



## **Torrington's Birth through 8 Community Plan**



**“All of Torrington’s children from birth through age 8 are healthy and successful learners”**

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## Members/Partners

**Birth Through Eight Planning Work Group Co-Chairs:  
Cheryl Kloczko, Superintendent Designee & Kathleen Wilmes, Parent**

### Mother's Education Work Group

<b>Name</b>	<b>Title</b>	<b>Agency</b>
Carrie Lurix, <b>Chairperson</b>	High School Diploma Program and GED Instructor	EDUCATION CONNECTION
Barbara Morris	Family and Consumer Sciences Teacher	Torrington High School
Cheryl Peterson	Parent Participant	Parent
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Kathleen Wilmes	B-8 Planning Committee Chair	Parent

### Maternal Health Work Group

<b>Name</b>	<b>Title</b>	<b>Agency</b>
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Virgina Doherty R.N., B.S.N., <b>Co-Chair</b>	Clinical Manager, Maternity & Pediatric Services	Charlotte Hungerford Hospital
Nancy Riley	Preschool Teacher	Torrington Childcare
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### Child Development Work Group

<b>Name</b>	<b>Title</b>	<b>Agency</b>
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## Preschool/School Readiness Work Group

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Cheryl Kloczko, <b>Co-Chair</b>	Administrator for Special Programs	Torrington Public Schools
Heather Kosmulski, <b>Co-Chair</b>	TECC Executive & Parent Committee Co-Chair	TECC Co-Chair Parent & Executive Committee
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## Acquisition of Literacy Skills Work Group

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Cheryl Kloczko	Administrator of Special Programs	Torrington Public Schools
Sandy Mangan, <b>Co-Chair</b>	First Grade Teacher Torrington Elementary	Torrington Elementary

**Other Contributors/Partners, The William Caspar Graustein Memorial Fund, The Governor's Early Childhood Education Cabinet, City of Torrington, Torrington Board of Education, EDUCATION CONNECTION, Charlotte Hungerford Hospital, Waterbury Republican American Newspaper, Register Citizen Newspaper, Sullivan Senior Center, Northwest Connecticut Chamber of Commerce, Mike Salius, Salius Communications, LLC, Holy Rosary Society, Torrington Area Health District, Torrington Library, Torrington Fire Department, Torrington Police Department, St Paul's Lutheran Church and The Torrington Rotary Club**

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# Executive Summary

**“Eighty-five percent of a person’s intellect, personality and social skills are developed by age 5. Ninety-five percent of public investment in education occurs after age 5, when the most critical learning years have passed.” Purvey, Body & Brain**

## History:

In January 2008, the Torrington Early Childhood Collaborative (TECC) was chosen as the recipient of a public/private partnership grant from the Graustein Memorial Fund and the Governor’s Early Childhood Education Cabinet along with twenty-two other communities in a competitive grant process. This \$42,500 grant for the funding period of January 1, 2008 - June 30, 2009 was used to complete a comprehensive community-wide plan for young children from birth through age eight that encompasses early care and education, social emotional, behavioral and physical health and family supports.

This plan, which is a living document meant to constantly be updated and “not sit on a shelf”, has been crafted by Torrington community members. The first step was the development of a plain-language statement about the quality of life we desire for all young children in Torrington. This is the result we are trying to achieve and around which our plan is organized. Torrington’s result statement is as follows:

**“All of Torrington’s children from birth through age 8 are healthy and successful learners”**

## Elements of a Comprehensive Community Plan

The overall intent of the public/private co-investment was to support communities in the development of a blueprint for a seamless, accessible system of services that is responsive to diverse family and community needs. Communities were required to address a set of common elements within the context of their unique needs:

- 1. Population Result:** A population result reflects conditions of well-being for children birth to age eight in terms that residents and families can understand. The population result is not about programs or agencies and may include several domains such as health, ready for school, succeeding in school, and strong families. A population result is about the quality of life the community desires for all of its children.
- 2. Indicators:** are measures that help quantify the achievement of a population result. They answer the question "How would we recognize these results in measurable terms if we fell over them?" So, for example, the rate of low-birth weight babies helps quantify whether we're achieving healthy births. Third grade reading scores help quantify whether children are succeeding in school today, and may reflect how ready they were for Kindergarten and how well the school system is contributing toward their learning.
- 3. Needs Assessment:** The assessment is an analysis of baseline data or the trend line of an indicator. It identifies the causes or contributors to the current condition to help tell the story behind the baseline. The story draws from a variety of sources, including parent perception as well as data gathered by providers, school systems, child health and other institutions.
- 4. Strategies:** Strategies are coherent sets of actions that have a reasonable chance of improving results by turning the curve on one or more key indicators. Strategies are made up of our best thinking about what works, and they include the contributions of many partners. No single action by any one agency can create the improved results we want and need. Programs are not themselves strategies; they are specific ways of implementing strategies. For example, a strategy of family support may engage the Nurturing Families Network program, which targets new parents at risk of abusing or neglecting their newborn child.

5. **Performance Measures and Data Systems:** Performance measures can tell how well public and private programs and agencies are working and if clients or customers of the service are better off. Performance measures are the means by which a community collaborative holds systems and organizations accountable for progress and results. There should be measures in each domain including health, family support and early care and education.
6. **Financing:** A transparent financing plan promotes collective accountability for results among community partners and institutions, and projects the full cost of implementing the plan over time. The financing strategy aligns existing state and local resources to the plan strategies, identifies funds for potential reallocation and specifies the level of new investments needed to “turn the curve” on the indicators specified in the community plan.

## **How are we doing in achieving the result?**

Indicators that were chosen to help report to the community on how we are doing in achieving the result:

- ❖ Births to mothers who have not completed high school \*(Addendum item)
- ❖ Percentage of mothers residing in Torrington receiving inadequate prenatal care \*(Addendum item)
- ❖ Those identified to be eligible for Torrington Public Schools’ Special Education services
- ❖ Performance on the Kindergarten Entrance Inventory (Literacy )
- ❖ Percent of students rated goal on third grade Connecticut Mastery Test Reading component

## **Outreach/Community Involvement/Strategic Areas of Focus**

In the early planning months, under the guidance of the Torrington Early Childhood Collaborative (TECC), five work groups were convened with representation from a cross-section of Torrington community members focused on the major dimensions of wellbeing encompassed by Torrington’s result. The five areas of strategic focus are: **\*Mother’s Education, \*Maternal Health, Child Growth & Development, School Readiness/Preschool and Acquisition of Literacy Skills.**

These work groups created strategies to continue what Torrington is doing well in addition to strategies that will help fill gaps in services to ensure Torrington’s birth through eight result is achieved. Several local and state data reports and surveys conducted and gathered by TECC were used to identify key indicators outlined above that will help measure if the plan is working. Over 15 focus groups, eight key stakeholder interviews, 100 surveys, and continuous community feedback loops through City Council and Board of Education meetings along with media coverage helped to gather important information needed to craft the plan and offer transparency in the work of the committees.

## **\*The Plan’s Evolution**

True to form, the plan has not sat on the “shelf” since its unveiling in September 2009, and has evolved into a strategic two year implementation plan that will focus primarily on Child Growth & Development, School Readiness/Preschool and Acquisition of Literacy Skills. While the need for Mother’s Education and Maternal Health strategies remain integral with respect to Torrington achieving its result statement, TECC has partnered with agencies in the community that are experts in each area that will help to create positive outcomes for mother’s education and maternal health with the use of the research conducted by the B-8 planning committees. The work of each of these work groups has raised the awareness of the current environment and areas in need of improvement. Each strategic area along with a comprehensive list of strategies is attached as an addendum and has been transferred to partnering Adult Education and Maternal Health agencies who will remain key external collaborative members.

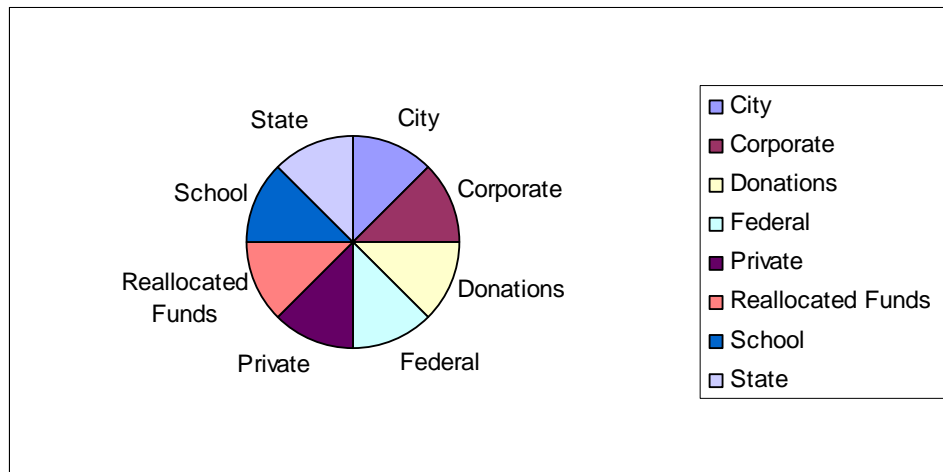
## Staffing of the work:

While the plan has received tremendous community support in over 600 hours of volunteer time, in order to move this work forward the following two components are in the process of being implemented: 1. Long-term Work Groups and 2. A staff position with a support staff will be needed to help implement and coordinate this on-going work with an emphasis on data collection and systems development to help connect services for families with young children.

## Menu of Opportunities to Contribute (Funding):

The plan allows for a variety of ways to contribute. There is opportunity for low cost in-kind donations, volunteer time as well as resources to help fund the work. TECC hopes to create a diversified portfolio as outlined below where multiple local, state and private resources can be used to help support the work of the plan. In order to ensure changes are systemic and support long-term enhancements for many generations to come, the plan includes strategies that are focused on policy changes. A regular yearly community assessment will be planned to track plan successes and to adapt strategies accordingly.

### Funding Partners



**“If properly funded and managed, investments in early childhood development yield an extraordinary return far exceeding the return on most investments, private or public.”**

**A. Rolnick and R Grunewald**

### How can you help?

After reviewing strategies in an area you would like to help with either financially or by volunteering, contact TECC Coordinator, Donna Labbe at [labbedonna@yahoo.com](mailto:labbedonna@yahoo.com) or 860-806-1410 to find out how you can help Torrington achieve its result for young children. The Finance plan is currently being crafted – the more help and support the better this plan will be.

**“The Perry Pre-School Longitudinal Study cites a \$17 to \$1 return on investment in early childhood education primarily because of a large reduction in crime among those who receive early childhood education”**

# What is Results Based Accountability?

Results-Based Accountability (RBA) is a disciplined way of taking action to improve the quality of life in communities and achieve results. It is a recognized process that is known for “working backwards.” The process begins by identifying what results we want to achieve and the works methodically backwards to arrive at the specific actions that will achieve that result. RBA is known for making sure that the actions taken are ones that directly influence the results that we desire. RBA has been used as a diagnostic tool for Torrington’s B-8 planning process and has helped create clarity and structure around its strategies to help create healthy outcomes for Torrington’s youngest residents. The following are steps taken to create this plan:

## **Step 1: What is our desired result?**

The first step of an RBA plan is to identify what quality of life condition we want to achieve for our target population. RBA results are stated in plain language, in a way that every taxpayer and voter can understand the issue and recognize its importance. Examples include “a prosperous economy,” “a clean environment,” “a safe community,” and “healthy citizens.”

## **Step 2: What would these conditions look like if we could see them?**

The second step is to identify the possible indicators that will quantify whether we have achieved our result. For example, the unemployment rate helps quantify economic prosperity. The crime rate helps quantify the safety of the community.

## **Step 3: How can we measure these conditions?**

The third step whittles the list of possible indicators down into those that are the most representative of the result we seek to achieve.

## **Step 4: How are we doing and what is the story behind the curve?**

The fourth step analyzes current data and recent trends for these top indicators and asks how the community is currently performing them. During this step, we also work hard to identify the story behind the curve – including the root causes of these current trends.

## **Step 5: Who are the partners who can help with this effort?**

The fifth step identifies the potential partners who can contribute to achieving the desired results. Who can work together to improve conditions?

## **Step 6: What strategies will turn the curve?**

The sixth step develops our strategies and actions to improve these conditions. These strategies are based on what we know works (from research and best practices) and common-sense approaches.

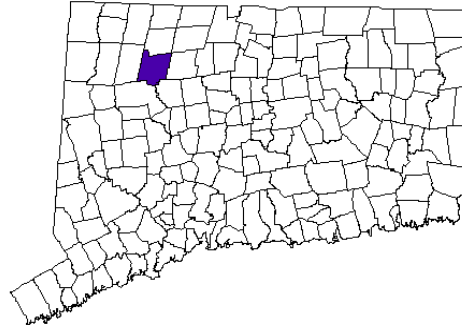
## **Step 7: What do we propose to do?**

The seventh step lays out precise actions that will bring results that are desired. These actions include no-cost and low-cost actions over five years.

## **Performance measures**

After developing Torrington’s proposed plan, TECC collectively worked with programs and agencies to select the most important measures that will be tracked and reported out to the community on a yearly basis. The intent of RBA is to help communities bring public and private sectors together to turn around conditions that are “not okay.” RBA is being used in over 40 states, CT State Legislature and at least eight countries. For more information, see Mark Freedman’s book [Trying Hard Is Not Good Enough](#) or visit the websites at [www.raguide.org](http://www.raguide.org); [www.resultsaccountability.com](http://www.resultsaccountability.com).

# Torrington Background



## About Torrington

Torrington is nestled in the Litchfield Hills, countryside noted for its scenic beauty. The City is the largest in Litchfield County and has been the industrial and commercial hub of northwestern Connecticut for over a century.

### <sup>1</sup>Population

2009 Population 37,476

### <sup>1</sup>Children

# Children 0-4	1,679
# Children 5-17	5,035
# Children 18-24	3,316

### <sup>1</sup>Race/Ethnicity Breakdown

White	32,294
Black	906
Asian Pacific	587
Native American	91
Other/Multi-Race	1,470
Hispanic (any race)	2,149

### <sup>1</sup>Income and Economics

Torrington CT

Median Household Income	\$52,746	\$68,055
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<sup>2</sup>Unemployment rose from 6.2% in December 2008 to 8.5% in December 2009

### <sup>1</sup>Educational Attainment

Persons Age 25 or Older

	Torrington	%	CT	%
High School Graduate	9,742	38%	688,198	29%
Some College	6,467	26%	537,908	23%
Bachelors or More	5,724	23%	854,541	36%

<sup>1</sup>CERC Town Profile 2010    <sup>2</sup>Department of Labor 2009

# Child Growth & Development

## Why is early detection important?

The early years of a child's life are crucial for cognitive, social and emotional development. Therefore, it is important that we take every step necessary to ensure that children grow up in environments where their social, emotional and educational needs are met. Cost to society of less than optimal development are enormous and far-reaching. Children who grow up in environments where their developmental needs are not met are at an increased risk for compromised health and safety, and learning and developmental delays. Failure to invest time and resources during children's early years may have long term effects on the foster care, health care, and education systems. Therefore, it is in the public's interest to ensure that children develop in safe, loving, and secure environments.

When a developmental delay is not recognized early, children must wait to get the help they need. This can make it hard for them to learn when they start school. According to a Center for Disease, Control & Prevention Screening Fact Sheet , in the United States, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability (also known as mental retardation), or Attention-Deficit/Hyperactivity Disorder (ADHD). Early detection through screening, referral, assessment and enrollment into special education services can help to create healthy outcomes for children with special needs. This is the ideal situation, but due to non-consistent screening tools and lack of information on child development milestones, children with delays may not be connected with services as early as they could have.

Developmental disorders, behavioral disorders and mental health diagnoses are currently among the most common pediatric diagnoses of children served by the Medical Home Initiative in Litchfield County. Specific diagnoses include: Developmental disorders: Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, developmental delay not elsewhere classified, developmental speech or language disorder, pervasive developmental disorder, autism, and problems with learning. Behavioral disorders include: behavioral problems not elsewhere classified and oppositional defiant disorder Mental disorders (bipolar disorder, anxiety disorder NOS (not otherwise specified), and major depression NOS.

Therefore, it comes as no surprise that pediatric developmental and emotional health is a major community issue. In 2007, the Torrington Early Childhood Collaborative (TECC) conducted a Connecticut Parent Power One on One Listening Campaign with over 50 community members. Five trained "listeners" met with individuals to discover what they would change if they could wave a magic wand over Torrington. The campaign results reported a common theme with the need for more mental health resources for children and their caregivers. In 2008, city-wide Birth through Eight Planning focus groups identified child growth and development as a top concern. While the needs are rising, supports are not available not just in Torrington but statewide. According to the Child Health and Development Institute's *Framework for Child Health Services: Supporting the Healthy Development and School Readiness of Connecticut's Children*, published in March 2009, CT scored a 5 "Not at all Adequate" for pediatric subspecialties in Behavior Health – compared to approximately 3.7 Nationally.

Biological parents are not the only ones reaching out for these services. The need for Grandparent-led family supports has been growing. Grandparents played a crucial role as primary caregivers to their grandchildren and the need to help support this growing population with respect to child development and behavioral issues is evident. As of October 2007, there were 21,123 Connecticut children living in grandparent-led households without either parent present. In 2008, there was approximately 15-20% of participating Litchfield County Head Start and Early Head Start families that were grandparent-led. These programs both serve Torrington. Due to the rising need for community supports and in an increase in grandparent-led families, The

Litchfield County Head Start under the direction of Education Connection received a federal grant for a Grandparents Raising Grandchildren support group in September 2008. A group of ten grandparents have been meeting monthly on Saturdays for over one year. A need for developmental and behavioral supports was echoed by this group during a family physician-led workshop where grandparents discussed their most crucial pediatric health concerns. All of them were either developmental or behavioral.

### **Birth to Three**

As the school system strives to identify and help students earlier, our community should focus on identifying those babies, toddlers and preschoolers with developmental, behavioral, or mental disorders in order to provide timely support to those children and their families. Out of 451 births in Torrington in 2007, 100 were referred to Birth to 3 and 100 were served. According to the Torrington Area Health District, 87% of children born in 2005 were properly immunized by age 2, indicating that those children were keeping up with their well child visits during which brief developmental assessments can be made.

### **Preschool**

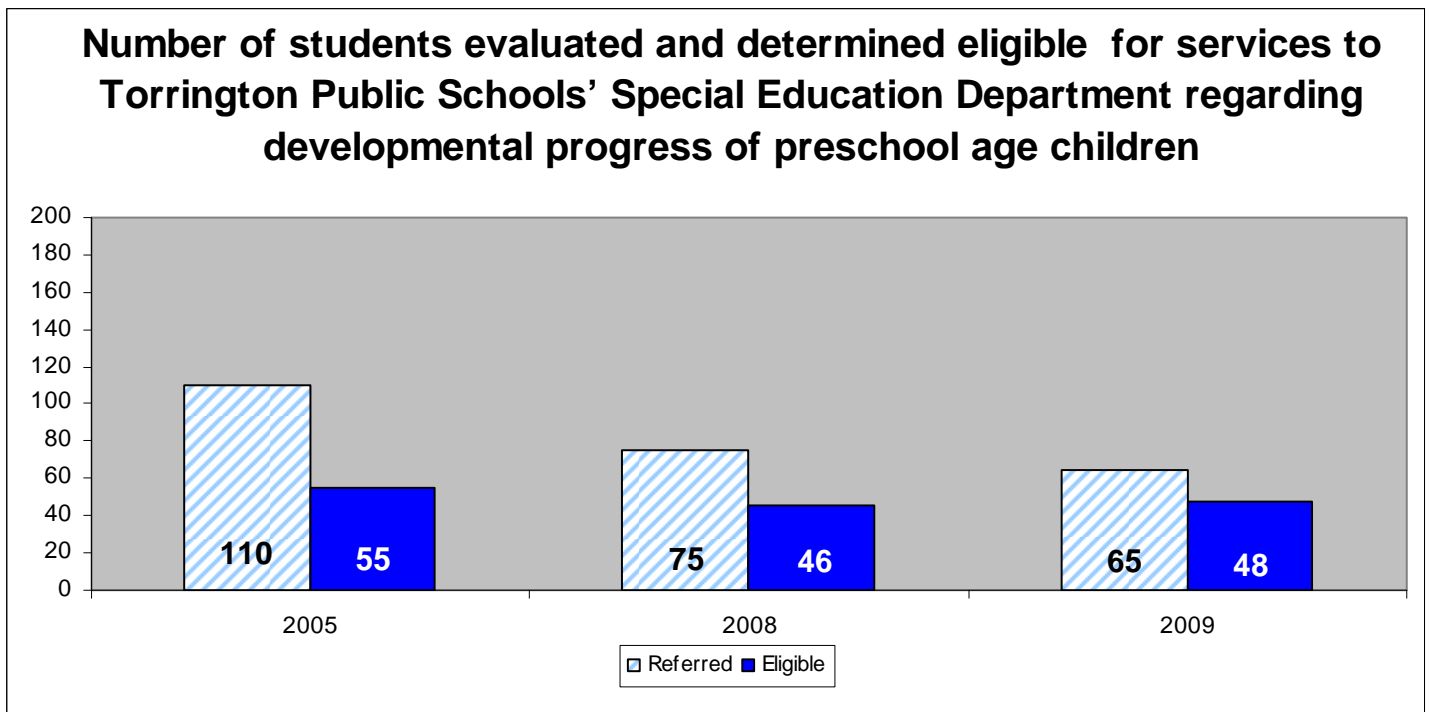
The earlier a developmental or mental disorder is identified, the easier it is to help create a positive outcome in treatment. During the last three years, an average of seventy preschool children have been referred to Torrington Public School's special education program. In 2008, the majority of 27 preschoolers deemed ineligible, were found to have behavior problems. Of the eight hundred and thirty-four special education students for the 2009-2010 school year, 183 or 22% of them were identified prior to their entry to Kindergarten. An additional 170 students were identified during their first year in school, indicating that 42% of the special education students were identified prior to the end of Kindergarten. The majority of students were identified during the last five years as a result of Torrington Public School's institution of an early intervention process. This is promising but more work needs to be done to identify students even prior to school entry.

## How is Torrington doing? The story behind its Child Growth & Development data

The planning workgroup focused on the number of children referred and determined eligible for services from the Torrington Public School's Special Education Department regarding developmental progress of preschool children as a proxy for an indicator of measuring percentage of children with special needs. The plan's studies did site that in 2006 State Department of Public Health data showed that 28.5 % of Torrington's mother's did not received adequate prenatal healthcare compared to 19.8% statewide. This data was not supported by local data which showed 100% of mothers delivering at the local hospital did received adequate prenatal health care. This research suggests that the women going elsewhere to deliver their children are not receiving adequate prenatal care prior to their delivery. This may be due to the fact that they have to travel out of town to receive their prenatal care and the mere fact of this travel is lending itself to the lack of adequate care. Studies show that children born to mothers who did not receive adequate health care are more likely to be low birth weight and that this is a primary indicator to a whole range of childhood health disorders.

Research is needed to find out why this is happening. Are these women that are not receiving adequate prenatal care uninsured and unaware that they can access care through the HUSKY program? Are the women not receiving adequate care aware of the importance of receiving such care or may be undocumented and afraid to access prenatal healthcare? All of these questions need to be addressed in order for Torrington to offer its children the healthiest possible start in life.

While the number of referrals has gone down over the past four years, the amount of children eligible for services has remained somewhat constant. This can be attributed to more early childhood providers being trained in child growth and development age appropriate milestones leading to more accurate referrals. By looking at the births reflected in these years, the amount of children has remained constant averaging 360 and the percentage of children in these cohorts who have attended preschool has also remained the same averaging 77.5%.



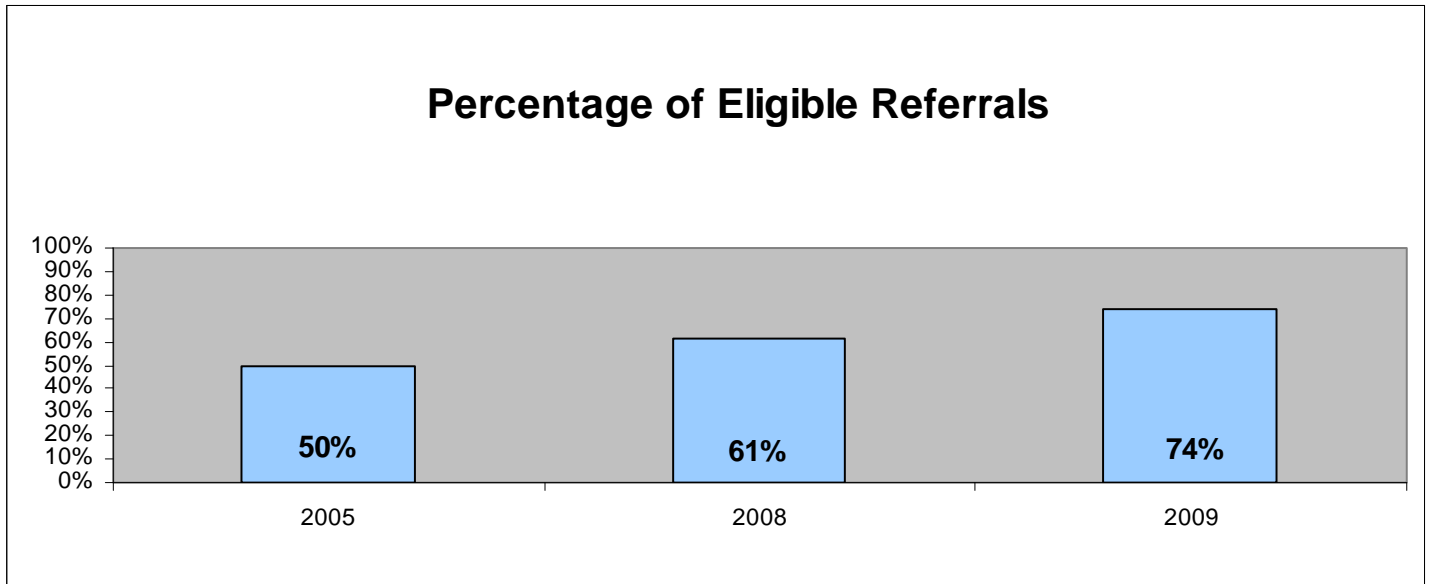
Secondary Indicators: Nutrition & Oral Health (Research agenda item) Torrington Community Based Child Find Program Report

### What do we need to know? - Data development agenda item:

Percent of children birth through five identified with developmental and or mental health disorders

As noted above, the data does indicate an increase in the accuracy of referrals. The trend is as follows: in 2005 50% were eligible, 2008 61% eligible and in 2009 there were 74% eligible for special education services (see chart below). This is a promising trend attributed to educating families and early care providers on the signs of developmental delays. This plan hopes to continue to move the arrow in the upward direction of early detection and accurate assessments.

Torrington Community Based Child Find Program Report



### What will we do to make it better?

In Torrington, three pediatricians and two family physicians have utilized the Education Practices in the Community (EPIC) program which educates physicians on early detection of pediatric developmental and health problems. Early Childhood Consultation Partnership (ECCP) provides services to Litchfield county children ages five and under with social and emotional problems. They supply caregivers with strategies to support the children and refer to other services if necessary. From January 1, 2003 to the present, the partnership has served 231 boys, 181 girls, 63 teachers, and 64 assistant teachers.

After implementing the strategies listed in the attached chart, TECC hopes to have more children with developmental delays identified and supported at an earlier age and fewer children entering school with behavioral or developmental problems. Performance measures have been built in to measure the effectiveness of each strategy and to monitor how well did we do and is anyone better off and will be fine-tuned in next few months in partnership with community members who have an impact in this strategic area.

**Torrington's Birth Through 8 Implementation Plan 2010-2011**

**Community Results Statement:** All of Torrington's children ages birth through eight are healthy and successful learners"

**Strategic Area:** Child Growth & Development

<b>Time of Change</b>	<b>Strategy</b>	<b>Partners</b>	<b>Performance Measures</b>
<input type="checkbox"/> Program <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems	<p><b><i>Strategy # 1: Children with behavioral or developmental problems will be supported earlier by enhancing or creating the following: (Birth – 3)</i></b></p> <p><b>Action Steps</b></p> <ul style="list-style-type: none"> <li>❖ Create a network system throughout early childhood providers where every child is screened with a consistent effective assessment tool and those identified are connected to resources</li> <li>❖ Implement Ages and Stages, Parents Evaluations of Developmental Status (PEDs) or other approved developmental screening tool in all pediatric and family medicine practices</li> <li>❖ Implement the Education Practices in the Community (EPIC) program or other identified effective tool in as many practices as possible</li> <li>❖ Research best practices to create a more affordable and timely evaluation system for children</li> <li>❖ Work with providers to increase the 87% immunization rate and make sure all children are receiving the appropriate number of well-child visits, during which developmental screening and behavior discussions with parents takes place</li> <li>❖ Establish a parent/primary caregiver mentoring program</li> <li>❖ Coordinate Community 3 yr old birthday party</li> </ul>	<p>Health Care Partners, ECE, Birth-3, TECC</p> <p>“ “</p> <p>“ “</p> <p>“ “</p> <p>“ “</p> <p>“ “</p>	<p><i>Expected date of completion Spring 2010</i></p> <p>Draft listed as follows:            #/% of parents, ECE providers, and health care providers who have an increased knowledge of developmental delays</p> <p>#/% of children screened each year B-5 at various ages</p> <p># of children identified as eligible and successfully referred to services</p> <p># of children with developmental delays</p>

	<ul style="list-style-type: none"> <li>❖ Offer workshops that teach parents skills of how to effectively address various behavior and developmental issues and English Language Learners supports.</li> <li>❖ Provide mentoring home visit programs with newborns to assist parents with ideas of things to do with their child to promote healthy development ie. Parent as Teachers model</li> <li>❖ Create Comprehensive Parent Resource Guide (note which provider accept Husky)</li> </ul>	TPS, Family Strides, Birth – 3, Health care providers “ “ “ “	receiving services <b>System Measure</b> #/% of providers using standard assessment tool
<input type="checkbox"/> Program <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems	<p><b>Strategy #2: <i>Implement training supports for families of preschool children, physicians, preschool providers and education staff</i></b></p> <p><b>Action Steps</b></p> <ul style="list-style-type: none"> <li>❖ Continue to conduct transitional Planning and Placement Teams for students receiving support services</li> <li>❖ Develop and offer workshops for childcare providers and physicians to educate them of the services of the Early Childhood Consultation Partnership (ECCP), Torrington Public Schools and other community supports</li> </ul>	Torrington Public School(TPS)/ECE ECCP, TPS	# of trainings offered  % of children who attended trainings 3/3 of children not needing services after attending trainings  # of ECCP workshops offered  #/% of attendees using ECCP

# Preschool/School Readiness

## Why a Quality Preschool Experience is Important

According to “The Costs of Disinvestment: Why States Can’t Afford to Cut Smart Early Childhood Programs”, The PEW Center for the States, effective pre-k programs reduce costly retention and special education services:

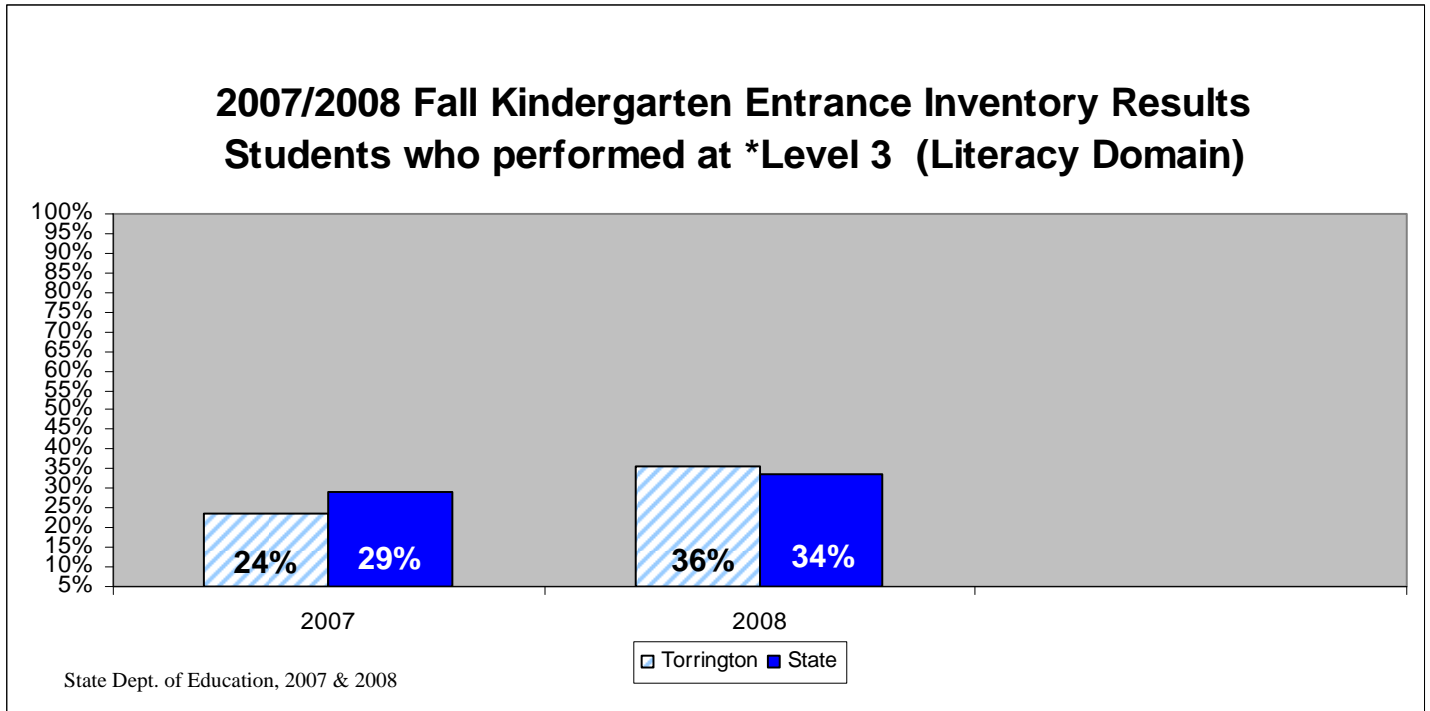
- ❖ Pennsylvania’s Pre-K Counts saw a reduction in the percentage of participating children with developmental delays (which predict special education needs) from 21 percent at entry to 8 percent at program graduation; and
- ❖ A study of New Jersey’s Abbott Preschool Program found 30 percent less grade retention in first grade among children who attended one year and up to 50 percent less of those who attended at both ages 3 and 4, each child held back costs the state \$16,000 per year.

## How is Torrington doing? The story behind its Preschool/School Readiness data

Torrington’s kindergarten children have made remarkable strides in the past few years in terms of the percentage of students improving on the Fall Kindergarten Entrance Inventory, an assessment of kindergartners in the areas of Language, Literacy, Numeracy, Physical/Motor, Creative/Aesthetic and Personal/Social Skills. However, even with these gains, in 2007, there were 64% of kindergarten students who at a minimum needed some additional instructional supports in order to be successful learners.

Factors that can help to tell the story behind the data are as follows: As of 2007, 76% of Torrington children have participated in some preschool experience. Although this seems promising, this figure does not identify which program and if it was a quality program that aligns its curriculum with the schools kindergarten curriculum. Economic indicators have also been noted as a contributor in early school success. According to the Strategic School Profiles posted on the State Department of Education web site, the percentage of Torrington students K-6 eligible for free/reduced price meals has increased from 31.3% in 2004-05 to 33.3% in 2007-08. According to the report, all district Non-English Home Language where English is not the primary language accounted for 11.1% of Torrington’s students (excluding prekindergarten students). The number of non-English home languages is 34.

While this data only tells a piece of the story – there are a variety of factors that the plan has identified and hopes to address. The community, with TECC at the forefront, has targeted this issue as something that needs to remain an area of continuous community focus. The school system, especially its kindergarten teachers in partnership with early childhood educators and care providers, have been the guiding force with their steadfast efforts to increase the percentage of Torrington students who are successful learners. This plan builds upon these past successes. By implementing the strategies and actions outlined, TECC believes, the amount of children entering kindergarten as successful learners will increase. Torrington’s youngest residents can not wait. This planning workgroup focused on the Performance on the Kindergarten Entrance Inventory – Literacy Domain for its key indicator.



\*Performance Level 3 – Generally, students at this level consistently demonstrate the skills in the specified domain and require minimal additional instructional support.

**What will we do to make better?**

After implementing the strategies listed in the chart attached, TECC hopes to keep the trend of students performing at Level 3 on the Fall Kindergarten Entrance Inventory within the Literacy Domain.

**Torrington's Birth Through 8 Implementation Plan 2010-2011**

**Community Results Statement:** All of Torrington's children ages birth through eight are healthy and successful learners"

**Strategic Area:** EDUCATION - Preschool/School Readiness

Type of Change (s)	Strategy	Partners	Performance Measures <i>Proposed measures will be solidified March 2010</i>
<input type="checkbox"/> Program <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems	<p><b>Strategy #1</b>  <b><i>Design and implement Kindergarten Transition policies and practices</i></b></p> <p><b>Action Steps:</b></p> <ul style="list-style-type: none"> <li>❖ Kindergarten Readiness Fair</li> <li>❖ Public announcements in local media on Kindergarten Fair and registration process</li> <li>❖ Outreach to summer lunch program at Coe Park</li> <li>❖ TECC convening a meet and greet with incoming kindergarten parents and kindergarten teachers</li> <li>❖ Charlotte Hungerford Hospital literacy bags and parent tips handed out to parents</li> <li>❖ Kindergarten visitation day along with bus ride for incoming kindergartners</li> <li>❖ Home visits by bilingual parent educator</li> <li>❖ Family Resource Center Playgroups in every school</li> <li>❖ Parent &amp; Child Library Introduction Story groups</li> <li>❖ Kindergarten mentors visit preschools to talk about kindergarten</li> <li>❖ Curriculum night for kindergarten parents</li> <li>❖ Identify perspective kindergarten students by researching current student's siblings</li> <li>❖ School communications to current students about kindergarten registration for younger siblings</li> <li>❖ Kindergarten Screening in Spring</li> </ul>	<p><b>A.</b>            "Early Childhood Education (ECE) Providers, Torrington Public Schools, Library, Parents"            " A "            " A "            " A "            Hospital            Transportation Company            " A "            State, FRC Library            Current Kindergartners            " A "            " A "            " A "            " A "            " A "</p>	<p>#/% of incoming Kindergartners who attended the readiness events (which include Child Find, Kindergarten Transition Fair, Kindergarten Registration)</p> <p>#/% of incoming Kindergartners registered for Kindergarten by June 1st</p> <p><b>System Measure:</b>            # of incoming kindergarten families reached</p> <p>% of incoming kindergartners that participated in Kindergarten readiness events</p>

	<ul style="list-style-type: none"> <li>❖ Head Start home visits with transition booklet</li> <li>❖ TECC Kindergarten Registration Process Parent Survey</li> <li>❖ Continue to support TECC’s Back to School Free Clothing &amp; School Supply Event</li> <li>❖ Child Find</li> </ul>	<p>“ A “</p> <p>“ A “</p> <p>“ A “</p> <p>“ A “</p>	<p># of incoming kindergartner families who identified one of the strategies as a support in transitioning to kindergarten</p>
	<p><b><i>Strategy # 2: Implement English Language Learner Supports</i></b></p> <p><b>Action Steps</b></p> <ul style="list-style-type: none"> <li>❖ Create a tutoring program for ELL children</li> <li>❖ Develop a volunteer bank of translators</li> <li>❖ Identify incoming Kindergarten students whose first language is other than English and to educate their parents on appropriate child development milestones and address areas of need that they can work on during the summer prior to entry to Kindergarten</li> </ul>	<p>Early Childhood Education (ECE) Providers, Torrington Public Schools, La Via Latina, Library, Parents (for all)</p>	<p>#/% of Hispanic &amp; other ELL families who utilize language learner supports</p>
<p>X Program</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Systems</p>	<p><b><i>Strategy #3: Conduct trainings for early childhood educators, providers, Kindergarten teachers and parents on school readiness topics</i></b></p> <p><b>Action Steps</b></p> <ul style="list-style-type: none"> <li>❖ Survey needs for early childhood educators, providers, kindergarten teachers and parents on training needs</li> <li>❖ Identify trainers for topic areas, sites and funding streams to support these efforts</li> <li>❖ Educate the whole community on the topic that “School Readiness is Everyone’s Business”</li> <li>❖ Conduct a series of trainings for early childhood educators, providers, Kindergarten teachers and parents with an ongoing mentoring component to help reinforce training content areas</li> <li>❖ Develop a training program for licensed preschool providers, Kith and Kin &amp; home day care providers (licensed/unlicensed) on the Preschool Curriculum Frameworks</li> </ul>	<p>Early Childhood Education (ECE) Providers, Torrington Public Schools, La Via Latina, Library, Parents (for all)</p>	<p># of Early Childhood Curriculum Framework and Assessment Trainings offered</p> <p>#/% of Early childhood care and education providers (including licensed/unlicensed centers &amp; home daycare</p>

	<ul style="list-style-type: none"> <li>❖ Collect data on which community preschools and home daycare providers are using the CT Preschool Curriculum Frameworks.</li> <li>❖ Conduct facilitated conversations on the benefits of utilizing the CT preschool curriculum frameworks with preschool and childcare providers, Kith and Kin providers, home day care providers, Kindergarten teachers and EDUCATION CONNECTION.</li> <li>❖ Provide a series of trainings tailored to accommodate various participant schedules, identify sites and funding streams to help support this initiative.</li> </ul>	<p>Early Childhood Education (ECE) Providers, Torrington Public Schools, La Via Latina, Library, Parents</p>	<p>providers) who attended trainings  #/% of Early Childhood care and Education Providers (including home daycare providers) that completed trainings</p> <p>#/% of early childhood care and education centers who are aligning their preschool curriculum with CSDE Early Childhood Curriculum Frameworks &amp; assessment</p> <p>#/% of Early childhood care and Education providers that implemented training concepts</p>
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# Acquisition of Literacy Skills, Concepts and Strategies by age 9 for all children

## Why acquisition of literacy skills is it so important by 3<sup>rd</sup> Grade?

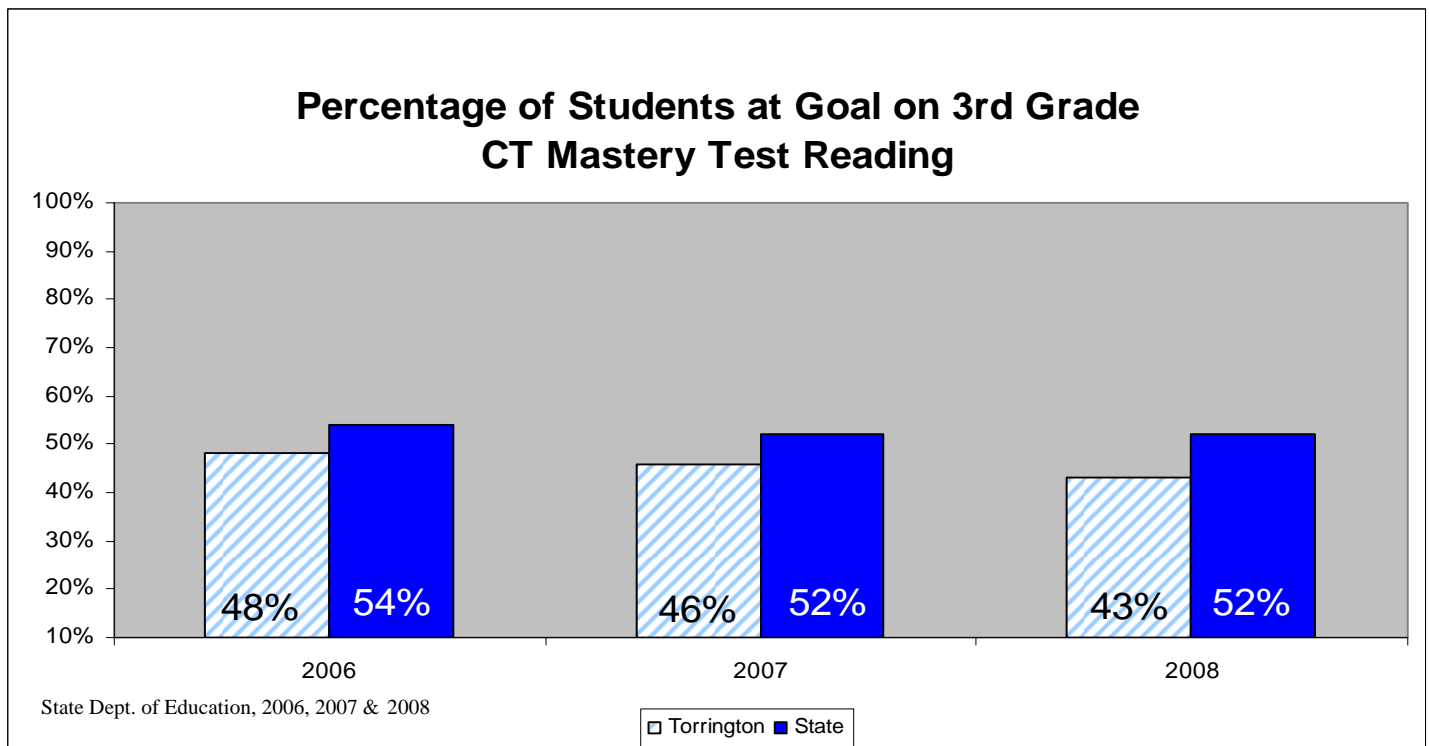
High school graduation rates have a strong link to a student's ability to read by the end of third grade. Much of the work to come after third grade is based on acquired reading comprehension skills. Therefore, if a student has not mastered reading, they will fall further behind in their academic achievement. Many studies have also noted a correlation between lack of acquisition of literacy skills and incarceration rates.

## The Story Behind Torrington's Data

Over the last three years, the state has seen its CT Mastery Test Reading scores decrease 2 points while Torrington's have gone down 9 points with respect to achieving reading at goal. This translates into less than half of Torrington students that were tested in third grade were reading at goal level. While English Language Learners as well as Torrington's students eligible for free/reduced lunch populations have been on the rise, there are other contributors to the story behind the data for this whole population, including both parents working and developmental delays.

As stated earlier, according to the Strategic School Profiles posted on the State Department of Education web site, the percentage of Torrington students K-6 eligible for free/reduced price meals has increased from 31.3% in 2004-05 to 33.3% in 2007-08. According to the report, district Non-English Home Language where English is not the primary language accounted for 11.1% of Torrington's students (excluding prekindergarten students). The number of non-English home languages is 34.

**How is Torrington doing? Key Indicator:** Percent of students rated at goal on third grade Connecticut Mastery Test (CMT) Reading



## **What will we do to make it better?**

Parent engagement is a paramount to the success of children developing a life-long love of reading. Studies show there are benefits when parents take a more active role in their child's education by participating in school activities and demonstrating an eagerness to gain new capabilities to help their families. One highly effective Parent Engagement model "Parents as Teachers" (PAT) proved to narrow the achievement gap between low income students and more affluent students. Based on an April 2007 Research Summary on "The Parents As Teachers Program: its impact on school readiness and later school achievement [www.patnc.org](http://www.patnc.org), in a longitudinal study of PAT children in the state of Missouri where PAT is offered at every elementary school, 82% percent of poor children were ready for kindergarten, as compared to 81% of their more affluent peers with no preschool experience or Parents as Teachers participation. A third grade, a similar pattern emerged (88% vs. 93%). Along with strategic effective parent engagement outreach like PAT, the plan strives to raise parent's awareness of available resources, such as libraries and classes so they are better able to "model" for their children, and encourage language skills and reading acquisition, thereby emphasizing the importance of reading and writing, as it affects their family's quality of life.

The following strategies in the attached chart focus on families of first graders in an effort to reinforce the importance of reading and to impact their Connecticut Mastery Test scores which they will take two years later. The following plan includes a multifaceted approach to address the needs that involves raising the awareness around the importance of early literacy, creating a variety of programming to address the range of barriers to early reading success and implanting the supports needed to ensure ongoing success in children's reading capabilities.

**Torrington's Birth Through 8 Implementation Plan 2010-2011**

**Community Results Statement:**

All of Torrington's children ages birth through eight are healthy and successful learners"

**Strategic Area: EDUCATION - Acquisition of Literacy Skills**

Type of Change	Strategy	Partners	Performance Measures <i>Proposed measures will be solidified March 2010</i>
X Program <input type="checkbox"/> Policy <input type="checkbox"/> Systems	<p><b><i>Strategy #1: Design workshops for parents/guardians that focus on tools to help develop early reading skills</i></b></p> <p>Action Step</p> <ul style="list-style-type: none"> <li>❖ Language Arts coordinators will plan two workshops per year for parents and guardians that focus on how reading is taught to their children and how they can support them in the learning process of becoming literate.</li> </ul>	TPS/Parents	#/% of parent/guardians who attend workshop  #/% of students at goal on CMT Literacy component

<p>X Program  <input type="checkbox"/> Policy  X Systems</p>	<p><b>Strategy #2: Establish a coordinated reading programs to help develop a love of reading</b></p>	<p>Library/TPS/City of Torrington/ EDUCATION CONNECTION</p>	<p># of workshops/stor y hours held</p>
	<p><b>Action Steps</b></p>		
	<ul style="list-style-type: none"> <li>❖ Connect Summer Story Hour to the Summer Lunch Program</li> </ul>		<p>#/% of families attending the workshops/stor y hours</p>
	<ul style="list-style-type: none"> <li>❖ Torrington Library’s Summer Reading Program in conjunction with “Mayor Bingham’s Boundless Bookworms” will establish a cohesive reading program where all school age children can participate and learn the value of literacy while completing school requirements. In addition, the books that students read can be counted towards the Governor’s Statewide Reading Challenge, making access to both programs easier and more accessible for families.</li> </ul>	<p>TPS/Library/City of Torrington</p>	<p>#/% of new library cards issued</p>
	<ul style="list-style-type: none"> <li>❖ Continue to increase the number of children and their families using the library and developing by partnering with the “Torrington Library Doorway to Learning Initiative”</li> </ul>	<p>“ “</p>	<p>#/% of children’s books checked out</p>
	<ul style="list-style-type: none"> <li>❖ Coordinate fieldtrips with all first grades to the Torrington Library where students receive a library card &amp; select a book</li> </ul>	<p>Library/TPS/ Parents</p>	<p>#/% of parent/guardian s who attended a workshop that report to read more to their children</p>
	<ul style="list-style-type: none"> <li>❖ Create a Literacy team comprised of first grade teachers, library staff and parents to establish the protocol for students accessing library cards</li> </ul>	<p>“ “</p>	
	<ul style="list-style-type: none"> <li>❖ Torrington Library staff would visit every first grade</li> </ul>	<p>“ “</p>	
	<ul style="list-style-type: none"> <li>❖ Every first grade classroom would visit the public library at least once during the school year</li> </ul>	<p>“ “</p>	
	<ul style="list-style-type: none"> <li>❖ Conduct a series of ELL family programs at the library to engage parents and involve them in early literacy activities</li> </ul>	<p>“ “</p>	<p>#/% of Hispanic &amp; other ELL families who attended a workshop that report to read more to their children</p>
	<ul style="list-style-type: none"> <li>❖ Partner with America Reads &amp; RSVP to help provide volunteers to help support school reading programs.</li> </ul>	<p>“ “</p>	

			<p><b>System Measure:</b>  # of reading programs offered  Percentage of students attending  # of students who attended a reading program who met goal on CMT reading</p>
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## **Governance & Management Infrastructure**

The work of supporting children and their families requires a holistic approach to creating healthy social-emotional, physical, and cognitive development outcomes. Recognizing that the development of young children does not occur in isolation, the Torrington Early Childhood Collaborative (TECC) strives to include all entities that touch the lives of families with young children in its governance structure with representation from a cross-section of the community. The primary purpose of TECC's governance structure is to create clarity, focus and accountability with respect to its Birth Through 8 (B-8) plan result statement: **“All of Torrington’s children from birth through age eight are healthy and successful learners”**. (see next page for structure)

**Steering Committee:** Oversees all operations of the Collaborative. The Steering Committee shall include the Chairs of the Collaborative and the Chairpersons of each Workgroup. The Steering Committee will meet as needed. All members of the Steering Committee must be voting members.

### **Education Workgroup**

#### **School Readiness**

- Shall be comprised of two co-chairs - a designee of the Mayor’s Office and a designee of the Superintendent’s.
- Ensure compliance with Public Act 97-259, an Act concerning School Readiness and Child Day Care.
- Members may not be representatives of organizations that receive School Readiness Funding.

#### **Professional Development**

- Will promote quality in early childhood through outreach to all caregivers of young children. This committee will also focus on other quality issues in childcare, early care and education.

#### **Kindergarten Transition**

- Will help promote effective and successful transitions to Kindergarten in our community

### **Sustainability Workgroup**

#### **Public Awareness**

- Help recruit members to our Collaborative. In addition, this committee will conduct a public awareness campaign on early care and education issues and promote the Torrington Early Childhood Collaborative in the community.

#### **Data**

- Continually track data on Torrington’s young children to identify strengths and needs of this population. Track system and program measures identified in the B-8 plan.

#### **Resource Development**

- Research funding streams to support the B-8 plan strategies

### **Parent Workgroup**

- Help develop parent leaders in efforts to advocate on behalf of young children in our community. In addition, this workgroup will help bring information to parents on early care and education and support parent involvement on all levels in community.

### **Child Growth & Development Workgroup**

- Implement the strategies outlined in the Torrington B-8 plan including the implementation of a community-wide early childhood screening system & education around early childhood developmental milestones

# Torrington Early Childhood Collaborative Governance & Management Infrastructure



# Torrington Early Childhood Collaborative Asset Mapping

Asset mapping for the Torrington Early Childhood Collaborative (TECC) will be utilized to identify and, where appropriate, create working collaborations within the Torrington area. The focus is on individuals, associations and institutions who demonstrate skills, talents and resources to achieve the Collaborative's goal: *"All of Torrington's children from birth through age eight are healthy and successful learners."*

The process used will be based on the workshops taught by Robert Francis, Asset-Based Community Development Institute and the documentation that he provided. Building on the preliminary information gathered on individuals, associations, institutions and financial assistance, the following steps will be taken:

- Review of the asset mapping efforts around early childhood of other CT cities (i.e. the City of Branford, City of Wallingford).
- Additional information gathering sessions will be held with key individuals, associations and institutions in Torrington (i.e. Family Strides, Susan B. Anthony Project, Board of Education, Council of Churches, etc).
- Resources identified in Susan B. Anthony's Community Resource and Education Guide will be incorporated into the process.
- Review of the Chamber of Commerce's membership rosters and affiliations.
- Meeting with the City of Torrington to gather information on additional recreational, arts and social service programs.
- Information gathering meeting with the Northwest CT Arts' Council.

All individuals, associations and institutions identified will be asked to complete a questionnaire (in person, via telephone or by mail) to ensure that accurate information is entered into the mapping process. The questionnaire will be updated annually to ensure accuracy of information and will include a request for interim changes to be emailed to a central location. The questionnaire will also include a place for individuals to sign up as volunteers or offer in-kind donations and other resources to support TECC's efforts in achieving its result for young children.

The results from the asset mapping may take several forms, such as:

1. Geographical map of Torrington with color keys indicating the various resources.
2. Data Bases (by age; by need; by location; etc).
3. Resource Guides (for parents, public and providers).
4. A list of organizations/individuals that would like to share resources as well as in-kind support to help move Torrington's result for young children forward

Distribution of the results will be handled through public forums, publicity, distribution of Resource Guides, and specific communications with individuals, associations and organizations identified in the mapping process. Additionally, website (read only) access to the data base may be made available.

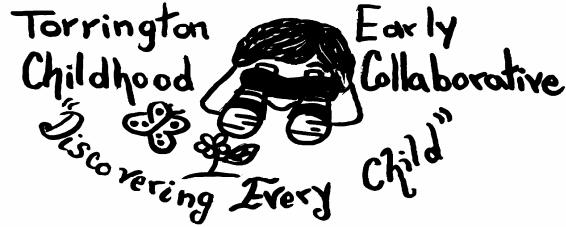
# Data Management Infrastructure

TECC has a list of key performance measures for each selected strategy and plans to meet in March 2010 to select and commit to measures that will inform the community on “how well did we do?” and “is anyone is better off?”. TECC will work with technical assistance support through the Charter Oak Group to receive feedback on chosen performance measurements. Steering Committee members are engaged with key stakeholders in each of the strategic areas that will have an impact on the indicator chosen. Specifically, ECE providers, pediatricians, Torrington Public School administrative staff, teachers & parents will play a role to help further develop system and program measure performance. MOU’s will be developed with specific data requests in collaboration with key partners and the TECC steering committee.

In year one, a simple data management tracking system, overseen by the Sustainability Workgroup, focused on each agreed upon indicators, program & system measure will be created using a basic software program such as Excel. This data will reside on a TECC computer with back up posted on the City web site. The performance measures that have risen to the top after a thorough diagnosis of data, rounded out stories behind the baseline and agreed upon refined strategies through monthly meetings in the strategic areas of Preschool/School Readiness & Acquisition of Literacy Skills have been included in the strategy charts in each strategic area section of this plan. Development of the Child Growth & Development performance measures will follow the same thorough process once strategies are agreed upon and solidified by vested partners over the next few months.

# Memorandum of Understanding

Memorandums of Understanding (MOU) will be created with each key partner in TECC's B-8 plan. TECC members will meet with partners to help tailor each MOU to the implementation process. All MOU's will be kept on file and will be updated as needed. The following is a sample MOU:



**“All of Torrington’s children from birth through age 8 are healthy and successful learners.”**

## MEMORANDUM

## OF

## UNDERSTANDING

This certifies that \_\_\_\_\_ agrees to work in  
(Name of agency or individual)

conjunction with the Torrington Early Childhood Collaborative (TECC) in its oversight of the Torrington Birth through Eight Plan.

\_\_\_\_\_ will perform the following duties  
(Name of agency or individual)

and services in support of the Torrington Plan:

(Duties and services listed)

Signed:

Signed:

\_\_\_\_\_

\_\_\_\_\_

Agency Representative or Individual

TECC Representative

Date:

Date:

\_\_\_\_\_

\_\_\_\_\_

# TORRINGTON'S BIRTH THROUGH EIGHT FINANCE STRATEGY

Torrington's B-8 Plan Finance estimates are listed below for strategies that are fully developed. Those that are in process of fine-tuning are listed as expense to be determined (TBD). Over the next two months, TECC plans to revise this budget based on the newly agreed upon strategies selected to implement over the next two years. Local/state/federal dollars are being aligned with each strategy and will be reflected in the updated finance plan with individual line items broken out.

## Section I: Summary of Resources Required to Implement Plan

	*FY 2010	*FY 2011	*Annual Ongoing
<b>Child Growth &amp; Development</b>	\$59,500	(TBD)	(TBD)
<b>School Readiness/Preschool Acquisition of Literacy</b>	\$18,000	(TBD)	(TBD)
<b>Infrastructure Supports<sub>1</sub></b>	\$20,000	(TBD)	(TBD)
	\$75,000	\$75,000	\$75,000
<b>TOTAL</b>	<b>\$172,500</b>	<b>(TBD)</b>	<b>(TBD)</b>

\*Includes plan implementation coordinator, support staff & Technical Assistance Supports (\$75,000)

## Section II: FY 2010-2011 Base Investment Detail/Partners Who Have a Role to Play

### High-Level Strategy: Child Growth and Development

***Strategy # 1: Children with behavioral or developmental problems will be supported earlier by enhancing or creating the following: (Birth – 3)***

Partners	No-cost/low-cost Actions	Local Funds	State/Federal Funds	Private Funds
Pediatricians, Department of Health, Charlotte Hungerford Hospital (CHH)	Work with providers to increase the 87% immunization rate and make sure all children are receiving the appropriate number of well-child visits, during which developmental screening and behavior discussions with parents takes place. A release form for information to be shared with providers would be helpful.	\$15,000	\$15,000	\$15,000
Torrington Board of Education, Pediatricians, Department of Health, CHH	Child find screening day with Torrington Public Schools	\$2,000		

<b>Partners</b>	<b>No-cost/low-cost Actions</b>	<b>Local Funds</b>	<b>State/Federal Funds</b>	<b>Private Funds</b>
TECC Child Growth and Development Committee	Establish a parent mentoring program by offering workshops that teach parents skills of how to effectively address various behavior and developmental issues and on English Language Learners	\$2,500		\$2,500
<b>Strategy #2: <i>Implement training supports for families of preschool children, physicians, preschool providers and education staff (Preschool)</i></b>				
TECC, Pediatricians, Department of Health, Charlotte Hungerford Hospital	Develop and offer workshops for childcare providers and physicians to educate them of the services of the Early Childhood Consultation Partnership, Torrington Public Schools and other community supports.			\$5,000
Pediatricians, Department of Health, Charlotte Hungerford Hospital, TECC Child Growth and Development Committee	Children with behavioral or developmental problems will be identified earlier by enhancing or creating the following: A network system throughout early childhood providers where every child is screened and those identified are connected to resources. i.e. Ages & Stages Developmental and Social & Emotional tool – conduct training.	\$2,500		

**High Level Strategy School Readiness/Preschool**

<b>Strategy #1</b>				
<b><i>Design and implement Kindergarten Transition policies and practices</i></b>				
<b>Partners</b>	<b>No-cost/low-cost Actions</b>	<b>Local Funds</b>	<b>State/Federal Funds</b>	<b>Private Funds</b>
TECC, Torrington Board of Ed., Early Childhood Educators, FRC	Kindergarten Readiness Fair	\$1,000		\$2,000
<b>Strategy # 2: <i>Implement English Language Learner Supports</i></b>				
Early Childhood Education (ECE) Providers, Torrington Public Schools, La Via Latina, Library, Parents	Create a tutoring program for ELL children  Develop a volunteer bank of translators  Identify incoming Kindergarten students whose first language is other than English and to educate their parents on appropriate child development milestones and address areas of need that they can work on during the summer prior to entry to Kindergarten	\$5,000		\$5,000
<b>Strategy #3: <i>Conduct trainings for early childhood educators, providers, Kindergarten teachers and parents on school readiness topics</i></b>				
Torrington Board of Ed., ECE, FRC, TECC, Education Connection	Develop a training program for licensed preschool providers, Kith & Kin and home day care (licensed/unlicensed)providers on the Preschool Curriculum Frameworks	\$2,500		\$2,500

**High Level Strategy: Acquisition of Literacy Skills**

<b><i>Strategy #1: Design workshops for parents/guardians that focus on tools to help develop early reading skills</i></b>				
<b>Partners</b>	<b>No-cost/low-cost Actions</b>	<b>Local Funds</b>	<b>State/Federal Funds</b>	<b>Private Funds</b>
Torrington Library, Torrington Public School, Parents	Increase the number of children using the library by partnering with the "Torrington Library Doorway to Learning Initiative" Expand 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> grade	\$2,500		\$2,500
ECE, FRC, TPS, La Via Latina	Develop workshops for parents/guardians that focus on tools to help develop early reading skills	\$2,500	\$10,000	\$2,500
<b><i>Strategy #2: Establish a coordinated reading programs to help develop a love of reading</i></b>				
Torrington Board of Education, Education Connection, Torrington Library, City	Establish a coordinated summer reading program	\$2,000		\$1,000
Torrington Board of Education	Extended day/extended year program with a focus on literacy	(TBD)	(TBD)	(TBD)

**Section III: Long-Term Financing Plan**

TECC plans to convene local funders including civic groups, The Northwest CT Chamber of Commerce, private foundations, City and School officials to view the plan's financial goals for each strategy. TECC will convene a sustainability committee in spring 2010. This work group will focus on ways to create a diversified portfolio that will help to support long-term strategies. A regular yearly community assessment will be planned to track plan successes and to adapt strategies accordingly, using the Results Based Accountability tool to report back to the community. Strategies outlined in the Asset Mapping Section of Torrington's plan will be used to harness and synchronize existing resources aimed at helping to achieve Torrington's Result Statement: **"All of Torrington's children from birth through age 8 are healthy and successful learners"**.

# Mother's Education

## What do we want for all young children in Torrington?

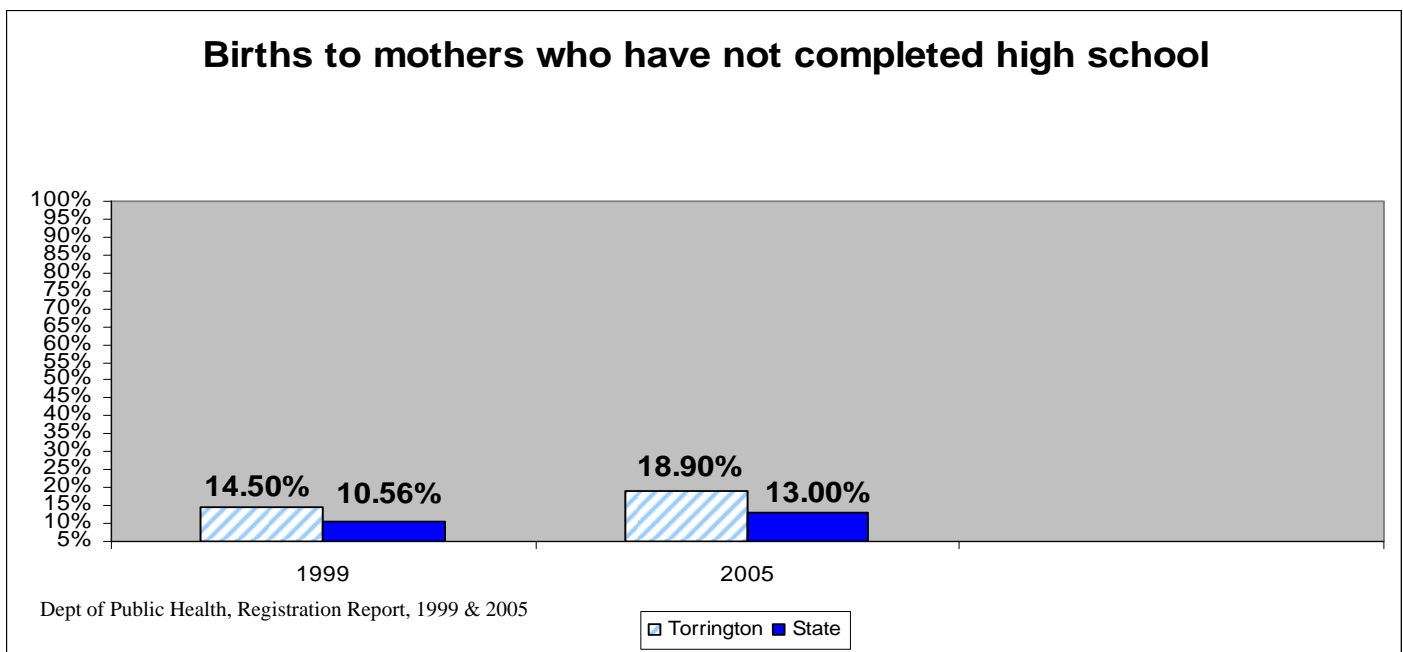
“All of Torrington’s children from birth through age 8 are healthy and successful learners.”

### Strategic Statement

Partner with families, the Torrington Board of Education, Community Adult Education providers, English Language Learner Outreach supports, and local institutions of higher education to ensure that all women have the knowledge of and realization of the importance of earning a high school diploma and pursuit of higher education opportunities and have access to them.

### How are we doing?

**Key Indicator** Births to mothers who have not completed high school



### What do we know about the indicator and why is it important?

The likelihood of a child graduating high school when his or her mother has not graduated is in direct correlation. While a father’s education can influence the outcomes of a child’s educational success, studies have focused on mother’s education due to its higher impact. In 2005, there were 18.9% of mothers in Torrington who did not receive a high school diploma. This translates into one out of every five Torrington kindergartners has a mother who had not completed high school in 2005 – therefore, in class of 20 kindergartners, four of those students had a mother who had not graduated high school. This impacts the entire population with regards to societal outcomes and needed supports.

Studies have shown that educational level correlates highly with employment and potential earnings. The classic study shows that children whose mothers lack a high school diploma are far behind their peers by age three in language development. Programs have long used checklists of risk factors that are generally correlated with dropping out and the ways that the average dropout differs from the average graduate (Wells et al. 1989). Decades of research have yielded a huge list of such characteristics, including (Rumberger 2004, Gleason and Dynarski 2002) which states:

Family factors: "Students who come from single parent families, have a mother who dropped out of high school, have parents who provide less oversight and support for learning, and who have older siblings who did not complete school are more likely to drop out."

The plan will address mother's education in a multi-faceted approach that will help prevent young women from dropping out high school. While the plan hopes to decrease the number of young mothers that do not complete their high school education, the plan will provide opportunities for mothers who do not graduate to receive their GED or High School Equivalency by making classes and course work more accessible.

### **What do we need to know? Data development agenda items:**

- ? Percent of women who become pregnant and drop out of school
- ? Percent of women who have already dropped out and then became pregnant
- ? Percent of immigrant women who do not have a high school diploma or equivalency & what countries they are from and what languages they speak
- ? Percent of undocumented women who do not have a high school diploma or a High School Equivalency
- ? Father's or other primary caregiver's highest level of education
- ? Dental Care
- ? Postnatal care
- ? Maternal depression

### **What will we do to make it better?**

#### **1. Prevention**

- Establish an early identification program for students who may be at risk for not completing their high school education.
  - ❖ Partner with Elementary School Teachers and Administration. to develop a criteria of risk factors (secondary indicators) i.e. Attendance records, economic factors, grades, etc . . .
- Develop an on-site mentoring program with at risk students where positive female role models would be matched to at risk students.
  - ❖ Research existing best practices
  - ❖ Hire a mentoring coordinator
  - ❖ Recruit mentors

- Conduct a series of focus groups targeting students who have dropped out to access information on what might have been helpful to keep in them in school.
- Create a multi-media presentation that will describe the correlation between mother's school success and her child's school success.
- Develop a plan based on research of best practices of programs to keep young women in school and avoiding pregnancy in order to effectively communicate the importance of a high school degree and also speaks to the at-risk population's self-interest. Presented by those who have been affected.

## 2. Support

- Establish an education supportive system for young women who become pregnant in school and wish to complete their high school diploma.
- Develop in partnership with the Torrington Board of Education a policy to keep pregnant students in school.
  - ❖ Create a childcare program at Torrington High School to support mothers wishing to complete their high school education.

## 3. Access

- Removal of barriers to attend Adult Education classes
  - ❖ Develop a transportation system for students wishing to attend Adult Education classes
  - ❖ Centralize an Adult Education program that offers all classes necessary for completion
  - ❖ Update current Adult Education Policies to accommodate flexible schedules with regards to attendance
- Partner with the Latino Community Based Organization La Via Latina and other English Language Learner (ELL) community supports to assess the immigrant population's educational needs.
  - ❖ Research existing supports for ELL students
  - ❖ Develop an ELL outreach program to communicate the importance of obtaining a high school diploma and the impact it has on their children
  - ❖ Research best practices (Even Start) to develop or work in concert with existing efforts to provide services
  - ❖ Work with ASPIRA on Americorps Program for the prevention of dropping out of high school
- Ensure TECC's resource guide currently being developed has information regarding Adult Education services.
  - ❖ Inventory existing Adult Education programs
  - ❖ Highlight Adult Education programs
  - ❖ Distribute to a wide audience targeting mothers who have not completed high school
  - ❖ Ensure the guide includes ELL parenting supports such as APEX, Americorps and other programs from La Via Latina

## How will we know if our actions are working?



### Program Measures:

- Number of identified at risk students
- Percentage of at risk students identified
- Number of students matched with the mentor
  
- Number of focus groups
- Percentage of Focus Group Attendees
- Number of female elementary school students who received these services who stayed in school
  
- Number of supports (ie staff, counselors, childcare spots, mentors, transportation)
- Percentage of pregnant young mothers who remained students
- Number of pregnant young mothers who completed their high school education
  
- Number of Adult Education GED or High School Equivalency classes offered
- Percentage of mothers of young children who attended Adult Education GED or High School Equivalency courses (yearly comparison)
- Number of mothers of young children who have passed their GED or received their high school diploma
  
- Number of English Language Learners (ELL) GED or high school equivalency classes offered
- Percentage of ELL mothers of young children who attended Adult Education GED or high School Equivalency (yearly comparison)
- Number of ELL mothers who received their GED or high school equivalency
  
- Number of stops along the bus line to local Adult Ed sites
- Percentage of students that had successful attendance
- Number of mothers of young children attending Adult Ed that used public transportation and received their GED and high school diploma
  
- How many resource guides printed
- Percentage of households that received it
- Number of people referred to a service through the resources guide

**System Measure** – Database on where people are finding out about resources

# Maternal Health

## What do we want for all young children in Torrington?

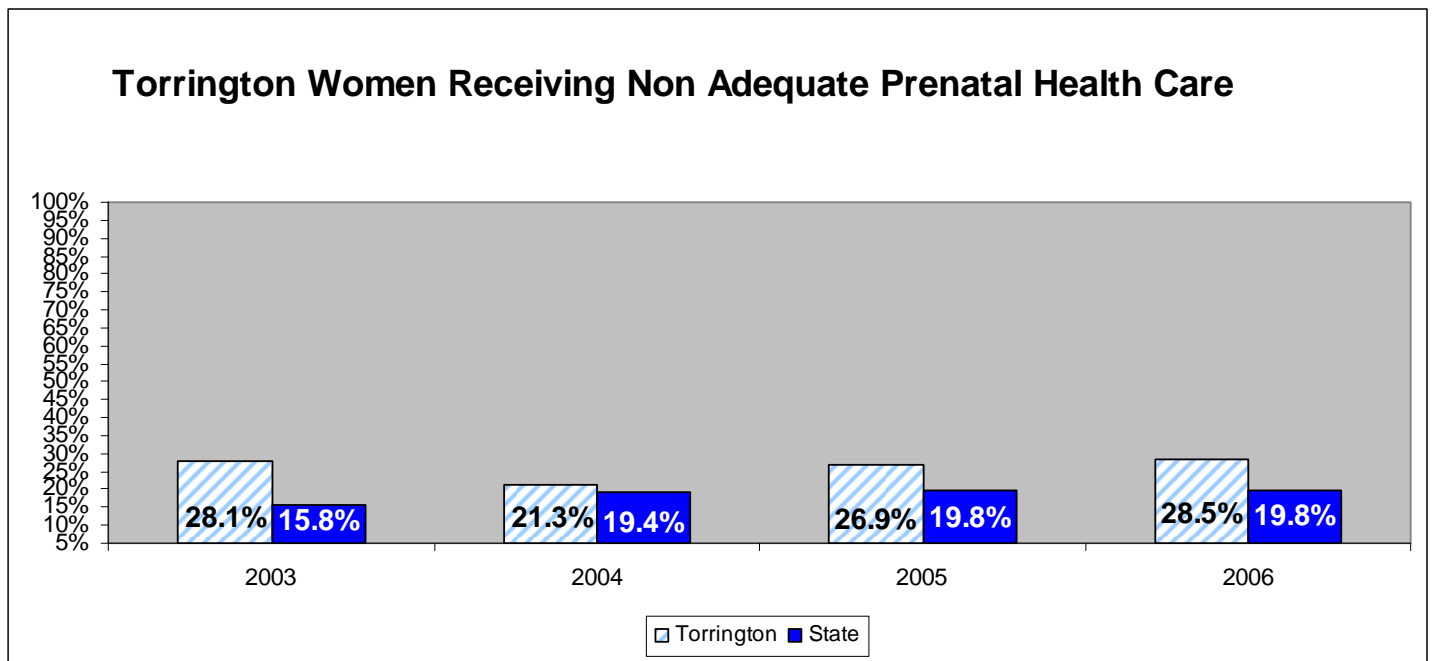
“All of Torrington’s children from birth through age 8 are healthy and successful learners.”

### Strategic Statement

Partner with families, community early childhood providers, local health care providers, including immigrant outreach supports and state social and health services to ensure mother’s awareness of the importance of prenatal care, expansion of access, and increase the number of mothers getting adequate care.

### How are we doing?

**Key Indicator** Percentage of mothers residing in Torrington receiving non-adequate prenatal care



Dept of Public Health, Registration Report 2003, 2004, 2005 & 2006

### What do we need to know - Data development agenda item:

- ? Percentage of mothers delivering outside of Torrington

### What do we know about the indicator and why is it important?

From the statistics listed above, we know that nearly one out of three Torrington women in 2005 did not receive adequate prenatal health care. We also know that statistics from Charlotte Hungerford Hospital, Torrington’s local hospital, nearly every pregnant woman who delivered there in 2005 received adequate prenatal health care. This data suggests that the women going elsewhere to deliver their children are not receiving adequate prenatal care prior to their delivery. This may be due to the fact that they have to travel out of town to receive their prenatal care and the mere fact of this travel is lending itself to the lack of adequate care. Studies show that children born to mothers who did not receive adequate health care are more likely to be low birth weight and that this is a primary indicator to a whole range of childhood health disorders.

Research is needed to find out why this is happening. Are these women that are not receiving adequate prenatal care uninsured and unaware that they can access care through the HUSKY program? Are the women not receiving adequate care aware of the importance of receiving such care or may be undocumented and afraid to access prenatal healthcare? All of these questions need to be addressed in order for Torrington to offer its children the healthiest possible start in life.

## **What will we do to make it better?**

### **1. Educate the public on the importance of prenatal health care**

Partner with Early Childhood Care Providers, Birth to Three, Early Head Start, Head Start & Family Strides to help disseminate information to expecting mothers on the importance of maternal health (publications will be available in culturally appropriate languages)

- Partner with La Via Latina to offer Comenzando Bien, a program that teaches prenatal classes with an outreach component to pregnant women and new mothers.
- Develop a prenatal health unit as part of the existing health curriculum for high school students.
  - ❖ Research existing curriculum that focuses on the importance of prenatal health care.

### **2. Access**

- Publish listings of Medical Care Providers that participate in HUSKY & Medicaid in TECC's resource guide.
- Ensure that expecting mothers get prenatal care
  - ❖ Create a network of providers and community resources, including churches and La Via Latina to connect expecting mothers to services
- Raise the awareness of available prenatal health care resources. (publications will be available in culturally appropriate languages)
- Partner with pediatricians to educate second time mothers
- Support Universal Healthcare policies for all Americans that allow for flexibility in patient choice of providers and ensures timely medical attention.
  - ❖ Universal healthcare - Get representation from "Healthcare4Everyone" to help with this process
- Institute wellness centers in schools that have vulnerable populations.
  - ❖ Research other communities that offer this service
- Increase the number of dentist that accepts HUSKY for expecting mothers.
  - ❖ Partner with existing advocacy groups for higher reimbursement rates for dental coverage to help encourage more dentists to participate in the HUSKY program.

- Increase funding to expand the Nurturing Families Program.
  - ❖ Advocate with area legislators regarding the importance of the expansion of the state funded Nurturing Families Program
- Review policies for HUSKY coverage for undocumented women.
- Research current policies and nationwide coverage for non-emergency prenatal care for undocumented women.
- Expand the Parent as Teachers Program to serve all populations.
  - ❖ Hire bilingual home visitors – Parents as teachers programs, healthy families (first time parents only). Expand to second time parents as well.
- Establish policy that supports expecting students to remain in high school through child care, transportation and other necessary services.
- Recruit and educate mentors to provide supports for expecting young mothers

## How will we know if our actions are working?



### **Program Measures:**

- Number of resource guides distributed
- Percentage of expecting mothers who receive the resource guide
- Percentage of expecting mothers who received adequate prenatal healthcare including dental
- Number of students receiving prenatal health care information as part of their curriculum
- Percentage of students who have increased knowledge of adequate prenatal healthcare
- Percentage of women receiving adequate prenatal health care

### **System Measure:**

- Number of prenatal services/programs that are available to expecting mothers
- Percentage of expecting mothers who received services through one of these programs
- Number of women who received adequate prenatal