



Bridgeport Prospers

CRADLE TO CAREER



**June 2016
Summary Report
Birth - 3 CAN
Pre-K - 3rd CAN**



Backbone support provided by

United Way
of Coastal Fairfield County

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MEET THE COMMUNITY ACTION NETWORKS

“Bridgeport Prospers is a new way of working together to create exceptional results for our young people and community. We are coming together around a shared community vision. We believe in working intentionally across the entire cradle to career continuum and using data and evidence to inform our decisions. We are engaging local stakeholders from all backgrounds to track our progress and adjust our course.” Our vision [is] to realize a safe, healthy and vibrant community for all, where children and families experience wholeness, dignity and prosperity.

(Bridgeport Prospers: Cradle to Career, October 2015, p.1)

As a Collective Impact movement, Bridgeport Prospers is building a civic infrastructure that includes a Core Leadership Team, an Operations/Implementation Team, nine key outcome areas, Community Action Networks (CANs), a Funders Table, a Youth Engagement Table, and a Data Table. United Way of Coastal Fairfield County serves as the backbone organization.

There is one CAN for each of the nine key outcomes:



The first CANs convened in January 2016 with support from a consultant/facilitator. The Infant Health, Pre-K Readiness and Early Grade Reading outcome areas were combined into two CANs: one focused on the first three years of early childhood (B-3), the other on the period beginning at age three and continuing through the third grade (PK-3rd). Taken together, this structure mirrors the best national thinking about the need to develop a Birth through 8 early childhood system. This is the summary report for Phase I (January through June, 2016).

OUR WORK PROCESS

Phase I

The CANs began their work in January 2016 and concluded Phase I of this work at the end of June 2016. Members of each CAN met in person on a regular basis, exchanged materials electronically, reviewed data and analyses of, and worked on their final report to the Bridgeport Prospers Core Leadership Team. The consultant managed agendas, kept notes, joined CAN members in identifying and providing data and resources, and drafted early versions of this Summary and authored the *Technical Reports* to be included with it.

This Phase I summary report represents the collective work of each CAN, combined in a single report because as members noted early on, “If we want to achieve full school readiness at entry to kindergarten and high levels of academic performance by the end third grade, we need to be concerned with and understand the development of Bridgeport’s children from birth through age eight.” As the reader will note later in this report, the CANs have also agreed upon elements of a comprehensive system of early learning and family support that ought to be in place from the period of pregnancy through at least the third grade.

□ ***The Important Role of Parents and Other Primary Caregivers***

Drawing on the science of early brain development, CAN members agreed that a focus on parents and other primary caregivers would be essential to advancing young children’s health and age-appropriate development. B-3 CAN members also became familiar with the emerging scientific literature on the impact of parental and family adversity -- including Adverse Childhood Experiences (ACEs), trauma, toxic stress and poverty -- on young children’s health and development. Attention to adversity is included as a core element of the work presented here.

□ ***Phase I Asset Mapping***

As a first task, B-3 and PK-3rd CAN members identified assets in the community believed to contribute to family well-being (See the *Technical Report on Asset Mapping* for detail) including:

- Faith community
- Food support settings
- Libraries
- Family resource centers
- Multi-service agencies
- Home visiting programs supported by the state Office of Early Childhood
- Licensed child care centers and licensed child care homes
- Public preschool programs and K-8 elementary schools hosted by the Bridgeport Public Schools (BPS)
- Summer programs for younger children within the city.

As the CANs were not able to secure resources to geographically map these assets, lists have been provided to the Data Table in the form of excel spreadsheets with the name, street address and zip code of individual organizations by category. Geo-mapping can occur from this data at any point that resources become available.

□ ***Asset Mapping: The Deep Dive***

B-3 CAN members then focused in on four aspects of supports and services shown by the literature to contribute to both child and parental health and well-being:

- Developmental screening
- Home visiting
- Early care for infants and toddlers

- Pre- and post-natal services to parents that address maternal and paternal depression and provide access to child development knowledge and parenting skill development.

PK-3rd CAN members focused on:

- Center-based early education available for three and four year olds
- Risk factor data associated with individual PK through grade 8 elementary schools, including chronic absences, behavior incidents resulting in suspension and/or expulsion, and student mobility
- Family support and basic needs programs that could be expected to improve school performance and reduce summer learning loss.

Learning and recommendations from the Phase I “deep dive” process by each CAN are presented in subsequent sections of this *Summary Report* and in the series of *Technical Reports* that provide significantly more detail.

□ **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

The table below shows all Bridgeport elementary schools by zip code and street address. As the reader will note, schools vary by grades served and admissions process (neighborhood schools serve students in their attendance zone, whereas seats at magnet schools are assigned through a lottery). They also vary in total number of students (not included below).

PK/K-8 Schools	Grades	Street	Zip
Classical Studies Academy*	PK-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	PK-8	545 Brewster Ave	06605
Bryant School	PK-6	230 Poplar St.	06605
Cesar Batalla School	PK-8	606 Howard Ave.	06605
Claytor Magnet Academy*	PK-8	138 Ocean Terrace (Opening January 2017)	06605
Cross School	PK-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	PK-8	85 Eckart Street	06606
Dunbar School	PK-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	K-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

* Schools that assign seats through a lottery process. See www.bpsapply.com/programs.

□ ***Two-Gen Comes to Bridgeport***

In late February 2016, the opportunity for Bridgeport Prospers to submit a Two-Generation Pilot grant application to the State of Connecticut took precedence over several meetings, as individual members of each CAN were active in the development, review and submittal of that application.

The initial goal of Bridgeport’s Two-Generation Plot (hereafter, Two-Gen) was to support a target cohort of about 50 young women and young men living in low-income circumstances who are custodial or noncustodial parents of at least one child under the age of three. Bridgeport’s Two-Gen effort is designed to (a) strengthen their parenting and co-parenting skills, (b) advance their own education, (c) explore and/or obtain employment in order to begin progress toward self-sufficiency and (d) support the development of their young children.

This pilot represented a system “re-form” effort at several levels. First, it was to be actively guided by a Parents’ Council and a Guide Team that also included parents as voting members. Second, it was expected to result in changes to the process of serving young parents within and across partner social service, education and workforce agencies. In addition, the Bridgeport Two-Gen Pilot was created to address the needs of grandparents who are primary caregivers of the young children of these parents, effectively creating a three-generation approach to family support and systems change. Importantly, the goals and target population of the Bridgeport Two-Gen Pilot tracked very well against the focus and work of the B-3 and PK-3rd Grade CANs.

As part of the development of the Two-Gen proposal, partner agencies talked with over 100 low-income young parents and also grandparents caring for their young grandchildren. The following chart presents a summary of the comments we received.

Barriers Identified by Young Parents	Barriers Identified by Providers & BPS	Barriers Related to the City (or State)
<ul style="list-style-type: none"> • I am stressed out all of the time trying to take care of my children and juggle school and/or work and money. • There are too many places to go to find help. I don't know where to go. I keep filling out the same forms for everybody. • "Workers need to be less judgmental and treat us with respect." • Child care is expensive and doesn't match my schedule. • There are lots of transportation challenges. • There are economic challenges for mothers and not enough money to get through the month. We run out of food, formula and diapers. If I work, I lose services or have no acceptable child care. • Fathers also face economic challenges for fathers: No assurance of even an entry job after completing education/training • Housing is unstable and unsafe; More housing subsidies are needed • From fathers: The court system does not help me establish a parenting relationship with my child and his/her mother. Child welfare focuses on the mother. Child support processes are huge barriers. 	<ul style="list-style-type: none"> • Transportation challenges. • Undocumented families are reluctant to participate. • Inefficient, largely unlinked and siloed data systems. • We are still largely siloed in terms of common intake tools, assessments and referrals that could reduce the coordination burden on young families. • Connections between social service, family support and workforce agencies are based on relationships, not formal partnerships. • Wait list processes are confusing and uncoordinated. • There is no emergency fund for instances when this would prevent a young parent from losing housing or having to drop out of education or work. 	<ul style="list-style-type: none"> • Transportation challenges • Conflicting supports: "I have a baby but I can't place her in a daycare in order for me to find a job and because I don't have a job I can't obtain assistance for my two children to go to daycare." • City sidewalks are broken and unsafe; it's hard to use strollers to get babies and toddlers outside. • Benefit cliffs drive young parents to avoid working because when they earn more (but not enough to live on with their children), other benefits like child care fall off. • City workforce and adult education processes need to be better coordinated and also streamlined. • SNAP won't pay for hygiene supplies.

An application was submitted and accepted by the State Interagency Two Generation Working Group with a 15-month budget of just over \$425,000 and a statewide expectation of continuation funding following a success implementation period ending in June 30, 2017. As the state fiscal year came to a close and, faced with a continued state deficit, the Executive Branch cut two-generation statewide funding from its initial level of approximately \$2.6 million to just \$750,000 to be allocated across six jurisdictions, of which Bridgeport was one. The state's dire fiscal situation continues, and there is a real question of whether there will be any state funds to support this work in any of the six municipalities across the state.

Guide Team members from the Bridgeport Two-Gen Pilot met in early July and identified a few elements of the initial design that they will seek to continue, including the dramatically expanded role of parents and families in both the two-gen and broader Bridgeport Prospers process. It is a high priority to secure state of other funding to compensate parents/grandparents for their time, child care and transportation expenses. At its July 11, 2016 meeting, the Guide Team (including senior leadership from United Way, as the backbone agency for both Two-Gen and Bridgeport Prospers) made the recommendation that, going forward into 2016-2017, all work of Bridgeport Prospers be conducted through a multi-generation lens. This recommendation will be taken to the Core Leadership Team in July.

Phase II - Work of the B-3 and PK- 3rd CANs

□ *Project Coordination, Siting and Outreach*

The work of the CANs in the coming year will be tied to the Bridgeport Two-Gen process quite explicitly, as Two-Gen project manager Allison Logan will direct half of her time to the pilot and half to support the Phase II work of the B-3 and PK-3rd Community Action Networks (CANs).

The Community Action Networks often held their working meetings at United Way during Phase I, but members expressed the need for Phase II work to convene some meetings in community venues of high value to the city's families, including the faith sector. In addition, CAN members expressed interest in developing a systematic family outreach process that may include the use of technology and social media to better reach and secure input from families in Bridgeport. This latter work could be coordinated with the Parents' Council of the Two-Gen Pilot.

□ *Integrating Universal Pre-K (UPK) into PK-3rd CAN*

Additionally, the work of the Bridgeport Universal PreK Task Force will be merged with the PK-3rd CAN over the summer of 2016. Staffing support has been dedicated by United Way, to focus on children's readiness for kindergarten within the context of advancing high quality universal preschool in the city. This work will continue within the context of the pre-kindergarten (PK) work of the PK-3rd CAN. Additional detail on the UPK effort is provided in the *Early Care and Early Education Technical Report*.

□ *Recommendations*

Each of the two Phase I CANs has developed a set of recommendations that may be used to guide the Phase II work of these CANs. These are included in this *Summary Report*.

A SUMMARY OF OUR LEARNING: CHILDREN'S DEVELOPMENT, SCHOOL READINESS AND EARLY SCHOOL SUCCESS

□ *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 3rd grade performance from a representative of the Bridgeport Prosperers' Data Table. Taken together, the data portrays 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 elements:

- **Working with natural supports and assets** within neighborhoods, including the faith community, 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 can draw extensively from the rich national literature and community examples of a "Strengthening Families" protective services framework.
- **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.
- **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** 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.

□ ***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.

□ ***Birth Data and Infant Health***

This data is summarized below:

- 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.

Following receipt of this data, B-3 CAN members engaged in a spirited discussion of whether a single focus on infant health at birth could result in important advances in young children's developmental readiness during the first three years of life. CAN members decided to expand their focus to examine the development of young children beyond birth outcomes to include development to the age of three. An emerging goal of this work is to assure that all of the city's young children birth to age three reach expected milestones across the physical, language, cognitive and social-emotional domains of development. Thus, the Infant Health CAN has become the Birth to Three (B-3) CAN. Within this expanded focus, B-3 CAN members are acutely aware of data challenges that must be addressed during the Phase II work process.

□ ***Parental Depression: A Focus on Mothers***

Depression among parents of young children has been identified as an important contributor to delays in young children's age-appropriate development. Depression has been most studied with mothers, both during pregnancy and in the months afterward. Current research findings on a national basis are sobering:

- Overall, one to two mothers in ten experience clinically diagnosable depression either during pregnancy or in the first 12 months after birth.

- Four in ten pregnant women experience the “baby blues,” a period marked by hormonal changes, emotional volatility and stress.
- Six in ten low-income mothers experience depression following their baby’s birth and continuing during the child’s early years.

Maternal depression that is untreated can lead to stressful or unresponsive parenting known to have a significant negative impact on young children’s development. In fact, maternal depression can result in negative changes in children’s brain architecture and functioning that can impact health, mental health and behaviors for a very long time. Parenting that is insensitive, withdrawn or hostile has been shown to contribute to behaviors among very young children characterized by anxiety, delayed language emergence, and emotional turmoil. Of note, though not studied to the same extent, depressive behaviors on the part of any primary caregiver (such as fathers and grandparents who always or largely care for young children) can result in the same challenges to children’s early development.

□ ***The Intergenerational Impact of ACES and Toxic Stress***

Parental mental health challenges, including but not limited to maternal depression, along with other aspects of family dysfunction also contribute to young children’s delayed development. The impact of Adverse Childhood Experiences (ACES) has been widely studied. ACES include child neglect and abuse, parental mental health challenges and substance addiction, domestic violence and the incarceration of a parent. The more of these experienced by a child under the age of three, the greater the likelihood of early developmental delays during those years.

The experience of these events, especially when they are chronic in the life of a family, also impacts later life behaviors and health, including health challenges later in adulthood such as obesity, heart disease and diabetes. Livings with the stressors of poverty (and also racism) create conditions of toxic stress that impact both children and adults alike. Because these negative impacts occur on the genomic, hormonal and neural levels of body functioning, as well as on behavior, the experience of living with ACES and chronic toxic stress has been implicated in intergenerational poverty and challenge.

- Citywide in 2014, 32.4% of Bridgeport children (about 12,000) lived in families with income below the Federal Poverty Level. Among students attending city schools, more than nine out of ten qualify for the federal Free and Reduced Price Meals program (135% to 185% of the Federal Poverty Level).
- One in three Bridgeport students in kindergarten and 3rd grade is overweight or obese. Among adults, 37% responding to a health equity survey in 2011 were obese and an additional 34% were overweight.

□ ***Early Identification Pays Off***

Developmental screening for young children is important because delays and disabilities found early can be successfully addressed and with greater cost efficiency. Young children living in poverty and with other kinds of family adversity, including chronic stress and significant trauma, are at much greater risk for developmental challenges that negatively impact their age-appropriate development in the first three years of life and school readiness at entry to kindergarten.

National data indicates that language delays are the most frequently reported concern reported by parents with estimates ranging from 13% among children under the age of two to 17% among children between age two and age three. However, research also tells us that significant developmental challenges exist in the domain of social-emotional or behavioral development with about three in ten children entering kindergartners delayed in these vital skill areas.

□ ***Connecticut's Statewide Focus of Developmental Screening***

The State of Connecticut's Office of Early Childhood (OEC), in partnership with the Child Health and Development Institute (CHDI), has been working to increase the regular use of developmental screening and assessment in the early years. As one example of this progress, developmental screenings billed to Medicaid increased statewide from 1,428 in 2007 to 34,276 in 2014.

In March of 2016, the Connecticut Office of Early Childhood submitted a five-year Early Childhood Comprehensive Services – Impact (ECCS-I) grant application to continue its work on expanding developmental screening and assessment. Awards will be announced by the federal government in early summer. If it had been funded, the grant's three target cities – Bridgeport, Norwalk and Stamford – would be supported to increase the developmental readiness of children at age three years by 25% over a baseline to be established. Improvement must occur within the five-year period. On July 11, 2016, the State of Connecticut was notified that it did not receive this federal funding. However, information conversation among CAN members reveals a deep commitment to continue to work with the Office for Early Childhood to advance the use of developmental screening in the city of Bridgeport over the coming years.

□ ***Screening Tools***

In a recent report, CHDI identified 12 different developmental screening tools in use in Connecticut for children ages birth to age eight years. Beyond the use of the free Ages & Stages Questionnaire (ASQ) and ASQ-SE (for social-emotional development) which has been encouraged within the city and by the state, it is not clear which tools are now in use among Bridgeport agencies, who administers them, how information is shared with parents, and what the data shows about the prevalence of developmental challenges among the city's youngest children.

□ ***The B-3 (IDEA Part C) System***

The Connecticut Birth to Three System is a part of the State of Connecticut's formal process for assisting parents and others to identify and address concerns about young children's development in the years from birth to age three. It is federally reimbursed. In Bridgeport, B-3 services are provided by the following programs: Benchmark Infant and Toddler Services; Rehabilitative Services of CT, Inc.; St Vincent's Special Needs Service; The Kennedy Center; and Theracare.

Children who are accepted for service are referred to a cadre of highly qualified "interventionists" with very positive results. In fact, the use of the B-3 System reduces referrals to preschool special education at age three by about 50%. In 2015, 3.75% of all children ages birth to three in Fairfield County were served by the B-3 System. In

Bridgeport, 9% (556) of youngsters ages birth to three were served. This is a surprisingly low number based on the level of need and risk among young children in the City of Bridgeport. Clearly, improved screening would increase the numbers of very young children who might qualify for the state's free Birth to Three system services.

□ ***Behind at Three: Head Start Data***

Data from Head Start programs administered by ABCD is reported here for three year olds at entry to the program in the 2014-2015 school years. On average, most three-year olds who enter Head Start at age three do not "often demonstrate" age-expected skills across developmental domains. Essentially, this means that they are behind at age three. (See the Technical Report on Developmental Screening for data by Head Start program.) Across all Head start classrooms:

- Just three in ten youngsters (32%) often demonstrated mastery in physical skills
- Fewer than three in ten (26%) often demonstrated mastery in social-emotional skills
- Fewer than two in ten (17%) often demonstrated mastery in language and cognitive domains.

The Preschool Years and Kindergarten Readiness

□ ***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-3rd CAN to review growth made by three-year olds over the 2014-2015 program year. By the end of this year, children 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 was 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.

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 to which Bridgeport children experience summer learning loss, which has been documented among lower income students nationally.

□ ***Kindergarten Readiness (KEI): Fall 2013***

Each year in the early fall, kindergarten teachers statewide rate their entering students' school readiness using the Connecticut-developed tool called the Kindergarten Entrance Inventory (KEI). KEI data was presented to both CANs at their first meetings in January. This data, collected in the fall of 2013, reveals a striking lack of readiness across all domains as rated by kindergarten teachers. The data below is 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 is 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, this data should be regularly and reliably collected by the school system at kindergarten enrollment.

□ ***Kindergarten Readiness: Fall 2014***

In the fall 2014 KEI assessment was again conducted for 1850 entering Bridgeport kindergartners. This data was presented in late May 2016 to the PK-3rd 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 was also presented to the PK-3rd Grade CAN for the school year now ending, September 2015 through June 2016. While this data was being analyzed, CAN members learned it was not collected by the Office for Early Childhood in the fall of 2015 but rather in the spring of 2016 and that 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 was 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. See the recommendations section where 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. This data shown below for KEI Level III (most ready) across domains. The lowest percentage of students scored 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%

This 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. Schools serving students from zip code 06605 have the greatest percentage of children with low 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-3rd CAN also examined the fall 2014 KEI data disaggregated by school. 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.

As one example of how this 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.

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%

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 (51%), Madison (49%) and Tisdale (47%).

School	# Students At Level 1 Personal Social	% Students Level 1
Hall School	28	62%
Bryant School	21	44%
Madison School	30	35%
Tisdale School	24	34%
Park City Magnet School	18	32%
Barnum School	30	30%
Waltersville School	19	29%
Cesar Batalla School	35	29%
Curiale School	21	29%
Dunbar School	12	29%

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.

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. More detailed data for the fall 2014 KEI assessment is available for Phase II analysis and is summarized in the *Technical Report on Early Care and Early Education*.

Early Elementary School Challenges

□ *Chronic Absences, Behavior Incidents and Student Mobility*

This data from 2014 - 2015 by school and grade was provided to the CANs from the Data Table at their first meeting. As this data is predictive of early reading problems and lower standardized reading assessment performance, the PK-3rd 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.
- These schools in rank order by % of student body suspended/expelled: Cross (47%); Dunbar (30%); Tisdale (30%); Roosevelt (28%); Waltersville (24%); Marin (22%); Barnum (20%); Curiale (19%); Johnson (19%); Read (19%); and Batalla (13%). Although these calculations take school size into account, they don't consider student mobility. In addition to the instructional and student growth challenges implicit in this 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 this 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.

□ *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 chart 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

A SUMMARY OF OUR LEARNING: PROGRAMS AND SERVICES

Home Visiting

□ *Models and Funding Sources*

Home visiting programs, particularly those identified as “evidence-based,” constitute a proven intervention for improving child and parent outcomes beginning at birth. Home visiting programs – always voluntary -- may be delivered universally, as is the case with Family Connects originating in Durham, North Carolina, or to selected families with higher levels of vulnerability and risk, as is the case with Child First originating in Connecticut.

The federal Health Resource and Service Administration (HRSA) has identified 37 different home visiting program models and classified 17 of them as evidence-based. (See the *Technical Report on Maternal Depression and Home Visiting.*) HRSA funds much of Connecticut’s home visiting services through the Office of Early Childhood,

although the Connecticut Department of Children and Families is also an important funder through its support of the Child First program.

□ ***Bridgeport Programs and Children Served***

In Bridgeport, the OEC awarded nearly \$2 million dollars in the current year to fund the Parents as Teachers evidence-based program (PAT) as part of the state's Nurturing Families Network. These programs are run by Bridgeport Hospital, Child and Family Guidance, Optimus and the Bridgeport Board of Education. While program eligibility includes children up to the age of six, most of the 320 Bridgeport families served through these programs had children under the age of one year. Zip code data reveals that half of the children served lived in zip codes 06604, 06605 and 06606.

□ ***Some Data on Outcomes***

Data from the statewide Nurturing Families Network shows that, while many families are only enrolled for six months, stronger returns in terms of adult education and workforce participation occur after a parent has been enrolled for one to two years. Data does show that parental rigidity is reduced and nurturing parenting increases during the first six months of enrollment. Data from the Bridgeport Board of Education Teen Pregnancy Program also reveals that most teen mothers remain in school or have graduated. These young parents generally continue in the program for about two and a half years. Data from Child FIRST reveals improvement in child-caregiver relationships, children's social-emotional well-being and caregivers' depressive symptoms.

The bottom line with regard to home visiting services in Bridgeport is two-fold. First, they work. Second, they reach an incredibly small proportion of families who could benefit from them during the very early years of children's lives.

□ ***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***

This data was 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. This data results 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 was 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). This data serves 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, this data appears 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 fewer than one child in five (15%) across the B-3 age range.

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 home. Note: A listing of family child care homes is available from the 2-1-1 Child Development Infoline but was not collected for this report.

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).

Data on quality of care, parental satisfaction and child outcomes was not available. The reader is, however, reminded of findings from the Head Start data on three-year olds entering early education: Many children enter with lower levels of mastery than would be expected for their age.

□ **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 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%

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.”

□ **Profile of Connecticut**

The National Institute for Early Education Research (NIEER) publishes an annual report on the state of preschool. 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 level indicators and Connecticut’s performance.

NIEER National Quality Standards	Benchmark	CT Meets Benchmark
• Early Learning Standards	Comprehensive	Yes
• Teacher Degree Requirements: CDA plus 12 credits	BA	No
• Teacher Specialized Training	Specializing in PK	Yes
• Assist Teacher Degree	CDA or equivalent	No
• Teacher In-service	At least 15 hrs/yr	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 PK programs. At the time 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.

For this cohort of preschool-aged children, 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. Two hypotheses may be that 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. The other possibility is that some family-child care providers are choosing not to operate at capacity (i.e. they do not want to take as many kids as licensing would allow.)

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

If the city wishes to serve *all three- and four-year old Bridgeport children* with a full-day, formal facility-based early learning experience, the total number of spaces needed is about 4,125. If Bridgeport wished to assure that *all four-year olds could* attend a high quality center-based preschool experience, the city would need about 2,025 spaces. Please note that the Universal PK Task Force defines high quality as NAEYC accredited programs, which

would include but not be limited to public PK programs. See the *Technical Report on Early Care and Early Education* for further details.

The 2-1-1 Child Care Infoline data shows a total of 3,731 center-based licensed slots/spaces for three- and four-year olds. This means that full-day spaces are now available for about 92% of all preschool-aged children in the city today. Another way to say this would be that -- ***not taking program type and design, quality or outcomes into consideration*** -- Bridgeport appears to have the slot capacity to serve over 90% of all three- and four-year olds now. As noted earlier, this calculation does not include 141 half-day nursery school slots.

□ ***Funding Sources***

Funding for early education 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-3rd 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 Several 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	ABCD Jamie Hulley	Lovable Angels	ABCD Trumbull Gardens	ABCD West End
<ul style="list-style-type: none"> • CT State Funded PK • School Readiness • Head Start 	<ul style="list-style-type: none"> • Smart Start • School Readiness • Federal Preschool Dev. Grant 	<ul style="list-style-type: none"> • Head Start • School Readiness • Federal Preschool Dev Grant 	<ul style="list-style-type: none"> • School Readiness • Federal Preschool Dev. grant 	<ul style="list-style-type: none"> • School Readiness • Head Start 	<ul style="list-style-type: none"> • School Readiness • Head Start

□ ***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 of the funding stream result from “special accounts” at the state level such as tobacco settlement funds. This data reflects 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 Funding
100,000	School Readiness - Priority Admin.	School Readiness Programs	State Funding
12,985,606	School Readiness Subtotal		
4,579,575	Child Day Care Contracts & Social Services Block Grant	Child Day Care Contracts	State & Federal Funding
4,579,575	CDC Subtotal		
356,488	State Head Start TLI Link	ABCD, Inc.	State Funding
572,063	State Head Start Services	ABCD, Inc.	State Funding
928,551	State Head Start Subtotal		
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
464,000	Smart Start Subtotal		
1,345,800	Preschool Dev. Grant (PDG) Space Allocation	Bridgeport BOE/Public Schools	Federal PDG Funds
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\$)	Bridgeport Community-Based Programs	State Funding
4,223,609	Preschool Development Grant Subtotal		
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	Subtotal Funding Related to ECE Spaces		

□ *Additional Information is Required*

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 raised a number of issues for the PK-3rd 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-3rd CAN. A listing of some of this information follows:

- **Access:** Is the program accessible when needed or is there regularly a wait list? 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?
- **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)?
- **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.

□ *Supporting Children’s School Performance by Supporting Parents*

The PK-3rd 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 3rd 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)

□ **Family Resource Centers**

PK-3rd 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. A fifth center, The Parent Center, does not receive OEC funding.

- | | | |
|----------------------------|----------------------|-----------------|
| • 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 state-funded 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 Aloud,” 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 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 were 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. This data is 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.

□ **Multi-Service Agencies**

As part of its initial asset mapping work, both CANS identified a group of agencies within the city that provide a broad array of supports and services for low-income families with children. We discovered that it was impossible to map these agencies onto individual service domains and thus recorded them in this more general context. At the present time, we have not requested data \on the actual population served, most frequently used services, most valued services by clients, geographic catchment area (if any) or cost of services.

□ **Food Supports**

Food pantries and soup kitchens were included in the asset mapping process because virtually all 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.”

Fifteen food pantries and 14 soup kitchens were identified. Nearly all are sponsored or hosted by the Bridgeport faith community. A complete listing appears in the *Technical Report on Asset Mapping*.

□ **The Faith Community**

Bridgeport is home to a diverse and vibrant faith community, in which many churches provide a broad array of supports and services to members of their congregations and their neighborhoods. The asset mapping process identified 127 churches across six zip codes in Bridgeport. The distribution by zip code is presented below. A complete listing with street addresses is included in the *Technical Report on Asset Mapping*.

Zip 06601	Zip 06604	Zip 06605	Zip 06606	Zip 06607	Zip 06608	Zip 06601
3	40	19	14	19	19	13

□ **Summer Programs**

Resources available from the National Summer Learning Association support what PK-3rd CAN members heard from community programs and representatives of the Bridgeport Public Schools: Summer learning loss is a significant contributor to the achievement gap for lower-income and each year, over time and across grades.

Over the summers during the early elementary school years, low-income youth lose two to three months in reading skills while higher income students make small gains. By the 5th grade, “summer learning loss can leave low-income students 2 ½ to 3 years behind their peers.” (National Summer Learning Association, undated and retrieved June 7, 2016) Low-income students also lose access to healthy meals over the summer as schools offering the federal Free and Reduced Price meals program are closed. Virtually 100% of Bridgeport students are enrolled in this program during the school year.

The PK-3rd CAN pulled a listing of summer programs and activities from the city’s website, noting that known programs offered by community agencies were not included in this resource. Program offerings varied by the age of children, whether they are daily, weekly, partial day or date-specific programs, and the cost and type of activities included. The list is accessible from the home page of the City of Bridgeport. It is entitled [2016 Summer Activities Guide](#). The list on the city’s website does not include summer learning programs hosted or sponsored by the Bridgeport Public Schools or academic summer programs such as offered by the University of [Bridgeport School of Continuing and Professional Studies](#). Importantly, when programs *are* offered families report being unable to afford the daily or weekly cost.

RECOMMENDATIONS FOR PHASE II FOLLOW UP

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. These are reported by CAN, but note that one of the recommendations was adopted by both CANS. This recommendation should be given added weight in creation of the 2016-2017 Phase II work of each CAN. Context information and strategies are presented below for each recommendation.

Birth to Three CAN Recommendations

1. 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 K-12, creating a longitudinal chain of data that is usually 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.

2. 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.

3. 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.

4. 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.

Pre-K through 3rd CAN Recommendations

1. Utilize 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-3rd CAN formally recommends acquiring data related to 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 Prospers 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 3rd 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.

2. *Improve family knowledge about available resources* in Bridgeport, reduce redundant data collection for both families and providers, and promote a family-centered planning process to improve child and family wellbeing.

Context

The PK-3rd 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 noted that the integration of data was 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 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-3rd 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.

3. 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 *Early Care and Early Education Technical Report* 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.

4. 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

Five Family Resource Centers, four of them funded by the State of Connecticut Department of Education, exist in Bridgeport. A robust set of program requirements has been established by the state, and all four of the state-funded 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-3rd 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-3rd 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.

5. 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 this 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.

APPENDIX A: QUESTIONS. QUESTIONS -- A SAMPLER

As part of the process of developing the set of Technical Reports that reflect the work of the CANs in much greater detail, we have been generating sets of questions that arise as each topic is presented and analyzed. These questions are included in each Technical Report for consideration by Phase II members of the two CANs. A sample is provided below, to give the reader a sense of information needed in the work to come.

From the Technical Report on Developmental Screening and Tracking Outcomes

□ *Questions related to birth mothers*

- How many of these mothers with babies are **single parents**?
- How many **currently live with their own parents or extended family**?
- 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 or instability** among these women during pregnancy and in the first year after birth?
- How many of these mothers who gave birth in 2013 and 2014 had **high ACES** (Adverse Childhood Experiences) scores and/or experienced depression during the pre-natal and post-partum period?

□ *Questions related to developmental screening services and support*

- How many Bridgeport infants and toddlers went to all **Medicaid covered well-child visits and in a timely manner** (that is, at the recommended age of their babies)?
- At how many of these visits was a **developmental assessment** conducted? What can the HUSKY Medicaid payment tell us about the frequency of these assessments and where in Bridgeport they are most reliably conducted?
- How many Bridgeport parents have registered to receive free **Ages and Stages** Questionnaires? How many return them for scoring? Who helps these parents to accomplish this? What barriers exist?
- Do we have taxonomy **of the various types of developmental screening** tools now used by Bridgeport agencies and program? 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 providers to adopt a set of core assessment tools, select their chosen tool from this group, and report on findings?
- 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 will be assigned to each child enrolled in the Birth to Three program, to all children attending public preschool or Head Start or Early Head Start, or to all children enrolling in public kindergarten?

□ *Questions related to readiness for K*

- Where did **entering kindergartners attend preschool** (broadly defined as a formal early education setting that would include Head Start, public PK, a child care center or licensed family child care home)? Are this **data** is now collected by the school system, and can data be produced in the aggregate by type of setting?
- Are there **patterns of KEI Level III readiness by type of setting** and by individual settings?
- Does student **KEI Level III performance reflect the “quality level”** of the sending early learning setting; that is, are settings that are NAEYC accredited or Head Start accredited or that have achieved a high level (4 or 5) as part of the Connecticut Quality Improvement System more likely to send their students to kindergarten more fully ready?
- Have **early education settings sending students into the public school system been rated** using the CLASS or the ECERS quality-rating tools? If available, this data will help the PK-3rd CAN understand the relationship between the environmental and instructional quality of the preschool in relation to KEI performance.

□ **Questions from the Home Visiting Technical Report**

- To what degree are state and local agencies in Bridgeport using **“basic needs” programs** such as WIC, SNAP and Medicaid to identify families where both maternal depression and young children are 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?
- How can agencies increase the use of **developmental screening** for young Bridgeport children through the Medicaid-funded EPSDT program and programs such as *Ages and Stages SE* (Social Emotional) by the pediatric provider sector as well as by parents?
- The American Academy of Pediatrics has recommended the use of **depression screening** among 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 screening tools are used and how are results transmitted and used to help families?
- To what extent has Bridgeport played a role in the creation of the **OEC Home Visiting statewide recommendations and action steps**? Who from Bridgeport sits as a part of the statewide home visiting consortium? Do we need to continue and/or expand this linkage for the coming state fiscal year, 2016-2017, especially given reductions to the Office of Early Childhood in state funding for the coming year?
- How can we link our **B-3 home visiting outcome work to that being designed at a statewide level**?
- Is there agreement that **all city families need access to a portfolio of home visiting** that can be matched to the timing and nature of their needs? Is there some group of families that should be targeted for expansion of home visiting that do not now have access?
- 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 across 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 home visiting program models according to dosage and duration, purpose, cost and outcomes**? To do so will require program/design specific information (e.g., (a) whether a single home visitor goes to a family vs. a

professional/paraprofessional team of home visitors per family; (b) how many families constitute an average caseload per team or home visitor); (c) purpose of the visit (e.g., parenting education, mental health or health support for mother and/or child, prevention of child abuse and neglect); and (d) the optimal duration of the service to achieve parent and family goals?

- 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? This 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?