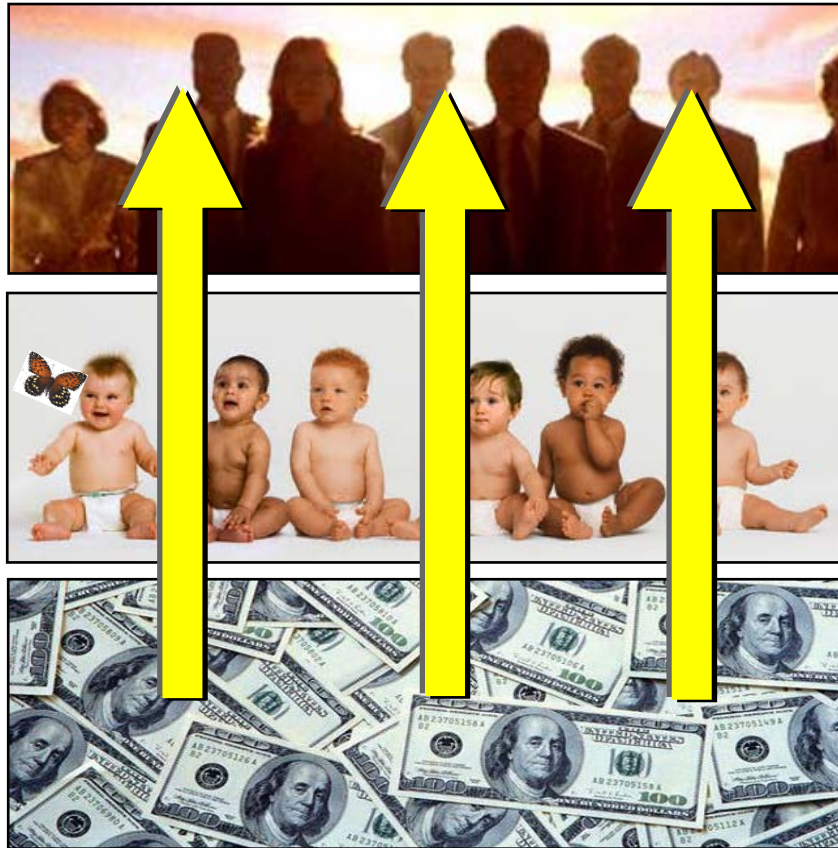


Chesapeake Collaborative Planning Committee



**The Right Investments Today...
The Right Payoffs Tomorrow--
For Them and For Chesapeake.**



Chesapeake Smart Beginnings Strategic Initiative / August 2008

“For the most part of the 20th Century, the United States could take pride in having the best educated workforce in the world. That is no longer true. Over the past thirty years, one country after another has surpassed us in the proportion of their entering workforce with the equivalent of a high school diploma, and many more are on the verge of doing so.

For decades, researchers have concluded that high quality early childhood education is one of the best investments a nation can make... But this country has never committed the funds necessary to truly provide that education for its youngest citizens.”

Tough Choices or Tough Times, 2007

The New Commission on the Skills of the American Workforce



INTRODUCTION

The document presented here represents the plan for Chesapeake's children, pre-birth to age 5. It aligns with the work of another group, engaged in a similar planning activity for children and youth, ages 6 to 22. Upon completion of these efforts, the two plans will merge to result in a "Comprehensive Plan for Chesapeake's Children and Youth," which will be overseen by the Chesapeake Office of Youth Services.

Throughout this nine month planning process, the Chesapeake Collaborative Planning Committee has worked to closely examine early childhood education and care from a number of perspectives. We have reviewed the status of our youngest citizens from a broad range of social, economic, educational and health perspectives. Where possible, we have compared and contrasted how our children stand in the context of the region and the state overall.

We have discussed, and at times debated, the relative effectiveness of programs and approaches that seek to prepare young children to be healthy and ready for success when they enter kindergarten. To the extent practical, we have looked at the dollars that support such initiatives as investments--investments on which our children and the citizens who pay for them through tax dollars are entitled to receive maximum return.

We have been particularly cognizant that today's children will grow into a world that will be considerably different than the one we've known. They will face competition for economic prosperity as adults from their counterparts now growing up literally all over the world. And what is true for them is also true for American communities and U.S. companies.

Simply stated, an important part of our working equation has been that today's kids are tomorrow's workforce. Our ability to prepare our children academically, socially and health-wise for success in entering kindergarten goes beyond their futures as individuals. It goes to Chesapeake's collective future as a strong economic entity as well as to the nation's economic security.

This document is the programmatic foundation to ensure appropriate funding to meet the diverse and growing education, health and social development needs of the young children and families of Chesapeake. It both reflects and responds to what the members of this Committee have identified through this strategic process.

In the years ahead, we will be careful stewards of any responsibilities which we are given, and will provide statistical ways of tracking program performance. We will always assign top priority to accountability-- consistently defining the return on investment for dollars that underwrite initiatives for early education and care.

After all, it's about the kids, and that's critical. But it's also about all of us... and all of Chesapeake.

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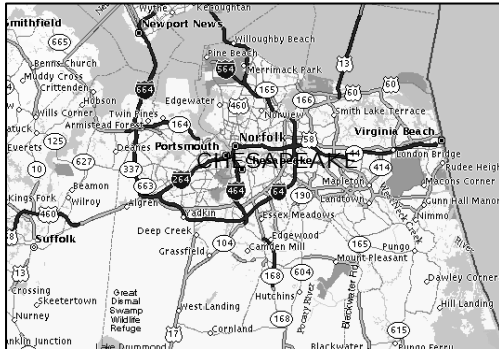
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I. INVESTMENTS IN QUALITY EARLY EDUCATION AND CARE: WHAT'S IN IT FOR CHESAPEAKE? WHAT'S IN IT FOR YOU?

The basis for early education and care has always centered on assuring that young children are healthy and prepared to succeed when they enter kindergarten and first grade-- hopefully establishing an academic momentum that will continue throughout their formal education. That is altogether proper, because young girls and boys and their families are fully worthy of our attention and support.



The mistake that has been made by most early education advocates across the country has been that this has been the only focus. And that is precisely why early education and care in the United States have been significantly underappreciated, undervalued and underfunded. And it is also precisely why early education and care must be viewed from a far broader perspective.

As important as it is, there is far more at stake with early education and care than the individual futures of young children as they grow into adults. The Chesapeake Collaborative Planning Committee recognizes that also in play is the long-term economic vitality of our community, local companies, Virginia and the nation itself-- all of which face global competition on almost every front.

This chapter summarizes the major returns on investments that can be generated for Chesapeake in a wide range of areas by quality early education and care initiatives. Taken collectively, the returns are substantial. And it is on the collective basis that the case for early education and care must be advanced if they are to be successfully positioned for what they very much are-- critical components of a community's economic and social infrastructure.

DEVELOPING A GLOBALLY COMPETITIVE WORKFORCE.

Unease about the American workforce and the U.S ability to compete in the global economy without a solid investment in education beginning in early childhood is a potent and largely under-used rationale for expanding public and private investments in this area.

Facing a decline in the number of skilled workers, key American business organizations and leaders strongly back public funding for pre-kindergarten for all children and other systems of early care to keep the U.S. economy globally competitive in the decades immediately ahead.

According to a 2006 *Zogby International survey of Fortune 1000 companies and businesses* with more than 1,000 employees, 49% of respondents said the level of their workers' skills had decreased over the last decade. 54% said they expected difficulty finding enough educated and skilled workers in the future, while 81% said public funding of voluntary pre-kindergarten for all children would improve the nation's work force.



Concerns about the quality of the American workforce and our economic future were implicit in the responses of business leaders. What was truly surprising was not just the recognition that pre-kindergarten is essential to a better educated workforce, but that 63% of the business leaders favor active support for such universal programs by business.

Participants overwhelmingly favored publicly-supported pre-kindergarten programs, with more than four-in-five agreeing with all of the following statements:

- Investments in effective preschool programs for children are important if the U.S. is to remain competitive in the global economy.
- Effective preschool programs for children are of critical importance for the long-term success of the local and national economies.
- Public funding of voluntary pre-K for all children would improve America's workforce.



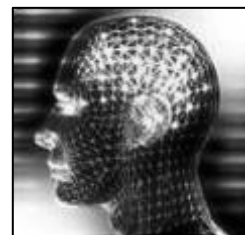
This concern about future American business competitiveness was also reflected in a major *BusinessWeek* article on early education: “Programs that put real money into intensive preschooling pay off -- in productive workers. To stay competitive, companies need an educated workforce. That's one reason executives wince at the sorry scores U.S. students earn in international reading, science, and math rankings.”

That last sentence is no exaggeration. In the most recent analysis of the top thirty industrialized countries around the world, the United States ranked 8th in the percent of young adults with college degrees and 11th in high school degrees. Twenty years ago, the nation was #1 in both categories.

Another statistical indication of trouble comes from last year's findings of how American 15-year olds compare to their peers in 55 other countries on science and mathematics proficiencies. The United States now stands at 21st and 25th respectively. The challenge is clearly defined by a recent report from *The New America Foundation*, a relatively new and widely admired Washington-based think-tank with major corporate involvement:

“Never before has the connection between our economic growth and our education system been so critical. As the *Council on Competitiveness* predicts, where once we optimized our organizations for efficiency and quality, now we must optimize our entire society for innovation. The drive for innovation demands that we look at improving our education system from the ground up. To date, we have heard little in the debate about children's early years. This is radically different than our competitors, who begin investing much earlier in their citizens' education, knowing that these investments have long-term benefits. For America to succeed, we must do the same.

In this new global economy, our education system must develop students who have the creative capacity to dream and design as well as build. They must be able to interact with people who have different values and beliefs. While they will need the ability to think critically, they must also be able to work in cooperation with co-workers across the globe. We need citizens and leaders to engage in a complex and changing economy.



Many of these skills are fundamental and develop surprisingly early in a child's life. Yet, our current education system concentrates most of its attention on students' later academic years. This strategy is not helping students keep pace with their international peers. Other countries build their primary education systems upon an integrated and coordinated system of early care and education, often beginning at age three. A first step in our efforts is to develop a national system for children's earliest education experiences that aligns standards, expectations and programs."

A major collaboration of U.S. corporate and academic leaders, the *Committee for Economic Development* (CED) has also weighed in on the issue. In its report, The Value of Preschool Investments as Economic Tools, it notes that each year billions of state and local tax dollars are committed to local development projects, often in the form of inducements to high-profile companies. Though these investments are increasingly common, the CED concludes that the history of their payoffs is spotty at best, with any benefits frequently accruing to only a small segment of the population.

In contrast concludes the CED, early childhood education offers greater potential returns and substantially less risk. It encourages local development policy-makers to view early education as a development tool and to appreciate its lasting benefits. "It is time that early education is implemented with the same energy, urgency and funding that is currently being applied to other less-promising development projects." The author of this report is Dr. James Heckman of the University of Chicago, 2000 recipient of the Nobel Prize for Economics.

While there are numerous other sources that can be used to define the economic role of early education and care, this section concludes with perhaps the most compelling-- *The Business Roundtable*. The organization consists of the Chief Executive Officers of 160 leading U.S. companies that comprise nearly a third of the total value of the U.S. stock markets, represent over 40% of all corporate income taxes paid, and make some 60% of corporate charitable contributions.

The Roundtable is committed to advocating public policies that ensure vigorous economic growth, a dynamic global economy, and the well-trained and productive U.S. workforce essential for future competitiveness. Its 2003 position paper, Early Childhood Education: A Call to Action from the Business Community, emphatically called for state and federal programs that provide quality early education.



The Roundtable's endorsement of the importance of quality early education was unequivocal: "In today's world, where education and skill levels determine future earnings, the economic and social costs to individuals, communities, and the nation of not taking action on early childhood education are far too great to ignore, especially when the benefits far outweigh the costs." It also contained five principles that are integral parts of quality care:

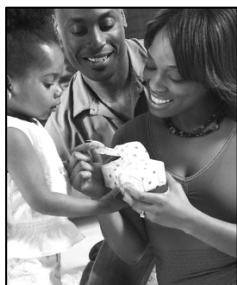
- (1) Align the objectives of the early childhood education system with state standards in the early grades of school;
- (2) Ensure that teachers possess the skills, knowledge, and attitudes to help children enter school prepared to succeed;
- (3) Support parents as their children's first teachers and provide high-quality program options to parents who choose to enroll their children;
- (4) Embrace accountability for measurable results; and
- (5) Build partnerships to finance, sustain, and improve the system.

FAMILY INVOLVEMENT: A CRITICAL FACTOR.

The Business Roundtable was absolutely correct to identify the the key part played by parents as their children's first and foremost teachers. The widely respected Harvard Family Research Project cited the late American psychologist Urie Bronfenbrenner in a recent report:

“The family seems to be the most effective and economical system for fostering and sustaining the child's development. Without family involvement, intervention is likely to be unsuccessful, and what few effects are achieved are likely to disappear once the intervention is discontinued.”

It is entirely appropriate, therefore, that the Chesapeake Collaborative Planning Committee placed high priority on investing in projects that increase the family involvement. The more that a community recognizes the importance of what goes on in families during children's earliest years and the amount of support parents require, the more resources can get mobilized to accomplish it. And the more long term social and economic benefits will be recognized by those parents, children and Chesapeake as a whole.



Parents play an absolutely critical role in the long-term success of both their children and the communities that they become a part of as adults. A series of major studies has demonstrated clearly that early childhood programs by themselves cannot prepare children for a successful transition to kindergarten and a productive education.

Simply stated, the birth to five stage of a child's life is the foundation for everything that follows. And much of what follows is substantially shaped and influenced by what happens in those early years. It is then that children acquire the basic skills that set the stage for later learning. It is also the time when parents' own feelings about their children are established and when the children's own sense of self-worth and academic concepts begins to form.



The systems of early education that work best include both participation in preschool activities and regular communication between families and teachers as integral components. Parent participation practices can include attending parent-teacher conferences, participating in extended class visits, and helping with class activities, all of which are associated with child language, self-help, social, motor, adaptive and basic school skills, according to the Harvard Family Research Project.

One consideration of the Project's analysis is just why the benefits of home-school relationships sustain over time? One possible answer is that family involvement in early childhood sets the stage for involvement in future school settings. For instance, family involvement in programs during the early years was associated with greater parent involvement in the elementary school years, which in turn was related with positive youth outcomes in high school.

It logically follows that as the child becomes a young adult, the level of academic, social and related abilities is sustained. Thus, early positive patterns in a home-school relationship bridge children's experiences over time and across educational settings, and... eventually into the workplace. There, the ability to compete-- as individuals, companies, or agencies-- is an absolute necessity in a world characterized by globalization.

RAISING WORKFORCE PRODUCTIVITY / INCREASING COMPANY PROFITABILITY.

While in many instances, the measurable payoffs from quality early education and care come years after that investment had been made, some returns are more immediate. One of the most striking is the increase in worker productivity experienced by companies, large and small, that have adopted family-friendly practices in general and early education and care in particular. Simply stated, quality child care improves a company's bottom line.



One of the first detailed studies of this issue-- Investing in Child Care: Challenges Facing Working Parents and the Private Sector Response-- was published by the *U.S. Department of the Treasury* in 1998. It found that "(E)mployers frequently find that child care can have a significant impact on their businesses. Lack of access to affordable quality child care may make it difficult for businesses to hire qualified employees. Productive and valued employees may leave their jobs because of child care problems, increasing hiring and training costs. Employees may be forced to take time off because of child care problems, or spend time at work handling child care concerns. These factors can reduce productivity and profits."

The findings of this report were echoed in The National Study of the Changing Workforce, a subsequent publication by the *Families and Work Institute*. It concluded that the quality of workers' jobs and the supportiveness of their workplaces are the most powerful predictors of productivity, job satisfaction, commitment to their employers and retention-- far more accurate indicators than pay and benefits, which are generally competitive with the marketplace.

Translating general principles into specific results, was an analysis of such corporations by the Conference of State Legislatures-- Early Childhood Care and Education: An Investment that Works. It found that reliable quality early education and care arrangements had a number of quantifiable positive impacts, all of which impacted company bottom lines. Most of the companies taking part had a significant portion of their workforce made up of the parents of young children. Specific realized returns on investment included:

- 54% lowered absenteeism.
- 67% decreased tardiness.
- 52% cut turnover.

In other studies, companies have directly translated such percentages into measurable increases in profitability. Johnson & Johnson reported a savings of more than \$4 for every \$1 invested in its work/family programs, including child care resource and referral information. DuPont has documented a 637% return on its work/life balance programs, which include child care. The company operates at least some elements of the initiative at virtually all its major operations in the United States and beyond.

Another example... AlliedSignal surveyed participating parents at the beginning of the child care program and again after one year to measure its impact on productivity. The results were dramatic. Lost work time had decreased by 89%. Parents said they were more focused at work and more productive. Company morale also had improved, and many new employees told management that the center was part of their decision to join the company.

Even small and mid-size businesses can benefit from child care considerations. There have been many cases of such firms reaping the positive benefits from steps as small as simply giving new and prospective employees information on local child care resources and being flexible in giving workers time to explore child care options and consulting with their children's providers.

In 2001, a landmark project was completed by *Watson Wyatt Worldwide*. This study researched 405 NASDAQ and New York Stock Exchange (NYSE) companies. The Linking Human Capital and Shareholder Value research found a clear relationship between the effectiveness of a company's human capital and the creation of superior shareholder returns.

According to research conducted by the *Work Options Group*, the average American working parent misses nine days of work per year. As their children move through daycare and into elementary school, the number of days increases to thirteen. This level of absenteeism across all age groups, for problems associated with breakdowns in childcare and eldercare translate to over three billion dollars annually to American business every year.

The report further indicates that the true cost of absenteeism equals a minimum of two times the actual hourly wage of workers. "An employer must take into account the actual wage, benefits, supervisors' time and lost opportunities resulting from absenteeism, when calculating the true cost to a company. In some cases, as in the case of employees responsible for direct revenue for a company, this might even be a conservative number."

Commissioned by *Smart Beginnings South Hampton Roads* and undertaken by the *National Economic Development and Law Center*, The Economic Impact of the Child Care and Early Education Industry in South Hampton Roads lists a series of local organizations that are actively engaged in providing child care resources for their workers. They include:

- Suffolk's Sentara Obici Hospital owns and manages an on-site child care center for its employees. The center is widely viewed as a significant benefit by hospital workers, and is an important factor in recruitment and retention.
- U.S. Department of Defense offers high-quality child care to ensure that quality programs are affordable for all military families. Payments to the participating centers and homes are subsidized by the federal government.
- Through the local child care resource and referral agency, The Planning Council, the Ford Motor Company factory in Norfolk provides grants to each of the 26 family child care centers and homes to which its employees send their children.
- Children's Hospital of the King's Daughters operates a child care center near its Norfolk location that operates from 6 a.m. to 8 p.m. By providing child care and early education services for evening-shift employees, the hospital is able to retain a high-qualified nursing staff. Discounted tuition rates for hospital employees are provided at the facility, which is also open to children from the local community.
- The USAA's Norfolk regional office offers on-site, reasonably priced child care for employees' children, stating that it is major tool in attracting, hiring and keeping the very best employees.

EARLY EDUCATION AS A SIGNIFICANT LOCAL INDUSTRY SEGMENT.

It is evident from the same report referenced immediately above that early education not only contributes to a productive workforce and company profits, but that it is a key part of the overall economy itself. For starters, there are more than 1,000 small and medium-sized child care and early education businesses regionally.

The study found that 5,400 individuals are employed in early education and care in the Chesapeake / Virginia Beach / Norfolk / Suffolk / Portsmouth region. To place that in perspective, that is nearly as many people as are employed by all the hotels and motels in South Hampton Roads. The number is 90% of the total public elementary school teachers in the region, and almost as many people as the accounting and management consulting sectors together.



Child care and early education generate more than \$206,000,000 annually in gross receipts. This figure is well over half the total receipts from all hotels and motels, a critical piece of the South Hampton Roads tourist industry. And there are significant ripple effects of the early education industry as well. For example, it purchases goods and services locally, adding to the employment and gross receipts of other local industries. The cumulative industry economic activity as defined by the study is \$272.8 million and 5,960 jobs to this region.

EXPANDING THE REGION'S WORKFORCE AND SKILL LEVELS.

The American workforce of 2008 differs sharply from the one twenty years ago. According to the *U.S. Bureau of Labor Statistics*, the majority of skilled employees currently in the workforce are parents with child care needs. In many two-parent families, both parents are in the workforce. More than 10 million workers are single parents, 2.1 million of these being single fathers. High-quality early care and education allows parents to work, confident that their pre-school age children are nurtured, safe, and developing the skills necessary to succeed in life.

Women are participating in the workforce in record numbers. Over three-quarters of women who have school-age children are employed. Sixty-five percent of mothers with children under the age of six are in the workforce. By the next decade, it is likely that working women will outnumber working men. That level of participation will only be possible if appropriate early education and child care arrangements are made available.



The South Hampton Roads study also details the roles of early education and care in not only expanding the area's workforce, but in also helping it become more skilled. There are 84,100 workers in South Hampton Roads with a child under age six. That is almost 17% of the region's total workforce. These parents earn over \$2.7 billion in annual wages.

Child care and early education provide the support necessary for working parents to further their formal education in both school and organization settings. The result is parents who are better educated and trained, thereby earning more, paying higher taxes and providing companies with a more skilled and competitive workforce.

DEVELOPING TAX GENERATORS-- NOT TAX CONSUMERS.

Ultimately, the case for public investments in early education and care comes down to documenting how society in general taxpayers benefit. It is, after all, taxpayers' monies that pay for such initiatives.



The answer is simple. Long-term studies have shown that children who receive quality programs in their early years are far more likely to become productive members of society and far less inclined to become recipients of various social and human welfare services. In short, they become tax generators by holding quality jobs and paying taxes themselves rather than being tax consumers through under or unemployment, incarceration, or substance abuse.

The longest-running such analysis is the *High/Scope Perry Project*, which started in 1962 with 123 young African-American children living in poverty in Ypsilanti, Michigan who were assessed to be at high risk of school failure. The program design included teachers who were well-qualified, a teacher served no more than eight children at a time, parents were visited as a component of the program, and classes operated daily. The researchers randomly assigned 58 of the children to this high-quality setting, and the rest received no preschool program.

Subsequently, children from the two groups have been evaluated at ages 14, 15, 19, 27, and most recently at age 40. The latest report found continuing positive long-term effects of high-quality early childhood care and education, identifying a return to society of more than \$17 for every dollar invested in the early care and education program. Approximately \$13 of that benefit accrued to the public sector. Among the key findings:

- More of the group who received high-quality early education graduated from high school (65% vs. 45%), particularly females (84% vs. 32%).
- Fewer females who received high-quality early education required treatment for mental impairment (8% vs. 36%) or had to repeat a grade (21% vs. 41%).
- The group who received high-quality early education on average outperformed the non-program group on various intellectual and language tests during their early childhood years, on school achievement tests between ages 9 and 14, and on literacy tests at ages 19 and 27.
- More of the group who received high-quality early education than the non-program group were employed at age 40 (76% vs. 62%).
- More of the group who received high-quality early education had median annual earnings more than \$5,000 higher (\$20,800 vs. \$15,300).
- More of the group receiving high-quality early education owned their own homes.
- More of the group who received high-quality early education had a savings account than the non-program group (76% vs. 50%).

The High/Scope Perry findings have been supported by the longitudinal analysis of *Child-Parent Centers Program (CPC) in the Chicago Public School System*. This effort provided intensive instruction in reading and math from pre-kindergarten through third grade, combined with frequent educational field trips. The children's parents received job skills training, parenting skills training, educational classes and social services.

The study began with a group of 1,539 low-income children in 1985-86. Some 1,000 children in the study were enrolled in the CPC at ages 3 or 4, with 500 in the comparison group, which was made up of children in alternative early childhood programs. Participants have been tracked for two decades. "By the time they reached adulthood, graduates of an intensive early childhood education showed higher educational attainment, lower rates of serious crime and incarceration, and lower rates of depressive symptoms," says a 2007 report by the *National Institutes of Health*.

A third widely recognized initiative was *North Carolina's Abecedarian Project*, a controlled scientific study of the benefits of early childhood education. Children received full-time, high-quality educational intervention in a childcare setting from infancy through age 5, with each having a tailored program of educational activities. The program focus was on social, emotional, and cognitive areas of development but gave particular emphasis to language. Progress was monitored over time with follow-up studies conducted at ages 12, 15, and 21. Results paralleled the High/Scope and Chicago conclusions, and included:

- Children who participated in the early intervention program had higher cognitive test scores from the toddler years to age 21.
- Academic achievement in both reading and math was higher from the primary grades through young adulthood.
- Intervention children completed more years of education and were more likely to attend a four-year college.
- Enhanced language development appears to have been instrumental in raising cognitive test scores.
- Mothers whose children participated in the program achieved higher educational and employment status than mothers whose children were not in the program. These results were especially pronounced for teen mothers.

Of special relevance and credibility to early education and care in Chesapeake is a 2003 report issued by the *Federal Reserve Bank of Minneapolis*-- Early Childhood Development: Economic Development With a High Public Return. Two major conclusions were:

1. Early childhood development programs are rarely portrayed as economic development initiatives, and we think that is a mistake. Such programs, if they appear at all, are at the bottom of the economic development lists for state and local governments. They should be at the top.
2. The return on investment from early childhood development is extraordinary, resulting in better working public schools, more educated workers and less crime.

It is not surprising, then, that *Federal Reserve Board Chairman Ben Bernanke* made the same point in his speech to the U.S. Chamber of Commerce, Education and Workforce Summit in September 2007: "Building the foundation for lifelong learning from the earliest ages is crucial. Research suggests that ... children who start behind find catching up increasingly difficult ... The payoff from high-quality pre-school and home visitation programs is likely very high, especially for children born into poor or otherwise disadvantaged families."



SAFER COMMUNITIES.

Interestingly, among the most consistent and vocal supporters of quality programs of early education and care have been law enforcement officers across the country. In responding to the High/Scope Perry results discussed above, Sanford Newman, president of Fight Crime: Invest in Kids, an anti-crime organization made up of 2,000 police chiefs, sheriffs, prosecutors and victims of violence, stated the following:

"This study proves that investing in high quality pre-kindergarten can make every family in America safer from crime and violence. Law enforcement leaders know that to win the war on crime, we need to be as willing to guarantee our kids space in a pre-kindergarten program as we are to guarantee a criminal a prison cell."

Newman was responding to two specific findings of the analysis:

- The group who received high-quality early education had significantly fewer arrests than the non-program group (36% vs. 55% arrested five times or more); and
- Significantly fewer members of the group who received high-quality early care than the non-program group were ever arrested for violent crimes (32% vs. 48%), property crimes (36% vs. 58%), or drug crimes (14% vs. 34%).

SUMMING UP.

If you live in Chesapeake and are one or several of the following, you are affected by the quality of our community's early education and care:

Child... Parent... K-12 Educator... Post-Secondary Educator... Small Business Person... Corporate Leader... Human Resources Executive... Social or Human Services Representative... Health Field Professional... Economic Developer... Elected Official... Public Administrator... Law Enforcement Officer. Oh, and one more-- Taxpayer.

There can be no doubt that early education and care are critical components of Chesapeake's community and economic infrastructure. They must be seen in that context, afforded that respect and supported in that regard if we are to fulfill our collective potential and that of all of our citizens.

II. PLAN OVERVIEW

Project Background.

There are two organizations that made this strategic initiative possible. It is altogether appropriate that before we get into the specifics of this report document that we give our professional appreciation to each: The Norfolk Foundation for its financial backing and involvement, and Smart Beginnings South Hampton Roads, for great technical assistance, staff support and encouragement.

The Norfolk Foundation, one of the largest such agencies in the U.S., makes grants “that transform the quality of life and inspire philanthropy in southeastern Virginia.” Its dollars underwrote our strategic planning activities, as well as those in Norfolk, Suffolk, Virginia Beach and Portsmouth.

Smart Beginnings South Hampton Roads engages communities and coordinates resources “so that all children in the region have access to the early care and education they need to arrive at kindergarten healthy and ready to succeed– in school and in life.” Specific activities include:

- Increasing family and community awareness on the importance of early learning experiences, empowering parents to provide quality early education experiences.
- Ensuring that parents have the knowledge and skills to provide their children with quality early education experiences.
- Increasing public and private investment to make high quality early care and education programs and services accessible and affordable to all.
- Improving quality of early care and education for all children.
- Increasing collaboration and engagement, so that all entities work together efficiently through stronger community systems.

The efforts of Smart Beginnings South Hampton Roads are a direct reflection of the priorities of The Virginia Early Childhood Foundation, a public-private partnership founded in 2005 that “provides grants, training and technical assistance to local and regional Smart Beginnings initiatives. It also collaborates with state and local government, schools, the business community, parents and early childhood leaders to implement long-term strategies for improving school-readiness for all young children ages birth-5.”

Listed in Appendix C of this report are the individuals and organizations that spent considerable time and energy in putting the Chesapeake plan together. They did so after reviewing and discussing the hard statistical data shown in Appendix A and the conclusions in Appendix B generated from interviews and focus groups that were conducted fairly early-on in the overall process.

The joining of these financial, human and information resources has, we think, resulted in a well-founded document, and a logical framework within which to make decisions on the future allocations of early education and care resources in Chesapeake. We are committed to converting this strategic planning into actual strategic implementation, and invite you to become part of that effort.

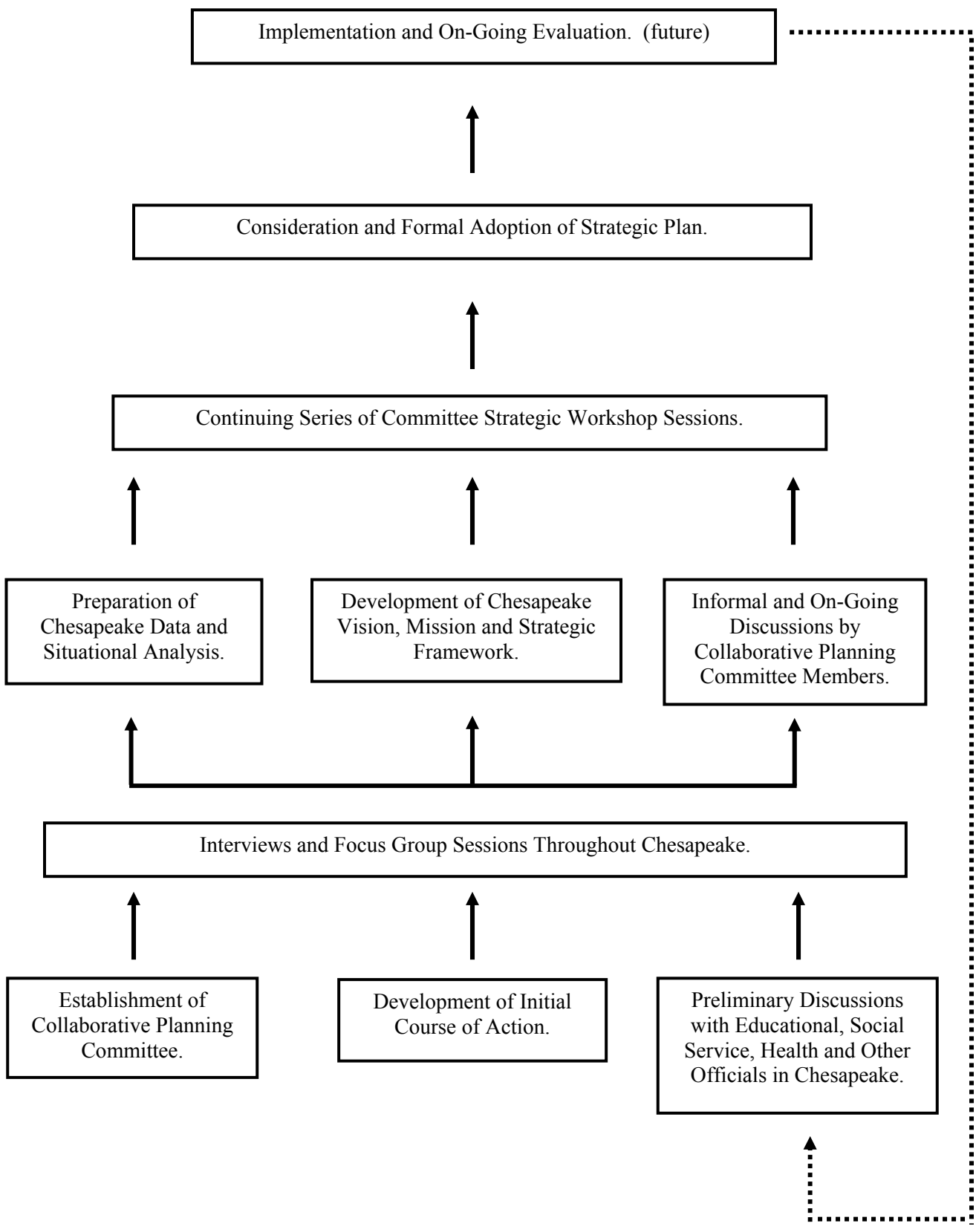
PROJECT SCOPE.

Eight separate but closely related components were the driving principles of the work in putting the plan together:

1. The plan should be for all children and families, regardless of income, race, ethnicity, or special needs.
2. The plan should recognize parents and families as their children's first and primary educators and care providers. Any subsequent planning and implementation processes should include them as significant players and persons of influence.
3. Particular emphasis should be placed on the issue of transition from early education to kindergarten. K-12 systems locally and early educators must develop a better understanding of what each needs from the other so that the concepts of "ready children" and "ready schools" come together in a natural collaboration.
4. The strategic process must be realistic, ambitious in scope but reflecting the realities of economic conditions at the local, state and national levels. It should not raise the level of expectations to a level that cannot be achieved. The initiative must focus initially on several high priority items where it can actually move numerical indicators; i.e. make short-term measureable improvements in the lives of children and families.
5. A children's strategic initiative for Chesapeake is especially relevant in an era of accelerated change that characterizes virtually every aspect of society today. Programs supported by taxpayer, foundation and other dollars have a particular obligation to review their effectiveness and strategies on an on-going basis, and, where appropriate adjust.
6. The plan must be specific to the assets, needs and challenges of Chesapeake-- not some boilerplate process that is general in nature and equally applicable to any part of Virginia.
7. The plan should be structured so that strategic planning logically leads to strategic implementation. Otherwise, both the time and money expended to create the plan will have been wasted. It should include an evaluation approach that will enable the organization's leadership to realistically track the level of implementation.
8. The plan should focus on fundamental decisions and actions that will shape and guide early education and care systems in the future, including: how the systems see themselves; the systems from the community's perspective; and appropriate roles, services and resources for the systems in the future of Chesapeake.

The Chesapeake Collaborative Planning Committee recognized that this strategic effort must be flexible-- setting a general direction, but recognizing that it will need to be reevaluated and as appropriate modified in the years immediately ahead as local needs and conditions change. What will not change is the commitment to program excellence and an insistence on accountability.

STRATEGIC PROCESS COMPONENTS AND FLOW.



STRUCTURE OF THE PLAN.

The Chesapeake strategic initiative is based on an organizational framework that provides both clarity of purpose and accountability for results. As outlined below, the Committee first determined its long-term vision for Chesapeake (what success will look like), and then identified the Collaborative Planning Committee's mission in helping attain that vision.

The mission for the institution was then factored down to a series of broad functional goals-- each having a series of specific measurable Objectives. Achieving measurable Objectives leads logically to realizing the broader Goals. By accomplishing the Goals, the Committee fulfills its Mission, and thereby helps attain the overall Vision for Chesapeake.

The Committee thereby directly addresses its key responsibility to provide full accountability for any monies entrusted to it. It also provides the management tool to guide the Committee to a future of relevant and professional service to its diverse constituents. At the same time, the Committee provides its funding sources with a definition of what it seeks to achieve and the means degree to quantify its success in doing so.

ESTABLISHING THE FOUNDATION: THE COMMITTEE'S VISION AND MISSION.

Absolutely essential to the successful development of a relevant and focused strategic document is getting the Vision and Mission right. Those two statements should directly affect everything that the plan and the Committee seek to achieve.

The Vision should paint a picture of a desired future for the people and communities of Chesapeake in areas where the Committee can make a difference through its programs, policies and strategies. The Mission, on the other hand should define the Committee's role(s) in making that future possible by capturing in an enthusiastic manner why the institution exists.

After several rounds of discussion, the members of the Collaborative Planning Committee adopted the following statements. Appropriately, they both put early education and care matters in a broader community context with multiple impacts extending beyond the children and their futures.

Vision for Chesapeake:

Chesapeake's long-term economic vitality is assured through its youngest citizens being given all the educational, health and social support needed to become engaged, knowledgeable and productive citizens.

Mission of the Chesapeake Collaborative Planning Council:

To provide leadership and advocacy to make certain that the educational health and social systems for young children are recognized as essential components of our community infrastructure and that they are funded and supported accordingly.

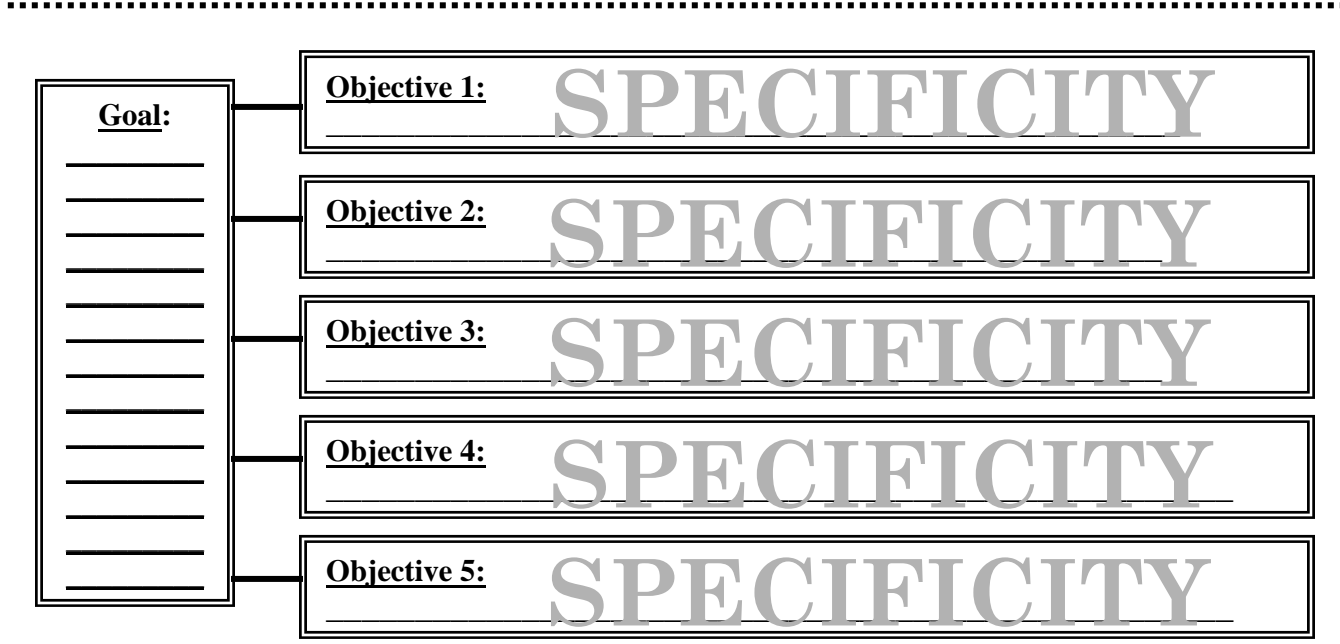
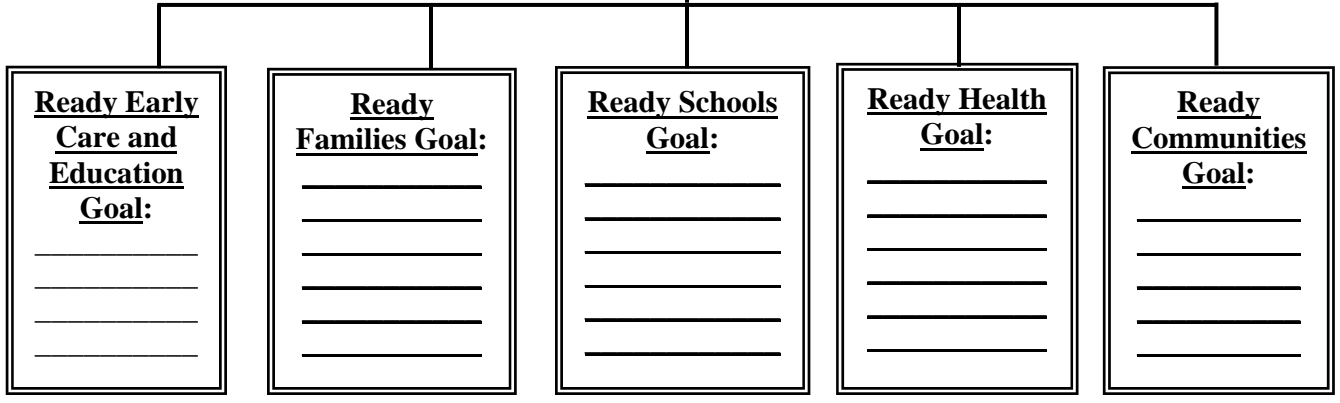
THE OVERALL STRATEGIC FRAMEWORK.

Vision for Chesapeake:

Chesapeake’s long-term economic vitality is assured through its youngest citizens being given all the educational, health and social support needed to become engaged, knowledgeable and productive citizens.

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To provide leadership and advocacy to make certain that the educational health and social systems for young children are recognized as essential components of our community infrastructure and that they are funded and supported accordingly.



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.

APPENDIX A. STATISTICAL STATUS OF CHESAPEAKE'S YOUNG CHILDREN

READY CHILDREN

Category	Available Data
Number of children by age (Census, 2006) Trends show that children 0-4 became a slightly higher percentage of all children 0-17 in 2005 than in 2001.	<input type="checkbox"/> 0-4 = 14,669 (6.8% of population) <input type="checkbox"/> 5-9 = 14,170 (6.0%) <input type="checkbox"/> 10-14 = 17,115 (8%) <input type="checkbox"/> 15-19 = 16,945 (8%)
General population, by race (Census, 2005) Trends from 2001 to 2005 indicate a declining percentage of whites, with increases among African-Americans and Asian-Americans. <i>*Note: Hispanic may be any race and are included in other races, as well as shown separately.</i>	<input type="checkbox"/> White: 140,461 (65.4%) <input type="checkbox"/> African-American: 63,041 (29.3%) <input type="checkbox"/> Native American: 1,043 (0.5%) <input type="checkbox"/> Asian: 4,413 (2.1%) <input type="checkbox"/> Hawaiian/PI: 78 (trace) <input type="checkbox"/> Other: 1,908 (0.9%) <input type="checkbox"/> 2+ races: 3,891 (1.8%) <input type="checkbox"/> Hispanic*: 5,592 (2.6%)
Poverty status of children (2000 census) Trends indicate that poverty rates among children 0-17 remained about 11% from 2002-2004, with a temporary increase to 13% in 2003. Note: vulnerability of youngest age group	<u>Below poverty:</u> <input type="checkbox"/> Under 5: 1,642 (11.8%) <input type="checkbox"/> Age 5: 292 (9.8%) <input type="checkbox"/> Ages 6-11: 1,949 (9.9%) <input type="checkbox"/> Ages 12-14: 854 (8.5%) <input type="checkbox"/> Age 15: 274 (8.7%) <input type="checkbox"/> Ages 16-17: 613 (9.5%)
Poverty status of children by family group and age (2000 census) <i>Note: The most economically vulnerable group is young children living with a single mother; with young children living with single fathers also struggling to a somewhat lesser degree, and children living with married couples being the least likely to fall below poverty.</i>	<u>Families below poverty</u> <u>Total:</u> 55,920 families with children under 18, of whom 5,430 (9.7%) are below poverty levels. These families under poverty fall in these groups: <u>Married couple families:</u> 1,129 (2.7%) <input type="checkbox"/> Under age 5: 318 (3%) <input type="checkbox"/> Age 5: 69 (3%) <input type="checkbox"/> Ages 6-17: 742 (2.6%) <u>Single-mother families:</u> 3,974 (33.1%) <input type="checkbox"/> Under age 5: 1,215 (43.9%) <input type="checkbox"/> Age 5: 209 (37.7%) <input type="checkbox"/> Ages 6-17: 2,550 (29.4%) <u>Single father families:</u> 327 (13.6%) <input type="checkbox"/> Under age 5: 109 (20.5%) <input type="checkbox"/> Age 5: 14 (13.5%) <input type="checkbox"/> Ages 6-17: 204 (11.5%)
Children living in high poverty neighborhoods	10.8% of children under 18
Infant mortality rates (2006) Trends indicate a steady decline from 10.6/1000 in 2002 to 7.5/1000 in 2006, although the five year average of 10.4/1,000 was higher than the state rate.	7.5/1,000

Low birth weight rates (2006) <i>The rate of low birth weight babies has been slightly higher than state averages in all years except 2005, when it was 7.3%.</i>	2005: 210 (7.3%) 2006: 8.7%
Elevated lead levels (2004)	6 children of 1,156 tested (testing rate = 67/1000, as compared with state rate of 113/1000) In 2006, the rate was 1.2%
Children 5-15 with one or more disabilities	2,717 (7.5%)

**Since Hispanics may fall in any racial group, their numbers are also included in figures for other races.*

READY FAMILIES

Category	Available Data
Births to adolescent women (2005)	15/1,000)
Births to women with less than a 12 th grade education (2005)	(11%)
Non-marital births (2006)	34%
% of children living with a single mother (2000)	2.70% Virginia (2.6%)
Parental work status (2000 census)	64.5% of the 10,511 families with children under six have all parents in the labor force.
Levels of educational attainment (2000)	<u>Ages 18-24:</u> <input type="checkbox"/> Teen high school dropouts: 902 (7.9%) <input type="checkbox"/> No high school diploma: 3,903 (23.8%) <input type="checkbox"/> High school graduate/GED: 5,554 (33.9%) <input type="checkbox"/> Some college, no degree: 5,608 (34.2%) <input type="checkbox"/> Associate or BA degree: 1,182 (7.2%) <u>Ages 25+:</u> <input type="checkbox"/> Less than 9 th grade: 5,059 (4.1%) <input type="checkbox"/> 9 th -12 th , no diploma: 13,588 (10.8%) <input type="checkbox"/> High school diploma/GED: 34,840 (26.3%) <input type="checkbox"/> Some college, no degree: 32,997 (26.3%) <input type="checkbox"/> Associate degree: 8,071 (6.4%) <input type="checkbox"/> Bachelor's degree: 19,926 (15.9%) <input type="checkbox"/> Graduate/professional degree: 11,017 (8.8%)
Language other than English spoken at home	5.6% (for children over 5 in 2000)
Substantiated cases of child abuse (2004/05)	<input type="checkbox"/> 136 substantiated reports <input type="checkbox"/> 213 victims (3.7/1000) <input type="checkbox"/> <i>By 2006, the rate dropped to 2.6/1,000</i>
Juvenile arrests for violent crime	Declined from 52 arrests in 2002 to 34 in 2006.
Children in foster care (1/1/06)	35 (2/1000)
Grandparents responsible for grandchildren (2000)	2,184
Travel time to work	25.1 minutes
Living in same house in 1995 and 2000 (ages 5+)	51.9%
Home ownership rate (2006)	76%/monthly costs = \$1,607

Rental rate (2005)	24%/monthly costs = \$860
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READY SERVICES—EARLY CARE AND EDUCATION

Category	Available Data												
Availability in SHR in 2005	<ul style="list-style-type: none"> <input type="checkbox"/> 1,002 registered facilities <input type="checkbox"/> Capacity to serve 42,000 children <input type="checkbox"/> 52,000 children in families in which all parents work <input type="checkbox"/> Lowest percentage of programs serving infants and toddlers 												
Regulated child care capacity (per 100 children, 0-12)	26% in 2007												
Availability by duration of care in Chesapeake	<ul style="list-style-type: none"> <input type="checkbox"/> 83% of programs offer full week care <input type="checkbox"/> 74% of programs offer year-round care <input type="checkbox"/> Low vacancy rate of 3% for the above; supply greater than demand for part-day. 												
Young children enrolled in school (2000 census)	<ul style="list-style-type: none"> <input type="checkbox"/> Preschool: 4,058 <input type="checkbox"/> Kindergarten: 3,335 												
Children in public pre-kindergarten (VPI) in 2006 (Kids Count)	<input type="checkbox"/> 240 of 3,218 4-year olds. <i>The VA Dept. of Ed. noted increase to 304 in 2006-07.</i>												
Children in Head Start in SHR in 2004-05	1,501 (In 2008 21% were from Chesapeake.)												
Cost: of full-time child care in Chesapeake <i>Note: all rates are significantly higher than state subsidy reimbursement rate.</i>	<table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>FCCH</u></th> <th style="text-align: center;"><u>CENTERS</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Infants:</td> <td style="text-align: center;">\$476/month</td> <td style="text-align: center;">\$606/month</td> </tr> <tr> <td><input type="checkbox"/> Preschool:</td> <td style="text-align: center;">\$390 month</td> <td style="text-align: center;">\$433/month</td> </tr> <tr> <td><input type="checkbox"/> School age:</td> <td style="text-align: center;">\$238/month</td> <td style="text-align: center;">\$433/month</td> </tr> </tbody> </table>		<u>FCCH</u>	<u>CENTERS</u>	<input type="checkbox"/> Infants:	\$476/month	\$606/month	<input type="checkbox"/> Preschool:	\$390 month	\$433/month	<input type="checkbox"/> School age:	\$238/month	\$433/month
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Children receiving subsidy (2004-2007)	2004: 1,453, with 600 children on waiting list 2005: 1,609; 2006: 1,671; 2007: 1,678												
Programs accepting subsidy <i>(74% of SHR programs accepting subsidy had waiting list)</i>	42% of Centers and Family Child Care Homes												
Education of Child Care Staff: (% with AA degree or higher)	<ul style="list-style-type: none"> <input type="checkbox"/> Center-based teachers: 33% <input type="checkbox"/> Center-based directors: 67% <input type="checkbox"/> Family Child Care Providers: 30% 												
Experience of Child Care Staff: (% with 5 or more years)	<ul style="list-style-type: none"> <input type="checkbox"/> Center-based teachers: 38% <input type="checkbox"/> Center-based Directors: 47% <input type="checkbox"/> Family Child Care Providers: 51% 												
Annual turnover rate	22%												
Hourly Compensation of Child Care Staff	<ul style="list-style-type: none"> <input type="checkbox"/> Center based teachers: \$7.67 <input type="checkbox"/> Center-based directors: \$12.00 <input type="checkbox"/> Family Child Care Providers: \$5.93 												
Nationally accredited programs	3												
Unlicensed child care programs	43.37%												

READY SCHOOLS

Category	Available Data
Number of students enrolled in school	<ul style="list-style-type: none"> <input type="checkbox"/> Public school: 40,908 (85.9%) <input type="checkbox"/> Private school: 6,692 (14.1%)
Students with limited English proficiency	2.2%
Assessment of school readiness (2003)	16.2% needing additional intervention
Standards of Learning, 3 rd grade (2006) <i>Note: All higher than state averages.</i>	<ul style="list-style-type: none"> <input type="checkbox"/> English: 85 <input type="checkbox"/> Math: 94

	<input type="checkbox"/> History: 96 <input type="checkbox"/> Science: 93
Retention Rate (2006)	3.6%
Dropout Rate (2006)	2.8%
Graduation/completion rate (2006)	83.5%
Students receiving free lunch in 2006	7,713 (19.29%)
Students receiving reduced lunch in 2006	2,268 (5.7%)
Students receiving special education (2006)	15.9% (VA: 13.1%)
Special education students under 6 (2006)	3.6% VA: 3.0%

Additional data needed:

- Early intervention to children >3.
- Class size in kindergarten
- ECE to kindergarten transition activities

READY SERVICES—HEALTH

Category	Available Data
Families served by home visiting programs (2008)	1,135
Women receiving early prenatal care (2006)	89.1%. Virginia: 83.5%
Early Intervention (2004)	<input type="checkbox"/> < age 1: 12 <input type="checkbox"/> Age 1: 51 <input type="checkbox"/> Age 2: 41 <i>(About 1% of children under 3 are served)</i>
Eligible children enrolled in public health insurance (Medicaid and FAMIS) (2004) <i>Note: In 2005, there were still 11% of children not enrolled.</i>	<input type="checkbox"/> Medicaid: 9,089 <input type="checkbox"/> FAMIS: 1,915 <input type="checkbox"/> Remaining eligible not served: 1,315 (11%)
Food Stamps	12,157 individuals (About 6% of population, but 7.2% of population below poverty)

Sources For Above Data

- US Census, 2000
- Kids Count
- Census, American Community Survey, 2005 and 2006
- Virginia's "Indicators of School Readiness"
- "Who's Caring for Our Children," Child Care Workforce Study in South Hampton Roads, 2005 Interviews and focus groups

APPENDIX B. ISSUES COMING FROM DATA, INTERVIEWS AND FOCUS GROUPS

General observations:

- ❑ Children ages 0-4 constitute 6.8% of the population.
- ❑ 64.5% of families with children under six have both parents working and may need child care.
- ❑ The highest rates of poverty in Chesapeake are among
 - The youngest children
 - Children in single-mother families.
- ❑ With 10.8% of children living in high poverty neighborhoods, it may be effective and efficient to focus some efforts on those particular neighborhoods.
- ❑ Given the fact that children of parents not completing high school are five times more likely to drop out of school than children of parents completing high school, Chesapeake should continue working to entice back into education/training the 15% of adults over 25 without a high school diploma.

Visible assets on which to build include, but are not limited to...

- ❑ Decreasing numbers of children needing additional intervention before school, as measured by the PALS-K;
- ❑ Increasing numbers of children receiving child care subsidies—if strategies can focus on improving the quality of care for these low-income children, such efforts will contribute to their school readiness.
- ❑ Chesapeake has demonstrated steady improvement in SOL proficiency rates, which are now higher than statewide averages.
- ❑ The rates of early prenatal care are above state averages.
- ❑ There are home visitation programs in place, though it appears that more families need such services.

Significant challenges include the following:

- ❑ There has been only a slight recent increase in the numbers of children served by VPI. Expanding both the numbers served through VPI and placing such classes in community settings can benefit both the participating children and the quality of community programs.
- ❑ In spite of early prenatal care, the rates of low birthweight babies are somewhat higher than state averages. The five year average for infant mortality was also higher than the state rate; however, recent trends indicate a steady decline from 10.6/1000 in 2002 to 7.5/1000 in 2006. Given the complexity of factors contributing to birth outcomes, the formation of an Infant Mortality Reduction Coalition could be beneficial in exploring and targeting a variety of related issues and ensuring that progress in this area continues.
- ❑ The percentage of eligible children not yet enrolled in health insurance is lower than statewide averages—this offers potential for a highly focused and beneficial effort.
- ❑ Similarly, there are lower rates of testing for lead among children under 6 than the statewide averages. Expanding such testing could be folded into larger screening and service efforts, including developmental screening, early dental screening and application of fluoride varnish, on-time immunizations, and enrollment in a medical home.

Specific comments related to gaps/issues/suggestions:

- ❑ General:
 - Transportation was repeatedly cited as a concern.
 - Participants in focus groups stressed the need for coordination in service delivery, expressing a wish for a single portal of entry for services.

- There was an additional wish for a regional measure of kindergarten readiness, with widespread publicity among parents and early childhood educators regarding this checklist.
- An observation was made that Chesapeake has several distinct neighborhoods, and that planning should include neighborhood-specific strategies and services.
- As a city plan is developed, city grants should be given in accordance with the plan.
- Availability of child care and early education:
 - The number of spaces for full-day, full year early care and education in SHR is insufficient for the demand. The most pressing need is to expand the availability of infant/toddler child care.
 - The child care capacity in Chesapeake (per 100 children, 0-12) was 26% in 2007—which should be compared to about 64% of children living in families in which all parents work.
 - Focus groups indicate a need for child care for teen parents, in order to encourage these moms to remain in school.
 - There are unfilled slots for VPI, as well as a waiting list, and the number served has remained constant across several years. There should be an exploration to explore ways both to expand the number of children receiving public pre-K and to offer such classes in child care settings, using this as a vehicle to further improve quality.
 - If there is no Early Head Start program serving the Chesapeake area, there should be an application to the Federal government to offer such services.
- Cost of child care:
 - The cost of child care in Chesapeake significantly exceeds the reimbursement rate offered by the state, and is burdensome for most private-pay parents. Perhaps one result of this fact is that only 42% of child care programs in Chesapeake accept child care subsidy in payment for their services. Therefore, it will be important to
 - First, create a local fund to supplement the subsidy reimbursement rate and entice additional providers to accept subsidy, thus increasing access to care (and hopefully, higher quality care.)
 - Advocate with the state to increase subsidy reimbursement rates and to require a higher level of quality for children receiving child care subsidies, in order to avoid having children already disadvantaged by low income be further disadvantaged by poor quality child care.
 - In 2004, there were 600 children on a waiting list for child care subsidy. A task force should explore ways to reduce the number of children/families waiting for child care subsidies, as well as to identify/address the difficulties faced by working low-income families in managing the cost of child care.
- Quality of care:
 - A minority of child care providers have Associates degrees or higher.
 - Less than half of child care providers have more than 5 years experience.
 - The annual turnover rate of child care staff in Chesapeake is 22%.
 - There are only 3 accredited early childhood education programs in Chesapeake. An effort providing technical assistance and incentives for programs to pursue either accreditation and/or to participate in a pilot Quality Improvement Rating System would be important.
 - *All of the above facts underscore the importance of designing support and incentives to increase both the educational levels and compensation rates of those providing early care and education.*

□ School readiness:

- In 2003, 16.2% of students entering kindergarten in Chesapeake were assessed as needing additional intervention. By 2006, that percentage had dropped to 13.7%. If there are not already focused efforts to continue reducing that number (by identifying/serving children at ages 3 and 4 most likely to fall in that group) and to provide remediation to any arriving at school poorly prepared, a task group should bring recommendations for such approaches.
- Chesapeake is to be commended on the fact that SOL proficiency rates are higher than state averages; however, 15% of students were less than proficient in English/Reading at 3rd grade.
- While dropout rates for 9th-12th grade have declined significantly since 2003 and the graduation rates are higher than state averages, it is still important to note that the graduation rate is still at 83.5%, leaving a number of students without a diploma.

□ Family support:

- Given the correlation between a mother's education and a child's educational success, the fact that 324 babies in 2004 were born to women with less than high school should be a focus of efforts. Note: the percentage of babies born to mothers with less than a 12th grade education remained constant at 11% between 2003 and 2005. Could these women be targeted at the time of birth and offered a route to return to school?
- Teen pregnancy was cited as a strong concern in Chesapeake, with 30% of teen mothers having repeat pregnancies within two years.
- It is also important to note that the rate of non-marital births in Chesapeake remains significant (34%), especially given the economic vulnerability of children living in single-mother families.
- What services are needed to support the 2,184 grandparents responsible for their grandchildren?
- Housing costs are high in Chesapeake (\$1,423/month per unit with mortgage and \$786 gross rent—with 8,632 renters expending \geq 30% of their household income on rent.) About 25% of the population rents their home. These facts may also contribute to the fact that almost 50% of the population moved between 1995 and 2000. Does Chesapeake have a strong IDA program or something similar to support increased home ownership?
- About 856 children receive home visiting services currently; obviously, many more families could benefit from such services. It would be advisable for a task force to explore ways to provide effective and on-going information and support to parents, as a way of ensuring both effective parenting skills, knowledge of child development, and understanding of available services in the community.

□ Health:

- Chesapeake is to be commended on its high rates of early prenatal care (89.1% in 2006), which have been consistently higher than the state averages. How might this rate continue to be increased?
- Likewise, the rate of births to teens has generally been lower in Chesapeake than across the state. However, there are still significant numbers of births to adolescents, which provides two challenges:
 - How might that birth rate be decreased?
 - How can high quality care be provided to these infants, simultaneously allowing these teens to remain in school and offering a nurturing start in life to their infants? (In other words, what is a comprehensive approach to serving this population?)

- The low birth weight of babies in Chesapeake is slightly higher than the rate in the state. Factors contributing to this should be explored and addressed.
- The testing rate exploring children that might have elevated lead levels is almost half of that state rate of testing, although the rate has increased. Continuing to increase testing rates would be a valuable piece of work.
- Only about 1% of children under 3 were served with early intervention, while in the 5-15 age group, 7.5% of children had one or more disabilities. These facts would support efforts to expand the availability of such services.
- 1,315 children eligible for either Medicaid or FAMIS in 2004 were not yet enrolled in either (and there were still 11% of children not enrolled in 2006)—and health providers note that children without insurance do not receive the services they need.
- It appears that less than those eligible receive food stamps.

APPENDIX C. KEY PARTICIPANTS IN THE CHESAPEAKE PLANNING PROCESS

Dalton S. Edge, Mayor, Chesapeake City Council
C. E. “Cliff” Hayes, Jr., Chesapeake City Council
Patricia Pritchard Willis, Chesapeake City Council
William E. Harrell, Chesapeake City Manager
Shelia G. Hill Russ, Chesapeake Public School Board
Rufus Banks, Jr., Chesapeake Juvenile & Domestic Relations Court
Wanda Barnard-Bailey, City Manager’s Office
Kecia Brothers, Office of Youth Services
Carol Hinton, Chesapeake General Hospital
Mary Redd Nelson, Chesapeake Redevelopment & Housing Authority
Trish O’Brien, CHIP Healthy Families
Mary Riley, Chesapeake Juvenile Court Services/Volunteers
Tracy D. Branch, Chesapeake Police Department
Jeffery Shelton, Chesapeake Community Services Board
Linda Filippi, Tidewater Regional Group Home Commission
John Matish, CHIP/Healthy Families
Carol Abramson, Chesapeake Fine Arts Commission
Peggy Stillman, Chesapeake Public Library
Krista Lewellyn, Chesapeake Youth Committee
Wayne Martin, Chesapeake Public Schools
Laura Dixon, CHIP/Healthy Families
Marty LaGiglia, Square One
Sarah Bishop, United Way/Raising A Reader
Bridgette Hoilman, Chesapeake Fire Department
Jennifer Kline, Great Bridge/Hickory YMCA
Kay Carey, CHIP/Healthy Families
Jane Constantineau, The Planning Council
Tracy Keller, Girl Scouts
Gina Burton, Chesapeake Court Svcs. Unit, 1st District
March Cromuel, Chesapeake NAACP
Sam Taylor, Chesapeake Juvenile Services
Tom Cupitt, Chesapeake Public Schools
Dale Harrell, Chesapeake Public Library
Celia Farr, Children’s Harbor
Toni Cacaca-Beshears, Places & Programs for Children, Inc.
Bobby Clifton, Chesapeake Parks & Recreation
Paula Horn, Office of Youth Services
Suzanne Puryear, The Planning Council
Cookie Palacios, Chesapeake Human Services
Nancy Welch, Chesapeake Health Department
Winifred Reid, Chesapeake Youth Committee

Carma Griffin, Chesapeake Youth Committee
Martha Razor, WHRO TV
Betty Wade Coyle, Prevent Child Abuse Hampton Roads
Willie Mae Boyd, Children's Harbor
Thomas L. Vaughan, Chesapeake Public Schools
Carole Whitener, TidewaterCommunity College
Linda Rice, Tidewater Community College
Anita James, Chesapeake Public Schools
Dia DuVernet, UpCenter
Marian Vollmer, Chesapeake Health Dept.
Carol Hinton, Chesapeake General Hospital