



**Bridgeport Prospers**

**CRADLE TO CAREER**

**B - 3 CAN  
PK - 3rd CAN  
Technical Reports**



Backbone support provided by **LIVE UNITED**  
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## Technical Report: Developmental Screening and Tracking Outcomes<sup>1</sup>

The Bridgeport Prospers B-3 CAN (Community Action Network) identified as part of its 2016 asset mapping process the need to focus on home visiting, infant and toddler early care, and developmental screening as core areas for more in-depth analysis. Maternal depression and home visiting interventions have been shown to improve maternal and child outcomes for families living with chronic adversity and scarcity. Both are addressed in the technical report entitled *Maternal Depression and Home Visiting*. Infant and toddler early care is addressed in the *Early Care and Early Education Technical Report*.

This technical report focuses on the issue of developmental screening as well as knowledge we have gained related to the process of tracking child outcomes across the birth through third grade experience of young city children. Challenges in tracking outcomes through a data-informed process have been of great interest to both the B-3 CAN and the PK-3<sup>rd</sup> CAN.

The reader is also directed to the June 2016 final report of the B-3 and PK-3<sup>rd</sup> Grade Community Action Networks which summarizes findings from this and the other technical reports and presents a set of Phase II (2016-2017) action recommendations. Those related to developmental screening and tracking child outcomes are included as part of this report.

### BUILDING A SCIENCE-INFORMED, INTERGENERATIONAL EARLY LEARNING AND FAMILY SUPPORT SYSTEM

#### ○ **Expanding Desired Outcomes to Include Children’s Growth through Age Five**

In the fall of 2015, Bridgeport Prospers issued its first baseline report. That report established three key outcomes related to the work of the B-3 and PK-3<sup>rd</sup> CANS:

- All Bridgeport infants will be healthy
- All Bridgeport children will be ready for kindergarten
- All Bridgeport children will be reading on grade level.

Early in its process, the Infant Health CAN determined that while being born healthy was an important outcome, it was necessary to assure that children met age-appropriate developmental milestones each year through to age three. This CAN has thus modified its name (Infant Health has become B-3) and members added language to its work reflective of the need to focus on “age-appropriate development” at three years through developmental surveillance and assessments.

The B-3 CAN’s key outcomes would thus become:

- All Bridgeport children will be born healthy
- All Bridgeport children will reach key age-appropriate developmental benchmarks in the early years and enter preschool, Head Start or “school readiness child care centers” at age three and/or age four “on target.”

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<sup>1</sup> Any errors in this technical report are the sole responsibility of the Bridgeport Prospers consultant, Dr. Janice Gruendel. Please notify the author of concerns at – [janice.gruendel@aya.yale.edu](mailto:janice.gruendel@aya.yale.edu)

○ **A Challenging Life Trajectory and the Need for a Comprehensive System**

At their first meetings, both B-3 and PK-3rd CAN members received data on infant health, school readiness and 3<sup>rd</sup> grade performance from a representative of the Bridgeport Prosperers' Data Table. Taken together, the data portray a trajectory of unremitting developmental and learning challenges that (while amenable to change) are not abated by services currently in use in Bridgeport.

There was early agreement that the city needed a science-informed, intergenerational early learning and family support system to address the predictable but malleable trajectory of young children's developmental challenges. This system will need to include the following core elements:

- **Working with natural supports and assets** within neighborhoods, including the faith community, to achieve safe streets and parks, extended family and supportive peer relationships, access to social capital, and affordable and accessible activities for the whole family. Of note, this work ought to draw extensively from the rich national literature and community examples of a "Strengthening Families" protective factors framework.<sup>2</sup>
- **Supports for healthy development**, including (a) well-child and maternal preventive health care, (b) access to supports to assure that basic needs for food, safe and stable housing, employment and income are met, and (c) both pre-natal and post-partum parent supports.
- **A process for universal screenings**, including for children's development, mothers' and fathers' health, and parental and family mental health including screening for Adverse Childhood Experiences (ACES), depression and substance addiction. Attention to the current opioid epidemic may be especially relevant here as well.
- **Knowledge and skill building experiences for parents** to promote the responsive, reciprocal relationships between babies and their parents or other primary caregivers essential to early brain development. Work from the Harvard Center on the Developing Child in relation to parent skill building will be helpful here.<sup>3</sup>
- **High quality early childhood care and early education that tracks child outcomes**, whether delivered in a family setting or a child care center
- **Trauma-informed, evidence-based interventions**<sup>4</sup> to address mental health challenges, substance addiction, and developmental delays and disabilities of children and adult caregivers. Of note, many organizations funded by the State of Connecticut are now engaged in professional training related to trauma-informed services.
- **Linkages with adult services that promote self-sufficiency**, including further education and workforce preparation. This work builds upon an emerging national framework for Two-Generation services and supports.

<sup>2</sup> [Strengthening Families](http://www.cssp.org/reform/strengtheningfamilies), Center for the Study of Social Policy, undated and retrieved June 30, 2016. Online at -- [www.cssp.org/reform/strengtheningfamilies](http://www.cssp.org/reform/strengtheningfamilies)

<sup>3</sup> [Center on the Developing Child](http://developingchild.harvard.edu/), Harvard University, undated and retrieved on June 30, 2016. Online at -- <http://developingchild.harvard.edu/>

<sup>4</sup> See for example, [Advancing Trauma-Informed Systems for Children](http://www.chdi.org/index.php/publications/reports/impact-reports/advancing-trauma-informed-systems-children). September 2015. Online at -- [www.chdi.org/index.php/publications/reports/impact-reports/advancing-trauma-informed-systems-children](http://www.chdi.org/index.php/publications/reports/impact-reports/advancing-trauma-informed-systems-children)

## EARLY CHILDHOOD DEVELOPMENTAL SCREENING AND ASSESSMENT

### ○ **Early Identification of Young Children with Challenges**

Information summarized below reveals the challenges facing young children in the city of Bridgeport, beginning with conditions related to maternal and family status at birth and continuing through to the age of three years. While most babies (85%) are born to mothers who have completed timely pre-natal services, most are also born into families at or below 200% of the Federal Poverty Level who also experience other circumstances known to predict challenges in school readiness. Based on data believed to be representative of most city children entering their preschool years, many Bridgeport children are likely to lag in age-expected skills and behaviors at the age of three.

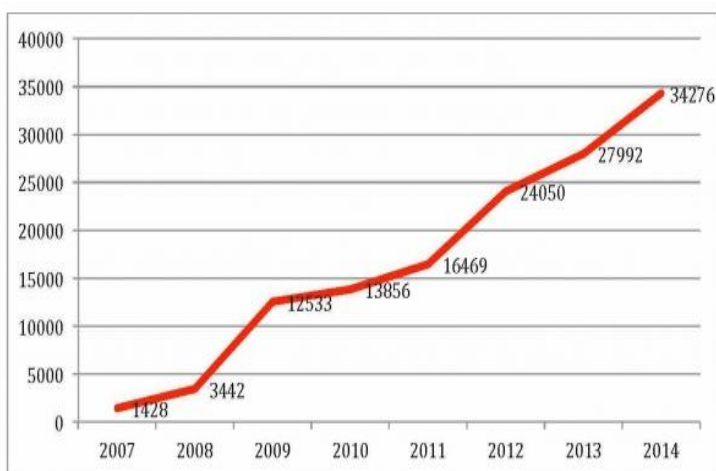
### ○ **Developmental Screening: Information from the Child Health and Development Institute**

The Child Health and Development Institute (CHDI) is one of Connecticut's leaders in exploring both the science of developmental screening and its practice in our state. Several recent reports are accessible online,<sup>5</sup> and the information below is cited directly from the CHDI website.

"To ensure that children can achieve the maximum benefit from school, they need to arrive at kindergarten ready to learn, with appropriate developmental skills. Developmental surveillance and screening are powerful strategies for detecting risk and delays early so that interventions can be implemented when they can be most effective...Early intervention helps vulnerable children get off to a good start and achieve their potential. Intervening before kindergarten saves between \$30,000 and \$100,000 per child in academic and social services later in life."

"CHDI is committed to furthering a coordinated system of surveillance and screening across settings that serve young children. Through **EPIC**, we have helped nearly two-thirds of Connecticut's pediatric practices implement screening. This has contributed to a nearly ten-fold increase in the number of children who are screened for developmental and behavioral health issues in Connecticut since 2008.

"We are also working with Connecticut's child care initiatives to promote surveillance and screening in those settings." Additional information about surveillance and screening efforts is available in the CHDI IMPACT publication prepared for the Connecticut Early Childhood Education Cabinet, *The Earlier the Better: Developmental Screening for Connecticut's Young Children*.



**Developmental Screens Billed to Medicaid for Children 3 and Younger: 2007-2014**

Additional information about surveillance and screening efforts is available in the CHDI IMPACT publication prepared for the Connecticut Early Childhood Education Cabinet, *The Earlier the Better: Developmental Screening for Connecticut's Young Children*.

<sup>5</sup> Child Health and Development Institute, [Screening](http://www.chdi.org/our-work/early-childhood/early-childhood-health/screening/). Online at -- [www.chdi.org/our-work/early-childhood/early-childhood-health/screening/](http://www.chdi.org/our-work/early-childhood/early-childhood-health/screening/)

**Prevalence of Developmental Delays.** The report cited above provides information on the prevalence of developmental delays and challenges, admonishing that “The value of providing services and supports to children with signs of early delay and their families cannot be over-emphasized; it pays off many times over in school performance and life outcomes.”<sup>6</sup> Specific data from that report are presented below.

- Among children under age 3, language delays are the most frequently reported problem with estimates of 13% for all children under age two and 17% among children between the ages of two and three years.
- About one in ten (or fewer) young children is reported by their parents as having attention disorders (6%) and learning disorders (8%). Other identified young child disorders include hearing loss, cerebral palsy, autism and cognitive delays.

Perhaps the most frequent developmental challenges are social-emotional or behavioral in nature, with research revealing the nationally about three in ten entering kindergartners were delayed in social-emotional skills as rated by their parents and/or their teachers.<sup>7</sup>

#### ○ **Core Elements and Tools for Developmental Screening**

The CHDI report cited earlier also explores the status of developmental screening in order to help the State of Connecticut address a set of core questions:

- Who is screened and when?
- Who does the screening?
- What tool or tools are used?
- What is measured?
- What action follows?
- Who pays for the screening?

The following chart, recreated from *The Earlier the Better*, summarizes key information about developmental screening for young children in Connecticut. Please note, we have not reported all information available in the CHDI publication, and we have reversed the first two columns to start with the question who is screened and when, followed by the assessment tool and what is measured.

<b>Developmental and Social-Emotional Screening Reproduced from <i>The Earlier, the Better</i>, CHDI (2013)</b>		
<b>Ages</b>	<b>Tools</b>	<b>Who Measures and for What</b>
3 months to 5 years	<b>Ages and Stages Questionnaire (ASQ)</b> measures communication, fine motor, gross motor, problem solving and personal – social development	Parents can complete and clinicians score. Professionals including from Head Start, primary care and home visiting) can also screening and can help parents as well. Medicaid case management may follow.
3 months to 5.5 years	<b>ASQ: Social Emotional (ASQ-SE)</b> Measures self-regulation, compliance, communication, adaptive, autonomy, affect and	Parents complete and clinicians score

<sup>6</sup> [The Earlier, the Better: Developmental Screening for Connecticut’s Young Children](#). Child Health and Development Institute, 2013, p. 7

<sup>7</sup> *The Earlier, the Better*, op. cit., pp 12-13

	interaction with people	
Birth to 7 years, 11 months	<b>Battelle Developmental</b> measures personal-social skills, adaptive, motor, communication and cognitive ability	Administered by a tester in early care and education, home visiting and Head Start programs
12 to 35 months	<b>Brief Infant Toddler Socio- Emotional Assessment (BITSEA)</b> measures social-emotional problems	There is a parent and provider form. Can be administered in pediatric primary care, child care and home visiting programs
Birth to 6 years	<b>Brigance Early Childhood Screens III</b> measures physical development, language, academic/cognitive, self-help and social-emotional skills	Parent ratings and teacher observations from Head Start and preschool settings
Birth to 6 years	<b>Denver Developmental Screening II</b> measures resiliency and socio-emotional development	A clinician administers
2 to 5 years	<b>Devereux Early Childhood (DECA)</b> measures resiliency, socio-emotional development	Parents, family caregivers or early childhood professionals in early care and education, Head Start and Early Head Start
Birth to two years	<b>DECA-Infant Toddler (DECA-IT)</b> measures resilience	Parents, family caregivers or early childhood professionals in early care or Early Head Start
3 to 12 years	<b>Early Screening Inventory (ESI)</b> measures language and cognition, gross motor skills and visual/motor skills	An educational tester administers in early care and education, Head Start
Birth to 8 years	<b>Parental Evaluation of Developmental Status (PEDS)</b> measures cognitive, expressive and receptive language, fine and gross motor skills, behavior and social-emotion health, self-help skills	A parent completes and a clinician scores in such sites as pediatric primary care and early care and education
4 years and older	<b>Pediatric Symptoms Checklist (PSC)</b> measures social skills and behavior challenges	A parent completes and a clinical scores the PSC, usually in pediatric primary care settings
3 to six years	<b>Preschool and K Behavior Scales (PKBS-2)</b> measures social skills and problem behaviors	Parents, teachers and other caregivers complete, usually in home visiting and early care and education settings.

**Universal Screening and Federal Payment for Low Income Children.** Pressure is mounting in Connecticut and across the nation to move to universal developmental screening, with a heavy emphasis on reaching all young vulnerable children living in families with low-income (200% of the Federal Poverty Level) or who are at or below 100% of the Federal Poverty Level. Through the federal EPSDT program (Early Periodic Screening, Diagnosis and Treatment), 16 states including Connecticut, currently reimburse providers for screening with a formal screening tool on the same day as a well-child exam. This payment policy gives pediatric providers an incentive to screen with formal tools and integrates screening into periodic well-child exams. Families also benefit when screening is completed at the same time as their child’s health examination because they do not need to schedule additional visits.”<sup>8</sup>

“[The] National Committee on Quality Assurance... has included developmental screening as one of its 2011 standards for medical home recognition. These standards outline the necessary activities and processes for medical practices that wish to obtain official medical home status, which in Connecticut can mean enhanced reimbursement from Medicaid. Developmental screening at 9, 18 and 30-month well-child visits is also included in the federal Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines that define health benefits under many insurance plans.

“A study from a pediatric practice in Oregon highlighted the benefit of using formal screening tools in addition to ongoing developmental surveillance. When the Ages and Stages Questionnaire was completed at 12-month

<sup>8</sup> *The Earlier, the Better*, op. cit., p. 17



well child visits, the rate of referral to EI services increased more than two-fold from the baseline referral rate for the practice. In addition, screening identified more than twice as many children in need of evaluations than did pediatricians' clinical impressions."<sup>9</sup>

○ **Birth to Three Developmental Screening in Connecticut and in Bridgeport**

**Connecticut's Birth to Three (B-3) System.** Connecticut's B-3 system<sup>10</sup> is a highly effective service for all young children with a substantial developmental delay between the ages of birth to three years. Children may be referred by their families or providers caring for them. In 2015, 3.75% of all children ages birth to three in Fairfield County were served by the CT B-3 System. In Bridgeport, 9% (556) of young children were served. This is a surprisingly low number given the great need of city children and the demonstrated effectiveness of this free early intervention service. For city children, Birth to Three services are provided by the following agencies/programs: Benchmark Infant and Toddler Services; Rehabilitation Services of CT, Inc.; St. Vincent's Special Needs Service; The Kennedy Center; and Theracare.<sup>11</sup> Additional data may be available of referrals and enrollment directly from these agencies.

**Head Start.** Developmental assessment is routinely conducted at entry to Head Start. Most recent data are available from the *Bridgeport Head Start Annual Report (2014-2015)*. Data reported below is for three-year olds. The average mastery scores for 425 three-year olds across Head Start settings in Bridgeport are reported, by setting, at three points over the 2014-2015 year. These data tell us what percentage of Head Start three-year olds "often demonstrate mastery" in each of four developmental domains -- socio-emotional, cognitive, language and physical development -- as rated using the *Creative Curriculum* assessment.

Across settings, just one in four (26%) three-year olds entered Head Start "often" demonstrating mastery in social-emotional skills. About three in ten (32%) often demonstrated mastery in physical skills, while fewer than two in ten (17%) often demonstrated mastery in the language and cognitive domains. By the end of the year, however, students had grown demonstrably. Two out of three (67%) often demonstrated mastery in social-emotional skills. Nearly seven in ten (69%) often demonstrated mastery in physical skills, while just over one in two often demonstrated mastery in cognitive and language skills (54% and 51%, respectively).

In the report, these data are presented by specific program site. That information is summarized below. While growth is apparent over the period October 2014 through May 2015, challenges remain for many children. Note: The "n" for these classrooms is generally small and, therefore, individual variability could play an outsized role in some of these averages. The data should therefore be viewed as illustrative, not definitive. They do underscore, however, the need to focus on family and environmental factors that are likely contributors to these lower-than-we-would-like levels of critical developmental mastery at age three. Finally, as you examine these data, note the lower starting and ending average mastery scores in the cognitive and language domains than in the physical development and social-emotional mastery domains. This difference shows up on school readiness assessments as well.

Site (n=total # of 3 year olds)	Socio-Emotional skills often demonstrated	Cognitive skills often demonstrated	Language skills often demonstrated	Physical skills often demonstrated
West End (n=25)	Oct (2014): 30% May (2015): 64%	Oct: 14% May: 57%	Oct: 12% May: 45%	Oct: 32% May: 60%
Trumbull Gardens	Oct: 14%	Oct: 4%	Oct: 7%	Oct: 9%

<sup>9</sup> *The Earlier, the Better*, op. cit., p. 17

<sup>10</sup> The [Connecticut Birth to Three System](http://www.birth23.org), undated and retrieved on June 30, 2016. Online at -- www.birth23.org

<sup>11</sup> Data provided in the Birth to Three Annual Report, website of the CT Office of Early Childhood. Retrieved April 28, 2016

(n=13)	May: 68%	May: 65%	May: 55%	May: 77%
Pimpkin (n=89)	Oct: 22% May: 69%	Oct: 14% May: 54%	Oct: 15% May: 51%	Oct: 32% May: 70%
Bullard Havens (n=11)	Oct: 32% May: 84%	Oct: 27% May: 77%	Oct: 27% May: 70%	Oct: 52% May: 77%
Cesar Batalla (n=33)	Oct: 22% May: 57%	Oct: 12% May: 42%	Oct: 14% May: 49%	Oct: 28% May: 61%
Ella Jackson (n=15)	Oct: 31% My: 93%	Oct: 19% May: 87%	Oct: 19% May: 88%	Oct: 35% May: 95%
Inner City (n+65)	Oct: 29% May: 61%	Oct: 19% May: 46%	Oct: 17% May: 46%	Oct: 34% May: 68%
Jamie Hulley (n=65)	Oct: 22% May: 68%	Oct: 16% May: 49%	Oct: 14% May: 47%	Oct: 29% May: 64%
Lucille Johnson (n=30)	Oct: 28% May: 59%	Oct: 24% May: 52%	Oct: 18% May: 49%	Oct: 32% MY: 67%
Bulls Head Hollow (n=18)	Oct: 24% May76%	Oct: 21% May: 54%	Oct: 21% May: 56%	Oct: 40% May: 74%
Bassick	No data			

#### ○ **Early Childhood Comprehensive Services (ECCS)**

One effective way to address young children’s developmental challenges, especially among children living in families with great adversity, is for a city or a state to build an effective system of comprehensive early childhood services. “In 2013, the US Department of Health and Human Services, Maternal Child Health Bureau awarded Connecticut a three-year Early Childhood Comprehensive Systems (ECCS) planning grant. Under the direction of the Office of Early Childhood (OEC), the United Way of Connecticut supported by a statewide ECCS Advisory Committee has coordinated the ECCS planning process. The Advisory Committee guided ECCS work to increase Connecticut’s ability to detect and address developmental challenges and delays in children aged 0-5 by enhancing the use of developmental surveillance (monitoring) and screening, expanding the use of surveillance and screening in early care and education (ECE) settings, and supporting linkage to follow up services when there are.”<sup>12</sup>

“The OEC and United Way of CT contracted with the Child Health and Development Institute, Inc. (CHDI) and Lorentson Consulting to complete a statewide needs assessment to examine the status of developmental screening, maintenance of screening results, and referrals to services in center-based and family-based providers from December 2013 through June 2015. CHDI published an IMPACT Report, *Developmental Surveillance and Screening in Early Care and Education: Family and Provider Perspectives* which provided several recommendations for enhancing developmental screening, coordination of results, and linkage to services in Connecticut.

“The ECCS Advisory Committee subsequently engaged in an action planning process, facilitated by OEC and United Way of CT, to develop strategies for action to achieve recommendations outlined in the IMPACT report. Needs Assessment Highlights: The needs assessment was designed to identify the perceptions of stakeholders regarding the following:

<sup>12</sup> [Connecticut Early Childhood Comprehensive Systems \(ECCS\) Community Discussions Summary, 2016](#). Office for Early Childhood and United Way of Connecticut. May 2016, p. 1

1. What processes guide implementation of developmental and behavioral health surveillance and screening in partnership with parents in ECE settings in CT?
2. How is developmental and behavioral screening data maintained in CT ECE programs?
3. How is linkage to follow-up in response to concerns identified through surveillance and screening addressed in Connecticut? How do families and ECE providers partner in this?"<sup>13</sup>

To obtain further information, the Connecticut ECCS team "...held 21 semi-structured focus groups with center and family-based providers, state Birth-to-Three Directors, school readiness coordinators and providers, the Partnership for Young Children and the ECCS Advisory Committee. In addition, the evaluation consultant designed two surveys that were disseminated at onsite meetings and through several early childhood email lists. 329 ECE providers responded to the Provider Survey and 924 English or Spanish speaking parents/guardians responded to the Parent Survey.

"Analysis of focus group and survey responses yielded the follow recommendations for improving early detection of developmental and behavioral challenges and ensuring follow up services:

1. Raise public awareness about the importance of surveillance and screening;
2. Provide training opportunities to a wide variety of professionals who can do surveillance and screening;
3. Integrate surveillance and screening into a variety of initiatives focused on young children's development;
4. Develop and maintain a data system to track surveillance, screening and connection of children receiving services when surveillance and screening show concerns; and, 5) Strengthen the system of services for children who require developmental assessments and intervention services."<sup>14</sup>

In March 2016, the Office for Early Childhood submitted a five-year Early Comprehensive Service System-Impact federal grant proposal to (a) continue this work, (b) dramatically expand the use of developmental screening, and (c) increase by 25% the developmental readiness of three-year olds in Bridgeport, Norwalk and Stamford. The application is [accessible online](#). States will learn if they were selected in July 2016.

#### ○ **Developmental Screening in Relation to Healthy Births**

Data provided earlier to the B-3 CAN from the Bridgeport Prosper's Data Table revealed that the city experiences about 2025 resident births annually but that number is declining. While 85% of these births involved mothers who had received timely prenatal care, 15% or about 635 birth mothers did not. Three zip codes contributed most to these numbers of women who received late or no prenatal care: 06604, 06605 and 06606. Two out of three of these mothers with late or no prenatal care were Medicaid eligible, that is, living in very low economic circumstances. About 22% of all birth mothers in 2013 and 2014 lacked a high school degree, and 10% were ages 19 or younger.

These data suggest that even if we were able to assure that all birth mothers get timely prenatal care, these additional 635 mothers would still face the kinds of economic, educational and adversity challenges faced by other Bridgeport mothers, challenges now known to impact on children's language, cognitive and social development.

#### ○ **Questions, Questions**

Some of the questions that remain to be answered as the work of the B-3 CAN proceeds are identified below.

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<sup>13</sup> ECCS Discussion Summary, op. cit., p. 1

<sup>14</sup> ECCS Discussion Summary, op. cit., p. 2

**Related to Birth Mothers**

- How many of these mothers had high ACES (Adverse Childhood Experiences) scores and experienced depression during the pre-natal and post-partum period?
- How many of these mothers with babies are single parents (an additional stressor, especially in low-income families)?
- How many live with their parents or extended family (a potential asset)?
- How many of these are first births? How many of these babies have older siblings who might be enrolled in a formal early care and education setting?
- What is the degree of residential mobility/instability among these women during pregnancy and in the first year after birth?

**Related to Services**

- How many Bridgeport infants and toddlers went to all Medicaid-covered well-child visits and in a timely manner (that is, at their babies' recommended age)?
- At how many of these visits was a developmental assessment conducted? What can the HUSKY Medicaid payment process tell us about the frequency of these assessments and by which Bridgeport providers are they most reliably conducted?
- How many Bridgeport agencies already use the Ages and Stages Questionnaire with families on their caseloads?
- How many parents have registered to receive free Ages and Stages Questionnaires from the United Way of Connecticut? How many return them for scoring? Who helps these parents to accomplish this? What barriers exist?
- Do we have a taxonomy of the various types of developmental screening tools now used by Bridgeport agencies and programs? What happens to the results of these assessments, in terms of information and support to mothers and in terms of aggregate developmental surveillance and reporting?
- What would it take for each Bridgeport baby to be assigned a unique identifier at birth, preferably the CT SASID (State Assigned Unique Identifier) that is already assigned to (a) each child enrolled in the Birth to Three program, (b) all children attending public preschool, Head Start, Early Head Start school readiness funded child care centers or (c) all children enrolling in public kindergarten?
- What would policy change and professional development would be required for the city of Bridgeport to adopt a set of core assessment tools and for providers to select their chosen tool from this group, and report on findings?

**TRACKING OUTCOMES: BIRTH THROUGH 3<sup>RD</sup> GRADE**○ **Birth Data and Infant Health**

A summary of birth data provided to the B-3 and PK-3<sup>rd</sup> Grade CAN by the Bridgeport Prospers' Data Table at the start of their work in January 2016 follow:

- There was an average of about 2025 births per year (2013 and 2014). That number is declining.
- 22% (454) of the mothers lacked a HS degree
- 41% of these mothers have begun or completed post-secondary education
- 10% of all mothers (252) were 19 years of age or younger at the time of the birth
- 63% of births were Medicaid paid
- 15% of mothers had late or no prenatal care. Of these, 67% were Medicaid eligible
- Zip codes 06604, 06605, and 06606 contributed the largest numbers of mothers with late or no prenatal care.

### ○ The Preschool Years (Ages Three and Four)

**Head Start Growth Data: Three Year Olds.** As reported earlier in this report, it was possible for the PK-3<sup>rd</sup> CAN to review growth made by three-year olds over the 2014-2015 program year:

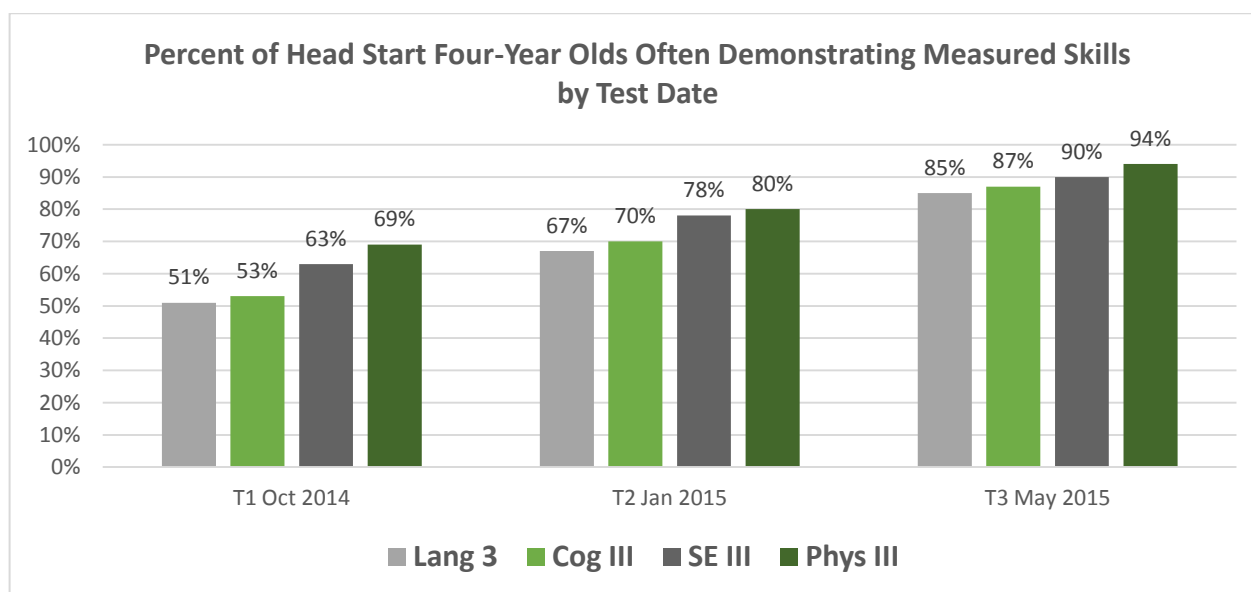
- Nearly seven in ten children (69%) often demonstrated mastery in physical skills (as compared with three in ten at entry)
- Nearly seven in ten (67%) often demonstrated mastery in social-emotional skills (as compared with one in four at entry)
- Five in ten (54% and 51%) often demonstrated mastery in cognitive and language skills (as compared with fewer than two in ten at entry).

At the present time, growth and mastery data for three year olds who attended child care or public preschool programs is not available. Caution needs to be exercised, therefore, to avoid over-generalizing from the data presented here.

**Head Start Growth Data: Four Year Olds.** Data were also provided for four-year olds attending the ABCD Head Start program over the 2014-2015 year. Overall, these children made strong gains as well. The percentage of four-year olds who *often demonstrated* mastery by domain over the period October to May follows:

- From 63% to 90% in social-emotional skills
- From 69% to 94% in physical skills
- From 53% to 87% in cognitive skills
- From 51% to 85% in language skills.

The chart below shows changes in the frequency of demonstrated mastery among four-year old Head Start children in each of four domains: language, cognitive, social-emotional and physical skills. These data tell us the percent of all Head Start enrolled children (as assessed in October 2014, January 2015 and May 2015) who “often” demonstrated these skills. The data indicate that almost all of these children were “ready for K” as they completed their Head Start experience. Data are based on 365 students in the four-year old Head Start cohort, and they reveal dramatic growth in each of the four domains from October 2014 through May 2015



We have to extrapolate from these percentages to estimate the numbers of *students* represented by these data. Of the 365 total students whose skills were assessed in May of 2015, 310 “often” demonstrated mastery

of language skills, 318 often demonstrated mastery in cognitive skills, 328 in social-emotional skills and 343 in physical skills.

Children who had only one year of Head Start (as a four-year old) started at lower levels and, while making strong growth, ended up at somewhat lower levels than children who attended two years of Head Start. The Phase II CAN may wish to explore whether Head Start children who attended two-years of early education are among the top performing students on kindergarten entry ratings conducted the following fall. Such analyses could also reveal the degree of Bridgeport summer learning loss that has also been documented among lower income students nationally.

#### ○ **Kindergarten Readiness**

The Connecticut Kindergarten Entrance Inventory (KEI) is a means of examining population-level “readiness for K.” This process has been in place for nearly a decade.<sup>15</sup> Within the next year or so, the KEI will be replaced by a new assessment tool developed and tested by the state in individual districts, based on the nationally recognized Kindergarten Entry Assessment work being done jointly in Ohio and Maryland. These states are viewed as leaders in this complex process of creating tools that can yield population-level data for longitudinal comparisons (to track change over time), while at the same time providing instructionally-relevant information for teachers about the needs and assets of individual children in their kindergarten classrooms.

Of note: There is a large and rapidly expanding national literature on kindergarten entry assessment that could be reviewed, if desired, as part of the work of the PK-3<sup>rd</sup> CAN beginning next fall (2016). The CT KEI may continue to be used by school districts until the new measure is implemented statewide. This is important as it allows one additional year of data with which to track longitudinal trends in readiness.

Knowledge, skills and behaviors assessed by the current KEI<sup>16</sup> are shown below:

<b>Language Domain</b>	<b>Literacy Domain</b>	<b>Numeracy Domain</b>
<ul style="list-style-type: none"> <li>• Participate in conversations</li> <li>• Retell information from a story read to him/her</li> <li>• Follow simple 2-step verbal directions</li> <li>• Speak using sentences of at least 5 words</li> <li>• Communicate feelings and needs</li> <li>• Listen attentively to a speaker</li> </ul>	<ul style="list-style-type: none"> <li>• Hold a book and turn pages from the front to the back</li> <li>• Understand that print conveys meaning</li> <li>• Explore books independently</li> <li>• Recognize printed letters, especially in their name and familiar printed words</li> <li>• Match/connect letters and sounds</li> <li>• Identify some initial sounds</li> <li>• Demonstrate emergent writing</li> </ul>	<ul style="list-style-type: none"> <li>• Count to 10</li> <li>• Demonstrate one-to-one correspondence while counting (e.g., touches objects as he/she counts)</li> <li>• Measure objects using a variety of everyday items</li> <li>• Identify simple shapes such as circles, squares, rectangles, and triangles</li> <li>• Identify patterns</li> <li>• Sort and group objects by size, shape, function (use), or other attributes</li> <li>• Understand sequence of events (e.g., before, after, yesterday, today, or tomorrow)</li> </ul>

<sup>15</sup> [An Update on Connecticut’s Kindergarten Entrance Inventory](http://assessment.education.uconn.edu/assessment/assets/Conferences/2012-CAF/Behuniak%20-%20Evolution%20of%20the%20Connecticut%20KEI.pptx), University of Connecticut. Undated and retrieved July 6, 2016. Online at -- <http://assessment.education.uconn.edu/assessment/assets/Conferences/2012-CAF/Behuniak%20-%20Evolution%20of%20the%20Connecticut%20KEI.pptx>

<sup>16</sup> An Update on CT’s KEI, op. cit.

Physical/Motor Domain	Creative/Aesthetic Domain	Personal/Social Domain
<ul style="list-style-type: none"> <li>• Run, jump, or balance</li> <li>• Kick or throw a ball, climb stairs or dance</li> <li>• Write or draw using writing instruments (e.g., markers, chalk, pencils, etc.)</li> <li>• Perform tasks, such as completing puzzles, stringing beads, or cutting with scissors</li> </ul>	<ul style="list-style-type: none"> <li>• Draw, paint, sculpt, or build to represent experiences</li> <li>• Participate in pretend play</li> <li>• Enjoy or participate in musical experiences (e.g., singing, clapping, drumming, or dancing)</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in self-selected activities</li> <li>• Interact with peers to play or work cooperatively</li> <li>• Use words to express own feelings or to identify conflicts</li> <li>• Seek peer or adult help to resolve a conflict</li> <li>• Follow classroom routines</li> </ul>

**Kindergarten Readiness: Fall 2013.** KEI data were presented to both CANs at their first meetings in January. These data, collected in the fall of 2013, reveal a striking lack of readiness across all domains as rated by kindergarten teachers. The data below are reported only for the highest level of readiness, Level 3. Students at Level 3 are assumed to need only “minimal support” to succeed in kindergarten. The data for 2013 are not encouraging.

- Just three in ten students were rated at Level 3 in literacy, numeracy and language (30%, 30%, 28% respectively)
- Nearly four in ten (36%) were at Level 3 in personal/social skills
- Four in ten were at Level 3 in physical/motor skills and creative skills (41% and 42% respectively).

Importantly, nearly three-quarters of these students (74%) were reported to have attended preschool. Specific preschool programs attended were not identified; however, these data should be regularly and reliably collected by the school system at kindergarten enrollment.

**Kindergarten Readiness: Fall 2014.** In the fall of 2014 KEI assessment was conducted for 1850 entering Bridgeport kindergartners. These data were presented in late May 2016 to the PK-3<sup>rd</sup> CAN, disaggregated for the first time by school and the zip code of the children’s residence. Across students, the percentage of students who were rated at Level 3 in each domain was virtually unchanged from 2013.

- Just three in ten were rated at Level 3 in language, literacy and numeracy (29%. 28% and 29% respectively)
- Nearly four in ten were rated at Level 3 in personal/social skills (38%).
- Nearly four in ten were rated at Level 3 in physical and creative development (39% and 38% respectively).

**Kindergarten Readiness: Fall 2015.** KEI data were also presented to the PK-3<sup>rd</sup> Grade CAN for the school year now ending, September 2015 through June 2016. While this data was being analyzed, CAN members learned the data was not collected by the Office for Early Childhood in the fall of 2015 but rather in the spring of 2016 and teachers were asked to record performance as they remembered it some months ago. Further, the same instrument was not employed. Rather teachers reported using a version of the new KEI to be implemented statewide in the fall of 2017.

For these reasons -- the data were based on remembering student status five months earlier and a new assessment tool was used – a comparison with 2013 and 2014 data cannot be made. CAN members are urging the Bridgeport Public Schools to utilize the original KEI version (used in 2013 and 2014) again in the fall of 2016 in order to provide three years of school readiness data before a new tool is implemented, making comparisons with earlier years impossible.

**Kindergarten Readiness: Variability by Zip Code.** The fall 2014 data was analyzed according to the resident zip codes of these students. These data are shown below for KEI Level III (most ready) across domains. The *lowest percentages* of students scoring at Level 3 by their kindergarten teachers were residents of zip code 06605.

Students Assessed with the KEI at Level 3 (Most Ready), Fall 2014							
Zip	Students Tested	Language	Literacy	Numeracy	Physical Skills	Creativity	Personal/Social
06604	339	29%	31%	32%	40%	37%	30%
06605	330	20%	17%	23%	30%	24%	21%
06606	529	29%	30%	27%	38%	39%	35%
06607	106	27%	18%	21%	34%	32%	22%
06608	232	29%	22%	24%	33%	34%	29%
06610	265	26%	29%	32%	34%	34%	32%

These data can also be examined based on the percentage of entering kindergartners rated as Level 1 across domains. These students will require significant instructional support and assistance to achieve success in kindergarten. As above schools serving students from zip code 06605 represent the greatest need, having the highest percentage of children with *lowest readiness* skills across domains.

Zip	Students Tested	Language	Literacy	Numeracy	Physical	Creative	Personal Social
06604	339	32%	32%	29%	14%	14%	22%
06605	330	34%	38%	38%	22%	24%	29%
06606	529	29%	28%	22%	9%	8%	19%
06607	106	30%	37%	33%	16%	18%	23%
06608	232	35%	36%	30%	19%	14%	24%
06610	265	32%	34%	31%	22%	20%	25%

**Kindergarten Readiness: Variability by Domain and School.** The PK-3<sup>rd</sup> CAN also examined the fall 2014 KEI data by the kindergarten/school attended. Note: We cannot assume that these children attended a public PreK program in that school, however, as the choice of preschool is open for parents to make while enrollment in kindergarten is more aligned with the family's residence address.

As one example of how these data may be analyzed, the chart to the right shows all schools in which 30% or more of entering kindergartners scored at the lowest level of readiness (Level 1) in their language skills. Level 1 students require the most instructional and other supports to achieve success.

The table also shows the total number of students in each school and the number at Level I on the fall 2014 KEI. Schools with the highest percentages of students with Level 1 language skills were: Hall (62%), Waltersville

School	Students Tested	Lang I # Students	Lang I %
Hall School	45	28	62%
Waltersville School	65	33	51%
Madison School	86	42	49%
Tisdale School	70	33	47%
Black Rock School	55	22	40%
Bryant School	48	19	40%
Marin School	89	30	34%
Columbus School	132	44	33%
Batalla School	121	39	32%
Blackham School	119	38	32%
Beardsley School	44	14	32%
Barnum School	101	31	31%
Curiale School	73	22	30%
Read School	118	35	30%



(51%), Madison (49%) and Tisdale (47%). Of note, a number of these schools also had high percentages of fall 2014 entering kindergartners with low personal/social readiness skills. These skills enable students to listen and follow directions, interact well with other students and regulate their behaviors. These personal/social data are not presented in this report but should be examined as part of the Phase II PK-3<sup>rd</sup> CAN's work.

*Schools that have a significant number of students in kindergarten classes with low academic readiness levels coupled with low readiness levels in students' personal/social behaviors face the greatest challenges in advancing early educational success.*

**Looking Across Head Start and KEI Data.** Without comparing the May 2015 Head Start scores with the October 2015 KEI scores for individual students – which is possible since each student receives a unique State Assigned Student Identifier (SASID), we cannot determine if the same students who scored at high levels of mastery on the Creative Curriculum language, social-emotional and physical domains (in May of 2015) also scored at Level 3 in the corresponding KEI domains at entry to kindergarten (in October of 2015). Clearly, this type of analysis would be helpful within a Head Start to K context as well as a public PK to K context.

Recognizing that these assessment tools are different and that there were 120 days between the final Head Start assessment and the KEI assessment, this type of analysis – anchored in the performance of actual students over time -- will be essential as the PK-3<sup>rd</sup> CAN moves forward. Data already reported in the October 2015 Bridgeport Prospers baseline report indicate that about three out of four (74%) of children entering kindergarten attended preschool. Thus, there are other settings besides Head Start that must become a part of the PK-3<sup>rd</sup> CAN's child outcome longitudinal ongoing analyses.

#### ○ **Questions. Questions**

- Where did entering kindergartners attend preschool (broadly defined as a formal early education setting that would include Head Start, public PK, and child care centers or licensed family child care home)? Are these data now collected by the school system, and can data be produced in the aggregate by type of setting?
- Are there patterns of Level 3 KEI readiness by type of setting (e.g., Head Start, public PK, school readiness child care centers) and by individual programs?
- Does student KEI Level 3 performance reflect the “quality level” of the sending early learning setting (i.e., NAEYC accredited, Head Start accredited or are rated high on the Connecticut Quality Improvement System)?
- Have early education settings sending students into the public school system been rated using the CLASS or the ECERS quality-rating tools? If available, these data will help the PK-3<sup>rd</sup> CAN understand the relationship between the environmental and instructional quality of the preschool in relation to KEI performance.

#### ○ **Grade Three Academic Performance**

On the spring 2015 Grade 3 Smarter Balanced Literacy Scale, no elementary school (with the exception of the three inter-district magnets) had 45% or more of grade three students reach the proficiency level (or higher) in reading.

Among schools in which students performed at the lowest level of reading proficiency (that is, percent at Level 1) were:

- |                   |                   |                      |
|-------------------|-------------------|----------------------|
| • Marin (85%)     | • Roosevelt (65%) | • Edison (55%)       |
| • Beardsley (71%) | • Blackham (61%)  | • Bryant (53%)       |
| • Columbus (72%)  | • Curiale (57%)   | • Waltersville (52%) |
| • Batalla (69%)   | • Cross (56%)     | • Tisdale (52%).     |

In keeping with the CANs' commitment to understanding neighborhood needs and capacity using zip codes as one mapping rubric, the listing below shows all Bridgeport PK/K-8 schools by zip code.

Bpt Barnum	495 Waterview Ave.	06608
Bpt Batalla	606 Howard Ave.	06605
Bpt Beardsley	500 Huntington Rd.	06610
Bpt Black Rock	545 Brewster Ave	06605
Bpt Blackham	425 Thorne St.	06606
Bpt Bryant	230 Poplar St.	06605
Bpt Classical Studies Magnet	659 Beechwood Ave.	06605
Bpt Columbus	275 George Street	06604
Bpt Columbus Annex	612 Grand Street	06604
Bpt Dunbar	445 Union Ave.	06607
Bpt Geraldine Johnson	475 Lexington Ave.	06604
Bpt Hallen	66 Omega	06606
Bpt Munoz Marin	479 Helen Street	06608
Bpt Park City Magnet	1526 Chopsey Hill Rd.	06606
Bpt Read	130 Ezra St.	06606
Bpt Roosevelt	680 Park Ave.	06604
Bpt Skane	2977 Madison Ave.	06606
Bpt Tisdale	250 Hollister Ave.	06607
Bpt Waltersville	150 Hallett St.	06608
Bpt Wilber Cross	1775 Reservoir Ave.	06605
Bpt Winthrop	85 Eckart Street	06606

#### ○ **Chronic Absences, Behavior Incidents and Student Mobility**

These data by school and grade were provided to the CANs at their first meeting. As these data correlate with early reading problems and lower standardized reading assessment performance, the PK-3<sup>rd</sup> CAN studied the data closely. Key findings are presented below.

- Across all schools and grades, nearly two in ten students (17%) are chronically absent.
- Between two and three kindergarten students in ten were absent 10 days or more in the following schools: Barnum; Blackham; Curiale; Marin; Read; Roosevelt; Tisdale; and Waltersville.
- Eleven (11) elementary schools had 100 or more individual students on in-school or out-of-school suspension or expulsion status.
- Schools presented in rank order of most individual students involved in suspension or expulsion are: Tisdale (207); Marin (193); Wilber Cross (181); Read (167); Roosevelt (166); Batalla (159); Johnson (149); Curiale (145); Barnum (127); Waltersville (119); and Dunbar (108).

More detailed data on in disciplinary actions are charted below, separately for incidents and for unique students involved. "OSS" stands for out-of-school suspension; "ISS" stands for in-school suspension. Although note presented below, the number of behavioral incidents resulting in disciplinary action in these PK-8 schools is significantly less than the number of incidents in the city's middle and high schools.

Incidents						Unique Students				
School Name	Expulsion	OSS pending Expulsion	OSS	ISS	Total	Expulsion	OSS pending Expulsion	OSS	ISS	Total
Read	0	0	103	268	371	0	0	61	106	167
Tisdale	0	0	248	112	360	0	0	128	79	207
Marin	2	5	209	108	324	2	5	108	78	193
Roosevelt	0	9	187	87	283	0	9	91	66	166
Johnson	0	1	109	135	245	0	1	69	79	149
Batalla	2	4	81	150	237	2	4	57	96	159
Waltersville	0	0	100	119	219	0	0	54	65	119
Barnum	5	5	72	135	217	5	5	46	71	127
Dunbar	1	1	119	49	170	1	1	66	40	108
Columbus	0	0	60	85	145	0	0	35	59	94
Blackham	0	1	81	57	139	0	1	45	41	87
Bryant	0	0	37	38	75	0	0	23	23	46
Beardsley	0	0	21	35	56	0	0	16	29	45
PCM	0	0	18	25	43	0	0	13	21	34
Hallen	0	0	33	8	41	0	0	24	8	32
Winthrop	1	2	11	20	34	1	2	8	17	28
Columbus Annex	0	0	18	0	18	0	0	10	0	10
Black Rock	0	0	4	3	7	0	0	4	3	7

In addition to the instructional and student growth challenges implicit in these risk data, high levels of student mobility across schools can be also be viewed as contributing to third grade performance challenges.

- On average, three in ten elementary school students (29%) change schools during the school year.
- Five schools had student mobility of 40 to 48%: Bryant; Dunbar; Hall; Marin; and Roosevelt.
- Eight schools had student mobility levels of 30 to 39%: Barnum; Beardsley; Wilber Cross; Edison; Hallen; Hooker; Johnson; and Waltersville.

While not possible to accomplish at this time, CAN members noted that over time it should be possible -- using State Assigned Student IDs (called SASIDS) -- to look at relationships across these data (academic and social-emotional readiness; chronic absences, behavioral incidents and student mobility) to understand more about how groups of individuals enter, meet challenges and progress to academic proficiency at the end of the third grade. In this work, de-identified individual data would be used for longitudinal research and for sub-aggregate analyses, but individual identities of students would not be available to the CANs.

#### RECOMMENDATIONS FROM THE B-3/PK-3<sup>RD</sup> GRADE SUMMARY REPORT

The B-3 CAN and the PK-3 CAN each met to develop a set of recommendations for action as part of the ongoing Bridgeport Prospers' process. Context information and strategies are presented below for each recommendation related to developmental screening and tracking outcomes. The full set of recommendation is presented in the June 2016 summary report from the B-3 and PK-3<sup>rd</sup> CANs.

○ **Expand the Use of SASIDS**

Secure unique child identifiers for Bridgeport children and use them to track de-identified data (a) longitudinally for individual children and (b) through cohort analyses.

**Context.** All early education programs for three- and four-year olds that accept State of Connecticut OEC funding are required to have a State Assigned Student Identifier (SASID) assigned to each child. A complete list of these specific programs is available from the Connecticut Office of Early Childhood. See also the *Technical Report on Early Care and Early Education*.

SASIDs are assigned by the State Department of Education. When a child enrolls in public school (usually in kindergarten) these SASIDs continue with them from kindergarten to the 12<sup>th</sup> grade, creating a longitudinal chain of data that is often hard to access and often underused.

About seven in ten *four-year olds* in Bridgeport today are assigned SASIDs through their participation in Head Start or publicly-funded preschool settings. Children enrolled in the state’s Birth to Three System are also assigned SASIDs. SASIDs could be assigned at birth through a policy partnership between the Connecticut State Department of Education and the Connecticut Department of Public Health (which already assigns a unique number for every birth that is included on the birth certificate).

**Possible Strategies**

- Partner with the Bridgeport Two-Generation Pilot Guide Team and the Statewide Interagency Two-Generation Working Group to propose statewide assignment of the SASID at birth, for statewide adoption during the 2017 General Assembly legislative session.

○ **Improve the Cross-Agency Data Collection and Use Process**

Secure and link data across child and family serving organizations in Bridgeport to (a) improve family knowledge about available information about them, (b) reduce redundant data collection for both families and providers, and (c) promote a family-centered planning process to improve child and family wellbeing.

**Context.** The PK-3<sup>rd</sup> CAN notes that the issue of inadequate access to information due to data challenges was raised over a decade ago in the *2006 Ready by Five, and Fine by Nine* report issued by the Connecticut Early Education Cabinet. Specifically, the Cabinet assigned the integration of data as one of five service challenges to be addressed. “Data collection and outcome measurement are agency- and program-specific, with few efforts to link and use them as a management and policy-making tool” (p. 21).

The Early Education Cabinet specifically called for the development of a “...data system that integrates student-specific information on preschool and other early childhood experience(s) into the Connecticut Public School Information System or other data management system” (p. 30). The PK-3<sup>rd</sup> CAN is aware that the Connecticut Office for Early Childhood is in the process of implementing an Early Childhood Information System (ECIS), but its current status is unknown.

**Possible Strategies**

- Work with the Bridgeport Two-Generation Pilot and the statewide Interagency Two-Generation Working Group to secure specific data sharing agreements with relevant state agency participants. Statewide data sharing agreements would include the CT Department of Social Services, Department of Children and Families, Department of Labor, Department of Transformation, and the Office for Early Childhood.

- Work with the Bridgeport Two-Generation Pilot as it established data sharing agreements with participating Bridgeport organization to obtain and share data for its cohort of 50 young mothers and fathers with at least one child under the age of three years.

- **Collect Additional Information and Data about Developmental Screening in Bridgeport**

Develop a survey process to secure data on the use of developmental screening by Bridgeport providers. Information to be sought includes: (a) provider and family attitudes about screening, (b) screening tools in use, (c) frequency of screening, (d) barriers to the collection and use of data, including regulatory restrictions and staffing limitations, (e) the process for reporting results for payment (e.g., EPSDT), (f) the process for sharing and explain results to parents and families, and (g) longitudinal and aggregate cohort tracking that may be in use.

**Context.** Data presented in the *Technical Report on Developmental Screening and Tracking Child Outcomes* has convinced B-3 CAN members of the need to better understand the use of such normative developmental screening tools as Ages & Stages and Ages & Stages SE with very young children. Based on findings summarized in the *Technical Report on Maternal Depression and Home Visiting*, members are also convinced of the need to understand how much adult screening is now being done to identify parents, especially mothers, who are experiencing depression, trauma or have high levels of ACES (Adverse Childhood Experiences).

**Possible Strategies**

- Engage with the Connecticut Office for Early Childhood in its current campaign to expand the use of developmental screening by health providers, families and others.
- Reach out to the faith community in targeted zip codes to engage clergy and church lay leaders help parents understand the benefits of early screening and early help for parents and their young children.
- Re-establish or expand the B-3 CAN's connection with health settings and medical practices (e.g., OB-GYN) that could expand pre-natal screening to include maternal depression and possibly ACES.

## II. Asset Mapping Identification and Reporting

- ASSET IDENTIFICATION: WIDE AND DEEP
  - Identifying the Categories
  - Zip Codes and Neighborhoods
  
- ASSET REPORTING
  - Building the Asset Lists
  - The Faith Sector
  - Food Supports
  - Libraries
  - Family Resource Centers
  - Health and Human Service Agencies
  - Home Visiting
  - Licensed Child Care
  - Head Start
  - Pre-K and Elementary Schools
  - Summer Programs

## Technical Report: Asset Mapping

This technical report is one of four prepared for the Bridgeport Prospers Community Action Network (CAN) process. Other technical reports are listed below:

- *Developmental Screening and Tracking Outcomes* (July 2016)
- *Maternal Depression and Home Visiting* (July 2016)
- *Early Care and Early Education through the Third Grade* (July 2016).

In addition, the Birth to Three and PK through 3<sup>rd</sup> Grade CANs prepared a June 2016 Summary Report describing both the processes and substantive content of their work from January through June 2016. The summary report also includes a set of recommendations for action as part of the Phase II B-3 and PK- 3<sup>rd</sup> work in the coming year.

This technical report on asset mapping provides textual and narrative documents of the asset mapping process undertaken as the first step of the CANs' learning journey. Excel worksheets have been provided to the Bridgeport Prospers Data Table so that, when geo-mapping capability is acquired, visual maps of assets can be depicted. The worksheets document specific programs for each category of asset with street addresses and zip codes to the extent possible.

### ASSET IDENTIFICATION: WIDE AND DEEP

#### ○ **Identifying Categories**

The Birth to Three (B-3) and PK-3<sup>rd</sup> (PK-3) Community Action Networks (CANs) began work in January 2016 with the charge to conduct an "asset mapping" process to identify what, at the community level, was believed to contribute to healthy births, school readiness and grade-level performance in reading at the end of the third grade.

Several sessions were held by each CAN to identify categories of assets as well as individual programs and settings believed to contribute to child and family well-being. The following types of assets were identified:

- Churches
- Food Supports
- Libraries
- Family Resource Centers
- Health and human service agencies serving families
- Home visiting programs
- Child care centers and licensed child care homes
- Head Start
- Public preschool and K-8 elementary schools
- Summer programs

The CANs also examined a recent asset map for the Bridgeport's East Side Promise Neighborhood work. This work included additional categories of services such as art galleries, banks, the fire department, grocery stores, pharmacies, after-school programs, job training, shelters, parks and senior centers.

Rather than expand its initial information collection, the CANs chose to dig deeper into several categories of assets in order to learn more about specific programs, who needed these services, who was actually served and with what results: home visiting, developmental screening and early care and early education. Our findings

are summarized in the other technical reports listed above. Our recommendations are included in the June 2016 summary report.

### ○ **Zip Codes and Neighborhoods**

This report presents data as often as possible by zip code. It is therefore useful for readers to note the neighborhoods included in each of the six primary zip codes for the City of Bridgeport:

<b>Zip 06604</b>	<b>Zip 06605</b>	<b>Zip 06606</b>	<b>Zip 06607</b>	<b>Zip 06608</b>	<b>Zip 06610</b>
<i>South End</i>	<i>West End</i>	<i>North End</i>	<i>East End</i>	<i>East Side</i>	<i>North Side</i>
Brooklawn Downtown South End Saint Vincent	Black Rock Reservoir/ Whiskey Hill The Hollow	North End Lake Forest			Boston Ave Mill Hill North Bridgeport

## ASSET REPORTING

### ○ **Building the Asset Lists**

The CANs quickly came to understand some critical challenges in what seemed at first to be a simple task of listing assets.

- First, this type of list generation is limited by the knowledge base and direct experience of participants.
- Second, in the early mapping work whether a program is identified as an “asset” is a function of the personal knowledge of the person who has identified the program.
- Third, as the list begins to take shape, street and zip code information requires several additional data-gathering steps.
- Fourth, some organizations listed as community assets provide a broad variety of individual programs crossing “asset categories.” This is particularly true of two sectors in Bridgeport: (a) multi-service anti-poverty agencies and (b) the faith sector. Thus these organizations could appear on multiple asset category listing.
- Fifth, beyond street addresses and a general sense of the population served the acquisition of outcome and cost information is particularly problematic.

Beyond the obvious process of actually geo-mapping this information (which has the benefit of creating a visual picture of the density and richness of various programs within specific neighborhoods), a useful next step will be for the Phase II process to take this information out to citizens and families in Bridgeport for confirmation and input.

The balance of this technical report lists location information the CANs and their consultant acquired in each of the asset categories we examined. We employed multiple sources which did not always match each other; thus the specific information for each entry that follows should be confirmed by the host agencies before geo-mapping.

### ○ **The Faith Sector**

As a matter of continuous quality improvement in our work, we now describe this category of assets as the “faith sector” being sensitive to the rich diversity among religions represented. As the result of this part of the asset mapping process, we learned that Bridgeport is home to a diverse and vibrant faith community, in which 128 religious organizations provide a broad array of supports and services to their individual and family members. The CANs have not engaged with this sector during Phase I but understand the need to do so during the next phase of this work.



Information included below was obtained from the Bridgeport Interfaith Council in print format and converted to an excel worksheet. Street addresses are not listed below but are available from the print materials and could be added to the evolving Faith Sector worksheet. A complete listing of religious organizations organized by zip code follows.

Zip Code 06604	Zip Code 06605	Zip Code 06606
Asia Evangelical Church Bethel Shiloh Apostolic Church Bridgeport Apostolic Church Brooklawn Seventh Day Adventist Calvary Temple Christian Center Cathedral of the Holy Spirit Congregation Bikur Cholim Congregation B'Nai Israel Congregation Rodeph Sholom Emmanuel Assembly of God Ephraim Seventh-Day Adventist First Assembly of God First Baptist Church Free Methodist Church Full Gospel Pentecostal Church Golden Hill United Methodist Church Gospel Mission Baptist Church Holy Trinity Greek Orthodox Church House of God Outreach and Deliverance House of Prayer and Deliverance L'Eglise de L'Epiphanie Living Word Ministries of Bridgeport Messiah Baptist Church Missionaria Reino de Deus Mount Aery Baptist Church Muhammad Mosque New Hope Missionary Baptist Church New Vision International Ministries Salem Lutheran Church ST Augustine Cathedral Parish ST George Parish ST John's Episcopal Church ST Margaret's Shrine ST Nicholas Antiochian Orthodox Church ST Patrick Parish United Church of Christ United Congregational Church Wat Lao Kittisilaram Temple Zion Lutheran Church	An-Noor Islamic Center Bethel African American Methodist Episcopal Church Bethel Memorial Deliverance Church Calvary ST. George's Episcopal Cathedral of Faith Church of God Cathedral of Praise Centro Cristiano Renovacion Faith Community Church First United Church of Christ Generation Joshua Iglesia Bautista Hcalvario Iglesia Christiana El Buen Pastor MT. Pisgah Missionary Baptist Church Prince of Peace Assembly of God Church Second New Light Original Free Baptist Church Silliman Memorial Baptist Church ST Peter Parish United House of Prayer for All Unity Church	Assembly of God World Vision Ministries Calvary Seventh Day Adventist Claytor Deliverance Ministries Congregation Agudas Achim El Shaddai Pentecostal Church Fountain of Youth Cathedral Gospel Light Community Church New Jerusalem Baptist Church Olivet Congregational Church Our Lady of Good Counsel Refuge Temple Church of God Shiloh Apostolic Church of Jesus Christ ST Andrew Church ST Ann's Parish

Zip Code 06607	Zip Code 06608	Zip Code 06610
Church of God	African Christian Church	Calvary New Testament Church of God
Church of the Blessed Sacrament	Apostolic Worship Center	Celebration Brazilian Baptist Church
East End Baptist Tabernacle	Bethel Baptist Church	Christ House of Unity, Restoration, Charity and Hope
Ebenezer Gospel Assembly	Faith Revival Center Church	Christian Fellowship of Greater Bridgeport
English Chapel Free Will Baptist Church	Holy Ghost Deliverance Cathedral	City of Life Worship and Deliverance
Gospel Plough Christian Ministries	Holy Ghost Russian Orthodox Church	Good News Missionary Baptist Church
Grace and Mercy Baptist Church	Household of Faith Church	Holy City Church of God in Christ
Islamic Community Center	Iglesia Bautista Hispana Emanuel	Joseph's Coat of Many Colors Lutheran Church
Jesus Saves Ministries	Iglesia De Cristo	ST John's Community Church
Jubilee Tabernacle Of Praise Ministries	Our Lady of Fatima Catholic	Summerfield United Methodist Church
Re-Focus Outreach Ministry	Primera Iglesia Bautista	Triumphant Ministries
Rehobeth Church of God in Christ	Rock of Horeb Church	United Tabernacle Apostolic Church
Russell Temple CME Church	Saints Cyril & Methodius [Slovak]	
ST Mark's Episcopal Church	Segunda Casa de Oracion	
ST Michael's The Archangel Parish	ST Charles Borromeo Parish	
ST Paul's Missionary Baptist Church	ST Luke's/ST Paul's Episcopal Church	
United Kingdom International Ministries	ST Mary's Parish	
Walters Memorial AME Zion Church	Ukranian Catholic Church of Christ	
Word of Life Ministries	Victory Outreach Church	

### ○ Food Supports

Food pantries and soup kitchens were included in the asset mapping process because 99.9% of students enrolled in the Bridgeport Public School system are eligible for the means-tested federal Free and Reduced Price Meals Program. This level of need reflects a significant potential problem for city families in assuring that basic necessities such as food and proper nutrition are met. As one member noted, “Children can’t learn if they are regularly hungry.”

Food Pantries	
Calvary St George's Food Pantry	755 Clinton Avenue
Outreach Ministry Food Pantry	600 Hallett Street
Kings Pantry	30 Florence Street
Messiah Baptist Church	210 Congress Street
Salvation Army/ Bridgeport Citadel	30 Elm Street
St. Charles Food Pantry	1279 East Main
St. Charles Food Pantry	391 Ogden St
St Luke's/ St Paul's Episcopal Church	594 Kossuth Street
Thomas Merton House	43 Madison Avenue
Bishop Jean Williams Pantry	4 Worth Street
Summerfield United Methodist/Light on the Hill	110 Clermont Avenue
Daughters of Charity	1490 North Ave
Bridgeport Rescue Mission	1088 Fairfield Ave
St. Stephen's Emergency Pantry (Merton)	43 Madison Avenue
North End Community Council	555 Trumbull Ave

<b>Soup Kitchens</b>	
Thomas Merton Center	43 Madison Avenue
Golden Hill United Methodist Church	219 Elm
ST Luke/ ST Paul's Episcopal Church Food Center	594 Kossuth Street
New Hope Missionary Baptist Church Community Lunch	1100 Park Avenue
ST John's Episcopal Church	768 Fairfield
Feel the Warmth Community Supper/ United Congregational Church	877 Park Avenue
Bridgeport Rescue Mission (+mobile)	1088 Fairfield Avenue
Bridgeport Tabernacle	717 Clinton Avenue
Calvary ST. George's Soup Kitchen	755 Clinton
Manna Kitchen Good Shepherd Soup Kitchen	725 Hancock
Russell Temple	555 Connecticut Avenue
Agape Soup Kitchen	1243 Stratford Avenue
East End Tabernacle Baptist Church Soup Kitchen E	548 Central Avenue
King's Pantry	30 Florence Street

○ **Libraries**

<b>Libraries</b>	<b>Street Address</b>
Burroughs-Saden	925 Broad Street
Newfield Branch	1230 Stratford Avenue
Black Rock Branch	2705 Fairfield Avenue
Old Mill Green Branch	1677 East Main Street
North Branch	2455 Madison Street

○ **Family Resource Centers**

PK-3<sup>rd</sup> CAN members identified Family Resource Centers as one important setting within which families with younger children could access information and support that would help them better meet the needs of their children. Bridgeport has five Family Resource Centers. Four of them are funded through a Connecticut State Department of Education grant.

<b>Family Resource Centers</b>	<b>Street</b>	<b>Zip &amp; Neighborhood</b>
Dunbar School FRC	445 Union Ave	06607 East End
Cesar Batalla School FRC	606 Howard Street	06605 West End
Roosevelt FRC	680 Park Ave	06604 South End
Barnum/Waltersville FRC	498 Waterview Street	06608 East Side
The Parent Center	900 Boston Avenue	06610 North Side

○ **Health and Human Service Agencies**

The CANs did not, in the end, set up an excel file for these organizations as there are many in Bridgeport and they serve multiple populations with a broad array of services. Phase II CAN work may wish to include a return to this question. A useful resource listing that includes all of these is the ABCD Parents' Resource

Directory, updated annually but not available in an electronic format. We used the directory as a starting point in our asset mapping process.

### ○ Home Visiting

Working on this issue, B-3 CAN members reported that many programs within the City of Bridgeport send caseworkers and other professionals to meet with families in their homes. We did not attempt to map these all, as there was no common definition, staffing or intended outcome across them. For the asset mapping and deeper dive, therefore, the B-3 CAN limited itself to home visiting programs that employ an “evidence-based” program model. These programs are funded largely by the Connecticut Office for Early Childhood and the Connecticut Department of Children and Families. See the Summary Report for further detail.

Home Visiting	Street	Zip
Parents as Teachers Bridgeport Hospital Foundation	267 Grant Street	06610
Parents as Teachers Child and Family Guidance Center	180 Fairfield Avenue	06604
Parents as Teachers City of Bridgeport, Board of Education	City Hall Room 330	06604
Parents as Teachers Optimus Health Care, Inc.	471 Barnum Avenue	06812
Child FIRST, Bridgeport Hospital	1470 Barnum Avenue	06610

### ○ Licensed Child Care Centers

The field of child care is a complex mosaic of organizational types, names, funding sources and target populations. The data listed below is from the United Way of CT’s 2-1-1 Child Care Infoline. The settings listed below include all licensed “child care centers,” including Head Start, public preschool, privately funded centers. It does not include “nursery school” programs of which there are 141 available half-day slots in programs serving city children. The reader will note that we did not go back and collect zip codes for these setting, but that should be done if geo-coding is intended.

Licensed Center-based Child Care and preschool sites/ programs	Public School	Street
ABCD @ Bullard Havens Technical School		500 Palisade Avenue
ABCD @ Cesar Batalla Child Care Center		927 Grand Street
ABCD @ George Pipkin Head Start Program		52 George E Pipkin's Way
ABCD @ Trumbull Gardens Child Care Center		715 Trumbull Avenue
ABCD @ West End Child Care Center		361 Bird Street
ABCD Early Learning Division		1070 Park Avenue
ABCD Inner City Children's Daycare Center		1070 Park Avenue
Adam J Lewis Preschool		246 Lenox Avenue

Affordable and Loving Childcare II		1006 Reservoir Avenue
Barnum Preschool	BPS	495 Waterview Avenue
Batalla Preschool	BPS	606 Howard Avenue
Beardsley Preschool	BPS	500 Huntington Road
Blackham Preschool	BPS	425 Thorne Street
Columbus Preschool	BPS	275 George Street
Marin Preschool	BPS	479 Helen Street
Bright Morning Star Daycare		481 BREWSTER STREET
Bright Stars Academy Daycare		2004-2010 East Main Street
Bryant Preschool	BPS	230 Poplar Street
Bulls Head Hollow Head Start		108 Sanford Avenue
Busy Beaver Extended Day Program		347 Woodside Avenue
C.E.S. School Readiness Preschool		40 Lindeman Drive
Care Around the Clock		500 State Street
Cathedral Academy Lower School		324 Frank Street
Cheyenne's Early Learning Center		789 Reservoir Avenue
Child-Port Day Care Center		110 Clermont Avenue
Child's World		1245 Fairfield Avenue
Clockwork Learning Center- Bridgeport		233 Bennett Street
Columbus @ Zion Preschool	BPS	612 Grand Street
Congregation B'Nai Israel Nursery School		2710 Park Avenue
Daughters of Charity of the Most Precious Blood		1490 North Avenue
Donna's Little Doves Child Development Center		215 Warren Street
Dunbar Preschool	BPS	445 Union Avenue
Eagle Wings Learning Academy		850 Norman Street
Early Childhood Laboratory School		900 Lafayette Boulevard
ELLE EM IN OH PRE		1944 Boston Avenue
Hallen Preschool	BPS	68 Omega Avenue
HONEY BEAR LEARNING CENTER		1498 North Avenue
Inter-District Discovery Magnet School		4510 Park Avenue
Jaime A Hulley Child Care Center		460 Lafayette Street
Johnson Preschool	BPS	475 Lexington Avenue
Kingdom's Little Ones		1277 Stratford Avenue
Kingdom's Little Ones Academy		729 Union Avenue
Kingdom's Little Ones Academy		1243 STRATFORD AVENUE
Lil` Blessings Academy Day Care		77 Suburban Avenue
Little Lamb Day Care Center- Household of Faith		431 Hallett Street
Loveable Angels Childcare Learning Center		1825 East Main Street
Lucille Johnson Child Care Center		816 Fairfield Avenue
Mary Immaculate Day Care Center		1111 Wordin Avenue
Park City Magnet	BPS	1526 Chopsey Hill Road
Precious Memories Early Childhood Learning Center		3600 Main Street

Precious Memories Early Childhood Learning Center III		1332 North Avenue
Precious Memories Early Childhood Learning Center IV		2181 Main Street
Precious Memories Early Childhood Learning Center II		753 Fairfield Avenue
Read Preschool	BPS	130 Ezra Street
Roosevelt Preschool	BPS	680 Park Avenue
Six to Six Magnet School		601 Pearl Harbor Street
Skane Preschool	BPS	2977 North Madison Avenue
Small to Tall Too		4070 Park Avenue
St John's Child Care Center		768 Fairfield Avenue
St Mark's Day Care		368-70 Newfield Avenue
St Paul's Child Development Center		1475 Noble Avenue
St. Andrew Preschool		395 Anton Street
Sugar Plum Nursery School		1105 Laurel Avenue
Tisdale Preschool	BPS	250 Hollister Avenue
Total Learning Center		500 Pequonnock Street
Waltersville Preschool	BPS	150 Hallett Street
YMCA PALS V Day Care		850 Park Avenue
YMCA/Kolbe Educational Center		401 Kossuth Street
YMCA/SECC PALS 1 Child Care Center		650 Park Avenue

### Licensed Child Care Centers Serving Infants and Toddlers

Because of the special vulnerabilities and the rapid brain growth during the first three years of life, B-3 CAN members were particularly interested in child care centers that served infants and toddlers. A list of those centers follows, along with the number of infant and toddler slots available. These data have been provided by the Connecticut Office for Early Childhood. Note that a fairly large number of centers serve a fairly large number of very young children.

Name of Licensed Center	Street Address	Zip	I/T Spaces
JAIME A HULLEY CHILD CARE CENTER	460 LAFAYETTE STREET	06604	8
ABCD @ TRUMBULL GARDENS CHILD CARE CENTER	715 TRUMBULL AVENUE	06606	8
SMALL TO TALL TOO	4070 PARK AVE	06604	8
EAGLE WINGS LEARNING ACADEMY	850 NORMAN ST	06605	8
TOTAL LEARNING CENTER	500 PEQUONNOCK ST	06604	9
AFFORDABLE AND LOVING CHILDCARE II	1006 RESERVOIR AVE	06606	11
BULLS HEAD HOLLOW HEAD START	108 SANFORD AVENUE	06604	12
ELLE EM IN OH PRE	1944 BOSTON AVE	06610	13
ABCD INNER CITY CHILDREN'S DAYCARE CENTER	1070 PARK AVENUE	06604	16
LUCILLE JOHNSON CHILD CARE CENTER	816 FAIRFIELD AVENUE	06604	16
ABCD @ CESAR BATALLA CHILD CARE CENTER	927 GRAND STREET	06604	16
ST JOHN'S CHILDCARE CENTER	768 FAIRFIELD AVE	06604	16
KINGDOM'S LITTLE ONES	1277 STRATFORD AVE	06607	16
PRECIOUS MEMORIES EARLY CHILDHOOD LRNG CTR II	753 FAIRFIELD AVENUE	06604	18
CHILD-PORT DAY CARE CENTER	110 CLERMONT AVENUE	06610	20

BRIGHT MORNING STAR DAYCARE	481 BREWSTER STREET	06605	24
CONGREGATION B'NAI ISRAEL NURSERY SCHOOL	2710 PARK AVENUE	06604	28
CLOCKWORK LEARNING CENTER- BRIDGEPORT	233 BENNETT STREET	06605	28
PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER III	1332 NORTH AVE	06604	28
BRIGHT STARS ACADEMY DAYCARE	2004-2010 EAST MAIN ST	06610	28
BUSY BEAVER EXTENDED DAY PROGRAM	347 WOODSIDE AVENUE	06606	31
BRIDGEPORT YMCA/KOLBE EDUCATIONAL CENTER	401 KOSSUTH STREET	06608	40
MERCY LEARNING CENTER EARLY CHILDHOOD EDUCATION PROGRAM	637 PARK AVE	06604	40
DONNA'S LITTLE DOVES CHILD DEVELOPMENT CENTER	215 WARREN STREET	06604	48
ST MARK'S DAY CARE	368-70 NEWFIELD AVE	06610	48
CHEYENNE'S EARLY LEARNING CENTER	789 RESERVOIR AVE	06606	56
CARE AROUND THE CLOCK	500 STATE ST	06604	93
ABCD @ GEORGE PIPKIN HEAD START PROGRAM	52 GEORGE E PIPKIN'S WAY	06608	140

### ○ Head Start

While from a licensing perspective, Head Start programs are listed above among the list of licensed child care centers. However, Head Start is its own program, operates with state and federal mandates and receives a substantial amount of its funding directly from the federal government. These programs are therefore listed below separately. Also note that some of these Head Start settings also host Early Head Start and child care sessions more generally. These are noted below. For outcomes data from Bridgeport Head Start programs, see the technical report on *Developmental Screening and Tracking Outcomes* (July 2016).

Program	Admin Agency	Address	Zip Code	HS	EHS	Child Care
Bulls Head Hollow	ABCD	115 Highland Ave	06604		X	x
Inner City	ABCD	1070 Park Ave	06604	x		
ABCD	ABCD	1070 Park Avenue	06604	x		
Lucille Johnson	ABCD	816 Fairfield Ave	06604	x		
Jamie Hulley Center	ABCD	460 Lafayette St	06604	x		
Bassick Head Start	ABCD	1181 Fairfield Ave	06605	x	x	
West End	ABCD	361 Bird St.	06605	x		
Trumble Gardens	ABCD	715 Trumbull Ave.	06606	x		
Ella Jackson Center	ABCD	338 Connecticut Ave	06607	x		x
George Pipkin	ABCD	52 George E. Pipkin Way	06608	x		
Bullards Haven/ABCD	ABCD	500 Palisade Ave	06610	x		x
Bullard Havens	ABCD	500 Palisades Ave.	06610	x		

Cesar Batalla	ABCD	927 Grand St	96604	x		x
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### ○ Public Pre-K and Elementary Schools

The Bridgeport Public School System operates Pre-K classrooms in 18 elementary schools citywide. The balance of elementary schools begins academic programming at kindergarten and do not host preschool programming. Enrollment, staffing and cost data are being assembled as part of the Bridgeport Universal Pre-K initiative, described later in this report. The data below are presented by zip code.

PK/K-8 Schools	Grades	Street	Zip
Classical Studies Academy	K-6	240 Linwood Ave	06604
Columbus Annex	PK-2	612 Grand Street	06604
Columbus School	PK-8	275 George Street	06604
Curiale School	K-8	300 Laurel Ave	06604
Johnson School	PK-8	475 Lexington Ave.	06604
Roosevelt School	PK-8	680 Park Ave.	06604
Black Rock School	K-8	545 Brewster Ave	06605
Bryant School	K-6	230 Poplar St.	06605
Cesar Batalla School	PK-8	606 Howard Ave.	06605
Claytor Magnet Academy	PK-8	138 Ocean Terrace	06605
Cross School	K-8	1775 Reservoir Ave.	06605
Blackham School	PK-8	425 Thorne St.	06606
Discovery Interdistrict Magnet	PK-8	4510 Park Ave	06606
Hallen	PK-6	66 Omega Ave	06606
Park City Magnet School	PK-8	1526 Chopsey Hill Rd.	06606
Read School	PK-8	130 Ezra St.	06606
Skane Center	PK-K	2977 Madison Ave.	06606
Winthrop School	K-8	85 Eckart Street	06606
Dunbar School	K-8	445 Union Ave.	06607
Tisdale School	PK-8	250 Hollister Ave.	06607
Barnum School	PK-8	495 Waterview Ave.	06608
Madison School	K-6	376 Wayne St	06608
Marin School	PK-8	479 Helen Street	06608
Waltersville School	PK-8	150 Hallett St.	06608
Beardsley School	PK-6	500 Huntington Rd.	06610
Edison School	PK-6	115 Boston Terrace	06610
Hall School	K-6	290 Clermont Ave	06610
High Horizons Magnet School	K-8	700 Palisades Ave	06610
Hooker School	K-8	138 Roger Williams Rd	06610
Multicultural Magnet School	K-8	700 Palisades Ave	06610

### ○ Summer Programs

The PK-3<sup>rd</sup> Grade CAN identified summer programs as one asset that could prevent or reduce the impact of summer learning loss. The list below was obtained from the city website in the form of a print document



listing summer activities. Information available on each program varies, as do the programs itself and it was not coded onto the excel spreadsheet. The list does not include programs offered by the school district.

<b>Summer Activity</b>
ABCD Summer Camp
Adam J. Lewis Preschool
Bridgeport Public Libraries
Built 4 Praise Dance Academy
Discovery Museum and Planetarium Summer Programs
Kingdom Little Ones Child Care Center
Lighthouse
McGivney Community Center Summer Day Camp
Neighborhood Studios Camp Hart
Page 6 Cardinal Shehan Center Summer Camp
Salvation Army Summer Program Camp Connri
Seaside Park Summer Day Camp
St. Marks Daycare Center
St. Paul 's Child Development Center Preschool
Summerfield United Methodist Church
Unique and Unified Summer Program of Park City Communities
University of Bridgeport Reading for Students
Wakeman Boys and Girls Club Smilow-Burroughs Clubhouse
Wonderland of Ice Summer Hockey and Skating Camps
YMCA Summer Camp

### III. Maternal Depression and Home Visiting

- MATERNAL DEPRESSION AND ITS NEGATIVE IMPACT ON YOUNG CHILDREN
  - Parental Health and Mental Health
  - Early Identification and Cross-Agency Benefits Coordination
  - Questions. Questions
  
- FEDERAL, STATE AND BRIDGEPORT HOME VISITING
  - Federal Leadership and Funding
  - Home Visiting in Connecticut
  - Questions. Questions
  - Data on Cost and Families Served with Home Visiting
  - Questions. Questions
  
- A LOOK AT OUTCOMES IN CONNECTICUT AND BRIDGEPORT
  - The Statewide Nurturing Families Program
  - Bridgeport Nurturing Families Data Across Programs
  - Bridgeport Board of Education Program Data
  - Bridgeport's Child First Program Data
  - Questions. Questions
  
- A RECOMMENDATION FROM THE B-3/PK-3<sup>RD</sup> GRADE SUMMARY REPORT

## Technical Report: Maternal Depression and Home Visiting<sup>17</sup>

The Bridgeport Prospers B-3 CAN (Community Action Network) identified as part of its 2016 asset mapping process the need to focus on home visiting, infant and toddler early care, and developmental screening as core areas for more in-depth analysis. Both maternal depression and home visiting interventions have been shown to improve maternal and child outcomes for families living with chronic adversity and scarcity. Both are addressed in this technical report. Infant and toddler early care is addressed in the *Early Care and Early Education Technical Report*.

The reader is also directed to the June 2016 final report of the B-3 and PK-3<sup>rd</sup> Grade Community Action Networks which summarizes findings from this technical report and prioritizes a set of Phase II (2016-2017) action recommendations related to addressing maternal depression and advancing the use of home visiting for this city's youngest children and their families.

### MATERNAL DEPRESSION AND ITS NEGATIVE IMPACT ON YOUNG CHILDREN

#### ○ Parental Health and Mental Health

“Approximately 10 to 20 percent of women experience depression either during pregnancy or in the first 12 months postpartum. Maternal depression can lead to serious health risks for both the mother and infant, increasing the risk for costly complications during birth and causing long-lasting or even permanent effects on child development and well-being.”<sup>18</sup> Additionally, up to four in five mothers-to-be experience what has been called “baby blues,” a common condition of emotional volatility that generally resolves itself during the period of pregnancy or within a few weeks after birth without mental health intervention.<sup>19</sup>

Episodic as well as chronic depression, however, “...is widespread among poor and low-income mothers, including mothers with young children. One in nine poor infants lives with a mother experiencing severe depression and more than half live with a mother experiencing some level of depressive symptoms.”<sup>20</sup> While we do not have prevalence data for the

City of Bridgeport, recent work by the MOMS Partnership in New Haven has revealed that as many as 60% of low income mothers experience clinically significant depression following the birth of a child and continuing into that child's early years. Given similar (or even more challenging) economic circumstances for many families in Bridgeport, we can infer a similar rate of maternal post-partum depression.

“The first years of life are a time of tremendous brain growth. Early experiences profoundly impact the child's development. Good health is the cornerstone of a child's well-being. It starts before birth and is influenced by every part of the environment – the home, school, neighborhood and city.”

*Bridgeport Prospers*

*Fall 2015 Annual Report, p. 16*

<sup>17</sup> Any errors in this technical report are the sole responsibility of the Bridgeport Prospers consultant, Dr. Janice Gruendel. Please notify the author of concerns at – [Janice.gruendel@aya.yale.edu](mailto:Janice.gruendel@aya.yale.edu)

<sup>18</sup> [Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans](#), National Institute for Health Care Management (NIHCM) Foundation Issue Brief, June 2010. p. 1

<sup>19</sup> Identifying and Treating, op cit., p. 2-3

<sup>20</sup> [Maternal Depression: Why It Matters to an Anti-Poverty Agenda for Parents and Children](#), CLASP, March 2014. p. 1

The *Fall 2015 Bridgeport Prospers Annual Report* and related information provided by the Bridgeport Prospers Data Table reveals that many mothers-to-be in Bridgeport experience health and life challenges in which maternal depression may play role.

- Nearly one in two babies are born outside of the full-term birth window (i.e., between 39 weeks and 40 weeks, 6 days). Of these, 13% are born before 37 weeks of pregnancy. Low birth weight babies are at significant greater risk for ongoing health and developmental problems.
- Virtually all Bridgeport women receive some prenatal care. However, for 15% (about 300 mothers to-be) this care began after the first trimester. At the time of giving birth in 2013 and 2014, most of these women lived in three zip codes within the city: 06604, 06605 and 06606.
- Birth costs for two-thirds of women resident in Bridgeport was paid by Medicaid.
- One in five of Bridgeport women who gave birth during these years had not completed high school.

Because early brain growth among children is profoundly impacted by the responsive, nurturing “serve and return” relationship between a mother and her child, addressing maternal health and mental health challenges during the pre- and post-natal period can provide short- and long-term benefits for both the mother and child.

“Untreated maternal depression may lead to more hostile or withdrawn parenting, which can, in turn, have harmful effects on young children’s developing brains, leaving them at higher risk for later cognitive and socio-economic problems. Insensitive, hostile or withdrawn parenting is associated with the development of patterns of brain activity associated with anxious, withdrawn emotions in children and adults.”<sup>21</sup> Maternal (and paternal depression) can also lead to the “persistent absence of responsive care” reflected in allegations of neglect made to child welfare agencies.<sup>22</sup>

Of note, the role of fathers is also critically important, and recent data reveals that fathers also experience depression. “The postpartum period is associated with many adjustments for fathers that pose risks for depression. Estimates of the prevalence of paternal postpartum depression (PPD) in the first two months postpartum vary from four to 25 percent. Paternal PPD has high co-morbidity with maternal PPD and might also be associated with other postpartum psychiatric disorders... Paternal PPD has negative impacts on the family, including increasing emotional and behavioral problems among their children (either directly or through the mother) and increasing conflicts in the marital relationship.”<sup>23</sup>

The impact of parental depression on young children has largely been studied with regard to mothers. “Children who experience maternal depression early in life may suffer lasting effects on their brain architecture and persistent disruptions of their stress response systems.”<sup>24</sup> In addition, there is evidence that young children with depressed mothers also experience disturbances in emotional and behavioral development and the more limited development of expressive language. Infants “...born into poverty with depressed mothers are more likely than their peers with non-depressed mothers to be exposed to domestic violence and substance abuse.”<sup>25</sup>

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<sup>21</sup> Maternal Depression, op cit., pp. 8-9

<sup>22</sup> Gruendel, J. [Rethinking Young Child ‘Neglect’ from a Science-Informed, Two-Generation Perspective](#), Institute for Child Success, November 2015

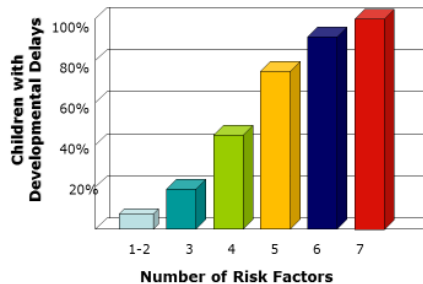
<sup>23</sup> [Sad Dads: Paternal Postpartum Depression](#), Psychiatry, 2007. 4(2), p. 35

<sup>24</sup> [Maternal Depression Can Undermine the Development of Young Children](#), Working Paper 8. Harvard Center on the Developing Child, 2008. p. 3

<sup>25</sup> Maternal Depression, op cit., p 3

Other impacts for children include preterm births and low birth weight, poor physical health and “...physical well endangerment including child abuse and neglect...as as the increased risk that children will experience depression, separation anxiety and oppositional defiant behaviors.”<sup>26</sup> When coupled with the experience of other types of adverse childhood experiences (ACEs), children who live in families mental health challenges and trauma are increasingly likely to manifest developmental delays disabilities in the first three years of life.

**Significant Adversity Impairs Development in the First Three Years**



Source: Barth, et al. (2008)

Center on the Developing Child HARVARD UNIVERSITY

with  
and

### ○ Early Identification and Cross-Agency Benefits Coordination

Studies of maternal depression among low-income women with young children have found that many of these families receive health and nutrition supports from federal assistance programs. This means that linking data and referrals across local health, social service and nutrition programs can help to identify women who have a high probability of experiencing significant depression. As one example, a recent report revealed that nearly all infants born into poverty with depressed mothers live in a family receiving benefits from the [federal] Women, Infants and Children (WIC) program. Eight in ten (82%) live in a family receiving health care through the Medicaid program and seven in ten (70%) receive Supplemental Nutritional Assistance Program (SNAP) benefits.

### ○ Questions. Questions

- To what degree are state and local agencies in Bridgeport using “basic need” programs such as WIC, SNAP and Medicaid to identify families with both maternal depression and young children are or could be expected to be present? Does a data-informed, cross-program approach by the city and the regional office of the Connecticut Departments of Social Services, and Public Health exist and can we obtain data on need, services and outcomes?
- For families in which a young child is cared for primarily by an extended family member (often a grandmother) or through unlicensed family child care, do we know what kinds of adverse experience *these* extended families may bring to the process of caring for young children? Are *they* eligible to participate in current home visiting programs?
- The American Academy of Pediatrics has recommended the use of depression screening with new mothers. Which health-based services in Bridgeport, including pediatric well-child, maternal health and emergency rooms, employ a screen for ACEs and/or depression? What specific screening tools are used and how are results transmitted and used to help families?

<sup>26</sup> [Depression in Low-Income Mothers of Young Children: Are They Getting the Help They Need?](#) Urban Institute, April 2013, p. 2

- The Bridgeport Prospers B-3 CAN technical report on developmental screening (June 2016) makes a strong case for expanding its use with the city’s young children. How can agencies increase the use of developmental screening for young Bridgeport children through the Medicaid-funded EPSDT program and free tools such as *Ages and Stages SE* (Social Emotional) by the pediatric provider sector as well as by parents?

## FEDERAL, STATE AND BRIDGEPORT HOME VISITING

### ○ **Federal Leadership and Funding**

The federal Health Resources and Service Administration (HRSA) manages the nation’s expanding Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. HRSA has identified nearly 40 models of home visiting programs across the nation and has certified 17 of them as Evidence-Based Programs (EBP). All of them involve periodic home visits with families with young children, although the frequency and duration may vary depending upon the program model and the target population.

The qualifications and experience of “home visitors” also vary by program model, as does cost per family unit. Some programs such as Family Connects, developed by Duke University and evaluated as an Evidence-Based Program (EBP), are offered universally to all mothers in a target jurisdiction at or before the birth of a child and include multiple contacts between a nurse and the parent(s) over a six-month period. The cost of Family Connects per family is about \$600-\$800.

Child First and the Nurse Family Partnership program are at the other end of the home visiting continuum. Child First, developed here in Connecticut, has been evaluated as an Evidence-Based Program that serves families with young children who are at the highest risk for poor child outcomes. It is an intensive intervention where a clinician and a community paraprofessional work with the family to address basic needs, assure access to needed services and strengthen parents’ ability to establish and maintain a nurturing, effective parent-child relationship.

Differences in staffing, the frequency and duration of visits, their purpose and resulting program costs make it difficult to compare across programs. However, descriptive information from HRSA asserts their beneficial outcomes. “Maternal, Infant and Early Childhood Home Visiting supports pregnant women and families and helps at-risk parents of children from birth to kindergarten entry tap the resources and hone the skills they need to raise children who are

#### **ACF EBP Home Visiting Programs**

- Child FIRST
- Durham Connects/Family Connects
- Early Head Start - Home-Based Option
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up for Children
- Family Spirit
- Health Access Nurturing Development Services (HANDS) Program
- Healthy Beginnings
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Maternal Early Childhood Sustained Home Visiting Program
- Minding the Baby
- Nurse-Family Partnership
- Parents as Teachers
- Play & Learning Strategies – Infant
- SafeCare Augmented

physically, socially and emotionally healthy and ready to learn.”<sup>27</sup>

“Families that elect to participate in local home visiting programs receive advice, guidance and other help from health, social service and child development professionals. Through regular, planned home visits, parents learn how to improve their family's health and provide better opportunities for their children.”<sup>28</sup>

“Home visits may include support for preventive health and prenatal practices such as helping mothers find suitable prenatal care, improve their diets, and reduce use of tobacco, alcohol, and illegal substances. Home visitors can assist mothers through all stages of pregnancy and beyond, providing support to mothers learning to breastfeed and care for their babies. In addition, home visitors may provide health and development education for mother and child by helping parents understand child development milestones and behaviors and promoting parents’ use of praise and other positive parenting techniques. Home visitors may also work with mothers to set goals for the future, continue their education, and find employment and child care solutions.”<sup>29</sup>

The outcomes of EBP home visiting programs include positive change for parents and their children, their neighborhoods and the services available to them. For families, outcomes include improving child and family health and development, preventing child injuries, child abuse, neglect, or maltreatment, reducing emergency department visits, and improving school readiness and achievement as well as family economic self-sufficiency. For the community, home visiting can impact positively on the incidence of crime, especially domestic violence. For services, home visiting improves the coordination across community resources and the referral process for families.<sup>30</sup>

#### ○ Home Visiting in Connecticut

Responsibility for statewide management and support of home visiting funded with state and federal monies rests with the Connecticut Office of Early Childhood (OEC). As part of its planning process, OEC has identified three categories of home visiting programs now being developed and/or implemented within the State of Connecticut. Please note that some of these programs focus only on families with young children, while others are engaged with parents and children across the age range. Program models below highlighted in bold are Evidence-Based Programs.

Large Statewide OEC Home Visiting Programs	CT Department of Children and Families’ Home Visiting	Pilot or Regional Programs
<ul style="list-style-type: none"> <li>• Birth to Three (some would suggest this is not really a home visiting program)</li> <li>• <b>Child First</b></li> <li>• <b>Early Head Start</b></li> <li>• Family Resource Centers employing the <b>Parents as</b></li> </ul>	<ul style="list-style-type: none"> <li>• Caregivers Support Team</li> <li>• Integrated Family Violence Services</li> <li>• Intensive Home Based Services</li> <li>• Family Based Recovery</li> <li>• Level 4 Positive Parenting Program (<b>Triple P</b>)</li> </ul>	<ul style="list-style-type: none"> <li>• Family School Connection</li> <li>• <b>Minding the Baby</b></li> <li>• <b>Nurse Family Partnership</b></li> <li>• <b>Parents as Teachers (MIECHV)</b></li> <li>• Nurturing Families Network: Fathering (MIECHV).</li> </ul>

<sup>27</sup> Maternal, Infant and Early Childhood Home Visiting, Health Resources and Service Administration (HRSA), US Department of Health and Human Services. Retrieved on May 24, 2015 from -- <http://mchb.hrsa.gov/programs/homevisiting/>

<sup>28</sup> Maternal, Infant and Early Childhood Home Visiting (MIECHV), op cit.

<sup>29</sup> MIECHV, op cit.

<sup>30</sup> MECHV, op cit.

**Teachers program model**

- Nurturing Families Network based on **Parents as Teachers**
- Young Parents Program

• **Child First**

Public Act 13-178 enacted in the spring of 2013 required the Office for Early Childhood (OEC) to publish, by December 2014, a revised *Connecticut Home Visiting Plan for Families with Young Children*<sup>31</sup> The plan included recommendations addressing:

- A common home visiting referral process
- Core competencies and training for home visiting staff
- Core standards and outcomes for programs, and a monitoring framework
- Coordinating cultural competency, mental health, childhood trauma, poverty, literacy and language acquisition training being provided for home visiting and early care providers
- Development of common outcomes
- Shared annual reporting of outcomes, including identifying gaps in services (C.G.S. 11-4a)
- Home-based severe depression treatment options for parents of young children
- Intensive intervention, including relationship-focused intervention, for children experiencing mental, emotional or behavioral health issues.

Specific recommendations related to state-supported home visiting in Connecticut, drawn from the 2014 Plan, follow.

**Recommendation #1. Ensure Families Have Access to Appropriate Home Visiting Services**

- 1.1 Secure additional funding from all available sources to expand the capacity of the existing home visiting system to meet the needs of families and children throughout Connecticut
- 1.2 In particular, fund additional home visiting system capacity to serve parents with depression, mental illness or cognitive limitations, children experiencing emotional or behavioral health issues, trauma, or who have mild developmental delays.
- 1.3 Establish governance and collaboration infrastructure to guide home visiting system development and implementation

**Recommendation #2: Strengthen the Referral Infrastructure**

- 2.1 Improve public awareness, knowledge, and perception of home visiting programs
- 2.2 Expand and strengthen the capacity of referral infrastructure: 2-1-1 Child Development Infoline (CDI)
- 2.3 Increase the local, community-based, grassroots referrals to home visiting programs.

**Recommendation #3: Establish a Core Set of Competencies and Coordinate Training**

- 3.1 Create a central training institute to support home visiting program that builds on existing resources
- 3.2 Develop core competencies that align across all early childhood disciplines and services
- 3.3 Conduct an analysis of the home visiting workforce.

<sup>31</sup> [Connecticut Home Visiting Plan for Families with Young Children](#), CT Office for Early Childhood, December 2014



**Recommendation #4: Ensure that Program Standards Promote High-Quality Programs****4.1 Build on strong existing program standards.****Recommendation #5: Develop Outcome Measures and Report on Progress****5.1 Finalize a Results Based Accountability (RBA) Population-level Framework****5.2 Pursue a data and research agenda for unavailable critical indicators****5.3 Convene a study committee to develop performance and outcome measures for the home visiting system****5.4 Begin annual Results Based Accountability reporting on the home visiting system to the legislature from the Office of Early Childhood in 2017.**○ **Questions. Questions**

- To what extent has Bridgeport played a role in the creation of these statewide recommendations and action steps? Who from Bridgeport sits as a part of the statewide home visiting consortium and how can the B-3 CAN receive regular progress reports?
- Given reductions in state funding to the Office of Early Childhood for the coming year, how can the B-3 CAN support and be supported by OEC to (a) sustain current home visiting funding levels and (b) advance expansion?

**Data on Costs and Families Served with Home Visiting**

The Office for Early Childhood has provided the B-3 CAN with data on costs and capacity for all Home Visiting programs funded through its office in 2014. In Bridgeport, four programs employ the same Evidence-Based program model (Parents as Teachers), with significantly different “unit costs,” that is, cost per family served. It is important to note that a portion of the significant difference in these program costs is due to the duration of the engagement with enrolled families. In the Bridgeport Board of Education program, for example, young mothers remain in the program for over two years while in other programs the duration is just six months. These programs, shown below, are all a part of Connecticut’s Nurturing Families Network.

- Bridgeport Hospital: \$3,518
- Child and Family Guidance: \$4,778
- Optimus: \$5,294
- Bridgeport Board of Education: \$8,964,

The OEC also provided total funding for the fiscal year just completed (2015-2016) along with data on the numbers of children/families served and the zip codes for these families. In the fiscal year just completed, OEC expects to expend just over two million dollars in state and federal (MIECHV) funding to support the home visiting programs in Bridgeport.

<b>Program Model/Agencies</b>	<b>Current Funding by Source</b>	<b>Families Served</b>
<b>Nurturing Families</b>		
Child and Family Guidance	\$566,942 (State)	92 families
	\$325,000 (Federal)	66 families
Optimus Health	\$325,000 (Federal)	79 families
Bridgeport Hospital	\$325,000 (Federal)	87 families

Board of Education	\$325,000 (Federal)	70 families
<b>Bridgeport Healthy Start</b>	\$220,122 (CT State)	About 900 women
<b>Family Empowerment Initiative</b>	\$ 9,899 (State)	No data provided

### Questions. Questions

- Beyond the duration of the program, what accounts for different home visiting unit costs?
- Do programs funded by the Office for Early Childhood (OEC) envision any expansion in the coming fiscal year, 2016-2017, or will they be funded at lower levels?
- To what extent, do Bridgeport's home visiting programs funded by OEC utilize the Child Development Infoline? If not, why not?
- How can we link our B-3 home visiting outcome work to that being designed at a statewide level?

### A LOOK AT OUTCOMES IN CONNECTICUT AND BRIDGEPORT

#### ○ **The Statewide Nurturing Families Program**

The *Nurturing Families Network 2014 Annual Report* describes the Nurturing Families Network (NFN) as "...a statewide system of continuous care designed to promote positive parenting and reduce incidences of abuse and neglect. The program focuses on high-risk, first-time mothers. Home Visiting initiates services at or before the child's birth, and continue through five years of age. Home visiting services for fathers, incorporated in 2009, also provide direct, individual parenting education, and encourage father engagement."<sup>32</sup>

In 2013, NFN programs across the State of Connecticut screened 6,2105 first time families and provided services to 2,184 active home visiting participants. Among these were 244 fathers, of whom 58 entered the NFN program in 2013. One in five (21%) were teen fathers and four in ten (41%) had not earned a high school degree or GED. Nearly nine and ten (87%) reported that they were struggling with financing while 44% were currently employed. While parenting fathers entered the program with a positive attitude toward their children, many scored high in "rigid parenting."

Over the past ten years, two-thirds of the families on the caseload remained active for at least six months, nearly one in two (48%) were active at least one year, and just under 1/3<sup>rd</sup> remained active at least two years. In 2013, nearly three fourths (73%) of first time mothers were struggling financially, about a fifth (22%) were socially isolated. One-third were teenage mothers, most of whom (71%) had not completed high school when they entered the program. Over the period 2011 to 2013, low-birth rates of NFN mothers increased from 12% to 16%, compared with a statewide rate of 8%. Rates of premature births increased from 11% to 14% over the same period.

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<sup>32</sup> Nurturing Families Network 2014 Annual Report, University of Hartford Center for Social Research, 2014. p. viii. Print copy provided by the CT Office for Early Childhood.

Outcomes appear to be quite related to the duration of parental participation in the NFN program. After six months, parents classified as at “high risk” at entry significantly “decreased their rigid parenting attitudes.” After one and two years, employment and education rates increased along with the use of public assistance benefits and parents’ knowledge and use of community resources. After two years, mothers were able to live independent of their parents and extended families although many continued to struggle financially.

#### ○ **Bridgeport Nurturing Families Data Across Programs**

Most of the 226 children served across the Nurturing Families programs (82%) were under the age of one year. Just 12 were preschool-aged. Just over three hundred (320) families were served, a larger number than children served because it includes pregnant women who had not yet given birth. Zip code data for 175 Bridgeport children is presented below, remembering that zip codes 06604, 05 and 06 appear in other analyses as home to many vulnerable families with young children.

Zip	CFG	Bridgeport Hospital	Optimus	Board of Education	TOTAL
06604	10	8	5	5	28
06605	4	6	7	10	27
06606	8	15	3	7	33
06607	1	4	5	0	10
06608	10	19	16	7	52
06610	0	14	6	5	25

#### ○ **Bridgeport Board of Education Program Data**

The Bridgeport Board of Education’s Teen Pregnancy Program employs the Nurturing Families/PAT program model. This particular home visiting program has a 25+ year record within the city as a whole but moved to the Board of Education about 2 ½ years ago. Currently, the program has 54 teen mothers and seven teen fathers on the active caseload.

#### ***Program Participation Data***

- Of the 54 teen mothers, 16 have recently graduated (30%), 31 are currently in school (57%) and 7 are not in school (13%)
- Of the 54 teen mothers, 21 (29%) have been participating in the program for 2-2 ½ years and 17 (31%) have been with the program for over 1 year
- Of the seven teen fathers, two have graduated and five are in an educational setting.

#### ***Program Benchmarks***

- The program meets 30 of the 33 OEC benchmarks
- 93% of teen mothers received prenatal care in the 1<sup>st</sup> trimester.
- 97% of teen mothers are screened for maternal depression
- 100% of parents were screened for parental emotional well-being and stress
- 95% completed well-child visits with their children
- 100% of women and children who are eligible have medical insurance

- All children were screened with the Ages and Stages Social-Emotional tool (ASQ SE); three were referred to Birth to Three services.
- 100% were screened for domestic violence.

#### ○ **Bridgeport's Child First Program Data**

Child First, a national evidence-based home visiting program that began in Connecticut in 1995, serves young children and their parents/families for whom there are significant concerns about young children's development. There are now 15 Child First sites in Connecticut. In Bridgeport, Child First is a program of Bridgeport Hospital and provides free services to all families accepted onto its caseload.

The program has a dual focus: (a) working with families to connect them to needed, community-based services that can decrease stress and (b) building a "strong, loving, parent-child relationships that protect and heal the brain from trauma and stress."<sup>33</sup> Core elements of this service model include relentless engagement with families, comprehensive assessment, a Child and Family Plan of Care, and care coordination and family stabilization.

Funding for the Child FIRST program in Connecticut comes largely from the CT Department of Children and Families (DCF) whose cases receive priority enrollment. Over the past year, the Bridgeport Child First program received \$983,672 in DCF state dollars and \$140,146 in federal Medicaid reimbursement. Other funders include Fairfield County Community Foundation, Bridgeport Hospital's Friends of Pediatrics, the Southport Congregational Church and individual consultant contracts and donors.

As an evidence-based program, the Child FIRST program annually collects a significant amount of data to document who and how many have been served, how well the service was provided, and what outcomes changes for children and families. While data are available for the past five years, only current data on needs and outcomes for this program year are summarized below.

<b>% Families with Problems at Baseline</b>	<b>% Families who Received Needed Services</b>	<b>% Families with Improvement over Baseline</b>
Parent-child relationship (69%)	Child development (100%)	Child-caregiver relationship (83%)
Parent risk (79%)	Child behavior (100%)	Child social-emotional wellbeing (89%)
Caregiver depression (39%)	Adult mental health (63%)	Caregiver depressive symptoms (61%)
Parenting stress (42%)	Adult education (62%)	Child language development (60%)
Caregiver ACES (97%)	Family health (50%)	Parenting stress (50%)
Child behavior problems (60%)	Social services (31%)	
Child adverse life events (76%)	Parent support (30%)	
Child communications skill problems (29%)	Child health (28%)	

#### ○ **Questions. Questions**

- Bridgeport is also home to a Healthy Start initiative as well as federally funded Early Head Start. Both serve families in their homes. What will it take for data on these program models, cost of service, and families and children served to be compiled in the coming year?

<sup>33</sup> Child First Greater Bridgeport, a presentation by Kristina Foye, Spring 2016

- Is there agreement that *all* city families need access to a portfolio or continuum of home visiting that can be matched to the timing and nature of their needs? If not a universal approach, are there specific groups of families that should be targeted for expansion of home visiting?
- Based on data available to date, the City of Bridgeport is not able to assure access to evidence-based home visiting services for parents and young children that need and could benefit from them. What will it take to assess programs and create a reasoned estimate of city need and access, by age group of children?
- Does it make sense for the next phase of B-3 CAN work to attempt to chart program models according to dosage and duration, purpose, cost and outcomes? To do so will require program/design specific information (e.g., whether a single home visitor goes to a family vs. a professional/paraprofessional team of home visitors per family; how many families constitute an average caseload per team or home visitor); purpose of the visit (e.g., parenting education, mental health or health support for mother and/or child, prevention of child abuse and neglect).
- Can we work toward the assignment of the SASID (State Assigned Student Identifier) for city children at birth? The SASID is assigned as a random number to all Connecticut-funded preschool, Head Start and public K-12 students at entry to the public school system. It is also assigned to some children much earlier, specifically those who are enrolled in the Birth to Three system.
- Would it be useful for Bridgeport Prospers to attempt to identify any and all other programs that send individual or teams into the homes of the city's vulnerable families with young children, chart the cost and outcomes of these programs along with the programs identified in this Technical Report? These data could enable a strategic funding conversation about what to continue funding and what to reallocate to home visiting programs shown to be effective in assuring children's age-appropriate development by age three years.
- The Nurturing Families data tells us to expect broader outcomes when families remain engaged with the program for longer periods of time (specifically, one to two years). Can we obtain data on the length of service offered and utilized by Bridgeport's home visiting families? How might the duration and frequency of home visiting support be related to children's age-appropriate development through to age three?

#### A RECOMMENDATION FROM THE B-3/PK-3<sup>RD</sup> JUNE 30, 2016 FINAL REPORT

The Phase I work of the Birth to Three CAN resulted in a series of recommendations along with some potential strategies to guide Phase II work of the CAN. The recommendation and strategies related to home visiting is included below.

Continue to expand knowledge about home visiting services now in use in Bridgeport and develop a vision and framework for moving to more universal access through a continuum of home visiting services for all low-income families in the city.

**Context.** Evidence-based Home Visiting models have been nationally proven to address many vulnerabilities of low-income families with very young children. Exploration of other evidence-based Home Visiting models that are more universal and less costly (such as Family Connects) coupled with the expansion of existing effective programs could result in increased levels of children meeting age-three developmental benchmarks.

***Possible Strategies***

- Invite a representative of Family Connects (or similar universal home visiting program) to present in person or electronically at a convening in Bridgeport to help policy makers and investors learn the benefits of a universal approach.
- Design and implement a survey process with all home visiting providers in Bridgeport to accumulate and analyze information on use, outcomes and cost as outlined earlier in this *Summary Report*.
- Partner explicitly with the Office of Early Childhood if it is awarded the five-year federal Early Childhood Comprehensive Services Impact (ECCS-I) grant. If not awarded, build next phase strategies from the recent statewide *Home Visiting Plan* published by OEC.

## IV. Early Care and Early Education through the 3<sup>rd</sup> Grade

- THE CONTRIBUTION OF EARLY CARE AND EDUCATION TO SCHOOL READINESS
  - Preschool Helps Children Become “Ready for K”
  - A Comprehensive System for Early Learning and Family Support
- ASSET MAPPING FOR EARLY CARE (B-3) AND EARLY EDUCATION (PK-3<sup>RD</sup>)
  - Understanding Age Cohorts over Time
  - Zip Codes and Areas of Bridgeport
  - Licensed Child Care Centers (including Head Start by Location)
  - Head Start by Location
  - Bridgeport Public PK and Elementary School Programs by Location
- EARLY CARE FOR INFANTS AND TODDLERS
  - Supply and Demand
  - Centers Serving Many Infants
  - Family Child Care Homes
- EARLY EDUCATION: PROGRAMS SERVING PRESCHOOL-AGED CHILDREN
  - Profile of Connecticut
  - Supply and Demand
  - Funding Sources
  - Questions. Questions
- UNIVERSAL PRE-KINDERGARTEN (UPK)
  - How Close is Bridgeport to “Universal” Preschool Access?
  - The Work of the UPK Task Force
- MEASURING OUTCOMES AGES THREE THROUGH FIVE YEARS
  - Head Start Growth Data: Three Year Olds and Four Year Olds
  - Kindergarten Readiness: KEI 2013 and 2014
  - Third Grade Academic Performance
- SUPPORTING FAMILY ENGAGEMENT AND STUDENT LEARNING IN ELEMENTARY SCHOOL
  - Family Resource Centers
- RECOMMENDATIONS

Together, high quality family and center-based early care along with early education in the preschool years have been identified as “core assets” by both the Birth to Three (B-3) Community Action Network (CAN) and the PK-3<sup>rd</sup> CAN. Upon enrollment in kindergarten, a high quality early elementary school experience supported and reinforced by strong, positive parent participation is a core asset that contributes to academic success by the end of third grade.

#### THE CONTRIBUTION OF EARLY CARE AND EDUCATION TO SCHOOL READINESS

##### **Preschool Helps Children Become “Ready for K”**

Participation in high quality early care and early education over the period birth through age four is a significant contributor to children’s readiness for kindergarten. For children under the age of three, early child care (along with parenting) is the context in which many young children spend much of their “awake” time. It is during these first three years that dramatic brain growth occurs, knowledge develops, skills are honed and early behavioral regulation begins to form. For children in their preschool year, developmentally-appropriate early education provides the formal context in which expected school readiness knowledge, skills and behaviors are developed and honed.

A robust research and evaluation literature accumulating for literally decades reveals that at least one year and preferably two in a high quality preschool can increase school readiness and early school success, especially for vulnerable children.<sup>35</sup> Longitudinal studies reveal that the educational, personal and economic benefits of this experience last well into adulthood, resulting in higher graduation rates, less welfare dependency and lower rates of adult incarceration. In fact, it is within the context of these longer-term outcomes that much of the “return on investment” (ROI) for high quality preschool occurs.

##### **A Comprehensive System for Early Learning and Family Support**

However, even high quality preschool alone cannot assure either school readiness or early school success. This is because for the first three or four years of a child’s life (that is, when a child’s brain is growing the fastest) development and learning occurs within the context of experiences between children and their primary caregivers. This is also the period when brain development is most influenced by family, environmental and economic adversity. These risks include exposure to ACES (Adverse Childhood Experiences) and parental depression as well as living in a family with significant economic (i.e., poverty or low-income status) or environmental (i.e., residential instability or contamination such as lead) challenges.<sup>36 37</sup>

For many very young children, birth parents are most often the primary caregivers in children’s early years but they do not do this alone. They are supported by another group of primary caregivers (i.e., early child care

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<sup>34</sup> For further information, contact Janice M. Gruendel, Ph.D. at -- [janice.gruendel@aya.yale.edu](mailto:janice.gruendel@aya.yale.edu)

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[Expanding Access to Quality Pre-K is Sound Public Policy](#), National Institute for Early Education Research, December 2013. Online at -- <http://nieer.org/publications/nieer-working-papers/expanding-access-quality-pre-k-sound-public-policy>

<sup>36</sup> Working Papers, [Harvard Center on the Developing Child](#), 2004-2014. Online at -- [//developingchild.harvard.edu](http://developingchild.harvard.edu)

<sup>37</sup> Gruendel, J. [Rethinking the Governance of Early Childhood Systems](#), Institute for Child Success, February 2015. Online at -- [http://www.instituteforchildsuccess.org/mydocuments/brain\\_science\\_pt2.pdf](http://www.instituteforchildsuccess.org/mydocuments/brain_science_pt2.pdf)



providers) – usually in family/home child care provided in both licensed and unlicensed settings.<sup>38</sup> Of note, the same risks identified above can be present for these early care individuals as well, although that risk can be mitigated when the setting is enrolled and advancing through a formal Quality Improvement System (such as that managed by the Connecticut Office of Early Childhood) or national accreditation such as from the National Association for the Education of Young Children (NAEYC) or Head Start.

Because young children’s development is much a function of their early experiences with their families, neighborhoods and community, members have identified the need for a new or “re-formed” system of early learning and family support within the city of Bridgeport. This comprehensive system would include the following core components:

- Prenatal and post-partum parent supports, including to address maternal depression
- Access to supports to assure that basic needs are met, including food, safe and stable housing and income supports
- Well-child and maternal preventive health care birth through two years of age
- Knowledge- and skill-building experiences for parents to promote responsive, reciprocal relationships between babies and their parents or other primary caregivers
- Trauma-informed, evidence-based interventions to address mental health and substance addiction challenges, including but not limited to depression treatment, home visiting and other parental supports
- High quality family and center-based child care for infants and toddlers
- Universal screenings, including developmental, mother/father health and mental health/ACES
- Natural and neighborhood supports, such as the faith community, family and peer relationships, safe streets and parks, family activities.

Further development of the elements of this design is reported in other technical reports, including *Developmental Screening and Tracking Child Outcomes* and *Maternal Depression and Home Visiting*, prepared as part of the Phase I work of these Bridgeport Prospers’ CANs.

#### ASSET MAPPING FOR EARLY CARE (B-3) AND EARLY EDUCATION (PK-3<sup>RD</sup>)

##### ○ **Understanding Age Cohorts Over Time**

In beginning the asset mapping process for children ages B-3, 3 and 4, and K through 3<sup>rd</sup> grade, it was important to remember that the current birth cohort of Bridgeport residents is about 2,075 babies annually. Thus the B-3 cohort would include about 6,225 children and the preschool cohort would include about 4,250 children.<sup>39</sup> Knowing these estimated population groupings allowed the CANs to examine capacity by age group.

An additional reason for understanding age cohorts over time is that children who will be entering kindergarten in the fall of 2020 *are already born*. In fact, most of them were born in 2015 and they are now approaching their first birthdays. They will be age three years in 2018, age four in 2019 and age 5 in 2020. That means that if we expect all of the city’s young children to enter kindergarten in 2020 fully ready across

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<sup>38</sup> Gruendel, J. [Designing for Outcomes through a Two-Generation Lens—Good Science and Good Common Sense](#), Institute for Child Success, March 2015. Online at --  
[www.instituteforchildsuccess.org/mydocuments/issue\\_brief\\_brain\\_science\\_good\\_science.pdf](http://www.instituteforchildsuccess.org/mydocuments/issue_brief_brain_science_good_science.pdf)

<sup>39</sup> These estimates track well against age data provided by the Bridgeport Child Advocacy Coalition in its *2015 State of the Child in Bridgeport* report. That paper reported 6,085 children between the ages of birth and three and an additional 4,956 children ages three and four.

such domains as language, cognition, physical growth and personal/social/emotional development, we need to be attending to their needs, and the needs of their families, *right now and intensely over the next four years of their lives.*

#### ○ Zip Codes and Areas of Bridgeport

This report presents data as often as possible by zip code. It is therefore useful for readers to note the neighborhoods included in each of the six primary zip codes for the City of Bridgeport:

Zip 06604	Zip 06605	Zip 06606	Zip 06607	Zip 06608	Zip 06610
South End	West End	North End	East End	East Side	North Side
Brooklawn Downtown South End Saint Vincent	Black Rock Reservoir/ Whiskey Hill The Hollow	North End Lake Forest			Boston Ave Mill Hill North Bridgeport

#### ○ Licensed Child Care Centers (Including Head Start) by Location

The following listing of Bridgeport licensed child care centers was provided by the Connecticut Office for Early Childhood (OEC). It is accessible as an excel file so that it may be geo-mapped when the capacity to do is available. These 46 centers serve children from birth to 13 years. There are a total of 2841 slots, of which 587 are licensed for infants and toddlers (21%). Centers are charted below by zip code.

**Zip Code 06604.** In this area of the city, there are 21 child care centers serving children ages birth through age 12; most serve children between birth and age five, however. The slot capacity across all centers is 1297, with 316 slots available to infants and toddlers.

Name	Address	Zip	Ages Served	Total Capacity	Capacity Under 3
ABCD @ CESAR BATALLA CHILD CARE CENTER	927 GRAND STREET	06604	6 weeks-5 years	76	16
ABCD INNER CITY CHILDREN'S DAYCARE CENTER	1070 PARK AVE	06604	6 weeks-5 years	230	16
BRIDGEPORT YMCA/SECC PALS 1 CHILD CARE CENTER	650 PARK AVE	06604	3 years-12 years	64	0
BULLS HEAD HOLLOW HEAD START	108 SANFORD AVE	06604	6 weeks-5 years	52	12
CARE AROUND THE CLOCK	500 STATE ST	06604	6 weeks-5 years	299	93
CONGREGATION B'NAI ISRAEL NURSERY SCHOOL	2710 PARK AVE	06604	3 months-5 years	83	28
DAUGHTERS OF CHARITY OF THE MOST PRECIOUS BLOOD	1490 NORTH AVE	06604	3 years-4 years	20	0
DONNA'S LITTLE DOVES CHILD DEVELOPMENT CENTER	215 WARREN STREET	06604	6 weeks-10 years	83	48
EARLY CHILDHOOD LABORATORY SCHOOL	900 LAFAYETTE BLVD	06604	3 years-6 years	47	0
JAIME A HULLEY CHILD CARE CENTER	460 LAFAYETTE ST	06604	6 weeks-5 years	193	8
LIL` BLESSINGS ACADEMY DAY CARE	77 SUBURBAN AVE	06604	3 years-12 years	17	0
LUCILLE JOHNSON CHILD CARE CENTER	816 FAIRFIELD AVE	06604	6 weeks-5 years	73	16
MERCY LEARNING CENTER EARLY CHILDHOOD EDUCATION PROGRAM	637 PARK AVE	06604	6 weeks-5 years	60	40
PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER	3600 MAIN STREET	06604	3 years-5 years	44	0

PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER III	1332 NORTH AVE	06604	6 weeks-5 years	55	28
PRECIOUS MEMORIES EARLY CHILDHOOD LRNG CTR II	753 FAIRFIELD AVE	06604	6 weeks-5 years	50	18
SMALL TO TALL TOO	4070 PARK AVE	06604	3 months-5 years	41	8
ST JOHN'S CHILDCARE CENTER	768 FAIRFIELD AVE	06604	6 weeks-12 years	28	16
SUGAR PLUM NURSERY SCHOOL	1105 LAUREL AVE	06604	3 years-5 years	35	0
TOTAL LEARNING CENTER	500 PEQUONNOCK ST	06604	6 weeks-12 years	24	9
YMCA PALS V DAY CARE	850 PARK AVE	06604	3 years-13 years	83	0

**Zip Code 06605.** In this area, there are seven licensed child care centers serving children age birth to eight years. Of the 230 slots, 60 are licensed to serve infants and toddlers.

Name	Address	Zip	Ages Served	Total Capacity	Capacity Under 3
ABCD @ WEST END CHILD CARE CENTER	361 BIRD STREET	06605	3 years-5 years	80	0
ADAM J LEWIS PRESCHOOL	246 LENOX AVE	06605	3 years-5 years	30	0
BRIGHT MORNING STAR DAYCARE	481 BREWSTER STREET	06605	6 weeks-5 years	24	24
CHILD'S WORLD	1245 FAIRFIELD AVE	06605	3 years-16 years	104	0
CLOCKWORK LEARNING CENTER-BRIDGEPORT	233 BENNETT STREET	06605	6 weeks-5 years	60	28
EAGLE WINGS LEARNING ACADEMY	850 NORMAN ST	06605	6 weeks-8 years	38	8
MARY IMMACULATE DAY CARE CENTER	1111 WORDIN AVE	06605	3 years-5 years	64	0

**Zip Code 06606.** In this zip code, there are five licensed child care centers, serving children age birth to 12 years. Of the 337 slots, 106 are licensed for infants and toddlers.

Name	Address	Zip	Ages Served	Total Capacity	Capacity Under 3
ABCD @ TRUMBULL GARDENS CHILD CARE CENTER	715 TRUMBULL AVE	06606	6 weeks-5 years	52	8
AFFORDABLE AND LOVING CHILDCARE II	1006 RESERVOIR AVE	06606	6 weeks-12 years	52	11
BUSY BEAVER EXTENDED DAY PROGRAM	347 WOODSIDE AVE	06606	6 weeks-8 years	64	31
CHEYENNE'S EARLY LEARNING CENTER	789 RESERVOIR AVE	06606	6 weeks-12 years	169	56
PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER IV	2181 MAIN ST	06606	3 years-5 years	60	0

**Zip Code 06607.** In Zip Code 06607, there are four licensed child care centers serving children age birth to 12 years. Of the 122 slots, 16 are for infants and toddlers.

Name	Address	Zip	Ages Served	Total Capacity	Capacity Under 3
TISDALE EARLY LEARNING CENTER	1795 STRATFORD AVE	06607	3 years-5 years	140	0
KINGDOM'S LITTLE ONES	1277 STRATFORD AVE	06607	6 weeks-12 years	62	16
KINGDOM'S LITTLE ONES ACADEMY	1243 STRATFORD AVE	06607	3 years-5 years	15	0
KINGDOM'S LITTLE ONES ACADEMY	729 UNION AVE	06607	3 years-5 years	45	0

**Zip Code 06608.** In zip code 06608, there are three centers serving children age birth to 12 years. Of the 433 slots, 180 are licensed for infants and toddlers.

Name	Address	Zip	Ages Served	Total Capacity	Capacity Under 3
ABCD @ GEORGE PIPKIN HEAD START PROGRAM	52 GEORGE E PIPKIN'S WAY	06608	6 weeks-5 years	209	140
BRIDGEPORT YMCA/KOLBE EDUCATIONAL CENTER	401 KOSSUTH STREET	06608	6 weeks-5 years	192	40
LITTLE LAMB DAY CARE CENTER-HOUSEHOLD OF FAITH	431 HALLETT STREET	06608	3 years-12 years	32	0

**Zip Code 06610.** In zip code 06610, there are six centers serving children age birth to 12 years. Of the 422 slots, 89 are licensed for infants and toddler.

Name	Address	Zip	Ages Served	Total Capacity	Capacity Under 3
ABCD @ BULLARD HAVENS TECHNICAL SCHOOL	500 PALISADE AVE	06610	3 years-5 years	47	0
BRIGHT STARS ACADEMY DAYCARE	2004-2010 EAST MAIN ST	06610	6 weeks-5 years	32	28
CHILD-PORT DAY CARE CENTER	110 CLERMONT AVE	06610	3 months-5 years	40	20
ELLE EM IN OH PRE	1944 BOSTON AVE	06610	1 year-5 years	32	13
LOVEABLE ANGELS CHILDCARE LEARNING CENTER	1825 EAST MAIN STREET	06610	3 years-5 years	44	0
ST MARK'S DAY CARE	368-70 NEWFIELD AVE	06610	6 weeks-12 years	198	48
ST PAUL'S CHILD DEVELOPMENT CENTER	1475 NOBLE AVE	06610	3 years-5 years	69	0

○ **Head Start by Location**

The following table lists only city Head Start programs; all included as child care centers above.

Name	Address	Zip Code
A.B.C.D.	1070 Park Ave.	06604
Bull's Head Hollow	155 Highland Ave.	06604
Bulls Head Hollow Head Start	108 Sanford Ave.	06604
Cesar Batalla	927 Grand Street	06604
Inner City	1075 Park Ave.	06604
Jamie Hulley	460 Lafayette St.	06604
Lucille Johnson	816 Fairfield Ave	06604
West End	361 Bird Street	06605
Trumbull Gardens	715 Trumbull Ave.	06606
Ella Jackson	338 Connecticut Ave.	06607
George E. Pipkin	52 Pipkin Way	06608
Bullard Havens	500 Palisades Ave.	06610

○ **Bridgeport Public PK and Elementary Schools by Location**

The table below shows all Bridgeport elementary schools by zip code and street address. As the reader will note, schools vary by grades served. They also vary by total number of students (not included below). Those housing PreK classrooms are highlighted.

<b>PK/K-8 Schools</b>	<b>Grades</b>	<b>Street</b>	<b>Zip</b>
Classical Studies Academy	K-6	240 Linwood Ave	06604
Columbus Annex	PK-2	612 Grand Street	06604
Columbus School	PK-8	275 George Street	06604
Curiale School	K-8	300 Laurel Ave	06604
Johnson School	PK-8	475 Lexington Ave.	06604
Roosevelt School	PK-8	680 Park Ave.	06604
Black Rock School	K-8	545 Brewster Ave	06605
Bryant School	K-6	230 Poplar St.	06605
Cesar Batalla School	PK-8	606 Howard Ave.	06605
Claytor Magnet Academy	PK-8	138 Ocean Terrace	06605
Cross School	K-8	1775 Reservoir Ave.	06605
Blackham School	PK-8	425 Thorne St.	06606
Discovery Interdistrict Magnet	PK-8	4510 Park Ave	06606
Hallen	PK-6	66 Omega Ave	06606
Park City Magnet School	PK-8	1526 Chopsey Hill Rd.	06606
Read School	PK-8	130 Ezra St.	06606
Skane Center	PK-K	2977 Madison Ave.	06606
Winthrop School	K-8	85 Eckart Street	06606
Dunbar School	K-8	445 Union Ave.	06607
Tisdale School	PK-8	250 Hollister Ave.	06607
Barnum School	PK-8	495 Waterview Ave.	06608
Madison School	K-6	376 Wayne St	06608
Marin School	PK-8	479 Helen Street	06608
Waltersville School	PK-8	150 Hallett St.	06608
Beardsley School	PK-6	500 Huntington Rd.	06610
Edison School	PK-6	115 Boston Terrace	06610
Hall School	K-6	290 Clermont Ave	06610
High Horizons Magnet School	K-8	700 Palisades Ave	06610
Hooker School	K-8	138 Roger Williams Rd	06610
Multicultural Magnet School	K-8	700 Palisades Ave	06610

#### EARLY CARE FOR INFANTS AND TODDLERS

When the parents of infants and toddlers are at work or at school, they rely on formal (that is, licensed and regulated) as well as informal (that is, unlicensed family, friend and neighbor) care. These settings may serve very young children for a just a few hours a week or for many hours each day. In effect, early care providers become – for many children – the primary caregiver during these critical first years of life.

### ○ Supply and Demand

These data were compiled by the B-3 CAN from various resources. They are often dissimilar in terms of dates, descriptions and methods of data collection. As a baseline, we may estimate that there are about 6,000 children in Bridgeport ranging in age from birth to age three. In the fall of 2015 Bridgeport infant and toddler centers *and* licensed family homes had the capacity to serve about 979 youngsters between the ages of birth and 35 months.

These data result from provider responses to a fall 2015 Child Care Infoline survey. The survey also revealed that 204 (21%) of all of the *total* 979 slots/spaces were vacant at the time of the survey. Across licensed *family settings*, however, about half of the slots were vacant. Compared with a total cohort of children in the B-3 age range (~ 6,225), only about 11% (705) were enrolled in a licensed family child care home or center in the fall of 2015.

Care4Kids payment data provided by the Office for Early Education were also examined. These particular child care subsidy payments were made to *unregulated family, friend and neighbor homes*. In February 2016, 181 payments were made for infants and toddlers (and 118 for preschool-aged children). These data serve as a proxy for the numbers of young children served in state-subsidized but unlicensed/unregulated family care homes. Primary child care in these homes may be provided by a family member, often a grandparent, or by a friend or neighbor.

Of note, beginning in the summer of 2016, Care4Kids funds will not be available for unlicensed friend and neighbor care as the state enters a multi-year process to direct Care4Kids funding to licensed settings only. In addition, new admissions for Care4Kids child care subsidies have been halted as of July 1, 2015 as the OEC responds to increasing federal quality requirements and no increase in state funds to support this related cost of service.

***Need Appears to Outstrip Supply.*** Taken together, these data appear to tell us that fewer than 14% of all Bridgeport infants and toddlers (886) are enrolled in licensed homes or centers or in unlicensed settings for which state/federal funds provide payment. If all slots in licensed homes and centers were filled, a total of 979 children ages birth to age three could be served. This equals less than one child in five (15%) across the B-3 age range.

This gap in supply for infants and toddlers is also reported in the 30<sup>th</sup> Edition of the *State of the Child in Bridgeport 2015*. Fewer infant and toddler spaces exist in Bridgeport (13.4 per 100 children) than exist statewide (17.4). Of note, most adults in Bridgeport families with young children are in the labor force. At the present time, we do not have data on where and how these young children are cared for when their parents are in school, post-secondary education or working.

### ○ Centers Serving Many Infants

The B-3 CAN asset mapping process produced a listing of each licensed center serving infants and toddlers (as well as preschool-aged children) and identified a way to compile a similar list of licensed family homes. A relatively large group of child care centers in Bridgeport (14) have the capacity to serve 20 or more infants and toddlers each. Seven of these centers are licensed to serve 48 or more infants and toddlers.

Centers serving the largest numbers of infants and toddlers are: ABCD Pipkin (140); Care Around the Clock (93); Cheyenne's Early Learning Center (56); Busy Beaver Extended Day Program (51); St. Mark's Day Care (48); and Donna's Little Doves Child Development Center (48). The total list of licensed centers serving infants and toddlers in Bridgeport follows.

Name	Zip Code	Age Range	Capacity	Infant/ Toddler Slots
ABCD @ GEORGE PIPKIN HEAD START PROGRAM	06608	6 weeks-5 years	209	140
CARE AROUND THE CLOCK	06604	6 weeks-5 years	299	93
CHEYENNE'S EARLY LEARNING CENTER	06606	6 weeks-12 years	169	56
DONNA'S LITTLE DOVES CHILD DEVELOPMENT CENTER	06604	6 weeks-10 years	83	48
ST MARK'S DAY CARE	06610	6 weeks-12 years	198	48
MERCY LEARNING CENTER EARLY CHILDHOOD EDUCATION PROGRAM	06604	6 weeks-5 years	60	40
BRIDGEPORT YMCA/KOLBE EDUCATIONAL CENTER	06608	6 weeks-5 years	192	40
BUSY BEAVER EXTENDED DAY PROGRAM	06606	6 weeks-8 years	64	31
CONGREGATION B'NAI ISRAEL NURSERY SCHOOL	06604	3 months-5 years	83	28
PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER III	06604	6 weeks-5 years	55	28
CLOCKWORK LEARNING CENTER- BRIDGEPORT	06605	6 weeks-5 years	60	28
BRIGHT STARS ACADEMY DAYCARE	06610	6 weeks-5 years	32	28
BRIGHT MORNING STAR DAYCARE	06605	6 weeks-5 years	24	24
CHILD-PORT DAY CARE CENTER	06610	3 months-5 years	40	20
PRECIOUS MEMORIES EARLY CHILDHOOD LRNG CTR II	06604	6 weeks-5 years	50	18
ABCD @ CESAR BATALLA CHILD CARE CENTER	06604	6 weeks-5 years	76	16
ABCD INNER CITY CHILDREN'S DAYCARE CENTER	06604	6 weeks-5 years	230	16
LUCILLE JOHNSON CHILD CARE CENTER	06604	6 weeks-5 years	73	16
ST JOHN'S CHILDCARE CENTER	06604	6 weeks-12 years	28	16
KINGDOM'S LITTLE ONES	06607	6 weeks-12 years	62	16
BULLS HEAD HOLLOW HEAD START	06604	6 weeks-5 years	52	12
AFFORDABLE AND LOVING CHILDCARE II	06606	6 weeks-12 years	52	11
TOTAL LEARNING CENTER	06604	6 weeks-12 years	24	9
JAIME A HULLEY CHILD CARE CENTER	06604	6 weeks-5 years	193	8
SMALL TO TALL TOO	06604	3 months-5 years	41	8
EAGLE WINGS LEARNING ACADEMY	06605	6 weeks-8 years	38	8
ABCD @ TRUMBULL GARDENS CHILD CARE CENTER	06606	6 weeks-5 years	52	8

### ○ Family Child Care Homes

Many infants and toddlers are served in licensed family child care homes. The table below provides 2-1-1 data on licensed family child care providers who participated in the Fall 2015 survey. Although these data may not be complete (that is, some licensed family child care providers may not have participated), they do reveal that there are at least 130 family child care homes in the city of Bridgeport licensed to serve infants and toddlers. Total capacity across these homes is 256 youngsters ages birth to three years. Interestingly at the time of the survey, nearly half of these slots were unfilled.

Note: A listing of licensed family child care homes can be obtained from the 2-1-1 Child Development Infoline but was not compiled for this report as family homes appear to open and close with greater frequency than is true for center settings.

Infant Day Care Homes				Toddler Day Care Homes				Preschool Day Care Homes				School Age Day Care Homes			
#	Cap	Enr	Vac	#	Cap	Enr	Vac	#	Cap	Enr	Vac	#	Cap	Enr	Vac
130	256	114	114	0	0	0	0	133	527	212	267	126	384	100	233

**All Our Kin and Supports for Unlicensed Family Child Care.** All Our Kin provides knowledge, training, technical and peer support for unlicensed child care homes in both New Haven and Bridgeport. In Bridgeport in May 2016, 277 caregivers were receiving support. Of these, 63% were unlicensed<sup>40</sup> homes, 12% were in the licensing process, and 25% had completed licensure. Three quarters of these caregivers were families of color (34% African American and 42% Latino). The average age of caregivers enrolled with All Our Kin was 42 years, although provider ages ranged from 17 to 79. The distribution of these Bridgeport caregivers by zip code is shown below.

Zip 06604	Zip 06605	Zip 06606	Zip 06607	Zip 06608	Zip 06610
10%	10%	21%	9%	12%	15%

Because we have no way at this time to identify other unlicensed family child care providers, we can only surmise that the need for organizational, health and mental health supports for these families outstrips our capacity to deliver it as well.

#### EARLY EDUCATION: PROGRAMS SERVING PRESCHOOL-AGED CHILDREN

As is true across the nation, early education programs for three- and four-year olds vary by program design, quality and funding source. They are also likely to vary by child outcomes as measured by an agreed upon tool for “school readiness.” These programs carry a variety of names, including preschool, child care, Head Start, Pre-Kindergarten (PreK or PK). For the purpose of this report, we will label the entire category “early education.”

##### o Profile of Connecticut

The National Institute for Early Education Research (NIEER) publishes an annual report on the state of preschool.<sup>41</sup> In addition to national data and trends in program, quality and funding, NIEER presents a profile page for each state. In Connecticut in 2015, NIEER reports that 14,699 three- and four-year olds were served through the state’s School Readiness program and through grants to child care centers.

NIEER reports that the state utilizes both state and federal funds. Total state spending for preschool in 2015 was \$119,151,878. State spending per child enrolled was \$8,106. This does not include federal Head Start grants to individual programs which does not flow through the state but is awarded directly by the federal government to local programs.

The annual *State of Preschool* report also tracks progress on ten standards that NIEER has identified as necessary for the delivery of high quality programs. These standards are shown below along with their benchmark indicators and Connecticut’s performance.

<sup>40</sup> All Our Kin is online at -- //allourkin.org

<sup>41</sup> [2015 Annual State of Preschool](http://nieer.org/publications/annual-state-pre-k-reports-state-preschool-yearbooks), National Institute for Early Childhood Research, 2016. Online at -- http://nieer.org/publications/annual-state-pre-k-reports-state-preschool-yearbooks



NIEER National Quality Standards	Benchmark	CT Meets Benchmark?
• Early Learning Standards	Comprehensive	Yes
• Teacher Degree Requirements: CDA plus 12	BA	No
• Teacher Specialized Training	Specializing in PK	Yes
• Assist Teacher Degree	CDA or equivalent	No
• Teacher In-service	At least 15 hours/year	Yes
• Maximum class size	20 or lower	Yes
• Staff to Child Ratio not to exceed 1:10	1:10 or lower	Yes
• Screening, Referral and Support Services	Vision, hearing, health + one	No
• Meals	At least one/day	Yes
• Monitoring	Site visits	No

### ○ Supply and Demand

Based on the 2-1-1 data reported earlier, licensed family child care *homes and centers* had the capacity to serve at total of 4,252 preschool-aged children. Please remember that this listing includes Head Start and public Pre-K programs.

At the point of the fall 2015 survey, 698 of these slots (16%) across all settings were vacant. In addition, the fall 2015 survey revealed that “nursery school” defined as part-day enrichment programs for three and four year olds had the capacity to serve 140 children. Eleven of these slots were vacant at the time of the survey. Nursery school settings and the children they serve are not included, however, in the count of total preschool slots presented above.

Across these programs, there were important differences in vacancies by type of setting. More than half of the slots available to preschool-aged children in licensed family homes were vacant at the time of the survey, while just 12% of the center-based preschool slots were vacant. This is likely to occur because as children enter their preschool years their parents tend to enroll them in center-based settings in order to help them prepare for the kindergarten classroom experience. Families are also likely to enroll their children in free or lower-cost programs if paying for the service presents a financial challenge.

### ○ Funding Sources

Funding for early education in Connecticut involves multiple sources, each with complicated requirements specific to various program types or populations. See below for a list of funding sources for “school readiness/preschool programs” in Bridgeport provided to the PK-3<sup>rd</sup> CAN by OEC.

- Privately funded preschools (17 programs)
- Preschools funded within the parochial school system (3 programs)
- Bridgeport Smart Start funding (4 programs)
- State of CT PK funding (3 programs)
- Federally-funded Preschool Development Grants (10 programs)
- Federal and state Head Start funds (15 programs)
- School Readiness state funded programs (41 programs)
- Non-state School Readiness funded programs (4 programs).

***Relying on Multiple Funding Streams Creates Administrative and Family Challenges.*** Individual programs often receive funding from multiple sources. The chart below shows several examples. This method of categorical funding often causes administrative problems for agencies, especially small ones, and can also create inequities among students and their families in terms of access and cost of the program.

ABCD Park Avenue	BPS Dunbar PK	Jamie Hulley	Lovable Angels	Trumbull Gardens	West End
<ul style="list-style-type: none"> <li>• CT State Funded PK</li> <li>• School Readiness</li> <li>• Head Start</li> </ul>	<ul style="list-style-type: none"> <li>• Smart Start</li> <li>• School Readiness</li> <li>• Federal Preschool Dev. Grant</li> </ul>	<ul style="list-style-type: none"> <li>• Head Start</li> <li>• School Readiness</li> <li>• Federal Preschool Dev Grant</li> </ul>	<ul style="list-style-type: none"> <li>• School Readiness</li> <li>• Federal Preschool Dev. grant</li> </ul>	<ul style="list-style-type: none"> <li>• School Readiness</li> <li>• Head Start</li> </ul>	<ul style="list-style-type: none"> <li>• School Readiness</li> <li>• Head Start</li> </ul>

**Bridgeport School Readiness Funding from OEC.** This year the Office for Early Childhood awarded just under 24 million dollars to Bridgeport from state and federal funds for “school readiness” programs. The chart below includes all OEC funding to Bridgeport, but does not include federal Head Start funds that flow directly to individual programs.

The complexity of the funding challenge is clearly seen in the data below. The reader will note that the funding sources include federal as well as state monies and that some parts of the funding stream result from “special accounts” at the state level such as tobacco settlement funds. These data reflect ONLY funding from the Connecticut Office of Early Childhood. Further analysis of funding sources will be needed as additional fiscal information becomes available.

Contract/Grant Award Amount	Funding Type through OEC	Organization	Funding Type
12,885,606	School Readiness - Priority Spaces	School Readiness Programs	State
100,000	School Readiness - Priority Admin.	School Readiness Programs	State
<b>12,985,606</b>	<b>School Readiness Subtotal</b>		
4,579,575	Child Day Care Contracts & Social Services Block Grant	Child Day Care Contracts	State & Federal
<b>4,579,575</b>	<b>CDC Subtotal</b>		
356,488	State Head Start TLI Link	ABCD, Inc.	State
572,063	State Head Start Services	ABCD, Inc.	State
<b>928,551</b>	<b>State Head Start Subtotal</b>		
300,000	Smart Start Operations	Bridgeport BOE/Public Schools	Federal Grant (Tobacco Settlement)
164,000	Smart Start Capital Improvements	Bridgeport BOE/Public Schools	State Bond Funds
<b>464,000</b>	<b>Smart Start Subtotal</b>		
1,345,800	Preschool Dev. Grant (PDG) Space Allocation	Bridgeport BOE/Public Schools	Federal PDG
1,628,850	Preschool Dev. Grant (PDG) Space Allocation	Bridgeport Community-Based Programs	Federal PDG Funds
680,400	PDG Transportation, Liaison, PD & Start-up Funds	Bridgeport PDG Programs	Federal PDG Funds
353,300	PDG ECCP & East Conn Prof. Dev.	ECCP for Bridgeport PDG Classrooms	Federal PDG Funds
215,259	Comprehensive Services (Not Eligible for Fed\$)	Community-Based Programs	State Funding
<b>4,223,609</b>	<b>Preschool Development Grant Subtotal</b>		
679,995	Minor Capital Improvements Projects (2015-16)	Bridgeport CIP - 7 Projects, 9 Sites	State Bond Funds

679,995	Minor Capital Improvements Subtotal
23,861,336	Funding Related to Bridgeport ECE Spaces

○ **Questions. Questions**

The fact that 74% of entering kindergartners attended some type of early education setting (as reported by their parents) yet were demonstrably unready for kindergarten<sup>42</sup> raises a number of issues for the PK-3<sup>rd</sup> CAN.

- Did these children attend preschools/Head Start/child care centers with insufficient quality to assure their school readiness?
- Were these children absent on a chronic basis?
- Did these children live with such poverty, hunger and other adversities that they were unable to get the most out of the early education experience that they were offered?
- At entry to preschool/Head Start/Child Care centers at age four, were these children so far behind in age-expected knowledge, skills and behaviors that they were unable to “catch up” with expectations regardless of the level of quality offered in their year of preschool?
- Does children’s readiness vary significantly by the specific preschool setting that they attend?

To answer these questions, additional information will be required as part of the Phase II work of the PK-3<sup>rd</sup> CAN. A listing of some of this information follows:

- **Access:** Is the program accessible when needed or does a wait list regularly exist; is the service available at hours when parents need it (i.e., at times that address the challenges of shift and weekend work)? For families without cars, is the service reasonably accessible by using the city’s public transportation service?
- **Use:** Is the program under-used? That is, does the service have regularly unused resources? If so, why? Are there certain populations (especially by race, ethnicity or language) who tend not to use an available service?
- **Quality:** Is the program of high quality and how would a consumer know about it?
- **Cost:** How much does the program cost for a parent to enroll a child? Is it affordable for consumers that need it? How much does the program cost to operate across children and on a unit-basis (i.e., per child)? How does parent cost relate to Care4Kids payments?
- **Outcomes:** What kinds of performance measures are utilized, including data on (a) capacity and use, (b) how well the service was provided, and (c) whether anyone is better off. Of note, this represents a Results-Based Accountability (RBA) framework for measurement and outcomes analyses.

## UNIVERSAL PRE-KINDERGARTEN (UPK)

○ **How Close is Bridgeport to “Universal” Preschool Access?**

To understand whether there is an adequate supply of center-based slots to serve all preschool children should the city of Bridgeport wish to assure universal access, we examined these data through the “supply and demand” lens described earlier in this report. *Please note that this type of analysis does not address the issue*

<sup>42</sup> See the Bridgeport Prospers *Technical Report on Developmental Screening and Tracking Outcomes*, July 2016.

*of whether these spaces and settings provide a high quality program or have demonstrated that preschoolers leave the setting with the knowledge, skills and behaviors necessary for school readiness.*

**On the Demand Side.** To serve *all* preschool-aged Bridgeport children in center-based early learning settings, the total number of slots needed would be about 4,050 (2025 children age three *and* age four). This would equal 100% demand for a center-based preschool experience for all three- and four-year olds. If we wished to assure that all four-year olds could attend a center-based preschool experience, our ‘demand’ number would be 2,025.

**On the Supply Side.** The 2-1-1 data reveals a total of at least 3,731 center-based licensed slots/spaces for three- and four-year olds. If we add in the available 141 **half-day** nursery school slots, the total number of spaces/slots now available becomes 3,872. This means that all but about 278 three- and four-olds (6.7% of the total cohort) could not attend a center-based or nursery school setting at the present time. Another way to say this would be that -- not taking program type, quality or outcomes into consideration -- Bridgeport has the slot capacity to serve 93% of all three- and four-year olds now.

#### ○ **The Work of the Bridgeport Universal Pre-K (UPK) Task Force**

The vision of the Bridgeport Universal Pre-K Task Force, convened in September 2015, is this: *“Every child in Bridgeport will have access to an affordable, high-quality preschool experience by the 2020 so that all children in Bridgeport will enter kindergarten on level and ready to learn.”*<sup>43</sup> To advance this effort, five work teams were established with charters and the specification of deliverables. Work began in September but was interrupted by the fall 2015 election change in city administration, the subsequent absence of city representatives, and the need to determine how to integrate the UPK work with Bridgeport Prospers and My Brother’s Keeper.

Endorsed by the outgoing mayor, the ongoing Superintendent of Schools and the CEO of the United Way, UPK working teams outlined a framework as well as a set of expectations for each facility serving city preschool-aged children.

#### **Responsibilities of Each UPK Facility**

Programs participating in the Bridgeport UPK process will ensure that “...all children leave Pre-K on level and ready to learn.” The program must be staffed by “high quality teachers” and housed in an ADA compliant, well-maintained facility. The program will implement an “acceptable Pre-K curricula and implement “acceptable systems” for evaluating the student growth, child and family needs, and the performance of teachers.

#### **Responsibilities of the UPK Initiative**

**Information Development and Marketing.** The initiative will convey information about the importance of Pre-K to a child’s educational career, crafted strategically as part of a marketing plan that will reach parents and other important community stakeholders. This information will include clear data on the demographic trends in the city of Bridgeport.

**Central Point of Governance.** The effort will work through a “central point of governance” that is (a) guided by a formal Advisory Board “comprised of various Bridgeport stakeholder groups,” (b) hosts a database of available programs and (c) implements a single (one door) registration process.

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<sup>43</sup> *January 2016 Phase II Status Update*, Bridgeport Universal Pre-K Task Force, January 28, 2016. PPT provided by the Office of the Bridgeport Superintendent of Schools, May 2016.

**Funding Analytics.** The effort will identify sources of funding, including subsidies, to sustain the cost of qualified staffing, compliant facilities, and adequate access to transportation for families. The funding will support “sufficient Pre-K slots to accommodate all students who choose to attend Universal PreK” and a “sufficient number of number of compliant Pre-K facilities.”

**Access to Comprehensive Services.** Bridgeport UPK will establish a “protocol to connect and provide access for children and families to comprehensive services” to support children’s physical, dental and mental health and to enable children and families to receive behavioral supports.

**Teacher Recruitment, Professional Development and Support.** The effort will develop a plan to recruit and retain highly qualified staff based on “multiple means” to support and develop highly qualified teachers.

## Work Teams

**Program Work Team.** This team will research and identify evidence-based curricula, develop strategies for comprehensive, wrap around services, coordinate with the Staffing Work Team to identify content and resources for staff professional development, and will develop strategies to assure the inclusion and success of children with special needs and those who are English Language Learners

**Facilities Work Team.** This team will define requirements for each facility providing UPK programs with attention to its “neighborhood” and anticipated students, estimate transportation costs, and work with the Finance Work Team to build data necessary to support investment in bringing existing programs to defined standards and to support ongoing costs for upgraded programs.

**Staffing Work Team.** This team will define requirements for staffing in UPK programs and schools through the strategic analysis of the current workforce coupled with the identification of pathways to meet expected professional standards. The Staffing Team will work closely with the Finance Team to create cost models to assure comparative staff salaries, address cost of living issues, and propose incentives for current employees to meet new staffing standards.

**Finance Work Team.** This team will create a five-year cost model in the form of an “investment budget” to bring facilities up to standards, upgrade staff, curriculum materials and program quality. The plan will identify new and existing fiscal resources. The Team will “procure the necessary financial support to ensure all 4-year old children have a PreK experience.”

## Next Steps

By the end of August 2016, the Superintendent of Schools and CEO of the United Way will host an “update and recognition” convening to acknowledge stakeholders and their work to date and launch the integration of the UPK Initiative as part of the Bridgeport Prospers’ PK-3<sup>rd</sup> CAN’s Phase II effort.

A presentation will be made including the findings of the Phase I PK-3<sup>rd</sup> CAN with regard to (a) the status of young children in Bridgeport and (b) the current early education “system” in the City. A consultant will be engaged to support this work over the 2016-2017 period and UPK member participation in Phase II of this work for the coming year will be sought.

## MEASURING OUTCOMES: AGES THREE THROUGH FIVE YEARS

The information reported below is also included in the 2016 summary report and the technical report on *Developmental Screening and Tracking Outcomes*.

### ○ **Head Start Growth Data: Three Year Olds**

Because entry and exit child mastery measures are used by Head Start and were available from ABCD, it was possible for the PK-3<sup>rd</sup> CAN to review growth made by three-year olds over the 2014-2015 program year. While children were behind developmental expectations at entry at age three, by the end of this year,<sup>44</sup> they had grown demonstrably:

- Nearly seven in ten children (69%) often demonstrated mastery in physical skills (as compared with three in ten at entry)
- Nearly seven in ten (67%) often demonstrated mastery in social-emotional skills (as compared with one in four at entry)
- Five in ten (54% and 51%) often demonstrated mastery in cognitive and language skills (as compared with fewer than two in ten at entry).

At the present time, growth and mastery data for three year olds who attended child care or public preschool programs is not available. Caution needs to be exercised, therefore, in over-generalizing from the data presented here.

### ○ **Head Start Growth Data: Four Year Olds**

Data were also provided for four-year olds attending the ABCD Head Start program during the 2014-2015 year. Overall, these children made strong gains as well. The percentage of four-year olds who *often demonstrated* mastery by domain over the period October to May follows:

- From 63% to 90% in social-emotional skills
- From 69% to 94% in physical skills
- From 53% to 87% in cognitive skills
- From 51% to 85% in language skills.

Children who had only one year of Head Start (as a four-year old) started at lower levels and, while making strong growth, ended up at somewhat lower levels than children who attended two years of Head Start. The Phase II CAN may wish to explore whether Head Start children who attended two-years of early education are among the top performing students on kindergarten entry ratings conducted the following fall. Such analyses could also reveal the degree of Bridgeport summer learning loss that has also been documented among lower income students nationally.

### ○ **Kindergarten Readiness (KEI): 2013 – 2014**

**Fall 2013.** Each year in the early fall, kindergarten teachers statewide rate their entering students' school readiness using the Connecticut-developed Kindergarten Entrance Inventory (KEI). KEI data was presented to both CANs at their first meetings in January. These data, collected in the fall of 2013, reveal a striking lack of readiness across all domains as rated by kindergarten teachers. The data below are reported only for the highest level of readiness, Level 3. Students at Level 3 are assumed to need only "minimal support" to succeed in kindergarten. The data for 2013 are not encouraging.

- Just three in ten students were rated at Level 3 (most ready) in literacy, numeracy and language (30%, 30%, 28% respectively)
- Not quite four in ten (36%) were at Level 3 in personal/social skills
- Four in ten were at Level 3 in physical/motor skills and creative skills (41% and 42% respectively).

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<sup>44</sup> These data are reported in the *Technical Report on Developmental Screening and Tracking Outcomes*, Bridgeport Prospers, July 2016.

As reported earlier, nearly three-quarters of these students (74%) were reported to have attended preschool. Specific preschool programs attended were not identified; however, these data should be regularly and reliably collected by the school system at kindergarten enrollment.

**Fall 2014.** In the fall 2014 KEI assessment was again conducted for 1850 entering Bridgeport kindergartners. These data were presented in late May 2016 to the PK-3<sup>rd</sup> CAN, disaggregated for the first time by school and the zip code of the children's residence. Across students, the percentage of students who were rated at Level 3 in each domain was virtually unchanged from 2013.

- Just three in ten were rated at Level 3 in language, literacy and numeracy (29%, 28% and 29% respectively)
- Nearly four in ten were rated at Level 3 in personal/social skills (38%).
- Nearly four in ten were rated at Level 3 in physical and creative development (39% and 38% respectively).

#### ○ **Grade Three Academic Performance**

**Reading.** On the spring of 2015 Grade 3 Smarter Balanced Literacy Scale, no elementary school (with the exception of the three inter-district magnets) had 45% or more of grade three students reach the proficiency level (or higher) in reading. Among schools in which students performed at the lowest level of reading proficiency (that is, percent at Level 1) were:

- |                   |                   |                      |
|-------------------|-------------------|----------------------|
| • Marin (85%)     | • Roosevelt (65%) | • Edison (55%)       |
| • Beardsley (71%) | • Blackham (61%)  | • Bryant (53%)       |
| • Columbus (72%)  | • Curiale (57%)   | • Waltersville (52%) |
| • Batalla (69%)   | • Cross (56%)     | • Tisdale (52%).     |

**Chronic Absences, Behavior Incidents and Student Mobility.** These data by school and grade were provided to the CANs at their first meeting. As these data correlate with early reading problems and lower standardized reading assessment performance, the PK-3<sup>rd</sup> CAN studied the data closely. Key findings are presented below.

- Across all schools and grades, nearly two in ten students (17%) are chronically absent.
- Between two and three kindergarten students in ten were absent 10 days or more in the following schools: Barnum; Blackham; Curiale; Marin; Read; Roosevelt; Tisdale; and Waltersville.
- Eleven (11) elementary schools had 100 or more individual students on in-school or out-of-school suspension or expulsion status.
- Schools presented in rank order of most individual students involved in suspension or expulsion are: Tisdale (207); Marin (193); Wilber Cross (181); Read (167); Roosevelt (166); Batalla (159); Johnson (149); Curiale (145); Barnum (127); Waltersville (119); and Dunbar (108).

#### SUPPORTING FAMILY ENGAGEMENT AND STUDENT LEARNING IN ELEMENTARY SCHOOL

The PK-3<sup>rd</sup> CAN identified several issues shown by the national research literature to be related to students' elementary school academic performance in general and reading in particular. Rather than focus in Phase I on specific reading instruction strategies in use by the Bridgeport School System, the CAN focused on learning more about supports and services involving the family and community that could improve young students' readiness and ability to learn in K through 3<sup>rd</sup> grade classrooms. These potential assets include:

- Family Resource Centers
- Bridgeport multi-service agencies that address the “basic needs” of the whole family, including housing, food and access to income supports for which families are eligible but may not be claiming (Asset mapping has begun)
- Faith sector programs that provide early care and/or early education so parents can complete their own education, work preparation or employment participation (Asset mapping has begun)
- Summer learning and activity programs to reduce summer learning loss (Asset mapping has begun)
- Support and intervention targeted to reach the city’s legal as well as undocumented immigrant population (Not started)
- Interventions targeted to address substance disorders (i.e., abuse and addiction) within the context of family mental and physical health. (Not started)

The 2016 summary report provides an update on each of these potential assets to support family engagement and student learning. In this report, we provide information on Family Resource Centers which are co-located within an elementary school.

#### ○ Family Resource Centers

PK-3<sup>rd</sup> CAN members identified Family Resource Centers as one important setting within which families with younger children could access information and support that would help them better meet the needs of their children. Bridgeport has four Family Resource Centers funded through a Connecticut State Department of Education grant.

• Dunbar School FRC	445 Union Ave	06607 East End
• Cesar Batalla School FRC	606 Howard Street	06605 West End
• Roosevelt FRC	680 Park Ave	06604 South End
• Barnum/Waltersville FRC	498 Waterview Street	06608 East Side

All Family Resource Centers are required to address a set of components through either direct services or collaboration.

- **Families in Training** programming based on the Parents as Teachers model, an evidence based parent support program involving child assessments, play groups, personal visits, parenting workshops and resource and referral. In addition, families are active in a variety of activities that support them and their children but are not as intense as the PAT requirements
- **Adult Education** programming including different levels of English as a Second Language, GED in English and Spanish, Computer Literacy, Citizenship and more
- **Training and support** for licensed **Family Day Care** providers and those who provide unregulated family child care
- **School age programming** including support for before- and after-school programs and services both in school and in the community
- **Positive Youth programming** including literacy programs, support for community programs such as Career Day, “Read Alouds,” Boy Scouts, Girl Scouts, Connecticut Against Violence
- **Resource and Referral Services** which include simple information about a school or community service, help in completing medical or state forms, and accompanying a family to a PPT Meeting or a court hearing.

In addition, the Family Resource Centers enhance their programming to address the specific needs of the families they serve. These activities include (but are not provided by all centers):



- A collaboration with Bridge Together which provides a weekly Music Together session providing music, rhythm and dance for parents and young children as well as support for families through the Family Workers (Note: This program was just defunded within the 2016-2017 State of Connecticut budget.)
- Help in meeting basic needs includes philanthropically-supported food pantries, diaper banks, uniform swaps, “clothes closets” with clothing and household goods
- Literacy-focused and Informational Workshop series for parents including Raising Readers, First Book, Active Parenting, Leer y Seras
- Immigration and citizenship supports and notary services.

**Evaluating FRC Effectiveness.** In January of 2009, the Connecticut State Department of Education published a Results-Based Accountability (RBA) Report Card for the Family Resource Center program statewide. A sample of results follows.

- More than 100 Family Resource Center staff statewide was multi-lingual, and two-thirds speak Spanish. Nearly 3,000 volunteers (2771) also supported families who participated at Family Resource Centers. More than 32,000 resource and referral contacts were made in 2007-08.
- Six in ten infants and toddlers from families participating in the Parents as Teachers program were screened with Ages and Stages. More than nine in ten who needed services were connected to them.
- While home visits are the preferred method of regular connections with families, most families (65%) received help through parent and group meetings and activities.

In 2013, the State Department of Education released another Family Resource Center RBA report card. These data are for the period 2011-12. A sample of findings follows:

- The FRC program is totally state funded. For State Fiscal Year 2013 statewide FRC funding was expected to be slightly more than seven and a half million dollars.
- In 2011-12, 17,527 people participated with Family Resource Centers statewide. Of these, 2351 were infants and toddlers and 3034 were preschool-age children. Not quite half (44%) participated in the Parents as Teachers home visiting component.
- Developmental screenings were completed for 68% of the children. Of these, 85% needed and were successfully referred for services.
- A Family Resource Center statewide data system was piloted in 2011-12, with 41 communities participating. By June 2013, each community was expected to have at least one FRC fully utilizing the new data system.

## RECOMMENDATIONS

Secure unique child identifiers for Bridgeport children and use them to track de-identified data (a) longitudinally for individual children and (b) through cohort analyses.

**Context:** The PK-3<sup>rd</sup> CAN formally recommends acquiring data based on individual student progress and performance, and joins the B-3 CAN in recommending the assignment of SASIDS as early as possible at or after birth. See Recommendation #1, B-3 CAN above.

### **Possible Strategies**

- Secure an update from the Office of Early Childhood on (a) the implementation status, (b) types of information captured, and (c) data sharing agreements included as part of the Connecticut Early

Childhood Information System (ECIS). Determine how Bridgeport can become more involved with that process and acquire access to emerging data.

- Secure or develop a specific data sharing agreement(s) between Bridgeport Prosper or the PK-3 CAN with both (a) the Bridgeport Head Start organization (ABCD) and (b) the Bridgeport Public Schools to enable data for groups of enrolled children to be received and examined across the preschool years, at entry to kindergarten, and through the end of the 3<sup>rd</sup> grade.

This could include: (a) enrollment data (e.g., which early education programs children were enrolled in, for how many years and with what level of attendance), (b) the transition process from early education as a preschooler into kindergarten, (c) K-3 performance data, (d) K-3 family engagement data, and (e) information on chronic absences, the prevalence of in-school and out-of-school suspensions and expulsions, and school mobility.

Expand attention to early child care for infant toddlers, including state funded licensed family care homes and informal family, friend and neighbor care.

**Context.** Only about 12% of all city infants and toddlers are served in licensed child care centers or licensed family child care homes. A small additional number are served in unlicensed but state funded family care. This means that eight in ten infants in the city are not cared for in a licensed early care setting, but rather for by a parent, extended family member or someone else during these critical first three years of development.

We know very little about child outcomes from licensed child care centers and homes, and even less about how care is given for those children not in a licensed site. The fact that many more than half of three-year olds who subsequently attend Head Start are behind developmentally at entry to the program suggests the need to focus both on (a) licensed settings which care for children younger than that in terms of program, staffing, cost and outcomes and (b) informal care.

#### **Possible Strategies**

- Identify a group of centers serving large numbers of very young children in partnership with the Bridgeport School Readiness Council, visit the centers, and obtain information.
- Conduct focus groups, perhaps in partnership with the faith community, to explore with young parents how and where they are now obtaining child care if not in a licensed setting.
- With the Bridgeport Two-Gen Pilot, explore knowledge development supports for grandparents providing informal early child care to city families.

Work with and support the Connecticut Office of Early Childhood to rationalize, streamline and simplify methods of getting funding to organizations providing for the early education of preschool-aged children.

**Context.** This Summary Report and the *Technical Report on Early Care and Early Education* reveal a process of categorical funding for organizations serving preschool-aged children that often causes administrative problems for agencies, especially small ones, and can also create inequities among parents in terms of preschool access and the parental co-pay part of the cost. Most organizations designed to receive funding as “OEC school readiness” sites receive at least two different types of grant awards, each with separate program and participant requirements and mandates.

These funding streams are also unstable over time as they include both state and federal funding. Federal funding is usually awarded for a specific population or purpose over a defined period of time. Building and

sustaining a set of high quality early education programs for preschool-aged children in Bridgeport is hampered by the unpredictability of our current method of funding.

### **Possible Strategies**

- Develop a funding stream “case profile” that can show local and state policy makers the challenges faced by community early education providers both with categorical grant requirements and the instability of funding over time.

Work with the Family Resource Centers (FRCs) as a group to fully understand the untapped potential in FRC design to better serve Bridgeport families with young children who are struggling with poverty and other adversities. Propose expansion if warranted.

**Context.** Four Family Resource Centers, funded by the State of Connecticut Department of Education, exist in Bridgeport. There is a robust set of program requirements established by the state, and all Centers report meeting most of them. In addition, across Bridgeport’s Family Resource Centers, a broad array of support helps families to meet basic needs and increases their parental skills and knowledge. The PK-3<sup>rd</sup> CAN recognizes the potential for strengthening operations and services within centers and the possibility of recommending expansion of Resource Centers in the community based on further analysis conducted over the coming year.

### **Strategies**

- By agreement, several CAN members would work to acquire additional and more current program and child outcomes data from each of the four Centers and bring results back to the PK-3<sup>rd</sup> CAN for consideration over the coming year.
- Establish a working partnership with the State Department of Education to secure RBA and other performance data that is provided by the four local programs. Receive, review and summarize.

Continue to obtain and analyze information about summer programs and other out-of-school time supports for families and children to strengthen the family-school connection. Upon analysis of these data, consider recommending expansion of those programs that demonstrably address family challenges (e.g., basic needs support, parental mental health and substance use issues within the broader family) believed to contribute to student learning challenges, including chronic absenteeism, behavioral incidents and student mobility.

**Context.** Supporting young children as “learners” is not the sole responsibility of the school system alone. Children bring their life experiences and learning with them when they enter school for the first time and every day thereafter. Research on adversity has shown that these prior experiences, if chronically negative or episodically traumatic, have the potential to impair or delay grade-level learning. Thus, families must be engaged with schools and schools with families to maximize the likelihood that children will come to school each day fully ready to learn.

### **Possible Strategies**

- Continue the asset mapping process specific to summer learning and child/student development opportunities, including those closely aligned with the Bridgeport Public Schools’ reading and early literacy initiatives, and STEM.

- Work with schools to track summer learning loss from PK to K and between each successive grade by examining data at the end of each school year for individual students or groups of students (e.g., by school or zip code) along with data at entry to the next school year.
- Seek the engagement of other natural supports in the community and its neighborhoods that could potentially expand out-of-school time activities for children (and their parents, to the extent possible), including a specific engagement with the city's diverse faith community.
- Seek to expand the capacity of the Bridgeport Public Schools to offer summer learning opportunities in partnership with the Bridgeport Campaign for Grade Level Reading.