

Blueprint

The Waterbury Early Childhood Action Plan

PHASE I

Prepared by Early Childhood Plan Task Force of the
Waterbury School Readiness Council

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JULY 2008

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BLUEPRINT

THE WATERBURY EARLY CHILDHOOD ACTION PLAN

EXECUTIVE SUMMARY

Waterbury, a community proud of its history and contributions of its citizens, also understands the importance of safeguarding its future. Supporting healthy growth and development of the city is dependent on the healthy growth and development of its children.

OUR VISION

Young children and their families face many challenges in our community. To address these challenges, Waterbury Mayor Michael Jarjura and Superintendent of Schools Dr. David Snead convened a Task Force of early childhood leaders and community stakeholders to develop a community plan to support our most vulnerable citizens: children from birth to age eight.

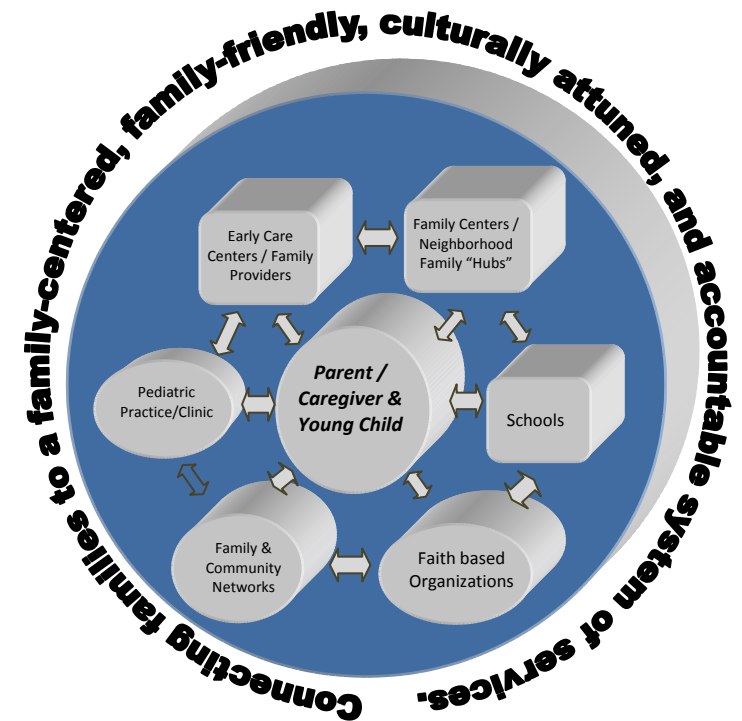
More than 80 people formed core Work Groups to create this plan, the **Waterbury Blueprint**, to realize the vision defined by Mayor Jarjura and Dr. Snead:

All children will enter kindergarten healthy, meeting all developmental milestones, and with the skills, knowledge, and behaviors necessary for school success.

All children will learn to read by the end of third grade.

Our Task Force established three goals to realize our vision, and the means to achieve them:

1. All Children will have access to high-quality Early Care and education services from birth to eight years.
2. All families will have information, skills, and support needed to fulfill their roles as their child’s first teacher.
3. Waterbury children ages zero to eight enter and continue in school healthy, nourished, and ready to learn.

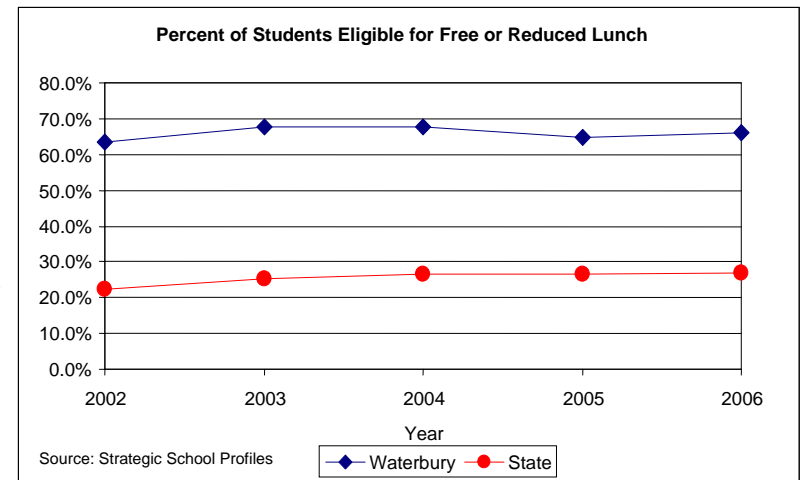


The Waterbury Blueprint provides a roadmap for action and shows how schools, businesses, parents, and the community can build bridges and work together on behalf of our children. The result will be an integrated, family-centered, early childhood service system for Waterbury families.

WATERBURY FAMILIES, CHILDREN, AND SERVICE SYSTEMS

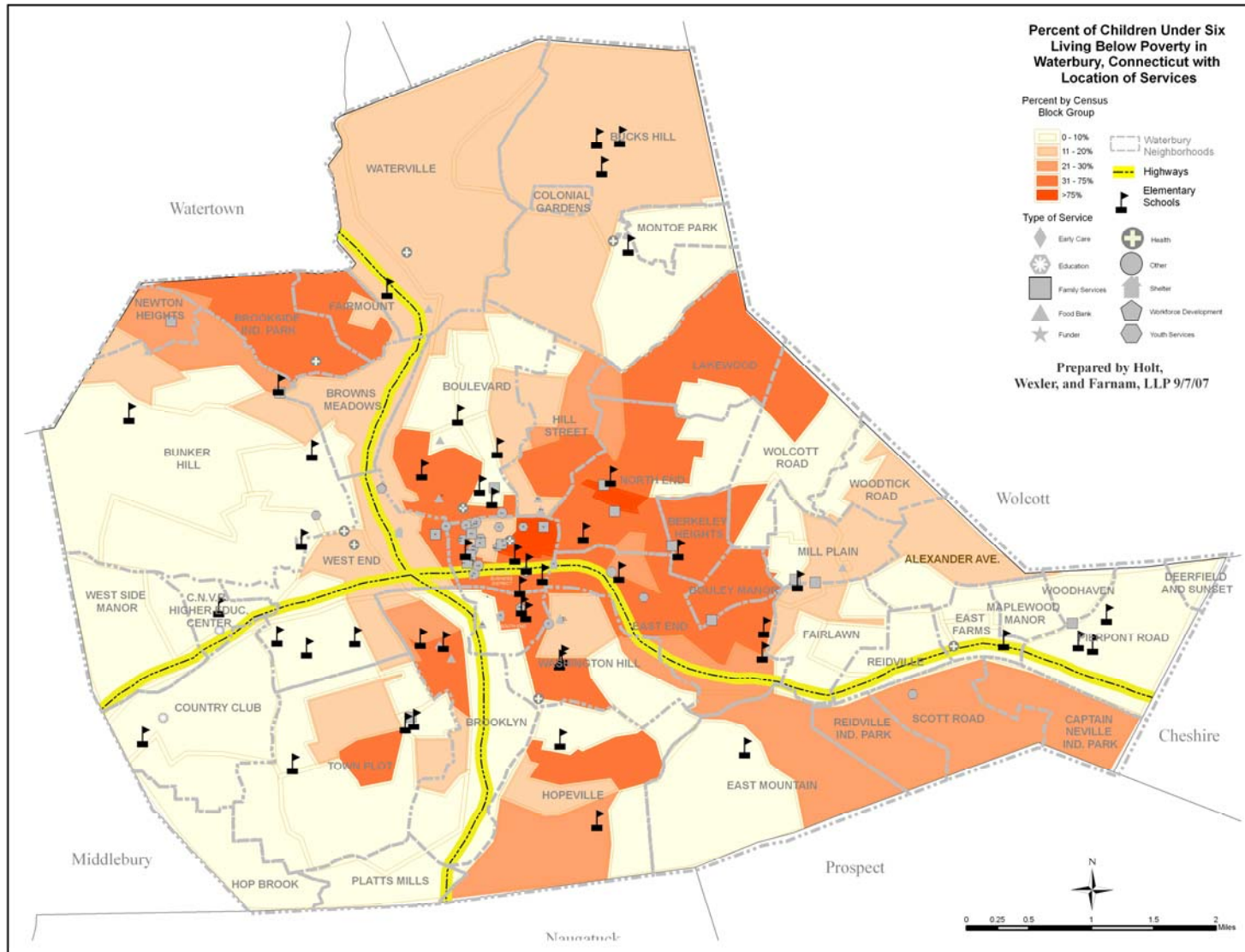
There are an estimated 13,400 children under age eight in Waterbury. Several data points demonstrate how Waterbury’s children are impacted by the “risk factors” identified by the Governor’s Early Education Cabinet as impacting children’s school success.

- 26.8% of children under age six live below the federal poverty level.
- 27% of children live in households in which the mother has not completed high school.
- More than 47% of Waterbury families with children are headed by single parents.
- 65% of children live in homes in which both parents work outside the home (indicating a need for out-of-home care).
- In 2005-2006, 30.8% of Waterbury students attended a different school the previous year.
- More than 30% of the population does not speak English at home.
- 8% of Waterbury infants and toddlers are enrolled in the Birth to Three developmental-assistance program, compared with only 3% statewide.



With the compounding effect of these risk factors, it is imperative for us to improve the services and opportunities available for these high-risk populations. Our challenges are compounded by the current system of care. With only 11.6 slots per 100 children, the supply of high-quality, affordable Infant-Toddler Care is woefully inadequate in Waterbury. In addition, the Task Force estimates an additional 600 preschool spaces are needed to meet demand. With many agencies already working with low-income families to address their complex needs, a better integration of services will help close the gaps in our continuum.

Figure ES-1: Waterbury Family Services and Related Resources in Relation to Neighborhoods and Concentrations of Children in Poverty



WHAT WE PROPOSE

Waterbury Early Childhood Action Plan is driven by two population level results we want to achieve:

All children will enter kindergarten healthy, meeting all developmental milestones, and with all the skills, knowledge, and behaviors necessary for school success.

The Challenge:

In 2007, the Waterbury Public Schools studied the relative proficiency in reading of students in kindergarten in the spring, comparing those who had attended WPS preschool with those who had not. 51.4% of the 350 who had attended WPS preschool students achieved proficiency vs. only 39.9% of the 1,281 who had not. 91.4% of the WPS preschool attendees were promoted to first grade vs. 82.5% of the other students.

Indicator of Progress:

- Percentage of children assessed as “ready” through a valid kindergarten entry or preschool exit assessment.

All children will learn to read by the end of third grade.

The Challenge:

Of 1,374 third-graders tested, 26.7% were at goal in reading in 2007. This is not only down from 29.4% in 2006, but well below the statewide rate of 52.3%. In addition, 54.9% students scored below proficient, the level used for evaluating schools under No Child Left Behind, and 37.5% scored below basic, meaning they essentially could not read after up to four years of instruction.

Indicator of Progress:

- Percentage of students scoring at least “proficient” on the CMTs.

To achieve these results, the Waterbury Early Childhood Action Plan includes 11 high-priority strategies in the areas of Early Care and Education, Family Success, and Health. Within each area, we identify our challenges and the indicators by which we will measure success. Detailed data, action steps, and financial implications can be found in the Waterbury Early Childhood Action Plan full plan.

A. EARLY CARE AND EDUCATION

Our Goal: All children will have access to high-quality Early Care and education services from birth to eight years.

The Challenge:

Quality Early Care and education services play the dual role of preparing children for school success and enabling parents to participate in the workforce with the peace of mind that their children are well cared for. With this in mind, Waterbury Early Childhood Action Plan Early Care and education strategies both expand the number of slots in ECE programs and improve service quality.

Indicators of Progress:

- Number of Infant-Toddler Care spaces available
- Percentage of kindergarten students who have attended a preschool program
- Percentage of preschool program spaces in accredited programs
- Percentage of preschool head teachers with BA degrees
- Percentage of kindergarten students registered by June 1

Strategies:

1. Expand supply of quality Early Care and education.
2. Improve quality of Early Care through expanded curriculum resources and professional development.
3. Expand access to educational opportunities for Waterbury Early Care and education staff to meet increasing teacher needs and requirements.
4. Develop comprehensive kindergarten transition program to support children, families, and educators.
5. Enhance instruction and family involvement in kindergarten through grade three.

B. FAMILY SUCCESS

Our Goal: All families will have information, skills, and support needed to fulfill their roles as their child's first teacher.

The Challenge:

Waterbury is fortunate to have a number of effective agencies with strong leadership and long histories of working to meet the needs of families. The Waterbury Blueprint shines a spotlight on applying this experience to services for young children and their families to create an integrated, family-centered, early childhood service system.

Indicators of Progress:

- Participation in family programming
- Agency and individual family use of 211 referral services
- Number of "Family Hubs" established
- Rate of children ages zero to eight abused or neglected
- Parenting skill levels as measured by program exit assessments

Strategies:

1. Develop network of strong, neighborhood-based family "hubs" for information, parent education, and access to services.
2. Provide consistent support services to families served by Infant-Toddler and Preschool Early Care sites and elementary schools.
3. Reach families with information and personal contact to deliver child health and development messages.
4. Waterbury parents have the opportunity to exercise leadership and develop professional skills.

C. HEALTH

Our Goal: Waterbury children ages zero to eight enter and continue in school healthy, nourished, and ready to learn.

The Challenge:

The Waterbury Blueprint seeks to build opportunities for pediatricians and health-care providers to network and improve their approach to “medical homes” for children, which will increase quality and reduce the costly care given through emergency departments. We acknowledge that other health access efforts must be integrated into this approach.

Indicators of Progress:

- Percentage of Waterbury children who know their primary-care physician
- Percentage of Waterbury children receiving recommended schedule of well-child visits

Strategies:

1. All Waterbury children ages zero to eight will have access to quality primary and dental care.
2. All Waterbury children ages zero to eight receive specialty medical care and dental services as needed, and benefit from community health and wellness initiatives.

MANAGEMENT, GOVERNANCE, AND FINANCE

The Early Childhood Task Force, in consultation with the mayor and superintendent, has worked with the leadership of the Waterbury Prevention Policy Board to articulate a coordinated governance process that will result in a continuum of community planning and action for healthier families and children across the age span from before birth to age 21.

The leadership of the Waterbury School Readiness Council and the Waterbury Prevention Policy Board will create a Joint Leadership Team that will meet regularly to coordinate the work across the two entities and establish joint project Work Groups or committees as required.

A scan of investments in early childhood services in Waterbury by federal, state, and philanthropic funders identified \$110 million in total spending on young children and their families. This analysis provides a sense of the scale of investment and also identifies the partners that should be engaged by the Council to assist in implementing the plan.

NEXT STEPS

The Task Force will be taking the Waterbury Early Childhood Education Plan out to the community in a series of conversations and forums over the next 18 months to get community feedback and help refine the priorities in the plan. The Task Force will also be working with the Waterbury School Readiness Council, the Waterbury Prevention Policy Board, the mayor, and the superintendent to put in place the following essential components of a comprehensive community plan to ensure full implementation:

- **Management and Governance Structure:** The details of the Committee and Work Group structure, staffing, and flows of decisions and communications in the new governance structure will need to be designed and put in place in the coming months.
- **Data collection system:** To monitor and track indicators and results, this will be developed over time, building on current systems.
- **Financing strategy:** Costs need to be further developed, identifying resources across categorical funding streams to activate the plan and achieve the results.
- **Accountability system:** Regular, public reports need to be given on the status of children and progress made against the plan’s goals, objectives, and results.

The Waterbury Early Childhood Action Plan is grounded in the work of dozens of committed individuals and the input of hundreds of community members who have participated in multiple forums during the past three years. Through these efforts, Waterbury children will succeed.

PLAN PARTICIPANTS

See full plan for a listing of Waterbury stakeholders who participated in the plan’s development process.

Waterbury Blueprint: The Waterbury Early Childhood Action Plan

I. Introduction

Waterbury, a community proud of its history and the contributions of its citizens, understands the importance of safeguarding its future, key to which is its smallest citizens, young children, and their families. Supporting healthy growth and development of the city is dependent on the healthy growth and development of its children.

Extensive research informs us on the critical importance of the first years of life in a child's development and capacity to learn.¹ Dr. Jack Shonkoff of Harvard University led a conference on services in support of Infant-Toddler programs in which he detailed the impact of toxic stress on the developing brains of young children.² Numerous studies have demonstrated the high return on investments in quality early childhood services. ***It is far less expensive to give children the right start than to intervene after problems arise.***

Waterbury has worked hard in recent years to respond to the challenges of preparing our children for school, mobilizing our many community programs and assets through the work of the School Readiness Council and other organizations.

Mayor Michael Jarjura and Superintendent of Schools Dr. David Snead have defined the vision that drives the plan (see text box—page 2).

Young children and their families face many challenges in our community. To address these challenges, the Mayor and Superintendent convened a Task Force of early childhood leaders in December, 2006 to develop this community plan to support our most vulnerable citizens – children from birth to age eight.

More than 80 people joined Work Groups to review data and identify priorities, partnerships, resources, and strategies needed to support and improve developmental and learning outcomes for all Waterbury children. Others in the community expressed their views through numerous community forums and discussions in recent years (see text box—page 2) that have reinforced two messages:

- Quality early childhood services are a community need and priority.
- It is time to move from planning to action.

Working through the summer of 2007, these Work Groups established three goals and the means to achieve them:

Goal 1: All children will have access to high quality Early Care and education services from birth to eight years.

Goal 2: All families have information, skills, and support needed to fulfill their role as their child's first teacher.

Goal 3: Waterbury children from birth to age eight enter or continue in school healthy, nourished, and ready to learn.

The **Blueprint** provides a roadmap for action and shows how schools, businesses, parents, and the wider community can build bridges and work together on behalf of children.

The Waterbury School Readiness Council (WSRC) will drive implementation and reflect a broad vision of the plan, encompassing health and family support in addition to Early Care and education. The Task Force seeks to align its work, particularly in health and family support, with the work of the Waterbury Prevention Policy Board (WPPB), the community collaborative that is working to improve outcomes for children and youth, focusing mostly on youth ages 10 to 18. Just as the WPPB has adopted the Search Institute's framework of

¹ See Appendix G for the evidence relied upon in the creation of the Plan.

² See Shonkoff, Jack, "A Science-Based Framework for Early Childhood Policy," Center on the Developing Child, Harvard University, 2007.

defining and increasing youth’s Developmental Assets as a way to drive improvements in youth services,³ the Council will work with community early childhood programs to increase the presence of the Developmental Assets defined by the Search Institute for children from birth to age eight and their families.⁴

The plan focuses on the families and the challenges they face as well as on the assets in the community that are helping in their efforts to raise children: keeping them safe and healthy, and helping them grow and learn. This “ecological approach” sees the family as part of an extended family, a cultural setting and a neighborhood, interacting with others and with institutions including schools, police, health care, employers, and faith-based organizations.

Section II presents demographic and service information for Waterbury. In Section III, we discuss the overall goals of the plan and where we are now on each. Within each area in Section IV, the plan establishes the results we want, why they are important, and how we will get there.

In Section V, the plan recommends a community governance structure and monitoring process to make sure it happens.

Section VI details next steps in implementing the plan recommendations.

Listening to the Waterbury Community

In preparing to develop this Plan, the Task Force and the School Readiness Council listened to the community voice through numerous events and processes in recent years, including (number of participants in parentheses):

- Early Childhood Partners Community Forum, 2005 (80)
- Community Listening Forum on the Governor’s Early Childhood Education Cabinet Framework, November 2006 (100)
- United Way Needs Assessment Survey, 2006 (350)
- Connecticut Community Foundation Motherread/Fatheread forums, Spring, 2007 (60)
- Community Survey and Structured Discussions, Summer 2007 (est. 120)
- Community Forum on Draft Early Childhood Plan Directions, July 2007 (90)
- Community Listening Forum on Cabinet Infant-Toddler Plan, December 2007 (50)
- United Way Priority Setting Process, 2007 (175)
- Task Force-sponsored parent survey (78) and parent conversations (80)
- Waterbury Youth Summit: What’s Up with Our Kids? October 2007 (200)
- Search Institute Youth Survey, April 2007 (750)

³ See Search Institute, Waterbury Youth Survey, April 2007.

⁴ See Appendix B for list of the 40 Developmental Assets for Childhood Development as defined by the Search Institute.

a. Creating a System of Family Supports

Families regularly interact with a number of services – health, Early Care, education, family services. The plan seeks to partner with staff in these settings to make sure families are getting the information and services they need. **The result will be an integrated, family-centered, early childhood service system for Waterbury families.** The plan seeks services that are effective and efficient; in other words, children and families will get what they need in a convenient, nonthreatening environment. For instance, nearly all mothers interact with an obstetrical practice and well over 85% of new parents seek well-child care in the first months of a child’s life. The plan calls for working with medical professionals and staff to educate families regarding resources in the community.

The challenge is to work with the people in each of these settings to deliver a common set of messages; the importance of quality preschool, regular well-child visits, and reading to children from a young age.

All providers will be made aware of all resources in the community and will be linked to improved methods of referral to get families the right services.

These places where families go for services thus become “platforms” or “hubs” for the connection of families to information and services across sectors that can help them to support their child’s sound development. (See Figure I-1)

Tasks to ensure positive change for families include development of common messages, cross-sector professional development for leaders and funding to support needed work and effective governance structures.

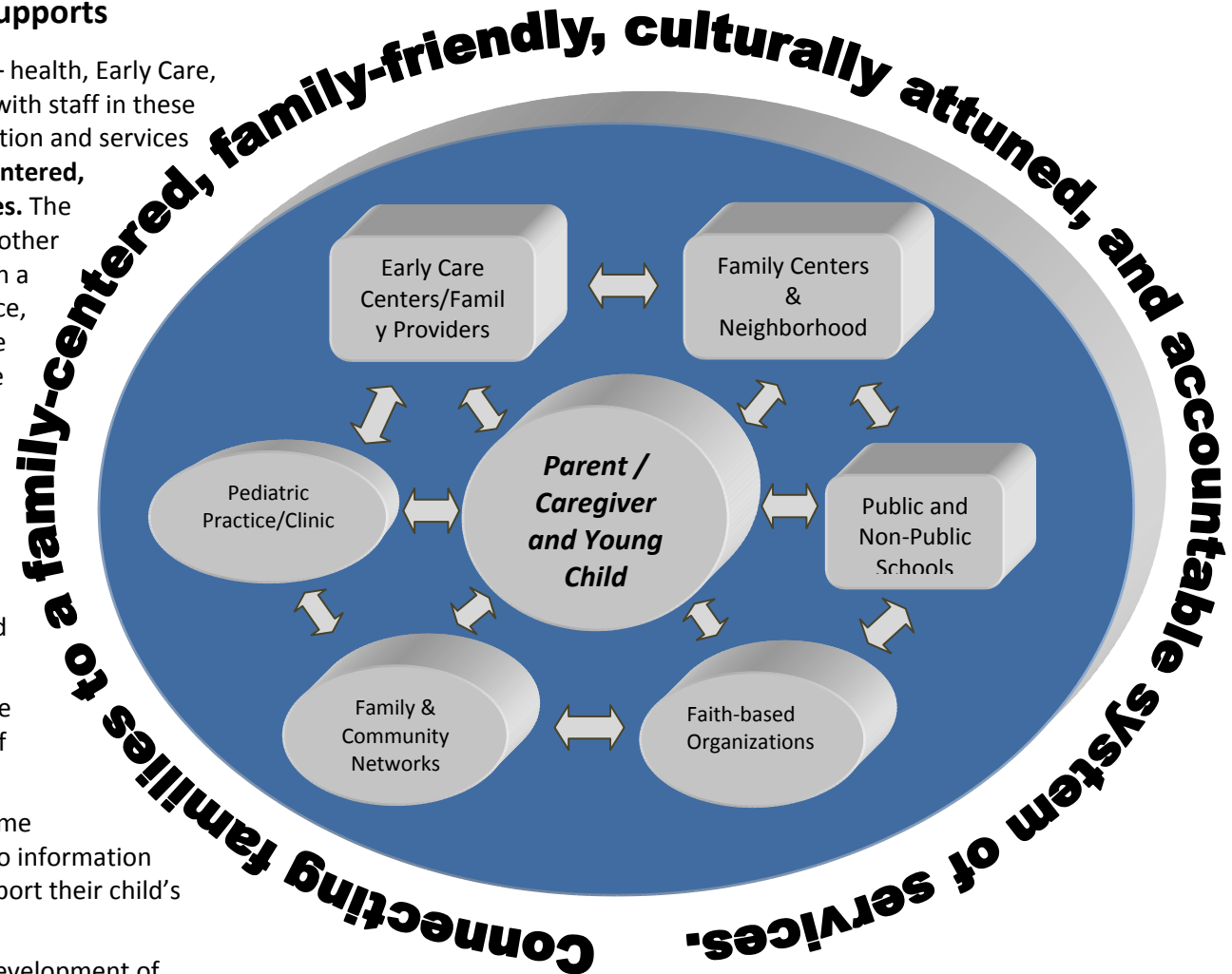


Figure I-1: “Platforms” or “Hubs” to Access Early Childhood Information and Services

II. Waterbury Families, Children, and Service Systems

Waterbury is a diverse and dynamic community with many assets in its families and agencies who together face many serious social challenges. The Task Force and its Work Groups reviewed extensive data on Waterbury children and families and the systems that serve them to inform their work.

The plan is grounded in the results Waterbury voiced and defined in Task Force meetings and community discussions. For each result, specific indicators have been identified that will help the community track progress.

Qualitative data on family preferences and system issues were collected from various sources including parent/provider surveys, work-group meeting summaries and the survey conducted for the Needs Assessment of Greater Waterbury (2007). These discussions supplemented extensive daily interactions with many families that frontline service providers drew on to inform the process.

Not surprisingly, families want a supportive community in which their children can succeed:

- Many low-income families do not connect with information and services:
 - Families report a lack of information on and difficulties navigating service systems.
 - Many families do not know what to expect from their child or what they need to do to prepare their children for school success.
 - Parents say that word of mouth and trusted local friends and relatives are the most reliable sources of information.
- Service needs cited include:
 - services to reduce family stress (*there is a high correlation that family stress leads to a high rate of child abuse and neglect*) and convey improved parenting skills;
 - quality before- and after-school programs for children;
 - child-care slots that allow parents to maintain employment;
 - culturally appropriate services to meet the needs of Waterbury's diverse population;
 - transportation options to programs and services.

The Task Force will continue these discussions with parents and the community as it refines and implements the plan.

a. Waterbury Families and Children

Waterbury’s population has been steady since the 2000 Census, totaling 107,251 as of July 2006 (U.S. Census).

There were an estimated 13,400 children ages zero to eight in the city in 2007. Detailed data on Waterbury’s children and the risk factors they face are included in Appendix C.

The governor’s Early Education Cabinet, in its report “Ready By 5, Fine By 9” (Fall 2006), reviewed the extensive research literature focused on predicting young children’s likelihood of school success. They identified several important risk factors for difficulties in the early years of school: poverty, low levels of parental education (i.e., less than a high-school diploma), single-parent households, and a primary home language other than English. These risk factors are cumulative in their impact on younger children and tend to correlate with each other. For example, children of poverty are more likely than other children to live in single-parent households with low levels of parental education.⁵

Figure II-1

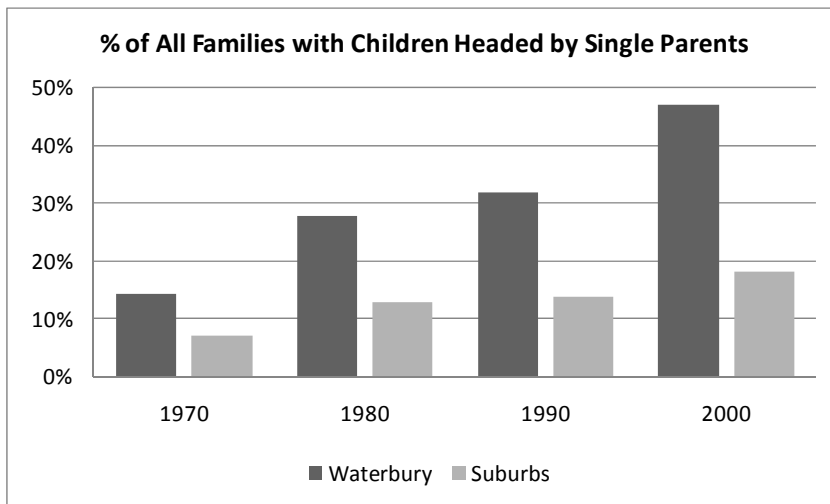
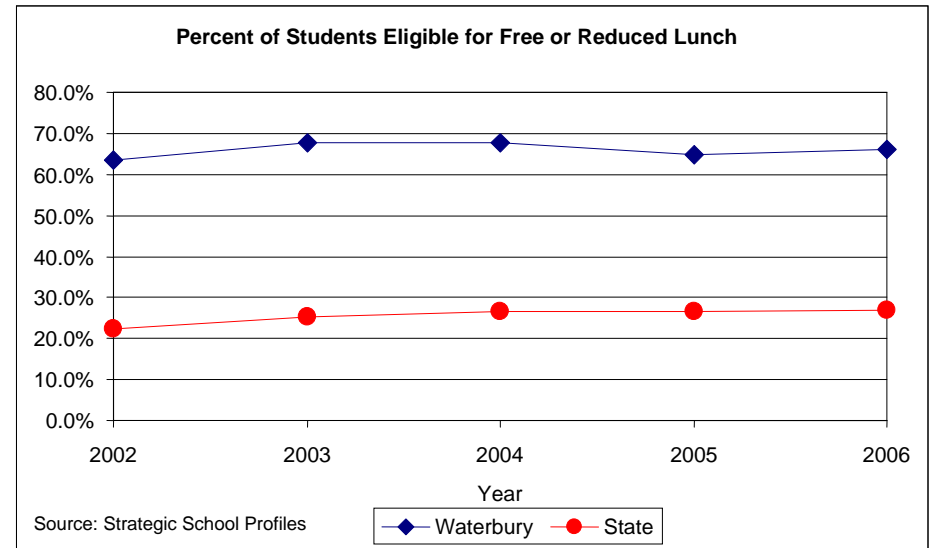


Figure II-2



Because the probability of poor outcomes increases with the number of risk factors, the Cabinet recommended targeting of resources to the “most-at-risk” children and communities.

The strongest predictor of low outcomes for children across multiple studies is living in a family with annual income below the federal poverty rate (\$20,650 for a family of four in 2007). The state’s Early Childhood Education Cabinet has gone beyond this to establish 185% of the federal poverty level (\$38,202 for a family of four), the eligibility level for free or reduced-price school lunch, as the threshold below which children are at greater risk of poor outcomes. ***In 2005-2006, 66% of Waterbury public school students lived in families meeting that threshold. (See Figure II-2.)***

Other key facts to be taken into account include:

- 26.8% of children under age six (2,577 children) lived in families below the federal poverty level in 2000.
- In 2003, 1,440 children under age six received Temporary Family Assistance (TFA) from the CT Department of Social Services (DSS), 14.7% of all children that age.
- The top two categories of calls for assistance to 211 Infoline from the Waterbury area in 2005 were utility assistance (2,212 calls) and temporary financial assistance (1,077 calls), indicators of families under economic stress.
- 27% of children live in households in which the mother has not completed high school.
- More than 47% of Waterbury families with children are headed by single parents. The number is somewhat lower for young children. (See trend in Figure II-1.)
- 65% of children live in homes where all parents work outside the home, indicating a need for out-of-home care.
- There is an increasing diversity of primary caregivers (foster, step, extended, etc.), with more grandparents raising their grandchildren and more changes in custody through the new children’s probate courts.
- Low income families are highly mobile and Waterbury experiences high levels of both migration within Connecticut and foreign immigration. In 2005-2006, 30.8% of students in Waterbury schools attended a different school the previous year compared to 22% statewide. **Several of the schools with the lowest reading scores had high mobility rates, above 40%.**
- More than 30% of the population does not speak English at home, and almost 9% of residents live in “linguistic isolation.”

Table II-1: Waterbury Public School Enrollment By Race/Ethnicity, 2005-2006

	% of total enrollment
Black	27.2%
Hispanic	41.2%
White	29.3%
American Indian	0.3%
Asian-American	1.9%
Total Minority 2005-06	70.7%
Total Minority 2000-01	65.1%

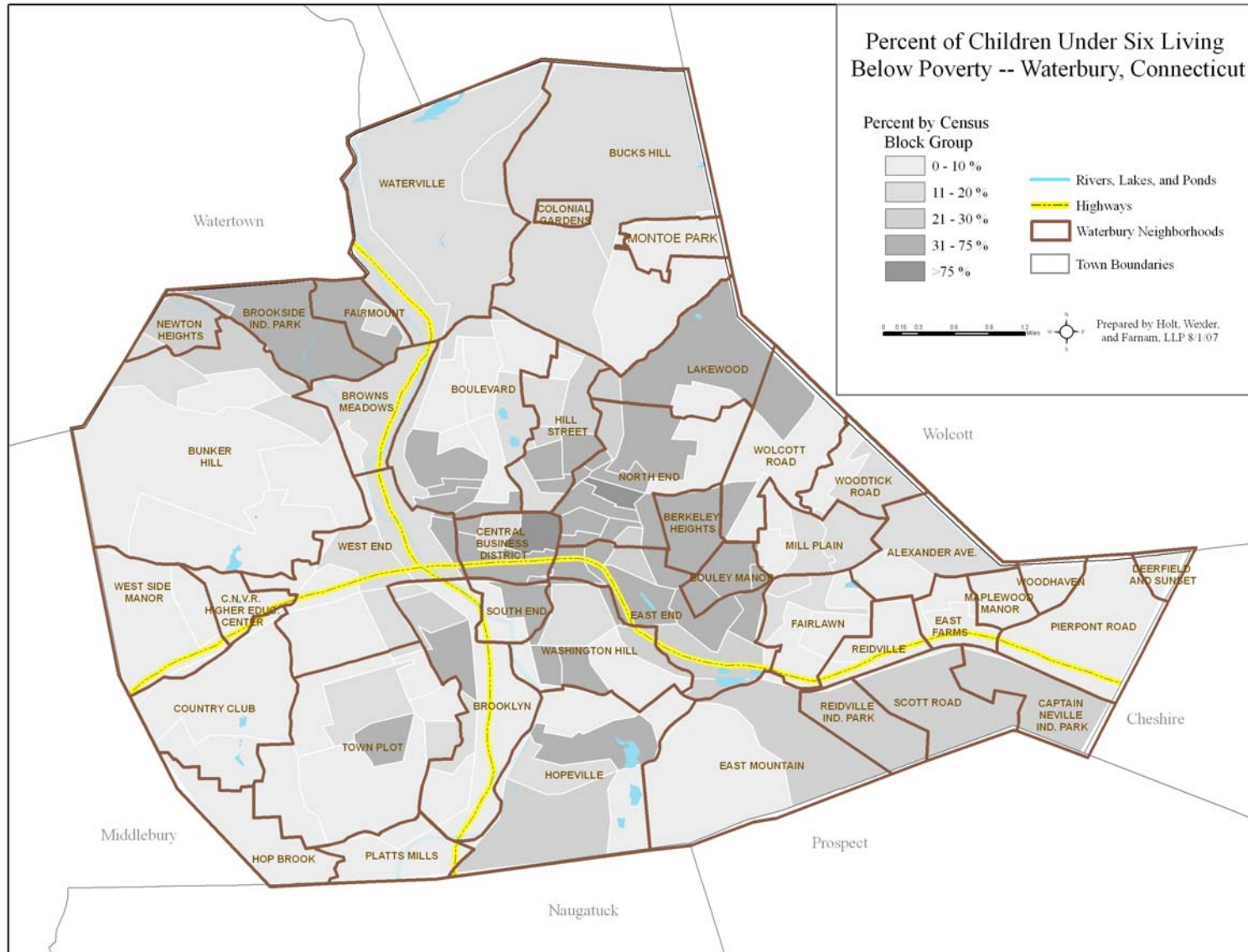
Source: CERC Town Profiles

- 41% of Waterbury students are Hispanic, and 14% of them live in non-English-speaking homes. (See Table II-1.)
- There is very little data on immigration into Waterbury, but many frontline providers believe the number of immigrant children arriving from many different cultures is very large.
 - Thirty-six languages are spoken in the Waterbury public schools.
 - Greater Waterbury Interfaith Ministries estimates that 500 families registered for their services between November 2006 and July 2007 (an annualized rate of 670 families). They estimate that 90% of these families have children under age nine, many with multiple children.
- About 8% of Waterbury infants and toddlers (350) are enrolled in the Birth to Three program, which provides services to children found to have developmental delays. This is considerably higher than the state rate of about 3%.
- The percentage of Waterbury students receiving special-education services has decreased in recent years but remains high.

Waterbury is a city of neighborhoods, and children at risk of not arriving at school ready due to family poverty tend to be concentrated in several neighborhoods. Figure II-3 shows the

pattern of poverty among children under age six for 2000, the last year for which such fine-grained information was available. This suggests where outreach efforts and services should be targeted.

Figure II-3: Waterbury Neighborhoods with Poverty Rate for Children Under Age Six By Census Block Group



b. Waterbury’s Early Childhood Systems and Initiatives

The Task Force Work Groups examined extensive data on current systems.

Infant-Toddler Services

The supply of quality, affordable Infant-Toddler Care (for children under age three) is woefully inadequate. Waterbury currently offers only 11.6 slots per 100 children birth to three years old, compared to 15.1 slots for the rest of Connecticut. The good news is that Waterbury enjoys a high slot accreditation rate (47% vs. 18% for Connecticut), ensuring that more Waterbury families have access to quality programs. Expanded state resources are critically needed to expand care. Quality efforts can be focused on implementing the newly developed Infant-Toddler Guidelines developed under Department of Social Services (DSS) auspices.

Preschool services in Waterbury are provided by the Waterbury Public Schools, school readiness providers, Head Start providers, other community center-based providers, family-based providers (both licensed and unlicensed), and Family and Friends. Through the efforts of the School Readiness Council and Waterbury Public Schools to build a robust public-private preschool system in Waterbury, the percentage of parents reporting preschool experience has grown from less than 50% in 2002 to 64% in 2006. This is comparable to other large cities yet still below the statewide rate of 79%. (See Figure II-4.)

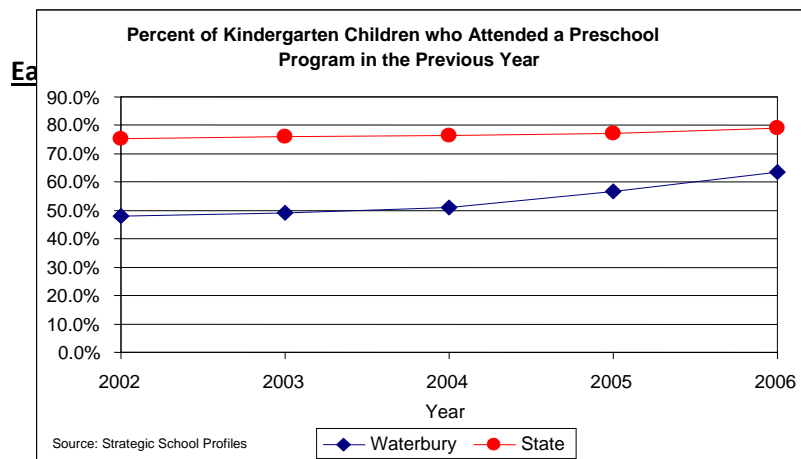
Table II-2: Preschool Spaces By Source

School Readiness grant funded	913
Public Schools	563
Head Start Federal	436
Head Start State	17
State-Funded Child Care	130
Subtotal, Publicly Supported Spaces	2,059
Non School Readiness Funded Centers (lic.)	246
Licensed Family Homes	288
Non Public Schools	204
Total Spaces Available with Family Homes	2,797

Table II-2 breaks down existing preschool slots by type of provider and program. A breakdown of slots tracked through the Child Care Infoline program showed that the percentage of Early Care and Education (ECE) spaces that are accredited is 47.6%, far exceeding the state average.

The Task Force estimates a community need for an additional 600 preschool spaces to fulfill the true demand for these services. (See Appendix D for detailed calculations.)

Figure II-4



Community Services for Families

Providers across all systems report that the degree and complexity of issues families are facing in Waterbury has increased in recent years. While families bring substantial assets and enthusiasm to their parenting roles, too many families face difficulties fulfilling their role as their children’s first teachers. Multiple stresses on families include meeting basic needs of food and housing, a high degree of mobility, single parenthood, relationship issues, substance-abuse issues, and incarceration of family members.

The continuing challenge cited by providers and community leaders alike is to reach and engage families who are disconnected from community processes, including newly arrived families and families facing multiple stressors.

Many Helping Hands

Many agencies in Waterbury work with low-income families to address these complex needs. A number of family support and intervention programs are designed to assist families in raising their children. The Task Force and Work Groups reviewed inventories of all services in order to develop strategies to support and connect community services that are known to work and continually assess where there may be capacity issues or gaps in the continuum.

Many of the same agencies identified in this analysis as providing critical services to families and young children may also have been active with the Waterbury Prevention Policy Board. While the WPPB has focused on older children, investments in early childhood are a natural extension of their focus on prevention.

Figure II-5 (see page 10) shows community resources in relation to neighborhoods and concentrations of child poverty. This will assist in understanding where gaps exist.

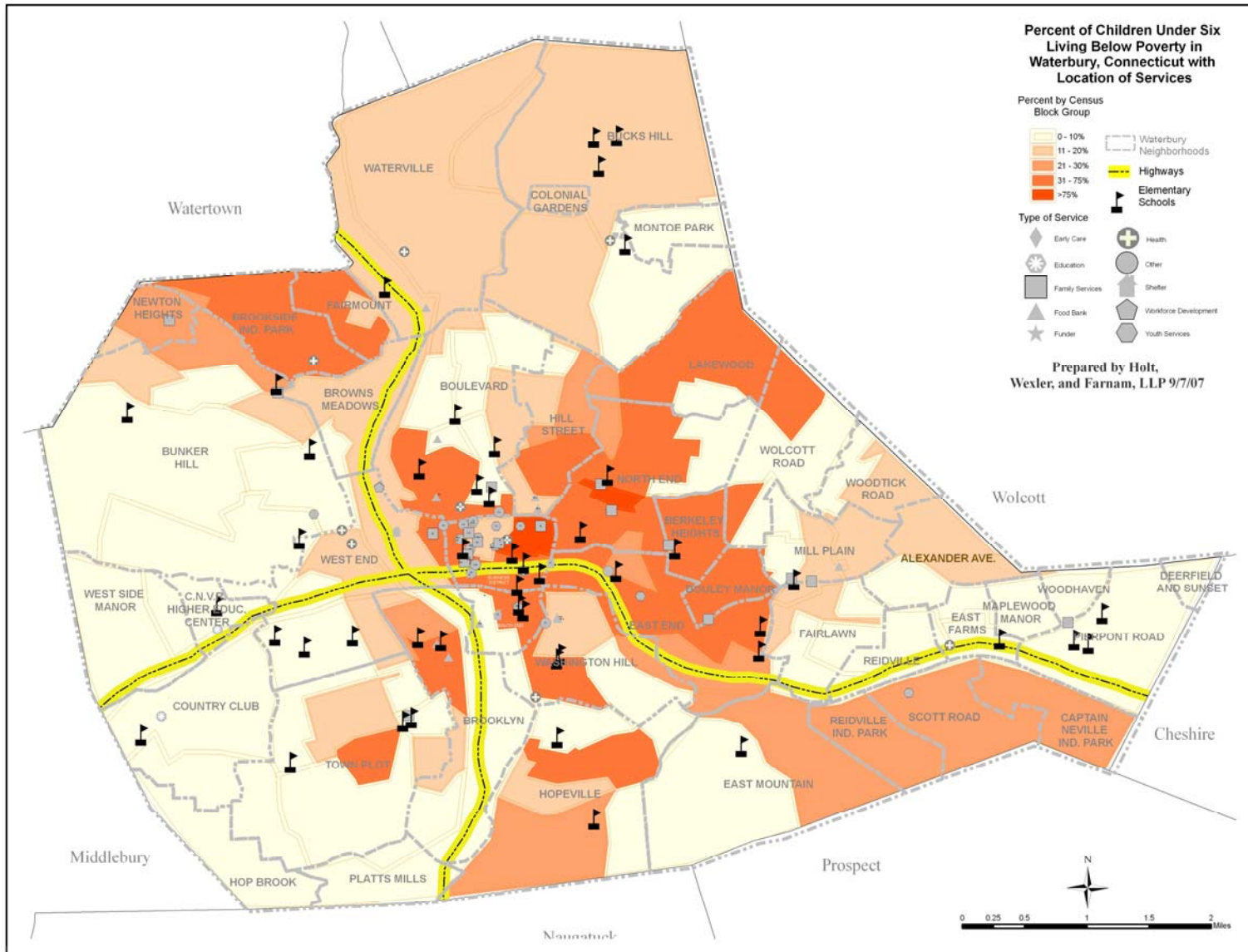
Representative samples of services the Work Groups seek to connect through the plan include:

- Center-based Early Care providers offering social supports in varying degrees (e.g. New Opportunities Family Advocates, social workers provided by private centers and Waterbury Public Schools).
- Family-based providers connect with many parents. The Waterbury Youth Services System Family Child Care program has been successful in engaging and training many new family providers who are being cultivated as mentors for the parents of the children they serve.
- A number of health providers offer a comprehensive array of services. (See Appendix F.) Several agencies provide intensive and specialized support services involving some level of case management (e.g., Family Services of Greater Waterbury Intensive Family Preservation/case management and Staywell Nurturing Families program for pregnant women).
- A number of state-funded programs include home-visiting strategies to support families. (See Appendix E.)
- New Opportunities is implementing the DSS Human Services Infrastructure model, a “one-stop” approach to accessing family services with cross-training of all staff. The agency has recently refocused its mission on the ambitious goal of reducing child poverty in its service area by 50% by 2014.
- Family Resource Centers at Chase and Wilson schools are vital resources.⁶ The Waterbury Housing Authority operates three other family centers.
- School-based parent liaisons are critical partners with families, but according to parents, not all schools are consistently welcoming to parents.

⁶ Waterbury has two state-funded centers, while Hartford has five and New Haven has three.

- **Family Literacy:** Waterbury has several family literacy efforts that can be brought to a larger scale (e.g., Motherread/Fatheread, library programs, Literacy Volunteers, and health-center-based efforts such as Reach Out and Read).
- **Transportation:** Providers include CT Transit, Greater Waterbury Transit District buses, and Job Connections for access to employment.
- **Parent Leadership:** Waterbury has an active Parent Leadership Training Initiative facilitated by Waterbury Hospital.
Providers around the table see the value of connecting their services to increase the level of collaboration to improve referral processes, review and improve practices of engaging and supporting families, undertake cross-training, and seek new resources for joint work.

Figure II-5: Waterbury Family Services and Related Resources in Relation to Neighborhoods and Concentrations of Children in Poverty



III. Overall Goals

The plan is driven by two overall population level results we want for Waterbury. All strategies are designed to contribute to “turning the curve” on the indicators that measure achievement of these results.

All children will enter kindergarten healthy, meeting all developmental milestones, and with all the skills, knowledge, and behaviors necessary for school success.

Indicator: % of children assessed as “ready” through a valid kindergarten entry or preschool exit assessment

Assessing school readiness of children is a complex matter. The Connecticut General Assembly has mandated the State Department of Education institute a statewide kindergarten entry assessment for 2009 that can be used to gauge progress toward this goal.

In 2007, the Waterbury Public Schools studied the kindergarten students’ reading proficiency in the spring, comparing those who had attended WPS preschool and those who had not. Results included:

- Proficiency and rate of promotion were significantly higher among those who had attended Waterbury Public Schools (WPS) preschool.
- Overall, 42.4% of students achieved proficiency (51.4% of the 350 who had attended WPS preschool vs. 39.9% of the 1,281 who had not).
- 91.4% of the WPS preschool attendees were promoted to first grade vs. 82.5% of the other students.

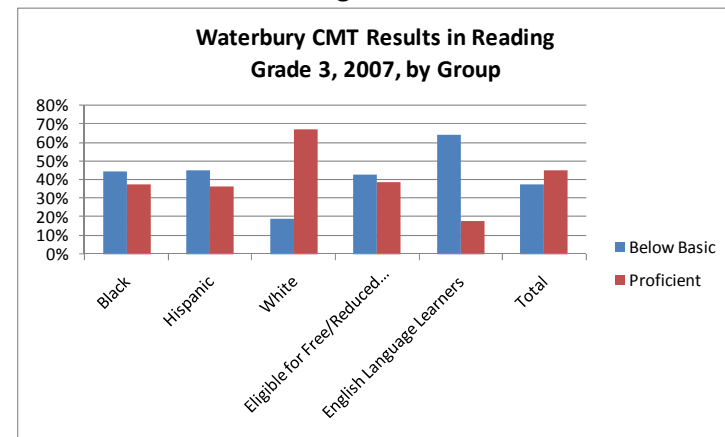
All children will learn to read by the end of third grade.

Indicator: % of students scoring at least “proficient” on the CMTs

Figure III-1 defines the baseline for this goal and the challenge facing the Waterbury community.

- Of 1,374 third-graders tested, 26.7% were at goal in reading in 2007 (down from 29.4% in 2006) compared to 52.3% statewide.
- 54.9% (754 students) scored below proficient, the level used for evaluating schools under No Child Left Behind.
- 37.5% (515 students) scored below basic, meaning they essentially could not read after up to four years of instruction.
- Four schools had more than 50% of third-graders scoring below basic, suggesting a need to target resources to these children. (See Table C-3 in Appendix C for school level results.)

Figure III-1



IV. Our Proposal

In each area, the plan reviews the challenge, specifies the priority strategies, and states the action steps needed to implement those strategies and the results (or outcomes) expected for year 1, years 2-3, and years 4-5. Then the plan suggests who is responsible for ensuring these results and preliminary directions or information on financing.

In the next phase of planning, the Task Force and Council will bring these recommendations before the community to get their input on the plan and refine the directions.

In the following tables, the top priorities established by the Work Group members are marked with a 🌟.

a. Early Care and Education

Goal: All Children will have access to high-quality Early Care and education services from birth to age eight.

Challenge

The Early Care and Education Work Group addressed specific actions to expand the capacity of and improve the quality of the Waterbury Early Care and Education (ECE) system (including transition to kindergarten).

Quality Early Care and education services play the dual role of preparing children for school success and enabling parents to participate in the workforce with the peace of mind that their children are well cared for within a quality program. Service needs range from Infant-Toddler Care to after-school care. ECE includes Waterbury Public Schools preschool, School Readiness Program and Head Start providers, other community center-based providers, and family-based providers (both licensed and unlicensed), and Family and Friends.

Indicators of Progress

- Number of Infant-Toddler Care spaces available in the community*
- % of kindergarten students who have attended a preschool program*
- % of preschool program spaces in accredited programs*
- % of preschool head teachers with BA degrees*
- % of kindergarten students registered by June 1*

These strategies include but are not limited to:

- continuing to identify the needs of the community regarding ECE;
- increasing collaboration and communication among and between families, providers/educators and on the administrative level;
- tapping new resources to expand the supply and quality of services across all parts of the Early Care system.

As the Task Force sets goals to expand the number of spaces, it identified a need to reach parents more effectively and to address barriers to access these services, including cultural attitudes, lack of knowledge, and transportation.

Regarding Kindergarten Transition, the transition from either home or a preschool program to kindergarten is a landmark event for

children, families, and educators. The Early Care and Education Work Group is developing strategies to support a successful transition process for children, families, and the entire educational system, engaging preschools, the school system, and families.

Strategies

1. Expand supply of quality Early Care and Education Spaces.

Action Steps & Results

Preschool Services

See demand calculations used to set results in Appendix D.

The Task Force estimates a need for 600 additional preschool spaces to meet family needs.

Action Steps	Year 1	Years 2-3	Years 4-5
<p>✪ Create a recruitment plan that addresses barriers in accessing existing preschool slots (e.g. transportation). Determine parents’ needs for preschool (length of day, full year or school year, locations, etc.).</p>	<p>Family recruitment plan developed to address barriers to access. Initial initiation of improvements for September 2008. Parents’ needs assessment completed.</p>	<p>Full implementation of recruitment plan. Parents’ needs assessment updated.</p>	<p>Full implementation of recruitment plan. Parents’ needs assessment updated.</p>
<p>Develop a program expansion and facilities plan to meet defined community needs.</p>	<p>Program and facility expansion plan developed. 100 additional preschool spaces available in quality programs.</p>	<p>250 additional preschool spaces will be created in various program settings to meet community needs.</p>	<p>250 additional preschool spaces will be created in various program settings to meet community needs.</p>

Infant-Toddler Care

Action Steps	Year 1	Years 2-3	Years 4-5
<p>Sustain and expand efforts to train and support additional family-based child-care providers.</p>	<p>30 additional family child-care providers trained.</p>	<p>30 additional family child-care providers trained annually.</p>	<p>50 additional family providers trained annually.</p>
<p>Develop plan to expand center-based Infant-Toddler spaces to meet defined community needs.</p>	<p>Plan developed to increase affordable and accessible center-based Infant-Toddler spaces.</p>	<p>50 additional quality, affordable and accessible Infant-Toddler spaces in center-based programs.</p>	<p>50 additional quality, affordable Infant-Toddler spaces created in center-based programs.</p>

Who’s Responsible?

The Waterbury School Readiness Council (WSRC) will appoint a Work Group to develop the expansion plan to support continued collaboration between the Waterbury Public Schools and community-based providers for meeting the expansion goals. The WSRC will also work with the Connecticut Health and Education Facilities Authority (CHEFA) on facilities expansions and with DSS on any expansions to Care 4 Kids or DSS Child Development Centers.

What Will It Cost?

These costs are largely paid for with funds from state and federal service programs. Thus, the ability to deliver on these goals is contingent on securing additional non-local resources.

2. Improve quality of Early Care through expanded curriculum resources and professional development.

Research demonstrates that the critical factor in improving children’s learning and social outcomes in Early Care and education is the quality of the programs in the areas of staff skills, curriculum, and classroom environment.

A central early childhood education office at Waterbury Public Schools can serve as a “clearing house” for provider and teacher

professional development, resources, and support. This office would be charged with (1) developing and promoting use of quality enhancement and professional development activities, and (2) increasing access for all providers to information and resources to ensure the capacity and quality of all programs.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
<p>☛ Create a central early childhood professional development plan and calendar addressing the needs of both Waterbury Public Schools and community providers.</p> <p>Designate or hire a staff person to coordinate development and implementation of the professional development plan.</p>	<p>Early Childhood Professional Development Plan is completed and staff secured.</p> <p>Implement professional development plan.</p> <p>250 Early Care and education providers and educators will receive professional development through unified plan.</p> <p>50 licensed Family Care providers and Kith & Kin providers will receive curriculum support and participate in professional opportunities.</p>	<p>250 early childhood educators will access professional development resources at least two times per year.</p> <p>60 licensed Family Care providers and Kith & Kin providers will receive curriculum support and participate in professional opportunities.</p>	<p>250 early childhood educators will access professional development resources at least two times per year.</p> <p>70 licensed Family Care providers and Kith & Kin providers will receive curriculum support and participate in professional opportunities.</p>
<p>Provide support to Centers for accreditation processes through available resources.</p>	<p>Early Care and education providers will receive information on accreditation options and/or referral for support.</p>	<p>All Centers participating in School Readiness Program will maintain appropriate accreditation.</p> <p>The percentage of Infant-Toddler spaces in accredited Centers will increase from 48% to 60%.</p>	<p>All Centers participating in School Readiness Program will maintain appropriate accreditation.</p> <p>The percentage of Infant-Toddler spaces in accredited Centers will increase to 75%.</p>

Action Steps	Year 1	Years 2-3	Years 4-5
Develop plan to use new state kindergarten readiness assessment, including professional development for kindergarten and preschool teachers and measures to help Centers respond to results.	Initial training on assessment for preschool and kindergarten teachers completed. Baseline goals for assessment results established.	State assessment administered. Assessment results show improvement. Corrective action plans or other plans developed for Centers as suggested by results.	State assessment administered. Assessment results show improvement. Corrective action plans or other plans developed for Centers as suggested by results.
Develop Community Directors Network as a vehicle for professional development. Develop multiple professional development learning communities (e.g., assessment committee, challenging behaviors).	Directors Network established. Learning communities launched.	Learning communities sustained.	Learning communities sustained.
Expand professional development and support for family-based providers through mentoring, engagement in all available professional development opportunities, and provision of curriculum resources.	50 Licensed Family Care providers and Kith & Kin providers will receive curriculum support and participate in communitywide professional opportunities.	Continue and expand work with family-based providers.	Continue and expand work with family-based providers.
Engage Infant-Toddler providers to voluntarily use standards of quality care, incorporating the Infant Toddler Environmental Rating Scale (ITERS), consultation services, professional development opportunities, evidenced-based curriculum, and other resources.	Cadre of professionals in Waterbury trained to do ITERS, provide peer support and consultation, technical assistance, and other resources and support.	Trained professionals deployed to field.	Continued success and measurement.

Who's Responsible?

The WSRC will pursue this work through a standing committee or work group. Staff support will come from the Council and the proposed Professional Development staff person.

What Will It Cost?

We plan to maximize resources available through state-level Quality Improvement System under development through the Cabinet. Budgets can draw on the Board of Education professional development resources, the Quality Enhancement funding received from the state, and new grant funds.

3. Expand access to educational opportunities for Waterbury Early Care and Education staff to meet increasing teacher needs and requirements.

Research shows that the qualifications of teachers are the most significant factor in helping children achieve school readiness. Connecticut has established a requirement that all head teachers in-state supported early childhood education programs need to have a BA degree by 2015. Head Start is moving in a similar direction.

The ECE Cabinet is working on various plans to expand state support for early childhood workforce development of which Waterbury should take full advantage.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
Establish a committee to determine local interest in and feasibility of establishing a bachelor’s degree program in Waterbury by bringing local/regional institutions to the table (e.g., UCONN, Post University, and Naugatuck Community College).	Work Group engages higher education institutions and plans BA program.	Early childhood education BA degree program established in Waterbury. 20 Waterbury students will enroll in first BA cohort.	20 students will enroll in second BA cohort.
★ Continue/expand existing efforts to address different compensation levels (e.g., through the Foundation Fellows program of the Connecticut Community Foundation).	15 Foundation Early Childhood Fellowships awarded.	25 Foundation Early Childhood Fellowships awarded annually.	25 Foundation Early Childhood Fellowships awarded annually.

Who’s Responsible?

The mayor’s office and the WSRC leadership should convene a planning Work Group to develop the proposal for a BA program and take it to higher education partners. Staff from council member agencies should be tapped to assist in the analysis. The Foundation Fellows program is operated by the Connecticut Community Foundation.

What Will It Cost?

Cost will be determined through planning and depends on the level of investment needed by the higher education partner. The Foundation Fellows program is supported by a private donor.

4. Develop comprehensive kindergarten transition program to support children, families, and educators.

Annually the parents of about 600 students register for kindergarten near or after the first day of school, and a similar number also report having no preschool experience. Much can and will be done under the plan to reach and engage these families earlier to enhance kindergarten readiness.

Additionally, while Waterbury Public Schools preschool programs are located within schools and have made strides to smooth the transition to kindergarten, community preschool providers report a lack of connection between preschool and kindergarten programs.

A team of Waterbury public schools and community providers is already at work on the proposed plan, looking at the literature on

kindergarten transition and the experience in Waterbury and other districts in its many dimensions, including:

- activities to bring together preschool and kindergarten teachers for joint activities, planning, and to improve alignment of curriculum and instruction;
- activities to link families with kindergarten early in the process;
- development of an assessment tool to determine teacher satisfaction with the kindergarten transition process; and
- development of a plan to use new state kindergarten readiness assessment, including professional development for kindergarten and preschool teachers.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
Develop and implement plan for kindergarten transition for Waterbury.	WPS/Community Kindergarten Transition Plan developed for Fall 2008 implementation. Secure funding for Kindergarten Transition Coordinator to undertake implementation tasks.	Teachers report “significant improvement” in the kindergarten transition process and an increase in information sharing (programs/families). Transition activities (e.g., workshops, forum, classroom visits) undertaken/tracked.	Continuation and refinement of kindergarten transition activities.
Secure funding for “summer preschool” experience for identified children.	Plan developed for “summer preschool.”	First pilot session offered (2009).	Summer preschool expanded to serve 150 children (contingent upon success).

Who’s Responsible?

The Committee is led by the Waterbury Public Schools Supervisor for Early Childhood Education and the School Readiness Coordinator.

What Will It Cost?

Costs will include (1) Staffing (one FTE with benefits, between \$50,000 and \$60,000), and (2) program expenses (e.g., printing, events, food, parent stipends) estimated at \$30,000 for a total of \$80,000-\$90,000 per year. Source of funds to be determined.

5. Enhance instruction and family involvement in kindergarten through grade three.

The Waterbury Public Schools has developed a District Improvement Plan for 2008-2011 that defines goals for the District and will be used to drive strategies to improve instruction in all K-3 classrooms. The District’s “Tier I Indicators” will be measured to assess progress toward their goals (see text box below). The School District plan is focused intently on the District’s “Tier II Indicators”-- strategies to increase literacy and numeracy levels in all schools across the District. These are:

1. Create and implement a districtwide professional learning community system to improve the achievement of all students in core subject areas, particularly literacy and numeracy. This will be supported by enhanced data capability and professional development opportunities.
2. Provide additional prescriptive instructional support systems to address the needs of students identified as below proficient in literacy and numeracy.
3. Implement a continuum of positive intervention strategies to address student behaviors.

4. Improve meaningful family partnerships with the school by improving two-way communication among students, schools, and families based on research strategies and data gathered from strategic district family surveys.
5. Investigate and design the restructuring of schools to address the academic needs of all students.
6. Fill all vacant positions with high-quality teachers as early as possible and retain only those who demonstrate superior performance.

The plan includes detailed strategies and timelines for achieving district goals. The District leadership will work to align these activities with the work under this plan through active participation in the implementation process at all levels.

Additionally, the family success and health strategies in this plan extend from the prenatal period through age eight, thereby supporting the work of the Waterbury public schools in their instructional programs and family engagement work.

See Appendix H for the Waterbury Public Schools Revised District Improvement Plan for 2008-2011.

District “Tier I Indicators”

1. To increase reading proficiency for all students by a minimum of 15% by the end of three years as measured by Developmental Reading Assessment (DRA), Connecticut Mastery Tests (CMT) and Connecticut Aptitude Performance Test (CAPT).
2. To increase mathematics proficiency for all students by a minimum of 15% by the end of three years as measured by Connecticut Mastery Tests (CMT) and Connecticut Aptitude Performance Test (CAPT).
3. To reduce the number of school suspensions by 15% over three years as measured by district suspension data.
4. To reduce truancy by 15% over three years as measured by district attendance data.
5. To increase the involvement of families in the educational process by 15% over three years as measured by strategic district surveys and participation in school and district meetings, workshops, and events.

b. Family Success

Goal: All families have information, skills, and support needed to fulfill their role as their child’s first teacher.

Challenge

The Family Success Work Group brought together most of the agencies working directly with families across Waterbury to analyze what steps could be taken in the short term and over time to utilize current and new resources more collaboratively and effectively to improve family outcomes. Their perspectives were supplemented through discussions with parents in groups and individually and the community forums described previously.

Waterbury is fortunate to have a number of effective agencies with strong leadership and long histories of working to meet the needs of families. Over the last eight years, the Waterbury Prevention Policy Board has brought together a number of these agencies around the needs of older children and youth. With the increased emphasis on early childhood, the proposed Joint Leadership Council will now join forces with the WPPB to support families with children ages birth to age twenty-one.

Indicators of Progress

Participation in family programming

Agency and individual family use of 211

Number of “family hubs” established

Rate of children ages 0-8 abused or neglected

Parenting skill levels as measured by program exit assessments

The Work Group recommends many concrete strategies for reaching families and helping them get the information, skills, and services they require. Key infrastructure recommendations that will establish the partnerships and locations through which much of the work will be accomplished include:

Family Strengths Committee (See Section IV) The Family Success Work Group proposes that the Waterbury Early Childhood Council collaborate with the Prevention Policy Board to establish a Family Strengths Committee to facilitate greater collaboration across Waterbury agencies working with families and to implement the strategies included in this section of the Waterbury Early Childhood Plan.

Neighborhood Hubs See description on page 23.

Strategies

1. Develop a network of strong, neighborhood-based family “hubs” for information, parent education, and access to services.

The emerging Cabinet Infant-Toddler Plan calls for the establishment of neighborhood-level hubs for family services to make them more accessible to families.

The Family Success Work Group developed the idea of working with existing neighborhood-based agencies and institutions to create a network of places that can serve as “hubs.” Examples could include existing agency offices and neighborhood centers, the public library (and possible neighborhood branches), churches, and health facilities.

These sites across Waterbury will get information to families about the early childhood services available and also deliver messages to families about the importance of their role as children’s first teachers, which includes reading to children from birth, regular well-child health visits, and a consistent connection to a primary health-care provider (Medical Home), identifying signs of developmental or behavioral issues and strategies to deal with them, and what is normal child behavior. The focus is on sites accessible to and trusted by families in lower-income areas.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
<p>★ Develop plan for Neighborhood Family Hubs in partnership with Prevention Policy Board, including common guidelines, plan to recruit and support hubs, benchmarks, and outreach to community.</p>	<p>Hub System designed and funds secured for start-up. 5 initial Family Hubs designated within existing organizations.</p>	<p>Expand Family Hub network to 10 hubs. At least 1 Parent Network formed in each neighborhood with low-income families.</p>	<p>Fully functioning Family Hub network established; Family Hub exists within 15-minute walk of all families at risk of arriving to school not ready.</p>
<p>Ensure that 3 new pre-K through 8 schools have staffed Family Resource Centers with space for partner agency staff.</p>	<p>Work with Waterbury Public Schools to incorporate the Centers into the school designs and budgets.</p>	<p>Monitor final design and construction. Create Center operations plans.</p>	<p>Family Resource Centers established in 3 new schools.</p>
<p>★ Design and launch a parent network initiative to encourage parent learning and peer support at the neighborhood level.</p>	<p>Parent network initiative designed and launched.</p>	<p>At least 1 parent network formed in each neighborhood with low-income families.</p>	<p>2-3 parent networks formed in each neighborhood with low-income families.</p>

Action Steps	Year 1	Years 2-3	Years 4-5
Engage more parents, caregivers, and the early childhood community in community-based early literacy efforts with expanded emphasis on needs of English-language learners.	100 parents/caregivers will participate in community literacy initiatives to support their children in acquiring the skills, knowledge, and behaviors to be successful in school.	200 parents/caregivers will participate in community literacy initiatives.	300 parents/caregivers will participate in community literacy initiatives.
Partner with 211 to ensure agency personnel have full understanding of 211 and 211 Child Development Infoline as a resource for themselves and parents with whom they work.	50 agency personnel trained in comprehensive use of 211.	150 agency personnel trained in use of 211.	New agency personnel trained in use of 211.

Who’s Responsible?

The proposed Family Strengths Committee, a joint committee of the WSRC and the WPPB (see Section IV) will be charged with developing the Family Hub System and securing the resources and agency commitments to implement it and the parent networks.

A Work Group drawn from existing early literacy initiatives with representatives from the Early Care and education sector and led by the Silas Bronson Library will be charged with developing the plans to expand successful early literacy efforts.

The United Way of Connecticut will be asked to take the lead in 211 training and enhancements in partnership with the Family Strengths Committee.

What Will It Cost?

The Family Strengths Committee will be tasked to develop the details of the Family Hub System. Resources will be required for materials, signage, communications, and training as well as some staff support. Initial financing of \$100,000 should be secured to design and launch the initiative. Likely sources of funding include DCF (as a critical prevention investment) and local businesses and philanthropy.

The Council must advocate for additional state and philanthropic support to increase the number of state-funded Family Resource Centers in Waterbury schools.

Expanding family literacy programming will require at least \$75,000 per year on top of the current level of effort to reach a critical mass of families and provide resources for existing successful programs to expand.

2. Provide consistent support services to families served by Infant-Toddler and preschool Early Care sites and elementary schools.

Frontline Early Care and Education directors, teachers, and social work-support providers report the growing level of complex issues faced by many families with young children in Waterbury.

Provision of an effective social support and advocacy services is a proven method of assisting families in stabilizing their lives and increasing their ability to support the education and development of their young children.

This is the basis of the Head Start program’s commitment to “comprehensive services” and provision of social supports (e.g., referral to services), and is an unfunded requirement of the School Readiness Program. Community programs piece together resources to cover this need as best they can. Waterbury Public Schools has only one social worker assigned to meet the social-support needs of 450 children enrolled in its preschool programs.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
Develop plan to ensure qualified, crosstrained family service workers are available to all Early Care programs at target ratio defined by community standards (e.g., 1 per 50 families). Requires partner recruitment, financing plan, and connections to meet basic family needs.	Plan developed for expanded social service supports to families of children 0-8. Current social supports documented and connected across agencies to facilitate professional development and improved referral processes.	75% of Early Care sites meet the community-defined standard of social-support coverage	90% of Early Care sites have community-defined standard of social-support coverage.
Secure commitment from Children’s Trust Fund (CTF) to implement expanded, neighborhood-based Nurturing Families Network (NFN) capacity to work with more first-time families.	Plan developed with CTF for expansion of Nurturing Families Network.	Funding secured in 2009 legislative session. Program expansion occurs.	Full implementation to reach 200 first-time mothers per year.
Train people working with families in family development and referral processes in service system, including school-based parent liaisons in schools and all home providers (licensed and unlicensed) in referrals to services for families they serve.	Design training. Offer training to 100 frontline workers.	Improve training and offer training to reach another 100 workers.	Improve training and offer training to reach another 100 workers.
Expand and replicate existing family mentoring programs to other settings.	Family mentoring expansion plan developed. 30 additional family mentors trained annually to serve an additional 90 families.	30 additional family mentors trained annually to serve an additional 90 families.	45 additional family mentors trained annually to serve an additional 135 families.

Who's Responsible?

The Family Strengths Committee will charge a Work Group of existing family service providers, Early Care providers, parents, and the Department of Children and Families (DCF) to develop the plan to expand social-service supports linked to preschool and Infant-Toddler settings. A first step will include more detailed analysis of the current needs and supply of services.

The Family Strengths Committee needs to work with the Children's Trust Fund and the legislative delegation to secure funding of the Nurturing Families Network (NFN) expansion which will be the responsibility of the CTF.

Training of existing front line workers in referral process and expanding family mentoring can be a project of the Family Strengths Committee drawing on resources from United Way 211, Help Me Grow, Waterbury Youth Services, and other local agencies.

What Will It Cost?

The cost of providing strong social supports will be quite high if taken to full scale.

The NFN expansion with state resources could entail an additional \$1 million appropriation.

Expanding family mentoring would require funds for volunteer recruitment and training as well as volunteer events. A budget of \$45,000 for a half-time coordinator and program supplies and services would be required to get the expansion started.

3. Reach families with information and personal contact to deliver child health and development messages.

Getting information to parents and caregivers in forms that are culturally and linguistically effective and encourages their learning was a priority that cut across all the Work Groups. The Council will need to tap the ECE Cabinet and social marketing expertise to design a campaign that engages both traditional methods and community-based informal methods of reaching families. This is also a top priority of the cabinet's plan. Proposed elements of the plan include:

- Equip all Family Hubs with common information, resources, and guidelines for dissemination.
- Reach families at birth of child through birthing hospitals and agency partnerships by developing packets and distribution plan.
- Get information out on "where to" and "how to" wherever children and families gather.
- Provide professional development to all outreach and family workers/home visitors in strategies to bring child development and parenting messages to families of young children. Health messages, developed with the assistance of health providers, would also be brought to families of young children through home visits.
- Develop coordinated marketing and media campaign focused on critical health messages:
 - the importance of physical, oral, and nutritional health to school performance;
 - the connection between obesity and diabetes; and
 - five questions every parent should ask her or his child's pediatrician.
- Establish provider/community forum to discuss community health issues.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
<p>🌀 Create Community Message Campaign to coordinate child health and development messages and materials across community outreach efforts and providers (pediatric practices and clinics, Early Care centers, family providers, Family Hubs) to allow residents, parents, caregivers and other stakeholders to make informed decisions.</p>	<p>Community Message Campaign developed. All mothers begin to receive packages at birth of child. 34 pediatric practices and all Early Care provider agencies recruited to participate in campaign.</p>	<p>Message Campaign launched. Messages delivered through multiple channels.</p>	<p>Campaign continued and refined as warranted based on review.</p>

Who's Responsible?

A Family Message Work Group of the Council, involving marketing experts, agency personnel, and parents, should be formed and charged with developing the campaign details and budget. Reaching pediatric practices should be the responsibility of the Children's Health Roundtable.

What Will It Cost?

To equip all Family Hubs with materials and reach all parents with effective materials will require a budget of at least \$50,000 per year.

4. Waterbury parents have the opportunity to exercise leadership and develop professional skills.

Waterbury has a well established Parent Leadership Training Institute (PLTI) program operated with the support of Waterbury Hospital. Parent engagement and leadership are critical to ensure that plan implementation is responsive to parent and caregiver needs.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
<p>Develop plan to expand parent leadership training opportunities and identify more opportunities for parent engagement in ongoing planning and implementation.</p>	<p>Plan to expand parent leadership training developed. 20 parents will receive formal training.</p>	<p>40 parents will receive formal training each year.</p>	<p>60 parents will receive formal training each year.</p>

Who's Responsible?

A reinvigorated PLTI Design Team should be asked to lead this effort with ongoing support from Waterbury Hospital.

What Will It Cost?

Doubling PLTI training capacity will add at least \$25,000 to the annual cost. Parent Trust Fund and local resources should be tapped.

c. Health

Goal: Waterbury children from birth to age eight enter or continue in school healthy, nourished, and ready to learn.

Challenge

A simple set of assumptions guided the Health Work Group in its development of short- and long-term goals and strategies for an early childhood plan. More specifically, the plan should:

- Address health access for all (13,400) children from birth to age eight.
- Acknowledge that the health community has many initiatives designed to improve services to families and children. An important next step within the community involves understanding:
 - how these programs fit together into an overall community-wide approach;
 - how the programs relate to and support the early childhood education system; and
 - what opportunities exist to expand or innovate as a result of a more regular community conversation about health.
- Acknowledge that sufficient pediatric primary-care resources are available in the community while additional consumer demand exists for more pediatric dentists and child mental-health specialists.
- Address specific areas for improvement in health access such as reducing care given through the emergency department.
- Promote quality care as well as acknowledge that different models exist across settings and provider resources.
- Identify major priority areas for communitywide health and wellness initiatives, particularly as they relate to areas such as dental, asthma, and behavior/development that affect young children and trigger a conversation about further prevention, early intervention, or more intensive treatment.

Indicators of Progress

% of Waterbury children who know their primary care physician
% of Waterbury children receiving recommended schedule of well-child visits

- Encourage providers, parents and community leaders to communicate around basic child health and development milestones and messages.

The proposed plan endorses the concept of “medical home” (i.e. a consistent relationship to a primary-care provider or practice that knows your family)⁷ and sets forth as a goal that **100% of Waterbury children know their primary-care physician and comply with scheduled well-child visits**. The plan seeks to build opportunities for pediatricians and health care professionals to network and improve their approach to “medical homes” and acknowledges that other health-access efforts must be integrated into this approach (e.g. Waterbury Health Access Project, School Based Health Clinics). Other “bridging” activities may be needed to address patients who migrate across providers, fall out of care, or move into the community.

⁷ The American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care. See <http://www.medicalhomeinfo.org/>.

Next, assuming that children know their pediatricians and care providers, the plan targets specific areas in which to build provider capacity and communitywide approaches. Pediatrician roundtables will create a forum to share best practices on a wide range of issues such as behavior and developmental assessments, psychotropic medication, discussing risk behavior, and how to improve reimbursement for services. Other efforts will build provider capacity such as increasing behavioral health services at Wellpath, Inc.

Finally, the plan outlines a concerted effort to coordinate health planning and implementation; identifies areas for innovation, expansion and/or targeted interventions; and examines results-based accountability and progress.

The all-important area of delivering the right health messages to families, providers, and the wider community is addressed in the Family Success component of the plan (see Section IV.b).

Strategies

1. All Waterbury children from birth to age eight will have access to quality primary and dental care.

These action steps will help move Waterbury pediatric practices and clinics closer to the Medical Home model of comprehensive family care and advance the system improvements the Health Work Group identified as necessary. This work will proceed within the context of

statewide initiatives under HUSKY and through professional associations to improve primary health and oral health care.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
<p>⊕ Promote the adoption of a comprehensive, consistent-care model by all pediatric primary-care providers, with care coordination as required to achieve this. Specific measures include:</p> <ul style="list-style-type: none"> • Continuing to use monthly meeting of pediatric providers to connect to current education, information, and outreach efforts (Easy Breathing, behavioral screening, managing medications, insurance reimbursements); • Developing means to share care coordination across providers; • Advocating for changes needed in reimbursements to support comprehensive care; • Developing recurring city-wide forums covering critical topics; • Utilizing nationally recognized quality measures for Medical Home performance for children and youth with special healthcare needs. 	<p>50% of pediatric primary-care providers working toward comprehensive, care-coordinated approach.</p>	<p>75% of Waterbury children are consistently connected to a practice providing comprehensive, preventive care and comply with scheduled well-child visits.</p> <p>70% of pediatric primary-care providers conduct formal developmental screenings using valid instruments and offer referral services.</p> <p>Resources available to provide quality care with care coordination as needed.</p>	<p>85% of Waterbury children are consistently connected to a practice providing comprehensive, preventive care and comply with scheduled well-child visits.</p> <p>90% of pediatric primary-care providers conduct formal developmental screenings using valid instruments and offer referral services.</p>

Action Steps	Year 1	Years 2-3	Years 4-5
<p>★ Develop a longitudinal plan to ensure access to health service at all schools through</p> <ul style="list-style-type: none"> • expansion of school-based health clinics • other strategies involving school nurses’ offices • other community resources 	<p>1 school-based health clinic established in existing school.</p> <p>school-based health clinics included in plans for 3 new schools.</p>	<p>Buy-in and participation of primary-care pediatricians in collaborative process with school-based clinics.</p>	<p>School-based health clinics opened in 3 new schools as they are completed.</p> <p>Full integration of school-based health-care programs into the mainstream of the pediatric medical system.</p>
<p>Pursue system improvements to enhance health care services.</p> <ul style="list-style-type: none"> • Link emergency rooms to private providers and clinics for follow-up. • Develop protocols for serving new patients who show up at the ER. • Advocate for electronic medical records and better data tracking. • Research alternatives for culturally competent after-hours care. • Obtain better data through use of school forms/other records. • Link efforts to state and national public and private "pay for performance" quality medical outcomes programs. 	<p>Prioritize system improvements through proposed Children’s Health Roundtable.</p>	<p>Implement feasible system improvements, which are subject to local control</p>	<p>Continue implementation.</p>
<p>Ensure that all eligible Waterbury families have health insurance.</p> <ul style="list-style-type: none"> • Increase HUSKY enrollment and renewal rates through better coordination of HUSKY outreach efforts. • Publicize list of agencies eligible to enroll families and review cases (e.g., Family Hubs, FRC’s, Pediatric offices, clinics, ER). • Make insurance eligibility a standard question at all points of service for families. 	<p>Measures to increase HUSKY enrollment implemented.</p>	<p>85% of eligible children enrolled in comprehensive high-quality medical insurance such as present state HUSKY plan.</p>	<p>90% of eligible children enrolled in comprehensive high-quality medical insurance such as present state HUSKY plan.</p>

Who’s Responsible?

The Children’s Health Roundtable, a new joint committee of the Prevention Policy Board and the Council (described in Section V), will be responsible for moving these items forward, with staff or consultant help from the process.

What Will It Cost?

Costs will depend on the specific strategies pursued and the response of state officials. If framed correctly, the initiative could generate substantial state and philanthropic commitments for Waterbury. Statewide system improvement efforts are currently addressing cost issues.

2. All Waterbury children from birth to age eight receive specialty medical care and dental services as needed and benefit from community health and wellness initiatives.

Action Steps & Results

Action Steps	Year 1	Years 2-3	Years 4-5
<p>★ All children with behavioral health needs are identified and referred to follow-up services.</p> <ul style="list-style-type: none"> Promote social-emotional screening in pediatric practices using a consistent, formal assessment tool. Improve connections between pediatric practices and behavioral health professionals. Professional development for early childhood care providers and health providers. Work with state behavioral health partnership to expand availability of behavioral health services. Investigate and/or expand the use of a multi-disciplinary team to coordinate services both inside and outside of the home environment. 	<p>Baseline rate of screening and links to behavioral health and developmental services determined.</p> <p>Awareness of need for formal screening increased.</p>	<p>Rate of behavioral issues in preschools and K-3 grades reduced.</p> <p>Rate of screening for behavioral health and developmental issues and link to services increased across all providers.</p>	<p>Continued improvement in years 2-3 results.</p>
<p>Provide dental care access for all children in Waterbury through efforts of Oral Health Collaborative.</p> <ul style="list-style-type: none"> Continue and expand SmileBuilders program to the four remaining elementary schools in Waterbury that are not yet serviced and pursue expansion to other schools Annually train teachers on oral-health prevention. Secure kits for teachers to use. Embrace a community report card on oral health for children ages 3-8. Expand Open Wide curriculum availability for pediatric health providers. 	<p>Community report card for oral health released.</p> <p>Open Wide reaches all pediatric providers.</p> <p>SmileBuilders reaches all elementary schools.</p>	<p>Expanded provider network for dental care.</p> <p>Rate of dental caries reduced.</p> <p>SmileBuilders sustained, reaches all schools.</p> <p>All teachers trained.</p>	<p>SmileBuilders sustained.</p>
<p>Promote effective asthma-related management to reduce unnecessary asthma hospitalizations.</p> <ul style="list-style-type: none"> Continue and expand Easy Breathing Program to reduce asthma-related hospitalizations. Develop follow-up procedures between ER and other care providers and patients. 	<p>Follow-up procedures across providers in place.</p> <p>Baseline participation and outcomes established.</p>	<p>Unnecessary asthma hospitalizations reduced significantly.</p>	<p>Reductions sustained.</p>

Who’s Responsible?

The Oral Health Coaliton will advance the oral-health agenda items, with the help of new energy and support generated by the plan. Behavioral health and other specialty needs will be addressed through the proposed Children’s Health Roundtable.

(See Section V.)

What Will It Cost?

Each individual initiative or improvement will be costed out and financial support secured as detailed plans are developed through either individual agency initiative or collaboraitons developed through the Children’s Health Roundtable.

d. Waterbury Parent Engagement Plan

Thirty years of research studies show that when parents are engaged in their children’s learning, their children do better in school — and the schools get better. New studies suggest that organized parent leadership is having a major impact. When parents have information, skills and organizational support, they can demand — and are getting — upgraded facilities, improved school leadership and staffing, new resources to improve teaching, higher-quality learning programs, funding for after-school programs, and more choices. These are essential supports for improved achievement.

According to Karen L. Mapp, “Having Their Say: Parents Describe How and Why They Are Involved in Their Children’s Education” (School Community Journal 13, no. 1 2003, 35-64.) partnerships that succeed in engaging families from diverse backgrounds share three key practices:

- Focus on building trusting, collaborative relationships and two-way communications among teachers, families, and community members.
- Recognize, respect, and address families’ needs, as well as bridge class and cultural differences.
- Embrace a philosophy of partnership where power and responsibility are shared and where families are effective advocates for their children.

In Waterbury, we recognize that we must effectively involve and engage families and community to achieve our Early Childhood Action Plan Blueprint Vision: *“All children will enter kindergarten healthy, meeting all developmental milestones, and with all the skills, knowledge, and behaviors necessary for school success.”* We must expand our partnership table beyond educators and service providers to include Waterbury parents and families. To that end, we have started developing a Parent Engagement Plan with the help of a diverse group of parents and community leaders.

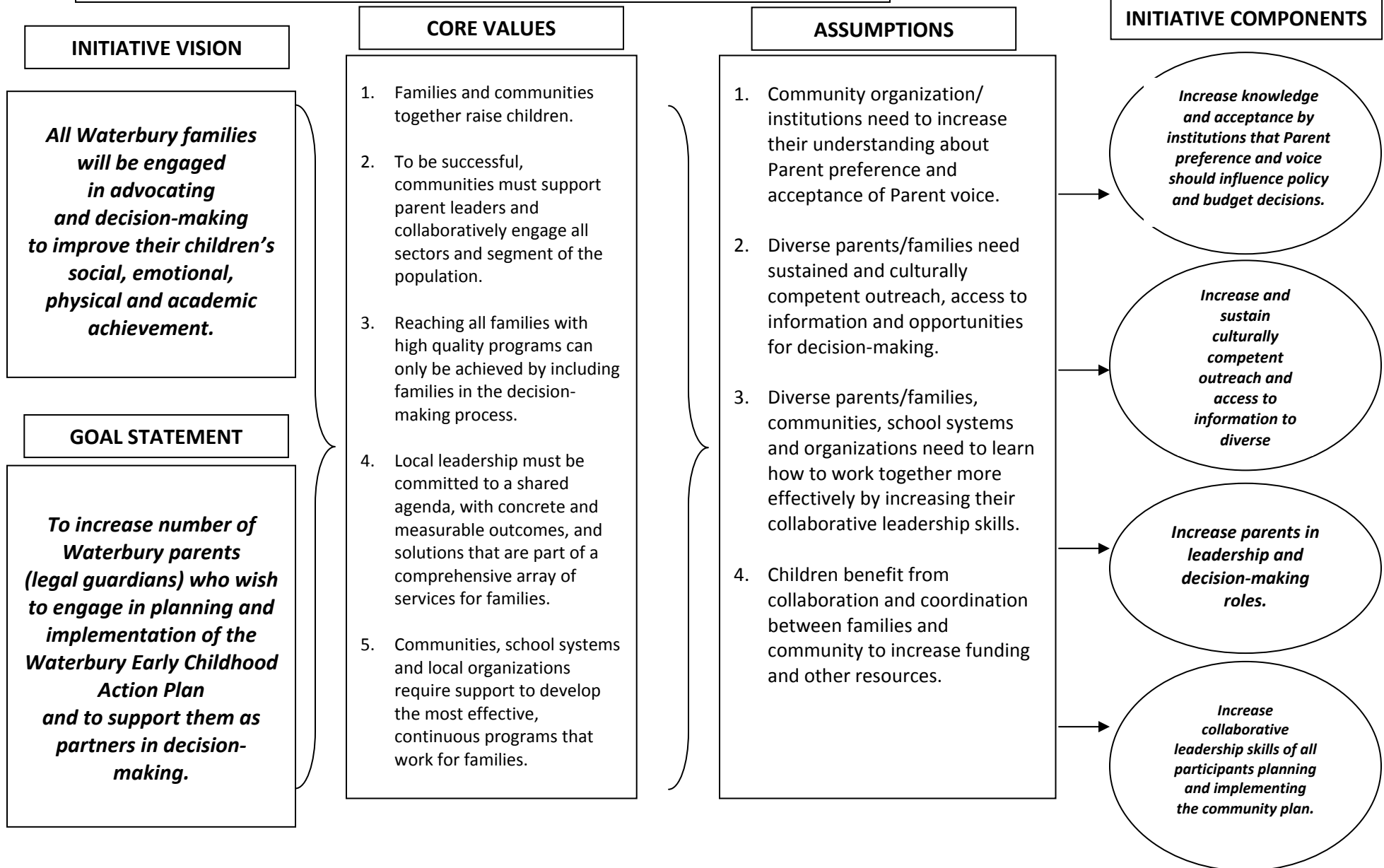
The Parent Engagement Plan has as its overarching goal:

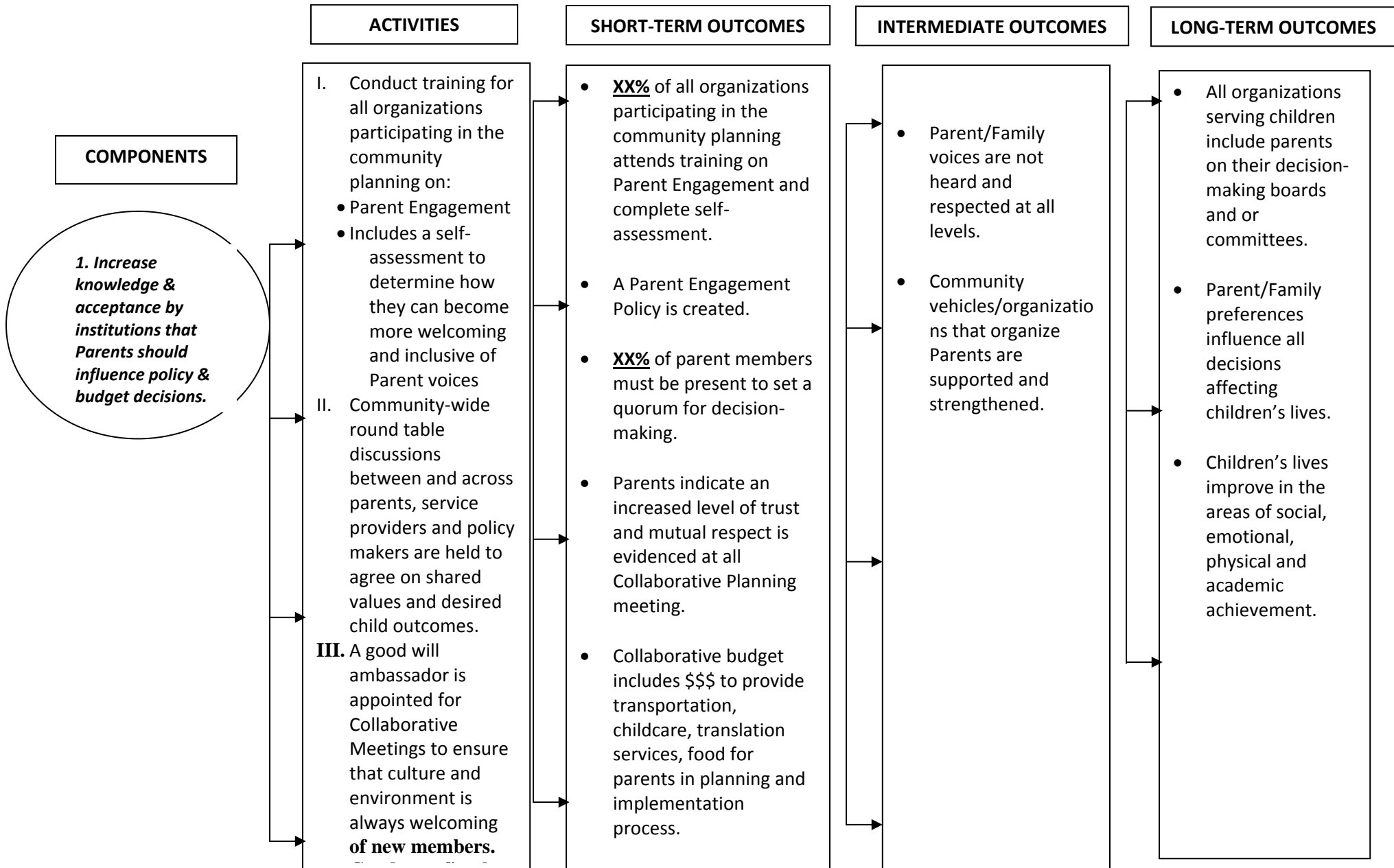
To increase substantially the number of Waterbury parents (legal guardians) who wish to engage in planning and implementation of the Waterbury Early Childhood Action Plan and to support them as partners in decision-making.

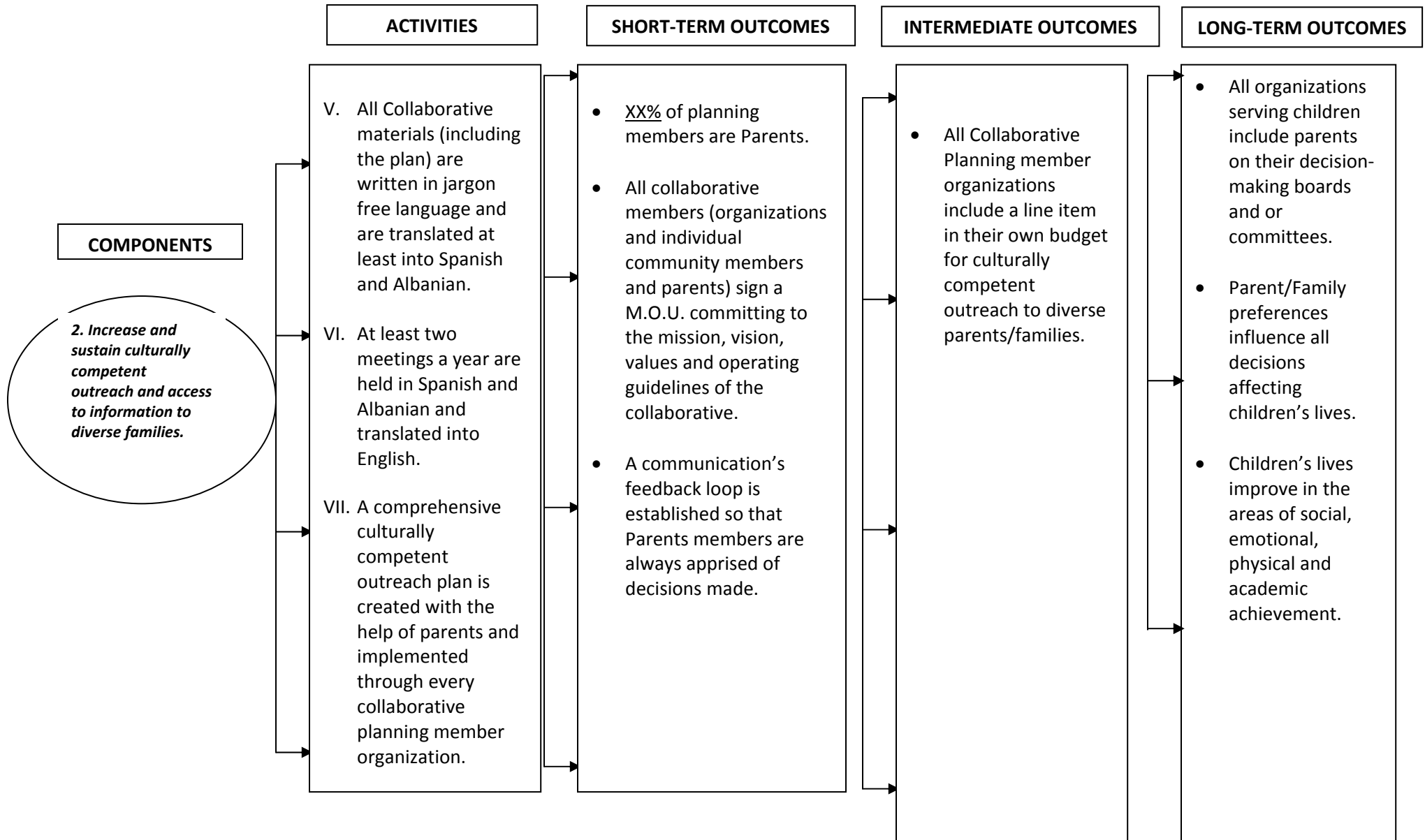
We have set as our Parent Engagement Plan Vision:

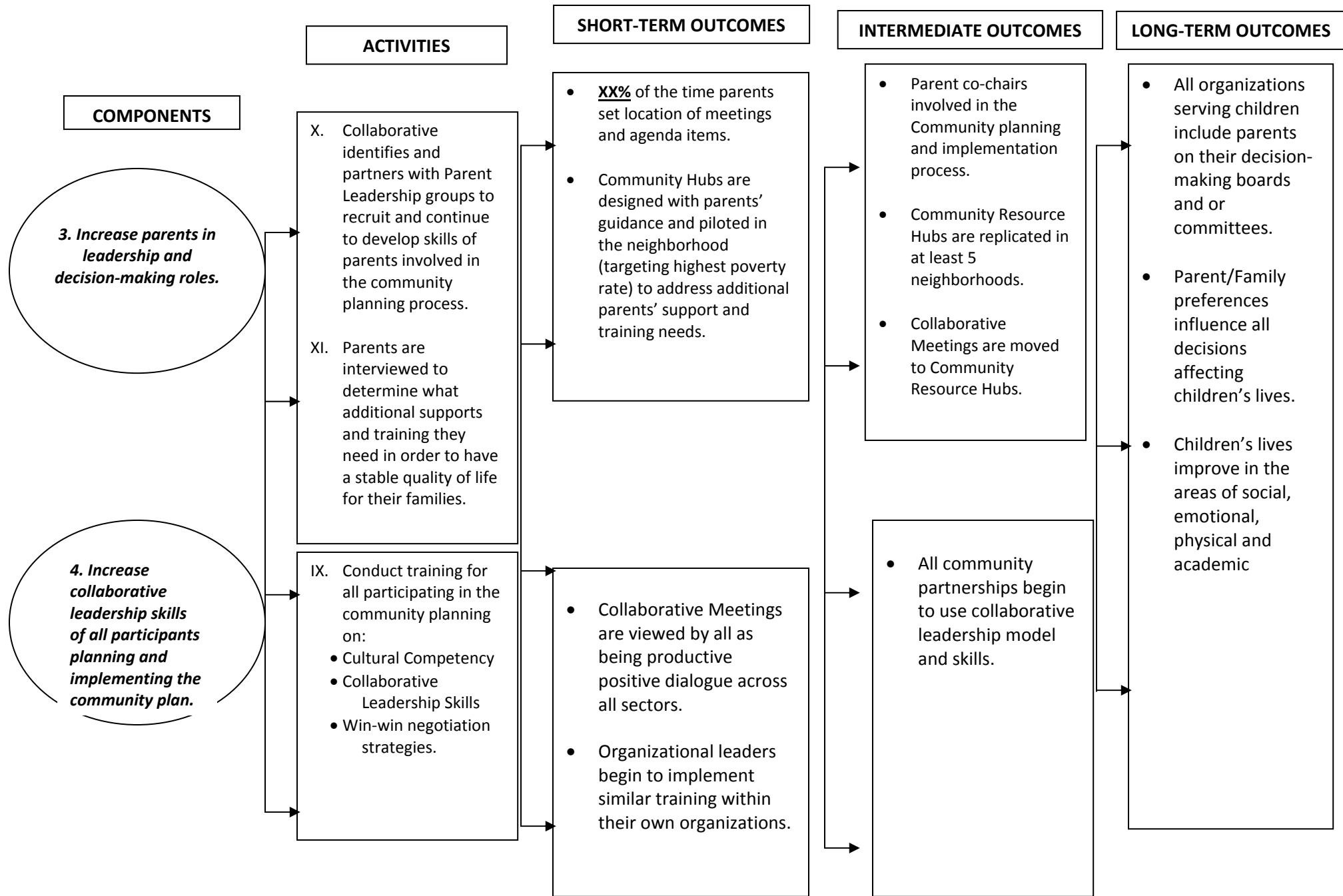
All Waterbury families will be engaged in advocating and decision-making to improve their children’s social, emotional, physical and academic achievement.

Waterbury Collaborative Draft Parent Engagement Initiative Framework









e. Advocacy Agenda

As the Governor’s Early Childhood Education Cabinet has recognized, many of the policies and public investment decisions that determine results for children in Waterbury are well beyond the control of the local community. In recognition of this fact, the Early Childhood Council will engage community leaders and work with other communities to address state and local public-policy issues that are seen as barriers to the community’s ability to produce results.

In developing the advocacy agenda for each discrete issue as well as the overall agenda, the following steps need to be followed:

- Identify/define the issue (using the latest evidence- based research and best practices).
- Coordinate with other communities sharing the issue.
- Educate community leaders, chief elected officials, and legislative leaders from the Waterbury area.
- Produce op-eds, testimony, and guidance in developing solutions (e.g. school-based health clinics, increased Medicaid reimbursement).

State Level Public Policy Agenda By Area**Early Care and Education**

- Seek additional School Readiness funding.
- Give permission to use School Readiness slot funds more flexibly to address family needs (e.g. for nontraditional hours, for full day with more flexible hours).
- Support efforts to train family-based providers.

- Seek additional Care 4 Kids funding and DSS Child Development Center funding for Infant-Toddler Care.
- Advocate for the creation of quality requirements within Care 4 Kids program.
- Advocate for increased reimbursement rates for publicly supported preschool spaces to enable recruitment and retention of staff with higher credentials.

Family Success

- Expand Nurturing Families Network neighborhood-based implementation to Waterbury.
- Increase number of Family Resource Centers funded from two to five.
- Secure state support to cover cost of adding Family Resource Centers in new schools.
- Secure resources to provide social supports, through home interventions, to families of preschool children at risk of not arriving to school ready to learn.

Health

- Increase reimbursements under HUSKY to support adequate care (particularly for Medical Home care coordination and dental care).
- Increase number of school-based health centers funded from one to five.
- Secure state support to cover cost of adding school-based health centers in new schools.

V. Organizing for Success: Management, Governance, and Finance

The Early Childhood Task Force, in consultation with the mayor and superintendent, has worked with the leadership of the Waterbury Prevention Policy Board to articulate a coordinated governance process that will result in a continuum of community planning and action for healthier families and children from before birth to age 21. The Task Force looked at successful models from other communities and states.⁸

As the Early Childhood Plan work proceeded, it became clear that many of the same leaders and agencies (other than dedicated Early Care and education providers) were involved with families and children across the entire age spectrum to address needs for parenting information, family services and supports, and health. Many Waterbury families have children of widely varying ages, opening up possibilities for collaboration and creative interage and intergenerational programming. Moreover, both groups have endorsed a flexible, relatively flat structure that will maintain the momentum across city administrations and can also adapt quickly to get the work done and respond to new developments or opportunities. The WPPB has been building its structure for approximately eight years while the Waterbury School Readiness Council, in existence for more than ten years, is in the process of revamping its structure to address a broader set of responsibilities.

The management and governance plan has the following features (see Figure V-1):

- The leadership of the WSRC and the WPPB will create a **Joint Leadership Council** that will meet regularly to

coordinate the work across the two entities and establish joint project Work Groups or committees as required.

For example, the WSRC may join with the WPPB to charter the following joint committees, which are tackling issues that span the age ranges that are the primary concern of each group:

- A joint **Children’s Health Roundtable** of community child-health providers and other stakeholders will be established to meet regularly to connect systems and share initiatives. This group will continue to identify and address specific policy, coordination, and access issues affecting community health in Waterbury.

The Waterbury Department of Public Health has convened a new Children’s Health, Nutrition, and Safety Advisory Committee and Waterbury Public Schools has an Interdepartmental Health Committee; the possibility of combining these to form one committee connected to this governance structure will be pursued.
- A joint **Family Strengths Committee** with providers, parents, and other stakeholders will be convened to coordinate the work of all agencies working with families and advance the collaborative projects called for in the plan. This group would:
 - collaborate on initiatives to improve services through communication, improved referral processes, and system development;
 - coordinate approach and daily work with families to ensure that consistent practices and messages are adopted across agencies; and
 - define and advance initial projects and tools to advance common work. (See text box page 39)

⁸ A significant resource in this work has been the Learning Guide Series for Community Decision Making, published by the Center for the Study of Social Policy http://www.cssp.org/major_initiatives/comm_dec_making.html

The Joint Leadership Council will be charged with the responsibilities of a local governing council based on extensive experience in other communities and states in forming and managing a local collaborative to improve family and child outcomes.⁹

Potential Activities of a Standing Family Strengths Committee

- Case conferencing processes
- Listserv to connect agency staff at different levels
- Building new collaborative relationships across agencies 1:1
- Resource development—applying for program and capacity building grants
- Training /crosstraining
- Alignment of practices, quality improvement
- Ongoing data collection and needs assessment and feedback to state and local leaders

These functions:

- focus on results as a way for a community to establish and monitor accountability standards;
- use many forms of data and broadly gathered information to make decisions;
- intentionally seek the involvement and perspectives of many members of the community, especially those whose points of view are not often heard;
- set a community-wide agenda for improving results that target the priorities of community residents;
- assess community resources and attempt to influence more informed, consolidated, and creative use of local assets to support the community's agenda;

- ensure that arrays of community supports are in place to include effective informal networks as well as formal systems of care;
- continuously inform members of the community about results and the state of community-wide conditions.

Staffing. This work will require both staff support and the dedication of many stakeholder agencies and initiatives to fulfill these challenging functions.

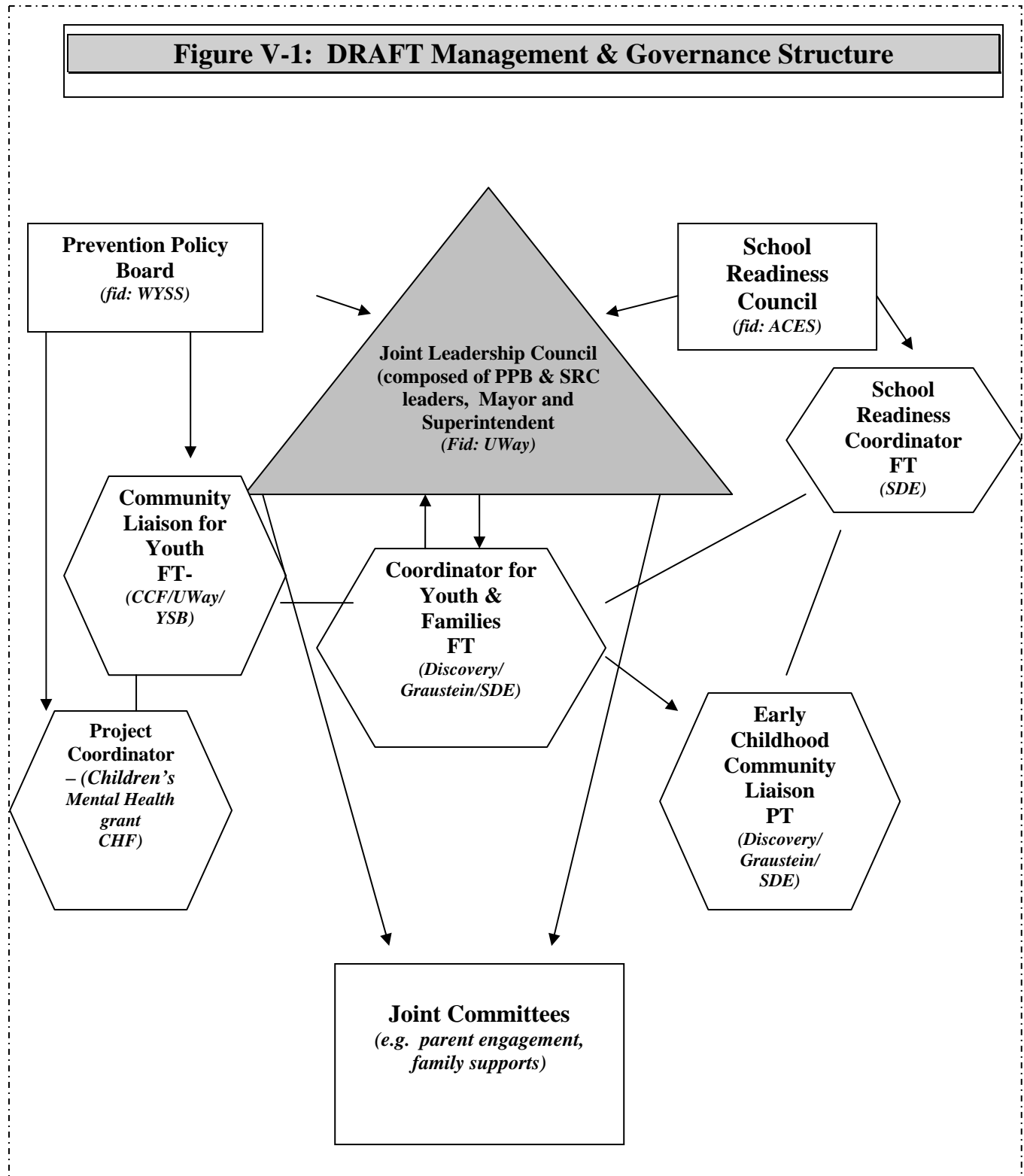
The Joint Leadership Council will work with the Waterbury School Readiness Council to continue the detailed planning with the additional resources available through the state and the William Caspar Graustein Memorial Fund.

Finance. Holt, Wexler & Farnam, LLP (HWF) conducted a scan of all federal, state, and major philanthropic funding coming into Waterbury to support services to young children.

Overall, they identified more than \$110 million dollars used to provide services to young children in Waterbury. (See Table V-1.) The largest area of expenditure proved to be K-3 education at \$50 million. A portion of those funds probably went to preschool services, but it was not possible to break these funds out from the total. Other major items were funds for Health (\$26 million), with most of it attributable to HUSKY services, and DCF's work in child protection (\$13.3 million).

These figures and the detailed database of funding used to generate Table V-1 can be used by the Council to identify agencies that should be recruited as larger partners. As the Council moves forward, it can draw these partners with substantial resources into the work of the Council.

⁹ See Center for the Study of Social Policy
http://www.cssp.org/major_initiatives/comm_dec_making.html



Joint Leadership Committee will serve as the forum for coordinating the efforts of the member entities such as the Prevention Policy Board and School Readiness Council for the overall benefit of children, youth and families. It will integrate the work plans and priorities based on input from the member entities and ensure the highest level of city and community commitment to the coordination of resources and knowledge for the benefit of Waterbury children and youth.

Table V-1: Early Childhood Services in Waterbury, Fiscal Year 2005-2006

Type of Program	Federal	Federal/State	State	Philanthropic	Grand Total
Child Welfare		\$13,344,664			\$13,344,664
Early Care and Education	\$3,972,218	\$9,172,278		\$50,000	\$13,194,496
Early Literacy				\$60,500	\$60,500
Family Support		\$5,768,908	\$82,933	\$47,107	\$5,898,948
Health	\$5,624,829	\$20,344,950	\$331,952	\$10,087	\$26,311,818
Health/Behavioral		\$1,204,925	\$6,503		\$1,211,428
K-3 Education	\$8,638,763		\$41,496,132	\$55,684	\$50,190,579
Parent Engagement				\$6,583	\$6,583
Youth Development/After School	\$291,816			\$10,000	\$301,816
Grand Total	\$18,527,626	\$49,835,725	\$41,917,520	\$239,961	\$110,520,832

Source: State, Federal and Philanthropic Grantors, compiled by HWF.

VI. Next Steps

The Early Childhood Task Force will continue to work on the details of how the plan will be implemented in the coming years with support from the State of Connecticut and the Graustein Memorial Fund.

The Task Force will be taking the **Blueprint** out to the community in a series of conversations and forums over the next 18 months to get community feedback on the directions and generate support for action to address the needs of families and children, and help them set priorities among its recommendations.

The Task Force will also be working with the WSRC, the WPPB, the mayor, and the superintendent to put in place the following essential components of a comprehensive community plan to ensure full implementation:

- **A management and governance structure.** This Plan presents the outlines of a new structure. The details of the Committee and Work Group structure, staffing, and flows of decisions and communications in the new governance structure will need to be designed and put in place in the coming months.
- **A data collection system** to monitor and track indicators and results across public systems and public and private funded programs. This will be developed over time, building on current systems.

- **A financing strategy** that costs out the plan in detail as the strategies are further developed and identifies resources across categorical funding streams to activate the plan and achieve the results.
- **An accountability system** that publicly and regularly reports, at minimum, on an annual basis to the community on the status of children and progress made against the plan’s goals, objectives, and results.

This Plan is grounded in the work of dozens of committed individuals and the views of hundreds of community members who have participated in multiple forums over the past one and a half years. The Task Force and the leadership of the new governance structure are committed to:

- bringing the specifics of this Plan back to all who participated,
- mobilizing new energy and new resources to implement all components of the plan, and then
- holding themselves and the community accountable for achieving the results sought in the plan.

Through these efforts, Waterbury children **will succeed.**

Appendix A: The Planning Process and Participants

The Blueprint was created through an inclusive process that sought to engage all Waterbury early childhood stakeholders. The mayor appointed the Waterbury Early Childhood Plan Task Force in fall 2006 to guide the development of the plan. The Task Force members included representatives of the Waterbury School Readiness Council and the Waterbury Discovery Collaborative, with cross membership from the Waterbury Prevention Policy Board and its Executive Committee.

In January 2007, small Work Groups met to identify the key issues facing Waterbury in early childhood services. Based on this initial work, the Task Force developed a scope of work for the planning process and a Request for Proposals for consultants to assist them in developing the plan.

In June 2007, the Task Force retained the New Haven firm of Holt, Wexler & Farnam, LLP, to assist them in the planning process. They convened four inclusive Work Groups in the areas of Early Care and Education, Kindergarten Success, Health, and Family Success. The Task Force recruited broadly for membership in these groups. The Early Care and Education and Kindergarten Transition groups were drawn primarily from Early Care providers and Board of Education staff engaged in the School Readiness Council. In the areas of health and family services, all major providers serving Waterbury families were invited to serve on the Work Groups. Appendix A lists all the participants in the process to date.

Parents and community members were engaged in the planning process in several ways. Task Force members reached out to existing groups of parents and community providers with a structured Discussion Guide that they used to lead detailed discussions at seven existing meetings. The Discussion Guide was also distributed to other stakeholders.

The consultants collected extensive data on the current conditions of Waterbury families and children in these four areas, and on the service systems serving them, and presented that to the Work Groups at the beginning of their deliberations.

The Work Groups met a total of four or five times over the summer in sessions facilitated by the consultants to discuss the data and the situation in their subject area from their individual experiences. The Work Groups each produced recommended strategies to address the needs of families and children in each area, which were forwarded to the Task Force for incorporation into this overall plan.

Waterbury Early Childhood Plan Participants**Waterbury School Readiness Council**

Michael J. Jarjura	Mayor, City of Waterbury
Dr. David L. Snead	Superintendent of Schools, Waterbury
Anthony C. Barbino, Co-Chair	Senior Counselor, Court Support Services Division
Anne Marie Cullinan, Co-Chair	Assistant Superintendent of Schools for Special Education and Pupil Personnel
Paul Bisnette	Head of Children's Services, Silas Bronson Library,
Kristen Bulkovitch	President and Chief Professional Officer, United Way of Greater Waterbury
Theresa Caldarone	Counsel to Mayor, Office of the Mayor
Dr. Susie DaSilva	Family Resource Center, Wilson School
Kathryn Barbeau	Supervisor, Special Education, Waterbury Public Schools
Dona Ditrio	Executive Director, Early Childhood Program/Head Start, New Opportunities, Inc.
Rupa Gandhi	VP, Easter Seals Rehabilitation Center of Greater Waterbury
Dr. M. Alex Geertsma	Head of Pediatrics, St. Mary's Hospital
Dr. Lori Gregory	Dept. Head, Early Childhood, Naugatuck Valley Comm. College
Joan Hartley	Senator, Connecticut General Assembly
Linda Janowitz	Immediate Past Council Co-Chair
Kris Keidel	Supervisor, Early Childhood Education, Waterbury Public Schools
Kristen Kennen	211 Infoline
Sonya Lewis	Executive Director, Children's Center of Greater Waterbury Health Network
Jackie McGrath-Curtis	Parent
Carol Merola	Lead Planning Analyst, CT Dept of Social Services
Obi Molokwu	Executive Team Lead, Soft Line
Marie Monahan	President, Naugatuck Valley Assoc. for the Education of Young Children
Carol O'Donnell	Associate CEO, Connecticut Community Foundation
Dana Robinson-Rush	Parent
Barbara Tacchi	Coordinator, Waterbury School Readiness Program
Alice Torres, Fiduciary	Director, ACES Early Childhood Services

Waterbury Early Childhood Task Force Work Group Members

<p>Early Care & Education Work Group *Barbara Tacchi Waterbury School Readiness Program *Sonya Lewis GWHN Children's Center Anthony Barbino Family Services, Court Support Services Division Carol Blake Ark Child Development Centers Mary Ann Daukas Retired, WPS, EC Sp Ed Dona Ditrio Early Childhood Program / Head Start, New Opportunities Dr. Lori Gregory Naugatuck Community College Linda Janowitz Waterbury School Readiness Council Barbara Jones Rainbow Academy Kris Keidel Parent and Waterbury Public School System Kristen Kennen 211 Infoline Marie Monahan St. Mary's Hospital CDC, CAEYC Andrew Roberts Parent Beth Young Naugatuck Valley Community College</p>	<p>Health Work Group *Christine Bianchi StayWell Health Center *Dr. M. Alex Geertsma St. Mary's Hospital Laura Baird Help Me Grow Marian Cancelliere Department of Children & Families Dr. Diane Fountas Pediatrician Joe Gorman Supervisor of Health and PE, WPS Dr. Johnson Waterbury Hospital Carol O'Donnell Connecticut Community Foundation Diane Pierce-Murray Waterbury Youth Services Dr. Mike Rokowsky DOH, Medical Advisor to Schools Dana Robinson-Rush Parent Tina Santire Parent Gary Steck Wellpath, Inc. Leslie Swiderski Waterbury Health Access Project Randy Ann York Dept. of Public Health Immunization Christine Dausen, PhD. Wellpath, Inc.</p>
<p>Family Success Work Group *Kristen Bulkovitch United Way of Greater Waterbury *Sandy Porteus Family Services of Greater Waterbury Tina Agati Literacy Volunteers of Greater Waterbury Mary Angela Amendola Chase School Family Resource Center April Belanger United Way of Greater Waterbury Nancy Braz WIC, New Opportunities Rabbi Yehuda Brecher Yeshiva K'tana of Waterbury Glenna Butler Catholic Charities Bob Coatta Northwest Regional Workforce Investment Board Kelly Cronin Waterbury Youth Service System Dr. Susie DaSilva Principal, Wilson School Dona Ditrio New Opportunities, Inc. Major Bill Furman Salvation Army Dr. Jim Gatling New Opportunities, Inc. Rupa Ghandi Easter Seals Rehabilitation Center of Greater Waterbury Debbie Horwitz Jewish Communities of W. CT Georgette Huie In the Making Leah Lentocha Salvation Army Kathy McNamara Waterbury Development Corp. Angie Medina 211 Infoline Carol Merola CT Dept of Social Services Lisa Miller Yeshiva K'tana of Waterbury Jackie Mulhall Waterbury Discovery Coordinator Tiffany Murasso Catholic Charities Kathy Newmark Wilson School FRC Dr. Frank Olah Children's Community School Lisa Osterberg Kangaroo's Korner, Inc. Monica Polzella CT Dept. Of Children and Families Susan Pronovost Greater Waterbury Interfaith Ministry Trish Spofford Waterbury PLTI Don Thompson StayWell Health Center Glennis Vialva Waterbury Youth Service System</p>	<p>Transition to Kindergarten Work Group *Kris Keidel Parent, Supervisor, Early Childhood Education, WPS *Linda Janowitz Immediate Past Co-Chair, WSRC Anthony Barbino Family Services, Court Support Services Division Louise Byron ECE Educator WPS Anne Marie Cullinan Waterbury Public School System Lumi Franco Social Work- WPS Preschool Jessica Irizarry ECEP-WPS Barbara Jones Owner/Director, Rainbow Academy Marie Monahan Connecticut Assoc. for the Education of Young Children Patricia Moran Supervisor of Reading and Language Arts, WPS Tiffany Murasso Reg. Director, Catholic Charities Barbara Tacchi Waterbury School Readiness Program</p>

*Denotes Work Group Chair/Co-Chair

Appendix B: The 40 Developmental Assets for Early Childhood (Ages Three to Five)

Assets byType

EXTERNAL ASSETS	
Support	1. Family support—Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child’s individuality.
	2. Positive family communication—Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversations that invite their input.
	3. Other adult relationships—With the family’s support the child experiences consistent, caring relationships with adults outside the family.
	4. Caring neighbors—The child’s network of relationships includes neighbors who provide emotional support and a sense of belonging.
	5. Caring climate in child-care and educational settings—Caregivers and teachers create environments that are nurturing, accepting, encouraging, and secure.
	6. Parent involvement in child care and education—Parent(s), caregivers, and teachers together create a consistent and supportive approach to fostering the child’s successful growth.
Empowerment	7. Community cherishes and values young children—Children are welcomed and included throughout community life.
	8. Children seen as resources—The community demonstrates that children are valuable resources by investing in a child-rearing system of family support and high-quality activities and resources to meet children’s physical, social, and emotional needs.
	9. Service to others—The child has opportunities to perform simple but meaningful and caring actions for others.
	10. Safety—Parent(s), caregivers, teachers, neighbors, and the community take action to ensure children’s health and safety.
Boundaries and Expectations	11. Family boundaries—The family provides consistent supervision for the child and maintains reasonable guidelines for behavior that the child can understand and achieve.
	12. Boundaries in child-care and educational settings—Caregivers and educators use positive approaches to discipline and natural consequences to encourage self-regulation and acceptable behaviors.
	13. Neighborhood boundaries—Neighbors encourage the child in positive, acceptable behavior, as well as intervene in negative behavior, in a supportive, nonthreatening way.
	14. Adult role models—Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles.
	15. Positive peer relationships—Parent(s) and caregivers seek to provide opportunities for the child to interact positively with other children.
	16. Positive expectations—Parent(s), caregivers, and teachers encourage and support the child in behaving appropriately, undertaking challenging tasks, and performing activities to the best of her or his abilities.
Constructive Use of Time	17. Play and creative activities—The child has daily opportunities to play in ways that allow self-expression, physical activity, and interaction with others.
	18. Out-of-home and community programs—The child experiences well-designed programs led by competent, caring adults in well-maintained settings.
	19. Religious community—The child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development.
	20. Time at home—The child spends most of her or his time at home participating in family activities and playing constructively, with parent(s) guiding TV and electronic game use.

	INTERNAL ASSETS
Commitment to Learning	21. Motivation to mastery—The child responds to new experiences with curiosity and energy, resulting in the pleasure of mastering new learning/skills.
	22. Engagement in learning experiences—The child fully participates in a variety of activities that offer opportunities for learning.
	23. Home-program connection—The child experiences security, consistency, and connections between home and out-of-home care programs and learning activities.
	24. Bonding to programs—The child forms meaningful connections with out-of-home care and educational programs.
	25. Early literacy—The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.
Positive Values	26. Caring—The child begins to show empathy, understanding, and awareness of others’ feelings.
	27. Equality and social justice—The child begins to show concern for people who are excluded from play and other activities or not treated fairly because they are different.
	28. Integrity—The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right.
	29. Honesty—The child begins to understand the difference between truths and lies and is truthful to the extent of her or his understanding.
	30. Responsibility—The child begins to follow through on simple tasks to take care of her- or himself and to help others.
	31. Self-regulation—The child increasingly can identify, regulate, and control her or his behaviors in healthy ways, using adult support constructively in particularly stressful situations.
Social Competencies	32. Planning and decision making—The child begins to plan for the immediate future, choosing from several options and trying to solve problems.
	33. Interpersonal skills—The child cooperates, shares, plays harmoniously, and comforts others in distress.
	34. Cultural awareness and sensitivity—The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from her or him.
	35. Resistance skills—The child begins to sense danger accurately, to seek help from trusted adults, and to resist pressure from peers to participate in unacceptable or risky behavior.
	36. Peaceful conflict resolution—The child begins to compromise and resolve conflicts without using physical aggression or hurtful language.
Positive Identity	37. Personal power—The child can make choices that give a sense of having some influence over things that happen in her or his life.
	38. Self-esteem—The child likes her- or himself and has a growing sense of being valued by others.
	39. Sense of purpose—The child anticipates new opportunities, experiences, and milestones in growing up.
	40. Positive view of personal future—The child finds the world interesting and enjoyable, and feels he or she has a positive place in it.

This list is an educational tool. It is not intended to be nor is it appropriate as a scientific measure of the developmental assets of individuals. Copyright © 1997, 2007 by Search Institute. All rights reserved.

Appendix C: Data on Waterbury Children and Families

Table C-1: Characteristics of Waterbury Children and Families

Indicator	Total %	Infant-Toddler	3-4 Year Olds	5-8 Year Olds	Total 0-8
Total Number		4,400	2,900	6,100	13,400
Family Characteristics					
Children Living in Poverty	26%	1,100	800	1,600	3,500
Eligible for Free or Reduced Lunch (living in families with incomes under 185% of federal poverty level)	66%	2,900	1,900	4,000	8,800
Children Born to Teen Mothers	15%	700	400	900	2,000
Children in Families in Which All Parents Are Working	65%	2,900	1,900	4,000	8,800
Children Whose Mothers Have Not Completed High School	27%	1,200	800	1,700	3,700
Children 0-8 with Behavioral Issues	20%	900	600	1,200	2,700
Participation in Services					
Children with HUSKY Health Insurance	51%				6,838 (2-10)
Children with Preschool Experience	64%	0	0	3,900	3,900

Table C-2: Reading Results for 2007 CMT By Race/Ethnicity, Waterbury Schools and State

	Tested		Below Basic		Proficient	
	Number	%	Number	%	Number	%
	Waterbury					
Black	403	100%	179	44%	150	37%
Hispanic	589	100%	263	45%	215	37%
White	361	100%	68	19%	242	67%
Total	1,353	100%	510	37%	607	45%
F/R Meals	1,066	100%	456	43%	409	38%
Full Price	308	100%	59	19%	210	68%
English Language Learners	176	100%	113	64%	31	18%
	State					
Black	5,707	100%	2,226	39%	2,477	43%
Hispanic	7,026	100%	2,979	42%	2,930	42%
White	27,069	100%	2,951	11%	21,980	81%
Total	39,802		8,156	20%	27,387	69%
F/R Meals	12,837	100%	5,199	41%	5,494	43%
Full Price	28,814	100%	3,170	11%	23,368	81%
ELL	2,349	100%	1,369	58%	578	25%

Table C-3: Scores on Reading CMT, 2007, Third Grade, by School

School	Tested	Below Basic		Proficient	
		Number	%	Number	%
Walsh	101	66	65.3	20	19.8
Wilson	26	15	57.7	3	11.5
Bucks Hill	73	40	54.8	19	26
Sprague	61	32	52.5	20	32.8
H S Chase	133	67	50.4	47	35.3
Bunker Hill	74	37	50	22	29.7
F J Kingsbury	91	45	49.5	30	33
Wendell L Cross	47	19	40.4	22	46.8
Driggs	85	30	35.3	37	43.5
Carrington	84	29	34.5	38	45.2
B W Tinker	71	24	33.8	41	57.7
Barnard	43	14	32.6	23	53.5
Washington	45	14	31.1	18	40
Hopeville	69	21	30.4	34	49.3
Brooklyn Elem	34	10	29.4	15	44.1
Gilmartin	24	7	29.2	11	45.8
Margaret M. Generali	92	24	26.1	54	58.7
Rotella	86	12	14	58	67.4
Regan	50	5	10	37	74
Maloney	83	2	2.4	70	84.3
Non-Reporting Schools with less than 20 students	2	2	<.001	0	0
Waterbury	1374	515	37.5	619	45.1

Appendix D: Calculations of Preschool Demand

Projecting Need: Given a two-year birth cohort of about 3,272 children, the bottom line from Table VI-1 leaves about 475 children ages three and four un-served by preschool at all and 763 unserved by center-based care.

In the Council’s Fall 2006 submission to the State Department of Education, it estimated a need for 756 additional School Readiness Slots to provide preschool for all children ages three and four in Waterbury.

The Council estimated that 20% of families will choose not to attend center-based preschool programs for the following reasons:

- home-schooling: 4%,
- cultural considerations of families that want their child in a home environment: 5% (based on the 5% who opt out of kindergarten in the city)
- family mental and physical health issues or other factors including language barriers and/or a lack of family resources to manage getting a preschool-age child to a program on a regular basis: 1%
- choice of licensed family programs or Kith & Kin: 10%

Deducting this 20% factor from the total-need estimate of 763, the absolute need for additional preschool slots is at least 600. However, the above supply analysis counts many programs and slots that are in unaccredited facilities and of unknown quality, so this is a conservative estimate of community need for quality slots.

Interestingly, the Waterbury Public Schools estimates that each year about 600 children arrive at school with parents reporting no preschool experience.

This analysis and additional discussions have lead to the establishment of a goal of providing an additional 600 slots of publicly supported preschool programs.

In discussions with its current providers, the Council has identified requests for expansion of more than 400 slots in the public schools and in private providers. This work is ongoing, assisted by the State Department of Education and the Connecticut Health and Education Facilities Authority (CHEFA).

Program Type

Currently the city serves children in the following percentages:

- full day/full year: 70%
- school day/school year: 25%
- Part day/part year: 4%

What do families need from the added spaces? There is no thorough data to estimate this need. The Task Force is continuing consultations with parents to try to get a better idea of the answer to this question in the absence of any thorough data on parent preferences.

A 2006 brief prepared for the CT Early Childhood Research and Policy Council found a growing acceptance of and demand for center-based care across all groups but also concerns about quality and trust.¹⁰ Issues of cost, location and flexibility to meet work schedules were significant, especially for those needing full-day programs so they could work.

The School Readiness Council in its Fall 2006 report applied the above percentages to future spaces and then adjusted them to estimate that 15% more families would opt for school day based on feedback from the families applying to the public school programs. Data from community forums shows the need and support of programs that offer longer hours and also a need for transportation.

Facility Needs

This demand translates into a need for 33 new preschool classrooms at an average class size of 18 (with 6 additional rooms also needed to bring current School Readiness class sizes down to 18). The Waterbury Public Schools are adding 5 new preschool classrooms serving 90 students in the 3 schools under planning at the current time.

Two new CHEFA-approved projects are adding to the supply. Easter Seals just opened a center with 31 new spaces and 49 rehabilitated spaces. The YMCA has 40-60 spaces under development. Approval and grant funding has also been obtained to renovate 10 additional classrooms in the Slocum Head Start site.

Meanwhile two licensed centers that are not publicly funded closed in 2006 and there has been a decrease in total licensed family childcare homes.

¹⁰ What Do We Know About Parent Preferences for Child Care? *Informing Policy in Public Support for Preschool*, prepared for the CT Early Childhood Research and Policy Council, October 2006.

K-3 Education Services

Waterbury has 6,100 students enrolled in grades K-3 and is working intensively to address their educational needs.

The Task Force has not focused on the educational programming in K-3 as part of the planning process; instead, the focus for this age group has been more on the health and family support needs in order to remove known barriers to school success in these areas. The Task Force expects to work with the WPS in the context of the District Improvement Plan.

In discussions with parents and community members, the Task Force has identified building stronger partnerships between schools, parents, and communities as a significant need and priority.

A breakdown of slots tracked through the 211 Infoline program is detailed in Table VI-2. The percentage of ECE spaces that are accredited (47.6%) far exceeds the state average. (See Figure VI-3.)

Appendix E: Home-Visiting Program Analysis

Program	Primary Funding Source	Target Population	Goal	HV Primary Strategy ?	Supported By Research?	Length of Service	Primary Critical Area	Primary Service Location
Nurturing Families Network	CTF	Prenatal women and infants to 6 weeks. Positive risk screen for abuse/neglect	Child-abuse prevention	Y	Y	Up to 5 yrs; avg. 18 months.	Family support and parenting education	Hospitals
Healthy Start	DSS	Pregnant women	Healthy births	Y	Y	Until delivery	Family support and parenting education	Hospitals, Clinics, and Private Pediatricians
Early Head Start	Federal grant	Pregnant women, infants, and toddlers in families below fed. poverty level	Improve literacy and health	Based on geography	Y	3 yrs.	All	Community action, community programs, public schools
Head Start	Fed. grant/SDE	Three- and four-year-olds in families below fed. poverty level	Improve literacy and health	N	Y	2 yrs. avg.	All	Community action, community programs, schools
Parent Aide	DCF	Parents at risk of or with child abuse or neglect substantiated	Child-abuse prevention	Y	N	6-9 months	Family support and parenting education	Community-based agencies
Even Start	SDE	Parents without high school diploma with infants and toddlers	Improve literacy	N	Limited	HS completed	Early Care and education, family support and parent educ.	
Intensive Family Preservation	DCF	Parents where child abuse or neglect is substantiated and child is at risk of placement	Family support and parent education	Y	N	3-6 months	Family support and parent education	Community-based agencies
Family Reunification	DCF	Parents with child who has been placed out of the home due to substantiated child abuse or neglect and returning home	Family support and parent education	Y	N	3-6 months	Family support and parent education	Community-based agencies
Intensive In-home Child and Adolescent Psych. Services	DCF Medicaid Insurance	Children with DSM diagnosis and at risk or out of home placement or returning home from out-of-home placement	Reduce out-of-home placements	Y	Y	6-9 months	All	Community -based agencies
Parents as Teachers	SDE	Parents of young children	Early Literacy	N	Y	Varies	Literacy	Family resource ctrs.

Appendix F: Waterbury Early Childhood Health Resources

Provider	Program Name	Brief Description
StayWell Clinic	Pediatric Primary Care Clinic	FQHC providing pediatric primary care
	Pediatric Dental Clinic and Mobile Dental Care Ctr.	Clinic provides dentistry and hygiene services; mobile clinic serves Driggs School
	Driggs School-Based Health Clinic Collaboration with StayWell	Provides APRN-delivered health care and mental-health care
	Waterbury Healthy Start	Perinatal support for high-risk mothers
	Nurturing Connections	Informational phone calls and printed materials to first-time mothers; assistance with referral to more intense interventions
Waterbury Public Schools	HUSKY Outreach	Aligns with Governor’s Directive to enroll more children in HUSKY
	School-Based Health Specialists	Education on human growth and development for K-5 students
	Lead Program	Informs parents and students of the dangers of lead to developing minds
	School Health Curriculum	Age-appropriate classroom instruction promoting habits to improve health
Waterbury Department of Health	School-Based Public Health Nurses	In-school health services and promotion of healthy habits
	Infant Immunization Action Plan Program	Oversees the Infant Vaccine Clinic and the School-Age Vaccine Clinic; some direct services; data collection
	Waterbury Women, Infants, and Children (WIC)	Disburses federal funds to allow mothers with infants and young children to purchase nutritious foods
	Healthy Choices for Women and Children	Case management and intensive home visits for perinatal women and their partners at risk for substance abuse
	Lead Abatement Program	Oversees Waterbury Eliminates Lead Hazards Program to remove lead from houses with young children
Wellpath, Inc. (Waterbury Child Guidance Clinic)	Driggs School-Based Health Clinic Collaboration with StayWell	Mental health services for children and families after referral by state or community organizations
	ECCP Agency for Greater Waterbury	Masters-level mental health consultant helps determine child’s mental/behavioral health needs and works individually or with the child’s classroom to create an improvement plan
	Emergency Mobile Psychiatric Service	Telephone counseling, crisis and suicide intervention for children referred by state or community officials
	Intensive In-Home Child and Adolescent Psychiatric Service	Two-person mental health teams provide tailored care following referral by DCF, juvenile court, schools, or families
	Outpatient Program	Provides services for a range of behavioral health problems following referral from DCF, doctors, schools, etc.
	Victims of Crime Assistance	Treatment for children dealing with emotional aftermath of crime
St. Mary’s Hospital	Children’s Health Center	Outpatient pediatric primary care
	Pediatric In-Patient Service	Inpatient pediatric care
	Children’s Bereavement Support Group	Group setting for children 7-12 years who have lost a loved one
	Easy Breathing	Works with M.D.s to improve asthma outcomes in their patients
	Regional Medical Home Support Center	Technical assistance, care coordination, family support services for medical homes
	Wellpath, Inc.	Mental and behavioral health services for children and adolescents
	Nurturing Families Network	Support for first-time parents at risk for harming or neglecting their children
Waterbury Family Focus Partnership	Behavioral Health System of Care	Develops system of care and community resources and supports for families and children with mental health problems

Appendix G: Research Relied Upon in Plan Development

The Task Force drew on the growing body of evidence in support of specific early childhood programs and investments in developing this plan. Central to this work were the following reports and Web sites:

Scientific Basis for Early Childhood Investments

Shonkoff, Jack P., M.D., Julius B. Richmond Professor of Child Health and Development and Director, Center on the Developing Child, Harvard University, "A Science Science-Based Framework for Early Childhood Policy." See <http://www.developingchild.harvard.edu> .

Barnett, W. Steven, Ph.D., National Institute for Early Education Research, "New State Research on Highly Effective Pre-K," resented in Washington, DC June 18, 2007. See <http://www.nieer.org>.

National Research Council and the Institute of Medicine of the National Academies released *From Neurons to Neighborhoods: The Science of Early Childhood Development* 2000, an update and synthesis of current scientific knowledge of child development from birth to age five. An online version of the report, the executive summary and other support materials can be viewed at <http://www4.nationalacademies.org/onpi/webextra.nsf/web/investing?OpenDocument> . Key findings summarized at <http://www.naeyc.org/ece/research/neurons.asp>

Return on Investment Frameworks

Art Rolnick, Senior Vice President and Director of Research and Rob Grunewald, Regional Economic Analyst, "Early Childhood Development: Economic Development with a High Public Return," Fed Gazette, March 2003 at <http://www.minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>

A good summary of evidence for high returns on investments in early childhood includes a detailed literature review by IssuesPA found at <http://www.issuespa.net/articles/21544> and a summary of four studies at "Benefit-Cost Studies of Four Longitudinal Early Childhood Programs:

An Overview As Basis for a Working Knowledge" <http://www.finebynine.org/pdf/BenefitCostStudies.pdf>

Early Childhood Technical Assistance and Research Web Sites

Connecticut Early Childhood Education Cabinet – Extensive materials and report "Ready By 5, Fine By 9: Connecticut's Early Childhood Investment Framework," Fall 2006 at <http://www.ecpolicycouncil.org>

Child Care Information Exchange <http://www.childcareexchange.com/>

National Institute for Early Childhood Research <http://www.nieer.org/>

UCLA Center for Healthier Children, Families, and Communities at <http://www.healthychild.ucla.edu/NationalCenter/>

The Federal Early Childhood Comprehensive System Initiative (ECCS) Web site has copies of many state-level ECCS plans at <http://www.state-eccs.org/>

Project THRIVE at the National Center for Children in Poverty supports the states in developing early childhood comprehensive systems. All states are profiled at http://www.nccp.org/projects/thrive_summaries.html

National Scientific Council on the Developing Child (NSCDC) at Harvard University at <http://www.developingchild.net/index.html>

Evidence-based practices are documented at Promising Practices Network on Children, Families, and Communities at http://www.promisingpractices.net/programs_evidence.asp#proven

The Future of Children journal (<http://www.futureofchildren.org/>)

The Child Care Bureau of the Federal Administration for Children and Families has numerous links to early childhood research and data at <http://www.acf.dhhs.gov/programs/ccb/>

National Child Care Information Exchange (NCCIC)(<http://www.nccic.org/>)

Appendix H: Waterbury Public Schools Revised District Improvement Plan, 2008-2011



**WATERBURY PUBLIC SCHOOLS
REVISED DISTRICT IMPROVEMENT PLAN
2008 - 2011**

**David L. Sned, Ph.D.
Superintendent of Schools**

**Approved by the Waterbury Public Schools Board of Education
April 14, 2008**

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Smaller Learning Communities/21st Century

Will Zhuta
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Michelle Baker
Supervisor, Special Education

**DISTRICT IMPROVEMENT PLAN
GOALS
2008-2011**

- 1. The Waterbury Public Schools will attain high academic achievement for all students in literacy.**
- 2. The Waterbury Public Schools will attain high academic achievement for all students in numeracy.**
- 3. The Waterbury Public Schools will provide a safe and secure teaching and learning environment.**
- 4. The Waterbury Public Schools will ensure that parents are actively engaged in the educational process.**

**DISTRICT IMPROVEMENT PLAN
TIER I INDICATORS
2008-2011**

- 7. To increase reading proficiency for all students by a minimum of 15% by the end of three years as measured by Developmental Reading Assessment (DRA), Connecticut Mastery Tests (CMT), and Connecticut Aptitude Performance Test (CAPT)**

- 8. To increase mathematics proficiency for all students by a minimum of 15% by the end of three years as measured by Connecticut Mastery Tests (CMT) and Connecticut Aptitude Performance Test (CAPT)**

- 9. To reduce the number of school suspensions by 15 % over three years as measured by district suspension data**

- 10. To reduce truancy by 15% over three years as measured by district attendance data**

- 11. To increase the involvement of families in the educational process by 15% over three years as measured by strategic district surveys and participation in school and district meetings, workshops, and events**

**DISTRICT IMPROVEMENT PLAN
TIER II INDICATORS
2008–2011**

- 1. Create and implement a districtwide professional learning community system to improve the achievement of all students in core subject areas, particularly literacy and numeracy;**
- 2. Provide additional prescriptive instructional support systems to address the needs of students identified as below proficient in literacy and numeracy;**
- 3. Implement a continuum of positive intervention strategies to address student behaviors;**
- 4. Improve meaningful family partnerships with the school by improving two-way communication among students, schools and families based on research strategies and data gathered from strategic district family surveys;**
- 5. Investigate and design the restructuring of schools to address the academic needs of all students; and**
- 6. Fill all vacant positions with high-quality teachers as early as possible and retain only those who demonstrate superior performance.**

Tier II Indicator: Create and implement a district-wide professional learning community system through professional development initiatives to improve the achievement of all students in core subject areas, particularly literacy and numeracy.							
Strategies	Time-line	Fiscal Impact 2008-2011 Projections Only				Person(s) Responsible	Results Indicators
		2008-2009	2009-2010	2010-2011	UNFUNDED Contingent on state funding		
● Acquire a data warehousing system to meet the needs of data storage and recovery.	2008					Chief Operating Officer	<ul style="list-style-type: none"> ● Results from strategic district pre- and post-surveys of all staff ● Progress monitoring on the implementation CFA ● Data binders for principals to be reviewed at administrative forums ● Principal attendance at administrative forums ● Review of PLC meeting forms and schedules ● Evaluations of professional-development sessions ● Observations of PLC meetings by PLC onsite coaching staff ● Walk-through observation data ● Evaluation of student achievement data by grade level, content area, school, and district including subgroup and gap analysis data ● Evaluation of student attendance and suspension data at the classroom, school, grade, and district levels including subgroup disaggregation
● Provide professional development and implementation support for all staff in PLC.	June 2008 continuing through June 2011	\$74,000 ECS	\$74,000 ECS	NA	\$172,000	Assistant Superintendents	
● Provide professional development and implementation support for all staff in CFA.	June 2008 continuing through June 2011	\$60,000 ECS	\$60,000 ECS			Assistant Superintendents	
● Provide continued professional development and implementation support for all staff in DDDM.	Ongoing	\$30,000 Title II	\$30,000 Title II			Assistant Superintendents	
● Provide continued professional development and implementation support for all staff in PBS.	Ongoing	\$20,000 *(special funds)	\$20,000 *(special funds)	\$20,000 *(special funds)		Assistant Superintendents	
● Create and implement a Waterbury model for walk-through observations including the use of SIOP.	June 2008 continuing through June 2011	NA	NA	NA		Assistant Superintendents	
● Align the use of CALI services to identified schools with the needs of the DIP.	Ongoing	NA	NA	NA	Based on CSDE allocation for CALI PD	Assistant Superintendents	
● Provide dedicated time weekly for all staff to address the needs of students based on student data and current educational research for the purposes of collaborative planning and instructional decisionmaking.	August 2008					Assistant Superintendents	
● Provide job-embedded professional development to all schools using literacy, numeracy, and ELL facilitators/coaches to ensure the implementation of research-based effective teaching strategies.	2008-2011					Assistant Superintendents	

*Title II and IDEA

Tier II Indicator: Provide additional prescriptive instructional support systems to address the needs of students identified as below proficient in literacy and numeracy.							
Strategies	Timeline	Fiscal Impact 2008-2011 Projections Only				Person(s) Responsible	Results Indicators
		2008-2009	2009-2010	2010-2011	UNFUNDED Contingent on state funding		
<ul style="list-style-type: none"> ● Create district guideline for after-school and summer-school programs. 	April 2008	NA	NA	NA		Assistant Sup. Curr. and Inst.	<ul style="list-style-type: none"> ● Quarterly grade tracking for all Credit Retrieval students for 2 years ● CAPT score tracking for Credit Retrieval students ● Middle- and elementary-school programs will be evaluated by benchmark scores from program assessments, district benchmark tests, and CMTs for 2 years. ● Student and parent exit surveys at the end of and during the programs ● Analysis of hours of tutorial service as compared to student academic and state test performance ● Tutoring logs will be reviewed by math supervisor.
<ul style="list-style-type: none"> ● Improve and implement intervention strategies offered during the school day in K-12. <ul style="list-style-type: none"> ○ Improve literacy and numeracy classes at the middle-school level. ○ Provide tutors at all levels with an emphasis on elementary literacy and grades 6-10 mathematics. ○ Improve the implementation of the high-school math lab program. ○ Increase the implementation of READ 180. 	2008-2011	\$40,500 ECS for math tutors			\$260,000	Assistant Sup. Curr. and Inst. Math and Reading/LA supervisors	
<ul style="list-style-type: none"> ● Improve and implement offerings for support in literacy and numeracy in after-school programs. <ul style="list-style-type: none"> ○ Create and implement an elementary modular after-school program for grades 2-5. ○ Create and implement a middle-school Credit Retrieval Program. ○ Continue the high-school Credit Retrieval Program in math. ○ Create a high-school Credit Retrieval Program in literacy. 	2008-2011	\$40,320 ECS for Credit Retrieval			\$250,000	Assistant Sup. Curr. and Inst. Math and Reading/LA supervisors	
<ul style="list-style-type: none"> ● Improve and implement summer programs for students at all levels, particularly in transitional years. <ul style="list-style-type: none"> ○ Continue required summer program in grades K-3. ○ Create and implement summer transition programs for grade 5 entering 6 and grade 8 entering 9. ○ Create and implement summer programs for middle school. ○ Review and re-structure high school summer school for credit retrieval 	2008 – 2011	\$350,000 (spec. funds) *grants	\$350,000	\$350,000	\$80,000	Assistant Sup. Curr. and Inst. Math and Reading/LA supervisors	

*Grants – Early Reading Success (K-3) / School Accountability Summer School Grant

Tier II Indicator: Implement a continuum of positive intervention strategies to address student behaviors.							
Strategies	Timeline	Fiscal Impact 2008 - 2011 Projections Only				Person(s) Responsible	Results Indicators
		2008- 2009	2009- 2010	2010- 2011	UNFUNDED Contingent on state funding		
<ul style="list-style-type: none"> Establish in-school suspension programs in every elementary school per the District model and restructure existing programs at the middle- and high-school level. 	Continuation 2008–2011 New Programs Contingent on funding	\$435,000 Gen. bud	\$435,000 Gen. bud.	\$435,000 Gen. bud.	\$1,000,000	Assistant Sup. Pupil Pers. Services Sup. of Grants	<ul style="list-style-type: none"> Collect in-school suspension logs and analyze the rate of adherence to the rubric. Principal or designee of each school will monitor the implementation of the in-school suspension program. Principal or designee of the middle/high school will oversee the implementation of the in-school suspension program. Continue to monitor the effectiveness of the JRB by the successful completion of the contract by the student and the family. Student achievement data in alternative education sites Student attendance Student suspension data Collect and analyze the time and place of incident referrals. School data teams will analyze the data from after school and Saturday programs every 6 weeks Review and analyze historical message notification data to create a baseline to measure effectiveness of increasing communication on a monthly basis. Collect data from Truancy/Attendance Counselors on a monthly basis to include home visits, letters sent to homes, students contacted. Send data from Truancy/Attendance Counselors for review by principals/data teams. Collect case management data from Prevention Services Teams on a quarterly basis and send data to school sites for review by principals/data teams.
<ul style="list-style-type: none"> Continue to utilize the Juvenile Review Board as an intervention to reduce expulsions and/or court referrals. 	Ongoing beginning January 2008	Grant funded *SDE	Grant funded SDE	Grant funded SDE	NA	JRB Oversight Committee	
<ul style="list-style-type: none"> Increase the availability of alternative education sites for grades 5 -12. 	2 sites open 2008-2009	State funding	NA	NA		Assistant Sup. Pupil Pers. Services	
<ul style="list-style-type: none"> Improve school climate through Positive Behavior Support teams at the school and District level. 	2007–2008 teams developed; 2008–2011 cohorts trained and implementation	\$30,000 **	\$30,000	\$30,000	NA	Assistant Sup. Pupil Pers. Services Sup. of Grants	
<ul style="list-style-type: none"> Offer after-school and Saturday-morning detention programs for all schools to modify student behaviors. 	2008–2011 Contingent on funding	NA	NA	NA	\$211,680 \$211,680 \$600,000	Assistant Sup. Pupil Pers. Services	
<ul style="list-style-type: none"> Improve the automated message system for parental notification of absenteeism. 	Ongoing 2008–2011					Assistant Sup. Pupil Pers. Serv.	
<ul style="list-style-type: none"> Improve the use of Support Service Personnel to implement research-based programs. 	Ongoing 2008–2011	NA	NA	NA	NA	Assistant Sup. Pupil Pers. Serv.	

*SDE – Juvenile Justice

**Title IV, Title IIA

Tier II Indicator: Improve meaningful family partnerships with the school by improving two-way communication among students, schools, and families based on research strategies and data gathered from strategic district family surveys.							
Strategies	Timeline	Fiscal Impact 2008-2011 Projections Only				Person(s) Responsible	Results Indicators
		2008-2009	2009-2010	2010-2011	UNFUNDED Contingent on state funding		
<ul style="list-style-type: none"> Ensure that all communications and forms will be easily accessible and translated into Albanian and Spanish with available support to families that speak other languages. 	Ongoing 2008- 2011	\$5,500 *Spec. Funds	\$5,500 Spec. Funds	\$5,500 Spec. Funds		Assistant Superintendents Sup. of Grants	<ul style="list-style-type: none"> Analyze District Family/School Partnership Survey. Monitor the flow of communications and forms and the translation process for timeliness. Collect and construct data charts to monitor attendance by families at school and district level workshops, events, meetings, etc. Monitor the return rate of Family/ School Compacts. Analyze the effectiveness of the extended hours for parent liaisons and high school parent staff by collecting logs of weekly goals accomplished.
<ul style="list-style-type: none"> Implement a District Family/School Partnership Survey that will be used to establish pre- and post data. 	Fall 2008	\$2,400 *Spec. Funds	\$2,400 Spec. Funds	\$2,400 Spec. Funds		Sup. of Grants	
<ul style="list-style-type: none"> Form a School-Family-Community Team at each school that includes key stakeholders (as per NCLB section 1118). 	Complete by November 2008	NA	NA	NA		Assistant Superintendents	
<ul style="list-style-type: none"> Provide district parent curriculum workshops 3 times per year by division and level. 	Ongoing 2008- 2011	\$10,000 *Spec. Funds	\$10,000 Spec. Funds	\$10,000 Spec. Funds		Sup. of Grants	
<ul style="list-style-type: none"> Standard sign-in and evaluation forms must be used at all family workshops, events, meetings, etc. 	Formats set by August 2008. Use ongoing 2008- 2011	\$1,000 *Spec. Funds	\$1,000 Spec. Funds	\$1,000 Spec. Funds		Sup. of Grants Parent Liaisons	
<ul style="list-style-type: none"> Family Involvement Policy and Family/School Compact will be implemented annually. 	Ongoing 2008- 2011	\$2,400 *Spec. Funds	\$2,400 Spec. Funds	\$2,400 Spec. Funds		Parent Liaisons	
<ul style="list-style-type: none"> Extend the hours per week for the parent liaisons and high-school parent staff. 	Fall 2008	\$135,000 *Spec. Funds	\$135,000 Spec. Funds	\$135,000 Spec. Funds		Sup. of Grants	

*Priority School Grant

Tier II Indicator: Investigate and design the restructuring of schools to address the academic needs of all students.							
Strategies	Timeline	Fiscal Impact 2008-2011 Projections Only				Person(s) Responsible	Results Indicators
		2008-2009	2009-2010	2010-2011	UNFUNDED Contingent on state funding		
<ul style="list-style-type: none"> Investigate and design a Pilot Literacy Academy. 					\$750,000	Assistant Supt. Curr. & Inst. Sup. of Reading	<ul style="list-style-type: none"> Student achievement data in literacy Literacy portfolio data with decreased student load as compared to literacy portfolio data from 2007-2008. Student achievement data in numeracy Surveys from 7th and 8th grade students about the literacy block as compared to their experience in 6th and 7th grade Teacher surveys about schedule adjustments Impact reports on the effect on unified arts programs and teachers
<ul style="list-style-type: none"> Create a middle-school block-schedule for reading/language arts. 	Spring/Summer 2008	NA	NA	NA		Middle-School Principals	
<ul style="list-style-type: none"> Investigate and design alternatives to increase instructional time in mathematics by a minimum of 45 minutes per week. 	Spring 2008-January 2009	NA	NA	NA		Middle-School Principals	
<ul style="list-style-type: none"> Restructure numeracy and literacy classes to improve services to nonproficient students. 	Spring/Summer 2008	NA	NA	NA		Middle-School Principals	
<ul style="list-style-type: none"> Investigate ways to change the schedule as a whole to increase instructional time. 	2008-2009	NA	NA	NA		Middle-School Principals	

Tier II Indicator: Fill all vacant positions with high-quality teachers as early as possible and retain only those who demonstrate superior performance.							
Strategies	Timeline	Fiscal Impact 2008 - 2011 Projections Only				Person(s) Responsible	Results Indicators
		2008-2009	2009-2010	2010-2011	UNFUNDED Contingent on state funding		
<ul style="list-style-type: none"> ● Provide an early NOTICE of retirement incentive to each certified staff member who submits an irrevocable letter of retirement by November 30 effective at the end of the current school year. 	Pilot 2008–2009 Review and continue through 2011	\$25,000 Gen. bud. cap	\$25,000 Gen. bud. cap	\$25,000 Gen. bud. cap		Director of Personnel and Chief Operating Officer	<ul style="list-style-type: none"> ● Collect data on eligible retirees and those who take advantage of the incentives for retirement. ● Collect data on resignations, reasons, and dates. ● Collect data on recruitment, advertising, and hiring dates for all open positions. ● Survey and collect data from new teachers on hiring, placement, and support mechanisms. ● Collect exit interview data from teachers leaving the District, including retirees.
<ul style="list-style-type: none"> ● Provide notice in writing of benefit continuation through August of the resignation year for teachers who submit resignation paper work by June 30. 	2008–2009 Review and continue through 2011	NA	NA	NA		Director of Personnel and Chief Operating Officer	
<ul style="list-style-type: none"> ● All shortage area positions (CSDE) will be posted by January 15 with a plan to hire teachers and administrators by the end of March. 	Pilot 2009 and review for continuation	Cost for advertising	Cost for advertising	Cost for advertising		Director of Personnel and Chief Operating Officer	
<ul style="list-style-type: none"> ● Create recruiting materials and a recruiting process to get Waterbury Department of Education in the market earlier and more efficiently to give the District the best chance for hiring high quality teachers. 	2008-2011	Cost for producing materials	Cost for producing materials	Cost for producing materials		Director of Personnel and Chief Operating Officer	
<ul style="list-style-type: none"> ● Require attendance at a “New Teacher Academy” for a minimum of 1 week for all new hires and all transfer teachers to substantially different positions. 	Begins Summer 2008 and continues through Summer 2011	\$30,000 for materials and presenters Title II	\$30,000 for materials and presenters Title II	\$30,000 for materials and presenters Title II		Assistant Superintendents of Curriculum and Instruction and Special Education	
<ul style="list-style-type: none"> ● Create and revamp the new-teacher mentor system to include a one-to-one mentor and a cohort of new teachers with a “senior advisor.” 	Ongoing, beginning 2008–2009	\$30,000 For senior advisors Spec. funds	\$30,000 For senior advisors Spec. funds	\$30,000 For senior advisors Spec. funds		Assistant Superintendents of Curriculum and Instruction and Special Education	
<ul style="list-style-type: none"> ● Create a standard rubric for the interview process for consistent hiring and placement. 	Completed by June 2008	NA	NA	NA		Director of Personnel and Chief Operating Officer	