community agencies and services.

\(^5\) March of Dimes Website. Teenage Pregnancy.  
\(^4\) National Campaign to Prevent Teen Pregnancy Website. Why It Matters.
**Goal 3: Family Support and Child Safety:** Domain: Family Support and Safety

**Strategies** (Proposed actions to “turn the curve”)

**Indicator #1: Abuse and Neglect**

While the societal issues of poverty, unemployment, homelessness, substance abuse, and violence in communities and families are beyond our control, the Family Support Alliances partners are working together to help families develop their strengths, parenting skills and ability to cope with toxic stress so that they can nurture their children to be successful in school and eventually become productive members of the workforce and society.

**Developing strategies to support families**

While we cannot control the stressors that families experience, we hope that by informing and connecting families to needed supports, we can help to enhance their ability to provide nurturing and safe homes for their children—thereby reducing the number of child abuse and neglect cases in Norwalk. We will continue to strive to develop a continuum of strategies to support families so that Norwalk parents with children ages birth to nine can access information and connect to the resources they need.

**Home-visiting programs**

Involvement in home-visiting programs in the community, such as Child FIRST, Parents as Teachers (PAT), the Nurturing Families Network and the MOMS Program, helps to reduce stress and prevent abuse and neglect in families. We anticipate that the Connecticut Department of Children and Families’ new Differential Response to reports of child abuse and neglect, which includes “a thorough family assessment incorporating all voices the family deems appropriate; identification of and building upon the family’s strengths; family and support system decision making; and timely access to community resources,” will also be of major help.

Research shows that families involved in such programs show a decrease in parental stress and depression and an increase in access to services to all family members. In a Missouri study of 400 families enrolled in the PAT program, documented cases of abuse and neglect were substantially lower than the state average. And, the Nurturing Families Network focuses on preventing incidences of child abuse and neglect by providing services to first-time parents prior to the birth of their child. The results of a Child FIRST study demonstrated positive benefits in two key areas for promoting healthy development and school readiness: 1) children’s language and 2) social-emotional/behavioral problems. Child FIRST was also successful in improving parenting outcomes, including parenting stress, mental health symptoms, and suspected child abuse and neglect.

**Connecting parents to community resources**

By connecting parents to home visiting, parenting skills workshops, child development play groups and other supportive services in the community through the use of tools such as 2-1-1 and the recently revised online Norwalk Resource Directory, families can be empowered to access the help that they need and share a combination of family programs and community resources. By familiarizing themselves with community resources, parents can also learn how to help their children spend time constructively and enjoy community activities and events together as a family.

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25CT Department of Children and Families: Why Differential Response?


Indicator #2: Teen Parents

We want to ensure that babies who are born to Norwalk teen parents have healthy beginnings, that their parents are connected to the support they need to nurture their children and help them be ready for kindergarten and success in school and in life. Therefore, the Family Support Alliance will:

- Collaborate with the partners in Norwalk Healthy Families Collaborative on reaching out to pregnant teens to ensure they obtain timely prenatal care and information about the importance of folic acid. The partners include the School Based Health Centers, Norwalk Community Health Center, Norwalk Health Department WIC program, AmeriCares Free Clinic, Day Street Community Health Center and Family & Children’s Agency’s programs that serve pregnant teens—Healthy Start, Nurturing Families and MOMS.

- Provide information to pregnant and parenting teens on 2-1-1, Child Development and Infoline and the Norwalk Resource Directory for sources of information regarding parenting help and child development.

- Collaborate on outreach to pregnant teens, teen mothers, and teen fathers to connect them to the parenting and child development support available to them through Family & Children’s Agency’s Healthy Start program (connection to healthcare and support for mothers and babies at or below 185% of the federal poverty level); MOMS (home visiting support for mothers and their babies to age 3) and Nurturing Families Network programs (for first-time parents); the Norwalk Family Resource Centers’ Parents as Teachers home visiting and child development Early Learning Groups programs; Norwalk Child FIRST (intensive in-home clinical mental health and home visiting parent support and care coordination program for parents and their babies and children at high risk up to age six), and the FCA Fatherhood programs.

- Reach out to teen mothers and fathers through the Young Parents Program and NPS School-based Health Centers; utilize Family & Children’s Agency and the Family Resource Centers to connect them and their young children to the children’s services and programs at the Norwalk Public Library (and ensure every family has a library card); inform them about and engage them in early literacy programs and workshops, such as Reach Out & Read at Norwalk Community Health Center, Stepping Stones Museum, and Read to Grow literacy programs.

Indicator #3: Literacy

Research from the Reach Out and Read program indicates that families who share books with their young children, especially while holding them, build strong attachments. Strong parent-child bonds help to buffer the effects of life’s stressors. One of our strategies under the Family Support and Safety Goal is therefore to spread the message about the importance of parents and caregivers sharing books with children.

The NECC’s expanded messaging campaign, consisting of photo posters with messages for parents, helps to accomplish that goal. Posters with a bilingual message that early reading is important to children’s development are displayed in areas that families frequent such as libraries, buses, health clinics and community centers.

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57 Reach Out and Read, accessed at http://www.reachoutandread.org/FileRepository/PolicyCaseForROR.pdf, November 2012
In addition, the NECC is sponsoring early literacy programs in the community such as Reach Out and Read at Norwalk Community Health Center, Parent Zone Workshops for families with young children, a city-wide Week of the Young Child celebration, Parents as Teachers Early Learning Groups and Raising Readers Book Clubs for parents, as well as providing free books and a reading corner at the spring Wellfest. There are many other literacy based programs and activities for families in Norwalk, including library story hours, Read to Grow and Norwalk Reads book distributions, and more.

All of these strategies link back to Goal 1—Early Care and Education—of this Action Plan. Research clearly shows the connection between reading and talking to young children and their success in school. The plan cannot be complete without consideration of this connection and the importance that parents play in the process.

**Timeline For Strategies**

**Ongoing activities**

- Continue educational opportunities in both English and Spanish for parents, including the “Parent Zone” workshops on literacy and parenting issues at Stepping Stones Museum for Children.
- Continue literacy awareness and strengthening programs through collaborations with the Norwalk Community Health Center, the Norwalk Family Resource Centers, Stepping Stones Museum for Children, Day Street Community Health Center and the Norwalk Public Libraries and the Norwalk Hospital Maternity Department as funding permits.
- Continue to support the Reach Out and Read program at the Norwalk Community Health Center. Over the long term, assist CT Reach Out and Read with their efforts to expand the program to all pediatric practices and clinics in Norwalk.
- Display posters throughout the community to deliver important messages to families about reading to their children, the importance of preschool and regular school attendance, getting regular doctor and dental checkups for their children, and asking for help and support when needed.
- Annually distribute an updated Guide to Preschools in English and Spanish
- Help start or expand home libraries by distributing children’s books to families participating in programs and through Norwalk Reads, Read to Grow, and Reach Out and Read.
- Continue to distribute information from The Family Support Alliance on literacy, child development, parenting, etc. to families through programs listed above.
- Continue providing resource information through the Norwalk Resource Directory and informing the community about 2-1-1 and Child Development Infoline/Help Me Grow to help families access the support they may need.
- Work with identified at-risk families in the Tracey Elementary School catchment area through an early learning group to support families in need of extra help in parenting their children.
- Continue support of the School Readiness Provider’s Wellfest.

- Continue to support the citywide Week of the Young Child celebration to promote, inform and educate the community on the importance of quality early care and education. This includes the One Read project in which all children in childcare in Norwalk would receive the same high-quality, new children’s book.

- Sustain the position of Early Childhood Coordinator. This position provides continuity and supports the work of the Norwalk Early Childhood Council, the Family Support Alliance and the Early Childhood Office at Norwalk City Hall.

Longer term activities (one to three years)

- Distribute parenting, child development, and early literacy information to families via an updated NECC website.

- Develop a Community Messengers Campaign in Norwalk enlisting parents to provide information on resources available to families (target harder-to-reach parents).

- Disseminate empowering parent information messages developed by the Family Support Alliance to families in the community with the help of local businesses and agencies.

- Provide funding to support a "Books for Newborns" program at the Norwalk Hospital Maternity Center to introduce families to the importance of reading to their children starting when they are babies.

- Expand the Parents As Teachers home visitation and early learning group program in Norwalk.

- Collaborate with the NHFC and Child FIRST on seeking funding to expand capacity to serve more of Norwalk’s most vulnerable young children.

- Explore ways to develop and measure increased parent involvement (such as encouraging regular attendance at school and community family events, and measuring attendance).

- Provide information about the Safe Haven Law for newborns.

- Provide Shaken Baby information to families through the Family Resource Centers, health centers, hospitals, and other settings in partnership with Help Me Grow and the Norwalk Healthy Families Collaborative.

- Expand the use by parents of developmental screening tools such as the Ages and Stages Questionnaire, in collaboration with Help Me Grow and Child Development Infoline.
Performance Measures

- Number of calls to 2-1-1.
- Number of visits to Child Development Infoline/Help me Grow.
- Number of parents who access the Norwalk Resource Directory.
- Number of families using Norwalk family support programs (e.g. Nurturing Families, MOMS, Healthy Start, Child FIRST, Family Resource Centers, Fatherhood Programs, parenting programs at Norwalk Housing Authority).
- Number and percentage of parents who are provided with information through parenting workshops.
- Number and percentage of parents who indicate on Early Learning Group and workshop evaluations or surveys, that they have a better understanding of their child’s development, know how to access support services, and have increased knowledge of positive parenting skills to help keep their children emotionally and physically safe in the home.
- Number of parents reached with information about resources and early childhood literacy by the Community Messengers campaign.
- Number of referrals to Department of Family Services while families were engaged in the program: Nurturing Families programs, the MOMS program and Healthy Start at Family & Children’s Agency, Parents as Teachers at the three Family Resource Centers, Fatherhood Programs at NEON, parenting programs at Norwalk Housing Authority and Child FIRST.
- Participation in community literacy programs (Norwalk Public Library System, Stepping Stones Museum for Children, Reach Out and Read at the Norwalk Community Health Center, and others).
- Number of books given to children ages birth to nine through free book distributions.
- Number of library cards issued to children and their increased use in accessing materials from the library.
- Number of pregnant and parenting teens given information about 2-1-1, the Norwalk Resource Directory (track through Family & Children’s Agency programs, the Young Parents Program, Fatherhood Programs, and Family Resource Centers), Child Development Infoline and Help Me Grow.
- Number of pregnant teens and teen parents who are engaged in support and parenting and child development programs through Family & Children’s Agency, Child FIRST, the Family Resource Centers and Fatherhood Programs.
- Number of teen parents and children involved in Department of Children & Families programs.
- Number of parenting teens and their children engaged in literacy programs.
Moving forward with the Plan

Finances: What is needed to accomplish these results for the 2012-2016 Early Childhood Action Plan?

The Plan’s financing
This plan was developed during challenging economic times. While conversations about finances are sometimes difficult, we all know that they are necessary. This is a conversation that we will continue to have as we work to accomplish our goals. We anticipate that our discussions will lead us to focus on the no- and low-cost options available to us, utilizing the talented and often untapped volunteer pool, partnering with other organizations, and reallocating our existing resources.

Governance: the structure to which we will hold ourselves accountable
The Norwalk Early Childhood Council and Early Childhood Team will:
- Convene the full Council five times per year
- Coordinate agreement on a set of outcomes
- Coordinate implementation
- Provide oversight and direction
- Measure our progress in meeting the set of results laid out in the Action Plan
- Engage, educate, and regularly inform the community about progress being made to improve results

Public Accountability
As part of this governance responsibility, the NECC commits to provide information about performance and results through ongoing annual reports to the public, and to regularly and continuously seek input and feedback on this community-wide effort to improve the health, happiness, and success of our youngest citizens.
**Goal 1: All Norwalk Children ages birth to nine are safe, healthy and ready to meet the challenges of school and life.**

**Domain: Early Care and Education, Birth to Age Five**

**Desired Population Result:** All Norwalk children birth to age five have a quality early childhood experience.

<table>
<thead>
<tr>
<th>Strategies (Proposed actions to “turn the curve”)</th>
<th>Timeline</th>
<th>Partners</th>
<th>Resources</th>
<th>Funding Gap</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify number of programs that currently serve the infant-toddler age group.</td>
<td>Ongoing</td>
<td>2-1-1Child Care Norwalk Early Childhood Office (NECO) Fox Run Family Resource Center</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Work to increase enrollment in quality infant/toddler programs and determine if need is being met for working families with infants and toddlers.</td>
<td>Ongoing</td>
<td>Family Resource Centers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey parents of infants and toddlers to determine need/desire for infant toddler center based care.</td>
<td>Ongoing</td>
<td>NEON Head Start Norwalk Housing Authority Family Resource Centers School Readiness Providers</td>
<td>Program Committee</td>
<td>In-kind</td>
<td></td>
</tr>
<tr>
<td>Support and encourage quality standards in existing infant-toddler programs.</td>
<td>Ongoing</td>
<td>Fox Run FRC NEON Fairfield County Association for the Education of Young Children (FAEYC)</td>
<td>Program Committee</td>
<td>Quality Enhancement</td>
<td>Include Infant/Toddler professional development in Program Committee.</td>
</tr>
<tr>
<td>Provide publicity about licensed infant-toddler programs through the Guide to Preschools, 2-1-1, and the Norwalk Resource Directory, in collaboration with Goal 3.</td>
<td>Ongoing</td>
<td>Goal 3 NEEC</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Collaborate closely with the Family Resource Centers working with families of infants and toddlers to educate parents about the importance of high quality early learning experiences.</td>
<td>Ongoing</td>
<td>Family Resource Centers Program Committee</td>
<td>In-kind</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Enable funded programs to adopt non-funded programs.</td>
<td>Ongoing</td>
<td>School Readiness Provider Network</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Develop a centralized system for families seeking information on preschool.</td>
<td>Ongoing</td>
<td>NECO</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Increase School Readiness preschool slots funding permits.</td>
<td>Ongoing</td>
<td>State Department of Education (SDE)</td>
<td>Available funding from SDE</td>
<td>$670,000</td>
<td>Increase the number of slots by approximately 80.</td>
</tr>
</tbody>
</table>
**Domain: Early Care and Education, Birth to Age Five**  
**Desired Population Result:** All Norwalk children birth to age five have a quality early childhood experience.

<table>
<thead>
<tr>
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<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to work with Norwalk Public Schools to expand the opportunities for Norwalk's preschool children to participate in the integrated preschool classes (&quot;typical&quot; children attend with children identified with special needs).</td>
<td>Ongoing</td>
<td>Public Schools, Preschool, Special Ed Department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue, in collaboration with the Goal 3 Family Support Alliance, to offer the Guide to Preschools, K Readiness Guide, and the Norwalk Resource Directory for information on local Early Childhood Education programs</td>
<td>Ongoing</td>
<td>NECC Goal 3</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Inform families about 2-1-1 Child Care in collaboration with the Family Support Alliance.</td>
<td>Ongoing</td>
<td>NECC Goal 3</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Continue to support and maintain current accredited programs through professional development.</td>
<td>Ongoing</td>
<td>Program Committee</td>
<td>Quality Enhancement</td>
<td>$25,000</td>
<td>Commit $25,000 for professional development.</td>
</tr>
<tr>
<td>Encourage non-accredited programs to participate in Provider Network meetings and professional development.</td>
<td>Ongoing</td>
<td>NECC</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Employ strategies to get more programs accredited by marketing accreditation more effectively, raising knowledge of the accreditation process, accredited programs mentoring non-accredited programs, providing information of the Accreditation Facilitation Project, using Director's Forums as vehicle for promoting NAEYC Accreditation.</td>
<td>Ongoing</td>
<td>School Readiness Provider Network, NECC Accreditation Facilitation Project, FAEYC Program Committee</td>
<td>QE</td>
<td>$500</td>
<td>Create a plan to address the need.</td>
</tr>
<tr>
<td>Support Directors through a variety of professional development opportunities which will build capacity to strengthen ECE Programs. Encourage non-accredited programs to participate in Provider Network Meetings and professional development.</td>
<td>Ongoing</td>
<td>Program Committee</td>
<td>QE</td>
<td>$1,200</td>
<td>Include professional development for Directors in the planning by the Program Committee.</td>
</tr>
<tr>
<td>Prepare the community for the expansion when funding becomes available.</td>
<td>Ongoing</td>
<td>NECC, Norwalk ECE Providers</td>
<td></td>
<td></td>
<td>Survey community programs to determine needs and inform them of SR requirements.</td>
</tr>
<tr>
<td>Align with other Norwalk community based organizations such as Norwalk ACTS to adopt a Collective Impact Model to leverage resources.</td>
<td>Ongoing</td>
<td>NEON, Norwalk ACTS, Norwalk Housing Authority, Stepping Stones, Norwalk Community College</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Collect, update, and electronically track kindergarten registration data for children entering with a preschool education.</td>
<td>Ongoing</td>
<td>Public School (NPS)</td>
<td></td>
<td></td>
<td>Team to complete the tasks.</td>
</tr>
<tr>
<td>Train school secretaries to get concrete information regarding preschool statistics.</td>
<td>Ongoing</td>
<td>NECC, NPS Kindergarten Transition Committee</td>
<td>In-kind</td>
<td></td>
<td>Reactivate Kindergarten Transition Committee to begin work to attain the goal.</td>
</tr>
</tbody>
</table>
**Domain: Early Care and Education, Birth to Age Five**  
**Desired Population Result:** All Norwalk children birth to age five have a quality early childhood experience.

<table>
<thead>
<tr>
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</table>
| Continue Brighter Futures Summer Program for children entering kindergarten without a formal preschool experience. | Starting 2013 | NECO  
NPS  
Norwalk Children’s Fund | In-kind administration  
Funding from Norwalk Children’s Fund | $110,000 | Board of Ed and City continue the Brighter Futures Program. |
| Seek Kindergarten Transition Committee support to get alignment of the data between pre-K and kindergarten. | Ongoing | NECO  
NPS | | | Reactivate Kindergarten transition committee NPS Data Team. |
| Provide technical support to child care centers on teaching developmentally appropriate strategies to support student learning focusing on the skills needed for kindergarten. | Starting 2013 | NECO  
NPS Early Childhood Instructional Specialist Program Committee | QE | $6,500 | Include technical assistance in the QE Budget. |
| Capture data from the Preschool Assessment Frameworks (PAF) by using an online tool to collect student outcome data. | Ongoing | NECO  
School Readiness Providers Program Committee | n/a | n/a | Work with SR providers to obtain child outcome data. |
| Train programs that are not gathering assessment data to begin doing this. | Ongoing | NECO  
Program Committee  
School Readiness Providers | n/a | n/a | Work with SR providers to support their collection of child outcome data. |
| Increase literacy activities for parents. Help support Goal 3 activities by publicizing workshops, etc. to parents and holding workshops at EC centers. | Ongoing | NECO  
Goal 3 Committee  
School Readiness Providers  
FRCs  
All Norwalk ECE Providers | n/a | n/a | Work with Goal 3. |
| Integrate and align pre-kindergarten to kindergarten curriculum, assessment and instructional practice; design joint professional development opportunities for teaching staff and administrators; and increase intentional opportunities for staff to work together to meet the needs of children and families. | Ongoing | NECO | Seek potential funders | $25,000+ | Seek grant funding to support this effort. |
| Give targeted support to at-risk children and families via the coordination of wrap around services, in collaboration with the Family Support Alliance and Norwalk Healthy Families Collaborative. | Ongoing | NECO, FRCS  
NHSA, NHFC  
NEON  
School Readiness Providers | In-kind | $25,000+ | Seek outside funding for a coordinator to identify at risk families and children to give targeted supports. |
| Develop parent academies—a series of workshops designed to help parents better understand child growth, development, and learning; to advocate for children; to collaborate with school community; and to achieve personal goals. | Ongoing | NECO, FRCS, NHSA,  
NHFC, NEON  
School Readiness Providers Program Committee  
Goal Three Committee | In-kind | $25,000+ | Seek outside funding for a coordinator to identify at risk families and children, and targeted supports. |
| Develop a campaign to highlight the critical importance of education targeted to at-risk children and families. | Ongoing | NECO, FRCS, NHSA,  
NHFC, NEON  
School Readiness Providers Program Committee  
Goal Three Committee | In-kind | $25,000+ | Seek outside funding for a coordinator to identify at risk families and children, and targeted supports. |
| Increase summer learning opportunities to decrease the probability of summer learning loss. | Ongoing | NECO, FRCS, NHSA,  
NHFC, NEON, SR Providers Program Committee  
Goal Three Committee Norwalk Collaborative for Youth Success | Seek grant opportunities | | Outside funding to develop programs. |
**Goal 2:** All Norwalk Children ages birth to nine have healthy bodies, healthy teeth and healthy minds.

**Overarching Strategy:** All children from birth to nine receive developmental/behavioral, weight and oral health screenings at well child visits and are referred to appropriate services as needed.

**Domain:** Early Childhood Health

**Desired Population Result:** Norwalk children ages birth to nine will be healthy and have well child visits and screenings to promote optimal healthy development. The NHFC group selected the following indicators:

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<tr>
<td>The NHFC partners will:</td>
<td>Ongoing</td>
<td>NHFC partners including WIC, FCA’s Healthy Start, MOMS &amp; NFN, FRCs, SBHCs, NCHC, AmeriCares Clinic, Day Street CHC, FSA &amp; Covering CT Kids (re HUSKY) &amp; NHFC Coordinator</td>
<td>In-kind</td>
<td>Potential 2012 CT state funding cuts</td>
<td>Seek funding as necessary.</td>
</tr>
<tr>
<td>• Sustain efforts to provide prenatal healthy information and link pregnant women to a “medical home” to help ensure that pregnant women obtain timely and regular prenatal care, starting as early in pregnancy as possible.</td>
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<tr>
<td>• Work together to ensure co-enrollment in WIC and HUSKY</td>
<td></td>
<td></td>
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<tr>
<td>• Publicize HUSKY, sustain community efforts to enroll all eligible children and help ensure that babies and children on HUSKY remain continuously enrolled.</td>
<td></td>
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<tr>
<td>• Maintain the online the Norwalk Resource Directory and 2-1-1 in collaboration with the Family Support Alliance so providers and families are aware of resources for healthcare, including HUSKY.</td>
<td></td>
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<tr>
<td>Explore developing a reminder/recall system to help ensure that children get their well child visits and screenings including lead screenings according to the AAP recommended schedule, and track the visits.</td>
<td>Develop in 2012, ongoing thereafter</td>
<td>NCHC, Day Street CHC, AmeriCares, NHD and NHFC Coordinator</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>As Immunization Action Plan (IAP) funding permits, work with the Norwalk Health Dept. IAP to bring children ages birth to two back into care who do not appear for their scheduled well child visits.</td>
<td>Ongoing</td>
<td>NHD IAP, NCHC, Day Street CHC, AmeriCares Free Clinic and private pediatric practices</td>
<td>CT IAP currently</td>
<td>Potential funding cuts</td>
<td>Seek funding as necessary.</td>
</tr>
<tr>
<td>Pediatricians continue to administer the MCHAT (Modified Checklist for Autism in Toddlers) at 18 months and 24 months per AAP guidelines to screen for autism and refer children as needed to Birth to Three/Child Development Infoline (central intake for Birth to Three).</td>
<td>Ongoing</td>
<td>Birth to Three working with NCHC, Day St. CHC and Norwalk pediatricians</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Arrange with CHDI EPIC and Bridgeport Child FIRST to train interested pediatric healthcare providers in the screening tools used by EPIC &amp; Child FIRST</td>
<td>Potential Expansion 2014–2016</td>
<td>Child FIRST, local pediatricians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to track and share data as to the # of referrals of children and their families made to specific community services. [Data Development]</td>
<td>2012–2016</td>
<td>NCHC, Day Street CHC, AmeriCares Free Clinic, NHD with assistance of NHFC Coordinator</td>
<td>In-kind</td>
<td>Yes</td>
<td>Seek funding as necessary.</td>
</tr>
<tr>
<td>Eventually share successes with Norwalk HUSKY providers and private practice pediatricians at a Norwalk Hospital pediatric meeting, to engage additional partners in the above efforts.</td>
<td>2015–2016</td>
<td>NCHC, NHFC, Child FIRST &amp; NHFC Coordinator</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sustain NHFC Coordinator Position to coordinate and monitor the progress on the 2012–2016 Goal 2 Strategies.</td>
<td>2012–2016</td>
<td>NECC</td>
<td>Grant funds</td>
<td></td>
<td></td>
</tr>
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</tr>
</tbody>
</table>
Domain: Children’s Behavioral Health
Desired Population Result: Norwalk children birth through age nine who are identified at well child screenings with developmental and/or behavioral health issues receive appropriate services to improve their well-being.

<table>
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<tr>
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<tbody>
<tr>
<td>Through collaboration, provide early intervention, behavioral health, and prevention programs offering a continuum of care for children identified with developmental and/or behavioral health concerns to improve children’s well-being and functioning. • Keep Child FIRST embedded at Norwalk Community Health Center and expand capacity.</td>
<td>Ongoing</td>
<td>NHFC Partners including FCA, MFCGC, Child FIRST, the FRCs, Catholic Charities, Day Street CHC and NCHC Behavioral Health, and other local agencies and providers, with support from state and local funding partners MFCGC, FCA &amp; NCHC for Child FIRST NHFC Coordinator</td>
<td>Yes – effect of current 2012 state of CT funding cuts on Norwalk programs to be determined</td>
<td>Immediate need for $178,000 to expand Norwalk Child FIRST capacity by adding 1 team of a mental health clinician and a care coordinator</td>
<td>Seeking additional funds from private philanthropy to meet Child FIRST immediate need.</td>
</tr>
<tr>
<td>NCHC, AmeriCares, NHD and Day Street CHC continue to refer children identified with behavioral and/or developmental issues and their families to appropriate services, with signed parental Release of Information and permission as required.</td>
<td>Ongoing</td>
<td>NCHC, AmeriCares NHD and Day Street CHC</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Track and share data as to the number of referrals made for children and their families to specific community services. Work together to develop resources to address any gaps in treatment services – identify additional funding to expand capacity as needed. • Add 2 bilingual mental health staff at Child Guidance of Mid-Fairfield County</td>
<td>Ongoing effort</td>
<td>NHFC Partners with NHFC Coordinator NHFC Partners</td>
<td>No new $ available. Sustain the programs we have in place.</td>
<td>TBD</td>
<td>Seek additional funds</td>
</tr>
<tr>
<td>Track # and % of children (birth to age nine) receiving mental health services compared to the estimated community need.</td>
<td>Track annually</td>
<td>NHFC Partners with NHFC Coordinator</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Domain: Childhood Obesity Prevention  
Desired Population Result: Norwalk children ages birth through nine are a healthy weight

<table>
<thead>
<tr>
<th>Strategies (Proposed actions to “turn the curve”)</th>
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<th>Funding Gap</th>
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<tbody>
<tr>
<td>Support revitalization of Norwalk Health Department Childhood Obesity Prevention Committee and its strategies to help address childhood obesity in the community. (For example, in collaboration with the Norwalk Early Childhood Council, the NHFC will serve to connect the Childhood Obesity Prevention Committee with early childhood providers to help collect information on current policies and systems related to nutrition and physical activity.)</td>
<td>Ongoing</td>
<td>NHD Childhood Obesity Prevention Committee (Partners include NHFC, NECC, Early Childhood Coordinator, NPS), Yale Rudd Center</td>
<td>In-kind</td>
<td>Potential</td>
<td>Seek funding as needed.</td>
</tr>
<tr>
<td>Childhood Obesity Prevention Committee coordinates specific community childhood obesity prevention efforts and oversees implementation of targeted strategies. Major focus in 2012-2016 on implementing a new initiative, to a) use the data collected to determine/implement health-promoting, high-impact policies related to physical activity and nutrition in daycares, preschools, and Norwalk Public Schools, and b) help develop and implement a youth-driven social marketing campaign to support those policies and encourage healthy choices.</td>
<td>Ongoing</td>
<td>NHD and Committee Partners</td>
<td>Initiative funded by National</td>
<td>Gaps to be identified by Obesity Prevention Committee</td>
<td>Seek funding as needed.</td>
</tr>
<tr>
<td>Continue to collect BMI data for NPS kindergarteners and gather data at Grade 3 to share, track and compare.</td>
<td>Annually</td>
<td>NHD and NPS with assistance of NHFC Coordinator</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Track CT Physical Fitness Assessment data for NPS 4th Graders.</td>
<td>Annually</td>
<td>NHD and NPS with assistance of NHFC Coordinator</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>The NHFC will provide input to the Childhood Obesity Prevention Committee regarding the health of children birth to age nine.</td>
<td>Ongoing</td>
<td>NHFC Coordinator</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
**Domain:** Children’s Oral Health  
**Desired Population Result:** Norwalk children birth through age nine have oral health screenings, preventive care, and restorative care as needed.

**Strategies** (Proposed actions to “turn the curve”)  
Collaborate with the partners in the NHFC and the Norwalk Oral Health Collaborative on implementing the following strategies:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Ongoing</td>
<td>CT DPH, NHFC partners, Norwalk Oral Health Collaborative, NECC, FSA, CT Dental Health Partnership</td>
<td>Messaging supported by GMF in 2012. Collaborating Partners provide info as part of funded services (e.g. School Readiness, FRCs and home visiting programs.)</td>
<td>No</td>
<td>Seek additional funding for community messaging campaign as needed. For example, may need additional funds for stipends for Community Messengers (see Goal 3).</td>
</tr>
<tr>
<td>2013 on</td>
<td>NCHC, Day Street CHC, AmeriCares Clinic and the NHD</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2013 on</td>
<td>Same, with assistance of NHFC Coordinator</td>
<td>In-kind</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2013 on</td>
<td>NHFC, Day Street CHC and Norwalk Oral Health Collaborative</td>
<td>Pro Bono</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

NCHC, Day Street CHC, AmeriCares Clinic and the NHD work to ensure that pregnant women have a dentist, children ages one to nine have a dentist (dental “home”) and this information is recorded in the medical record.

The above providers track and share data as to the number of OB and pediatric patients referred to a dentist/dental home.

Advocate for coverage for the first dental visit at one year. (Some insurance does not cover visits for one-year olds.)
### Goal 3: All Norwalk Children birth to age nine are safe, healthy and ready to meet the challenges of school and life.

**Overarching Strategy:** All Norwalk families have access to the support and information needed to nurture their young children and keep them safe.

**Domain:** Family Support And Safety

**Desired Population Result:** Norwalk children birth to age nine grow up in literacy-rich environments that promote attachment, language and literacy development through reading and talking together.

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<tr>
<td>Stepping Stones Museum for Children: Continue “Parent Zone” workshops on literacy and parenting issues in both English and Spanish for parents and caregivers.</td>
<td>Ongoing</td>
<td>Stepping Stones Museum for Children, Family Support Alliance, United Way of Coastal Fairfield County</td>
<td>In-kind and purchased</td>
<td>$2,400 (currently funded through the United Way of Coastal Fairfield County)</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Messaging Campaign—messaging posters displayed throughout the community delivering important messages to families about reading to their children, the importance of regular preschool and elementary-high school attendance, getting regular doctor and dental checkups for their children and asking for help and support when needed. Displayed in high traffic areas, libraries, buses, public buildings, etc.</td>
<td>Ongoing</td>
<td>Family Support Alliance, Norwalk Transit Authority</td>
<td>In-kind updates</td>
<td>$100 yearly to print updated versions currently funded through the United Way of Coastal Fairfield County</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Through the Fox Run Family Resource Center’s network of Kith and Kin and Home Daycare Providers, provide parenting information to the providers for distribution to the parents of children in their care.</td>
<td>Ongoing</td>
<td>Fox Run FRC</td>
<td>QE funding</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Through the Fox Run Family Resource Center’s network of Kith and Kin and Home Daycare Providers, provide an annual workshop for providers on effective communication with parents.</td>
<td>Ongoing</td>
<td>Fox Run FRC</td>
<td>In-kind and purchased</td>
<td>$200 (speaker)</td>
<td>n/a</td>
</tr>
<tr>
<td>Distribute children’s books to families participating in programs in collaboration with Norwalk Reads and Read to Grow, Inc. to start or expand home libraries.</td>
<td>Ongoing</td>
<td>Norwalk Reads and Read to Grow, Inc.</td>
<td>Book Donations</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>The Family Support Alliance: continue to distribute information on literacy, child development, parenting, etc. to families through programs listed above and other venues including the Back-to-School Night at Stepping Stones Museum for Children and the Wellfest.</td>
<td>Ongoing</td>
<td>Members of the Family Support Alliance</td>
<td>In-kind</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Track Norwalk Public Schools kindergarten – grade three district behavioral data.</td>
<td>Ongoing</td>
<td>Members of the Family Support Alliance</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Continue providing resource information through the <em>Norwalk Resource Directory</em> and informing the community about 2-1-1 and Child Development Infoline/Help Me Grow to help families access the support they need.</td>
<td>Ongoing</td>
<td>NHF Coordinator provides support in updating Directory and FSA programs</td>
<td>Graustein Memorial Fund</td>
<td>Funding needed for maintenance</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Continued support for the School Readiness Provider’s Wellfest.</td>
<td>Ongoing</td>
<td>School Readiness Providers, area healthcare and service providers</td>
<td>In-kind (media, exhibitors) and purchased (supplies)</td>
<td>$4,000 (currently funded through the United Way of Coastal Fairfield County)</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Through Adult ESL classes, provide information to parents in their native language. (Predominate languages.) Translation of written materials by volunteers.</td>
<td>Ongoing</td>
<td>Adult ESL Providers: FRCs, Literacy Volunteers, Family and Children’s Agency, Norwalk PS, NEON, Norwalk Housing Authority, Norwalk Public Library</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</table>
## Domain: Family Support And Safety

### Desired Population Result:
Norwalk children birth to age nine grow up in literacy-rich environments that promote attachment, language and literacy development through reading and talking together.

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<td>Work with childcare providers and the Norwalk Public Library System to increase the number of families who have library cards for their youngest children.</td>
<td>Ongoing</td>
<td>Norwalk Public Library System</td>
<td>n/a</td>
<td>n/a</td>
<td>Increase the number of library cards for young children.</td>
</tr>
<tr>
<td>Provide information to families who attend programs at the Norwalk Public Library.</td>
<td>Ongoing</td>
<td>Norwalk Public Library System</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Maintain the Parents as Teachers work with identified at-risk families. This program currently serves Spanish-speaking families who reside in the Tracey Elementary School catchment area.</td>
<td>Ongoing</td>
<td>Family Resource Center at Fox Run Elementary School, Norwalk Housing Authority</td>
<td>In-kind (meeting space) and purchased</td>
<td>$7,000 (currently funded through the United Way of Coastal Fairfield County)</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Expand the Parents as Teachers home visitation program in the South Norwalk area to serve an additional 50 English and Spanish-speaking at-risk families with young children.</td>
<td>Ongoing</td>
<td>Family Resource Centers, Housing Authority</td>
<td>In-kind (meeting space) and purchased</td>
<td>$75,000 to fund certified PAT educators serve 50 families</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Continue to support the citywide Week of the Young Child celebration to promote, inform and educate the community on the importance of quality early care and education. This also includes funding for the One Read project in which all children in care in Norwalk would receive the same high-quality, new children’s book during the WOYC.</td>
<td>Ongoing</td>
<td>Community partners and funders including the United Way of Coastal Fairfield County, Stepping Stones Museum for Children, the Norwalk Public Library, etc.</td>
<td>In-kind and donations</td>
<td>$10,000 to fund books and advertising materials. Books include a new high-quality children’s book for every child in care in Norwalk.</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Continue to support the Reach Out and Read Program at the Norwalk Community Health Center. Expand the program to all pediatric practices and clinics in Norwalk.</td>
<td>Ongoing</td>
<td>Norwalk Community Health Center</td>
<td>In-kind and donations</td>
<td>$6,500 (currently funded through the United Way of Coastal Fairfield County)</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Continue funding the position of Early Childhood Coordinator. This position provides continuity and supports the work of the Norwalk Early Childhood Council, the Family Support Alliance and the Early Childhood Office at Norwalk City Hall.</td>
<td>Ongoing</td>
<td>City of Norwalk</td>
<td>Funded by Graustein Memorial Fund and the City of Norwalk</td>
<td>$75,000*</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Reach out to teen parents through the NPS School-based Health Centers, Family &amp; Children’s Agency and the FRCs to connect them and their young children to the children’s services and programs of Norwalk Public Library and ensure every family has a library card; inform them about and engage them in early literacy programs and workshops, such as Reach Out and Read at NCHC, Stepping Stones Museum &amp; Read to Grow literacy programs.</td>
<td>Ongoing</td>
<td>Norwalk Public Schools, Museum, NCHC, Read to Grow</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</table>
**Domain: Family Support And Safety**  
**Desired Population Result:** Norwalk children birth to age nine grow up in literacy-rich environments that promote attachment, language and literacy development through reading and talking together.

<table>
<thead>
<tr>
<th>Strategies (Proposed actions to “turn the curve”)</th>
<th>Timeline</th>
<th>Partners</th>
<th>Resources</th>
<th>Funding Gap</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate on outreach to pregnant teens and teen parents to connect them to the parenting and child development support available to them through Family &amp; Children's Agency’s Healthy Start program (connection to healthcare and support for mothers and babies at or below 185% of FPL), MOMS (home visiting support for mothers and their babies to age 3), and Nurturing Families Network programs (for first-time parents); the Norwalk Family Resource Centers’ Parents as Teachers home visiting and child development Early Learning Groups programs; Norwalk Child FIRST (intensive in-home clinical mental health and home visiting parent support program for parents and their babies and children at high risk up to age 6), and the FCA and NEON Fathers’ Programs.</td>
<td>Ongoing</td>
<td>FCA, FRCs, Mid-Fairfield</td>
<td>n/a</td>
<td>n/a</td>
<td>Child Guidance, NEON</td>
</tr>
<tr>
<td>Collaborate with the partners in Norwalk Healthy Families Collaborative on reaching out to pregnant teens to provide prenatal health information and ensure they obtain timely prenatal care and information about the importance of folic acid. Partners include the School Based Health Centers, Norwalk Community Health Center, Norwalk Health Department WIC program, AmeriCares Free Clinic and Day Street Community Health Center.</td>
<td>Ongoing</td>
<td>NHFC Partners</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Develop a program to train residents to act as volunteer Community Messengers in their neighborhoods. After a series of training sessions on available resources in Norwalk conducted by representatives from a variety of agencies, Messengers would be charged with reaching out to neighbors to keep them informed of services and opportunities in our community. This would include a monthly meeting with small stipend for volunteers to provide for ongoing training.</td>
<td>Starting 2013</td>
<td>Community partner agencies</td>
<td>In-kind (coordinator and trainers)</td>
<td>$7,500 to cover cost of supplies and gift card ($25) monthly stipend for messengers.</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
<tr>
<td>Provide funding and support for a Books for Babies program at Norwalk Hospital to expose families of new babies to the importance of reading to their children starting when they are newborns</td>
<td>Starting 2013</td>
<td>Norwalk Hospital</td>
<td>In-kind and donations</td>
<td>$5,000 yearly to provide a new board book to every new baby at Norwalk Hospital</td>
<td>Develop a funding plan for the Norwalk Early Childhood Council.</td>
</tr>
</tbody>
</table>

**Goal 3 Total Estimated Yearly Cost (including EC Coordinator): $194,000**
**Funders**

William Caspar Graustein Memorial Foundation
United Way of Coastal Fairfield County
City of Norwalk
Norwalk Public Schools
Connecticut State Department of Education
Norwalk Children’s Foundation
Grossman Family Foundation

**Partners**

AmeriCares Free Clinic
Birth to Three
Catholic Charities of Fairfield County
Child Guidance Center of Mid-Fairfield County
Children’s Trust Fund — Help Me Grow — Healthy Start
City of Norwalk
Connecticut Dental Health Partnership
Connecticut Department of Children & Families
Connecticut Department of Public Health
Connecticut Department of Social Services
Covering CT’s Kids
Day Street Community Health Center
Fairfield County Community Foundation
Family and Children’s Agency (Family Support & Prevention Programs: Nurturing Families Network, MOMS, Healthy Start; Behavioral Health)
Family Support Alliance
Five Mile River Nursery School
Fox Run Family Resource Center
Human Services Council
Naramake Family Resource Center

NEON
Norwalk ACTSO
Norwalk Board of Education
Norwalk Chamber of Commerce
Norwalk Child FIRST
Norwalk Children’s Foundation
Norwalk Community College
Norwalk Community Health Center
Norwalk Health Department (Child Health Services, Immunization Action Plan, Norwalk Childhood Obesity Prevention Committee, WIC)
Norwalk Healthy Families Collaborative
Norwalk Hospital
Norwalk Housing Authority
Norwalk Oral Health Collaborative
Norwalk Public Library System
Norwalk Public Schools
School Based Health Centers
School Readiness Provider Network
Side by Side Community School
Family Resource Center
Stepping Stones Museum for Children
United Way of Coastal Fairfield County
William Caspar Graustein Memorial Fund (Discovery Initiative)