Bridge *to* Success

Preparing Waterbury Youth for Life:
A Birth to 21 Initiative

Preparing Waterbury Youth for Life: A Birth to 21 Initiative

June 2009

Dear Citizens, Policymakers and Stakeholders,

In December 2006, Waterbury Mayor Michael Jarjura and Superintendant of Schools Dr. David Snead convened a group of community stakeholders to develop a comprehensive plan to help our children succeed.

Jointly funded by the Connecticut Early Childhood Educational Cabinet through the State Department of Education, the William C. Graustein Memorial Fund, the United Way of Greater Waterbury and the Connecticut Community Foundation have provided the community with the funds and the support to collectively create an in-depth plan known as "Bridge to Success."

This roadmap for action shows how schools, business, parents and the community can work together to build the bridges that will enable the successful development of local youth from birth through 21. By creating an integrated family centered service system for Waterbury families, this joint effort promises to help local youth overcome challenges and eliminate the barriers that keep them from achieving their potential.

We would like to extend our warmest acknowledgements to the individuals and organizations that participated in the process to develop the Bridge to Success blueprint. The information contained in the attached document is the result of many hours of research and the input of a diverse group of stakeholders with one common goal in mind, to ensure all of Waterbury's youngest citizens are given every opportunity to succeed in life.

The process has only begun and there is still much work ahead in order to make the Bridge to Success plan a reality. We invite you to continue the work with us as we help Waterbury's youngest citizen's rise to overcome the challenges before them.

Sincerely,

Bridge to Success Management Team

Bridge to Success Management Committee

Kristen Bulkovitch
United Way of Greater Waterbury

Anne Marie Cullinan
Waterbury Public Schools

Sandy Porteus
: Ua]`miGYfj]Wg·cZ; fYUhf·K UhfVi fmi

Jim O'Rourke
; fYUhf·K UhfVi fmiMA 75

Kelly Cronin
Waterbury Youth Services

Theresa Caldarone
City of Waterbury – Mayor's Office

Sonja Ahuja
William Caspar Graustein Memorial Fund

Dolton James
Parent

Kathy Taylor
Parent

Carol O'Donnell
CT Community Foundation

Lori Hart
Bridge to Success Staff

Nicole Porto
Bridge to Success Staff

Barbara Tacchi
School Readiness Council Staff

Contents

DRAFT

Background

ABOUT THIS PLAN BACKGROUND

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 birth to twenty-one.

In June 2007, Waterbury Mayor Michael Jarjura and Superintendent of Schools Dr. David Snead, through an inclusive process, identified a group of concerned individuals and organizations to help identify key issues facing Waterbury children. Governor Rell and the Early Childhood Cabinet had recently released the "Ready by 5, Fine by 9" plan and efforts were underway to provide additional resources to insure that all children, beginning with those born in 2006, were ready for school. Through a community wide planning process, our community's leaders sought to align with the state's efforts and bring greater attention to the critical area of early childhood education. The Waterbury School Readiness Council (WSRC), a ten year old community wide effort funded by the state, providing quality education to more than a thousand 3 and 4 year olds annually was the initial vehicle for organizing the planning process.

Funding from the Connecticut Early Childhood Education Cabinet through the State Department of Education and the William Casper Graustein Memorial Fund, the Connecticut Community Foundation and the United Way of Greater Waterbury made it possible to retain experienced consultants to facilitate the planning process. Holt, Wexler & Farnum, LLP was hired and collected extensive data on the current conditions of Waterbury families and children and the service systems serving them. Four work groups composed of parents, educators, health care professionals, youth agency staff and others focused in specific aspects of early childhood (health, education, family success and kindergarten transition). Each group met a total of four or five times in sessions facilitated by the consultant to discuss the data and recommend strategies and action steps to be included in the overall plan. After sharing possible priorities and action steps with the community, a draft of early childhood blueprint was created.

In developing the early childhood blueprint, the fact that children and families do not live in silos was repeatedly noted by parents, educators and youth professionals. Developing a blueprint for children only to age 8 was questionable particularly given the community's need to strategically target resources.

Waterbury was also fortunate to have a community wide entity, Waterbury Prevention Policy Board (WPPB), which had been working on issues related to youth ages 5-18 for more than 5 years. The WPPB's work was driven by a Community Youth Plan that has specific priorities and tasks that include coordinating programming, professional development and information sharing.

In July 2008, discussions began about merging the two plans and insuring more intentional cohesion with the Waterbury Public School System's District Improvement Plan. Determining priorities, aligning strategies, assigning responsibilities and identifying areas of overlap was a lengthy process to insure that the final plan was achievable, measurable and inclusive.

ABOUT THIS PLAN BACKGROUND (con't)

The Bridge to Success Plan was launched on the efforts which reflect these three complementary initiatives which include: Waterbury School Readiness Council's Blueprint focusing on children birth to eight, the Prevention Policy Board's Community Youth Plan focusing on ages five to twenty-one and the Waterbury Public School's District Improvement Plan. Waterbury is the **only city in the state** that has **one plan** addressing the needs of children and youth, birth to age 21.

The Bridge to Success Plan has five strategic areas: Family Engagement, Child Health and Development, Early Care and Education Services, Positive Youth Development, and Workforce Development. The Plan is action-oriented and focused on specific results. It contains specific quantitative benchmarks at several levels – from overall community indicators to specific program measures -- to assess our progress and guide our work. These include increasing the number of students proficient on the CMT's by grade 3, graduating from high school and receiving well child visits among others.

Community stakeholders and parents 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. Other parents and community members were engaged in the planning process expressing their views through numerous community forums and discussions. In particular, parents identified key strategies to ease their engagement in the process, and most importantly, support them in their role as their child's first teacher.

Bridge to Success is a roadmap for action. It shows how schools, parents, business and the community can build *Bridges* and work together on behalf of our youth and children. It is positive – building on the assets of our community to insure the success of our children and families.

OUR WATERBURY COMMUNITY DRAFT
BACKGROUND

History. The original settlement of Waterbury, Connecticut was in 1674 in the Town Plot section. King Philip's War caused it to be vacated and the location was changed to the western part of the green in 1677. Both sites are marked. The Algonquin name for the area was "Matetacoke" meaning "a place without trees." It appeared as "Mattatock" in 1673 and "Mattatuck" in the General Court record on May 18, 1674. The name changed to Waterbury on May 15th, 1686, when the settlement was admitted as the 28th town in the Connecticut colony. It then included all parts or parts of the later town of Watertown, Plymouth, Wolcott, Prospect, Naugatuck, Thomaston and Middlebury. The name Waterbury was chosen because of all the streams flowing into the Naugatuck. Waterbury was incorporated as a city in 1853.[1]
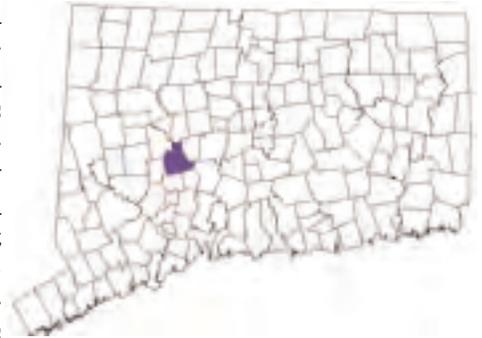
Today. Waterbury, the 5th largest city in Connecticut, is the home of 108,160 citizens of diverse ethnic, cultural and religious backgrounds.[2] Conveniently located at the junction of Routes 8 and 84, the city was known as the "Brass City" because if its long history as the center of the nation's brass industry. Today Waterbury is known for its advanced technology capabilities, historic architecture and facades, and, most importantly, its strong communities and neighborhoods.[3]

Population Trends. From 1990 to 2000, the total population in Waterbury declined 0.1%. From 2000 to 2008, the population gained back the 1% decline to 108,160 citizens and is expected to increase by 0.2% annually and by 2013, 109, 273 individuals are expected to be living in the City. As of 2008, the number of households in Waterbury is 41,649.[4]

Child Population. The median age in Waterbury is 37 years. Of the Waterbury residents, there are approximately 7,401 young children under age 5, 18,980 school-aged children (ages 5-17). Waterbury's 26,381 citizens- ages birth to 17- represent 24% of the Waterbury citizen population.[5]

Socio-Economic Status. While the median household income in Waterbury is $42,404 per year, poverty still exists at a rate of 16%. The city's income is $24,832 below the states median household income and $18,314 below the county's median household income.[6]

District Reference Group. In 1996, the State Department of Education developed Education Reference Groups (ERGs) to group school districts which have similar socioeconomic characteristics and need in order to compare achievement and expenditures among districts. Connecticut's school districts were divided into nine groups, based upon socioeconomic status, indicators of need and student enrollment data. Indicators such as median family income, education level of parents, parents' occupation, family structure and home language are used to group the districts. School districts were then compared with others in their ERG. The Department of Education recently reclassified the nine groups into District Reference Groups (DRGs) using updated data, but the same formula used for the ERG classifications. The most affluent and low-need districts are grouped into DRG A, while the poorest and highest need districts are grouped into ERG I. Waterbury is in DRG Group I, along with Bridgeport, Hartford, New Britain, New Haven, New London, and Windham.[7]

---

1 City of Waterbury website (www.waterburyct.org)
2 CERC Town Profile 2009
3 City of Waterbury website (www.waterburyct.org)
4 CERC Town Profile 2009
5 CERC Town Profile 2009
6 CERC Town Profile 2009
7 Discovery 2009 website (www.discovery.wcgmf.org)

Essentials
of the Plan

OUR POPULATION RESULT

What is a population result? The population result is our end goal. It is what we want for our children.

Waterbury youth succeed in school, work & life.

What are the quality of life conditions we want for the children, adults and families who live in our community? What would these conditions look like if we could see them? How can we measure these conditions? How are we doing on the most important of these measures? Who are the partners that have a role to play in doing better? What works to do better, including no-cost and low-cost ideas? What do we propose to do?

HEADLINE INDICATORS

What is an indicator? An indicator is a measure which helps quantify the achievement of a result. They answer the question "How do we recognize these results in measurable terms if we fell over them?" Indicators refer only to the whole populations, not programs.

Waterbury youth succeed in school, work & life.

Family Engagement
- Rate of children aged 0-18 abused or neglected.
- % of Waterbury children living in poverty – i.e., under 185% of the FPL.
- % Families at or above CT Self Sufficiency Standard

Child Health & Development
- % of Waterbury children who know their primary care physicians.
- % of Waterbury children living in poverty – i.e., under 185% of the FPL.

Early Care & Education
- % of Students at or above CMTs in 4th grade
- Access to PreSchool (gap between eligible 3-4 year olds and spots available)
- % of Mothers giving birth without a High School Diploma

Positive Youth Development
- # of Developmental Assets that Waterbury youth report having.
- % of Waterbury students graduating from High School

Workforce Development
- % of Students at or above CMTs in 4th grade
- % of Waterbury students graduating from high school.

The headline indicators are the major data points that we, as a community, have determined are the best representation of our population result statement. However, we have identified additional secondary indicators that may also tell us we are moving toward our result.

STRATEGIC AREAS

What is a strategic area? Strategic areas are meant to be large "buckets" to collect strategies related to large domain of activity, like health or family support.

Population Result
Waterbury youth succeed in school, work & life.

Strategic Area # 1:
Family Engagement

Strategic Area # 2:
Child Health & Development

Strategic Area # 3:
Early Care & Education

Strategic Area # 4:
Positive Youth Development

Strategic Area # 5:
Workforce Development

Family Engagement

"All children and families experience transitions in the normal course of their lives and development. The circumstances of these events and the supports that accompany them determine whether the event will be managed with resilience (+ lower level of biochemical stress) or whether toxic levels of stress will result in long term, negative impact on health, behavior and learning" (Linking Ready Kids to Ready School pg. 22).

Children need effective and nurturing families capable of offering joy, physical and emotional support.

To help move us toward our population result, this section articulates:
What are the important family engagement indicators?
What is the story behind the curve?
What are the strategies the community identified to turn the curve?
What activities will occur?
What partners we need?

Indicators - Family Engagement

Indicators are measures that help quantify the achievement of a population results. They answer the question "How would we recognize these results in measurable terms if we fell over them?"

Waterbury has chosen two major headline indicators to track our results for Family Engagement to help us know if families have information, skills and support needed to fulfill roles as their child's first teacher, no matter the child's age. The first indictor is the percent of Waterbury living in poverty. The second headline indicator is the percent of parents engaged in their children's learning by attending parent-teacher conferences.

Abuse & Neglect
In 2007 Waterbury reported over 6,000 cases of abuse and neglect. This accounts for almost 8% of the cases reported in the state of CT, whereas Waterbury only accounts for 3% of the state's population.

Children Living in Poverty
The strongest predictor of low outcomes for children across multiple studies is living in a family income below the federal poverty rate ($20,650 for a family of four in 2007). 38 out of 169 Connecticut towns had poverty rates less than 2%. Waterbury experienced the second highest poverty rate of 31.4%. It is reported that 26.8% (2,755) children under the age of six live below the federal poverty level.
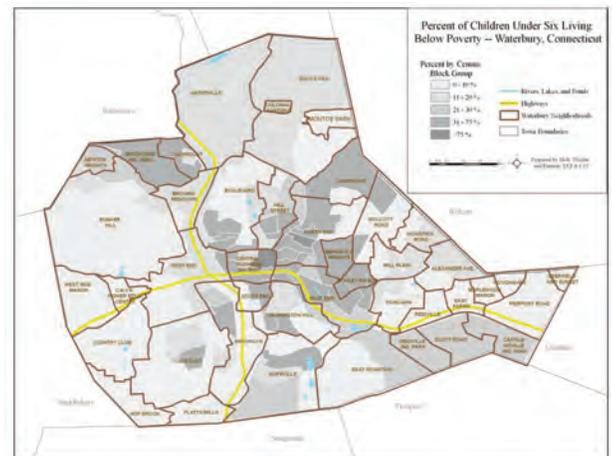
CT State Self-Sufficiency Standard
This measure of how much income is enough for a family to meet all of their needs on their own helps measure the financial health of the community. Although a family may not be poor according to the federal poverty guidelines, its income may not help it adequately meet its basic needs without public or private assistance. 35% of Waterbury's families were not adequately meeting their basic needs in 2000.

Story Behind the Curve - Family Engagement

The story behind the curve tells us what the root cause of these current trends and the indicators that will help us recognize these results in measureable terms. The "story" sets the stage to understand why these trends are happening? What would these conditions look like if we could see them, feel and experience them? Is it getting better or worse? Where are we headed if we just keep doing what we are doing now? Waterbury examined quantitative data as well as qualitative data through a community prioritization process that included over 242 parents and caregivers. (see appendix)

> **HEADLINE INDICATORS**
> Rate of children aged 0-18 abused or neglected.
> % of Waterbury children living in poverty - i.e., under 185% of the FPL.
> % families who are at or above CT Self Sufficiency Standard

"It's difficult to follow our child's progress without the information in our native language."
Waterbury public schools report 36 different languages spoken in homes and 30% of students do not speak English at home.

"It takes a village to raise our kids"- it is important to get our neighbors support."

"Some parents do not know where to go to get informative services."

"Families need a central location in their neighborhood where they can go for services and information."

Children of poverty are more likely than other children to live in a single parent household with low level of parent education and involvement.

27% of children live in a household in which the mother has low levels of parent education.

Parents say *"word of mouth and trusted local friends and relatives are the most reliable sources."*

So we need to:

- Create neighborhood hubs.
- Improve Waterbury's parent opportunities and skills to get them involved.

STRATEGIES TO TURN THE CURVE –
Family Engagement

All families have information, skills and support needed to fulfill roles as their child's first teacher, no matter the child's age.

Goal A: Develop a strong network of neighborhood-based family hubs that provide information, parent education, and access to services.		

Year 1	Years 2-3	Years 4-5
Action Step: *Develop joint plan for neighborhood family hubs.*		
• Hub System designed and funds secured for start-up. • 5 initial family Hubs designated within existing organizations.	• Expand Family Hub network to 10 hubs. • At least 1 Parent Network formed in each neighborhood with low-income families.	• Fully functioning Family Hub network established; Family Hub exists within 15-minute walk of all families at risk of arriving to school not ready.
Action Step: *Ensure that 3 new Pre-K through Grade 8 schools have staffed Family Resource Centers, with space for partner agency staff.*		
• Work with Waterbury Public Schools to incorporate the Centers into the school designs and budgets.	• Monitor final design and construction. • Create Center operations plans.	• Family Resource Centers established in 3 new schools.
Action Step: *Design and launch a joint parent initiative network to encourage parent learning and peer support at neighborhood level.*		
• Parent network initiative designed and launched.	• At least 1 parent network formed in each neighborhood with low-income families.	• 2-3 parent networks formed in each neighborhood with low-income families.
Action Step: *Engage more parents, caregivers, and the community in community-based literacy-improvement initiatives, 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.
Action Step: *Partner with 2-1-1 to ensure local agency personnel have full understanding of 2-1-1 and 2-1-1 Child Development Info-line as a resource for themselves and parents with whom they work.*		
• 50 agency personnel trained in comprehensive use of 2-1-1.	• 150 agency personnel trained in use of 2-1-1.	• New agency personnel trained in use of 2-1-1
Action Step: *Update and disseminate Waterbury Youth Service Provider Directory that includes "Out-of-School Time" Programs at family hubs.*		
Action Step: *Advocate for increased opportunities for intergenerational activities.*		
Action Step: *Through advocacy and awareness, work to decrease fear of or uncertainty about social service organizations, and advocate for culturally-sensitive messages within the community that "it is okay to ask the community for help."*		

STRATEGIES TO TURN THE CURVE –
Family Engagement (con't)

Goal B: Provide consistent support services to families served by: Infant-Toddler care providers and preschool early care & education sites; elementary, middle, and high schools; and community agencies and programs.		
Year 1	**Years 2-3**	**Years 4-5**
Action Step: *Develop a plan to ensure that qualified, cross-trained family service workers are available to all early care programs. This will require partner recruitment, finance plan, and standards developed.*		
• 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.
Action Step: *Train staff working with families for skills in family development and referral protocols in the service system, to include school-based parent liaisons and all home providers so they can make effective referrals 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.
Action Step: *Expand and replicate proven 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.
Action Step: *Raise community awareness about the need for increased number of translation services that allow families to communicate with school personnel and agency/organization personnel.*		
Action Step: *Share information on family-and parent-involvement "best practices" across a variety of agencies/organizations and funders on an ongoing basis.*		
Action Step: *Increase awareness about the 40 Developmental Assets and the common language it provides among parents and families through training and workshops by WPPB.*		

STRATEGIES TO TURN THE CURVE –
Family Engagement (con't)

Goal C: Reach families with information and personal contact to deliver child health and development messages.		
Year 1	**Years 2-3**	**Years 4-5**
Action Step: *Create community message campaign to coordinate child health and development messages and materials across community-outreach efforts and providers that would enable residents, parents, and caregivers and other stakeholders to make informed decisions.*		
• 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.	• Message campaign launched. • Messages delivered through multiple channels.	• Campaign continued and refined as warranted based on review.
Goal D: Waterbury parents have the opportunity to exercise leadership.		
Action Step: *Develop a culturally-competent plan to expand parent leadership training opportunities for improved parent engagement in ongoing planning and implementation. Tasks will include:* • Offering organizational training regarding "true" parent engagement. • Holding multiple community round-table discussions in native languages. • Disseminating translated plans to reflect community's language needs. • Conducting needs assessment regarding parent desires for leadership training.		
• Plan to expand parent leadership training developed. • 20 parents will receive formal training.	• 40 parents will receive formal training each year.	• 60 parents will receive formal training each year.
Action Step: *Invite parent representation on a long term basis to WPPB, WSRC, and other community boards and neighborhood hubs.*		

Secondary Indicators:
- % Average Daily Attendance in School
- % of Mothers Giving Birth Without a High School Diploma
- District Improvement Plan (DIP) Measure of Parental Involvement in School

PARTNERS - Family Engagement

The success of this plan will rely on deep cooperation and coordination of partners. Partners include both those within Waterbury and within the surrounding communities.

Partner Name	Partner Type				
	Hub Partners (Hub Locations)	Potential Hub Sites	Planning Partners	Content Partners	Potential Financial Resources
Parent Leadership Training Institute				✓	
Catholic Charities	✓			✓	
Literacy Volunteers				✓	
New Opportunities				✓	
CT Community Foundation					✓
CT Health Foundation					✓
Leever Foundation					✓
Family Services & Sprague Unity Network (SUN)	✓	✓		✓	
WOW Rec Center		✓			
Berkeley Warner Rec Center		✓			
Parents & Caregivers			✓		
Parent Leadership Training Institute			✓		
PPB			✓		
SRC			✓		
WPS			✓		
Catholic Charities			✓		
Family Services & SUN			✓		
Covenant to Care			✓		
Easter Seals			✓		
Literacy Volunteers			✓		
New Opportunities			✓		
Silas Bronson Library			✓		
Together We Shine			✓		
Waterbury Hospital			✓		
Waterbury Youth Services			✓		

CHILD HEALTH & DEVELOPMENT

Dr. Alex Geertsma, Saint Mary's Hospital, shared that the essential message from "Neurons to Neighborhoods states that early experiences affect the development of the brain and lays the foundation for intelligence, emotional health, moral development, and even long-term economic success of the individual. The healthy early development depends on nurturing and dependable relationships and how young children feel is as important as how they think, particularly with regard to school readiness. Therefore, early childhood education programs need to address the emotional well being of their children at the same time that they focus on their learning attainment. This means that teachers and workers in such programs must attend to children's social and emotional development within their centers, but also, if at all possible, help parents optimize their home emotional and social environments. This argues for a partnership between early childhood educators and workers, the family, and the overall community (Dr. Geertsma)."

It is critical that Waterbury address health access for all (13,400) children from birth to age eight. The science is clear that the environment and caretaking to which children are exposed in their earliest years of life have a tremendous impact upon their brain development and later success in school and life.

To help move us toward our population result this section articulates:
What are the most important health indicators?
What is the story behind the curve?
What are the strategies the community identified to turn the curve?
What activities will occur?
What partners we need?

15

Indicators - Child Health & Development

Indicators are measures that help quantify the achievement of a population results. They answer the question "How would we recognize these results in measureable terms if we fell over them?"

Waterbury has choosen three major indicators to track the health and development of Waterbury's children and to ensure that they enter and continue in school healthy, nourished and ready to learn. The first headline indicator is the percent of birth to teen moms. The second headline indicator is the percent of Waterbury children living in poverty. The third is the percent of children enrolled in HUSKY.

Births to Teen Moms

Healthy kids make better students. A number of avoidable behaviors put the health of young people at risk. Addressing adolescent health determinants especially behaviors that put young people at risk, like teen pregnancy remains a challenge. Teen pregnancy can impact student's capacity to excel in school and can be a contributing factor in decreasing high school graduation rates. Though the nation has seen a drop in teen pregnancy rates, 43 per 1000 girls, 15-19 years old, are getting pregnant. Waterbury clearly has a significant problem with teen pregnancy and adolescent childbearing. In each of the five years examined here, Waterbury's percentage of births to teens was near double, that of the statewide average. Waterbury is a community in need of teen pregnancy and adolescent childbearing prevention services (CCSSO).

4) CONNECTICUT TEEN PREGNANCY[9,10]

Birth rates have declined signficantly for teenagers 15-19 years of age from 1991 to 2002; the birth rate has declined by 30 percent in the U.S. Rates are per 1,000.

CONNECTICUT	1991 rates[9]	2002 rates[10]	2002 National rates[10]
15-17 years	26.3 per 1,000	14.1 per 1,000	23.2 per 1,000
18-19 years	59.4 per 1,000	45.1 per 1,000	72.8 per 1,000
15-19 years	40.4 per 1,000	25.8 per 1,000	43.0 per 1,000

The most recent data available on birth rates by ethnic origin were reported in 2002. Only national rates were available by ethnicity. Rates are per 1,000 women.

RACE	American Indian/ American Native[10]	Asian/ Pacific Islander[10]	Black[10]	Hispanic[10]	White[10]
15-19 years	53.8 per 1,000	18.3 per 1,000	66.6 per 1,000	83.4 per 1,000	28.5 per 1,000

Poverty

There are an estimated 13,400 children under age eight in Waterbury. "Risk factors" (poverty, single parent, non-English speaking parents with less than a high school diploma) identified by the Governor's Early Education Cabinet impact children's success in school. In Waterbury, 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 and more than 47% of Waterbury families with children are headed by single parents. Also, more than 30% of the population does not speak English at home (Blueprint).

% of All Families with Children Headed by Single Parents
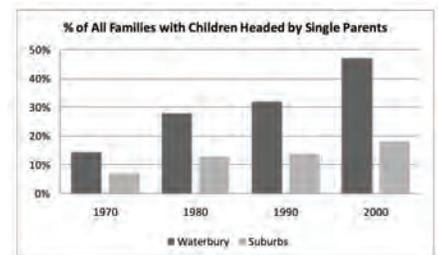
HUSKY

Regular access and effective use of comprehensive health services promotes the healthy growth and development of young children. The US Census Bureau estimates that 49,000 Connecticut children under 18 were uninsured for the entire year in 2006, or 6.0% of all Connecticut children. An estimated 29,000 Connecticut children under 19 who lived in families with income at or below 200% of the federal poverty level (FPL) were uninsured. Virtually, all these children are income-eligible for coverage in the HUSKY Program; though one in four Connecticut children is currently enrolled in HUSKY. (CT Voices for Children).

16
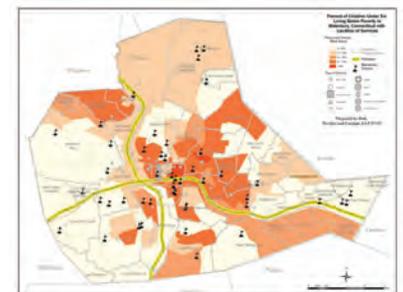
Story Behind the Curve - Child Health & Development

The story behind the curve tells us what the root cause of these current trends and the indicators that will help us recognize these results in measureable terms. The "story" sets the stage to understand why these trends are happening? What would these conditions look like if we could see them, feel and experience them? Is it getting better or worse? Where are we headed if we just keep doing what we are doing now? Waterbury examined quantitative data as well as qualitative data through a community prioritization process that included over 242 parents and caregivers. (see appendix)

HEADLINE INDICATORS

\# of Births to Teen Moms

Poverty Rate

% of Eligible children enrolled in HUSKY plan

"Doctors do not take insurance and do not have openings. You are on the list for a long time." We need to address health access for all (13,400) children from birth to age eight.

"We need to address quality verse quantity of healthcare."

We need to acknowledge that the health community has many initiatives designed to improve services to families and children but the community needs to understand how these programs fit together into an overall community-wide approach.

Access is a problem- "clinics are only open when I am at work and transportation is limited."

"We should not have to keep switching doctors and dentists."

It is important to acknowledge that there is sufficient pediatric primary-care resources available in the community, but not enough pediatric dentists and child mental-health specialists.

"It is important to reduce the care given through the emergency department, because families need a primary-care provider or practice that knows their family."

So we need to:

- Ensure that children in our community have access to basic quality medical and dental care.

- Offer specialty medical and dental services to those who need it and ensure Waterbury children benefit from community programs that promote wellness.

STRATEGIES TO TURN THE CURVE –
Child Health & Development

Waterbury children and youth enter and continue in school healthy, nourished and ready to learn.

Goal A: Ensure all Waterbury children and youth have access to primary medical and dental care.		
Year 1	**Years 2-3**	**Years 4-5**
Action Step: *Develop a longitudinal plan to ensure access to health service to all schools by:* • Expanding school-based health clinics. • Using other strategies involving school nurses offices.		
• 1 school-based health clinic established in existing school. • School-based health clinics included in plans for 3 new schools.	• Bug-in and participation of primary-care pediatricians in collaborative process with school-based clinics.	• School-based health clinics opened in 3 new schools as they are completed. • Full integration of school-based health-care programs into the mainstream of the pediatric medical system.
Action Step: *Ensure that all eligible Waterbury families have health insurance by:* • Increasing HUSKY enrollment and renewal rates through better coordination of HUSKY outreach services. • Increase caregiver's awareness of agencies eligible to enroll families and review cases – e.g., "family hubs," FRCs, pediatric offices, clinics, ER. • Making insurance eligibility a standard question on all points of service for families to increase enrollment.		
• Measures to increase HUSKY enrollment implemented.	• 85% of eligible children enrolled in comprehensive high-quality medical insurance as a present state HUSKY plan.	• 90% of eligible children enrolled in comprehensive high-quality medical insurance such as present state HUSKY plan.
Action Step: *Recruit members of the Waterbury health community to serve on the BTS Board and be active participants and liaisons with the health community.*		

STRATEGIES TO TURN THE CURVE –
Child Health & Development (con't)

Goal B: Ensure Waterbury children from birth to age twenty-one receive quality comprehensive medical and dental services.		
Action Step: *Promote the adoption of a comprehensive, consistent-care model by all pediatric primary-care providers, with care coordination as required to achieve this. Tasks will include:* • Continuing to use monthly meeting of pediatric providers to connect to current education, information, and outreach efforts – e.g., Easy Breathing, behavioral screening, managing medications, and insurance reimbursements. • Developing means to share coordination of care across providers. • Advocating for changes needed in reimbursements to support comprehensive care. • Developing recurring city-wide forums covering child-health topics for caregivers. • To increase utilizing nationally-recognized quality measures for "medical home" performance or children and youth with special healthcare needs to increase quality and access.		
• 50% of pediatric primary-care providers working toward comprehensive, care-coordinated approach.	• 75% of Waterbury children are consistently connected to a practice providing comprehensive, prevention care and comply with scheduled well-child visits • 70% of pediatric primary-care providers conduct formal developmental screenings using valid instruments and offer referral services. • Resources available to provide quality care with care coordination as needed.	• 85% of Waterbury children are consistently connected to a practice providing comprehensive, prevention care and comply with scheduled well-child visits. • 90% of pediatric primary-care providers conduct formal developmental screenings using valid instruments and offer referral services.
Action Step: *Pursue system improvements to enhance health care services. Tasks will include:* • Linking emergency room users to private providers and clinics for follow-up. • Developing protocols for serving new patients who show up at the ER. • Advocating for electronic medical records and optimal data tracking. • Researching options for access to multi-lingual after-hours care. • Obtaining better data through use of school forms/other records. • Advocate for state and national private and public "pay for performance" to improve performance process.		
• Prioritize system improvements through proposed Children's Health Roundtable.	• Implement feasible system improvements, which are subject to local control.	• Continue implementation.

STRATEGIES TO TURN THE CURVE –
Child Health & Development (con't)

Goal C: Waterbury children of all ages receive specialty medical and dental service, as needed, and benefit from community health and wellness initiatives.		

Year 1	Years 2-3	Years 4-5
Action Step: *Identify children with behavioral health needs and refer to follow-up services. Tasks will include:*		
• Promoting social-emotional screening in pediatric practices using a uniform, valid assessment tool. • Improving connections between pediatric practices and behavioral health (BH) professionals. • Offering professional development on behavioral health topics for early-childhood care providers and other health providers. • Working with state behavioral health partnership to expand availability of BH services. • Investigating and/or expanding the use of a multi-disciplinary team to coordinate services both inside and outside of the home environment. • Piloting BH screening, identification, and follow-up in school(s) and neighborhood hub(s).		
• Baseline rate of screening and links to behavioral health and developmental services determined. • Awareness of need for formal screening increased.	• Rate of behavioral issues in preschools and K-3 grades reduced. • Rate of screening for behavioral health and developmental issues and link to services increased across all providers.	• Continuing improvement in years 2-3 results.
Action Step: *Provide dental care access for all children in Waterbury through efforts of Oral Health Collaborative. Tasks will include:*		
• *Continuing to expand SmileBuilders program to the four remaining elementary schools in Waterbury that are not yet served and pursue expansion to other schools and hubs.* • *Training teachers annually on oral-health prevention by using Smile Builders kits to increase understanding need for good oral health.* • *Embracing a community report card on oral health for children ages 3-8 to document the effectiveness of the intervention and improved access.* • *Expanding availability of the Open Wide curriculum for pediatric health providers.*		
• Community report card for oral health released. • Open Wide reaches all pediatric providers. • SmileBuilders reaches all elementary schools.	• Expanded provider network for dental care. • Rate of dental caries reduced. • SmileBuilders sustained, reaches all schools. • All teachers trained.	• SmileBuilders sustained.
Action Step: *Promote effective asthma-related management to reduce unnecessary asthma hospitalizations. Tasks will include:*		
• Continuing and expanding Easy Breathing Program to reduce asthma-related hospitalizations. • Developing asthma follow-up procedures between ER and other care providers and patients.		
• Follow up procedures across providers in place. • Baseline participation and outcomes established.	• Unnecessary asthma hospitalizations reduced significantly.	• Reductions sustained.
Action Step: *Advocate for and raise awareness about opportunities for outdoor activities/exercise for families.*		
Action Step: *Collaborate with schools and neighborhood initiatives to address safety concerns and needs.*		
Action Step: *Offer information about healthy living at multiple school, community, agency, or "family hub" sites.*		

Secondary Indicators:
• # of School Based Health Clinics
• Teen Pregnancy Rate
• % of Incoming Kindergarten Students with up to date Immunizations
• % of incoming Kindergarten Students with up to date Dental Care

PARTNERS - Child Health & Development

The success of this plan will rely on deep cooperation and coordination of partners. Partners include both those within Waterbury and within the surrounding communities.

Partner Name	Partner Type		
	Service Provider Partners	Planning Partners (includes Service Providers	Technical/Service Providers:
Wellpath & ChildFIRST	✓		✓
Staywell Health Center	✓		✓
Family Services	✓		
Girls, Inc.	✓		
Waterbury Oral Health Collaborative	✓		
Dr Geertsma from St. Mary's Hospital Department of Pediatrics			✓
Parents & Caregivers		✓	
SRC		✓	
WPS		✓	
FFP		✓	
Covenant to Care		✓	
Together We Shine		✓	

EARLY CARE AND EDUCATION

"The environment and caretaking to which children are exposed to during their earliest years of life have a tremendous impact on their brain development and later success in school and life. Poverty, inadequate healthcare, limited parental education, abuse, neglect and living in a single parent or non-English speaking household also places children at risk of being behind their peers early and never catching up. However the research shows that the risk factors can be counteracted if the children have access to high quality early care experience. For at risk children, effective early childhood programs can yield returns to society of $17 for each dollar invested, measured by the lessened need for special education services, lower grade retention rates, increased high school graduation rates, lesser involvement in the criminal justice system and so on." (CT Voices For Children).

Quality early care and education services play a 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 (which need to range from Infant-Toddler Care to after-school care).

To help move us toward our population result this section articulates:
What are the most important early care and education indicators?
What is the story behind the curve?
What are the strategies the community identified to turn the curve?
What activities will occur?
What partners we need?

Indicators - Early Care & Education

Indicators are measures that help quantify the achievement of a population results. They answer the question "How would we recognize these results in measureable terms if we fell over them?"

Waterbury has chosen three major indicators to track the results of our smallest citizens and ensure children have access to high-quality early care and education services from birth to eight years, thus setting the stage for lifelong advantages. The first headline indicator is the percent of Waterbury students who enter kindergarten with a preschool experience. The second headline indicator is the percent of Waterbury students who score proficient on the Connecticut Mastery tests (CMT) by grade three. The third headline indicator is the percent of children who live in a household in which the mother has not completed high school.

Preschool Experience

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 increased. 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%.

Percent of Kindergarten Children who Attended a Preschool Program in the Previous Year

Source: Strategic School Profiles — Waterbury ◆ State ●
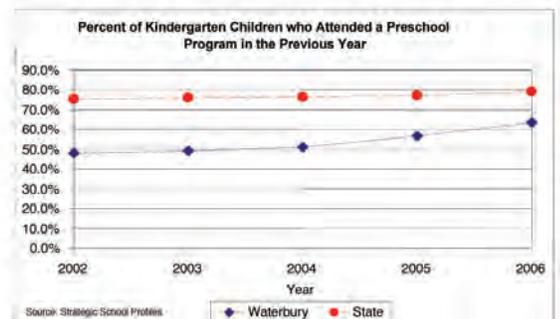
4th Grade CMT Scores

Of 1,380 4th graders tested, 36.7% were at/above goal in reading in 2009. Although the scores are up from 31.9% in 2008, this is well below the state wide rate of 60.7%. In addition, 45.8% scored at/above goal in writing compared to 44.9% the previous year. Finally, 45.1% scored at/above goal in math compared to 43.4% the previous year.

Mothers Education Attainment

Risk factors that put children in these families at greater risk of being behind when starting school is the level of a mother's educational attainment. 27% of Waterbury children live in households which the mother has not completed high school. Homes that tend to have mothers with lower educational attainment tend to have lower incomes and are less likely to find jobs with the flexibility to easily handle child care responsibly.

Waterbury CMT Results in Reading Grade 3, 2007, by Group

■ Below Basic ● Proficient
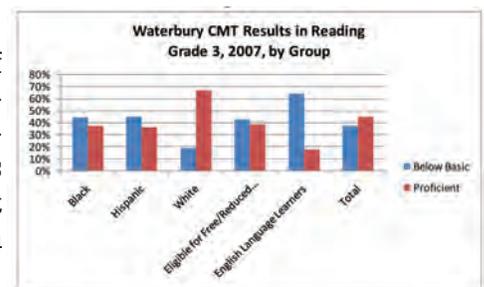
Story Behind the Curve - Early Care & Education

The story behind the curve tells us what the root cause of these current trends and the indicators that will help us recognize these results in measureable terms. The "story" sets the stage to understand why these trends are happening? What would these conditions look like if we could see them, feel and experience them? Is it getting better or worse? Where are we headed if we just keep doing what we are doing now? Waterbury examined quantitative data as well as qualitative data through a community prioritization process that included over 242 parents and caregivers.

HEADLINE INDICATORS

Access to PreSchool (gap between eligible 3-4 year olds and spots available)
% of 4th Grade Students at or above CMT goal
% of Mothers giving birth who do not have a High School Diploma

---

"Parents and families are a child's first and foremost teachers. Parents need more information about how to get involved in K-3 and how to educate their children. Parents need a homework refresher course book at the library."

Early childhood development is crucial to getting the results (example: ready for workforce).

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.

"I do not want my children to make the same mistakes their parents made."

"Research shows that the qualifications of teachers are the most significant factor in helping children achieve school success"

An additional 600 preschool spaces are needed to meet the full demand for these services

"For many Connecticut families with young children, child care is more expensive than any other necessity."

United Way records for Connecticut actually show that the average monthly cost of childcare has increased by 3.6% between 2000-2008.

So we need to...

- Expand the supply of Early Care and education programs and services.
- Enhance instruction and family involvement in kindergarten through grade three.

STRATEGIES TO TURN THE CURVE –
Early Care & Education

All children, including those with special needs, have access to high-quality care and education services from birth to year years, thus setting the stage for lifelong advantages.

Goal A: Expand supply of quality preschool spaces based on NAEYC accreditation.		
Year 1	**Years 2-3**	**Years 4-5**
Action Step: *Create a recruitment plan that addresses the barriers in accessing existing preschool slots. Tasks will include:* • Determining parent's needs for preschool (length of day, length of year, locations, etc. • Developing a plan for program expansion and adequate facilities to meet defined community needs.		
• Family recruitment plan developed to address barriers to access. • Initial initiation of improvements for September 2008. • Parents' needs assessment completed.	• Full implementation of recruitment plan. • Parents' needs assessment updated.	• Full implementation of recruitment plan. • Parents' needs assessment updated.

Goal B: Expand supply of NAEYC and Head Start accredited Infant-Toddler spaces among child care providers.		
Action Step: *Sustain and expand efforts to train and support additional family-based child-care providers.*		
• 30 additional family child-care providers trained.	• 30 additional family child-care providers trained annually.	• 50 additional family providers trained annually.
Action Step: *Develop plan to expand quality Infant-Toddler spaces to meet defined community needs.* • Determine parent's needs for Infant-Toddler Care.		
• Plan developed to increase affordable and accessible center-based Infant-Toddler spaces.	• 50 additional quality, affordable and accessible Infant-Toddler spaces in center-based programs.	• 50 additional quality, affordable Infant-Toddler spaces created in center-based programs.

STRATEGIES TO TURN THE CURVE –
Early Care & Education (con't)

Goal C: Improve quality of early care through expanded curriculum resources and professional development opportunities.		
Action Step: *Create a central Early Care & Education office to offer and coordinate professional development, resources, and support. Tasks will include:* • *Providing support to Centers for accreditation process through available resources.* • *Developing vehicles for professional development at all levels.* • *Expanding professional development and support for family-based providers.*		
• Early Childhood Professional Development Plan is completed and staff secured. • Implement professional development plan. • 250 Early Care and education providers and educators will receive professional development through unified plan. • 50 licenses Family Care providers and Kith & Kin providers will receive curriculum support and participate in professional opportunities. • Early Care and education providers will receive information on accreditation options and/or referral for support. • Directors Network established. • Learning communities launched. • 50 Licensed Family Care providers and Kith & Kin providers will receive curriculum support and participate in communitywide professional opportunities.	• 250 Early childhood educators will access professional development resources at least two times per year. • 60 licensed Family Care providers and Kith & Kin providers will receive curriculum support and participate in professional opportunities. • All Centers participating in School Readiness Program will maintain appropriate accreditation. • The percentage of Infant-Toddler spaces in accredited Centers will increase from 48% to 60%. • Learning communities sustained. • Continue and expand work with family-based providers.	• 250 early childhood educations will access professional development resources at least two times per year. • 70 licensed Family Care providers and Kith & Kin providers will receive curriculum support and participate in professional opportunities. • All Centers participating in School Readiness Program will maintain appropriate accreditation. • The percentage of Infant-Toddler spaces in accredited Centers will increase to 75%. • Learning communities sustained. • Continue and expand work with family-based providers.
Action Step: *Create an early childhood professional development plan for the community.*		
Action Step: *Encourage Infant-Toddler and School Readiness providers to voluntarily use standards of quality care, incorporating the infant Toddler Environmental Rating Scale (ITERS) and other standard assessments.*		
• Cadre of professional in Waterbury trained to do ITERS, provider peer support and consultation, technical assistance, and other resources and support.	• Train professionals deployed to field.	• Continue success and measurement.
Action Step: *Establish a committee to determine local interest in and feasibility of establishing an Early Care and Education bachelor's degree program in Waterbury by bringing local/regional institutions to the table – e.g., UCONN, Post University, and NVCC.*		
• 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.
Action Step: *Continue/expand existing efforts to address disparate compensation levels – e.g., 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.

Draft

Goal D: Establish a comprehensive kindergarten transition process to support children, families and educators.		
Action Step: *Develop and implement a plan for successful kindergarten transition for Waterbury.*		
• WPS/Community Kindergarten Transition Plan developed for Fall 2008 implementation. • Secure funding for Kindergarten Transition Coordinator to undertake implementation tasks.	• Teacher report "significant improvement" in 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.

Goal E: Enhance instruction and family involvement in kindergarten through grade three.
Action Step: *The Waterbury Public Schools has developed a District Improvement Plan for 2008-2011 that defines goals that will drive strategies to improve instruction in all K-3 classrooms. The District's "Tier I indicators" will be measures to assess progress toward their goals. The District Improvement Plan is focused intently on the District's "Tier II Indicators" – i.e., strategies to increase literacy and numeracy levels in all schools across the district. These actions steps are to:* • Create and implement a district-wide professional learning community system to improve the achievements by all students in core subject areas, particularly literacy and numeracy. This will be supported by enhanced data capability and processional development opportunities. • Provide additional prescriptive instructional support systems to address the needs of students identified as "below proficient" in literacy and numeracy. • Implement a continuum of positive intervention strategies to address student problem behaviors. • 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 district family surveys. • Investigate and design the restructuring of schools to address the academic needs of all students. • Fill all vacant positions with high-quality teachers as early as possible, and retain only those teachers who demonstrate superior performance. *The District Improvement Plan includes detailed strategies and timelines for achieving district goals. 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 strategies related to family success and child health in our Integrated Plan for Waterbury Children & Youth extend from the prenatal period through age eight, thereby supporting the work of the Waterbury public schools in their instructional programs and engagement work.*

Secondary Indicators:
- % of Kindergarten Students who Attended Public or Private Pre-School
- # of Children Assessed as Ready Through a Valid Kindergarten Assessment or Preschool Exit Assessment

PARTNERS - Early Care & Education

The success of this plan will rely on deep cooperation and coordination of partners. Partners include both those within Waterbury and within the surrounding communities.

Partner Name	Partner Type			
	Service Provider Partners	Planning Partners (includes Service Providers)	Cultural and Literacy	Financial
Hispanic Coalition		✓	✓	
Concerned Black Clergy			✓	
LitLinks - CCF				✓
MacDermid, Inc.				✓
Overcomers of the World Ministry			✓	
Naugatuck Savings Bank Fund				✓
Waterbury Public Schools (WPS)	✓			
Catholic Charities	✓			
YMCA	✓			
New Opportunities	✓			
Easter Seals	✓			
Family Services	✓			
Waterbury Youth Services	✓			
Parents & Caregivers		✓		
SRC		✓		
SRC School Collaboration Committee		✓		
Covenant to Care		✓		
Silas Bronson Library		✓		
Staywell Health Center		✓		
Family Focus Partnership		✓		
Together We Shine		✓		
Wellpath/ ChildFIRST		✓		
United Way		✓		

POSITIVE YOUTH DEVELOPMENT

"Youth Development means purposely seeking to meet youth needs and build youth competencies relevant to enabling them to become successful adults. Rather than seeing young people as problems, this positive development approach views them instead as a resource and builds on their strengths and capabilities to develop within their own community. To succeed youth must acquire adequate attitudes, behaviors and skills. Youth development programs seek to build competencies on the following areas: physical, social, cognitive, vocational, and moral. (Building Resiliency, pg 11-14)

Young people need safe, structured places and links to basic services that if absent, can prevent them from learning and developing. They need high quality instruction. But they also need personal attention, strong respectful relationships with adults; culture of peer support, clear rules, high expectations and real assessment; and challenging experiences and opportunities for self direction, participation and contribution within organization and the community. (Promoting Positive Youth Development as a support to academic achievement, pg executive summary)

To help move us toward our population result this section articulates:
What are the most important positive youth development indicators?
What is the story behind the curve?
What are the strategies the community identified to turn the curve?
What activities will occur?
What partners we need?

Indicators - Positive Youth Development

Indicators are measures that help quantify the achievement of a population results. They answer the question "How would we recognize these results in measurable terms if we fell over them?"

Waterbury has chosen two major headline indicators to track our results for Positive Youth Development. The first indictor is the number of Developmental Assets that Waterbury youth report. The second indicator is the percent of students graduating from high school.

The Number of Developmental Assets that Waterbury youth report
The Search Institute has surveyed more than 200,000 students in grades 6 through 12 to determine the relationships between assets and types of behaviors- both risky and thriving behaviors. The study found that the more assets students report having, the less they report that they're involved with risk taking behaviors such as drug and alcohol use, violence, delinquency, sexual activity, depression and suicide. Basically, the more developmental assets a young person reports having the less likely he or she is to get into
trouble. Also, the more assets young people report having, the more likely they are to report that they succeed in school and maintain good health.

On average, the common student has 19.3 assets. Ideally all young people would have between 31 to 40 assets, but only 9% of students surveyed nationally have more than 30 of the 40 assets. Nearly one out of every 7 students surveyed nationally has 10 or fewer assets. Research consistently finds that young people possess, on average, less than half the assets. This is why it's important to build Developmental Assets for and with young people.

Graduation Rates from High School
Waterbury had a total enrollment of 18,304. 12.4% of the students were not fluent in English and 73.3% were minority students. The graduation rate is 83.2% in 2007 compared to the annual drop out rate of 1.5% in 2006/2007. Only 12.4% of the 2007 graduating class is pursuing higher education. An important indicator is graduation rates from high school.

Story Behind the Curve - Positive Youth Development

The story behind the curve tells us what the root cause of these current trends and the positive youth development indicators that will help us recognize these results in measureable terms. The "story" sets the stage to understand why these trends are happening? What would these conditions look like if we could see them, feel and experience them? Is it getting better or worse? Where are we headed if we just keep doing what we are doing now? Waterbury examined quantitative data as well as qualitative data through a community prioritization process that included over 242 parents and caregivers. (see appendix)

> **HEADLINE INDICATORS**
> % of Students at or above CMTs in 4th grade
> # of Developmental Assets that Waterbury youth report having
> % of Waterbury students graduating from High School

"Kids need things to do in the summer. They are too young to work, but they can volunteer. Kids can't sit at home. They need to be engaged and involved."

"Out-of-school-time should consist of: sports, clubs, reading/writing clubs, educational, etc."

"We need more after school programs that are low/no cost."

"40 Developmental Assets are great because they are a City wide initiative."

"Active kids stay out of trouble. This is especially important in Middle School and High School."

"Park and Recreational Centers need programs where kids learn skills."

"We need to identify the skills that special needs children have so that we can help them get into the workforce."

"We need out-of-school-time activities, because there are no places for kids to go; no jobs; kid's hangout and get in trouble; activities not only need to be after school but during vacations and need to be affordable; and they need to give opportunities to explore other options."

> **So we need to:**
>
> - Spread local use of the "40 Developmental Assets" as community wide standards for guiding and intervening with youth as they grow up.
>
> - Increase the number of out-of-school-time opportunities so that all area youths, including those with special needs, can participate in safe, wholesome activities outside of school and home, to include supervised youth employment.

STRATEGIES TO TURN THE CURVE –
Positive Youth Development

Waterbury children and youth develop positive values and behaviors, and are engaged members of the community as they move toward becoming independent adults.

Goal A: Increase knowledge about the 40 Developmental Assets in all sectors of the Waterbury community so a variety of adults can help young people make successful transitions to adulthood, through clear, consistent goals for their development.
Action Step: *Provide 40 Developmental Asset trainings, as needed, to meet community needs.*
Action Step: *Conduct outreach activities to all local schools and PTAs to engage parents in learning about the 40 Developmental Assets including training in multiple languages.*
Action Step: *Provide technical assistance to local programs, agencies, etc. to assist them in embedding the 40 Developmental Assets into their programs and curricula.*
Action Step: *Work with agencies to provide life and character education skills – e.g., problem solving, understanding the consequences of decisions, avoiding risky behavior, and peer relationships.*
Action Step: *Engage youth in spreading the "Assets" message to adults and other youth*
Action Step: *Reach out to local business, faith-based, and higher-education communities, as well as local policy and decision makers to incorporate assets in decision making.*
Action Step: *Assess and evaluate asset development growth for middle and high school students in Waterbury schools by conducting the Search Institute survey every 3 years.*
Action Step: *Explore, select, and implement multiple strategies for collecting data regarding Waterbury youths' acquisition of Developmental Assets.*

Goal B: Provide increased number of out-of-school time activities that engage youth in learning, and foster positive relationships among youth and adults as well as among youth and their peers.
Action Step: *Increase the number of youth participating in out-of-school time and recreational activities.*
Action Step: *Secure additional funding for out-of-school time programs/activities.*
Action Step: *Conduct educational campaigns for policy makers on the value of positive youth development.*
Action Step: *Increase the number of youth involved in civic engagement that hold leadership or decision making positions on community organization committees or boards.*
Action Step: *Increase the number of youth who volunteer in the community.*
Action Step: *Explore additional opportunities for supervised youth employment.*
Action Step: *Support the creation and implementation of specialized programs that address topics such as: teen pregnancy prevention, alcohol, tobacco, and other drug (ATOD) prevention, domestic violence prevention, and support for youth, etc.*
Action Step: *Increase the number of mentors and mentor relationships within Waterbury – plans or this need to be further developed*

Secondary Indicators:
- % Average Daily Attendance in School
- Teen Pregnancy Rates
- Truancy Rates
- Juvenile Justice Arrest Rates

PARTNERS - Positive Youth Development

The success of this plan will rely on deep cooperation and coordination of partners. Partners include both those within Waterbury and within the surrounding communities

Partner Name	Partner Type			
	Volunteers and Partners	Potential Funders	Service Partners	Planning Partners (also includes Service Partners)
WPPB	✓			✓
Police Activity League (PAL)	✓		✓	
YMCA			✓	
Nutmeg Big Brothers Big Sister			✓	
CPEP			✓	
Carolyn's Place			✓	
Girls, Inc.			✓	
WPS	✓		✓	
SUN			✓	
Waterbury Youth Services			✓	
Waterbury Bureau of Parks & Recreation			✓	
Berkeley Warner Rec Center			✓	
WOW Rec Center			✓	
Waterbury Department of Public Works			✓	
Boys & Girls Club			✓	
Girl Scouts			✓	
Boy Scouts			✓	
ICES			✓	
Junior Achievement			✓	
CT Community Foundation		✓		

PARTNERS - Positive Youth Development (con't)

Parents & Caregivers				✔
Central Naugatuck Valley Regional Action Council				✔
MacDermid, Inc.				✔
Outcomers of the World Ministries				✔
Together We Shine				✔
Waterbury Hospital				✔
Wolcott Police Department				✔
CT Health Foundation		✔		
United Way		✔		
Leever Foundation		✔		
American Savings Bank Foundation		✔		

WORKFORCE DEVELOPMENT

"One of the biggest variations in the clusters of different pathways young people take to adulthood is in how involved they are with education or how far they have gone in educational attainment in the emerging-adult period. The completion of high school and occupational degree and certification requirements are indicators of educational success. They are powerful determinants of later adult occupational and socioeconomic status, as well as health and other personal outcomes in adult life. Successful emerging adults are on a path on which their post-secondary educational involvement is appropriate to the personal and career/work goals they have." (Successful young adult development - page 8)

To help move us toward our population result this section articulates:
What are the important work force development indicators?
What is the story behind the curve?
What are the strategies the community identified to turn the curve?
What activities will occur?
What partners we need?

Indicators - Workforce Development

Indicators are measures that help quantify the achievement of a population results. They answer the question "How would we recognize these results in measurable terms if we fell over them?"

Waterbury has chosen two major indicators that will help us know if Waterbury youth have the knowledge, skills and abilities necessary to enter and be successful in post-secondary educations, military services and/or the world of work. The first headline indicator is the percent of students scoring at least proficient on the CMT by third grade. The second headline indicator is the percent of Waterbury students graduating from high school.

10th Grade CAPT Scores
Of 1,060 10th graders tested, 23.1% were at/above goal in reading in 2009. Although the scores are up from 15.4% in 2008, this is well below the state wide rate of 47.5%. In addition, 32.2% scored at/above goal in writing compared to 29.4% the previous year. Also, 11.7% were at/above goal in science which was down from 15% the previous year. Finally, 15.1% scored at/above goal in math compared to 14.5% the previous year. These scores reflect Waterbury 10th graders being at least 50% below the state average on the 2009 CAPT test.
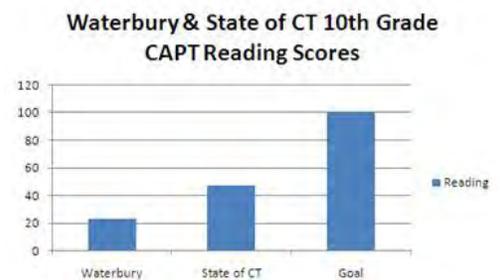
Waterbury & State of CT 10th Grade CAPT Reading Scores

Graduation Rates from High School
Waterbury had a total enrollment of 18,304. 12.4% of the students were not fluent in English while 73.3% were minority students. The graduation rate is 83.2% in 2007 compared to the annual drop-out rate of 1.5% in 2006/2007. 12.4% of the 2007 graduating class is pursuing higher education. Over 1,012 hours of high school instruction were delivered in one year costing a per pupil expense of $12,038.

Story Behind the Curve - Workforce Development

The story behind the curve tells us what the root cause of these current trends and the indicators that will help us recognize these results in measureable terms. The "story" sets the stage to understand why these trends are happening? What would these conditions look like if we could see them, feel and experience them? Is it getting better or worse? Where are we headed if we just keep doing what we are doing now? Waterbury examined quantitative data as well as qualitative data through a community prioritization process that included over 242 parents and caregivers. (see appendix)

> % of Students at or above CMTs in 4th grade
> % of Waterbury students graduating from high school

"Youth need to learn basic life skills such as how to balance a checkbook, money, financial, etc."

"We need to teach youth about relationships because not many have social skills with peers and adults."

"Drop out rate in high school is high. Kids drop out because they are bored. They need training for new skills and different learning styles. Kids are not bad kids, the schools don't support alternative learning."

"If children work, it can help pay for school items."

"Career counseling needs to go beyond school and current coursework. They don't expose kids to other options."

So we need to:

- Increase youths' awareness about career options by providing experiences (from a young age) that will help them make decisions about opportunities after high school.

- Ensure that our youth graduate high school (or alternative schools) ready to pursue their chosen career paths.

- Helping our youth to be ready with job skills needed for employment once they leave school.

37

STRATEGIES TO TURN THE CURVE –
Workforce Development

Waterbury youth have the knowledge, skills, and abilities necessary to enter and be successful in post-secondary education, military services, and/or the world of work.

Goal A: Increase youth awareness of higher education and career options.
Action Step: *Support and encourage programs/activities that expose children at elementary and middle school ages to various career and education opportunities.*
Action Step: *Support and encourage programs/activities that expose high school aged youth to other post-secondary options, including military and work.*
Action Step: *Support and encourage programs/activities that provide youth with job shadowing and entrepreneurial opportunities.*
Action Step: *Support and encourage program/activities that provide middle and high school aged youth with personal financial management skills trainings – i.e., working within a budget based upon income, managing checking account etc.*
Action Step: *Recognize partner agencies that provide Waterbury youth with above opportunities.*
Goal B: Ensure Waterbury youth graduate from high school ready for appropriate next steps.
Action Step: *District Improvement Plan strategies to be carried out by the Waterbury Public Schools.*
Goal C: Provide opportunities for youth and families to learn about college admissions and financial aid eligibility and procedures.
Action Step: *Raise student and family awareness and knowledge of local 2- and 4- year post-secondary institutions.*
Action Step: *Raise student and family awareness and knowledge of the admissions and financial aid procedures at post-secondary institutions.*
Goal D: Ensure Waterbury youth are ready with the job skills needed to actively pursue employment.
Action Step: *Advocate for increased opportunities to provide youth with skills necessary in the workplace- e.g., skills related to positive attitude, timeliness, performance/productivity, ability to relate to supervisors etc.*
Action Step: *Advocate for increased opportunities to provide youth with job-seeking skills such as resume writing, interviewing, and job search techniques.*
Action Step: *Increase awareness of career opportunities, especially local opportunities and the required knowledge, skills, and traits to fill those jobs.*

Secondary Indicators:
- % of Students at or Above Goal on CMT's in 8th Grade
- % Average Daily Attendance in School
- % Graduates Pursuing Higher Ed
- % Graduates Employed
- % Cumulative High School Drop Out Rates
- Truancy Rates
- % Over 16 in Labor Force
- % of Youth 18-24 in School or Employed Full time

PARTNERS - Workforce Development

The success of this plan will rely on deep cooperation and coordination of partners. Partners include both those within Waterbury and within the surrounding communities

Partner Name	Partner Type		
	Education Providers	Potential Funders	Planning Partners
WPS			✓
PPB			✓
Naugatuck Valley Community College			✓
Northwest Regional Workforce Investment Board			✓
Boys & Girls Club			✓
Easter Seals			✓
Family Services & SUN			✓
Girls, Inc.			✓
Granville Academy			✓
Morris Foundation			✓
Youth Health Service Corps (NWAHEC)			✓
Overcomers of the World Ministries			✓
Waterbury Hospital			✓
Waterbury Youth Services			✓
Junior Achievement	✓		✓
Northwest Regional Workforce Investment Board	✓		
Post University	✓		✓
UCONN Waterbury	✓		✓
University of Bridgeport	✓		✓
WestConn	✓		✓
Wilby High School	✓		✓
Naugatuck Valley Community College	✓		
CT Community Foundation		✓	
Leever Foundation		✓	
Naugatuck Savings Bank Foundation		✓	

DATA DEVELOPMENT AGENDA

The most important idea behind results based decision making is that we start with ends and work backwards to means. Data in the form of indicators is a method for being clear about ends. If ends can be described in measurable terms then there is less ambiguity about what progress looks like. Bottom-line, there can be more discipline to the business of getting there but sometimes there are additional population indicators, system measures, and common program measures that would be extremely useful for measuring progress but that cannot currently be reported.

Data is not the end-all and be-all of this work. There are other ways of describing desired results or end conditions of well-being which can serve as proxies for data until data can be obtained and used. This is temporary solution.

Implementation

ADVOCACY AGENDA

Over the last few years 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 Bridge to Success Policy Advisors 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 research and best available data).
- 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

1. 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.

2. Family Engagement
- 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 to families of preschool children at risk of not arriving to school ready

3. Health and Child Development
- 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.

4. Positive Youth Development
- To be determined

5. Workforce Development
- To be determined

FINANCE, RESOURCE MAPPING & ACCOUNTABILITY

Finance and Resource Mapping

A scan of all federal, state, and major philanthropic funding coming into Waterbury to support services to young children was conducted by the consultant. Overall, they identified more than $110 million dollars used to provide services to young children in Waterbury. 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 Department of Children and Families work in child protection ($13.3 million).

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.

These figures and the detailed database of funding used to generate **the chart referred to earlier** 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.

In addition, **resource mapping** has been completed. The project identified formal and informal resources and assets available to the residents of the City of Waterbury. The goal is to seek the answer to the RBA question "who are the partners that have a role to play in doing better?" The data is now being analyzed by Bridge to Success Committees and current resources will be aligned with the identified priority strategies that will help Waterbury "turn the curve."

FINANCE, RESOURCE MAPPING & ACCOUNTABILITY (con't)

We have a good amount of work to do but already local funders like the United Way of Greater Waterbury and The Connecticut Community Foundation are using the plan to make critical funding decisions for Waterbury.

Accountability

Waterbury is utilizing a Results Based Accountability (RBA) process to plan how to help children and youth birth through 21 succeed in school, work and life. RBA is a dicipline way of taking action to improve the quality of life in communities to show results.

At this point, Waterbury has identified five strategic areas which have associated indicators of success, strategies and action steps, system measures and cross-program system measures. This framework has been shared with the broader community for support, and the Bridge to Success Management Committee is now identifying the resources and assets already available to the City that will help achieve the desired goals. This would include identifying the lead entity and partners that will take responsibility for implementing the strategies and action steps to impact specifc indicators of progress.

In addition, we will develop an accountability system that will publicly and regularly report, 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.

GOVERNANCE

The planning group, in consultation with the mayor and superintendent, has worked together 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 planning group looked at successful models from other communities and states.[1]

As planning 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, Waterbury School Readiness Council (WSRC) and The Waterbury Prevention Policy Board (WPPB) 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 WSRC, in existence for more than ten years, is in the process of revamping its structure to address a broader set of responsibilities.

Guiding the overall effort to insure progress in addressing key indicators and adjusting priorities (as needed) will be the **Bridge to Success Policy Advisory Council (BTSPAC)**. The Council will be convened twice a year. Co-chaired by the mayor and superintendent, its members will include the chief executives of community agencies, business and funders as well as state and local elected officials, neighborhood representatives and parents.

The management and governance plan has the following features (see next page):

- The leadership community stockholders created a Bridge to Success Management Committee (BTSMC) that will meet regularly to coordinate the work across the two entities and establish joint project Work Groups or committees as required.

- The Bridge to Success Management Committee will report twice annually to the Bridge to Success Policy Advisory Committee on progress and priorities.

- Joint subcommittees were established in October, 2009 which address critical children and family issues, regardless of age, like health or family engagement.

- The BYLAWS of each WPPB and WSRC now include language regarding the collaborative relationship and the commitment to collectively work together to select the important measures that we all agree to track and to which we hold ourselves accountable.

The BTSMC 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.[2]

---

[1] 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

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

GOVERNANCE (con't)

BRIDGE TO SUCCESS POLICY ADVISORY COUNCIL
(Meets Twice a Year)

School Readiness Council

Bridge to Success Management Committee (Meets Monthly/Bi-Monthly)

Prevention Policy Board

Early Care & Education

Positive Youth Development

Workforce Development

Joint Committees

Family Engagement

Child Health & Development
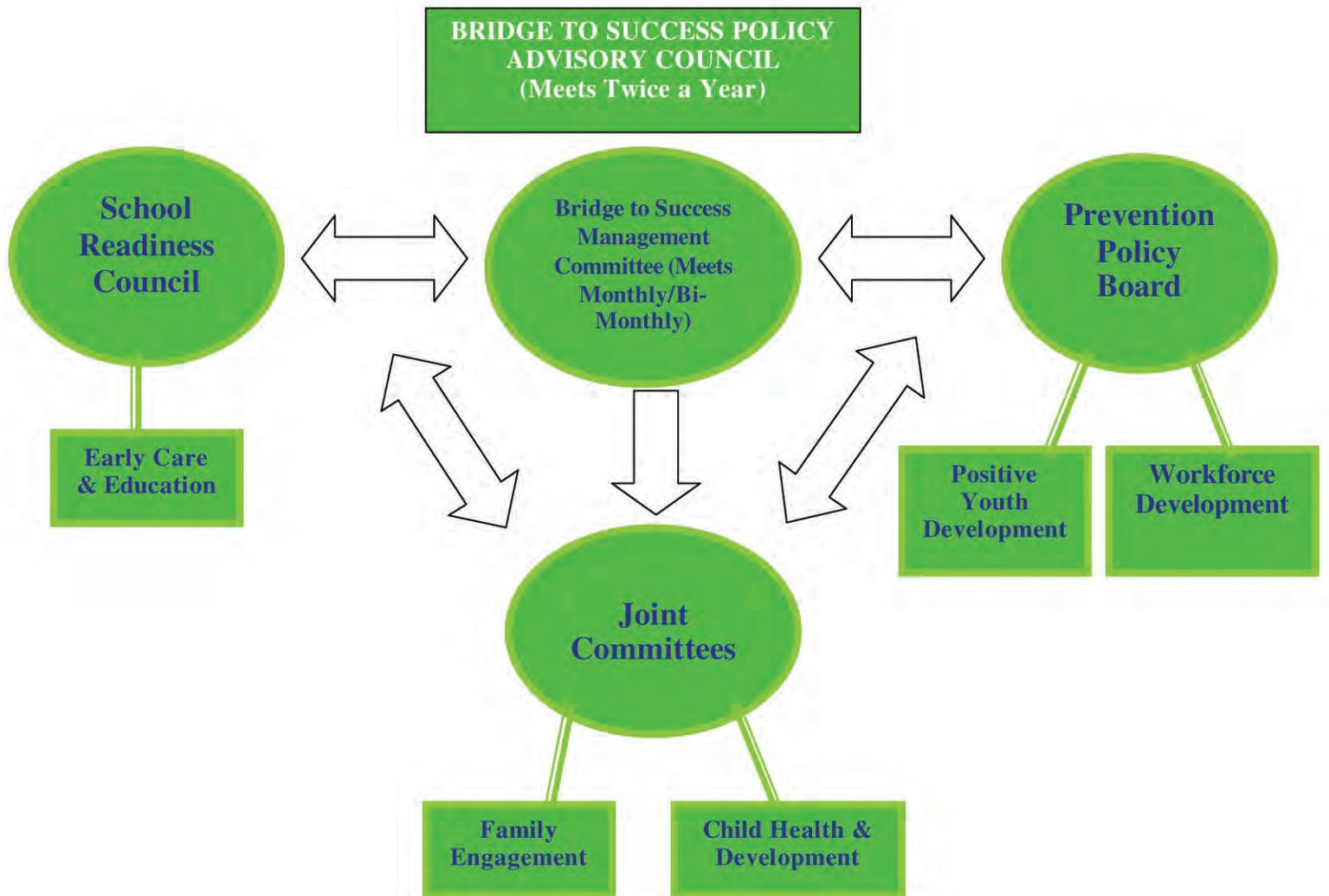
GOVERNANCE (con't)

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.

The Bridge to Success Policy Advisory Council will be responsible for:
- Monitoring the progress of the overall Bridge Plan.
- Restructuring priorities based on emerging needs/opportunities.
- Insuring accountability through the collection of data.
- Sharing the Bridge Plan's progress with the broader community.

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

The BTSMC will work with both the WSRC and the WPPB to continue the detailed planning with the additional resources from William Caspar Graustein Memorial Fund and other local funders.

The current economic conditions present us with unique challenges and opportunities. These difficult economic times have made the planning group highly sensitive to the difficult choices we need to make and the realities of what is possible. At the same time, a community wide, collaborative effort such as Bridge to Success that has detailed strategies, quantifiable markers of success and strong governance is needed now more than ever due to the importance of strategic resource allocation.

Discovery and WPPB funded staff was reorganized to manage the important next steps as we move from planning to implementation. Staff has been recruiting and managing volunteers. The staff has defined roles and responsibilities that clearly drive the priorities of the plan in a focused and deliberate manner.

Next Steps

The Bridge to Success Management Committee (BTSMC) will continue to oversee implementation with overall guidance from community leaders through the Bridge to Success Policy Advisory Committee. The BTSMC will be working with the Waterbury School Readiness Council (WSRC), the Waterbury Prevention Policy Board (WPPB), the mayor, the superintendent, community stakeholders and parents 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 outline of a new structure and had developed a draft of Operating Guidelines (formerly Bylaws). The volunteer structure, staffing, and flows of decisions and communications in the new governance structure has been developed. The Committee work group structure has been put in place and volunteers have been recruited and serving on the Committees since October, 2009.

- **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 leadership of the new governance structure are committed to:

- 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 and their families will succeed.

Appendices

RESULTS BASED ACCOUNTABILITY

The **seventh step** lays out the action steps that will bring the results that are desired. These actions include no-cost and low-cost efforts and span a five-year period of time.

STEP 7: WHAT DO WE PROPOSE TO DO?

The **first step** of an RBA plan identifies 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 see its importance.

STEP 1: WHAT IS OUR DESIRED RESULT?

Results-Based Accountability (RBA) is a disciplined way of tacking action to improve the quality of life in communities and who results. It is a recognized process that is known for "working backwards". The process begins by identifying what result we want to achieve and then works methodically backwards to arrive at the specific actions that will achieve that result. RBA is known for marking sure that the actions taken are ones that will feed directly into the results that we desire.

STEP 2: WHAT WOULD THESE CONDITIONS LOOK LIKE IF WE COULD SEE THEM?

The **second step** is to identify the possible indicators that will qualify whether we have achieved our result.

The **sixth step** develops our strategies and actions to improve these conditions. These strategies are based on research and best practices.

STEP 6: WHAT STRATEGIES WILL TURN THE CURVE, INCLUDING NO- AND LOW-COST IDEAS?

STEP 3: HOW CAN WE MASURE THESE CONDITIONS?

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

The **fifth step** is through resource mapping which identifies all of the potential partners who work together to improve conditions of Waterbury.

STEP 5: WHO ARE THE PARTNERS WHO HAVE A ROLE IN DOING BETTER?

STEP 4: HOW ARE WE DOING AND WHAT IT THE STORY BEHIND THE CURVE?

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

The intent of the 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 and at least 8 countries. For more information, see Mark Friedman's book Trying Hard Is Not Good Enough or visit the websites at www.raguide.org and www.resultsaccountability.com.

PPB Committee Lists

Waterbury Prevention Policy Board Membership

ASPIRA of Connecticut
Berkley Warner Rec. Center
Blessed Sacrament Church
Boys & Girls Club of Waterbury
Catholic Charities
Central Naugatuck Valley Regional
    Action Council
Chase School Family Resource Center
City of Waterbury, Office of the Mayor
Civil Air Patrol
Coalition to Reduce Underage Drinking
Connecticut Community Foundation
Connecticut Junior Republic
Connecticut Legal Services
CT Commission on Children
CT Afterschool Network
CT Rivers Council, Boy Scouts of America
CT. Association of Human Services
Easter Seals
Family Services of Greater Waterbury
Forefathers Inc.
Girls Inc.
Girl Scouts, CT Trails
Hispanic Coalition
House of Joy and Praise
ICES Inc.
Literacy Volunteers
Living in Safe Alternatives
Mattatuck Museum
New Opportunities, Inc.
Northwestern CT AHEC
North West Regional Workforce
    Investment Board

Nutmeg Big Brothers/Big Sisters
Police Activities League (PAL)
Palace Theater
Parent Leadership Training Institute
Rock of Ages Holiness Church
School Readiness Council
Silas Bronson Library
Shop Rite
Southern CT State University
Sylvan Learning Center
Together We Shine
UCONN of Waterbury
United Way of Greater Waterbury
Waterbury Board of Education
Waterbury Bureau of Leisure
    Services/Park Dept.
Waterbury Chamber of Commerce
Waterbury Discovery/Blueprint Task Force
Waterbury Hospital
Waterbury Juvenile Court
Waterbury Police Depart
Waterbury Public Schools
Waterbury Public Schools, Parent Liaisons
Waterbury Regional Children's Probate Court
Waterbury Youth Services System, Inc.
Wellpath of CT
Wilson School Family Resource Center
Workforce Connection
WOW Community Center
YMCA of Greater Waterbury

PPB Committee Lists

PPB Executive Committee

Louise Allen Brown, J.D., M.P.A.
Grant Writer - Waterbury Public Schools
37 Leavenworth Street 2nd Floor
Waterbury, CT 06702
Tel: (203) 346-3506
Email: @waterbury.k12.ct.us

Catherine Awwad, Executive Director
Northwest Regional Workforce Investment
Board
249 Thomaston Avenue
Waterbury, CT 06704
Tel: (203) 574-6971
Email: .awwad@po.state.ct.us

Attorney Theresa Caldarone
Office of the Mayor
236 Grand Street
Waterbury, CT 06702
Tel: (203) 574-6712
Email: @waterburyct.org

Kelly Cronin, Executive Director
Waterbury Youth Service System, Inc.
95 North Main Street
Waterbury, CT 06702
Tel: (203) 573-0264
Email: @waterburyyouthservices.org

Jennifer DeWitt, Executive Director
Central Naugatuck Valley RAC
1875 Thomaston Avenue
Waterbury, CT 06704
Tel: (203) 578-4044
Email: .fic@sbcglobal.net

Bryan R. Hall, Field Director
Connecticut Rivers Council
Boy Scouts of America
60 Darlin Street, P.O. Box 280098
East Hartford, CT 06128
Tel: (860) 289-6669, ext. 241
Email: @bsamail.org

Neil P. O'Leary, Chief of Police
City of Wolcott
225 Nichols Rd
Wolcott, CT 06716
Tel: (203)879-1414
Email: @wolcottpolice.org

Jim O'Rourke, **Prevention Policy Board Vice
Chairperson,** Executive Director,
Greater Waterbury YMCA
136 West Main Street
 Waterbury, CT 06702
Tel: (203) 754-9622
Email: @waterburyymca.org

Sandra Porteus, **Prevention Policy Board
Chairperson,** Executive Director
Family Services of Greater Waterbury
34 Murray Street
Waterbury, CT 06710
Tel: (203) 756-8317
Email: @familyservicesgw.org

Attorney Elaine Skoronski, IDEA Grant
Coordinator
Waterbury Special Services
Waterbury Public Schools
37 Leavenworth Street
Waterbury, CT 06702
Tel: (203)346-3518
Email: @waterbury.k12.ct.us

Blueprint

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.

Blueprint (con't)

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

Blueprint (con't)

Waterbury Early Childhood Task Force Work Group Members

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 sHospital CDC, CAEYC
Andrew Roberts	Parent
Beth Young	Naugatuck Valley Community College

Health Work Group

* Christine Bianchi	StayWell Health Center
*Dr. M. Alex Geertsma	St. Mary sHospital
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 Davsen, PhD.	Wellpath, Inc.

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 sCommunity School
Lisa Osterberg	Kangaroo sKorner, 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

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

*Denotes Work Group Chair/Co-Chair

Blueprint (con't)

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 W ith the family 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 Child ren 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 sphysical, 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 shealth 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.

Blueprint (con't)

The Waterbury Early Childhood

INTERNAL ASSETS

Category	Item
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 Th e 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 Th e 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 Th e 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.

Blueprint (con't)

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

Blueprint (con't)

The Waterbury Early Childhood

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%

Blueprint (con't)

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**

Blueprint (con't)

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.

Blueprint (con't)

PHASE I
Action Plan

The Waterbury Early Childhood

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.

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.)

---

[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.

Blueprint (con't)

PHASE I
Action Plan

The Waterbury Early Childhood

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 asTeachers	SDE	Parents of young children	Early Literacy	N	Y	Varies	Literacy	Family resource ctrs.

Blueprint (con't)

PHASE I Plan

The Waterbury Early Childhood Action

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.	Driggs School-Based Health Clinic Collaboration with StayWell	Mental health services for children and families after referral by state or community organizations
(Waterbury Child Guidance Clinic)	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

Blueprint (con't)

*The Waterbury Early Childhood Action
Plan*

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?Op enDocument . 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/)

WATERBURY PUBLIC SCHOOLS

REVISED DISTRICT IMPROVEMENT PLAN

2008 - 2011

David L. Snead, Ph.D.
Superintendent of Schools

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

Blueprint (con't)

DISTRICT IMPROVEMENT COMMITTEE
Planning and Implementation

Paul V. Sequeira, Ed.D.
Assistant Superintendent for
Curriculum and Instruction

Anne Marie Cullinan
Assistant Superintendent for
Special Ed/Pupil Personnel Services

Karen Harvey
Board of Education Commissioner
Pamela Barker-Jones
Mathematics Supervisor
Patricia Moran
Reading/Language Arts Supervisor
Adela Jorge-Nelson
Bilingual Education Supervisor
Elizabeth McGrath
Principal, Waterbury Arts Magnet School
Kris Keidel
Early Childhood Education Supervisor
Linda Riddick-Barron
Supervisor of Grants
Tara Battistoni
Research, Development, and Testing
Barbara Carrington-Lawlor
Principal, Crosby High School

Robyn Apicella
Principal, Wilby High School
Patricia Moore
Assistant Principal, Kennedy High School
Charles Nappi
Principal, West Side Middle School
Louis Padua
Principal, Wallace Middle School
Michael LoRusso
Principal, North End Middle School
Donna Perrault
Principal, Sprague Elementary School
Gina Calabrese
Principal, Rotella Magnet School
Kevin Brennan
Principal, Carrington Elementary School
Susie DaSilva
Principal, Wilson Elementary School

Erik Brown
Principal, Walsh Elementary School
Denise Foster
Parent/Parent Liaison
Patty Poulter
Parent/Parent Liaison
Mercedes Rivera
Parent/Parent Liaison
Donna Vignali
Teacher/WTA President
Phyllis Connors
Smaller Learning Communities/21st Century
Will Zhuta
System Administrator, Computer Technology Center
Michelle Baker
Supervisor, Special Education

Blueprint (con't)

PHASE I

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.**

Appendix Page-A-16

Blueprint (con't)

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

Blueprint (con't)

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.

Blueprint (con't)

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	• Results from strategic district pre- and post-surveys of all staff
• 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	• Progress monitoring on the implementation CFA
• 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	• Data binders for principals to be reviewed at administrative forums
• Provide continued professional development and implementation support for all staff in DDDM.	Ongoing	$30,000 Title II	$30,000 Title II			Assistant Superintendents	• Principal attendance at administrative forums
• 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	• Review of PLC meeting forms and schedules • Evaluations of professional-development sessions
• 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	• Observations of PLC meetings by PLC onsite coaching staff
• 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	• Walk-through observation data
• 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	• Evaluation of student achievement data by grade level, content area, school, and district including subgroup and gap analysis data
• 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	• Evaluation of student attendance and suspension data at the classroom, school, grade, and district levels including subgroup disaggregation

*Title II and IDEA

Blueprint (con't)

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 UNFUNDED Contingent on state funding	Person(s) Responsible	Results Indicators
		2008-2009	2009-2010	2010-2011			
• Create district guideline for after-school and summer-school programs.	April 2008	NA	NA	NA		Assistant Sup. Curr. and Inst.	• Quarterly grade tracking for all Credit Retrieval students for 2 years
• Improve and implement intervention strategies offered during the school day in K-12. o Improve literacy and numeracy classes at the middle-school level. o Provide tutors at all levels with an emphasis on elementary literacy and grades 6-10 mathematics. o Improve the implementation of the high-school math lab program. o 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	• CAPT score tracking for Credit Retrieval students • Middle- and elementary-school programs will be evaluated by
• Improve and implement offerings for support in literacy and numeracy in after-school programs. o Create and implement an elementary modular after-school program for grades 2-5. o Create and implement a middle-school Credit Retrieval Program. o Continue the high-school Credit Retrieval Program in math. o 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	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
• Improve and implement summer programs for students at all levels, particularly in transitional years. o Continue required summer program in grades K-3. o Create and implement summer transition programs for grade 5 entering 6 and grade 8 entering 9. o Create and implement summer programs for middle school. o 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	• Analysis of hours of tutorial service as compared to student academic and state test performance • Tutoring logs will be reviewed by math supervisor.

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

Blueprint (con't)

PHASE I   *The Waterbury Early Childhood Action Plan*

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		
• 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	• 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.
• 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	• Principal or designee of the middle/high school will oversee the implementation of the in-school suspension program.
• 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	• 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
• 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	• Student attendance • Student suspension data • Collect and analyze the time and place of incident referrals.
• 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	• 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.
• Improve the automated message system for parental notification of absenteeism.	Ongoing 2008–2011					Assistant Sup. Pupil Pers. Serv.	• 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.
• Improve the use of Support Service Personnel to implement research-based programs.	Ongoing 2008–2011	NA	NA	NA	NA	Assistant Sup. Pupil Pers. Serv.	• Collect case management data from Prevention Services Teams on a quarterly basis and send data to school sites for review by principals/data teams.

*SDE – Juvenile Justice   ****Title IV, Title IIA**   Appendix Page-A-21

Blueprint (con't)

PHASE I   *The Waterbury Early Childhood Action Plan*

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		
• 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	• Analyze District Family/School Partnership Survey. • Monitor the flow of communications and forms and the translation process for timeliness.
• 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	
• 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	• Collect and construct data charts to monitor attendance by families at school and district level workshops, events, meetings, etc.
• 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	• Monitor the return rate of Family/ School Compacts.
• 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	• Analyze the effectiveness of the extended hours for parent liaisons and high school parent staff by collecting logs of weekly goals accomplished.
• 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	
• 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

Blueprint (con't)

The Waterbury Early Childhood Action Plan

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				Person(s) Responsible	Results Indicators
		2008-2009	2009-2010	2010-2011	UNFUNDED Contingent on state funding Only		
• Investigate and design a Pilot Literacy Academy.					$750,000	Assistant Supt. Curr. & Inst. Sup. of Reading	• Student achievement data in literacy
• Create a middle-school block-schedule for reading/language arts.	Spring/Summer 2008	NA	NA	NA		Middle-School Principals	• Literacy portfolio data with decreased student load as compared to literacy portfolio data from 2007-2008.
• 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	• Student achievement data in numeracy
• Restructure numeracy and literacy classes to improve services to nonproficient students.	Spring/Summer 2008	NA	NA	NA		Middle-School Principals	• Surveys from 7th and 8th grade students about the literacy block as compared to their experience in 6th and 7th grade
• Investigate ways to change the schedule as a whole to increase instructional time.	2008-2009	NA	NA	NA		Middle-School Principals	• Teacher surveys about schedule adjustments • Impact reports on the effect on unified arts programs and teachers

Blueprint (con't)

PHASE I · *The Waterbury Early Childhood Action Plan*

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		
• 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	• Collect data on eligible retirees and those who take advantage of the incentives for retirement.
• 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			Director of Personnel and Chief Operating Officer	• Collect data on resignations, reasons, and dates.
• 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	• Collect data on recruitment, advertising, and hiring dates for all open positions.
• 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	• Survey and collect data from new teachers on hiring,
• 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	placement, and support mechanisms.
• 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	• Collect exit interview data from teachers leaving the District, including retirees.
• 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	

7 ca a i b]mDf]cf]hnUhjcb Dfc WWgg

Bridge *to* Success

Number of Votes

Chart categories (x-axis labels):
- Out-of-School-Time
- Helping Parents to be Involved
- Graduate HS Ready for Career Path
- Ensuring Access to Basic Medical & Dental
- Creating Neighborhood Hubs
- Improving Parents' Opportunities
- Ready with Job Skills
- Awareness of Career Options
- Providing Consistent Support
- Improve Quality of Early Care & Education
- Increase High-Quality Infant-Toddler Spaces
- 40 Developmental Assets
- Info about College
- Specialty Medical and Dental
- Expanding High-Quality Preschool Spaces
- High Quality Medical and Dental
- Getting the Word Out
- Kindergarten Transition

Legend:
- Positive Youth Development
- Early Care & Education
- Workforce Development
- Child Health & Development
- Family Engagement

Value axis: 0, 20, 40, 60, 80, 100, 120, 140, 160