

III. CHESAPEAKE STRATEGIC READINESS PLAN

GOAL: READY EARLY CARE AND EDUCATION – All Chesapeake children are prepared intellectually, socially and physically to successfully enter kindergarten and begin a rewarding academic journey into adulthood.

Objective 1: Expand the access to early care and education programs by increasing the Chesapeake capacity of regulated childcare for ages 0-12.

Benchmarks	Action Steps
<p>1. Expand the access to early care and education programs by increasing the Chesapeake capacity of regulated childcare for ages 0-12 from 26% to 45% by September 2010.</p>	<ul style="list-style-type: none"> • By December 2008 gather baseline data for 0-5 year olds. Separate data for infant/toddlers, preschoolers and school age. • Conduct a comprehensive study of innovative and effective efforts elsewhere in the country to expand the number of private sector family childcare homes and centers. Develop a plan by September 2009 for any of the approaches that could be applicable to Chesapeake. • Examine the feasibility of establishing a technical assistance center of information for individuals and companies looking to establish or expand early education operations in Chesapeake. Identify sources of managerial and financial help for them. • Establish a technical assistance center for parents. • Coordinate enrollment among Head Start, Virginia Preschool Initiative, and private childcare providers. • Expand VPI by ensuring city match to draw down all state dollars possible. • Examine options for childcare for teen parents in order to encourage these mothers to remain in school. <p>Expand childcare resources for children with disabilities.</p>

Supporting Data: *The number of spaces for full day, full year early care and education in the South Hampton Roads region does not meet demand. The most pressing need is to expand the availability of infant/toddler childcare. The childcare capacity in Chesapeake (per 100 children, 0-12) of 26% in 2007 contrasts to the 64.5% of children living in families in which both parents work.*

Objective 2: Make high quality child care more affordable allowing many more Chesapeake families access to quality care for their young children.

Benchmarks	Action Steps
1. Increase the family homes and centers accepting subsidy by 10%.	<ul style="list-style-type: none"> • Aggressively and effectively advocate that the state increase subsidy reimbursement rates. • Develop, communicate and implement standards of quality for providers accepting subsidy. • By November 2008, establish a task force to explore ways to reduce the number of children/families waiting for child care subsidies. • By March 2009 develop and distribute a survey to determine the difficulties faced by low-income working families. • By July 2009 develop recommendations to address this issue. • Expand scholarships, loan forgiveness and other financial incentives. • Examine the possibility of fostering business partnerships.

Supporting data: *The cost of childcare in Chesapeake significantly exceeds the reimbursement rate offered by the State. Only 42% of childcare programs in Chesapeake accept childcare subsidy payment. There are currently approximately 260 children on a waiting list for childcare subsidy in Chesapeake. This waiting list fluctuates widely depending upon the season and funding availability.*

<i>Maximum Reimbursement Rate</i>		
	<i>Family Child Care Home</i>	<i>Center</i>
<i>Age Group</i>	<i>Weekly Rate</i>	<i>Weekly Rate</i>
<i>Infants</i>	<i>\$115</i>	<i>\$160</i>
<i>Toddlers</i>	<i>\$100</i>	<i>\$140</i>
<i>Preschool</i>	<i>\$95</i>	<i>\$118</i>

Objective 3: Improve the quality of early care and education by establishing a voluntary Chesapeake QRIS.

Background: Virginia's Star Quality Initiative is a voluntary quality rating and improvement system (QRIS) which will use licensing as a foundation and establish a series of clearly defined Star levels of increasing quality. There are five standards in the QRIS: education; qualifications and training; interactions; staff to child ratio and group size; learning environment and instructional practices; and partnering with families and communities.

Benchmarks	Action Steps
<ol style="list-style-type: none"> 1. 10 centers will participate in a Chesapeake-based QRIS program. 2. Of the 10 programs participating, at least 8 will increase their scores by 2010. 3. 10 family home providers will participate in a Chesapeake-based QRIS program, with increased scores in a minimum of eight homes by 2010. 	<ul style="list-style-type: none"> • Hold a series of meetings by March 2009 to explain the QRIS standards to early childhood programs. • July 2009, establish an incentive fund to make participation in QRIS a financially and programmatically attractive option to early education providers. • Align businesses with childcare facilities in an adopt-a-center approach to provide early learning materials, scholarships, mentorship or other support.

Supporting data: A strong body of evidence shows that early care and education programs that focus on improving in ways aligned with these five standards yield positive outcomes for children. There are only three nationally accredited early childhood education programs in Chesapeake.

Objective 4: Develop and implement a coordinated system of incentives and supports to increase educational levels of early care professionals by 2010.

Benchmarks	Action Steps
<ol style="list-style-type: none"> 1. Increase availability and affordability of professional development opportunities by 2010. 2. Increase the number of early childcare and education providers utilizing professional development opportunities by 2010. 	<ul style="list-style-type: none"> • Conduct workforce studies to identify gaps and critical shortages including a benefit analysis. • Establish baseline data for providers currently engaged in seeking additional credentials. • Promote and conduct yearly recruitment and retention events in the field and in geographic areas with high needs. • Create a collaborative group to align a continuum of training opportunities that will provide comprehensive training, education and professional development opportunities for centers and family home providers. • Create and implement the use of a training tracking tool that is aligned with the Milestones of Child Development and the Professional Competencies of Early Childhood Professionals to document comprehensive training, education and professional development. • Expand scholarships, loan forgiveness and other financial incentives.

Supporting data: A minority of childcare providers in Chesapeake have an Associate degree or higher. Less than half of childcare providers have more than 5 years experience. The annual turnover rate of childcare staff in Chesapeake is 22%. Given that ample research details a strong correlation between the educational levels of providers and outcomes for the children they serve, there should be incentives and other supports for providers to continue their education.

GOAL: READY FAMILIES – All Chesapeake families of children prenatal to five will have the information, education and support they need to promote their child’s optimal development and school readiness.

Objective 1: Implement universal screen/assessment/contact with all parents at the time of birth/adoption/foster care to identify families’ needs.

Background: *Early identification and contact is essential in engaging parents.*

Benchmarks	Action Steps
<ol style="list-style-type: none"> 1. Increase the number of women screened prenatally by 20% by 2010. 2. Increase the number of MOAs among physicians, hospitals and service agencies by 25% by 2010. 3. Increase the number of mothers and infants screened and assessed by 20% by 2010. 	<ul style="list-style-type: none"> • Educate and enlist all hospitals to screen and assess all deliveries. • Develop MOA across the region to share screens and assessments with births from cities not living in city of delivery. • Screen and assess families, infants, and children in hospitals, doctor’s offices, homes, social services by trained professionals. • Access families prenatally through clinics and OBs. • Develop screen and assessment relationships and procedures for families who adopt or participate in the Foster Care System.

Supporting data: *Number of adoptive parents/infants; Number of foster care parents/children; Percent of births at healthy weight; Percent of repeat teen pregnancy; Percent of children followed in well baby care or infant intervention programs*

Objective 2: Implement outreach to parents to support their role as their children’s first and primary teacher throughout their child’s life – a role that requires on-the-job/ongoing training through targeted messages, information and resources so that parents are capable of assisting in the early literacy and social/emotional development of their children and, thus, children develop on track and enter school prepared to succeed.

Background: *The National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development, conducted over a ten year period at a cost of \$200 million, found that parenting quality is a far stronger influence on children’s cognitive and social-emotional development than is child care experience. A major strength of the NICHD Study was its ability to examine the linkages between child development and childcare, while also examining the linkage between child development and family features. This process reduced the possibility of saying that a link exists between childcare and child outcomes when actually the outcome is predicted by family features instead. The study found that family features (including quality of parent-child interaction, parental attitudes, and mother’s sensitivity), are stronger and more consistent predictors of child development than any aspect of child care. The study indicates that parents are the most important influence on their children’s development, and programs that support parents’ ability to provide responsive care are likely to benefit children.*

Home visitation programs affect numerous indicators for school readiness, among them: physical well-being and motor development, social and emotional development, approaches to learning, language development, cognition and general knowledge, births to teen, child abuse and neglect, children in foster care, low birth weights, births to adolescent women, and access to prenatal care. Because of the multiple substantiated benefits deriving from such initiative and the preventative and the cost-effective natures of them, home visitation should be a major part of an overall Chesapeake program for early education and care.

There is positive evidence that programs such as Parents as Teachers generate substantial long-term benefits for young children and their families. The key to such initiative is to ensure that the specific programs have, in fact, been validated through quantified results over a significant period of time.

Benchmarks	Action Steps
<ol style="list-style-type: none"> 1. Increase parent access, awareness and involvement in proven early intervention, parent education and support services. 2. Increase the number of Chesapeake families receiving home visitation/case management from 1,135 in 2008 to 2500 in 2010. 	<ul style="list-style-type: none"> • Establish regional/city/neighborhood family resource centers that connect families with community resources, provide information and support on parenting and child development issues, educate parents, caregivers, and the public using research-based family education and support programs and services which promote the health and well-being of children.

<p>3. Increase the number of Chesapeake families participating in parent education and support programs</p>	<ul style="list-style-type: none">• Develop marketing messages for parents/families, targeted to age and culture, to encourage participation in parenting classes and educate through parenting tips.• Develop Newsletters, e-messages, bill boards, etc. to reach new parents and caregivers.• Use Born Learning materials as resources for families of young children <ol style="list-style-type: none">1. Establish universal contact/screening of all parents at the time of birth to identify those families needing home visitation/case management or other services.2. Adopt model home visitation/case management programs with proven outcomes that provide a continuum of care for families.3. Implement programs such as Resource Mothers to address low birth weight births in Chesapeake.4. Support First Steps for those parents not needing intensive management/home visiting.5. Support collaboration and partnerships between the local and state home visiting programs/agencies to establish agreements and goals related to shared training, evaluation measures, tools, information and marketing materials.6. Include neighborhood-specific strategies and services in all plans for services.
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7. Develop a city wide/regional task force/committee to explore ways to provide effective parenting education, knowledge of child development, “helpful hints,” support for parents that meet the lack of transportation, busy schedules, and other areas preventing parents from accessing information.
8. Develop data on the extent of parenting education in Chesapeake/region.
9. Adopt model parent education programs for parents of children 0-5, teen parents, grandparents raising grandchildren, single parents, etc.
10. Support collaboration and partnerships between the local and state parent education programs/agencies to establish agreements and goals related to shared training, evaluation measures, tools, information and marketing materials.
11. Establish a training and technical assistance collaboration to support parenting and home visiting initiatives.
12. Planning for services should include neighborhood-specific strategies and services.
13. Expand Raising A Readers’ parent engagement in early book sharing and early language development, currently with all CHIP Healthy Families participants, to other home visitation programs.

GOAL: READY SCHOOLS – All of Chesapeake’s residents will achieve the minimum of a high school education or equivalency.

Objective 1: All of Chesapeake’s children experience a seamless transition from their early education and care to high-quality learning environments that foster parent partnerships in K-12 settings.

Benchmarks	Action Steps
<p>1. 50% of Chesapeake early care and education providers will have a better understanding and work with parents to understand the Foundation Blocks/Standards of Learning (SOL) for Kindergarten.</p>	<ul style="list-style-type: none"> • During 2008-09, hold a series of meetings between early education providers to include family home providers, and elementary school teachers so that each understands the needs and concerns of the other group. • During 2009, ten center programs and ten family homes will participate with a transition plan for Chesapeake children. • By September 2010, 50% of schools will have transition plans in place and these plans will have been shared with and explained to all family childcare homes and centers in Chesapeake. • By September 2010, the school's transition plans will have been shared with all parents of children in the Chesapeake school district.

Objective 2: Maintain student parents in high school until graduation.

Benchmarks	Action Steps
<p>1. Increase number of teen parents graduating from high school.</p>	<ul style="list-style-type: none"> • Provide targeted intervention to teen parents to keep them in school. • Utilize HIPAA agreements between schools and the Health Department to refine data collection and mapping. • Implement teen parent educational retention program. • Provide targeted childcare to children of teen parents to enable parents to stay in school. • Increase Virginia Preschool Initiative (VPI) enrollment.

Supporting Data: Research indicates that the educational level of parents is a key indicator of children's developmental and educational success.

Objective 3: Increase adult education levels.

Benchmarks	Action Steps
<ol style="list-style-type: none"> 1. Increase high school graduation rates by 50%. 2. Increase number of GEDs awarded. 	<ul style="list-style-type: none"> • Bring adult education programs into the neighborhoods and utilize churches, civic centers and informal support networks and mentors within the community. • Utilize technology to facilitate distance learning; partner with businesses to provide computers.

Supporting Data: Research indicates that the educational level of parents is a key indicator of the children's developmental and educational success. A well-educated workforce is an economic development asset.

GOAL: READY HEALTH – Every Chesapeake child has a medical home, having access to a full range of prevention and treatment services to ensure their health and safety.

Objective 1: Increase the number of Chesapeake Children with health insurance.

Background: In 2004, 1,315 children in Chesapeake eligible for Medicaid or FAMIS were not enrolled. Children without health care do not receive needed well child checks, immunizations or proper health care. Parents without insurance for their children usually access emergency rooms for needed services.

Benchmarks	Action Steps
1. 90% of eligible children will be enrolled in Medicaid or FAMIS by 2010.	<ul style="list-style-type: none"> • Promote enrollment and retention of all eligible children in Medicaid or Families. • Develop a marketing plan to promote aggressively enrollment of eligible children. • Educate health care providers about Medicaid reimbursement for oral health assessments and dental services. • Increase availability of and access to early dental care.

Supporting data: Eligible children enrolled in public health insurance (Medicaid and FAMIS) (2004) Note: In 2005, there were still 11% of children not enrolled.

- Medicaid: 9,089
- FAMIS: 1,915
- Remaining eligible not served: 1,315 (11%)

Objective 2: Target efforts to improve health outcomes.

Benchmarks	Action Steps
<ol style="list-style-type: none"> 1. Decrease the teen birth rate. 2. Increase number of Chesapeake infants born at a healthy weight. 3. Maximize participation in WIC, Food Stamps, local food pantries, and other nutrition programs. 4. Increase number of Chesapeake pregnant teens who participate in timely and regular prenatal care. 5. Decrease number of Chesapeake children with lead exposure. 6. Increase number of dentists who treat uninsured or underinsured children. 	<ul style="list-style-type: none"> • Promote Joint Commission on Health Care recommendations related to premature and low birth weight babies. • Increase perinatal depression and substance use services. • Educate families about the importance of dental care. • Educate women about the importance of prenatal care. • Increase lead level testing. • Promote healthy behaviors among all pregnant women and young children. • Expand early intervention services.

Supporting Data: *1% of children under the age of three in Chesapeake are served with early intervention, while in the 5 – 15 age group, 7.5% of children have one or more disabilities. Low birth weight in babies in Chesapeake is higher than the state rate. Lead level testing has decreased although the rate of elevated lead levels has increased*

IN CHESAPEAKE:

The below data is from Vital Stats, information that is provided based on the birth certificates; it is likely that the substance abuse information is grossly underestimated. Maternal Depression information is not listed on the birth data and, thus, is not available for Chesapeake.

	2003	2004	2005	2006	2007
# of Births	2860	2975	2896	2898	2974
# Substance Abusers	26 = 9.1/1000	26 = 8.7/1000	27 = 9.3/1000	23 = 7.9/1000	26 = 8.7/1000
# of Smokers	160 = 5.6%	214 = 7.2%	163 = 5.6%	181 = 6.2%	193 = 6.5%

NATIONAL DATA:

- As many as 23.3% of mothers use alcohol at some time in the pregnancy, and 6.0% of use alcohol in the 3rd trimester.
- 10.6% of all women are on antidepressant medications. 4.4% use illicit drugs during some part of their pregnancies (would be equivalent to 131 births in Chesapeake in 2007 affected by drugs, and 693 affected by alcohol – implies that the birth data only captures 3.2% of the substance abusers).
- According to the March of Dimes 10-20% of pregnant women experience depression during their pregnancies, and 1 in 4 women experience depression at some point in their lives.

GOAL: READY COMMUNITIES – There is alignment of all Chesapeake businesses, faith-based organizations, service providers, community groups, the educational system and local government to provide a continuum of services for families to support children’s long-term success by providing collaborative leadership in advancing the components of a “Ready Child.”

Objective 1: Increase public-private investments and position funding for maximum impact.

Benchmarks	Action Steps
1. Create Chesapeake Business Council with corporate leaders to meet quarterly to develop and support legislative and funding initiatives.	<ul style="list-style-type: none"> • Maximize available resources. • Secure sustainable, diversified investment. • Coordinate local level resource development. • Increase business partnerships in alignment with SBSHR Business Council by consistently emphasizing the strong links among an area’s early education, family support systems and long-term economic vitality.

Objective 2: Enhance the ease of access and systems navigation for Chesapeake families.

Benchmarks	Action Steps
1. Increase use of 2-1-1 (information and referral line) by Chesapeake residents by 25% by 2010. 2. Increase use of <i>Kids Priority One</i> website/hotline by Chesapeake residents by 24% by 2010.	<ul style="list-style-type: none"> • Create a “no wrong door” service delivery system by establishing multi-purpose centers located in neighborhoods/schools/community centers that would bring services to families. • Implement an integrated database that allows human service providers access to client information among each other. • Foster non-traditional partnerships for wide-spread public awareness about available resources. • Utilize technology to enhance public information and education.

Objective 3: Explore expansion of existing or potential multi-system partnerships.

Benchmarks	Action Steps
<ol style="list-style-type: none"> 1. Expand utilization of TCC early childhood AA program/curriculum. 2. Enhance programming for early intervention for children with disabilities. 	<ul style="list-style-type: none"> • Conduct public awareness campaign about TCC’s early childhood offerings. • Re-visit potential early care and education partnership, including childcare center, with Chesapeake Community Services Board.