Town of Manchester

Early Childhood Community Plan

Ensuring that all Manchester children birth through eight develop fully and are successful in school.
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Welcome

Manchester, a small city of over 58,000 residents, 22% of which are under the age of 18, is dedicated to enriching the lives of its children and families. The Town’s School Readiness Council, made up of a group of individuals representing a variety of organizations, programs, and businesses, works together collaboratively to help facilitate the provision of programs and services to better support children and families. The Council’s mission is to advocate for the advancement of young children’s learning by promoting policies, programs, and partnerships among Manchester families, public and private schools, and the community. Our most recent endeavor has been the creation and development of an Early Childhood Community Plan. Under the support and direction of the William Caspar Graustein Memorial Fund, the School Readiness Council created Manchester’s Early Childhood Plan to provide a coordinated approach to serving and supporting the Town’s youngest residents and their families.

This on-going process began by looking at our community’s strengths and needs as they relate to early childhood supports and services. Local data and input from parents, providers, and experts drive the strategies and action steps outlined in the plan. The plan relies upon that data-driven community decision-making process and focuses on results, community-wide strategies, inclusiveness, high level commitment, and shared responsibility. It has been broken down into three strategic areas: Family Support, Education, and Health, all of which are designed to meet our ultimate result: “All Manchester children birth to eight develop fully and are successful in school”. The plan also details the governance structure and an implementation plan which describe responsibilities and resources. This plan is a fluid document that will change over time as we continue with implementation and receive feedback on successes and challenges from our stakeholders.

The School Readiness Council would like to thank all of those who had a role in creating this plan and we look forward to their continued involvement. If you would like more information about this plan or would like to become involved please visit our website at: http://schoolreadiness.townofmanchester.org/schoolreadiness/index.cfm

Sincerely,

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Co-Chair, Manchester School Readiness Council

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Introduction

The Manchester School Readiness Council (MSRC) received joint funding from the State of Connecticut Department of Education and the William Caspar Graustein Memorial Fund to develop this early childhood community plan. Local experts in the field of early childhood commenced the work using a data-driven community decision making process which focuses on results, community-wide strategies, inclusiveness, high-level commitment, and shared responsibility. This plan will serve as a blueprint to follow as we collectively make decisions and hold ourselves accountable to policy development and program implementation that affect our youngest citizens.

This comprehensive, community-wide plan, for young children from birth through age eight, encompasses early care and education, social, emotional, behavioral and physical health, and family supports. We strive to achieve the result: All Manchester children birth to 8 develop fully and are successful in school. It includes a series of recommended strategies based on thorough data analysis and community input. In light of the currently challenging economic times, extra effort has been placed on designing strategies that have a low- or no-cost impact and include shared resources and reallocation of existing resources.

The plan follows the Results Based Accountability process and is divided into three Strategic Areas of Focus: Family Support, Education, and Health. Each section contains Headline Indicators derived from careful data analysis and which serve as a baseline for all recommended strategies. Current Conditions represent a descriptive “story” behind the data. Strategies were developed based on the data, current conditions, and forces at work to positively impact the negative direction of the various trends. Action steps reflect the collective steps needed for implementation. Performance Measures hold the MSRC and its partners accountable for making a difference in the trends.
Contributing factors to child abuse and neglect among parents of very young children include poor coping skills, unrealistic expectations of child development, economic stress and the need to work more than one job; stress of balancing work, school and parenthood; and conflict-ridden parental relationships and parental immaturity, most often observed in teenage parents. The Kempe Family Stress Checklist is a research-based tool that some partner organizations currently use to assess the likelihood that a first-time parent will abuse or neglect his/her child. Indicators include:

- Parent was beaten or deprived as a child
- Parent has a criminal, mental health, or substance abuse history
- Parent has been suspected of abuse in the past
- Parent demonstrates low self-esteem, social isolation, depression, and has limited “lifelines”
- Parent is experiencing multiple crises or stresses
- Parent has the potential for violent temper outbursts
- Parent has rigid and unrealistic expectations for his or her child
- Harsh punishment of child
- Parent perceives child as difficult and/or provocative
- Child is unwanted or at risk for poor bonding
Anecdotal reports show that many of the substantiated DCF cases served in local agencies and programs are a result of domestic violence, which the child witnesses and is thus victimized by. Connecticut Department of Public Safety Family Violence statistics for the years of 2006-2009 report that 17% to 22% of family violence offenses involve children. In 18% to 27% of cases, children were present during the offense. According to one DCF supervisor, approximately two-thirds of the cases in the Manchester office involve domestic violence, and most of these cases also have contributing factors such as mental health and substance abuse issues. In Manchester, about 70% of the households involved with DCF are single-parent households. Parents are unable to see how their negative communication and coping mechanisms can become the norm for the child’s relationships with parents, siblings and peers. Research-based programs that are proven effective in decreasing the incidences of abuse/neglect only reach some of the parents who need them, usually due to funding that is linked with specific enrollment criteria such as “first-time parents.” All parents who are assessed to be at risk of abusing their child(ren) need support in basic life skills, an increased knowledge of community resources, and parenting education, including information on healthy child development.

Manchester is experiencing rapid growth as a result of its transition from an industrial village, to a suburban town, to a small city with a burgeoning and increasingly diverse population. In many ways, the town serves as a de facto county seat for the towns east of the Connecticut River and provides many services, amenities and employment opportunities for area residents. These include a full service hospital, a community college, a wide range of housing types and prices, and a large shopping mall. Because of its size, location, and other factors, Manchester has become an attractive destination for residents wishing to move from the city of Hartford and its immediate neighboring towns. This urban out-migration has brought with it some rapid and dramatic social, demographic and economic changes. The 2010 CT Economic Resource Center (CERC) Town Profile for Manchester indicates a growth in population from 54,740 in 2000, to 57,
Compounding this is the revelation from key stakeholder interviews that many service providers are likewise unaware of other programs and agencies in town. Most community-based programs are independently operated entities, governed by separate policies and procedures, with varying funding sources and different agendas. If a referral is indeed made from one agency to another, there may be no coordinated system of follow-through by the referring agency.

Families are often left to navigate fragmented service delivery systems as specific needs arise. The underlying assumption for families in need of a service is that they can choose to utilize an appropriate service whenever they have the need. Because of economic, insurance and transportation barriers this assumption often rings false, especially as the family becomes increasingly stressed. High risk, multi-problem families may need a person to serve as a case coordinator to manage the referral, utilization and effective follow-through of recommended services. A case management approach to service delivery may be a low-cost model that will maximize the likelihood that families’ needs are met in a timely manner, while also limiting the chance of small problems growing into bigger, more costly problems.

Another possibility is to focus more on location of services and support. Manchester’s Children, Youth and Family Master Plan, developed in 2009, suggests a neighborhood model for coordinating and delivering services to children and families. The plan proposes service delivery via a “Neighborhood Center” in each of four town quadrants, coordinated by a new Office of Neighborhoods and Families. The plan includes recruitment and training of parent volunteers to effectively reach and mentor their neighbors. A primary focus is to educate and empower residents in order to help them become facilitators of change in their neighborhood and in their overall community. Some funding has already been secured for the southeast quadrant to renovate the Spruce Street Firehouse, which will serve as the...
first Neighborhood Center. The area is especially suitable since it has ethnic diversity among its residents, represents a variety of income levels, and contains Bennet 6th Grade Academy and two elementary schools. Coordinating with this existing infrastructure for piloting delivery of family support services in the southeast quadrant would be a logical and cost-effective start, and will serve as a blueprint for extending the model to the remaining quadrants.

**Data Development Agenda**

% of Manchester births to mothers with a high school education or less

1. Age of mother when they delivered
2. % English Language Learners
3. % of clients who pursue referral
4. % of clients who receive service from a referral

**Research and Information Agenda**

1. Are there waiting lists?
2. Barriers to accessing adult education

**STRATEGY 1:**

Provide neighborhood-based parent leadership development opportunities consistent with the Children, Youth, and Family Master Plan

**Action Steps:**

- Identify community providers who address parent leadership development needs
- Collaborate with community providers, including the Neighborhood Academy, to connect parents/guardians with leadership development opportunities
- Create a marketing strategy
- Explore funding opportunities for expanding parent leadership trainings

**Performance measures:**

**How much did we do?**
- # of identified parent leadership programs
- # of available identified slots
- # of interested parents recruited
- # of vehicles used for marketing

**How well did we do it?**
- # of parents recruited who indicate they learned about the leadership opportunities through the marketing/public awareness campaign
- % of increased program slots

**Is anyone better off?**
- # of parents who complete evidence-based parent leadership training, as defined by the particular program utilized
- % of participants who increase their score on a pre-post test measuring leadership skill development
- % of those completing the training who assume leadership roles within their community, church, schools, etc. within one year of completing the leadership program
STRATEGY 2:
Provide neighborhood-based, culturally responsive outreach and education on available family support services in Manchester to parents/guardians, consistent with the Children, Youth, and Family Master Plan

Action Steps:
► Identify and describe existing family support services
► Evaluate existing Manchester resource guides and distribution methods
► Develop and train a network of volunteers, including parents, on cultural responsiveness and how to educate their peers in their neighborhoods
► Translate existing resource guides and other identified information into the top three non-English languages spoken in neighborhoods
► Distribute information individually to parents and through existing programs and services

Performance measures:
How much did we do?
• # of resource guides distributed by programs
• # of face-to-face interactions by parent volunteers
• # of resource guides in top three languages
• # of training sessions provided on cultural responsiveness
• # of new means of outreach/information distribution

How well did we do it?
• % of families receiving information (by type of vehicle, message and service)
• % of materials available in multiple languages
• % of workers, providers, and volunteers who have completed training on cultural responsiveness

Is anyone better off?
• % of customers receiving services who indicate they learned about the service from outreach efforts.
• #/% increase in service utilization
• % increase in underserved populations, such as non-English-speaking

STRATEGY 3:
Train parent volunteers to become peer mentors to create stronger support systems for families within their neighborhoods, and implement a peer mentor program

Action Steps:
► Establish a peer mentor program
► Create a public awareness plan
► Train mentors

Performance measures:
How much did we do?
• # of prospective peer mentors recruited
• # of interested “mentees” recruited for pairing with a mentor

How well did we do it?
• # of recruited parents who complete peer mentor training program
• % of recruited parents who indicate they learned about service through the public awareness campaign

Is anyone better off?
• % of peer mentors who have consistent contact with their mentee(s) for at least 6 months
• % of “mentees” who complete goals set through mentorship agreement
• # of mentees interested in becoming mentors
STRATEGY 4:
Develop a mechanism to identify family needs across disciplines and to ensure that such needs are addressed in a coordinated manner so that each family has access to optimal support

Action Steps:
- Identify and explore different models of centralized access to services
- Identify potential partners who provide service to families
- Create Memoranda of Understanding (MOU) among partners
- Conduct training for partners, enabling them to effectively implement the local response model

Performance measures:
How much did we do?
- # of providers participating in the local response model
- # of partner programs that follow a documented common referral protocol

How well did we do it?
- % of referred families scoring “good” or better on a customer satisfaction survey
- % of partner programs that have at least one formal data sharing agreement

Is anyone better off?
- % of participating families receiving services via the local response system
- % of families served who have met 70 per cent of the goals set for them

STRATEGY 5:
Support and increase family support services and nurturing home/personal visits to ensure safe and nurturing home environments

Action Steps
- Advocate for preservation and enhancement of quality personal visiting services
- Partner with faith-based community to develop or enhance family support programs

Performance measures:
How much did we do?
- # of partners trained in advocacy skills
- # of MOUs with faith based organizations

How well did we do it?
- % of partners who have completed advocacy training
- % of MOUs with faith based organizations

Is anyone better off?
- % increase of partnerships with other advocacy efforts
- # of existing programs with sustained or increased funding
- % of participants completing at least 70% of a family support program offered by a faith-based organization
Education
Strategic Statement:
Ensure that children from birth to age 8 have access to quality and affordable early learning opportunities and continued literacy support in order to perform at grade level.

WHAT DO WE KNOW?
Headline Indicator:
% of Manchester Kindergartners with pre-K experience (defined by The Connecticut State Department of Education as Preschool, Nursery School, or Head Start)

Current Conditions
Manchester confirms locally what national experts and research states – the lack of quality preschool education experience poses a major challenge to school readiness as children enter Manchester schools. This applies to some schools more than others, e.g. Title I schools. As evidenced by the data graph above, Manchester students are much less likely to come into Kindergarten having attended preschool, nursery school or Head Start as compared to peer groups in the District Reference Group (DRG) and statewide. There are varying factors at play such as cost, availability, and times. And, at the core of the discussion is the ongoing challenge to identify a common definition for the term “quality.”

A lack of appropriate preschool spaces may be an inhibiting factor to turning the curve on this indicator, in terms of number, cost, and hours of operation. It is reported that both Manchester Head Start and the Manchester Early Learning Center, a School Readiness program, both full day programs, have continual waiting lists. Yet many private, non-subsidized preschool spaces in Manchester go unfilled. These half-day programs are most often not a feasible option for many working parents, as they are more costly and require parents to arrange for transportation and half-day care for their children, which can be both logistically improbable and an additional cost. Further, these types of transitions throughout the day can be disruptive to a child in terms of attachment and constancy with caregivers.

Some middle to lower income families who do not qualify for state and federally subsidized care, yet cannot afford quality preschool programming out-of-pocket, may miss out altogether on an important step in their children’s preparedness for school success. They may opt for a family childcare provider or home-school preschool experience, as it is more affordable, but there is no current method for determining the quality of such arrangements.
STRATEGY 1: Raise community awareness of the importance of early learning experiences and opportunities

Short-term action steps:
- Develop and distribute a resource booklet, available in multiple languages, that details the importance of early education and lists the preschool programs available in Manchester, providing basic information about each program.
- Revise the Manchester School Readiness Council website to include information on the importance of early learning and offers detailed information on preschools and daycares in Manchester.
- Support the annual Manchester Early Childhood Fair by providing advertising, information and presentations, and recruiting exhibitors.

Long-term action steps:
- Maintain resource manual and website.
- Develop mechanism to collect data on the usage of the booklets and website.

Performance measures:
How much did we do?
- # of programs participating
- # of booklets distributed
- # of hits to website
- # of people attending Early Childhood Fair

How well did we do it?
- % of programs participating in resource guide
- % of materials available in multiple languages
- % of early childhood programs participating in Early Childhood Fair

Is anyone better off?
- % of customers receiving services who indicate they learned about the service from resource guide or website.
- % increase in service utilization.
- % increase in underserved populations, such as non-English speaking.
- % of Early Childhood Fair participants who report having learned about programs/services available.

Town-wide focus groups and a local survey demonstrated a lack of awareness of the importance of early care and education across multiple systems, inclusive of government and education, as well as with certain segments of the community at large. In particular, there are many senior citizens who feel strongly that sacrifice is important to raising successful children, and believe that preschool is a non-essential service. This mindset is also reflected in the statewide public opinion poll conducted by the W.C. Graustein Memorial Fund in 2007.

A clear understanding of what makes for a “quality” program needs to be explored. Typically in this realm, a quality program is one that holds an accreditation. A local survey finds that many center-based preschools in Manchester are opting not to seek accreditation because of the high cost and significant number of staff hours required to complete the accreditation process. Perhaps consideration should be given to a less costly alternative, such as a systematic approach to classroom evaluation using research-based tools like the Early Childhood Environment Rating Scale (ECERS).
STRATEGY 2:
Assist local preschools and daycare centers in efforts to increase the quality of their services and the quantity of spaces available for families.

Short-term action steps:
- Survey preschools and daycare centers to determine need for professional development in top 3 priority areas
- Provide town-wide professional development opportunities
- Provide assistance for those seeking NAEYC accreditation and re-accreditation

Long-term action steps:
- Seek additional funding to increase preschool spaces

Performance measures
How much did we do?
- # of professional development opportunities offered
- # of preschools who become accredited or re-accredited

How well did we do it?
- % of programs that participate in professional development opportunities
- % of accredited programs in Manchester

Is anyone better off?
- % of Kindergarten students who attended an accredited preschool program

STRATEGY 3:
Offer a one week, half day, “Kindergarten Camp” in August to those students entering Kindergarten in September who did not have a preschool experience, designed to prepare them for Kindergarten.

Short-term action steps:
- Create the program
  - Determine a location for “Kindergarten Camp”
  - Hire teachers & develop curriculum
  - Identify and enroll students registering in April who are eligible for camp
  - Include parent component

Long-term action steps:
- Seek funding to maintain the camp
- Create evaluation procedure to measure the camp’s effectiveness

Performance measures
How much did we do?
- # of professional development opportunities offered
- # of preschools who become accredited or re-accredited

How well did we do it?
- % of programs that participate in professional development opportunities
- % of accredited programs in Manchester

Is anyone better off?
- % of children prepared for Kindergarten
In looking at the graph above, it can appear that Manchester is in relative alignment with state achievement of 3rd graders who are at/above 3rd grade reading on CMTs. While Manchester has not differed too greatly from the state on that measure over the past three years in aggregate form, large discrepancies are revealed when the district data is disaggregated by socioeconomic status and race, as the graph below indicates.

Current Conditions

Over the past three years, a much lower percentage of Manchester students receiving free and reduced lunch – a recognized indicator of low income families – met proficiency on the 3rd grade CMTs than peers who were able to pay full price for lunch. Varying levels of poverty as defined by state and federal guidelines can bring with it other factors in considering cause and effect on a child’s likeliness to be successful in school, such as transience. As part of town budget deliberations in 2009, a study was conducted to access the benefits and drawbacks of closing Nathan Hale Elementary, a Title I school. The findings show that the Nathan Hale and Robertson schools have extremely high levels of school mobility. While not all elementary schools were evaluated, the finding is representative of what we believe occurs in other Title I schools in Manchester. Poverty is linked to transience, which in turn is linked to school performance and achievement.
In addition to the achievement gap correlating to free/reduced lunch, a racial achievement gap is also present. Black and Hispanic students in the district met proficiency much less often than White or Asian students. What is not yet known is the correlation between race and free or reduced lunch.

Manchester elementary schools are faced with the challenge of educating an increasingly diverse population of students. It is clear that some students of color and poor students are at a disadvantage in the current system, as evidenced by the racial and socioeconomic achievement gaps. Professional development with emphasis on cultural competency is an important step that would allow teachers and school staffs to more effectively support all Manchester students.

The school district supports the idea that cultural competence in schools is integral to helping students become successful in school. The 2008-2009 Strategic School Profile for Manchester public schools states that “The main goal of our district is to close the achievement gap.” Several Manchester elementary schools have been successful in training teachers in culturally competent pedagogy. All schools have established Equity Teams that work to support the goals of the district equity plan. Equity Teams are in various stages of developing strategies to reduce the racial achievement gap. It is important that all Equity Teams provide teachers with professional development that improves their ability to present culturally responsive literature/lessons in the classrooms.

**STRATEGY 1:**
Provide professional development opportunities for private and public school teachers from pre-K through 3rd grade

**Short term action steps:**
- Develop training modules for early care and education teaching staff in the following areas:
  - Culturally responsive teaching
  - Teaching language and literacy to young learners
  - Utilizing the SRBI model for curriculum and evaluation
  - Dealing effectively with children who present challenging behaviors
  - Understanding Kindergarten expectations
  - Determine logistics for providing such opportunities

**Long term action steps:**
- Identify funds to support trainings throughout the years

**Performance measures:**
- **How much did we do?**
  - # of trainings offered
- **How well did we do it?**
  - % of teachers who attended the training
- **Is anyone better off?**
  - % of teachers who report a better understanding of varying cultures
**STRATEGY 2:**
Develop a fund to purchase culturally relevant children’s books to be distributed to schools, childcare centers and families

**Short-term action steps:**
► Develop a list of culturally relevant books
► Identify funds to purchase books
► Identify programs that want to participate
► Determine collection and distribution procedures
► Develop a teaching module for parents and teachers on the effectiveness of books and early literacy
► Include list of books on the School Readiness Council website

**Long-term action steps:**
► Determine a program/organization willing to manage this project

**Performance measures:**
**How much did we do?**
• # of books purchased

**How well did we do it?**
• % of students who received the books

**Is anyone better off?**
• # of students demonstrating an interest in reading in pre-K through 3rd grade

**STRATEGY 3:**
Develop a capacity to utilize volunteers from existing volunteer organizations, to assist community early care providers and elementary schools with providing language and literacy supports to young children

**Short-term action steps:**
► Create a pilot program in a Title 1 school
► Identify person(s) to contact and communicate with existing organizations
► Identify organizations that recruit volunteers
► Assess which programs want to utilize volunteers
► Identify a contact person at each site interested in using volunteers
► Establish procedures for use of volunteers

**Long-term action steps:**
► Expand the program into all Manchester school districts

**Performance measures:**
**How much did we do?**
• # of volunteers
• # of preschools/elementary schools participating

**How well did we do?**
• % of preschools/elementary schools participating

**Is anyone better off?**
• % of children receiving additional literacy support in the classroom

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3 – Manchester’s Elementary School Consolidation, Power Point presentation prepared for Manchester Board of Education, May, 2009

4 - Manchester Strategic School Profile 2008-2009
Health
Health

**Strategic Statement:**
1. Implement a systemic approach that incorporates quality with affordable prenatal care, thereby ensuring that awareness, availability and access to initiatives and services are made accessible to pregnant women.

2. Support and enhance initiatives and services to reduce childhood obesity.

**WHAT DO WE KNOW?**
**Headline Indicator:**
% of Manchester births with non-adequate prenatal care.

**Current Conditions**
The development of a healthy child begins with adequate prenatal care. Prenatal care monitors the health of both the mother and the unborn child, allowing for the detection of any health issues that could harm the fetus. The earlier this monitoring begins the better. From 1998 to 2008 the number of women receiving late and non-adequate prenatal care in Manchester has shown some fluctuations but generally has increased over time. Non-adequate care as defined in this plan comprises intermediate and inadequate prenatal care based on the Adequacy Of Prenatal Care Utilization (APNCU) Index. The APNCU Index defines intermediate care as prenatal care that begins by the fourth month and 50%-79% of recommended visits to the healthcare provider are received. Inadequate care is care that begins after the fourth month or less than 50% of recommended visits to the healthcare provider are received. Late care is defined as care that begins in the second or third trimester.

Many barriers prohibit women from seeking and receiving adequate prenatal care—including, but not limited to: poverty, lack of insurance, lack of available and accessible services, level of education, and health disparities in race and ethnicity. State and local data demonstrate the prevalence of such barriers in both Connecticut and Manchester.
Poverty
► The percentage of pregnant women living in poverty in Manchester is not known, but eligibility for free/reduced-price meals is a proxy for poverty in families. According to Manchester’s Strategic School Profiles, the percent of students eligible for free/reduced price meals has increased from 31.8% in the 2004-05 school year to 43.1% in 2008-09. This represents almost half of the student population. Not only are the numbers increasing, but the figures for Manchester families have run considerably higher than the state average over the years; in 2008-09, the state average was 30.3%.

Lack of insurance:
► 7.7% of Connecticut children under age 18 were uninsured in 2009.1 The data specific to Manchester children is unknown at this time.

► In Connecticut, the HUSKY Plan offers health insurance for all children regardless of family income, and for pregnant woman depending on income. CT Voices for Children found mothers with HUSKY medical coverage were not as likely as other mothers to receive early (first trimester) or adequate prenatal care.2 The number of Manchester families enrolled in HUSKY has almost doubled in the last 10 years. In 2000, 2,740 families were enrolled in HUSKY, and as of July 2010, 4,894 families were enrolled.3

Available and accessible services:
► Manchester Memorial Hospital (MMH) offers the SBM Charitable Foundation Family Birthing Center for childbirth, as well as childbirth education programs and neonatal services. Currently, 16 doctors, 13 of whom have offices in Manchester, deliver babies at MMH.

► Rockville closed its birthing center in the fall of 2010.

► Manchester Community Health Services (MCHS) offers prenatal care for women as well as comprehensive childcare and acute visits from birth to adolescence for all children. This office is staffed by four board certified family practice physicians, a board eligible OBGYN physician, a board certified pediatrics physician, two family practice nurse practitioners, and one pediatric practice nurse practitioners. MCHS accepts various types of medical coverage including Medicare, Medicaid, and HUSKY, and has a sliding fee schedule for the uninsured that is based on family size and income.

Mother’s education level:
► In 2009, 32.7% of Manchester births have been to women with a high school education or less. This percentage has held steady for several years, with 32.5% in 2008 and 32.3% in 2007.4

Disparities in race & ethnicity:
► In Connecticut 2007, 17.5% of non-Hispanic White/Caucasian, 27.5% of Hispanic and 30% of non-Hispanic Black/African American women received non-adequate prenatal care.5 Manchester data is not available.

These barriers need to be addressed at their varying levels, from community up to state and federal levels, to ensure that women in Manchester receive adequate care.
STRATEGY:
Raise awareness regarding the importance of prenatal care and availability of local resources

How Will We Know We Have Been Effective?

STRATEGY:
Reach out to and connect with local expert partners—including, but not limited to, ECHN, Planned Parenthood, Manchester Community Health Center, OB/GYNs and family practitioners.

Short-term action steps:
► Survey local providers and experts to provide us with local qualitative and anecdotal information regarding factors that contribute to non-adequate prenatal care
► Create a network of providers to increase the coordination of services

Long-term action steps:
► Develop a coordination of care system with partners

Performance measures:
How much did we do?
• # of prenatal surveys sent
• # of providers invited join the network

How well did we do?
• % of surveys returned completed
• % of providers attending three out of four meetings over the course of a year

Is anyone better off?
• Does a network of expert partners exist?

Is anyone better off?
• % of referrals resulting in pre-natal care being received
• % increase in service utilization
• % increase in underserved populations, such as non-English-speaking

STRATEGY:
Create a resource manual and website to raise awareness of prenatal health care resources that are available in multiple languages

Develop culturally sensitive educational materials

Participate in and support Manchester’s annual Early Childhood Fair

Long-term action steps:
► Maintain resource manual and website to raise awareness of prenatal health care resources that are available in multiple languages
► Partner with Office of Neighborhoods and Families’ Neighborhood Academy to provide parenting and educational programming

Performance measures:
How much did we do?
• # of resource manuals created
• # of languages in which the educational resources are available
• # of educational materials distributed
• # of programs facilitated in partnership with the Office of Neighborhoods and Families

How well did we do?
• % of families receiving information (by type of vehicle, message, & service)
• % of materials available in multiple languages

Is anyone better off?
• Does a network of expert partners exist?
Current Conditions – Childhood Obesity

Childhood obesity has risen throughout the years, and has almost tripled for American children, ages six to 11, from 6.5% in 1976 to 18.8% in 2003. A variety of serious physical, social and mental health problems are associated with obesity in children, including respiratory issues, type 2 diabetes, bullying, and depression. Dietary habits, lack of physical activity, genetics, and socio-cultural factors all contribute to childhood obesity. There is a positive correlation between nutrition and school achievement. Children who experience poor nutrition and lack of physical activity often present risk factors which contribute to poor school performance such as: tardiness, difficulties in attending to tasks and performing on tests, and delayed social and emotional development.

BMI data was collected on a random selection of 35% of Kindergarten students enrolled in Manchester Public Schools and 100% of enrolled Manchester Head Start students in 2009. The findings indicated that 46% of Kindergartners selected and 36% of Head Start students were at risk for becoming overweight or were already overweight. That information, along with the need for more data, prompted us to partner with the University of Connecticut’s Master in Public Health (MPH) program. Interns from the MPH program will assist us in collecting additional obesity data on children in Manchester and developing appropriate strategies based on those findings.

STRATEGY: Develop baseline childhood obesity data for Manchester children

Short-term action steps:
► Create a partnership with local universities
► Complete a literature review that largely focuses on childhood obesity and best practices in order to create context for the information collected
► Design and implement data collection methods (that do not require the review of an Institutional Review Board or other body), including surveys, infrastructure, collection points, statistically valid population size, data entry, use of SPSS (a computer program used for statistical analysis), etc.
► Design and implement strategies as needed to turn the curve on childhood obesity in Manchester, based on data collected.

Long-term action steps will be developed based on the results of the short-term action steps.

Performance measures:
How much did we do?
• # of action steps completed

How well did we do?
• % of action steps completed

Is anyone better off?
• Has a baseline for childhood obesity in Manchester been determined?

What Will We Do To Make A Difference?

How Will We Know We Have Been Effective?


The governance and management of this plan will be the responsibility of the existing Manchester School Readiness Council (MSRC). Inherent in that composition is the understanding that it is legislatively driven and designed with shared oversight by the mayor and superintendent.

Current membership on the MSRC is inclusive of elementary school principals, kindergarten teachers, preschool directors, preschool teachers, representatives of the Youth Service Bureau, public library, Board of Education, Head Start, the Office of Neighborhoods and Families, and the community including the Lutz Children’s Museum, the Community Child Guidance Clinic, Manchester Area Conference of Churches, ECHN Family Development Center, East Harford Community Health Care. Also a member of the MSRC is the Early Childhood Specialist whose position is jointly funded by the Town of Manchester and the Board of Education.

MSRC serves as an advisory body to the mayor and the superintendent and is recognized as the only organized governing body that focuses on early childhood in the Town of Manchester. Historically, programmatic recommendations of the MSRC have been implemented, and policy changes have been adopted by Town and Board of Education.

Collaboratively, MSRC and its partners in the development and implementation of the plan will work together to annually evaluate the progress of each strategy, as dictated by the performance measures carefully devised for each strategic area. This annual evaluation will generate an annual report card, which will be shared with the public.

The MSRC work groups will forward the plan. Strategic Area Work Groups will develop feedback loops to engage the community on a consistent basis. Based on the resulting community input, they will continue to develop strategies and action steps. The Evaluation Work Group will evaluate and monitor process and will be responsible for the annual report card. The Public Relations Work Group will be responsible for reporting out to the community on a regular basis. The Finance Work Group will manage funding and continually research new funding opportunities. The MSRC chairpersons will report directly to the Board of Directors and the Board of Education. This system is represented in the organizational chart above with the broader community serving as the base.
Implementation
Implementation Plan

**Education**

**Headline Indicator:**
% of Manchester Kindergarteners with pre-K experience (defined by the The Connecticut State Department of Education as Preschool, Nursery School, or Head Start)

**STRATEGY 1:**
Raise community awareness of the importance of early learning experience and opportunities.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
<th>RESOURCES</th>
<th>MEASURES</th>
</tr>
</thead>
</table>
| Develop and distribute a resource booklet, available in multiple languages, that details the importance of early education and lists the preschool programs available in Manchester, providing basic information about each program | Education Work Group English Language Learner Coordinator Agency Partners | In Kind [EWG, ELL Coord] Discovery Grant Reallocated Agency Partners Funds Local Business Partnerships $$ printing $$ Translation Cost | **How much did we do?**
- # of programs participating
- # of booklets distributed
- # of hits to website
- # of people attending Early Childhood Fair **How well did we do it?**
- % of programs participating in resource guide
- % of materials available in multiple languages
- % of early childhood programs participating in Early Childhood Fair **Is anyone better off?**
- % of customers receiving services who indicate they learned about the service from resource guide or website
- % increase in service utilization
- % increase in underserved populations, such as non-English speaking
- % of Early Childhood Fair participants who report having learned about programs/services available |

**Short-term**

| Revise the Manchester School Readiness Council website to include information on the importance of early learning and offers detailed information on preschools and daycares in Manchester | Early Childhood Specialist Preschools & Day Care Centers Web Designer | In Kind [TOM, BOE, Preschools/Daycares] Discovery Grant Reallocated Agency Partner Funds $ Marketing Consultant $ Web Manager |

| Support the annual Manchester Early Childhood Fair by providing advertising, information and presentations, and recruiting exhibitors | School Readiness Council Agency Partners | In Kind [SRC, Agency Partners] Discovery Grant *Advertising |

| Maintain Resource Manual and website | Education Work Group Research Assistants/Interns Clerical Support | In Kind [FWG] Discovery Grant *Clerical Support |

| Long-term Year 1 | Agency Partners Data Specialist | In Kind [Agency Partners] Reallocated funds Discovery Grant $ Data Person |

| * No cost |
| $ low cost/medium cost |
| $$ medium cost/high cost |

*No cost*
## STRATEGY 2:
Assist local preschools and daycare centers in efforts to increase the quality of their services and the quantity of spaces available for families

<table>
<thead>
<tr>
<th>ACTION</th>
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<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey preschools and daycare centers to determine need for professional development in 3 priority areas.</td>
<td>Research Assistants/Interns</td>
<td>In Kind (RA &amp; Interns)</td>
<td>How much did we do?</td>
</tr>
<tr>
<td>Provide town-wide professional development opportunities.</td>
<td>Consultants, Agency Partners</td>
<td>Fee based, Discovery Grant, $ Trainer fees</td>
<td>% of preschools who become accredited or re-accredited</td>
</tr>
<tr>
<td>Provide assistance for those seeking NAEYC accreditation and re-accreditation.</td>
<td>Early Childhood Specialist</td>
<td>In Kind (ECS)</td>
<td>% of professional development opportunities offered</td>
</tr>
<tr>
<td>Seek additional funding to increase preschool spaces.</td>
<td>School Readiness Council</td>
<td>In Kind (SRC)</td>
<td>% of accredited programs in Manchester</td>
</tr>
</tbody>
</table>

### Short-term Year 1

- Provide town-wide professional development opportunities
- Seek additional funding to increase preschool spaces

### Long-term Year 2

- Provide assistance for those seeking NAEYC accreditation and re-accreditation
- Seek additional funding to increase preschool spaces

### MEASURES

**How much did we do?**
- # of preschools who become accredited or re-accredited
- # of professional development opportunities offered

**How well did we do it?**
- % of accredited programs in Manchester
- % of programs that participate in professional development opportunities

**Is anyone better off?**
- % of Kindergarten students who attended an accredited preschool program

---

## STRATEGY 3:
Offer a one week, half day, “Kindergarten Camp” in August to those students entering Kindergarten in September who did not have a preschool experience, designed to prepare them for Kindergarten.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
<th>RESOURCES</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine a location for “Kindergarten Camp.”</td>
<td>School Readiness Council, Kindergarten Teachers, Preschool Teachers, Education Work Group</td>
<td>In Kind (BOE, TOM, SRC)</td>
<td>How much did we do?</td>
</tr>
<tr>
<td>Develop a curriculum.</td>
<td></td>
<td>Discovery Grant, Redistributed Funds</td>
<td>% of children who attend the camp</td>
</tr>
<tr>
<td>Identify students registering in April who are eligible for camp.</td>
<td>Data Specialist</td>
<td>Reallocated funds, Grant Opportunities, $ Data Specialist</td>
<td>% of students without a pre-k experience that attend camp</td>
</tr>
<tr>
<td>Hire Kindergarten teachers to facilitate the camp.</td>
<td></td>
<td></td>
<td>% of children prepared for Kindergarten</td>
</tr>
<tr>
<td>Enroll students.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create an evaluation procedure to measure the camp’s effectiveness.</td>
<td>Data Specialist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Short-term Year 1

- Determine a location for “Kindergarten Camp”
- Develop a curriculum
- Identify students registering in April who are eligible for camp
- Hire Kindergarten teachers to facilitate the camp
- Enroll students
- Create an evaluation procedure to measure the camp’s effectiveness

### Long-term Year 2

- Seek funding to maintain the camp

### MEASURES

**How much did we do?**
- # of children who attend the camp

**How well did we do it?**
- % of students without a pre-k experience that attend camp

**Is anyone better off?**
- % of children prepared for Kindergarten

---

*No cost
$ low cost/medium cost
$$ medium cost/high cost
**Headline Indicator:**
% of Manchester students who are at or above proficiency on 3rd grade reading CMTs

**STRATEGY 1:**
Provide professional development opportunities for private and public school teachers from Pre-K through 3rd grade.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
<th>RESOURCES</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term Year 1</strong></td>
<td><strong>Develop training modules for early care and education teaching staff in the following areas:</strong> 1. Culturally responsive teaching 2. Teaching language and literacy to young learners 3. Utilizing the Scientific Research Based Model (SRBI) for curriculum and evaluation 4. Dealing effectively with children who present challenging behaviors 5. Understanding kindergarten expectations</td>
<td>Consultants</td>
<td>Reallocated funds Grant Opportunities Discovery Grant $$ Trainers / Facilitators</td>
</tr>
<tr>
<td><strong>Long-term Year 2</strong></td>
<td><strong>Identify funds to support trainings throughout the years</strong></td>
<td>Education Workgroup Partnering Agencies</td>
<td>In Kind(EWG, Partnering Agency) * Time spent</td>
</tr>
</tbody>
</table>

**STRATEGY 2:**
Develop a fund to purchase culturally relevant children’s books to be distributed to schools, child care centers and families.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
<th>RESOURCES</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term Year 2</strong></td>
<td><strong>Develop a list of culturally relevant books</strong></td>
<td>Children’s Librarian Education Work Group School Readiness Council Data Specialist Consultants Interns/Research Assistants Transition Students Agency Partners</td>
<td>In Kind</td>
</tr>
<tr>
<td><strong>Long-term Year 2</strong></td>
<td><strong>Determine a program/organization willing to manage this project</strong></td>
<td>School Readiness Council Education Work Group Literacy Coordinators</td>
<td>Reallocated funds Grant Opportunities In Kind (SRC, EWG, Literacy coordinators) * Time spent</td>
</tr>
</tbody>
</table>

* No cost
$ low cost/medium cost
$$ medium cost/high cost
STRATEGY 3
Develop a capacity to utilize volunteers, from existing volunteer organizations, to assist community early care providers and elementary schools, with language and literacy supports to young children.

**ACTION**
Create a pilot program in a Title 1 School

<table>
<thead>
<tr>
<th>Short-term Year 2</th>
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</thead>
<tbody>
<tr>
<td>Identify person(s) to contact and communicate with existing organizations</td>
</tr>
<tr>
<td>Identify organizations that recruit volunteers</td>
</tr>
<tr>
<td>Assess which programs want to utilize volunteers</td>
</tr>
<tr>
<td>Identify a contact person at each site interested in using volunteers</td>
</tr>
<tr>
<td>Establish procedures for use of volunteers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-term Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand the program to all Manchester School Districts</td>
</tr>
<tr>
<td>School Readiness Council</td>
</tr>
<tr>
<td>Education Work Group</td>
</tr>
<tr>
<td>BOE</td>
</tr>
</tbody>
</table>

**RESPONSIBILITY**
Early Childhood Specialist
Research Assistants/Interns
Literacy Coordinators
Agency Partners
Local nonprofit agencies

**RESOURCES**
In Kind (TOM, BOE)
Grant opportunities
Reallocated funds
* Meeting costs: food
* Outreach cost: advertising

**MEASURES**

**How much did we do?**
- # of volunteers
  - # of preschools/elementary schools participating

**How well did we do?**
- % of preschools/elementary schools participating

**Is anyone better off?**
- % of children receiving additional literacy support in the classroom

* No cost
$ low cost/medium cost
$$ medium cost/high cost
## Family Support

**Headline Indicator:**
% of Manchester children from birth to age eight that have substantiated cases of abuse and/or neglect

### STRATEGY 1:
Provide neighborhood-based parent leadership development opportunities consistent with Manchester’s Children, Youth and Family Master Plan.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
<th>RESOURCES</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term</strong>&lt;br&gt;Year 1</td>
<td>Identify community providers who offer parent leadership programs</td>
<td><strong>In kind</strong> [FSWG, SRC] Academy Partners</td>
<td><strong>How much did we do?</strong></td>
</tr>
<tr>
<td></td>
<td>Collaborate with community providers, including the Neighborhood Academy, to connect parents/guardians with leadership development opportunities</td>
<td>* Time spent</td>
<td>- # of identified parent leadership programs</td>
</tr>
<tr>
<td></td>
<td>Create a market strategy</td>
<td><strong>Discovery Grant</strong></td>
<td><strong>How well did we do it?</strong></td>
</tr>
<tr>
<td></td>
<td>Marketing consultant</td>
<td>$ Marketing consultant</td>
<td>- # of available program slots</td>
</tr>
<tr>
<td><strong>Long-term</strong>&lt;br&gt;Year 1</td>
<td>Explore funding opportunities for expanding parent leadership trainings</td>
<td><strong>In kind</strong> (SRC)</td>
<td><strong>Is anyone better off?</strong></td>
</tr>
<tr>
<td></td>
<td>School Readiness Council</td>
<td>* Time spent</td>
<td>- # of interested parents recruited</td>
</tr>
</tbody>
</table>

### STRATEGY 2:
Provide neighborhood-based, culturally responsive outreach and education on available family support services in Manchester to parents/guardians, consistent with the Children, Youth, and Family Master Plan.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
<th>RESOURCES</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td>Identify and describe existing family support services</td>
<td><strong>In kind</strong> (FSWG, FA)</td>
<td><strong>How much did we do?</strong></td>
</tr>
<tr>
<td></td>
<td>Identify existing Manchester resource guides and distribution methods</td>
<td><strong>Discovery Grant</strong></td>
<td>- # of resource guides distributed by programs</td>
</tr>
<tr>
<td></td>
<td>Develop and train a network of volunteers including parents, on cultural responsiveness and how to educate their peers in their neighborhoods</td>
<td>$ Trainers</td>
<td>- # of face-to-face interactions by parent volunteers</td>
</tr>
<tr>
<td></td>
<td>Translate existing resource guides and other identified information into the top three non-English languages spoken in neighborhoods</td>
<td><strong>Discovery Grant</strong></td>
<td>- # of resource guides in top three languages</td>
</tr>
<tr>
<td></td>
<td>Distribute information individually to parents and through existing programs and services</td>
<td><strong>$ Translation services</strong></td>
<td>- # of training sessions provided on cultural responsiveness</td>
</tr>
<tr>
<td></td>
<td>Translation Services</td>
<td><strong>$$ Printing Cost</strong></td>
<td>- # of new means of outreach/information distribution</td>
</tr>
<tr>
<td></td>
<td>Local university partners</td>
<td></td>
<td><strong>How well did we do it?</strong></td>
</tr>
<tr>
<td></td>
<td>Translate Services</td>
<td></td>
<td>- % of families receiving information (by type of vehicle, message, and service)</td>
</tr>
<tr>
<td></td>
<td>Local university partners</td>
<td></td>
<td>- % of materials available in multiple languages</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- % of workers, providers, and volunteers who have completed training on cultural responsiveness</td>
</tr>
</tbody>
</table>

* No cost
$ low cost/medium cost
$$ medium cost/high cost
### STRATEGY 3:
**Train parent volunteers to become peer mentors to create stronger support systems for families within their neighborhoods, and implement a peer mentor program**

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<th>MEASURES</th>
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</thead>
</table>
| Establish a peer mentor program  | Neighborhood Academy Family Support Work Group | In kind (NA, FSWG) * Time spent | **How much did we do?**  
- # of prospective peer mentors recruited  
- # of interested “mentees” recruited for pairing with a mentor  |
| Create a public awareness plan  | Marketing consultant            | Discovery Grant * Marketing * Meeting Expenses: food | **How well did we do it?**  
- # of recruited parents who complete peer mentor training program  
- % of recruited parents who indicate they learned about service through the public awareness campaign  |
| Train mentors                   | Trainers                        | Discovery Grant $ Trainers | **Is anyone better off?**  
- % of peer mentors who have consistent contact with their mentee(s) for at least 6 months  
- % of “mentees” who complete goals set through mentorship agreement  
- # of mentees interested in becoming mentors  |

### STRATEGY 4:
**Develop a mechanism to identify family needs across disciplines and to ensure that such needs are addressed in a coordinated manner so that each family has access to optimal support**

<table>
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</thead>
</table>
| Year 2 Identify and explore different models of centralized access to services | Family Support Work Group Neighborhood Academy  
Neighborhood Academy’s Partners  
Family Development Center Advisory Council Providers | In kind (FSWG) * Time spent | **How much did we do?**  
- # of providers participating in the local response model  
- # of partner programs that follow a documented common referral protocol  |
| Identify potential partners who provide service to families |                                   |                         | **How well did we do it?**  
- % of referred families scoring “good” or better on a customer satisfaction survey  
- % of partner programs that have at least one formal data sharing agreement  |
| Create Memoranda of Understanding among partners | Conduct training for partners, enabling them to effectively implement the local response | Grant opportunities  
- Discovery Grant  
- $ Trainers / Facilitators  
- $ Marketing  
- $ Food | **Is anyone better off?**  
- % of participating families receiving services via the local response system  
- % of families served who have met 70% of the goals set for them  |

### STRATEGY 5:
**Support and increase family support services and nurturing home/personal visits to ensure safe and nurturing home environments**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY</th>
<th>RESOURCES</th>
<th>MEASURES</th>
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</thead>
</table>
| Year 2 Advocate for preservation and enhancement of quality personal visiting services | Family support Work Group  
Faith based community partners | In kind (FSWG, Faith Based partners) * Time spent | **How much did we do?**  
- # of partners trained in advocacy skills  
- # of MOUs with faith based organizations  |
| Provide advocacy training to partners | Advocacy trainer                | Reallocated funds  
Grant opportunities  
Discovery grant | **How well did we do it?**  
- % of partners who have completed advocacy training  
- % of MOUs with faith based organizations  |
| Partner with faith-based community to develop or | FSWG  
Faith Based partners | Reallocated funds  
Grant opportunities  
Discovery grant  
$$ Consultant | **Is anyone better off?**  
- % increase of partnerships with other advocacy efforts  
- % of existing programs with sustained or increased funding  
- % of participants completing at least 70% of a family support program offered by a faith-based organization  |
### StrATEGY 1:
Reach out to and connect with local expert partners - including, but not limited to, ECHN, Planned Parenthood, Manchester Community Health Center, OB/GYNs and family practitioners

<table>
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</table>
| Survey local providers and experts to provide us with local qualitative and anecdotal information regarding factors that contribute to non-adequate prenatal care | Health Work Group Local Providers | In kind (HWG, Local providers) Interns * Time spent | How much did we do?  
- # of prenatal surveys sent  
- # of providers invited to join the network |
| Create a network of providers to increase the coordination of services | | | How well did we do?  
- % of surveys returned completely  
- % of providers attending three out of four meetings over the course of a year |
| Develop a coordination of care system with partners | | | Is anyone better off?  
- Does a network of expert partners exist? |

### STRATEGY 2:
Raise awareness regarding the importance of prenatal care and availability of local resources

<table>
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<th>RESPONSIBILITY</th>
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<th>MEASURES</th>
</tr>
</thead>
</table>
| Create a resource manual and website to raise awareness of prenatal health care resources that are available in multiple languages | Health Work Group Local Providers Web consultant | Discovery Grant Available grants $ Translation services $ Marketing | How much did we do?  
- # of resource manual created  
- # of languages in which the educational resources are available  
- # of educational materials distributed  
- # of programs facilitated in partnership with the Office of Neighborhoods and Families |
| Distribute culturally sensitive educational materials | | In kind (HWG) * Time spent | How well did we do?  
- % of families receiving information (by type of vehicle, message, and service)  
- % of materials available in multiple languages |
| Participate in and support Manchester’s annual Early Childhood Fair | Health Work Group | | Is anyone better off?  
- % of referrals resulting in pre-natal care being received  
- % increase in service utilization  
- % increase in underserved populations, such as non-English-speaking |
| Maintain resource manual and website to raise awareness of prenatal health resources that are available in multiple languages | Health Work Group | In kind (HWG) * Time spent | |
| Partner with Office Neighborhood and Families Neighbor Academy to provide parenting and educational programming | Office Neighborhood and Families Health Work Group Trainers | Discovery Grant $ Trainers | |
# STRATEGY 3:
Develop baseline data around childhood obesity in Manchester

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term Year 1</strong></td>
<td></td>
<td></td>
<td><strong>How much did we do?</strong></td>
</tr>
<tr>
<td>Create a partnership with local universities</td>
<td>School Readiness Council Health Work Group</td>
<td>In kind (SRC, HWG)</td>
<td>- # of data collection methods</td>
</tr>
<tr>
<td>Complete a literature review that largely focuses on childhood obesity and best practices in order to create context for the information collected</td>
<td>Health Work Group Interns / Research Assistants</td>
<td>In kind (HWG) Interns</td>
<td>- # of surveys distributed</td>
</tr>
<tr>
<td>Design and implement data collection methods (that do not require the review of an Institutional Review Board or other body), including surveys, infrastructure, collection points, statistically valid population size, data entry, use of SPSS (a computer program used for statistical analysis), etc.</td>
<td>Health Work Group Interns Local Elementary Schools</td>
<td>In kind Interns</td>
<td><strong>How well did we do?</strong></td>
</tr>
<tr>
<td><strong>Long-term Year 1</strong></td>
<td></td>
<td></td>
<td>- % of data collection methods used</td>
</tr>
<tr>
<td>Design and implement strategies as needed to turn the curve on childhood obesity in Manchester, based on data collection</td>
<td>Health Work Group Interns</td>
<td>In kind (HWG) Interns</td>
<td>- % survey returned</td>
</tr>
</tbody>
</table>

**Is anyone better off?**
- # of strategies designed based upon comprehensive data collected
- # of comprehensive reports generated from collected data

* No cost
$ low cost/medium cost
$$ medium cost/high cost
Acknowledgements

The following individuals contributed significant time, expertise and guidance to the development of this plan.

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Kathy Brock, Safe Kids CT
Rich Bunce, Nike Tykes Preschool
Nancy Chenette, Manchester Public Schools
Kate Colavecchio, Principal, Martin School
Elizabeth Conklin, Coordinator, ECHN’s Nurturing Families Network
Dawn Cook, Manchester Public Schools
Pam Cowen, Mary Cheney Library
Ardith Crampton, ECHN Family Development Center
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Jennifer DiMaso, Manchester Early Learning Center
Laura Dunleavy, Manchester Early Learning Center
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Janice Uerz, Manchester Public Schools
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Linda Wiley, Chestnut Hill Preschool
Jennifer Wilk-Kerstetter, Time Out for Children
Leslie Wolfenden, Manchester Public Schools
Michelle Wlochowski, Manchester Public Schools