



Middletown

2012
Early Childhood
Report Card

A Twenty Year Retrospective

How we began...



In the late 1980s Middletown began receiving an annual report card on how its children were doing in school. These CMT scores were startling: over 40% of Middletown children scored in the lowest of three test categories. Two of every five Middletown children were failing. They stood very little chance of growing up to be literate, educated adults.

Were these abysmal results the schools' fault? A committee of *Middletown 2000* spent two years interviewing school and agency officials, and reading the literature of school reform. Their conclusion: schools needed to do better, but schools could not do it alone. Most of the children who were failing suffered from poverty, poor health, troubled families, and/or substandard living conditions. Our children could succeed only if ALL these problems were addressed. Schools, the health care system, social service agencies and government ALL needed to work together.

In 1992 the *Middlesex Coalition for Children* – whose mission is “to improve the lives of children in Middletown and Middlesex County” – was born. In 1995 Middletown became one of 8 towns to participate in the William Caspar Graustein Memorial Fund’s *Children First* initiative, which launched a partnership that continues to this day. In 1997 Middletown became one of 20 towns in the State’s new early childhood initiative, the *School Readiness* program. The statutory School Readiness Council was charged, not only with building a system of subsidized preschool for 3 and 4 year olds, but with ensuring the “school readiness” of Middletown children in all areas. In 2001, the Memorial Fund recommitted to early care and education with the *Discovery* initiative. The next step was to create *Opportunity Knocks for Middletown’s Young Children*, a collaborative bringing together early childhood educators and pediatric health providers to improve young children’s physical and emotional health.

Now, 20 years later, it is time for a different Report Card. How are we doing?

Strengthened by a supportive community, families have the resources, knowledge and skills to experience a healthy pregnancy and nurture the best in their children from birth through age eight.



Middletown Achievements for Young Children 1992-2005

Year	Strong Families	Healthy Children	Successful Learners	Supportive Community
1992 to 2000	Circle of Friends at Farm Hill (1991-2007) Family Resource Center at Adult Education (1998-2001)	Parent Aide at Middlesex Hospital (1992-2010)	3 NAEYC accredited preschool programs (1997) School Readiness Council funded for 73 preschool spaces (1998) Middletown Early Childhood Network (1998) School Readiness Providers' Council (1998) Even Start Family Learning Program at Adult Education (1996) Middletown Early Head Start (1999-2008)	Middlesex Coalition for Children (1992) <i>Children First</i> combines with Middlesex Coalition for Children (1995) Parent Leadership Training Institute (PLTI) (1998)
2001	Family Resource Centers move to Macdonough and Farm Hill Schools		<i>Discovery Initiative</i> replaces <i>Children First</i>	PLTI becomes county-wide, moves to Middletown School District
2002		Nurturing Families Network at Middlesex Hospital		
2003	Middlesex Coalition Childhood Hunger Task Force	Opportunity Knocks for Middletown Young Children (OK)	153 School Readiness spaces	Report on <i>The Well-Being of Young Children in Middletown</i>
2004		OK develops early childhood providers' system of support for behavioral health and tracks preschool suspensions and expulsions		Middlesex Coalition Advocates Group
2005	Baseline early childhood hunger survey 3,500 Summer meals Weekend food-filled "Backpack" program at select schools	OK: -- Nutrition consultation, support, training for preschool staff and parents -- Baseline oral health assessment of 4 preschools; -- Training in oral health best practices at preschools (2005-2008) -- Training of pediatricians to integrate basic oral health exam into well child visit -- Parent Educators (2005-2009) Middlesex Hospital designated "Baby Friendly"	189 School Readiness spaces	Parents Empowering Parents (PEP) through School District

Middletown Achievements for Young Children 2006-2012

	Strong Families	Healthy Children	Successful Learners	Supportive Community
2006		Baseline BMI (body mass index) assessment at Head Start	United Way begins the establishment of early childhood councils throughout Middlesex County	First annual Middletown Legislative Breakfast Benefits outreach program at Amazing Grace
2007	Circle of Friends moves to Wesley School	<i>Miles of Smiles</i> mobile dental program (2007)		
2008	Family School Connection at Bielefield School WIC moves to Middlesex Hospital	<i>Fit for Kids</i> healthy weight program at Middlesex Hospital	209 School Readiness spaces	Parents Supporting Educational Excellence (Parents SEE) through School District
2009	<i>iCARE</i> Prevention Program at Bielefield Voluntary Income Tax Assistance (VITA)		United Way and Graustein Memorial Fund support early childhood councils in every Middlesex County community	Middletown Early Childhood Plan (2-year community-wide process)
2010	Amazing Grace expands Mobile Food Pantry from CT Food Bank 30,000 Summer meals Salvage Patch bread salvage program	Mayor recognizes dentists for treating children younger than 3 and accepting HUSKY Participatory research with parents/ caregivers on "Health Promotion and Parent Engagement for Child Obesity Prevention"	ACES begins Middlesex County Early Head Start program for 70 families	First annual meeting with Middlesex County Legislators in Hartford
2011	<i>iCARE</i> expands to Spencer School Middlesex County included in Diaper Bank, 120,000 diapers distributed Second hunger survey	Oral health assessment of 8 early childhood programs 9 Middletown small businesses and schools receive mini-grants to create breastfeeding-friendly workplaces	254 School Readiness spaces 11 preschool programs achieve NAEYC accreditation	
2012	DCF Differential Response at Middlesex Hospital Pilot in-classroom breakfast program	BMI assessment at 10 preschools Child FIRST at Middlesex Hospital Hospital Behavioral Health Outpatient Clinic increases capacity to assess and treat very young children	Middlesex Community College applies for NAEYC accreditation for its early childhood associates program	Middletown Early Childhood Report Card: 20 Year Retrospective

Broad-based Coalition of Agencies

These results have been possible through a broad coalition of dedicated parents, caring line-staff and progressive agency heads who recognize that we can get more accomplished working together. Middletown's service sector is robust and dynamic, with leaders who focus on the best interests of families, not agency self-interest.

Appendix A shows the connections across agencies that have helped to shape and implement changes in our social service delivery system. We work through committees, task forces, councils, and interest groups that come together at monthly meetings of the Middlesex Coalition for Children, Middletown School Readiness Council, and Opportunity Knocks. This allows agency staff to make the best use of their time by choosing which tables to sit at, knowing that major events and initiatives occurring elsewhere are broadly shared at each table.

Active committees working on early childhood issues in a coordinated and intentional way:

- ★ Middlesex Coalition for Children
 - Childhood Hunger Task Force
 - Family Support Group (with Opportunity Knocks)
 - Legislative Advocates Group
 - Vita Committee (with Middlesex United Way)
 - Diaper Committee (with Middlesex United Way)
- ★ Middlesex Community College Early Childhood Advisory Board
- ★ Middlesex United Way School Readiness/Education Team
- ★ Middletown Early Childhood Council Steering Committee
- ★ Middletown School Readiness Council
 - Pre-K to K Alignment Committee
 - School Readiness Providers' Council
- ★ Opportunity Knocks for Middletown's Young Children
 - Steering Committee
 - Nutrition and Fitness Work Group
 - Oral Health Work Group
 - Behavioral Health Work Group
- ★ Parent Leadership Training Institute Design Team

Program-specific committees:

- Early Head Start Policy Council
- Early Head Start Health Advisory Committee
- Family School Connection Advisory Board
- Head Start/Department of Children and Families Collaborative
- iCARE Executive and Steering Committees
- Middletown Early Childhood Network
- Nurturing Families Network Advisory Committee

Our success in collaborating across agencies to make things happen demonstrates the importance of intentionality and shared responsibility in this process. In 2009, the Middlesex Coalition for Children, Middletown School Readiness Council and Opportunity Knocks prepared a formal *Middletown Early Childhood Plan*. Partners who designed the plan and review it annually, have agreed to focus on the following result: **All young children in Middletown thrive – physically, emotionally and intellectually – and enjoy success in school.** This results statement has become our mantra and our guide. The Plan, as it currently stands, reflects adjustments made to 2009 strategies and programs. This plan is a living document, one that we refer to often as funding opportunities arise, as new data becomes available, or as new issues come to light.

Middletown Early Childhood Plan – Revised Spring 2012

Strong Families	Healthy Children	Successful Learners	Supportive Community
<p><i>Improve access to public benefits</i></p> <ul style="list-style-type: none"> • Ensure respect for families applying for benefits • Promote assessment of total family needs at all agencies <p><i>Ensure every child has adequate nutrition</i></p> <ul style="list-style-type: none"> • Expand school breakfast program to include in-classroom breakfasts • Continue to expand summer meals • Bring after school meals to Middletown • Strengthen food benefits outreach <p><i>Address the need for diapers</i></p> <ul style="list-style-type: none"> • Create sustainable funding stream for diaper distribution <p><i>Help families access EITC</i></p> <ul style="list-style-type: none"> • Grow the VITA program to meet need <p><i>Support families with exceptional needs</i></p> <ul style="list-style-type: none"> • Expand Family/School Connection • Expand iCARE • Help Implement DRS <p><i>Support families during first years of life</i></p> <ul style="list-style-type: none"> • Expand home-visiting services • Implement Child FIRST 	<p><i>Prevent and reduce obesity in young children</i></p> <ul style="list-style-type: none"> • Train health providers in Motivational Interviewing on nutrition and obesity, specific to parents/caregivers of children birth to three. • Train social service providers about infant behaviors that prevent overfeeding. • Train home visitors to work with parents/caregivers in establishing healthy eating and fitness practices at home. • Re-evaluate nutrition and fitness policies and practices at preschools; determine gaps in policy, staff training or implementation; and develop responses to gaps. • Begin implementation of multi-strategy community intervention plan designed to influence adoption of healthy behaviors, and seek more funding. <p><i>Improve oral health for young children</i></p> <ul style="list-style-type: none"> • Conduct outreach to general dentists and parents with consistent messages about best practices in oral health with young children. • Develop cyclical training for social service, early education and health providers on best practices in oral health. • Work with pediatricians/family physicians to incorporate oral health exams and fluoride varnishes into well child visits. <p><i>Improve early childhood behavioral health</i></p> <ul style="list-style-type: none"> • Expand preschool behavioral health consultation/training/referral system. • Select and implement universal screening tool to measure behavioral /social-emotional health of preschoolers. 	<p><i>Expand preschool supply for low-income and minority children</i></p> <ul style="list-style-type: none"> • Advocate for the funding of School Readiness and Care 4 Kids • Set stage for additional preschool spaces <p><i>Expand early literacy opportunities</i></p> <ul style="list-style-type: none"> • Language development training for parents, teachers and home visitors birth through Kindergarten <p><i>Recruit, train and retain good teachers</i></p> <ul style="list-style-type: none"> • Middlesex College Accreditation scheduled for Fall 2013 • ECE Network for professional development <p><i>Align pre-K and K curriculum expectations</i></p> <ul style="list-style-type: none"> • Private providers and public school leaders collaborate on alignment of best practice in Pre-K and K teaching and assessment <p><i>Foster positive family-school-community relations</i></p> <ul style="list-style-type: none"> • Bring consistency to Kindergarten transition activities across the District 	<p><i>Develop Parent and Provider Leaders</i></p> <ul style="list-style-type: none"> • PLTI, PEP, PSEE • Early Childhood Providers' Council <p><i>Improve coordination of service delivery for all families across all disciplines</i></p> <ul style="list-style-type: none"> • Improve information sharing among providers and across domains • Ensure cultural competence at all agencies <p><i>Continue community planning and accountability efforts</i></p> <p><i>Advocate for young children at State and Federal levels</i></p>

Appendix B provides an update of all 2009 strategies with explanations of why some were tabled and others have shown success.

Moving Towards Results

Population Level Indicators

Results Statement: *All young children in Middletown thrive – physically, emotionally and intellectually – and enjoy success in school.*

Just how do we measure our progress towards this desired result?

Strong Families

Poverty

- € Rate of low-income families with children, measured by rate of enrollment in Free and Reduced Price Lunch Program (FRPL), reported by the School District. [This provides us with families at 185% of the Federal Poverty Level (FPL).]

Support for infants and toddlers at risk

- € Number of families receiving early home-visiting services. (This indicator is mid-stage in its development.)

Food Insecurity

- € Families with food insecurity, measured by USDA survey conducted by Middlesex Coalition for Children, using phone lists provided by school district and the expertise of Wesleyan students and faculty.

Healthy Children

Oral Health

- € Rate of children in Middletown preschools with experience of dental caries, measured by periodic survey of children in preschool conducted through Opportunity Knocks by a local dental practice.

Behavioral Health

- € (This indicator is under development.)

Obesity

- € Rate of children in Middletown preschools with BMI ranging from overweight to obese, based on assessments conducted by Opportunity Knocks.

Successful Learners

Preschool Experience

- € Rate of minority students and those receiving Free and Reduced Price Lunch entering Kindergarten with two years of center-based preschool experience, as reported by School District.

CMT Scores

- € Rate of minority students and those receiving Free and Reduced Price Lunch who score at or below a basic level of reading on the 3rd grade CMT, as reported by State Department of Education.

Middletown Today



Middletown reflects the changes taking place all over the country.

Population¹

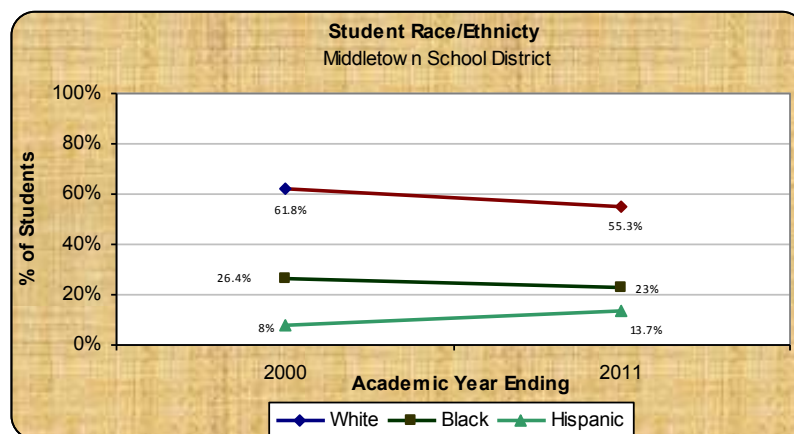
Middletown's population has grown 10.4% from 2000 – 2010. It has also experienced some changes in the racial makeup of its residents during the same time. In 2000 Whites made up 80% of the population, Blacks made up 12.3%, while Latinos made up 5.3% of the population. Recent Census (2010) data indicate a downward shift in Whites (75.8%), a slight growth in Blacks (12.8%), and a significant increase among Latinos (8.3%).

Language²

Middletown also experienced a growth in Spanish speaking residents. It's important to note that language is no longer a question on the 2010 census survey; however, it continues to be asked in the American Community Survey (ACS). In Census 2000, 4.3% Middletown residents reported they spoke Spanish, results from the 2006-2010 ACS indicate that number grew to 5.9%.

Student Demographics³

Schools are experiencing a similar shift in demographics. In 2000-2001, White students made up 61.8% of the school population; Black students represented 26.4%, while Latino students represented 8%. In 2011-2012, the proportion of White students decreased to 54.5%; Black students experienced a slight decrease down to 21.9%, while Latinos students grew to 15%. Overall the proportion of minority students within the district went from 38.2% in 2001 to 45.5% in 2012.

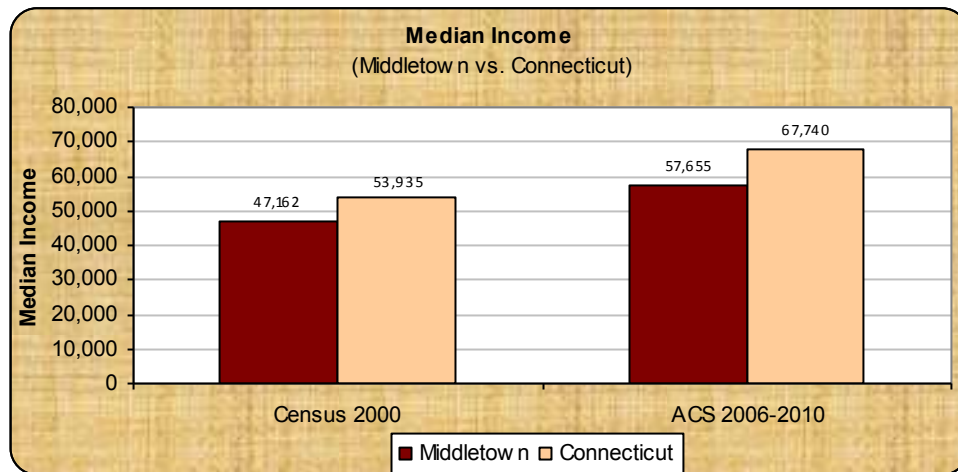


¹ Census 2000 SF1, DP1 and Census 2010 DP-1

² Census 2000 SF3, QT-P16 and ACS 2006-2010 S1601

³ Middletown Public Schools

Median Income⁴: Middletown's median income has historically lagged behind Connecticut's median income (SMI) and is now further losing ground. In the 2000 Census, Middletown's median income was \$47,162 compared to Connecticut's \$53,935 or 87% of SMI. In the 2010 Census, Middletown's median income was \$57,655 compared to Connecticut's \$67,740, or 85% of SMI.⁵



Over the past 12 years, Middlesex County Parent Leadership has graduated 277 alumnae. Each has successfully gained the knowledge and skills to function in meaningful leadership roles that shape the future of families, schools and communities. Graduates of *PLTI*, *Parents SEE* and *PEP* have logged in 80,000 hours of volunteer service. They serve on local and state boards and committees from PTA's and School Data Teams to Boards of Education; from civic and faith-based organizations to City Councils and everything in between. Many have furthered their education and all impact student achievement.

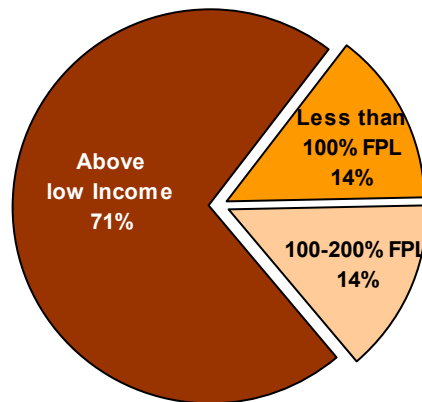
⁴ Census 2000 SF3, P053 and ACS 2006-2010 S1903

⁵ This graph was developed solely to compare Middletown to Connecticut. Because income has not been adjusted for inflation, we cannot use these data to compare between the two time points for Middletown and/or the state of Connecticut

Family Income Really Does Matter

The United States measures poverty by an outdated standard developed in the 1960s. Research suggests that, on average, families need an income of about twice the federal poverty level (200 % FPL or \$44,100 for a family of four in 2010) to meet their most basic needs. Children living in families with incomes below this level are referred to as low income. The National Center for Children in Poverty (NCCP) tracks data on low-income families in Connecticut. This pie chart is derived from their 2009 data.

Young Children in Connecticut, by Income Level, 2009



Young Low-Income Children in CT⁶: 29% (70,617) of young children live in low-income families (National: 46%), defined as income below 200% of the federal poverty level. In Connecticut, there are 187,717 families, with 246,211 young children.

These same statistics hold for infants and toddlers statewide, according to *Zero to Three*, the National Center for Infants, Toddlers and Families. “Young children develop in the context of their families, where supportive relationships nurture their growth. Especially during an economic downturn, it can be challenging for parents to provide their children the necessities of life. Factors like family stress, difficult economic situations, environmental effects, and abuse and neglect can impair the development of infants and toddlers.”⁷

In Connecticut:⁸

- 12% of children under age 3 experience residential mobility
- 47% of children living with grandparents are under age 6
- 15-20% of children under age 6 are in families spending more than half of their income on rent.
- 60% of parents read to their 0-5 year-old each day
- 67% tell stories and sing to their 0-5 year-old
- 35% of children 0-5 have parents who had to make emergency child care arrangement or change jobs for child care reasons
- 23% of children are determined to be at moderate or high risk for developmental or behavioral problems

⁶ National Center for Children in Poverty, nccp.org

⁷ National Center for Infants, Toddlers and Families, *Zero to Three*

⁸ Ibid

Poverty, Stress, and Brain Development

All families experience stress. Toxic stress, however, can actually harm children. When a child is hungry, deprived of loving hugs, experiencing the chill of winter, and in need of a diaper change, while mom talks on the phone to creditors, the child could be considered in toxic stress. The brain in this situation enters survival mode and cannot make simple connections such as “A simple whimper will get me the attention I need.” Instead the child cries out incessantly until fatigued. When this is repeated often enough, brain development is negatively impacted. The synapses in the brain no longer make new connections; in fact, previously made connections actually begin to break down. Children actually suffer permanent damage to the developing brain and nervous system, resulting in decreased learning ability, behavioral and emotional problems, and poor health into adulthood.

Because the stressors related to poverty outweigh those experienced by middle and upper income families, poverty is said to have the strongest correlation to toxic stress. This greatly impacts the life chances of otherwise healthy children, by interrupting the natural development of higher brain functioning. This is why we must take into account the rates of poverty among children in Middletown as we attempt to close the school readiness gap. As you will see by the data presented in this report, this so-called *readiness gap* persists through grade school if not addressed in the earliest years of life.

Measuring Child Poverty



Welfare reform back in the 90's adjusted the country's cash assistance programs for children born into poverty. We can no longer use the cash assistance participation rates to determine the level of need in a given region, because eligibility requirements have been tightened and the length of time a family can access cash assistance has been reduced. Today, most low-income families rely on housing vouchers, tax credits, and federal food programs – school lunches (FRPL) and nutrition assistance (SNAP) – as their only sources of outside assistance.

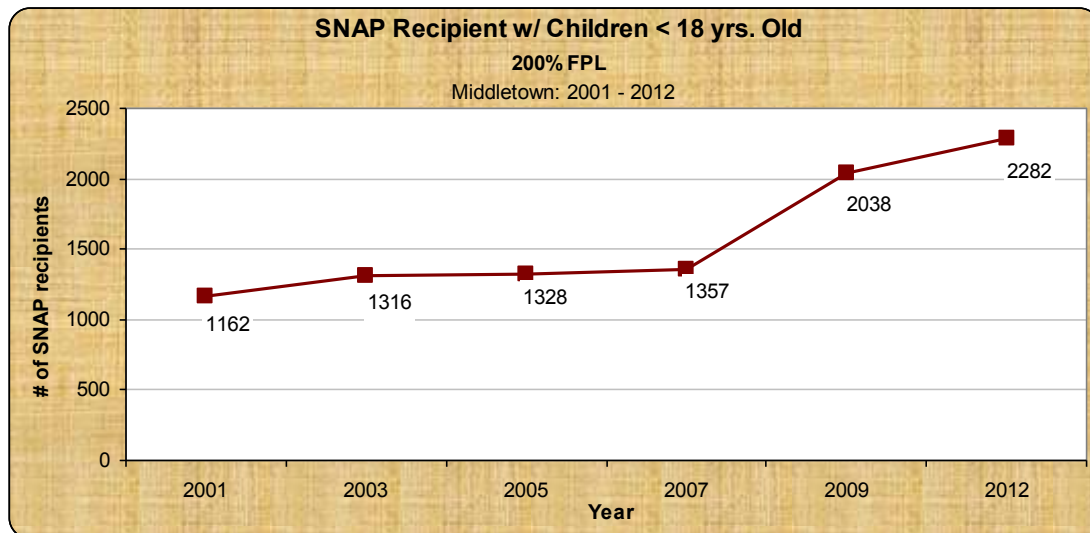
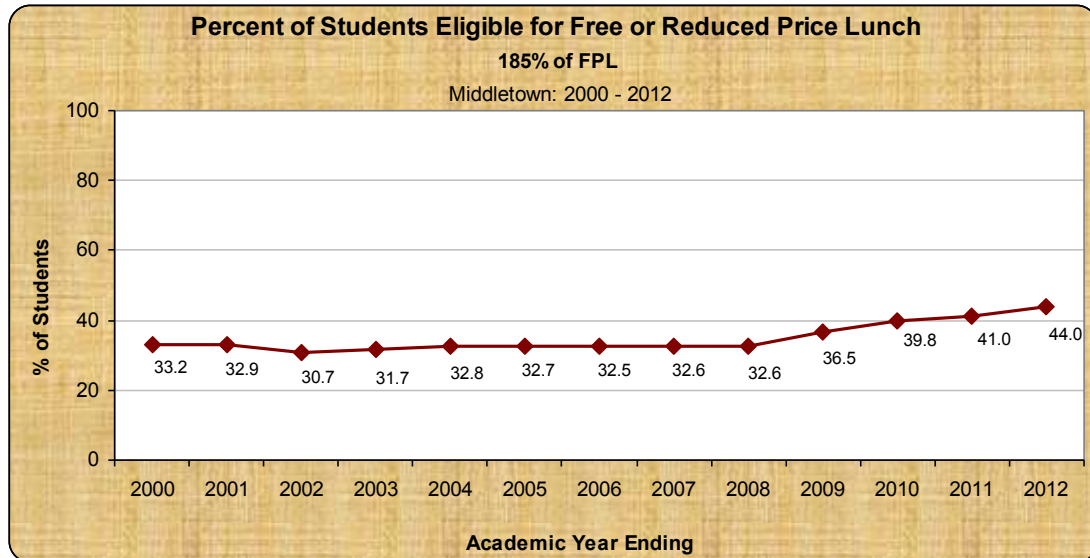
On July 1, 2009 eligibility for SNAP was changed to address some of the impact of changes in welfare eligibility and to reflect a more accurate standard of what most experts consider to be “low-income.” A family at 200% of the Federal Poverty Level (FPL) is now eligible for SNAP. This new standard, 200% of FPL, is not considered a level of self-sufficiency, but rather a threshold for family survival in this country.

“The number of Americans receiving cash welfare has fallen since the 1990's, while the number receiving food stamps has risen sharply.” NYT 4/8/2012

Strong Families (con't)

Low-Income Families

The percent of students receiving Free and Reduced Price Lunch (FRPL) has often been used as a proxy for children living in poverty in a given community. We have provided data on both FRPL⁹ and SNAP,¹⁰ which show a significant increase in the number of families struggling to make ends meet in Middletown. This mirrors the difficulties experienced by families across the country.



⁹ 2001 – 2010 data from School Profiles; 2000, 2011 & 2012 data received from Middletown Public Schools preliminary data.

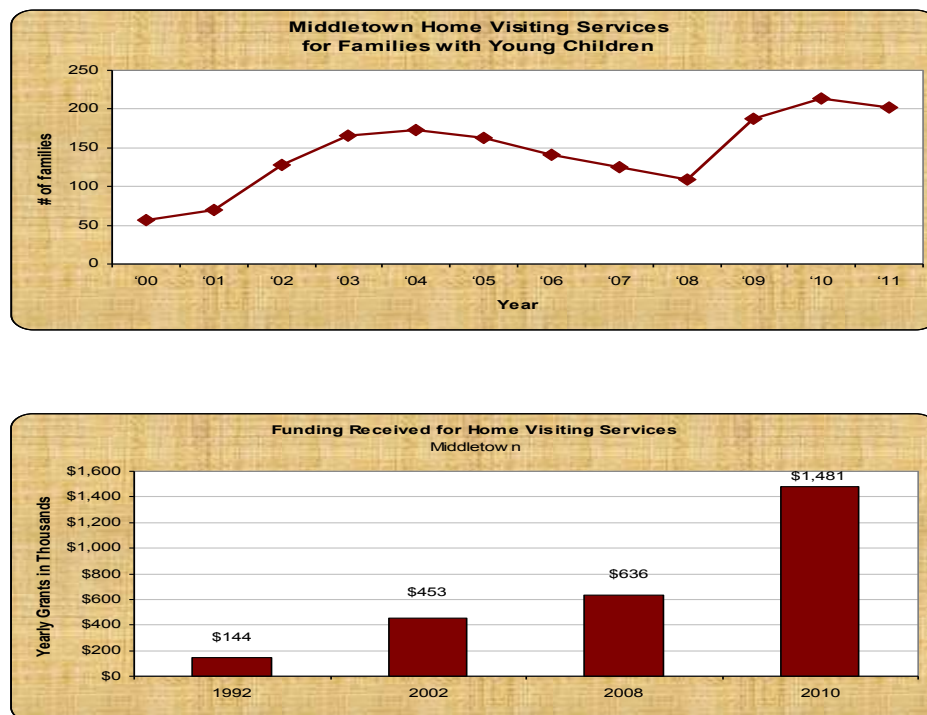
¹⁰ End Hunger CT! and CT State Department of Social Services

Support for Infants and Toddlers at Risk

Each year, Middlesex Hospital assesses the family situation of all first-time mothers who give birth at their hospital. Inadequate income is considered a risk factor, but not the only one. Stressors such as lack of familial support, inadequate housing, maternal depression, and others are also included in determining when a newborn may be at risk.

Home-visiting services during the early stages of parenting have been proven to mitigate some of the stressors felt by at-risk families and help mothers and fathers get themselves off to the right start as parents. One of the effective strategies offered by home-visiting programs is the services of a knowledgeable non-threatening “friend” to mothers and fathers who are experiencing life circumstances or health issues that may impact the positive development of their child. Research has shown how critical maternal bonding is to the future success of a newborn. This requires time and space for nurturing. In addition, the relationships established, type and frequency of stimulation as well as sense of security received through age three are vastly more important to a child’s brain development than we ever thought before. It is therefore especially wise for us to invest in services that support struggling families from the time a child is born, knowing that a great start is always better than a fitful beginning.

Early childhood efforts in Middletown have included a constant search for funding of home-visiting programs for children at birth through at least age three or longer if needed. The graph below provides a history of home-visiting services that have been added over the years¹¹. In 1992 Middlesex Hospital could offer services to 57 families per year. With the addition of Child FIRST in 2012, Middletown has the capacity to provide home visiting for 235 families. We must remember that Middletown shares many of these services with Middlesex County. We are closing the gap between need and access, but are not there yet.



¹¹ See Appendix C for additional, agency specific, home visiting program data

Strong Families (con't)

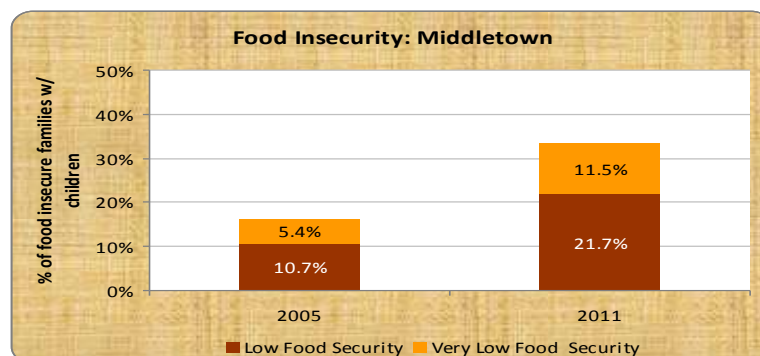
Food Insecurity

In 2005, two years before the recession, at the request of the Middlesex Coalition for Children, Wesleyan University students administered the USDA Food Insecurity Survey using Middletown Public School's elementary school call list. The findings were shocking – 16.1% of Middletown households with children were food insecure. This spurred the Middletown Childhood Hunger Task Force, which had formed to explore reports of hunger among families with preschoolers, to bring together the local and regional agencies concerned with hunger to address this. Since then, the following strategies have been put in place or enhanced:

- ✓ **SNAP outreach** – Began in 2006. Participation of families with children has grown from 1316 to 2282.
- ✓ **Weekend Back Pack Program** – Brings food weekly to the neediest 100 children in our schools.
- ✓ **Amazing Grace Food Pantry** – Served 608 families in 2006 and now serves over 900 families in an expanded facility.
- ✓ **Mobile Food Pantry** – As of 2010, CT Food Bank trucks in fresh fruits and vegetables for 200 families a month.
- ✓ **Salvage Patch Kids** – Since 2011 students in elementary schools have taken home over 20,000 bread items.
- ✓ **Summer Lunch Program** – Access has jumped from 3700 to almost 25,000 meals per summer.
- ✓ **Access to Farmers Market** – Includes dollar-for-dollar match in tokens for those using SNAP.
- ✓ **In-classroom breakfasts** – A pilot in one school during spring 2012 holds promise for expansion.

Between FY 2007 and FY2010 the number of SNAP recipients – with or without children – in Connecticut grew by 53%. During that same time, the number of SNAP recipients in Middletown grew by 69% going from 2534 to 4284.

In 2011, Wesleyan University¹² repeated the survey using the same methodology. In spite of six years of hard work during which anti-hunger programs in Middletown expanded significantly, the survey found that food insecurity for Middletown's families with children had jumped to 33.2%. **Advocacy for expanding/improving state and federal food programs continues to be our top priority.**



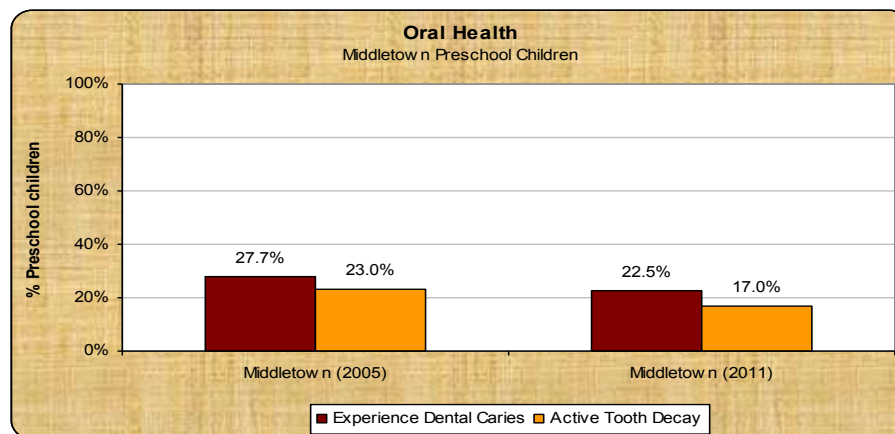
¹² Wesleyan University

Oral Health

Children's baby (primary) teeth are important in helping children chew and speak normally. They hold space in the jaws for the adult teeth which are forming under them in the gums, and guide the permanent teeth into the proper position. Decay, infection or early loss of a primary tooth can lead to damage to the adult teeth. Left untreated, decay in the baby teeth can lead to pain and serious illness, as well as damage to the bite. Baby teeth are the foundation for an adult's bite and smile. Bad oral habits begun in childhood are likely to carry over to adulthood. This cannot only lead to tooth decay, but also gum diseases that have been linked to chronic inflammatory conditions such as diabetes and cardiovascular disease.

Given a healthy diet, the fluoride present in our water supply and regular brushing, cavities are totally preventable! Yet dental caries (active tooth decay) are the most prevalent chronic disease of early childhood. Opportunity Knocks set out to measure the level of oral health for our preschoolers, and with the help of local pediatric dentists, conducted oral health assessments of three and four year old preschoolers in 2005 and again in 2011. The first group consisted of preschoolers at four early childhood centers in Middletown. The re-assessment included a broader sample of children in eight subsidized early childhood education centers in town. The results show that the strategies put in place by Opportunity Knocks have contributed to the reduction of active tooth decay.¹³

Starting children off with good oral health care will help protect their teeth, gums and overall health for years to come.



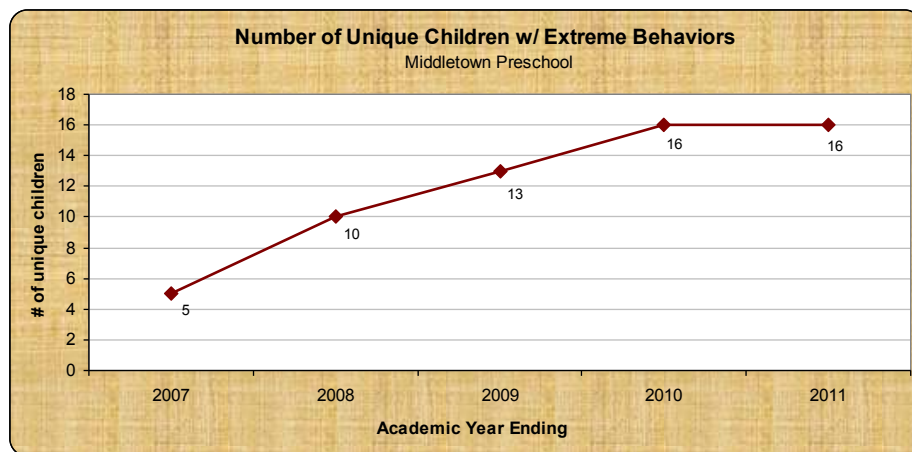
Strategies implemented by Opportunity Knocks have impacted this trend line:

- EPIC training for physicians
- OPEN WIDE training for social service providers
- Parent and teacher education in preschools
- Oral health education in preschools
- Increase number of dentists accepting HUSKY insurance and who treat children age 3 and under
- Tooth brushing programs in preschool

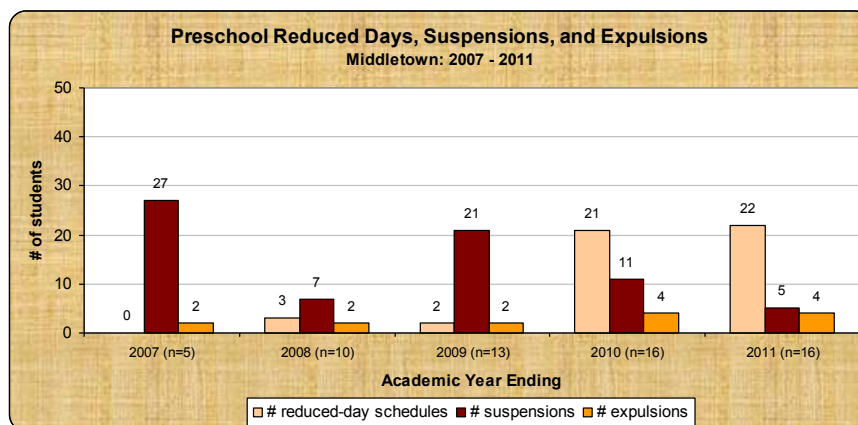
¹³ Opportunity Knocks for Middletown's Young Children

Behavioral Health¹⁴

Children experiencing toxic stress act out. With the increase in the number of families struggling to meet the needs of their children, it is no surprise that behavioral issues are also on the rise. As expressed by many an experienced teacher, “I can’t teach anyone when a couple of students manage to disrupt the entire group with out-of-control behavior.”



Indeed, research is now telling us that a person’s ability to *self-regulate* is the biggest predictor of success in school and in life. This does not mean the capacity to sit in a chair for 15 minutes. It’s more like being able to hold yourself back from eating one marshmallow when you are told that if you wait five minutes, you can have three of them. In many ways, a good preschool curriculum based on play is an ideal setting for teaching this critical skill. Preschool teachers are acutely aware of those children who exhibit behaviors well beyond the norm. Opportunity Knocks and the Middletown School Readiness Council have been addressing challenging behavior in the classroom using very intentional protocols and best practices involving specialists and a child’s immediate family. Here are the results.



Although the number of children exhibiting extremely challenging behavior has risen; working with behavioral experts, teachers, administrators, and families, and reducing the number of hours per day that a child spends in school has helped to reduce the percentage of students suspended at the preschool level.

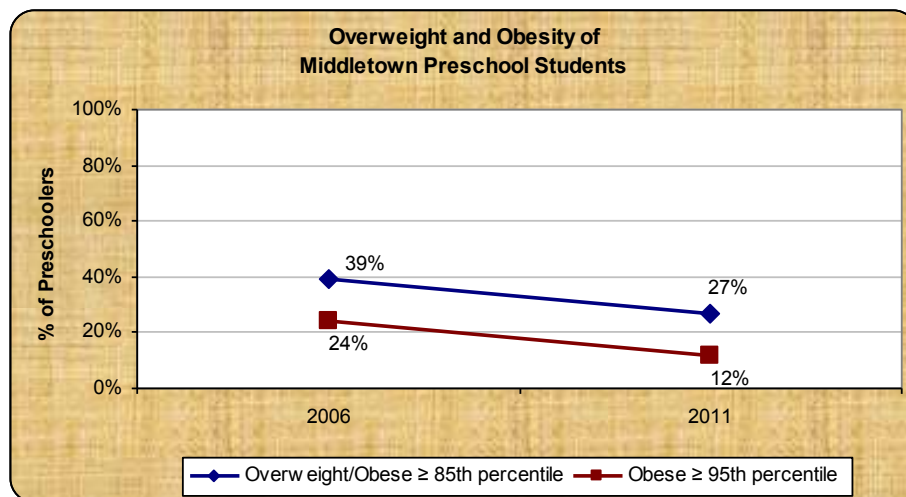
¹⁴ Opportunity Knocks for Middletown’s Young Children

Obesity

Everyone seems to know that Americans are getting fatter. We don't eat well and we don't exercise. Getting fat at fifty is one thing. Being obese at five can mean a lifetime of chronic illness and impaired quality of life. Obese children are more likely to have high blood pressure, high cholesterol and diabetes, which are risk factors for heart disease. Plus, obese children are more likely to become obese adults. Low-income families generally have fewer opportunities for physical activity and limited access to healthy food choices. (This is yet another stressor for low income children.)

Opportunity Knocks developed programming and outreach strategies for preschools to try to stem the tide of overweight children coming into Kindergarten. Habits formed early tend to stick, whether it's brushing your teeth and seeing a dentist, or being aware of what food is best for a healthy body and making time to run and play outside.

Body/Mass Index (BMI) is a measure that compares weight with height to arrive at a rating of well-being related to weight. Results of our recent BMI assessment of three and four year old preschoolers attending 10 early childhood education centers in Middletown, including all of the subsidized centers where low-income children attend, have revealed that Opportunity Knocks' efforts are contributing to a positive change¹⁵. When comparing results to statistics from 2006 we can see progress is being made in reducing the prevalence of overweight and obesity among preschoolers in Middletown and rates are lower than national averages:



**U.S. Low Income Pre-school
students (ages 2 – 4 yrs old)
2009: ***

- **Overweight -- 33%**
- **Obese -- 14%**

Despite this positive trend, the current rate of overweight and obesity is nearly double what we would expect to see in a normally developing group of children¹⁶. Preschool/childcare providers, pediatric primary care providers, municipal departments, community agencies, schools and families all have roles to play in creating a health-promoting community where children eat healthy diets, are physically active and obesity rates for everyone are curtailed.

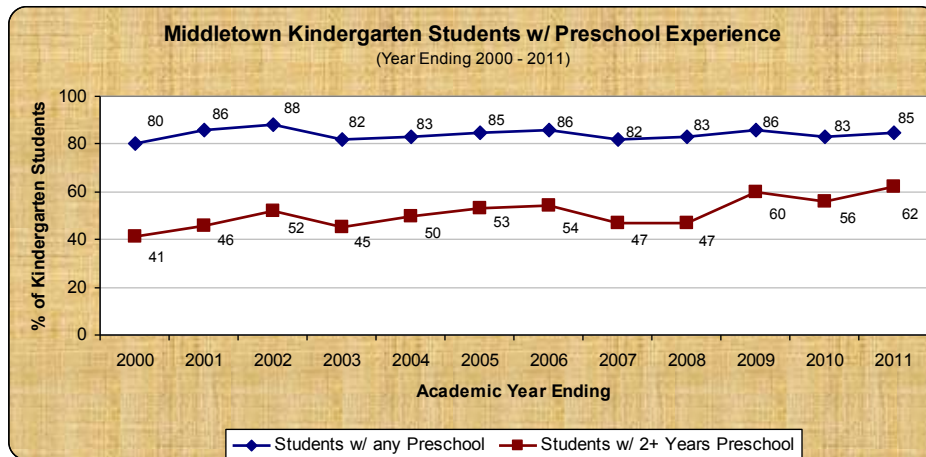
* Accessed at <http://www.cdc.gov/obesity/childhood/data.html> February 24, 2012, 2009 Pediatric Nutrition Surveillance System Data.

¹⁵ Opportunity Knocks for Middletown's Young Children collected data from 10 preschools in 2011. Head Start data from 2006 was used as a proxy measure.

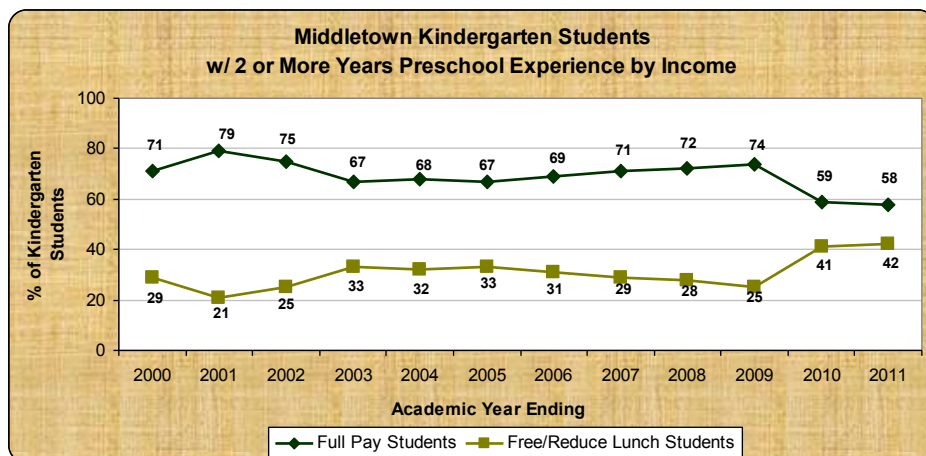
¹⁶ In a normal distribution we would expect to see 15% of children in the category overweight or obese and 5% in the obese category.

Preschool Experience

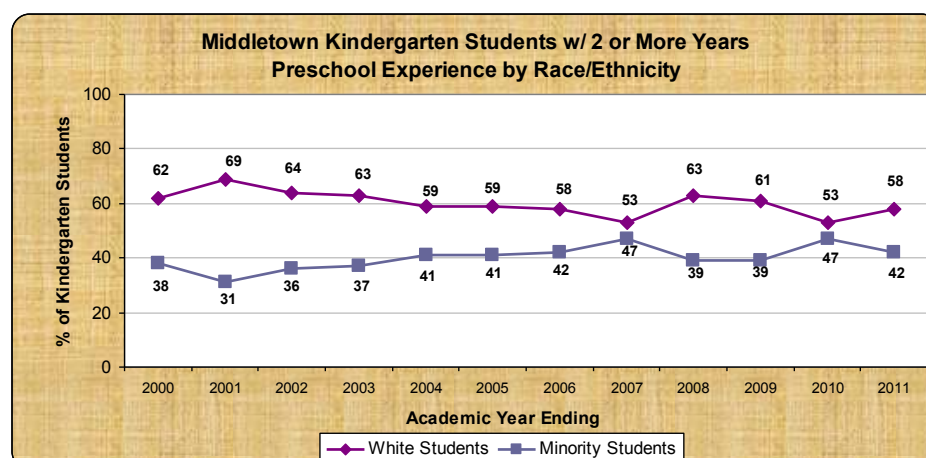
Let's come back to our Results Statement: ***All young children in Middletown thrive – physically, emotionally and intellectually – and enjoy success in school.*** With strong families and healthy children, preschool can provide low-income children with enriching experiences to which they would not normally be exposed. Preschool allows for positive peer interaction, the building of self-esteem, and increased vocabulary – all of which lead to success in school and life. The issue is helping families find their way to high quality preschools, at an early enough age to make a difference. *



This graph compares the number of students in kindergarten with any preschool experience to those students who had two or more years of preschool experience. From 2000 – 2008 only half of kindergarteners with any preschool experience attended for two or more years; beginning in 2009 the gap begins to close as more students are attending preschool for two or more years prior to entering kindergarten.



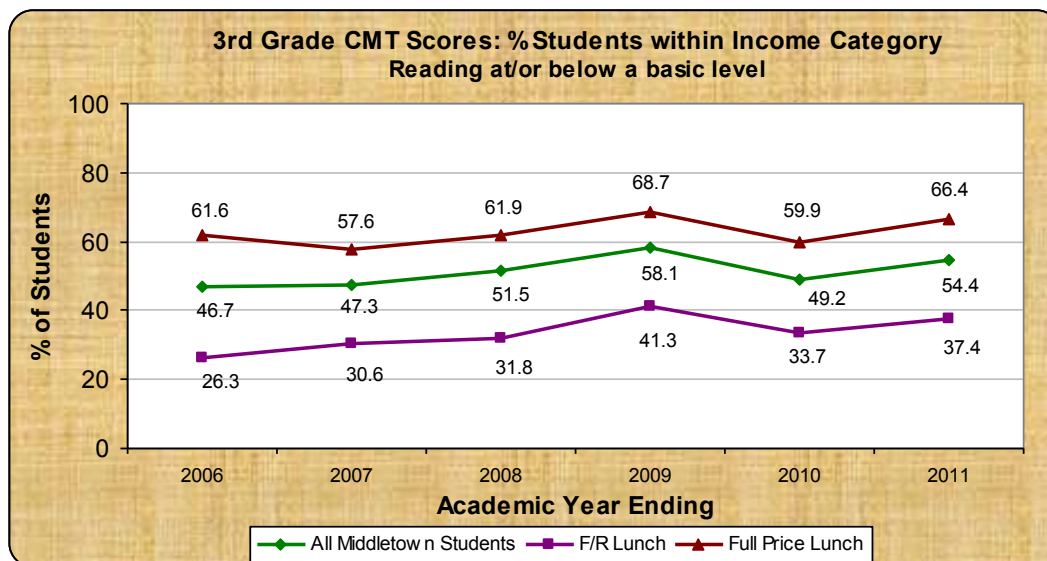
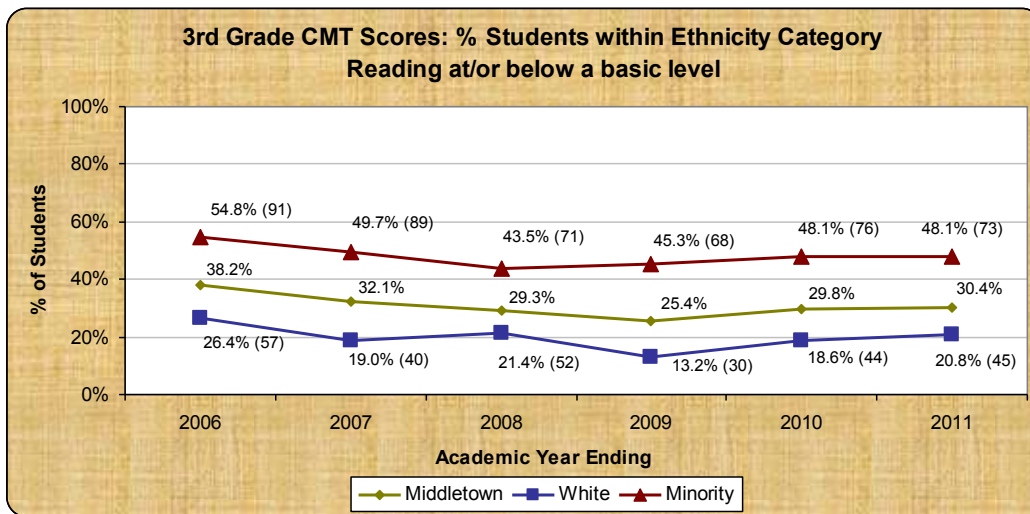
A closer look at preschool experience by income suggests that lower-income students are now catching up to their middle income peers in terms of access to two years of preschool. This is a very encouraging trend.



This trend repeats itself when we look at preschool experience for minority children.

Third Grade CMT Scores By Income and Race/Ethnicity¹⁷

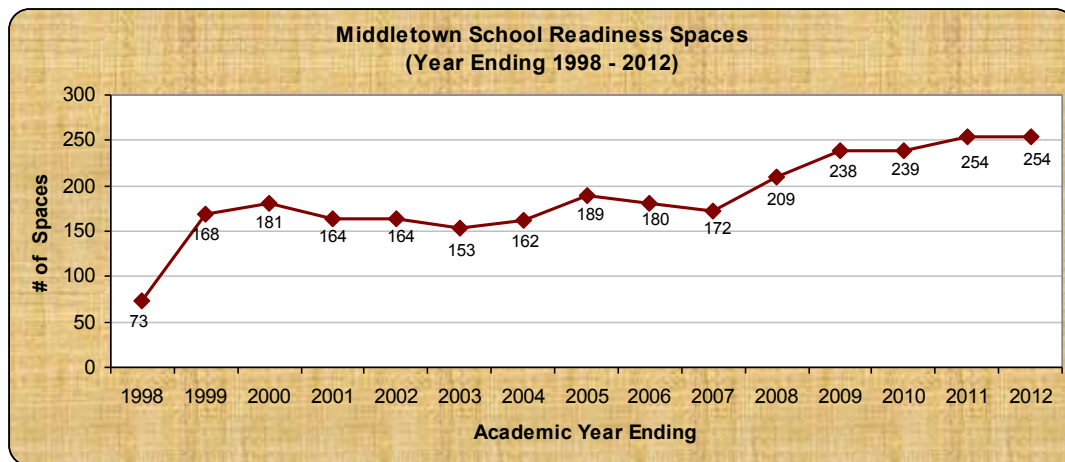
Ultimately we want all children to achieve high standards of excellence, which would require reading at a level of proficiency or above by third grade. As we move in this direction, we must ensure that we don't lose some students completely, due to the fact that they are not able to read at even a basic level. Students who are not reading at a basic level by third grade have a much higher dropout rate than their peers, and will experience tremendous difficulties catching up if they choose to stay in school. These are the most vulnerable children who require the most concentrated attention as we attempt to get all children to be successful readers and learners.



¹⁷ All CMT data obtained from: 4th generation (2006 – 2011) CT State Dept of Ed, CT Education Data and Research

Middletown School Readiness Spaces

Middletown has significantly increased the number of subsidized preschool spaces available to low-income families since the start of the School Readiness Program back in 1997¹⁸. The quality at these centers is high – all are accredited by the National Association for the Education of Young Children.



¹⁸ School Readiness data from State Dept. of Education.

Successful Learners (con't)

Middletown School Readiness and Head Start Preschool Spaces ¹⁹															
Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
School Readiness	73	168	181	164	164	153	162	189	180	172	209	238	239	254	254
Head Start	n/a	n/a	n/a	n/a	n/a	150	125	154	120	120	120	120	120	120	120
Total	73	168	181	164	164	303	287	343	300	292	329	358	359	374	374

Most students are prepared for formal education after a two-year experience in a quality center-based experience. If we want to provide a two-year experience for every low-income child in Middletown, we could approximate the need for more spaces by doubling the number of Kindergarten children who have not had any center-based preschool. Currently, 15% of children in Middletown public schools have not attended Kindergarten. The current Kindergarten classes total 440 students.

Spaces Still Needed
% with no preschool x number of children in Kindergarten x 2
15% x 440 x 2 = 132

Through a combination of School Readiness, Head Start, and other child care subsidies, we must increase the availability of high-quality preschool opportunities for low-income and minority children if we are to close the achievement gap that exists in our state and our community. Next year our capacity to expand these programs does not exceed 8 new spaces due to a lack of facilities. With a need for an additional 132 spaces, we will need to be creative in finding solutions to our space limitations.

¹⁹ School Readiness data from State Dept. of Education. Head Start data is from Community Renewal Team. For years 2003-2005, Head Start numbers include State Funded Center spaces.

PRIORITY ACTION ITEMS 2012-2013

Strong Families

Ensure Basic Needs Are Met

Support Families with Exceptional Needs

Support Families During the First Years of Life

Healthy Children

Prevent and Reduce Obesity in Young Children

Improve Oral Health for Young Children

Improve Early Childhood Behavioral Health

Successful Learners

Expand Preschool Supply for Low-Income and Minority Children

Align Expectations of Children from Pre-K through Kindergarten for Families, Teachers and Administrators.

Expand Early Literacy Opportunities

Recruit, Train and Retain Good Teachers

Supportive Community

Develop Parent and Provider Leaders

Advocate at State and Federal Levels for Young Children

Continue Community Planning and Accountability Efforts