Early Childhood Ideal Systems: Components Of A Ready Community Assets And Gap Analysis Tool

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INSTITUTE *for* CHILD SUCCESS

Identifying Gaps In Community-Based Resources And Describing The Ideal Systems/Ready Community Associated With Comprehensive Health And Education Factors For Optimal Child Development And School Readiness In Greenville, SC

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Introduction

The Institute for Child Success (ICS) of Greenville, South Carolina advocates for optimal child development and school readiness for all young children in South Carolina. The goals of the ICS include promoting child well being, school readiness, and building systems that support the overall development of young children in the state. As part of this mission, a study was commissioned with Clemson University in the fall of 2012 to conduct a review of literature and gather data in order to accomplish two major aims:

1. To identify what is the ideal systems/ready community that provides optimal support for healthy child development and school readiness based on a thorough review of the research literature using multiple sources; and what are the existent community-based resources in Greenville County, South Carolina, with an emphasis on high-risk neighborhoods, that are linked to healthy child development and school readiness using existing information sources.

2. To determine how the existing Greenville County system and services compare to the ideal one or benchmark system, identifying gaps and recommended steps to close those gaps. Make specific recommendations for strategies and policies at the countywide and state levels that would facilitate closing the gaps in services. Develop a preliminary template for use by the ICS to assist other counties and locales in assessing their own community resources that support healthy child development and school readiness.

Overview of the Project

In order to accomplish the two aims described above, a plan of work was developed that include the following phases and activities:

Phase I:
Review of the literature on the ideal systems/ready community and the optimal community health and educational services that contribute to healthy child development and school readiness based on review of the identified research literature (literature reviews, promise neighborhoods research, policy documents, and other current sources); and identification of existing health and education resources in Greenville County that contribute to healthy child development and school readiness utilizing current information sources with a focus on high-risk neighborhoods.

Phase I Activities
1. Identify and collect data sources for determining the ideal systems/community readiness model. These resources will focus on health and education but will be inclusive of contributions such as businesses, non-profit organizations, and faith-based and other community-based resources. The research-based literature will inform the totality of these contributing factors.

ICS advocates for optimal child development and school readiness

2. Review of identified sources in step 1 and develop a visual model and narrative describing the ideal systems for supporting optimal child development and school readiness.

3. Identify existing health and education community resources in Greenville County, South Carolina, focusing on six (6) emphasis or high-risk

neighborhoods, based on the ideal systems model and using current information sources on health and education services for young children (0-5) and their families in Greenville County, SC.

Phase II:
Identify gaps in existing health and education services and resources in Greenville County, based on the assessment of the six identified emphasis neighborhoods, that contribute to optimal child development and school readiness, utilizing the ideal systems/community readiness model developed in Phase I; and develop policy recommendations and strategies for closing those gaps, including a template for self-assessment to be utilized by other counties and communities.

Phase II Activities:
4. Review of existing health and education community resources in identified emphasis neighborhoods in Greenville County, SC that contribute to healthy child development and school readiness using existing information sources.

5. Identify where gaps exist in health and education resources with a focus on high-risk neighborhoods and based on the ideal system model developed in Phase 1.

6. Interview key individuals in Greenville County related to health and education services and programs for young children and their families to determine their perspectives on gaps and strategies to close those gaps (consult the ICS and UW in identifying appropriate individuals and possible focus groups).

7. Develop a visual representation of Greenville County that identifies existing resources and gaps in services with an emphasis on high-risk neighborhoods.

8. Develop recommendations for closing identified gaps in existing resources that contribute to healthy child development and school readiness.

9. Draft a preliminary template for use by the ICS to assist other counties and locales in the assessment of their respective communities related to healthy child development and school readiness.

10. Develop final report and visual representations and present to the ICS.

Anticipated Outcomes and Timelines
The Ideal Systems/Ready Community Gap Analysis Project will produce several important outcomes, to include the following:

1. A final report to be used by the ICS and other agencies serving and advocating for young children and their families in South Carolina;

2. Visual representation of the Ideal Systems/Ready Community based on the review of research and policy literature and a compilation and synthesis of community-based variables contributing to optimal child development and school readiness;

3. An analysis of the identified emphasis or high-need neighborhoods in Greenville County, South Carolina and their existing community resources contributing to optimal child development and school readiness;

4. Description of gaps in community based resources in the identified emphasis or high-need neighborhoods in Greenville County, South Carolina that contribute to optimal child development and school readiness, based on the Ideal Systems/Ready Community derived from the literature;

5. A draft assessment tool and template that can be used by other communities to assess the existing community resources that contributes to optimal child development and school readiness and to identify gaps in those resources.

Theoretical Framework

The primary theory guiding the GAP Analysis Project is the Ecological Systems Theory (Bronfenbrenner, 1979). This theory views the child's development within the context of the system of relationships that form his or her environment. Bronfenbrenner's theory defines complex layers of the environment, represented by concentric circles, each having an effect on a child's development. This theory is also referred to as the bioecological systems theory to emphasize that a child's own biology is a primary environment fueling her development (Santrock, 2007). The interaction between factors in the child's maturing biology, his immediate family/community environment, and the societal landscape fuels and steers his development. Changes or conflict in any one layer will ripple throughout other layers.

The concept of a System is very helpful to the study of community-based factors that contribute to optimal child development and school readiness. To study a child's development then, we must look not only at the child and her immediate environment, but also at the interaction of the larger environment as well or the system. "A system is a group of interacting, interrelated, and interdependent components that form a complex and unified whole" (Pegasus Communications, 2007). In a comprehensive report by Coffman (2007) entitled Build Strong Foundations for Our Youngest Children-A Framework for Evaluating Systems Initiatives, a system's purpose or goal is described as being achieved through the actions and interactions of its components. (Coffman, 2007). The many levels of the community's interacting resources and influences on the young child and the family are described in Bronfenbrenner's Ecological Systems Theory that states that development reflects the influence of several environmental systems. Specifically, Bronfenbrenner identifies five environmental systems with which an individual child interacts.

* ***Microsystem:*** Refers to the institutions and groups that most immediately and directly impact the child's development including: family, school, religious institutions, neighborhood, and peers.

* ***Mesosystem:*** Refers to relations between microsystems or connections between contexts. Examples are the relation of family experiences to school experiences, school experiences to church experiences, and family experiences to peer experiences. For example, children whose parents have rejected them may have difficulty developing positive relations with teachers.

* ***Exosystem:*** Involves links between a social setting in which the individual does not have an active role and the individual's immediate context. For example, a husband's or child's experience at home may be influenced by a mother's experiences at work. The mother might receive a promotion that requires more travel, which might increase conflict with the husband and change patterns of interaction with the child.

* ***Macrosystem:*** Describes the culture in which individuals live. Cultural contexts include developing and industrialized countries, socioeconomic status, poverty, and ethnicity. A child, his or her parent, his or her school, and his or her parent's workplace are all part of a large cultural context. Members of a cultural group share a common identity, heritage, and values. The macrosystem evolves over time, because each successive generation may change

the macrosystem, leading to their development in a unique macrosystem.

* ***Chronosystem:*** The patterning of environmental events and transitions over the life course, as well as socio-historical circumstances. For example, divorces are one transition. Researchers have found that the negative effects of divorce on children often peak in the first year after the divorce. By two years after the divorce, family interaction is less chaotic and more stable. As an example of socio-historical circumstances, consider how the opportunities for women to pursue a career have increased during the last thirty years (Santrock, 2007).

The major premise of this theory, then, is that the child's immediate home and community environments provide the greatest impact on optimal child development followed by more removed forces that may impact the child in more secondary or indirect ways. These secondary forces include parental experiences in the workplace, family health issues, and societal issues such as a recession, major health outbreak, or international forces such as war. The most immediate forces on the child's development include those in the microsystem: the child's home environment and the interface between the home and community entities such as childcare centers, doctor's offices, neighbors, Head Start classrooms, public and private school settings, churches and other faith-based entities in the community, and other community variables related to health, education, and other forces such as contributions by nonprofits, private/public partnerships, and others. The concept of a GAP analysis takes into account the many community-based resources that contribute individually and collectively to the child's optimal development and school readiness.

Research Methodology

In order to complete the Ideal Systems/Ready Community Gap Analysis, two sources of data collection were utilized. First, the research team conducted a review of the existing research literature on ideal systems/ready communities and related secondary research data. This literature review included recent research on recognized community-based efforts in the United States that focus on providing community resources for optimal child development and school readiness (examples include the Promise Neighborhoods initiative and the Harlem Children's Zone). In addition, policy documents provided by the ICS and other agencies serving the child and family population in South Carolina were reviewed to identify community resources that contribute to optimal child development and school readiness. Second, key individuals in Greenville County, SC who are engaged in program and policy work related to community resources that support optimal child development and school readiness were interviewed utilizing a structured interview protocol. This research project was reviewed and approved by the Clemson University Institutional Review Board (#IRB2012-212 Approval (PPN 2013000051).

Definition of Terms

* ***Ideal Systems/Ready Community***
When a community contributes the necessary and comprehensive resources to optimize each child's early development and school readiness, that community constitutes an ideal systems/ready community for young children.

*__Optimal Child Development__
The optimal development of children is considered vital to society and so it is important to understand

Ready community = "when a community contributes the necessary and comprehensive resources to optimize each child's early development and school readiness"

the social, cognitive, emotional, and educational development of children. Child development refers to the biological and psychological and emotional changes that occur in human beings (between birth and the end of adolescence), as the individual progresses from dependency to increasing autonomy. Because these developmental changes may be strongly influenced by genetic factors and events during prenatal life, genetics and prenatal development are usually included as part of the study of child development.

School Readiness

The readiness of the individual child, the school's readiness for children, and the ability of the family and community to support optimal early child development (American Academy of Pediatrics in High PC (2008) School readiness, Pediatrics, 121(4), 1008-1015). School readiness means each child enters school ready to engage in and benefit from early learning experiences that best promote the child's success—ready to grow, ready to learn, ready to succeed (Early Childhood Services in Kentucky: Executive Report-Governor's Office, 2010).

Community-based Resource Indicators

Resources located within the community that, separately or in collaboration with other resources, contribute to young children's optimal child development and school readiness.

Community-based Health Resource Indicators

Indicators within the community that reflect resources that contribute to children's optimal development and well-being from a health perspective and are often defined by states as a way to measure community resources compared to an ideal systems/ready community framework.

Community-based Education Resource Indicators

Indicators within the community that provide resources that contribute to children's optimal development and well-being from an education perspective and are often defined by states as a way to measure community resources compared to an ideal systems/ready community framework.

Research Questions

The Ideal Systems/Ready Community Gap Analysis Project focuses on the following research questions:

1.) Based on the current research literature, what are community-based health resources that contribute to optimal child development and school readiness?

2.) Based on the current research literature, what are community-based education resources that contribute to optimal child development and school readiness?

3.) Based on the current research literature, what are other community-based resources that contribute to optimal child development and school readiness?

4.) Based on the current research literature, what is an accurate and composite representation of the Ideal Systems/Ready Community related to optimal child development and school readiness?

5.) Based on current secondary data and demographic information, what neighborhoods in Greenville County, SC are identified as high-need?

6.) Based on a comparison of the Ideal Systems/Ready Community profile described in #4 above, what are the existing gaps in community resources for the identified emphasis or high-need neighborhoods in Greenville County, South Carolina?

7.) Based on this study, what policy recommendations are proposed in order to close the gaps in community resources in Greenville County, SC for optimal child development and school readiness for young children (0-5) living in the identified high-need or emphasis neighborhoods?

8.) Based on this study, what policy recommendations are made at the state level to close existing gaps in community resources for optimal child development and school readiness for young children (0-5) living in high-need communities?

9.) How can communities conduct a self-assessment in order to identify and better understand their own resources and gaps in providing community-based resources (programs and services) for young children that contribute to optimal child development and school readiness?

Results

In order to review the current literature related to community indicators that support optimal child development and school readiness, a number of documents were reviewed and analyzed. Literature for this review was categorized into three different categories: (1) research literature, (2) policy literature, and (3) other community-based literature (i.e. newspaper articles, informational websites). This literature was then categorized into three themes: (a) health-related indicators, (b) education-related indicators, and (c) other indicators of school readiness directly pertaining to the overall educational and healthy well being of children (i.e. community resources, business partnerships).

For purposes of reporting these data, the sections that follow will outline each piece of literature that was examined, describing each health-related, education-related, and other community-related indicator listed. In general, the literature relating to education predictors of optimal development and school readiness is more prevalent than literature relating to health indicators. Therefore, more predictors of success relating to education were identified in this literature review. However, when implications for communities were derived from the literature reviews, an equal number of health and education items were identified and are presented in the assessment tool. In the literature review, Part I will review the research literature, Part II will review the policy literature, and Part III will review the other community-based literature.

Part I: Research Literature

Blake, S. D. (2011). Medical factors influencing school readiness. Report completed for the Institute for Child Success.

One article reviewed was a study completed by Blake in 2011. His review was primarily of health indicators, but he did uncover two educational indicators, which are outlined below:

Education-Related Indicators

* language disorders impact school readiness (early literacy skill that predicts later academic achievement)
* presence of a receptive-expressive language difficulty near school entry robustly associated with poorer performance on school readiness measures

Health-Related Indicators

* pre-term birth more likely to:
    - exhibit weaknesses in multiple domains of school readiness
    - receive exceptional children education services
    - be retained in kindergarten
    - get suspended during kindergarten

* pre-term babies with a history of respiratory distress syndrome have specific risk factors for impaired school readiness
    - male gender
    - chronic lung disease
    - severe intraventricular hemorrhage
    - periventricular leukomalacia

* low birth weight more likely to:
    - have more difficulties with cognitive, language, and motor skills

* sleep-disordered breathing can:
    - affect the behavioral domain of school readiness
    - have elevated snoring
    - problem behaviors in classroom

* traumatic brain injury (dependent upon severity of injury) and family factors (SES)
    - significant weaknesses in cognitive abilities
    - significant weaknesses in school readiness skills

* chronic health conditions (asthma, sickle cell)
    - weaknesses in school readiness

Other Indicators of School Readiness

* socioeconomic status number one predictor for school success

Implications for Community Based Support

Through his research, Blake suggested the following community based support to improve school readiness:

* Reach Out and Read
    - provides free books to children during well child visits
    - gives anticipatory guidance regarding importance of reading to children
    - has volunteers in the waiting room model reading to children

This clinic-based initiative has shown to increase parental support of reading to children, particularly families receiving AFDC benefits and Latino families. Direct home observation showed parents were more likely to read aloud to their children with increasing exposure to the program. Parents report shared reading as a favorite activity for themselves or their child. Children participating in this initiative also experienced increases in receptive and expressive language scores.

* Bellevue Project for Early Language, Literacy, and Education Success
    - provides one-on-one interaction with child development specialist who facilitates
    -parent-child interactions in play
    - shared reading

Parents indicate that through participation in this project, they engage in more reading activities with their children. Additionally, parents involve themselves with more reading activities when they received learning materials and age-specific newsletters suggesting activities (through the mail).

* Bilingual Literacy Promotion Program
    - implemented in 6 Los Angeles Women, Infants, and Children offices
    - provided mothers a:
        - brief face-to-face counseling regarding infant/child development
        - brief age-specific handout regarding developmental milestones and ways to interact with children to optimize development
        - developmentally appropriate book or developmental toy

Among Spanish speakers, school readiness scores were significantly higher for children with either a 2 or 4-year exposure to the program.

* promotion of picture-book reading in the neonatal intensive care unit
    - shown to increase parental report of sense of intimacy with their infant and reading to their infant at 3 months of age

Campbell, F. A., Wasik, B. H., Pungello, E., Burchinal, O. B., Kainz, K., Sparling, J. J., & Ramey, C. T. (2008). Young adult outcomes of the abecedarian and care early childhood educational interventions. Early Childhood Research Quarterly, 23, 452-466.

Campbell et al. (2008) discussed the Consortium for Longitudinal Studies, where researchers followed up a number of well controlled early childhood educational intervention studies

for children from low-income families who were at risk of developmental delays and school failure at least 10 years post intervention. The results of these studies best generalize to low-income African American families living in a small town or semi-rural environment.

Education-Related Indicators

* these researchers discovered that:
    - intellectual test score benefits generally eroded shortly after public school entry
    - academic gains were maintained somewhat longer
    - most robust finding was that early intervention led to:
        - fewer placements into special education
        - better attitudes toward school

* Project CARE: full-time center-based intervention from infancy to age five was associated with:
    - attaining more years of education by young adulthood
    - increased likelihood of obtaining education beyond high school
    - increased likelihood of attending a four-year college
    - associated with having a skilled job
    - being more upwardly mobile in young adulthood

Health-Related Indicators

* for participants who received the center-based treatment, the odds of reporting an active lifestyle (defined by regular exercise) in young adulthood were 3.92 times greater compared to participants from the control groups

Implications for Community Based Support

* create early interventions for children age birth to 5 for disabilities or developmental delays
* develop full-time center-based intervention programs
* promote community-based programs that focus on physical activity and active lifestyles

Dobbie, W. & Fryer, R. G. (2010). Are high-quality schools enough to increase achievement among the poor? Evidence from the Harlem children's zone. American Economic Journal: Applied Economics (3), 3.

UOPX Writer Network (2010). A new approach to education: Uncommon schools and the Harlem children's zone. University of Phoenix, College of Education.

Whitehurst, G. J. & Croft, M. (2010). The Harlem children's zone, promise neighborhoods, and the broader, bolder approach to education. Brown Center on Education Policy at Brookings.

In the early 1990s, the Harlem Children's Zone (HCZ) ran a pilot project that brought a multitude of support services to a single city block. The idea was to address all the problems that poor families were facing: from failing schools, crime, and health issues. In 1997, the agency began a network of programs for a 24-block area, creating the Harlem Children's Zone Project. In 2007, the Zone Project grew to almost 100 blocks. Today HCZ serves more than 8,000 children and 6,000 adults. Elements of the HCZ described by UOPX Writer Network (2010):

The Baby College

* offers 9 week parenting workshop to expectant parents and those raising a child up to three years old
* workshops promote:
    - reading
    - verbal discipline over corporal punishment
    - parent-child bonding
* Baby College has Graduated more than 870 people in a 2 year time span

The Three Year Old Journey

* works with parents who have won charter school lottery
* held on Saturdays over several months
* teaches parents about:
    - their child's development
    - building language skills
    - parenting skills

Get Ready for Pre-K program

* brings in new Gems students before the start of the school year
* a six-week summer session runs for extended hours during weekdays which helps Gems acclimate to the new schedule
* promotes healthy eating habits

Harlem Gems

* all-day pre-kindergarten program
* 4:1 child-to-adult ratio
* runs from 8 am to 6 pm
* operates September – August
* serves 200 children in three sites
* promotes healthy eating habits
* teaches:
    - English
    - Spanish
    - French
* students:
    - sing
    - dance
    - play
    - draw
    - write

The New York Department of Education provided every charter school, including HCZ's Promise Academy, $12,443 per pupil in 2008-2009. HCZ estimates that they added an additional $4,657 per-pupil for in-school costs and approximately $2,172 per pupil for after-school and "wrap-around" programs. This implies that HCZ spends $19,272 per pupil. The FY 2010 budget for the agency overall was over $75 million.

Additionally, Whitehurst and Croft (2010) suggest that the focus should be on creating great professional teams and supporting programs. Through their research, they discovered that there are other charter schools in the New York area outperforming Promise Academy students academically. None provide or depend on community and social services to achieve their academic mission. Furthermore, Whitehurst and Croft conclude that there is no compelling evidence that parenting classes, health services, nutritional programs, and community improvement projects have considerable effects on student achievement. However, there is a growing body of evidence that schools can have significant impact on student achievement through good teaching, effective curriculum, and changes in leadership, management, culture, and time to learn.

In 2010, researchers Dobbie and Fryer reported findings from a study conducted where a comparison of test scores from lottery winners attending HCZ who live outside the Zone with those who live inside the Zone and a comparison of siblings from lottery entrants. Based on the data, these researchers suggest that the results are driven by the school inputs at the Promise Academy and not the community programs provided by HCZ.

Education-Related Indicators

* Promise Academy
    - successful at boosting achievement (elementary)
        - math
        - ELA
    - successful at boosting achievement (middle)
        - math
* possible HCZ academic results are explained by:
    - high-quality teachers
    - a linear combination of good policy choices
    - using data to inform and differentiate instruction

Health-Related Indicators

* HCZ provides on-site
    - dental, medical, & psychiatric care
        - asthma initiative (decreased number of days missed from school)
    - utilizes private chef to offer healthy meals

Implications for Community Based Support

* create parenting workshops for expectant parents and those raising children 3 years and under
    - reading, verbal discipline over corporal punishment, and parent-child bonding
* establish parenting programs for children 3 – 5 related to child development, building language skills, and parenting skills
* develop a data system with descriptors on each child within the community

* provide mobile dental, medical, and psychiatric care
* distribute community-based nutrition information for preparation of healthy meals
    - child-care centers and schools go to that site to get information about healthy meals
* generate community-based funding streams to provide individual child support
* construct collaborative professional teams across disciplines

Linder, S. M., Ramey, M. D., & Zambak, V. (2011). Predictors of success for school readiness and later school achievement: A selective review of the literature.

Another article that was reviewed was by Linder, Ramey, and Zambak (2011). These researchers reviewed 80 articles pertaining to indicators for early childhood success. Data yielded from their review related to community-based indicators are listed below:

Education-Related Indicators
* children need a high quality child care environment
    - variety of spaces to play
    - opportunities for discourse
* children need a high quality child care curriculum
    - lessons that are scaffolded to build understanding in:
        - literacy
        - math
    - exploratory materials
    - used with fidelity
    - supplementary curriculum can lead to higher social and behavior performance (which can lead to higher levels of literacy skills)
* children need high quality child care instruction
    - investigate ideas with teacher:
        - acting as facilitator
        - encouraging communication
        - individualized and more structured instruction is a stronger predictor of success than free play and group instruction
* children need to experience a positive home literacy environment
    - exposed to books, pictures, newspapers
    - encouraged to explore above mentioned materials
* children need to engage in shared story book reading
    - starting points for:
        - discussion
        - exploration
        - elaboration

Additional Education-Related Findings:
* positive correlation with:
    - mother's education level and child's readiness/later school performance
    - parental interaction and child's receptive communication ability
    - early entrance into childcare with child's school readiness
    - strong literacy environment and early literacy readiness/success
    - teacher perception of parental value of education and literacy
    - parent-teacher expectations and literacy
* children with low school readiness typically have poor school performance
* children enrolled in state funded pre-K scored higher in cognitive and language development than students enrolled in Head Start
* children enrolled in high quality center based pre-K was a predictor of success when compared to students from Head Start or parent based child care
* excessive hours in pre-K and/or kindergarten negatively impacts social skills and lead to other risk factors
* economically disadvantaged children benefit more from center-based and preschool programs than those children from more advantaged families

Children need to experience a positive home literacy environment

Health-Related Indicators

* negative impacts on school readiness:
    - low birth weight
    - premature birth
    - poor parent health (specifically mother)

Other Indicators of School Readiness

* parents should:
    - communicate high expectations for good grades
    - exhibit patience (high levels a predictor of success)
    - be involved (high levels in both home and school predictor of success)
    - participate in quality interactions with their child (discussion, not yelling or telling children what to do) a predictor of success
* low socioeconomic status
* health, gender, and income are strong predictors of school success
* maternal warmth positively relates to early literacy and math performance
* mother-only families have lower expectations for grades while two-parent families have higher expectations
* regardless of structure, children in families with higher economic resources and parents with high expectations outperform other children
* there is a negative correlation between amount of time watching TV and parental instruction interaction and school readiness
* informative TV children's programming showed positive impact on literacy and math readiness
* students with higher levels of social skills tend to score higher on measures of school readiness

Implications for Community Based Support

* establish criteria and incentives for high quality childcare environments
* provide opportunities for professional development to support high quality childcare instruction
* coordinate support for home visitation and home-based literacy instruction for parents and children
* build opportunities for GED and adult education
* generate funding sources to provide high quality pre-K in public and private school settings and collaborate with Head Start with child enrollments
* ensure that low income mothers have access to a medical home to support prenatal and neonatal care

Longest, K. C. (2012). Understanding need: An assessment of Greenville County. Executive summary for the Institute for Child Success.

In 2012, Dr. Kyle Longest compiled an executive summary on understanding need using census tract data from Greenville County, SC. Specific areas in Greenville were identified based on several risk factors, one of those being pre-school enrollment. Five census tract areas identified through Dr. Longest's research based on low pre-school enrollment are:

* tract 37.04 (Farmington/Sunny Acres)
* tract 22.01 (Monaghan/City View/Woodside) or (Judson/Sterling/Brandon)
* tract 23.03 (Poe Mill)
* tract 17 (Gandy Ave./Taylors)
* tract 41.01 (Marietta)

Reasons for these areas being identified as at-risk regarding school readiness are:

Education-Related Indicators

* as high school graduation rates rise in a neighborhood, so does pre-school enrollment.

Other Indicators of School Readiness

* pre-school enrollment increases as:
    - unemployment rates decrease
    - median income increases

* Negative impacts on school readiness:
- low birth weight
- premature birth
- poor parent health (specifically mother)

* racial make-up of a community is one of the strongest predictors of pre-school enrollment rates
    - many pre-school programs have used race when targeting neighborhoods
    - as percentage of African Americans in a community increases so do pre-school enrollment rates
    - limited interpretation of "race" hurt other racial minority groups, particularly Hispanics
    - neighborhoods with a higher than average level of Hispanic residents have far lower rates of pre-school enrollment
        - Hispanic neighborhoods have high transience, which can impact academic success of children
* transportation to and from pre-schools can be an issue
* forms to complete may be an issue (not translated in Spanish)
* enrollment dates could be an issue (if only have enrollment in the Fall, but child moves to a new community during different season)

Implications for Community Based Support

* provide affordable public transportation
* develop community-based adult education and GED programs to increase graduation rates
* create community-based outreach to Hispanic families to inform them of services/programs available to birth-5 population
* generate community-based support that are inclusive of all minority groups
* construct information for Hispanic students and parents available in home language
* design a flexible enrollment dates in childcare centers for families in transition

Sachs, J. & Weiland, C. (2010). Boston's rapid expansion of public school-based preschool: Promoting quality, lessons learned. Young Children, 74-77.

In 2005, Boston Public Schools were charged with providing universal preschool to all 4 year olds in the city within a 5-year window. In 2010, 85% of all elementary schools in Boston had at least one preschool classroom. Outlined below are key components of the Boston Public Schools' early childhood initiative.

* The Department of Early Childhood Education accreditation facilitation project staff work specifically with teachers. Through coaching and by furnishing supplies and materials, the staff have helped teachers create more choice time for children and a higher likelihood that children will go deeper in their exploration of center activities. In turn, this promotes more in-depth and higher quality discussions between children and their teachers.
* public school vs. community-based preschool
    - quality matters
    - public school: Staff ratios in pre-K classrooms are two adults for every 22 children (ratio of 1:11), while kindergarten classrooms are staffed with a full-time teacher and a half-time paraprofessional (ratio of 1.5:22)
    - all BPS early childhood staff are required to have a bachelor's degree and to attain a master's degree within five years of entering the school system

    - BPS early childhood educators (preschool and kindergarten) earn substantially more than their counterparts in community-based programs
    - the 2009–2010 average teacher salary is $73,000, and the average salary for paraprofessionals is $34,000

- modified the literacy curriculum (Opening the World of Learning, by J.A. Schickedanz and D. Dickinson) and the mathematics curriculum (Real Math Building Blocks: PreK, by D.H. Clements and J. Sarama) for all preschool programs
- provide direct classroom coaching for all preschool teachers (1 coach per 10 classrooms for three years)
- ensure consistent and targeted professional development
- support NAEYC Accreditation of preschool classrooms and kindergarten classrooms (21 schools by 2009–2010, with a 10-year plan to accredit programs in all elementary schools with preschool and kindergarten classrooms)
- offer a professional early childhood fellowship for elementary school principals

Education-Related Indicators

* BPS contracted with Wellesley College's Centers for Women to conduct biannual classroom quality measures and child outcomes
* preschool and kindergarten children in BPS school classrooms undertaking the process of NAEYC Accreditation significantly outscored children in classrooms not undertaking the accreditation process on the Early Childhood Rating Scale
* preschool and kindergarten children in BPS schools engaged in the NAEYC Accreditation process had significantly higher vocabulary score gains from fall to spring
    - this link remained when controlling for child vocabulary (PPVT-R) scores in the fall and child characteristics such as:
    - race/ ethnicity
    - eligibility for the free/reduced price lunch program
    - home language
    - special needs
* on the DIBELS, the mean Letter Naming Fluency score was significantly higher for children from a BPS preschool
    - on average, children named 24.2 letters in one minute, compared to 17.7 letters correctly identified by children who were new to BPS
* early childhood education makes a positive difference in long term outcomes for children
* rich teacher-child discussions important

Other Indicators of School Readiness

* children in classrooms with peers from families with mixed incomes had higher PPVTIII scores than did children whose classmates were mostly from families with lower incomes. This difference was statistically significant.

Implications for Community Based Support

* provide high-quality early childhood education is achievable in public schools
* establish criteria to establish quality indicators for early childhood, such as NAEYC Accreditation
* create mixed income classrooms (may play a significant role in lifting all children's vocabulary scores)
* produce incentives for elementary school principals to provide quality early childhood programs
* support collaboration between early childhood programs and colleges/universities to assist with assessment and evaluation

Schwarz, D. F. et. al. (2012). Promoting early intervention referral through a randomized controlled home-visiting program. Journal of Early Intervention, 34(1), 20-39.

In a joint effort between the Office of Deputy Mayor of Health and Opportunity, the University of Pennsylvania (Philadelphia), and the Children's Hospital of Philadelphia (PA), a unique home-visiting intervention to promote mothers' care for the health and development of their children, specifically accessing early intervention services. The intervention utilized brief, focused, home-visiting intervention to promote competence among low-income urban mothers in seeking and obtaining early intervention services for their children.

Education-Related Indicators

* higher levels of maternal education directly relate to health care and early intervention service utilization
* children in poverty more likely to experience developmental problems

- found relatively high rates of developmental delays within a presumably healthy cohort of children born to mothers living in poverty
- early identification of developmental delays and prompt referral to early childhood programs can have a positive impact on children's:
    - cognition
    - school performance
    - behavior
    - social well-being

Health-Related Indicators

* children in poverty more likely to have unmet health care needs

* maternal depression can impact enrollment of children for EI services
* slightly older mothers and mothers with low levels of depression more likely to refer their children for early intervention services

Other Indicators of School Readiness

* sociodemographic factors have been found to directly relate to health care and early intervention service utilization:
    - income
    - race

Implications for Community Based Support

* fashion home-visiting programs to utilize a team model to problem solve for issues for families with teen and young moms
* provide accessible and affordable health care services from a variety of providers
* develop provisions for developmental screenings and provisions of education for mothers regarding early childhood development
* support collaboration between pediatricians and early childhood interventionists/teachers
* continue home visits into the children's 3rd year to identify delays and assist with accessing services

Part II: Policy Literature

Institute for Child Success (2011). Logic Model-Committee on Children.

The Committee on Children used 3 frameworks to determine supports needed to promote children's well-being. These frameworks are outlined below.

* logic model presenting a visual overview of child development outcomes, determinants, and services
* indicators of "child well-being" showing how children are faring
* resource mapping showing how state funds are allocated for services

Health-Related Indicators

* The Committee on Children recommends that a comprehensive initiative be undertaken to:
    - coordinate and mobilize resources to prevent infants from dying from unsafe sleeping practices
    - secure the immunization of all children and prevent unnecessary childhood illness promote "trauma informed" practices for state services which properly diagnose and treat childhood trauma as positive steps toward healthy child development
    - improve nutrition and to involve children in physical activities which promote healthy lifestyles

Other Indicators of School Readiness

* The Committee on Children identified community factors that influence children as they mature. The factors that influence a child throughout life include: (community-based factors are highlighted)
* individual child characteristics
* family members
* faith community
* school
* peers
* neighborhood
* community
* health
* socio-economics
* youth development organizations
* media
* culture

Community-based Services that support optimal early childhood development and
school readiness.

* parenting skills and support programs
* home visitation programs
* pediatric medical homes
* immunizations
* early childhood education programs
* Head Start and Preschool
* behavioral health
* child protective services
* foster care
* special education
* child care

Implications for Community Based Support

* develop faith-based programs that support young children and their parents
* fashion school-based quality early childhood programs
* create youth development organizations
* design parenting skills and support programs
* generate home visitation programs for teens and young mothers
* produce pediatric medical homes
* provide access to free or reduced cost immunizations
* build quality early childhood education programs with diverse sponsors, including childcare
* arrange for access to behavioral and mental health services (children and parents)
* make available child protective services
build foster care programs
* foster community-based programs to serve children with disabilities and developmental delays

Education Matters in Guildford County, NC (Fall 2011): Measuring Community & School Readiness. A report by the Guilford Education Alliance.

The Guildford Education Alliance is a countywide nonprofit organization. A consortium of higher education institutions, in conjunction with community-based and business partners compiled a report that offers information about the factors that define excellence in education.

* higher education institutions
    - Bennett College
    - High Point University
    - UNC-Greensboro
    - NC A&T State University
    - Guilford Technical Community College
    - Greensboro College
    -Guildford College
*school-based community resources:
    - PTA membership
    - PTA accessibility across the schools
    - business partnerships with schools
    - private donations from the community to the schools
* business partners:
    - Baltek Inc.
    - FedEx Ground
    - Harris Teeter
    - Joint School of Nanoscience and Nanoengineering
    - Machine Specialties
    - NC Center for Global Logistics
    - Pepsi Bottling
    - Polo Ralph Lauren Corp.
    - TIMCO Aviation Services, INC.
    - Tyco Electronics

Education-Related Indicators

* in 2010-2011
    - 48.1% of regulated early care and

preschool education programs certified at the 4-5 star levels;
- 63.3% of all children (ages 0-5) enrolled in 4-5 star child care centers.

* in 2009-2010
- 70.6% of at-risk children (aged 4) enrolled in high quality (4-5 star) pre-k programs

* one tangible measure of a community's commitment to education is its funding of the public schools from local tax dollars
- in FY 2010-2011 of the $249,929,151 Guilford County spent for education expenditures, 95% went to the public schools for:
  - operating expenses
  - capital expenses
  - school debt
- per pupil expenditure in Guilford is 8th in terms of county appropriates per student and 3rd in school district size in the state

Implications for Community Based Support

* support collaboration between and among higher education institutions related to early childhood development
* create business partnerships with the schools
* generate private donations from the community to the schools
* develop criteria for establishing high quality early childhood programs in the community
* provide screening and identification of at-risk children and referral to intervention programs
* establish a funding stream to support the public schools to support per pupil expenditure

Part III: Other Community-Based Literature

Cincinnati: Community at the Center of Learning. Document retrieved on October 1, 2012 from: http://www.educationnation.com/casestudies/cincy/NBCCaseStudy_Cincinnati.pdf

The Cincinnati Board of Education launched the Cincinnati Public Schools (CPS) Community Learning Centers Initiative, a plan to re-design schools as community "hubs" that partnered with outside agencies to offer services like tutoring and mentoring, health and wellness, and parent and other community outreach. Social service agencies began to build networks to match services to specific schools.

The city of Cincinnati focuses on supporting children "from cradle to college" by realigning its public and private resources to chart a child's success, making each school a center for a wide variety of support services to help create a learning environment at school and at home.

Education-Related Indicators

* since 2005
    - the percentage of children deemed ready for kindergarten, while still just over 50%, has increased 9 percentage points
    - eighth-grade math scores for Cincinnati public school students have increased 24 percentage points
* "cradle to career pipeline" intended to guide and support every child in the city from the moment they are born, through college and, ultimately, into a job
* singular goal of raising student achievement
* also key is getting agreement on a common method of tracking all the services utilized by each student
    - Learning Partner Dashboard
        - links students' academic information to data on what support services they also receive, allowing support organizations to target their services to students' academic needs
        - the ability to link social service, tutoring and mentoring to activities in the classroom is proving key to pushing students to success
* nearly $1 billion (private donations, grants, and state money) given to rebuild and renovate CPS
* use Success by 6 for early childhood
* a partnership of roughly a dozen local grant makers and the federal Corporation for National and Community Service launch the Cincinnati/ Northern Kentucky Social Innovation Fund
    - managed by the United Way and Strive, directs funds and capacity-building services to nine initiatives working to improve:
        - kindergarten readiness
        - high school graduation
        - college enrollment and completion
        - career readiness
* training for principals of low-performing schools
* recruiting 2,000 math and reading tutors for students at Cincinnati's lowest-performing schools

Health-Related Indicators

* under the program, 15 social service agencies partner to send social workers to visit the homes of low-income expectant and new parents
* during the home visits, the social workers help the parents learn how to promote healthy child development

Other Indicators of School Readiness

* goal of creating 25 "cradle to career communities," modeled after Cincinnati's partnership, around the country by 2015

Implications for Community Based Support

* merge funding streams (private donations, federal and state funds, grants) to develop initiatives related to early childhood development
* establish a "cradle to career pipeline" to guide and support each child from birth through college, and into employment
* create a learning partner dashboard that links students' academic information to social support services
* provide professional development for principals of low-performing schools

develop a home visitation programs that promote healthy childhood development and education

increase collaboration among health related service agencies

Howard, D., & Menezes, R. (2010). Planning a Promise Neighborhood. The Bridgespan Group.

Masi, C. (2012). The health promise of promise neighborhoods. Journal of Health Care for the Poor and Underserved, 23(3).

Moore, K.A., Murphey, D., Emig, C., Hamilton, M.A., Hadley, A., & Sidorowicz, B.A. (2009). Results and indicators for children: An analysis to inform discussions about promise neighborhoods. Child Trends.

Inspired by the success of the Harlem Children's Zone (HCZ) in New York, a decision was made to create a Promise Neighborhood in an effort to level the playing field for a generation of children in America's most impoverished urban and rural areas. Efforts are made to break a vicious cycle of inter-generational poverty by providing a cradle-to-career continuum of educational and community supports that give poor children the opportunity to achieve long-term economic success.

As noted by Moore et al. (2009), there are a number of challenges implementing the comprehensive, system-wide approach suggested by the Promise Neighborhood (PN) initiative. The ability to attribute cause-and-effect and the lack of community level reliable indicator data are two major impediments standing in the way of effective and conclusive interventions. The authors present a set of 21 goals of the PN initiative alongside sources from which the data might be found. The indicators are grouped under the four core goals of the Harlem Children's Zone that serve as a foundation for the PN initiative:

* children are healthy and prepared for school entry
* children and youth are healthy and succeed in school
* youth graduate from high school and college
* families and neighborhoods support the healthy development, academic success, and well-being of their children

The 21 goals are (listed as they relate to the overarching HCZ goals):

* Overarching Goal 1: Children are healthy and prepared for school entry
    - Births are healthy and well-timed (Data sources: National Vital Statistics System [NVSS])
    - Children have no untreated health conditions or avoidable developmental delays at time of school entry (Data sources: National Survey of Children with Special Health Care Needs, National Survey of Children's Health [NSCH])
    - Children live through infancy and adolescence (Data Sources: NVSS)
    - Children are ready for school learning (socially, cognitively, and emotionally) at the time of school entry (Schools and Staffing Survey, NSCH)

* Overarching Goal 2: Children and youth are healthy and succeed in school
    - Children demonstrate achievement of grade-level proficiency in major subjects, including reading and arithmetic, at third grade and subsequently (National Assessment of Education Progress [NAEP])
    - Children are in schools where income- and race-based reading gaps are eliminated by third grade (NAEP)
    - Children are not chronically absent from school (NAEP)
    - Children and youth are physically, mentally, and emotionally healthy (Youth Risk Behavior Surveillance System)

    Youth are active participants in civic life (NSCH, Population Survey)
    - Children and youth avoid violent mortality (NVSS)

* Overarching Goal 3: Youth graduate from high school and college
    - Youth graduate from high school (National Center for Education Statistics' Common Core of Data, American Community Survey [ACS])
    - Youth graduate from college (or achieve a rigorous post-secondary credential) (ACS)
    - Youth are prepared for or engaged in productive careers (Decennial Census [DC], ACS)
    - Youth are prepared for parenting before they become parents (DC, ACS)

* Overarching Goal 4: Families and neighborhoods support the healthy development, academic success, and well-being of their children
    - Children and youth are free of abuse and neglect (The Adoption and Foster Care Analysis Reporting System [AFCARS], National Child Abuse and Neglect Data System)
    - Fewer children and youth live apart from their families (ACS, AFCARS)
    - Families are connected to supportive networks and needed services (DC, ACS, NSCH, Survey of Income and Program Participation)
    - Families are connected to education, training, and income supplements aimed at living above the poverty level (American Housing Survey [AHS], ACS, Census Small Area Income and Poverty Estimates)

- Children live in families that provide structure, nurturance and high expectations (NSCH)
- Neighborhoods are safe and free of violence or crime (Uniform Crime Reports, National Crime Victimization Survey) Families live in safe and decent housing (AHS, ACS, NSCH)

Education-Related Indicators

* children are ready for school
* reading gaps are eliminated by third grade
* chronic absences dissipate
* youth are active in civic life
* high school graduation increases
* college graduation increases
* students are prepared for productive careers
* students are prepared for parenting
* family training, which includes education and income supplements to live above the poverty level

* families provide structure, nurturance, and high expectations
* reading gaps eliminated by third grade

Health-Related Indicators

* full-term births
* early identification and intervention for health conditions and developmental delays
* children are healthy through adolescence, which includes physical, mental, and emotional health
* violent mortality is avoided
* children do not experience abuse and neglect
* families are together, not disjointed
* support networks and accompanying services are readily available for all families
* families live in safe, crime-free neighborhoods

Additionally, Masi (2012) wanted to research the health benefits associated with Promise Neighborhoods. The author cites two major early childhood interventions studies and their impact on long-term health.

* results from the Perry Preschool experiment showed that intervention participants were less likely to experience
  - teen pregnancy
  - or to use welfare benefits
* intervention participants in the Chicago Child-Parent Center had lower rates of
  - substance abuse
  - depressive symptoms
* an additional study, the Abecedarian Project, also showed improved health in later life
* it is implied, through the research, that early environments that
  - nurture social and educational attainment lead to greater impact over the life-span
  - SES-related health disparities are related to educational differences in childhood

As a result of these studies, it is recommended that Promise Neighborhood grantees include health metrics in their proposals with similar emphasis as they do academic metrics.

Implications for Community Based Support

* develop community-based medical homes
* provide health support for pregnant women
* support youth development programs
* foster community-based programs that promote physical activity and movement
* generate community-based support for children of abuse and neglect
* create community-based programs that promote safety and crime/violence prevention

MYCHILD Partnership for Early Childhood Mental Health (2012). Accessed on August 28, 2012 from: http://www.ecmhmatters.org/AboutUs/Pages/MYCHILD.aspx

MYCHILD, based out of Boston, is a collaboration of families, health centers, and child serving agencies. In partnership with 3 Pediatric medical homes & HealthCare for the Homeless, MYCHILD aims to identify young children (birth-1st grade) with significant behavioral and emotional needs and provide them with individualized, coordinated and comprehensive services. MYCHILD also aims to build the capacity of pediatric medical homes and community-based organizations to support young children with social and emotional needs through individual consultation and group trainings.

The goals of MYCHILD are:

* early identification & linkage to effective services and supports for children with a serious emotional disturbance (SED) or are at imminent-risk of SED
* culturally and linguistically competent support and linkage of children and families to accessible, affordable, coordinated services
* expansion of service capacity to provide community based mental health clinical and consultation services in children's natural environments
* cross training of early childhood and family support workforces to recognize and respond to Infant and Early relationship-based tools and practices
* evaluation of outcomes for continuous improvement, and identification of the return on investment of early intervention and treatment

Health-Related Indicators

At each health center and HealthCare for the Homeless, the MYCHILD team consists of:

* Early Childhood Mental Health Clinician
    - licensed mental health provider trained in early childhood practice
* Family Partner
    - parent of a child with mental health or developmental needs
    - advocate experienced in parent education and care coordination
* together, and in partnership with the child's primary care provider, the MYCHILD team provides comprehensive, individualized services to families of young children with social and emotional health needs
* at each Health Center, MYCHILD offers a variety of services to families of young children with social, emotional, and behavioral health needs. These services span prevention and intervention services aimed at using the strengths of families to address the comprehensive needs of the child and family
* an individualized care plan is created for each family, which may include participation in
    - community programs
    - clinical therapy
    - care coordination services
* services are delivered using a wraparound approach, prioritizing
    - family choice
    - team-based approach
    - collaboration of services and families
    - cultural competency
    - strengths-and outcome-based goals

Implications for Community Based Support

* create community-based behavioral and mental health centers for early identification of serious behavioral, emotional, and social issues
* develop community-based services that are culturally and linguistically responsiveness to families in the community
* construct community-based evaluation systems for identification of the return on investment of early intervention and treatment
* generate a community-based system to utilize a wrap-around approach

Below is a list of research, policy and other literature resources utilized in the first part of the analysis for this research study:

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Results of Semi-Structured Interviews with Key Professionals in Greenville County, South Carolina

Overview

Interviews were held with key individuals in Greenville County related to health and education services and programs for young children and their families to determine their perspectives on gaps and strategies to close those gaps. In total, sixteen interviews were held with key personnel from a variety of agencies, including the Department of Social Services, First Steps, Greenville County Schools, Greenville Forward, and United Way.

Method

Researchers from Clemson University met with members of the ICS to identify key individuals in Greenville County related to health and education services and programs for children ages 0-5 and their families. A list of over forty individuals was compiled and researchers from Clemson, with input from members of the ICS, prioritized potential interviewees, determining the final list of twenty-two. Each potential interviewee was contacted via e-mail by each respective Clemson researcher, with sixteen individuals agreeing to be interviewed. An interview questionnaire was developed, consisting

of eleven questions, which was utilized during each interview.

Sample

Interviews were conducted with individuals from: (will finish this list when get all interview protocols, and then put in alphabetical order)

* Karen Allen, Youth Services Manager, Greenville Library System
* Linda Brees, Director of Children's Advocacy, Director of Safe Kids Upstate
* Sister Catherine, Principal, St. Anthony's
* Eleanor Dunlap, Director, Livewell, Greenville, South Carolina
* Mike Fair, Senator, District 6
* Lillian Brock Fleming, Representative, Greenville City Council
* Keith Frazier, County Director, Department of Social Services
* Lillie Hall, Associate Director of Community Health Education, DHEC
* Dr. Desmond Kelly, Pediatric Specialist, Greenville Hospital System
* Brock Koonce, Program Director, Greenville Forward
* Derek Lewis, Director, First Steps
* Phyllis Martin, Director of Community Investment, United Way
* Tom Moran, Director of GHS Children's Hospital Medical Center Clinics, GHS
* Stephanie Noble, Executive Director of Judson Community Center, YMCA
* Xanthene Norris, County Council, District 23
* Shannon Vaughn, SHARE Head Start, Greenville, South Carolina

Results

Researchers from Clemson met to discuss overarching themes that emerged from the independent, semi-structured interviews. Collectively, the mean average length of service for interviewees was 37 years in the positions they held with their respective agencies. All agencies collaborated with other agencies to provide services, with the exception of elected officials. Funds for the majority of agencies are comprised from grants, in combination with other local, state, and federal monies.

Specific questions and the themes that emerged from careful analysis from these questions are outlined below:

* ***Question 1:*** In your opinion, are certain areas or neighborhoods in Greenville County better represented by your agency services than other areas or neighborhoods? If so, please describe.

Most interviewees stated yes, that it was hard to get underserved people to participate. Many stated the centralized areas in Greenville are covered well. When prompted for the reason behind this, responses indicated that most of the agencies with whom each partners are located in the city limits and this is where individuals drive each day to and from work, so they witness gaps in these communities daily. Specific communities/areas cited were:

- Judson
- Greenville city/downtown Greenville

* ***Question 2:*** In your opinion, which neighborhoods or areas of Greenville County need more services for young children 0-5 years of age and their families?

This question garnered many different responses. However, a recurring answer was an issue of transportation for families living outside the city limits. It was noted by many that transportation can affect wellness, health, jobs, and in the long run, school readiness. This was the main reason cited for families living outside the cusp of Greenville not accessing services – because they cannot readily access services not located within their own neighborhoods. It was also stated that it is difficult to find families, specifically children, in some of the more rural communities because families are so scattered. There are not always neighborhoods in these areas that can be targeted. Specific communities/areas cited:

- Greer
- Hope/Sterling
- Mauldin
- Moonville
- Nicholtown
- Simpsonville
- Slater/Marietta
- southern Greenville
- Traveler's Rest

- White Horse Road corridor

* ***Question 3:*** What are your perceptions about gaps in services for young children 0-5 years and their families? List any specific services in Greenville County, SC that you believe should be enhanced or established to better support this population.

An overriding theme that emerged from analyzing the answers to this question was the lack of understanding from the business and leadership in Greenville regarding the importance of school readiness and early childhood education. It was also stated in multiple interviews that a lack of school readiness and a strong base in early childhood education is a root cause to graduation rate, drop-out rate, and college acceptance. It is believed that the overall business community is not tying things correctly; decisions are tied to bottom line, which are jobs today.

Another noteworthy theme was that targeted services are often not systematic. There are many services available for children, specifically inside the city limits of Greenville, with agencies overlapping one another, vying for children's participation. One interviewee stated, "In the city, there are too many services that are too similar and rather than expanding, are on top of each other competing for the same clients... we need to be proactive with our distribution of resources." One specific example provided of this overlap was the different options available for 4K programs (First Steps, Greenville County Schools, Head Start). It was suggested multiple times that there be one agency charged with providing 4K, with other agencies focusing their efforts on providing services for families and children ages 0 – 3. The phrase "systemic efforts" was noted in multiple interviews, with interviewees explaining that efforts need to be focused in multiple areas in the county, with an increased focus on educating parents, and to decrease the overlap in services provided by multiple agencies.

Additionally, parent education and transportation issues permeated discussions regarding gaps in services. Efforts are concentrated on treating the child, but may not be focused on helping the parent help and assist their child at home. Moreover, services may be available, but parents are unable to get their child to these services due to lack of transportation, parents' work schedule, location of the services, etc. Specific gaps and services suggested:

Health-Related

* more services for children ages 0-3
* specific services catered toward Hispanic families, in their home language
* health, nutrition, obesity education for parents
* follow-up after birth (home visits and education)
* access to dental services (at least twice a year)
* make healthy fruits and vegetables available to all families
* nurse-family partnerships
* medical homes for at-risk families (continuum of care) either mobile or established in neighborhood
* establish Reach Out and Read in clinics

Education-Related

* affordable, quality child care for ages 0 – 3
    - focus on early literacy/reading skills
    - curriculum focused on early learning skills
* access to libraries
    - provide literature (parenting tips, books for children) to establish home libraries
    - mobile libraries to visit targeted neighborhoods
* create literacy programs for parents as many cannot read or read well enough to read to their children
* daycares to focus on early reading

Other

* build awareness in parents of things to do with their child/children to foster growth and learning
* programs/services/agencies that serve children suffering physical/emotional abuse and trauma
* assist children in foster care
    - training for foster parents
    - appropriate strategies to reconnect with natural parents
        - 60% of children reunite with birth parents

* ***Question 4:*** What policy changes would you recommend to enhance services in Greenville County, SC to support optimal child development and school readiness? What policy changes at the state level?

The above question was originally designated as two individual questions; however, only two of the interviewees designated policy strategies for both while fourteen overtly stated that the same policy changes should occur at both the county and state levels. When analyzing the answers provided by the two interviewees who did answer each question separately, both suggested policy changes that were almost identical for both county and state, so for reporting purposes, the questions were merged in this document.

One interviewee, whose sentiment resounded in many of the interviewee's answers, stated, "If you want to improve economic development, if you want to increase employment, reduce crime, you MUST focus on early childhood development, which comes from collaboration. You can't let kids just not do well – [this is a] vicious cycle and they cannot survive." Additionally, parent involvement was a common theme expressed during the interviews. One interviewee stated it well when he stated, "What makes ready children is ready families. I don't know if we really address that. United Way is beginning to, but as a community, we don't. If we are going to be a ready community, we have to make sure parents understand their role as first teacher, first influencer, and the significance of everyday interactions. [We] need to provide resources (health care, grocery stores, but also basic parenting). The missing piece is that we aren't informed by parents or other providers. Why can't we get parents involved? Because maybe we aren't investing our time to find out what the barriers are."

One other theme that permeated the interviews, not only when asked this question, but earlier questions, was the idea that services may not systematic or streamlined and business executives need to be aware of the importance of early childhood education. " In SC, there are too many agencies that work for 0-5, competing with each other. I would recommend that we create a cabinet level office of 0-5 children. Move Babynet, First Steps, etc. and let the school district handle 4K and up (the cabinet would focus on 0-4). First Steps and DSS both fund quality child care centers (First Steps now dropped that program due to the overlap)...there should be an entity in every county that states "this is my job". Once the business community is successfully engaged, hope to carry over to local government." Additional remarks supporting this argument:

* "We currently have a shot-gun approach (lots of services, here we are, come and get them). [We are] not as strategic and haven't targeted communities in order to engage these communities (building partnerships)."
* "We need more funding from state for early childhood ed. , which goes back to business community. They don't physically and monetarily support it. This is a detriment to our state. We talk about economic development (creating jobs, building buildings...but our work force is our children)."
* "We need to engage local municipalities...this is a significant gap. They should have involvement and 'skin in the game'. There is a need for a county funded school readiness office. We need to see more engagement of local leadership."

Health-Related

* continuous care from birth to age 3
    - includes home visits after leave the hospital
    - come home from hospital with literature, books, materials
* increase funding for programs for ages 0-3

Education-Related

* quality child care centers
    - need universal rating system
    - require child care centers to have early education curriculum (specifically reading) and require parents to be involved
    - universal, mandatory pre-school (ages 0-3)
    - teacher training on-site and coordinated with other entities
    - assess all child care centers using universal (state-adopted) tool to measure quality
        - if center not meeting standard, fix the problem and make it a quality center

Other

* provide transportation so all can access services, regardless of city limits
* need to involve parents who have been in the program
* common definitions for:
    - at-risk
    - school-readiness (readiness tool state-wide is needed)
* reauthorize First Steps (specifically funding)
* measure the impact of services already present in the community
    - identify gaps
    - look at resources
    - target these resources
    - determine what impact these resources have
        - success of children in school
        - longitudinal study

Implications

Information garnered from these semi-structured interviews yielded the following overarching themes:

* transportation is needed for all at-risk children and families to access services
* common definitions for at-risk and school readiness are needed
* business leaders and agencies should work together to foster support for increased services for children ages 0-3 and their respective families
* more services need to target parents of at-risk children
* services need to be systematically administered, reducing the amount of overlap of services offered by different agencies
* target communities outside of city limits and ensure families have access to these services
    - mobile units
    - providing reasonable transportation

Community-Based Health, Education and Other Indicators

From the synthesis of literature and semi-structured interviews with key professionals in Greenville County, South Carolina, a list of community-based indicators was developed across three domains: 1) health-related indicators; 2) education-related indicators; and 3) other community indicators that contribute to optimal child development and school readiness. This process was also informed by the State of South Carolina Joint Citizens and Legislative Committee on Children Annual Report (2012) written by a committee of legislators, professionals and citizens. In this report, the committee utilizes a logic model to promote healthy child development, indicators of how well children in South Carolina are faring, and resource mapping to who the expenditure of funds to serve children. In this important report, four areas of emphasis are indicated: safe sleeping practices for infants; immunizations to prevent illness and avoid long term health care costs, trauma-informed practices with child-serving agencies to mitigate trauma, and obesity prevention. These four emphasis areas are reflective of health-related community indicators and were all verified through the literature review process of this gap analysis study. The complete list of community-based indicators that support optimal child development and school readiness is presented in three categories: health-related, education-related and other resources that reflect innovative partnerships, data collection and management, and community dispositions that support optimal child development.

On the following page (Figure 1) is the representation of the indicators that were synthesized from the literature review and the interviews. Figure 1 is presented on the next few pages.

**Figure 1: Community Indicators: Building the Ideal Systems/Ready Community for Optimal Child Development and School Readiness*

COMMUNITY-BASED HEALTH INDICATORS — IDEAL SYSTEMS/READY COMMUNITY	*SOURCE*
1. Medical homes (pediatrician, health department, health clinics) that provide prenatal care, well childcare, interventions for sleep disorders, and chronic health conditions (asthma, sickle cell); and immunizations for low-SES children at free or reduced costs.	Blake, S. D. (2011) Linder, et al (2011) ICS Logic Model (2011) Masi (2012) SC Joint Citizens and Legislative Report (2012)
1. Medical homes that provide health education programs for parents and caregivers; collaborate with early literacy outreach programs and community volunteers (free books, modeling of parent-child literacy interactions, and home visits).	Blake, S. D. (2011)
1. Community-based WIC (Women/Infant/Child) sites that provide services for mothers and infants and free face to face counseling regarding child/infant development.	Blake, S. D. (2011)
1. NICU (Neonatal Intensive Care) Units that provide critical care for low-birth weight and premature infants and that demonstrate collaboration with educational programs that promote early literacy and picture-book reading.	Blake, S. D. (2011) SC Joint Citizens and Legislative Report (2012)
1. Programs, facilities and spaces that focus on physical activity, active lifestyles, and healthy meals. Use private chefs/nutrition educators of provide healthy menus/meals and information on the preparation of these meals to parents, centers and schools.	Campbell et al (2008) Dobbie & Fryer (2010) Masi (2012) SC Joint Citizens and Legislative Report (2012)
1. Mobile on-site dental, medical, and psychiatric care; emphasis on asthma related illnesses.	Dobbie & Fryer (2010)
1. Accessible and affordable health care services that are supported by public or private means of transportation.	Schwarz (2012)
1. Wrap-around approach to health care services through close collaboration among families, health centers, early intervention specialists, and child service agencies.	Cincinnati (2012) MYCHILD Partnership (2012) SC Joint Citizens and Legislative Report (2012)
1. Community-based behavioral and mental health centers for early identification of serious behavioral, emotional, and social issues. Continue to provide this support for both parents and children through individual and group trainings.	ICS Logic Model (2011). MYCHILD Partnership (2012) SC Joint Citizens and Legislative Report (2012)
1. Community-based programs are culturally and linguistically responsive, specifically for Hispanic and other ELL families, to inform them of affordable and accessible education and health service programs available to the 0-5-age population.	Longest (2012). MYCHILD Partnership (2012)

1. Social service agencies that partner to send social workers to visit homes of low-income expectant and new parents and to help parents learn how to promote healthy child development.	Cincinnati (2012)
1. Community-based programs that provide support for children of neglect and abuse and mitigate trauma.	(Masi, 2012). SC Joint Citizens and Legislative Report (2012)
1. Community-based programs that promote safety and crime/ violence prevention and mitigate trauma.	(Masi, 2012). SC Joint Citizens and Legislative Report (2012)
1. Individualized care plans (ICPs) for all families that include community programs, clinical therapy, and care coordination services.	MYCHILD Partnership (2012).
COMMUNITY-BASED EDUCATION INDICATORS — IDEAL SYSTEMS/READY COMMUNITY	***SOURCE***
1. Collaboration between community-based early literacy programs (including library and mobile library units), pediatricians, early childhood interventionists, and health facilities.	Blake (2011) Schwarz et al. (2012) Peterson (2012)
1. Home visitation programs from birth through age 3 to promote child development, parent-child interactions, early literacy, and shared reading. Personnel can assist with identifying developmental delays and accessing services.	Blake (2011). Linder et al (2011). Cincinnati (2012). Schwarz et al. (2012) SC Joint Citizens and Legislative Report (2012)
1. Community-based outreach programs that are culturally and linguistically responsive to families, promote bilingual literacy programs in collaboration with health centers that promote child development and outreach, specifically to Hispanic and other ELL families. Provide community-based child development written materials, newsletters, and handouts regarding developmental milestones and a provision of developmentally appropriate books and toys for children birth to 5.	Blake (2011). Longest (2012) MYCHILD Partnership (2012).
1. Community-based (full-time and part-time) early childhood development and early intervention programs for children age birth to 5 that include screening, identification, and referrals of at-risk children.	Campbell et al. (2008) Education Matters in Guilford County, NC (2011) SC Joint Citizens and Legislative Report (2012)
1. Developmental screenings and parenting programs for expectant parents and those raising children 3 and under related to reading, verbal discipline over corporal punishment, parent-child bonding and parenting skills.	Dobbie & Fryer (2010) Schwarz et al. (2012) SC Joint Citizens and Legislative Report (2012)
1. Developmental screenings and programs for parents with children ages 3 – 5 related to child-development, building language skills, parenting skills, and early childhood development.	Dobbie & Fryer (2010) Schwarz et al. (2012)

1. Established criteria and incentives for high quality ECD environments in all settings, utilizing diverse partners; provide incentives for elementary school principals to provide quality ECD programs.	Linder et al. (2011) Sachs & Weiland (2010) Education Matters in Guilford County, NC (2011) ICS Logic Model (2011)
1. Community-based opportunities for professional development to support high quality childcare and ECD instruction, including professional development for principals of low-performing schools.	Linder et al. (2011) Cincinnati (2012)
1. Community-based opportunities for GED and adult education affordable and accessible through public or private means of transportation.	Longest (2012) Linder et al. (2011)
1. Mixed-income classrooms across all community-based early childhood development and early intervention programs.	Sachs & Weiland (2010)
1. Collaboration between early childhood programs and colleges/universities to assist with assessment and evaluation.	Sachs & Weiland (2010)
1. Incentives for elementary school principals to provide quality early childhood programs.	Sachs & Weiland (2010)
1. Flexible enrollment dates in childcare centers and other ECD programs for families in transition.	Longest (2012)
1. Professional development in providing high-quality ECD programs for principals of low-performing schools.	Cincinnati (2012)
COMMUNITY-BASED OTHER INDICATORS — IDEAL SYSTEMS/READY COMMUNITY	***SOURCES***
1. Data system with descriptors on each child within the community and a learning partner dashboard that links students' academic information to social support services within the communities.	Dobbie & Fryer (2010) Cincinnati (2012)
1. Community-based funding streams that merge sources (public and private) to provide high quality pre-K, support per pupil spending, and support early childhood initiatives in the community. Create business partnerships with the schools.	Dobbie & Fryer (2010) Linder et al. (2011) Education Matters in Guilford County, NC (2011) Cincinnati (2012)
1. Collaborative professional teams across disciplines (e.g. Head Start with child enrollments, pediatricians and early childhood interventionists, and other health-related agencies) to create a community wraparound approach.	Whitehurst & Croft (2010) Linder et al. (2011) Schwarz (2012) Cincinnati (2012) MYCHILD Partnership (2012)
1. Youth development organizations that serve mixed-income youth.	ICS Logic Model (2011) Masi (2012)
1. Faith-based programs that support young children and their parents.	ICS Logic Model (2011)
1. Foster-care programs that provide comprehensive services for young children and mitigate trauma.	ICS Logic Model (2011) SC Joint Citizens and Legislative Report (2012)

1. Child protective services that provide support for children and of abuse and neglect and mitigate trauma.	ICS Logic Model (2011) Masi (2012) SC Joint Citizens and Legislative Report (2012)
1. Affordable and accessible public transportation and/or collaboration with private transportation sources	Longest (2012)
1. Community-based support that is inclusive of all minority groups, providing information for Hispanic and other ELL students and parents in their home language. Continue to develop other community-based services that are culturally and linguistically responsive to families in the community.	Longest (2012) MYCHILD Partnership (2012)
1. A "cradle to career pipeline" to guide and support each child from birth through college, into employment	Cincinnati (2012)
1. Community-based programs that promote safety and crime/ violence prevention and mitigate trauma.	Masi (2012) SC Joint Citizens and Legislative Report (2012)
1. Community-based medical homes of different types (pediatrician offices, health department, satellite health department sites, health clinics and others)	Masi (2012)
1. Community-based behavioral and mental health centers for early identification of serious behavioral, emotional, and social issues and mitigate trauma.	MYCHILD Partnership (2012) SC Joint Citizens and Legislative Report (2012)
1. Community-based evaluation systems for identification of the return on investment of early intervention and treatment	MYCHILD Partnership (2012)

Visual Representation of the Ideal Systems/Ready Community Model

From the list of health, education and other community-based indicators described in Figure 1, a visual representation of the Ideal Systems/Ready Community for Optimal Child Development and School Readiness was developed. Below is a visual representation of the identified resources in health, education and other community-based resources that contribute to optimal child development and school readiness. This is a hypothetical model or representation to be used as a comparison for assessing communities and neighborhoods related to their specific community-based resources in health, education and other categories (See Figure 2 below).

* ***Figure 2.1: Visual Representation of the Ideal Systems/Ready Community for Optimal Child Development and School Readiness***

Optimal Child Development/School Readiness		
Community Health Resources	Community Policy and Advocacy	Community Education Resources

* ***Figure 2.2: Community-Based Health, Education and Community Policy/Advocacy Resources***

Health-Related	***Education-Related***	***Policy/Advocacy Resources***
Medical homes	Early literacy programs (bilingual/health coordination)	Data systems with descriptors on each child/ Learning partner dashboard linked to social support services
Community-based WIC	Home visitation programs (parents and 0-3)	Affordable/accessible public transportation
Neonatal Intensive Care Services (NICU)	ECD and early intervention programs for the 0-5 population	Diverse partnerships and collaborations across/with ECD programs
Physical activity/active lifestyle	Parenting workshops	Merged funding sources (public and private)
Mobile health units	Criteria/incentives for high quality childcare	Youth development organizations supported
Nutrition educators	Professional development opportunities with diverse options	Faith-based programs that support young children and families present
Behavioral/mental health services	GED/adult education/career training	Collaborations between ECD and Head Start programs regarding child enrollments
Home visitation	Quality public school ECD programs	Foster-care and child protection services/programs present

Affordable/accessible health care	Mixed-income ECD programs	Wraparound/seamless interagency services
Intervention for neglect and abuse	University collaborations with ECD programs	Business partnerships with schools
Wraparound/interagency health services	Professional development and incentives for elementary school principals	Funding streams to provide individual child support
Individualized care plans (ICPs)	Developmental screenings/ maternal education	Cradle-to career support
Culturally and linguistically responsive programs	Collaborations between pediatricians and early interventionists	Violence/crime prevention and safety promotion
Collaborations between pediatricians and early interventionists	Flexible enrollment dates in all EDC programs	Programs that measure the value of early intervention
Affordable/accessible health care	Culturally and linguistically responsive programs/Written materials and informational programs for Hispanic and other ELL children/families	Affordable/accessible health care

Ideal Systems/Ready Community Assessment Tool

Using the Ideal Systems/Ready Community Model described above and illustrated in Figure 2, an assessment tool was constructed to be utilized by neighborhoods and communities to assess their own health, education and other community-based resources. This tool is to be completed by professionals in a designated community who are familiar with, and can document the evidence for, the presence of each of these community-based resources: health, education and other.

In reality, most communities will not possess all of the resources; however, the assessment process should inform the citizens, stakeholders, decision-makers, agency representatives, and other community professionals about the strengths and gaps in resources for optimal child development and school readiness that exist in their own locale. The tool is designed to assist communities in this important assessment process and to inform them of existing resources, gaps in resources, and to serve as a catalyst for decision-making that can enhance the community's ability to support young children 0-5 and their families as they move toward school readiness. Figure 3 is a representation of the assessment tool (see Appendix A).

Figure 3: Community Resources: Identifying Existing Resources and Gaps in Services to Support Optimal Child Development and School Readiness-An Assessment Tool (see Appendix A)

Limitations of the Study

This research project had as its primary goals the identification of key community based indicators that contribute to the optimal development and school readiness of the 0-5 child population residing in an identified neighborhood or community and the development of an assessment tool or guide for community use based on these indicators. The assessment tool is to facilitate the identification of community-based resources that contribute to optimal child development and school readiness. The primary foci of the study included health-related and education-related community resources

as well as innovative community-based models that signal successful partnerships, collaborative efforts, and creative use of funding streams. The sources of data for this project consisted of secondary data sources and analyses from research-based journal articles, policy documents provided by the Institute for Child Success, policy documents secured by the research team, and documents that described current and innovative programs and projects that support optimal child development and school readiness.

The second set of data was secured from structured interviews of 20 individuals identified by the Institute for Child Success who work in Greenville County in professional and policy roles that impact optimal child development and school readiness; structured interview questions and an open-ended question were related to their perceptions of existing community-based resources and gaps in resources in health and education in Greenville County. A limitation of the structured interview findings is that these subjects all resided and worked in Greenville, South Carolina, and their perceptions and suggestions are limited to the unique settings of that geographical region. Findings from the research literature and policy documents are somewhat more generalizable as these secondary data sources were taken from published academic journals and policy documents. The use of secondary data is helpful to guide policy and practice decisions; however this qualitative study of existing community resources as identified in research, policy and other literature, did not lend itself to an experimental or control group methodology and should not be interpreted in that way. Another limitation is the timeframe for the focus of the study. The researchers sought to identify the most current community indicators from very recent publications that contribute to optimal child development and school readiness in 2012 and the near future. Societal changes will probably lead to the emergence of additional and newer forces over time.

Summary

The most appropriate use of the findings of this study is to support individual community assessment related to identifying and documenting resources that support optimal child development and school readiness for the 0-5 child population. The assessment tool can serve as a guide to community members to identify health, education and other policy related resources that are contributing to the wellbeing of young children 0-5. Also important to note is that the analysis of community resources is a positive way to recognize the many assets of each community; through the identification of existing resources and comparing those resources to items on the assessment tool, communities can also begin to identify needs or gaps that can be addressed through policy and funding decisions within the community. Because the review of the literature included very new and innovative models being implemented by other cities and communities, some of the items on the assessment tool will likely not be in place in South Carolina communities. However, these innovative strategies and partnerships can guide the community in their own planning and decision-making. These opportunities should not be viewed as gaps but rather as planning options for the future. The Institute for Child Success has funded this study and is a source for continued support to other communities who wish to analyze the resources and needs existing in their own communities. Gathering data systematically in diverse communities across the state would enable better planning at both the local and state levels and would facilitate an understanding of how resources are distributed across urban, rural and suburban communities. The purpose of the assessment tool or guide is to facilitate local decision making and development of policies and practices related to the early childhood population.

Policy Recommendations

Greenville County Level

Outreach and Accessibility

1. Strengthen program outreach and services into communities or areas less traveled (i.e.
   - Greer
   - Hope
   - Mauldin
   - Moonville
   - Nicholtown
   - Simpsonville
   - Slater/Marietta
   - southern Greenville
   - Traveler's Rest
   - White Horse Road corridor (areas outside the center of the city)

2. Strengthen public transportation to improve access to health and education services and programs, particularly in outlying communities (listed above, recommendation #1).

3. Follow the medical home model for both health and education services to establish anchors/satellite sites within communities where families can go and agency/program personnel can meet. Get to know the individual communities and their respective contextual challenges and assets.

4. Utilize mobile units in a systematic way to deliver health education services and promote more collaboration between health and education people and programs.

5. Increase early intervention programs for the 0-5-child population who are experiencing developmental delays, disabilities and other health/educational needs.

6. Increase awareness of and access to behavioral and mental health services for children 0 – 5 and their families.

7. Educate families and community members across all communities regarding the importance of active lifestyles and physical activity; create community spaces, along with opportunities, to engage in free play, organized activities, etc.

8. Develop systematic home visitation programs for teen mothers, young mothers, and families with teen mothers to promote child development, parent-child interactions, screening for developmental delays, and early literacy and shared reading routines.

9. Increase access to libraries/literacy programs for children and adults through satellite libraries and/or mobile units to visit identified neighborhoods (listed above, recommendation #1).

Policy & Leadership

10. Leadership and business representatives in Greenville County should adopt policies and practices (to include creating business partnerships and collaborations with ECD entities) that strengthen the awareness of the importance of school readiness and early childhood education as an investment for future economic and community development.

11. Place a greater focus on children 0 – 3 related to health services and affordable, quality child care.

12. Create a culturally and linguistically responsive public awareness campaign regarding services, programs, and federal and state funding resources for the 0-5 population that are available for families and community members in identified high need areas (e.g. 211 Community Resource Guide, Medicaid services).

13. Establish community wide criteria and incentives for high-quality ECD programs including childcare and other early learning settings for the 0-5 populations; link funding opportunities to quality measures.

Information Sharing/Collaboration/Capacity Building

14. Promote more collaboration between pediatricians and medical providers for the 0-5 child population and early interventionists in the county.

15. Build collaboration among agencies to create a systemic model to distribute resources based on the strengths of each individual agency/program to avoid duplication of services and competing for the same clients.

16. Create a wraparound approach to foster collaboration among families, health centers, and child serving agencies.

17. Create systematic parent education workshops for all parents raising young children from 0-5 years of age related to discipline, nutrition, literacy and reading, parent-child relationships, and cognitive, verbal, and motor development.

18. Expand parent education programs and include written materials for English Language Learners (ELL) focused on teaching the parent how to access services and facilitate their child's early health and educational development.

19. Create centralized data systems (academic/ learning dashboards) to include individualized child plans (ICPs) within individual communities so their data on families with children can be maintained and accessed by health and education professionals.

20. Create a centralized funding model that encourages partnerships, merged funding streams, and expands accessible quality programs.

Work Force Development

21. Systematize the professional development opportunities for all ECD teachers, providers, and administrators serving the 0-5 child population.

22. Increase collaborations between universities and colleges and ECD programs with an emphasis on assessment and professional development assistance.

State Level Policy Recommendations

Based on the findings of this study we recommend that all state agencies in South Carolina serving the 0-5 child population and their families carefully review the policy recommendations made for Greenville County, South Carolina. The recommendations made to Greenville County represent best practices and policies for the 0-5 child population regardless of their geographical location.

We believe that policy decisions recommended from this study should have as the primary focus:

* ***A Child-centered emphasis:*** State agencies and decision-makers should make decisions that will result in optimal child development and school readiness for all children in South Carolina regardless of income level, race, ethnicity, gender or ability.

* ***A Workforce Development emphasis:*** State agencies and decision-makers should make decisions that will increase the likelihood that every young child in South Carolina will grow in a healthy way, complete post-secondary educational opportunities, and contribute to the workforce and social well being of South Carolina in constructive ways.

* ***An Economic Investment emphasis:*** State agencies and decision-makers should make decisions that support the central belief that investing in the 0-5 child population will result in overall economic well-being for South Carolina and equating investment in the health and education of young children as a wise economic investment for all citizens of the state.

APPENDIX A

Figure 3: Community Resources: Identifying Existing Resources and Gaps in Services to Support Optimal Child Development and School Readiness- An Assessment Tool

Figure 3: Community Resources: Identifying Existing Resources and Gaps in Services to Support Optimal Child Development and School Readiness-An Assessment Tool

GAP ANALYSIS TOOL

Community Resources: Identifying Existing Resources and Gaps in Services to Support Optimal Child Development and School Readiness

Neighborhood_____ Census Tract Number_____ Date of Analysis_____
Person Responsible_____ Other Information_____

Health Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
1. Medical Homes-Pediatricians	Evidence is present in the community for medical homes-pediatricians that provide: ▪ Prenatal care_____ ▪ Well child care_____ ▪ Free or reduced immunizations_____ ▪ Interventions-sleep disturbance_____ ▪ Chronic health issues (asthma, sickle cell anemia, other)_____	
2. Medical Home-Satellite Health Department Facility	Evidence is present in the community for medical homes-satellite health departments that provide: ▪ Prenatal care_____ ▪ Well child care_____ ▪ Free or reduced immunizations_____ ▪ Interventions-sleep disturbance_____ ▪ Chronic health issues (asthma, sickle cell anemia, other)_____	
3. Medical Home-Major Health Department	Evidence is present in the community for medical homes-major health departments that provide: ▪ Prenatal care_____ ▪ Well child care_____ ▪ Free or reduced immunizations_____ ▪ Interventions-sleep disturbance_____ ▪ Chronic health issues (asthma, sickle cell anemia, other)_____	

Health Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
4. Medical Homes-Pediatricians	Evidence is present in the community for medical homes-pediatricians that provide: ▪ Health education programs for parents/caregivers_____ ▪ Collaborate with early literacy outreach programs_____ ▪ Volunteers provide services for parents_____ ▪ Free books and/or toys_____ ▪ Modeling of parent-child literacy interactions_____ ▪ Home visits provided if needed_____	
5. Medical Home-Satellite Health Department Facility	Evidence is present in the community for medical homes-satellite health department facilities that provide: ▪ Health education programs for parents/caregivers_____ ▪ Collaborate with early literacy outreach programs_____ ▪ Volunteers provide services for parents_____ ▪ Free books and/or toys_____ ▪ Modeling of parent-child literacy interactions_____ ▪ Home visits provided if needed_____	
6. Medical Home-Major Health Department	Evidence is present in the community for medical homes-major health departments that provide: ▪ Health education programs for parents/caregivers_____ ▪ Collaborate with early literacy outreach programs_____ ▪ Volunteers provide services for parents_____ ▪ Free books and/or toys_____ ▪ Modeling of parent-child literacy interactions_____ ▪ Home visits provided if needed_____	
7. Community-Based WIC (Women, Infants and Children) sites that provide services for women and young children and free face to face counseling regarding infant/child development	Evidence is present in the community for: ▪ WIC services provided_____ ▪ Face to face counseling for mothers_____ ▪ Free information on infant and child development_____	

Health Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
8. Neonatal Intensive Care Units (NICU) that provide care for preterm and low-birth weight babies	Evidence is present in the community for an NICU unit that provides: ▪ Care for low-birth weight_____ ▪ Care for preterm _____ ▪ Access for low-SES parents_____	
9. Neonatal Intensive Care Units (NICU) that promote educational services	Evidence is present in the community for: an NICU unit that: _____ ▪ Provides picture-book reading_____ ▪ Provides parent-child interaction support_____ ▪ Other services_____ (Describe)	
10. Community-based programs that focus on physical activity and active lifestyles.	Evidence is present in the community for: ▪ Programs that focus on physical activity and active lifestyles_____ ▪ Accessible programs for low-SES_____(Describe)	
11. Community-based mobile health care units that provide on-site psychiatric, dental, and medical care, including asthma and other chronic illnesses.	Evidence is present in the community for mobile health units that provide: ▪ Dental_____ ▪ Medical_____ ▪ Psychiatric care_____ ▪ Asthma care_____ ▪ Other services_____(Describe)	
12. Access to private chefs/nutrition educators to offer healthy meals in community-based programs.	Evidence of community-based access to chefs or nutrition educators related to: ▪ Information on healthy meals provided _____ ▪ Chef or other nutrition educator available for face to face assistance_____ ▪ Accessible for programs serving low-SES children_____(Describe)	
13. Access to behavioral and mental health services for children and parents.	Comprehensive services provided in the community: ▪ Behavioral health, children_____ ▪ Behavioral health, parents_____ ▪ Mental health, children_____ ▪ Mental health, parents_____	

Health Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
14. Home visits by social work agencies to help parents learn how to promote healthy child development.	Home visits provide parent information: ▪ Developmental milestones_____ ▪ Parent-child interactions_____ ▪ Promote cognitive and language development_____ ▪ Promote psychomotor development_____	
15. Social service agencies partner to send workers to visit homes of low-incomes expectant and new parents (prenatal and neonatal emphasis).	Social service agencies partner to send workers to visit homes of low-SES: ▪ Expectant mothers_____ ▪ New parents_____ ▪ Other_____	
16. Coordinated system of accessible and affordable health care services from a variety of providers, supported by collaborations between pediatricians and early childhood interventionists.	Evidence is present in the community of a coordinated system that provides: ▪ Health services accessible to low-SES families_____ ▪ Health services affordable to low-SES families_____ ▪ Collaborations involving pediatricians _____(Describe)	
17. Community-based support for children of neglect and abuse	Evidence is present in the community for support for children related to: ▪ Neglect_____ ▪ Abuse_____ ▪ Trauma mitigation_____(Describe)	
18. Wraparound approach to collaboration among families, health centers, and child serving agencies.	Community-based wraparound services evident related to: ▪ Services involving both education and health services_____(Describe) ▪ Services providing parent education and involvement services_____ (Describe)	

Health Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
19. Individualized care plans (ICPs) for all families that includes community programs, clinical therapy, and care coordination services.	Evidence is present in the community related to Individual Care Plans (ICPs) and include: ▪ Community programs_____ ▪ Clinical therapy_____ ▪ Care coordination_____ ▪ Other _____ (Describe)	
20. Community-based programs are culturally and linguistically responsive.	Community-based programs are present that reflect: ▪ Culturally responsive services_____ ▪ Linguistically responsive services_____ ▪ Other_____(Describe)	

Education Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
1. Community-based early literacy (including library and mobile library units) and bilingual literacy programs coordinated with health facilities.	Community-based programs are present that reflect the following literacy services: ▪ Early literacy program(s)_____ ▪ Early literacy program(s) associated with a health facility_____ ▪ Bilingual early literacy program(s)_____ ▪ Bilingual early literacy program(s) associated with a health facility_____(Describe)	
2. Home visitation programs (for teens, young moms/couples or families with teen or young moms) to promote child development, parent-child interactions, early literacy, and shared reading.	Home visitation programs are present that promote: • Child development_____ • Parent-child interactions_____ • Early literacy_____ • Shared reading_____ • Other (Describe)	
3. Home visitation programs that serve children to age 3 to identify delays and to access screening services.	Home visitation programs are present in the community that reflect: ▪ Home visitation programs that serve children to age 3_____ ▪ Assistance with identifying delays _____ ▪ Access to screening services_____(Describe)	

Education Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
4. Community-based ECD and early intervention programs (full time and part-time) that also provide for screening, early identification of delays and disabilities and services for children age birth to 5 for disabilities and/or developmental delays.	Community-based early intervention (EI) programs are present for the following services: ▪ EI program for infants/toddlers with disabilities/developmental delays_____ Full time_____ Part-time_____ (Describe) ▪ EI program for 3-5 year olds with disabilities/developmental delays_____ Full time_____ Part-time_____(Describe) ▪ Child care programs for 0-5: • Center-based programs_____ • Family/home-based programs_____ • Faith-based programs_____ • Public school programs_____ • Other child care programs_____ (Describe) ▪ Head Start programs for 0-5: • Early Head Start programs_____ • Head Start programs_____ • Other Head Start programs_____(Describe)	
5. Parenting workshops for expectant mothers/parents and those raising children under 3 and 3-5 years related to reading, verbal discipline over corporal punishment, and parent-child bonding, parenting skills and relationships.	Parenting workshops for expectant mothers or parents of children are present related to: • Reading_____(0-3___3-5___) • Verbal discipline_____0-3___3-5___) • Building language skills_____ (0-3____ 3-5____) • Building parenting skills_____ (0-3____3-5____) • Parent-child relations_____ (0-3____3-5____) • Other_____ (0-3_____3-5_____) (Describe)	

Education Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
6. Community-based criteria and incentives for high quality childcare and other ECD environments.	Community-based criteria and incentives for high quality childcare and other ECD environments are evident. ▪ Criteria for quality are established_____ ▪ Incentives for quality are established _____ (Describe)	
7. Community-based opportunities for professional development to support high quality childcare and ECD instruction.	Professional development opportunities in the community are established for: • Program Directors_____ • Classroom teachers_____ • Other_____(Describe)	
8. Community-based programs for GED, adult and career education.	Community-based programs are present for: ▪ GED program_____ ▪ Adult education program_____ ▪ Career development_____(Describe)	
9. High-quality ECD programs in public schools.	High-quality ECD programs in the public schools are present: ▪ 3K programs provided_____ ▪ 4K programs provided_____ ▪ EI (early intervention programs)_____ ▪ Other ECD programs provided_____(Describe)	
10. Community-based mixed-income ECD programs established.	Community-based mixed-income programs for young children are evident. ▪ Mixed-income programs established_____(Describe)	
11. Collaborations between ECD programs and colleges & universities to assist with assessment and evaluation.	Evidence is present in the community for: • Collaborations between ECD programs and colleges/universities_____ • Collaborations include assistance with assessment and evaluation_____ • Other_____ (Describe)	
12. Incentives and professional development provided for elementary school principals to provide quality ECD programs.	Evidence is present in the community for: ▪ Incentive program established for elementary school principals_____ Evidence is present in the community for: • Professional development provided for elementary school principals_____ (Describe)	

Education Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
13. Community-based developmental screenings and education for mothers related to early development.	Evidence of community-based services is present related to: ▪ Developmental screenings available_____ ▪ Accessible for low-SES families_____(Describe)	
14. Collaborations between pediatricians and early childhood interventionists.	Evidence of collaborations exist in the community related to: ▪ Collaboration between pediatrician and Early Interventionists_____ ▪ Collaboration between pediatrician and other providers_____ (Describe)	
15. Community-based programs for Hispanic and other ELL families to inform them of services & programs available to the 0-5-child population.	Evidence is present in the community for: ▪ Programs for Hispanic families in the community to educate them about services for the 0-5 population_____(Describe)	
16. ECD programs provide written materials for Hispanic and other ELL parents and children in their home language.	Evidence is present in the community for: ▪ Written materials for parents in Spanish_____ ▪ Written materials for children in Spanish_____ (Describe)	
17. Flexible enrollment dates in childcare and other ECD programs for families in transition.	Evidence is present in the community for: Flexible enrollment dates established: • Child care centers_____ • Head Start centers_____ • Public school ECD programs_____ • Other_____(Describe)	
18. Community-based ECD programs are culturally and linguistically responsive to families in the community.	Examples are present in the community that demonstrate: ▪ Culturally responsive programs_____ ▪ Linguistically responsive programs_____(Describe)	

Other Community-Based Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
1. Data system with descriptors on each child within the community.	Evidence is present in the community for: ▪ Data system on each child in the community_____(Describe)	
2.Community-based funding streams to provide individual child support	Evidence is present in the community for: • Community-based funding streams established to provide individual child support_____(Describe)	
3. Quality ECD programs with diverse partners, including childcare.	Evidence is present in the community for: • ECD programs are supported with diverse sponsors, including childcare_____(Describe)	
4. Merged funding sources (public and private) to provide high quality pre-K in public and private school settings and to support early childhood initiatives in the community.	Evidence is present in the community for: • Merged funding sources (public and private) to provide high quality pre-K in public and private school settings_____(Describe) • Merged funding sources (public and private) to support early childhood initiatives in the community_____(Describe)	
5. Collaborations between ECD programs and colleges & universities to assist with assessment and evaluation of ECD programs.	Evidence is present in the community for: • Collaboration between ECD programs and colleges or universities to assist with assessment and evaluation and early childhood development_____(Describe)	
6. Collaborative professional development teams across disciplines.	Evidence is present in the community for: • Collaborative professional development teams across disciplines_____(Describe)	
7. Collaboration between ECD programs and Head Start regarding child enrollments.	Evidence is present in the community for: • Collaboration with Head Start regarding child enrollments_____(Describe)	
8. Collaboration between pediatricians and early interventionists established.	Evidence is present in the community for: • Collaboration between pediatricians and early interventionists____(Describe)	
9. Youth development organizations present and active in the community.	Evidence is present in the community for: • Organizations serving students from 8-18_____ (Describe)	

Education Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
10. Faith-based programs present in the community that support young children and their families.	Evidence of faith-based programs are present: • Child care programs_____ • Parent education programs_____ • 4K-Primary education programs_____ • Adult education/career support programs_____ • Other types of programs_____(Describe)	
11. Foster care programs present in the community.	Evidence is present in the community for: • Foster care available for young children 0-5_____ • Foster care available for mixed age children_____ • Foster care accessible for low-SES families_____ (Describe)	
12. Child protective services available in the community.	Evidence is present in the community for: • Child protective services are present_____ • Efforts to mitigate trauma_____(Describe)	
13. Business partnerships with the schools in the community that support optimal child development, school readiness, and per pupil expenditures.	Evidence is present in the community for: • Business partnerships exist that support ECD early childhood development_____(Describe)	
14. Affordable public transportation available and accessible for low-SES families.	Evidence is present in the community for affordable public transportation that is available and accessible for: • Transportation of children to health, medical and educational services_____ (Describe) • Transportation of adults to health, medical, and educational/career support services_____ (Describe)	
15. Community-based programs inclusive of all minority groups that are culturally and linguistically responsive.	Evidence of community-based programs is present: • That are inclusive of all minority groups_____ (Describe) • That are culturally and linguistically responsive services in the community_____(Describe)	

Education Related Resources	***Descriptors/Services Provided***	***Comments/Descriptions/ Examples***
16. Cradle to career support provided to assist children from early development through employment.	Evidence of community-based support for young children is present for: • Cradle to career support_____(Describe)	
17. Learning partner dashboard that links students' academic information to social support services.	Evidence is present in the community for: • Learning dashboard that links students' academic information to social support services_____(Describe)	
18. Collaboration among health-related services and agencies present in the community.	Evidence is present in the community for: • Collaboration among health-related services and agencies in the community _____(Describe)	
19. Community-based programs that prevent violence/crime and promote safety.	Evidence is present for programs that: • Prevent crime/violence in the community_____ • Promote child safety in the community_____ • Mitigate child trauma_____ (Describe)	
20. Community-based medical homes provide a range of medical services as well as mental and behavioral health services.	Evidence is present in the community that Medical homes are present: • Pediatrician/physician-based_____ • Health department-based_____ • Satellite health department-based_____ • Other_____ (Describe)	
21. Community-based resources dedicated to evaluate programs and systems related to measuring the value of investing in early intervention and treatment.	Evidence is present in the community related to: • Resources that are dedicated to evaluating ECE programs and their value as an investment in optimal child development/school readiness_____ (Describe)	
22. Wrap around services present in the community to provide seamless services and transitions for young children.	Evidence is present in the community related to: • Wrap around services are in the community that promote easy and safe transitions for young children between and across services and programs_____(Describe)	

**Note: All resources listed are derived from the *Ideal Systems/Ready Community Theoretical Model (Stegelin, Rembert, Wagner, & Truong, 2012).*