



New Haven Early Childhood Council

Prepared with the Assistance of the
New Haven Early Childhood Plan Task Force

CONVENED BY
Mayor John DeStefano, Jr. and
Superintendent of Schools, Dr. Reginald Mayo

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New Haven Early Childhood Plan

SEPTEMBER 2009



**Mobilizing the
community in support
of young children
and families**



WELCOME

We are Dedicated to the Success of Our Children



A MESSAGE FROM NEW HAVEN MAYOR JOHN DESTEFANO, JR.



A child’s early experiences are critical to his or her success in school and life. Extensive research now confirms what our own experience tells us. As a Mayor, a father, and the husband of a first-grade teacher, I am continually inspired by the children of this city. It is our duty as adults to provide the resources and support our youngest children need to unlock their potential.

Our community has many of the resources we need to help nurture these youngsters, from our award-winning schools and libraries, to our stellar early care programs, to our world-class health care services, to our regular schedule of family events. Many talented and creative individuals work tirelessly on behalf of our families.

The New Haven Early Childhood Council has crafted an ambitious community plan to coordinate these existing community assets and add new supports to the network. The City is already working to align its resources to support this Plan, and I invite you to join us. It will indeed take the whole village to ensure our children’s success!

John DeStefano, Jr., Mayor

A MESSAGE FROM DR. REGINALD MAYO, NEW HAVEN SUPERINTENDENT OF SCHOOLS



The first five years of a child’s life are a critical time. High-quality experiences, both inside and outside the home, can make all the difference in setting the stage for a life of success.

New Haven already has the largest preschool program in the state and a strong commitment to continuous quality improvement. We have increased the percentage of children coming to kindergarten ready to learn dramatically. In 1995, some 63% of children had preschool experience prior to kindergarten. That number now sits at 73%.

The New Haven Public Schools are fully committed to realizing the vision and specifics of the New Haven Early Childhood Plan. Please join us, in partnership with our early care providers, family services agencies, health providers, and the broader community, to give New Haven children the best start in life.

I commend the hard work of the New Haven Early Childhood Council and look forward to doing our part to achieve the results identified in this bold Plan!

Dr. Reginald Mayo, Superintendent of Schools

New Haven Early Childhood Plan

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Mobilizing the Community in Support of Young Children and Families

A MESSAGE FROM THE CO-CHAIRS OF THE NEW HAVEN EARLY CHILDHOOD COUNCIL

The New Haven Early Childhood Council¹ brings together community members who share a desire to improve the lives of young children and their families in New Haven. Our mission is to ensure that all children come to kindergarten with the knowledge and skills they need to succeed. This Plan is a roadmap for our community to help us create the opportunities, supports, and experiences that young children need to reach their full potential. The Council began developing this Plan in 2007 when Mayor John DeStefano appointed a diverse, 46-member Leadership Work Group of early childhood educators, service providers and community leaders to guide the community in the planning process.

A New Haven Early Childhood Plan Task Force was formed to encourage community input. Task Force meetings involved more than 130 participants including parents, educators, health care providers, and representatives of family support, government, and non-profit organizations. The Task Force organized members in three committees: (1) Early Care and Education; (2) Family Resources and Engagement; and (3) Child Health. Committee members made recommendations to the Leadership Work Group, which assessed the recommendations and agreed on the key elements of the Plan.

The Plan development process drew on a long history of parent and community engagement in issues of education and family development in New Haven, and called upon New Haven's unique wealth of professional expertise and community knowledge. We stand committed to continuing to listen to the voices of all of our partners as we work with them to make this Plan a reality.

Our Plan builds on the success of *Best Beginnings*, the comprehensive local early childhood plan prepared by the Mayor's Task Force on Universal Early Care and Education in 2001. Under the leadership of the Early Childhood Council and New Haven Public Schools, *Best Beginnings* has led to important gains for children and families, including increased public and private

early care capacity, improved program quality, and a stronger network of family support agencies.

We know that creating this Plan is just the first step. We now must undertake – together, as a whole community – the important work of putting this Plan into action. Implementing this Plan will require: deeper collaboration; securing new financial

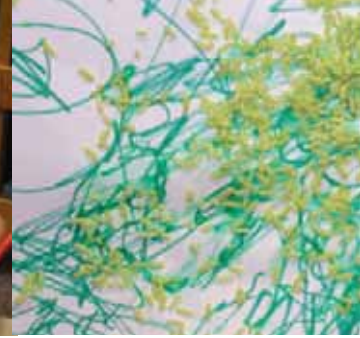
resources and shifting existing resources; collecting and using data to inform decision-making; and continually seeking input from families, providers, and community members to make sure we are doing all we can to ensure that New Haven's young children have the best possible start in life. We hope you will join us in this important work.

Jennifer Heath
Co-Chair, New Haven
Early Childhood Council
VP for Community Leadership,
United Way of Greater New Haven

Dr. Robert Windom
Co-Chair, New Haven
Early Childhood Council
Pediatrician, Hill Health Center



New Haven Early Childhood Council. Back row, from left: Joanne Goldblum, Jessica Sager, Janna Wagner, Sue Logston, Ronald Manning, Xia Feng, Natasha Ray, Alice Ellovich, Adrenna D'Orlando, Denise Duclos. Front row, from left: Tina Mannarino, Robert Windom, Jennifer Heath and Sandy Malmquist. (See full Council membership on page 22.)



The New Haven Early Childhood Plan

Early childhood is a time of wonder, intrigue, and amazement as children begin to take in the world around them. The first years of life are also a time of rapid development and tremendous importance: a child's earliest experiences can significantly affect the quality of his or her adult life. Because a child's earliest experiences are shaped by the world we – as parents, caregivers, teachers, service providers, and community members – create for them, it is critical that we build a healthy, nurturing learning environment full of creativity and variety. If we create this environment in our community, we will put our children firmly on a path to lifelong success.

To accomplish this, New Haven must focus its assets into a coordinated system that provides easy access to:

- a) High-quality **Early Care and Education**;
- b) Consistent and reliable **Family Engagement** in children's development; and
- c) Consistent, high-quality **Child Health** services.

The roadmap to create this system is the **New Haven Early Childhood Plan**.

This Plan builds on significant progress made on behalf of New Haven's children and families over the past several years, but our children still face tremendous challenges, including poverty, too few infant, toddler, and preschool programs to meet the need, and growing mental health needs.

The New Haven Early Childhood Plan creates opportunities for all children by building on the successes of the 2001 plan, *Best Beginnings*², and mapping a path to reach all New Haven families. The Plan focuses on children ages 0-8³ and uses results-based accountability (RBA) as the framework to set clear goals and measure our progress toward them over time. The Plan outlines how we will strengthen existing child and family-serving systems, create new supports where



needed, coordinate our work across the City for greater impact, and sustain progress over the long term. This document will guide our work together over the next five years.

Why Early Childhood Matters

The New Haven Early Childhood Plan is built on extensive research that helps define our scientific, economic and moral imperative. We have learned that the early years of a child's life shape his development as a strong, resilient child who grows up to be a successful adult. Important findings include:⁴

- **The human brain is the only organ that is not mature at birth.** The brain develops more rapidly from birth through age three than at any other time of life.⁵
- The timing and quality of **children's earliest experiences actually shape the architecture of the brain** – the foundation of neural circuits upon which future learning, behavior and health depend; this does not pre-determine a child's future, but creates either a resilient or fragile foundation for learning and for health.⁶
- **Young children develop in an environment of personal relationships.** Healthy development depends on the "quality and reliability of a young child's relationships with the important people in his or her life, both within and outside the family."⁷
- **Excessive stress disrupts the architecture of the developing brain.** Children who experience a few stressors *without a supportive adult presence* or who experience five or more stressors *even with a supportive adult* will likely need specific, early, intensive intervention, especially before age three.
- **The economic benefits of quality early childhood interventions are significant – producing a \$14 -\$17 return for every dollar invested.**⁸

The return includes savings from reduced special education and remedial education, welfare, and criminal justice costs, as well as increased tax revenue produced in the workforce.⁹

- **Creating an environment that supports healthy development in early childhood is more effective than treating problems at a later age,**¹⁰ but not all programs are effective. Poor programs can actually harm the development of very young children, highlighting the need to invest in and support evidence-based programs.

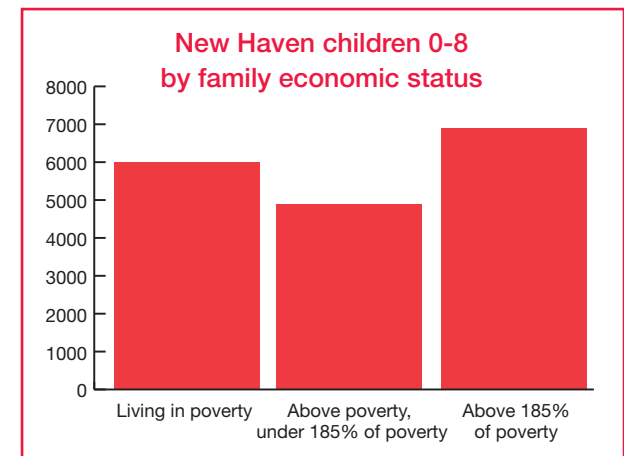
Challenges

CHILD POVERTY

Each one of New Haven's 17,700 children ages 0-8 needs and deserves a rich array of learning opportunities, family support, preventive health care, and life experiences to ensure his or her success in school and life. In its 2006 report *Ready by 5, Fine by 9*, the Governor's Early Childhood Education Cabinet

recommended targeting resources to the "most-at-risk" children, defined as children in families earning less than 185% of the federal poverty level (\$40,800 for a family of four in 2008). An alarming 10,800 New Haven children (three out of every five)

fall into this category. Especially during these difficult economic times, our duty as a community is to mobilize and focus our financial and human resources to meet the needs of families facing the most significant economic challenges.



Source: Geolytics, Inc. U.S. Census

ADDITIONAL RISK FACTORS

The Cabinet identified several additional important risk factors for early difficulties in school: low levels of parental education, single-parent households, and a primary home language other than English. These risk factors tend to coalesce and have a cumulative impact on children. For example, children of poverty are more likely to live in single-parent households with low levels of parental education. An estimated 19% of New Haven families with children under 5 are headed by single mothers *and* have incomes below the federal poverty level.¹¹

Twenty-five percent (25%) of children born in New Haven are born to mothers who did not receive adequate prenatal care and 13% are born to teen mothers. An estimated 20% face a social-emotional or behavioral challenge, and 61% do not achieve reading proficiency by the end of third grade. Many children face more than one of these risk factors.

PREVENTING THE ACHIEVEMENT GAP

These risk factors have translated into a wide “achievement gap” among different groups of New Haven children and especially between New Haven children and their peers in more affluent communities. The link between school readiness and school achievement is well established: gaps in

New Haven children by age group and risk factor					
	INFANT/ TODDER	AGES 3-4	AGES 5-8	NEW HAVEN TOTAL	NEW HAVEN % OF TOTAL
Total number of children ¹²	6,200	4,100	7,400	17,700	100%
Children with behavioral issues ¹³	1,200	800	1,500	3,500	20%
Children born to teen mothers ¹⁴	800	500	1,000	2,300	13%
Children whose mothers have not completed high school ¹⁵	1,800	1,200	2,200	5,200	29%

ability show up early and continue after age 8.¹⁶ Too often, families focused on meeting their basic life needs cannot access high-quality early care and education experiences, consistent and reliable family supports, or regular, affordable health care. These challenges leave many New Haven children unprepared for the rigors of school.

The New Haven Public Schools are working hard and making strides in addressing the achievement gap, but progress has been slow. At the end of kindergarten, 33% of New Haven students achieve proficiency in reading readiness. By the end of third grade, 40% of students reach proficiency in reading.¹⁷ These results provide the sense of urgency to the Mayor’s bold plans for school reform under development as this Plan goes to press. Expansion and enhancement of early childhood care and education are essential elements of the District’s overall plan.

The groundbreaking book *From Neurons To Neighborhoods* tells us that disparities in what children know and can do exist well before kindergarten and predict long-term academic success. **It is thus clear that one fundamental strategy for eliminating the achievement gap is to prevent it before it starts through aggressive action before children enter kindergarten.**

New Haven has a wealth of community resources being organized through the work of the New Haven Early Childhood Council. Working together, the New Haven community can address the challenges facing families and children. The Council will work through this Plan to connect with the institutions that control public and philanthropic investments in early childhood services – more than \$160 million in New Haven alone – and help them magnify their impact on families and children.

Building on Our Success to Reach New Heights

The Plan builds on the progress that the New Haven Early Childhood Council and its partners (City of New Haven, New Haven Public Schools, nonprofit, philanthropic and higher education organizations, and parents) have made since the release of *Best Beginnings* in 2001.

New Haven preschool programs, 2008

SETTING	CHILDREN
New Haven Public Schools	
Head Start	680
School Readiness programs	355
Magnet schools	276
Preschool special education	162
SUBTOTAL	1,473
Community	
School Readiness programs	628
Other community programs	344
Head Start (Lulac)	220
SUBTOTAL	1,192
SUBTOTAL OF ABOVE	2,665
Licensed family care	480
Family, friends and neighbor care	450
SUBTOTAL	930
TOTAL OF ALL SETTINGS	3,595

Source: Connecticut Department of Public Health, New Haven Public Schools

Over the past 8 years, the Council has worked to develop an early care and education system that serves approximately 2,700 children in various center-based settings, up from 2,350 in 2001. School Readiness funds have helped open eleven new early care sites since 1997. 73% of entering kindergarteners now have a preschool experience (2008-2009 school year), compared to 64% in 2001.

The Council has worked with center and home-based providers to deliver high-quality services and connect with families and other community family support and health resources. Professional development investments and Council encouragement have increased the education levels of our teaching staff. In 2008, 76% of the head teachers in New Haven School Readiness funded classrooms

had at least a two-year college degree. From 2001 to 2007, the percentage of Assistant Teachers with a Child Development certificate or better increased from 12% to 36% as a result of professional development efforts.

From 2001 to 2008, the percentage of accredited early care and education programs¹⁸ increased from 35% to 63%.¹⁹ 85% of children supported by School Readiness funding are now served in accredited programs.



The Council, in partnership with the NHPS, opened an Early Childhood Resource Center with an extensive library and free books, videos, and instructional materials for teachers of children ages 0-5 available to all providers in the City.

For families with infants and toddlers, licensed family child care providers in New Haven increased by nearly 27% through Council support of All Our Kin's Family Child Care Tool Kit Project.²⁰ The New Haven Public Schools assumed responsibility for operating the City's Infant-Toddler facilities funded through the DSS Child Development program and moved them into improved facilities.



The Results We Want

We are committed as a community to achieving the following result for New Haven's young children and their families: *All New Haven children birth through 8 are healthy, safe, thriving in nurturing families, and prepared to be successful lifelong learners.*

Measuring Our Progress

To measure our progress in helping children prepare for success in school, engaging families in their children's development, and promoting healthy children, we will regularly track the following indicators of our success and share this information with the broader community:

1. The percentage of children at or above proficiency on entry to kindergarten literacy assessments.
2. The percentage of 3rd grade students at or above proficiency on the Total Reading portion of the Connecticut Mastery Test (CMT).
3. The percentage of births to mothers without a high school diploma or equivalent.
4. The rate of children substantiated as abused or neglected.
5. The percentage of children 0-8 enrolled in HUSKY who receive their well-child visits as recommended by the American Academy of Pediatrics.

These indicators were chosen because they use available, understandable data to tell us how well our young children are doing in each of our focus areas – health, safety, family engagement, and school readiness.

For each area of work outlined in the Plan, we have included the measures of change (indicators) selected to assess our progress toward our desired results and describe the story behind the baseline results in this indicator which has guided our action planning. These were selected as the best data available in each area to examine our progress.

To see the additional indicators we will track to measure our progress, see page 21 and visit the Council's web site at www.newhavenearlychildhood.org.

The following strategies will strengthen, expand, and better coordinate existing work and develop new initiatives and programs as needed. These strategies, backed by extensive research, will ensure success in the areas of early care and education, family engagement, and child health.





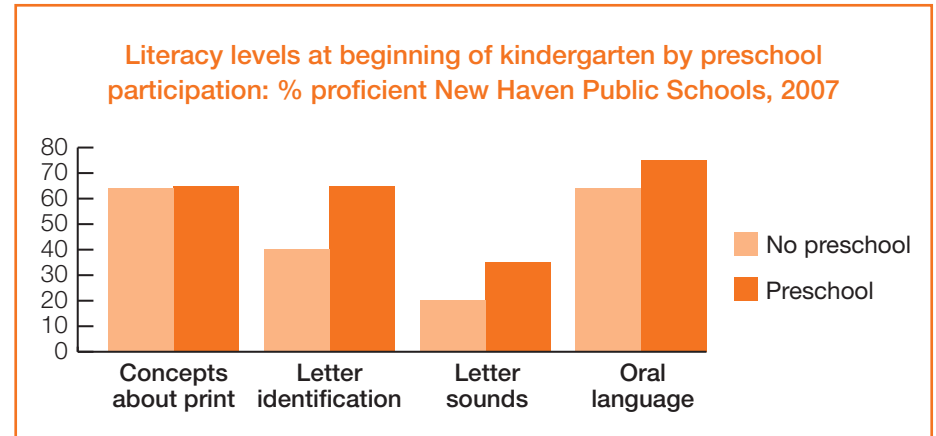
Above: Students at the Early Childhood Learning Center play together with their teacher.

Left: The Feathered Infusion project visits preschools across the community.

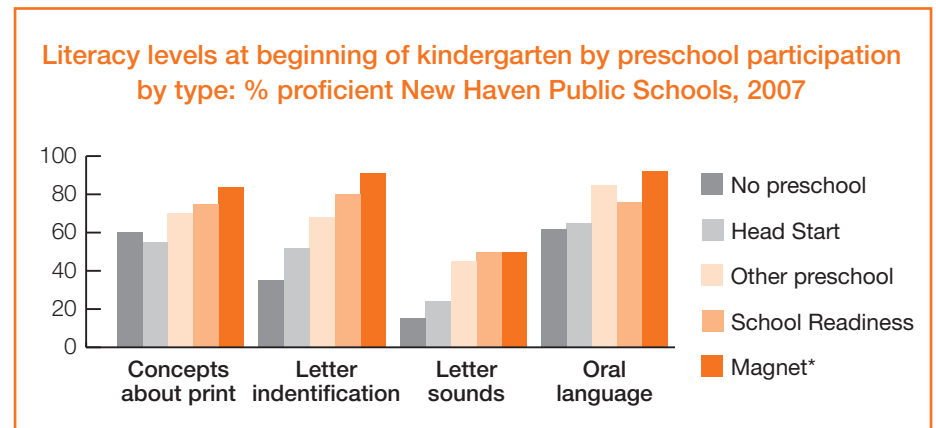
Early Care and Education

Early Care and Education Indicator #1

The percentage of children at or above proficiency on four NHPS literacy assessments on entry to kindergarten.



Source: New Haven Public Schools

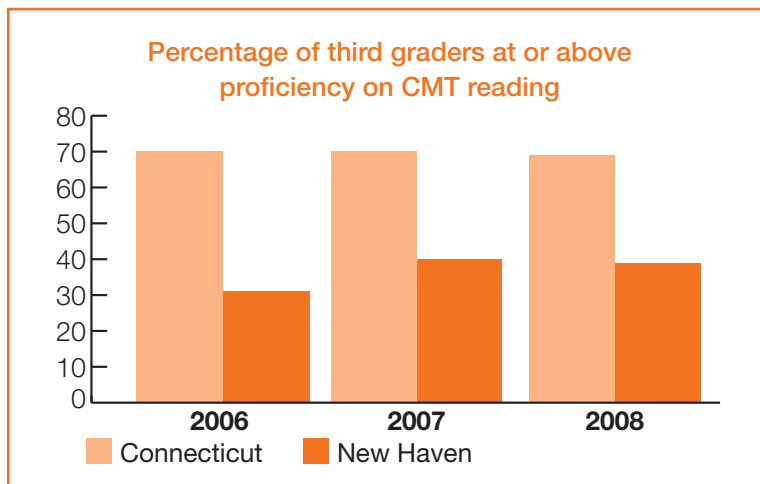


Source: New Haven Public Schools

*All magnet school teachers are credentialed.

Early Care and Education Indicator #2

The percentage of 3rd grade students at proficiency or above on the Total Reading portion of the Connecticut Mastery Test (CMT).



Source: www.cmtreports.com

Story Behind the Baselines:

New Haven Public Schools students demonstrate varying levels of proficiency on four pre-literacy assessments given at the entry to kindergarten (31%-72%), with children with preschool experience performing considerably higher on letter identification and letter sounds. In the second figure on page 8, we see that children entering from Head Start do not do as well as those from the other programs, presumably because as a group Head Start students are the poorest children entering kindergarten.

Slightly less than 4 in 10 3rd grade students currently meet state reading standards (proficiency), compared to roughly 7 in 10 Connecticut 3rd graders. The challenges facing many New

Haven children (described on pages 3-4) help explain much of this achievement gap.

Addressing issues such as poverty, single-parent households, low levels of parental education, and teen pregnancy requires action from all sectors of the community. The early childhood education community will do its part to improve our young children's academic performance by expanding the supply of high-quality early childhood education experiences and providing families with literacy-rich experiences. Other partners are addressing family and health issues. The New Haven Public Schools will continue their work to improve curriculum and instruction in grades K through 3 through implementation of their District Improvement Plan (Strategy 1).

Strategies to "Turn the Curve"

EARLY CARE AND EDUCATION QUALITY

Strategy 1: Develop and implement a comprehensive community early literacy plan based on NHPS Improvement Plan.

ACTION STEPS

- Refine the curriculum alignment across preschool programs and between preschool and kindergarten that has already been completed within NHPS and bring this into the community preschool settings.
- Secure public and philanthropic resources to support implementation of embedded literacy coaches to (a) provide on-going and on-site professional development and coaching for teachers, principals, and school-based leadership teams to support implementation of the district's literacy framework and (b) plan and deliver parent workshops, serving as a liaison with the community.
- Provide more direct coaching of early childhood education teachers through the Haskins Laboratory at Yale.

Quality

All early care and education programs, including center-based care, licensed family child care, and family, friend, and neighbor care, will be relationship-based, developmentally appropriate, and provide high-quality learning experiences.



Early Care and Education

Supply & Access

All New Haven children will have access to a high-quality early care and education experience



- Implement Breakthrough to Literacy (Pre-K through First Grade), enhanced alphabet and phonics practice, and Modified Reading Recovery for students requiring extra attention.
- Align all publicly-funded early childhood programs with literacy strategies in the NHPS District Improvement Plan.

Strategy 2: Support all programs to achieve NAEYC and NAFCC accreditation.

NAEYC accreditation, requiring a rigorous and complex process, stands as a critical measure of quality for center-based early care and education. Currently, 63% of all preschool slots in New Haven are in accredited programs. Several programs will work to obtain accreditation or reaccreditation under more rigorous NAEYC standards in the next three years. All Our Kin is prepared to assist home-based providers in obtaining NAFCC accreditation. These initiatives will require substantial effort and support.

ACTION STEPS

- Recruit Directors of NAEYC-accredited programs to mentor/coach programs seeking accreditation and re-accreditation.
- Pursue funding to provide Accreditation Facilitation Project (AFP) consultation and support to center-based ECE programs.
- Expand staff support for School Readiness classrooms preparing for NAEYC accreditation.

- Pursue funding for successful community-based efforts to improve quality in home-based care and pursue NAFCC accreditation of home-based providers.

Strategy 3: Provide a continuum of professional development opportunities to help all early care and education teachers to increase their education levels.

Recent research cites the education level and skills of teachers as perhaps the most significant factor determining program quality. An estimated 30% of the 164 head teachers in School Readiness and New Haven Head Start classrooms have BAs or greater. Another 49% have at least an Associates Degree. NAEYC and Head Start accreditation standards will require 50% of teachers to have a BA by 2015.

ACTION STEPS

- Offer a variety of required and inspiring workshops and coaching to broaden directors' and teachers' understanding of how children learn and develop and their role in facilitating learning, including:
 - Director's Series workshops and coaching on "How to Prepare Children to Read."
 - Teacher's Series workshops and coaching on "Enrichment of Oral Language."
- Work toward a common definition of "readiness to read" across all publicly-funded programs.
- Support efforts to have all teachers register in the CT Charts-A-Course Professional Registry.
- Assist current teachers in accessing scholarship information through CT Charts-A-Course.
- Provide Early Care Director's training on best practices for retaining staff (e.g. flexible teacher schedules and program perks).
- Pursue state and private support for cohorts of public school and School Readiness teachers to obtain credentials at each stage in the career pathway (support efforts to complete core early childhood courses).

Strategy 4: Continue to invest in and support kindergarten transition success.

ACTION STEPS

- Refine and implement the community kindergarten Transition Plan grounded in best practices, including transmission of student information to K teachers, alignment of curriculum, and parent engagement in the process.

Strategy 5: Pilot implementation of the Comer School Development Program in two NHPS pre-school sites with an invitation for community programs to partner and learn the process.

The Comer School Development Program, developed in New Haven in 1968 by Dr. James Comer of the Yale Child Study Center, is a school planning and management process that engages all members of the school community – from the principal to the parents and the custodians – to support the total development of all children by creating learning environments that support children’s physical, cognitive, psychological, language, social, and ethical development.

ACTION STEPS

- Plan and launch the Comer School Development Program across all NHPS preschool programs.

EARLY CARE AND EDUCATION SUPPLY & ACCESS

Strategy 6: Convert part-day Head Start programs to school day and full day in order to provide the most at-risk students with additional hours of instruction.

The NHPS Head Start program has heretofore provided mostly half-day programs for approximately 1,000 children in keeping with the classic Head Start model. However, research shows that this may not be enough time to have the desired impact on pre-literacy and other skills required for



Above: The Farmer’s Market Food Infusion Project supports literacy development and healthy eating.

Below: New Haven Head Start Teachers Cohort pursuing their BAs at Albertus Magnus College.



Early Care and Education

kindergarten readiness. Starting in fall 2009, NHPS has secured the necessary resources to convert most of those slots to school day or full day in order to fulfill the long-held goal of providing more hours in the Head Start day.

ACTION STEPS

- Implement school day and full day Head Start in the maximum number of classrooms possible.

Strategy 7: Prioritize the most at-risk children for preschool enrollment.

Ideally, we would like to create 750 additional preschool slots over the next five years to serve all children ages 3 and 4 in New Haven. Because this is not realistic in the current economic climate, however, we will focus our efforts on ensuring that the children who could most benefit from a high-quality preschool experience – those who face multiple challenges at home – receive such an experience.

ACTION STEPS

- Support low-income families – including those receiving TANF – with additional full-day and/or full-year slots throughout the community.
- Facilitate access to preschool (with a focus on full-day School Readiness slots) for at-risk children through partnerships with DCF and homeless shelters.
- Allow flexibility in full-day School Readiness slots.
- Create an easy-to-use, centralized registration process for early care and education centers.

Strategy 8: Develop a community plan to expand infant-toddler care services in licensed center and home-based settings.

ACTION STEPS

- Create an exploratory committee to create a plan to develop more infant/toddler care (including family- and center-based).
- Advocate for additional state financial support for infant-toddler care through the DSS Child Development Centers and Care4Kids programs.
- Support successful efforts by All Our Kin to move more home-based providers from unlicensed to licensed status.

“Head Start is a comprehensive child development program designed to foster the growth of some of our neediest children and their supporting families.”

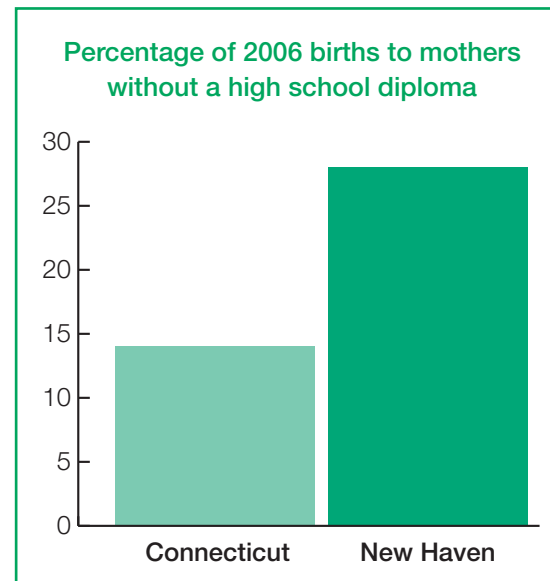
- Claudia McNeil, New Haven Public Schools Head Start Project Director



Family Engagement

Family Engagement Indicator #1

The percentage of births to mothers without a high school diploma or equivalent



Source: CT Department of Public Health

Story Behind the Baseline

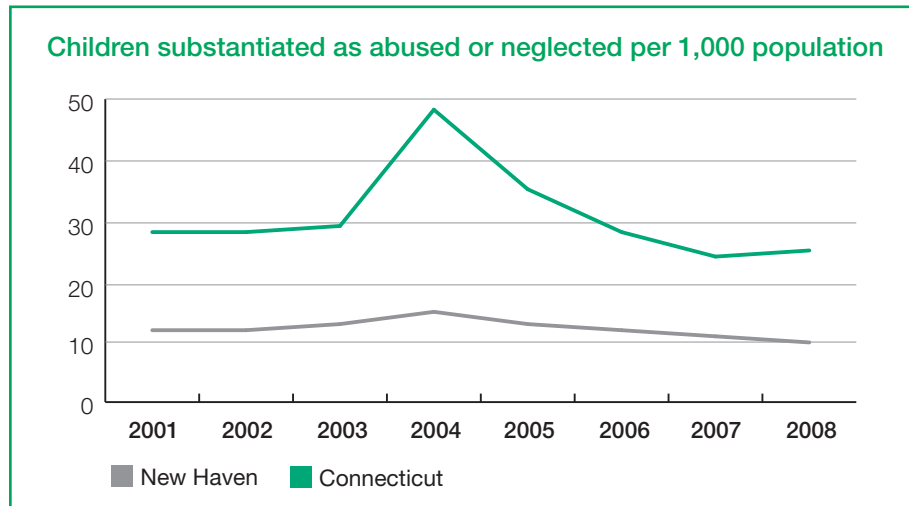
In 2006, 27.9% of New Haven mothers giving birth lacked a high school diploma, more than double the state rate of 13.3%. The New Haven rate has ranged between 26.2% and 29.3% since 2003. Research has shown that a mother's level of education is one of the most important factors in a child's readiness for school.

Two main factors are believed to explain the high percentage of mothers without a high school education in New Haven: first, the dropout rate among high school girls – especially those who are pregnant or mothers – is high; second, an increasing number of immigrants without high school diplomas are giving birth in New Haven. Complex social, economic,

and cultural forces contribute to teen pregnancy. Many teen mothers lack hope for a better economic future. Those who do want to improve themselves may struggle because resources for supporting women in adult education programs aimed at high school completion are limited. Turning the curve on this indicator will require a comprehensive effort to address the multiple barriers facing young women in their efforts to delay child bearing (or second pregnancies), complete high school, and pursue post-secondary education.

Family Engagement Indicator #2

The rate of children substantiated as abused or neglected



Source: CT Department of Children and Families

Story Behind the Baseline

The rate of New Haven children substantiated by the Connecticut Department of Children and Families (DCF) as having been abused or neglected in 2008 (27 per 1,000 children under 18) is slightly more than half of what it was at its recent peak in 2004 (48 per 1,000), but New Haven's rate remains almost three times greater than the rate statewide (10 per 1,000).

Child abuse is linked to poverty, low parenting and coping skills, substance abuse, maternal depression, and domestic violence. These factors can create a "toxic environment" for young children and impact their development. The community must come together in a coordinated fashion to help families develop their strengths in terms of employment, economic assets, health, and parenting and coping skills. The community has many resources already devoted to this work that can be coordinated for increased impact as service gaps are identified and addressed.

Strategies to "Turn the Curve"

KNOWLEDGE & INFORMATION

Strategy 1: Launch a targeted, coordinated family outreach and information campaign to increase participation in early childhood programs and services.

Existing community-based family centers will play a critical role in this effort. Connecting, enhancing, and promoting these vital community resources will help reach more families.

ACTION STEPS

- Identify and engage all agencies working directly with families and coordinate outreach to neighborhoods to increase participation in ECE programs.
 - Access parents through existing networks such as parent-teacher organizations, sports leagues, libraries, faith-based organizations, and organizations serving seniors.
 - Meet families where they are by using existing groups to help deliver and promote early care messages and holding events in community spaces.
- Work with the City Office of Resident Services to create a Welcome Center within City Hall that connects families with early care and education and family support services.
- Develop consistent evidence-based messages about child health and development across programs and distribute materials to support those messages.
- Provide (in partnership with 211 and the New Haven School Readiness Office) a regularly updated, comprehensive resource guide on early childhood services so that parents and providers can easily access current information.
- In collaboration with the Children's Trust Fund's Help Me Grow program, improve coordination among, and training of, existing family support workers to reach out to engage parents of young children.



- Develop an Early Childhood website with information and networking opportunities for parents, providers, and community leaders.
- Ensure that all materials and information are culturally competent.
- Increase community-wide communication about children, especially outreach to hard-to-reach populations.

INVOLVEMENT & EDUCATION

Strategy 2: Expand opportunities for parents to learn child development skills and increase their involvement in their child's school.

In forums and interviews, parents express a strong interest in obtaining better information on child development and parenting. Any comprehensive early childhood service system must include a strong menu of parent education opportunities.

ACTION STEPS

- Coordinate publicity for existing parent engagement and learning opportunities to ensure full utilization.
- Implement parenting groups for families with infants and toddlers utilizing the Circle of Security approach to help parents better understand the needs of their children.
- Assist school and neighborhood-based providers to expand capacity to deliver parent education programming (e.g. Stay & Play, ABCs of School Readiness, MotherRead/FatherRead, Nurturing Families groups) through

early care centers, three school-based Family Resource Centers, private neighborhood family centers, schools, libraries, and health centers.

- Sustain and enhance school-based Family Resource Centers and private neighborhood family centers as family-friendly, multi-purpose resources to strengthen families and connect them to essential services.
- Ensure that these offerings meet parents' needs (times, location, etc.).
- Share information about child development with families.
- Connect families to Help Me Grow/Child Development Infoline.

Strategy 3: Support families' efforts to access early care and education programs.

This strategy supports Strategy #7 within Early Care and Education which prioritizes public preschool services for low-income and hard-to-reach families.

ACTION STEPS

- Help families understand their preschool options and how to choose a quality preschool program.
- Inform families of the early registration process for preschool.
- Provide neighborhood-specific preschool information/orientation sessions in coordination with New Haven Magnet Schools.
- Educate parents about their roles in getting children ready for school and the importance of an early care experience and of regular attendance.

Knowledge & Information

Ensure that all parents can easily access information about services and supports for their children and family



Involvement & Education

Ensure that all parents participate in events and gain skills to support their own child's early school success

Family Engagement

Family Support Services & Collaboration

Ensure that all families have access to the support services they need to support their child's development



- Help families understand the importance of having their child regularly attend preschool.
- Support families' efforts to enroll their children – infants through school-age – in Care4Kids.

FAMILY SUPPORT SERVICES & COLLABORATION **Strategy 4: Develop a Family Services Collaborative to better coordinate service delivery and advance needed system changes.**

Despite numerous programs designed to improve birth and early childhood outcomes, disconnects and duplication in the continuum of services and the complexity of conditions facing many families limit their impact. We must take inventory of, better coordinate, and expand the myriad of programs offering parent and family support and resources to reach all families with programming and information on child development and especially those at highest risk.

Several initiatives under development through DCF, other state entities, and private auspices call for this level of collaboration as a central program feature. The community needs a structure with staff and agency volunteer capacity to assist providers in coordinating current resources and identifying and working toward needed system and policy changes. Through these steps, we can develop a more coherent, family-friendly system and increase the impact of current investments.

ACTION STEPS

- Define a continuum of services from identification to detailed assessment to intensive support.

- Develop an inter-agency communication and referral process.
- Establish clear collaborative leadership and secure resources for staff to (1) support communications, (2) implement specific system enhancements to improve services and outcomes, and (3) connect together the collaborative components of several existing or proposed early childhood initiatives [i.e. Nurturing Families Network, Child FIRST (proposed), and the Zero-to-Three Court Teams Initiative targeting infants and toddlers in the child welfare system).

Strategy 5: Assist women of child-bearing age to graduate from high school or obtain their GED.

Teens that become pregnant and decide to keep their babies have a high risk of dropping out of school. Pioneering New Haven programs like the Celotto Child Care Center at Wilbur Cross High School and the Polly T. McCabe Center have demonstrated how to keep these teens in school. More effective service coordination, better efforts to reach affected teens, and increased supports in school will ensure that even more pregnant and parenting teens complete high school. The New Haven Public Schools have also increased their efforts to support all students at risk of dropping out, and New Haven Adult Education provides extensive GED preparation.

ACTION STEPS

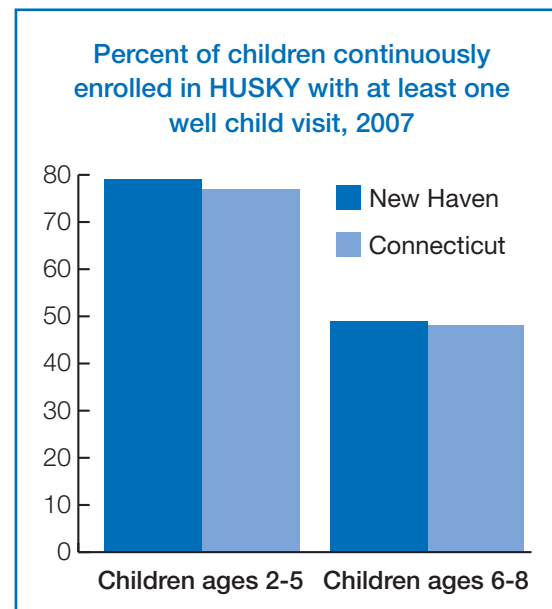
- Implement the recommendations of the Teen Pregnancy Prevention Report through the Teen Pregnancy Prevention Council.
- Support efforts detailed in the NHPS District Improvement Plan to reduce truancy and dropout rates.
- Support and assist women to enroll in and complete GED preparation classes.



Child Health

Child Health Indicator

The percentage of children 0-8 enrolled in HUSKY who receive their well-child visits as recommended by the American Academy of Pediatrics



Source: CT Voices for Children, Based on DSS Records

Story Behind the Baseline

In 2007, 79% of New Haven children ages 2-5 and 48% of New Haven children ages 6-8 continuously enrolled in the HUSKY received a recommended well-child visit. This is slightly above the statewide rate for HUSKY enrollees within these age groups, but still below the recommended annual visit for all children in these age groups.

Well-child care is important to support children's growth and development, to identify health problems early, and to reduce the need for emergency care or more costly services later on. Children in low-income families served by HUSKY may miss their recommended well-child visits due to family issues (lack of knowledge, scheduling challenges) and/or barriers to access (lack of transportation, need for child care for other children, lack of services available at convenient times).

New Haven has a wealth of health resources and skilled practitioners that are pioneering and implementing many promising practices. For example, based on local research, group prenatal care using the Centering Pregnancy model has become the standard of care at

Health Access

Ensure that all children have a consistent medical home for pediatric health care



Behavioral/ Mental Health

Ensure that all children have access to mental health services when they need them

Oral Health

Ensure that all children have regular dental checkups and access to dental services

Yale-New Haven Hospital and Fair Haven Community Health Center. Fair Haven is now piloting the extension of this practice into pediatric care with early signs of success.

Improvement in this indicator will require focusing on supporting families and working with providers to reduce barriers to access and continue their efforts to adopt and expand promising practices.

Strategies to “Turn the Curve”

HEALTH ACCESS

Strategy 1: Create opportunities for all families to access quality, consistent health care.

New Haven has no shortage of health care professionals, but changing the health care system will be expensive and challenging.

Approximately 85% of New Haven children have health insurance coverage that covers well-child visits and regular and specialty health care services. Access to a consistent health care provider gives children the services they need when they are sick and regular well child visits from a pediatric health care provider who knows them. This relationship with a consistent pediatric health care provider within a system of graduated services to address more serious needs can empower families to be preventative and proactive in seeking medical services.



ACTION STEPS

- Reach out to all families with information on how to access consistent care.
- Define and remove barriers to consistent health care providers.
- Partner with the Perinatal Partnership to strengthen the system of care for pregnant women and children to improve birth outcomes.
- Identify opportunities to screen young children for vision and hearing issues.
- Highlight and support promising practices in the community.

BEHAVIORAL/MENTAL HEALTH

Strategy 2: Increase system capacity for child mental health workers.

Many of New Haven’s trained child behavioral health professionals are not employed in the field or are unable to provide services due to lack of funds. Many families and early care providers also lack awareness and specific training in detecting social-emotional issues in young children.

Early detection through screening and intervention can help reduce behavioral problems in childhood and beyond. We can improve system quality and child outcomes by increasing screening rates for all developmental and social-emotional issues through professional development for all providers and educating parents on what to expect.

ACTION STEPS

- Promote social emotional health and developmental screenings at pediatric practices and other early care settings (e.g. expand the programs at St. Raphael's and Fair Haven Community Health Center that engage parents in using screening tools), working toward the goal of universal screening.
- Expand community capacity to address young children's social-emotional health through an integrated approach to delivering effective classroom consultation, incorporating existing Multidisciplinary Team (MDT), Early Childhood Consultation Partnership (ECCP), and program funded services (e.g. Head Start collaboration with private, contracted providers and developmental fellows at Yale Medical School).
- Replicate the Child FIRST model of comprehensive family interventions for child social-emotional health through screening, assessment, and home-based services.
- Train early care and education Directors and staff in identifying and addressing children's behavioral health needs.

ORAL HEALTH

Strategy 3: Expand the work of the oral / dental health collaborative.

Tooth decay remains the single most common, yet completely preventable, chronic disease among US children. More significantly for New Haven children, studies have shown that children of poverty are five times more likely to



have tooth decay in general, and have 3.5 times greater extent of decay than their more affluent peers. What's more, children of poverty are twice as likely to have dental insurance but visit the dentist only half as often.

Poor oral health interferes with school success and social development. We must take simple steps like educating parents on strategies for properly brushing their children's teeth and existing pediatric dentistry resources.

ACTION STEPS

- Expand dental screening and treatment from Head Start to other preschool programs.
- Support New Haven Oral Health Collaborative efforts to recruit dentists to offer oral health care to children in the HUSKY program and reach out to primary care providers.

"I have learned that I cannot do it all alone. It is so much better when I have other people around to support me. There is not one clear cut answer to being a parent because I learned that parenting is about tailoring to who my child is as an individual. Not every method will work for every child." - Courtney Hart, mother of an eight month old



Finance, Governance, and Accountability

Implementing the Plan

This Plan builds on what we know about the importance of the early childhood years and lays out what we must do to enable New Haven’s families and youngest children to succeed in getting ready for school and life. The Plan provides the framework to mobilize and refocus as needed (a) New Haven’s considerable assets and (b) the wealth of experience among its early childhood professionals and advocates. We will engage the entire community – from parents to schools, service providers, colleges, businesses, faith communities and community-based organizations.

Estimated Federal, State and Philanthropic Investments in New Haven Early Childhood Services, 2005-2006 (\$ in millions)

Child Welfare	\$17.3
Early Care and Education	\$24.1
Early Literacy	\$0.1
Family Support	\$8.9
Health	\$37.1
Health - Behavioral	\$2.8
K-3 Education	\$69.2
Parent Engagement	\$0.1
GRAND TOTAL	\$159.6

Source: Graustein Memorial Fund Fiscal Scan, 2008

core support for essential early childhood services as well as for support for Council operations.

Equally important, the Council will work with state and private funders and operating agencies to ensure the maximum impact from increasingly scarce

Financing the Plan

The Council will work aggressively to secure any public and philanthropic funds available to support implementation. The Implementation Plan on page 21 details the financial requirements for each strategy and identifies resources that the Council and its partners have secured or are seeking. Examples of new resources in the pipeline include stimulus funding for Head Start, potential funding to replicate the Child FIRST program in New Haven, and a federal earmark to support the behavioral health of children ages 0-2 in DCF care. The Council will also continue to advocate for increased state and federal

funding and to align all investments with the Plan priorities. A recent scan of public and philanthropic investments in services to families with children ages birth to 8 in New Haven estimated a total investment of \$159.6 million across eight areas (see Table).

Governance

All Council members are appointed by the Mayor with advice from the Superintendent of Schools. The Council will implement the Plan through committees on Early Care and Education, Family Engagement, and Health. These committees are open to all community members who are interested in their work. Three operations committees attend to the business of the Council – Operations sets Council agendas and manages Council finances and fund development, Grants manages the process by which the Council allocates funds under its management, and Community Relations develops materials and the website. The Council will communicate regularly with early childhood stakeholders and the broader community to assess needs, identify appropriate responses, and engage all community resources in its work.

Accountability

The Council will work through its committees and partners to ensure accountability for the results specified in the Plan. In addition to regular reports and data distributed in printed form and on its website, the Council will hold an annual meeting to review its progress. In the first year, the Council will also reach out to each partner to develop specific memoranda of agreement detailing their commitments and work in support of the Plan. The responsibility, resources, and measures for each area of the Plan are described on page 21. The Council will work with its partners to secure resources, coordinate implementation, and measure progress. This represents a long-term commitment to quality, inclusion, and accountability in what we do to support families and children.

We invite you to join us in this effort! To get involved, call 203-946-7875.

Implementation Plan

STRATEGY	RESPONSIBILITY	RESOURCES	MEASURES
Early Care and Education – Quality			
Develop and implement a comprehensive community early literacy plan based on NHPS Improvement Plan.	NHPS Early Childhood and Literacy Divisions, SR Ed. Consultants	Title I /Head Start (ARRA), NHPS GMF-AECF Grant Application (\$500,000 over 2 yrs); DSS QE (\$60-100,000)	# of literacy coaches embedded (preK-3); #/% of children reached in literacy initiative
Support all programs to achieve NAEYC or NAFCC accreditation.	Accreditation Facilitation Project (AFP) (Centers) /All Our Kin (family-based), SR Ed. Consultants	AFP (DSS funded), AOK (private \$120,000; \$20,000 DSS QE)	# of peer mentors engaged; # of centers/homes mentored; # of providers assisted by AOK/AFP; #/% of centers and homes accredited
Provide a continuum of professional development opportunities to support advancement of publicly funded provider staff along Early Care Education career pathways.	NHECC facilitates, Yale Child Study/Haskins Lab, Charts-A-Course, CAEYC, Early Care Providers, NHPS, SR Ed. Consultants	Charts-A-Course, NHPS Head Start ARRA (\$335,000 for HS prof. devel.), HS BA cohort (\$360,000 over 2 yrs), City/private (\$100,000, DSS/Q/E)	# and capacity of professional development offerings; #/% of teachers engaged in professional development activities; #/% of teachers achieving credentials; #/% of classrooms with teacher with BA
Continue to invest in and support kindergarten transition success.	NHPS, NHECC Early Care Providers	Title I, NHPS and provider in-kind	# of schools implementing K transition plan; #/% of prek family visits to K classrooms; #/% of student portfolios delivered to K
Pilot implementation of Comer School Development Program in two NHPS pre-school sites.	NHPS Early Childhood Office; Central Office	NHPS	# of staff trained; SPMT/SSST operational school climate baseline survey completed
Early Care and Education – Supply & Access			
Convert part-day Head Start slots to School Day/ full day.	NHPS Head Start	Head Start; School Readiness	# of slots converted to full day
Target the most at-risk children for preschool enrollment.	NHECC, NHPS, Early Care Providers	NHECC staff, Partner In-kind	# of centers adopting policies and practices; #/% of slots to at risk children
Develop community plan to expand infant-toddler care in licensed center and home-based settings.	NHECC – Plan, Advocacy All Our Kin – home care	Care4Kids/DSS, Early Head Start application (\$960,000)	# of licensed home care providers/slots; # of funded infant/toddler slots
Family Engagement			
Launch a family outreach and information campaign to increase participation in early care programs.	NHECC Family Engagement Committee, City, NHPS, CFGNH	School Readiness, Private, & Partners in-kind, \$78,000 total	Messages developed; Resource Guide published and online; # of families reached with outreach/publicity
Expand opportunities for parents to learn child development skills and increase their involvement in their child's school.	NHECC/Family Engagement Committee/NHPS (Circle of Security) Providers, Family Service Collaborative	Family Resource Centers (\$320,000 State), Head Start, Partner In-kind (higher education)	Measures of impact of FRCs; # and capacity of parent/child events and parent trainings; # / % of parents attending
Support families' efforts to access early care and education programs.	School Readiness staff, Center staff, Help Me Grow, Family Service Collaborative	NHPS, Partner In-kind, City funds	# of sessions held; # of parents/caregivers attending; # of families in Care4Kids
Develop a Family Services Collaborative to coordinate service delivery and advance system changes.	NHECC Local managing agent	Write into service grants and contracts (e.g. Child FIRST) (Foundations, \$60,000)	# of agencies actively involved; # of programs coordinated; # of families receiving family support service
Assist women of childbearing age to graduate from high school or obtain their GED.	TPP NHECC, NHPS Social Development, NH Adult Ed, Celotto Day Care, Family Service Collaborative	Partner in-kind, NHPS Adult Ed /Polly McCabe, Celotto Child Care	#/% of teen parents staying in and completing high school; #/% of girls completing high school; # of GED slots /# and % of women completing
Child Health			
Create opportunities for all families to access quality, consistent health care.	Health Partners, Family Services Collaborative	Partner In-kind (family services), Grant funding	#/% of children screened for social-emotional issues, vision and hearing; #/% of families regularly visiting same health care provider ("Medical Home")
Increase system capacity for child mental health workers.	NHECC, Family Services Collaborative Behavioral Health Partnership	HUSKY, Behavioral Health Partnership, providers, Child FIRST (RWJ/state/private funding)	# of FTEs of trained child mental health workers in community; # of children served through early childhood system of care
Expand the work of the oral/dental health collaborative.	Oral Health Collaborative/NHPS	Yale / Hill Health Center Dental Clinics, Private dentists, Benecare (HUSKY Carveout Administrator)	% of children screened for oral health; #/% of children with dental visit by 1st birthday; #/% served through collaborative efforts; # of dentists accepting HUSKY

New Haven Early Childhood Council

The New Haven Early Childhood Council would like to express its appreciation to the many New Haven parents and caregivers and representatives of the following organizations for their extensive participation in the planning process. Over 200 people attended our two community forums in Summer 2007, with many participating in follow-up committee meetings.

Dr. Robert Windom
Council Co-Chair, Hill
Health Center

Ms. Jennifer Heath
Council Co-Chair, UWGNH

Mr. Allan Brison
Board of Aldermen

Ms. Kellyann Day
New Haven Home Recovery

Ms. Lorraine DeLuz
Student Parenting Family
Services

Ms. Nancy DiMauro
DCF Metro New Haven

Miss Adrenna D'Orlando
YNHH Daycare

Miss Denise Duclos
School Readiness Coordinator

Ms. Alice Ellovich
Department of Social Services

Ms. Sarah Fabish
Comm. Fdn. for Greater
New Haven

Ms. Xia Feng
New Haven Free Public Library

Ms. Evelyn Flamm
FHCHC/NFN

Ms. Joanne Goldblum
New Haven Diaper Bank

Dr. Marcy Guddemi
Gesell Institute

Ms. Pam Hansen
Council Staff

Ms. Myra Jones-Taylor
Community Member

Dr. Ernestine Kirkland
Gateway Community College

Ms. Sue Logston
Gateway Community College

Ms. Sandra Malmquist
Creating Kids/CT Children's
Museum

Dr. Tina Mannarino
New Haven Public Schools

Mr. Ron Manning
City of New Haven, CSA

Ms. Claudia McNeil
New Haven Head Start

Mr. Tomás Miranda
Casa Otoñal

Dr. Peg Oliveira
Community Member

Ms. Natasha Ray
Healthy Start Consortium

Ms. Marina Rodriguez
Family Resource Centers

Ms. Jessica Sager
All Our Kin

Ms. Janna Wagner
All Our Kin

Alexis Hill Montessori
All Our Kin
Area Cooperative Educational
Services
Arte Inc.
Arts Council of Greater New Haven
Calvin Hill Day Care Center
Casa Otoñal
Catholic Family Services
Centro San Jose
Children's Community Program
Children's Trust Fund
Christian Community Action
Agency
City of New Haven
Clifford Beers Guidance Clinic, Inc.
Community Action Agency of
Greater New Haven
Community Foundation for Greater
New Haven
Community Health Network
ConnCAN
Connecticut Behavioral Health
Partnership
Connecticut Belleza Latina
Connecticut-Charts-a-Course
Connecticut Department of
Children and Families
Connecticut Department of
Social Services
Connecticut Parent Power
Connecticut State Department
of Education
Coordinating Council for
Children in Crisis
Creating Kids at the Connecticut
Children's Museum
Davis Street School
DCF - Metro New Haven
Dwight Montessori School
Early Childhood Consultation
Partnership - Lower Naugatuck
Valley Parent Child Resource
Center
Early Childhood Learning Center

Edith B. Jackson Child
Care Program
Edward Zigler Center in Child
Development and Social Policy,
Yale University Child Study Center
Empower New Haven, Inc.
Fair Haven Community
Health Center
Family Resource Center/Hill Central
Family Resource Center/Katherine
Brennan
Family Resource Center/Wexler
Grant
Farnam Neighborhood House
Friends of Yale New Haven
Children's Hospital
Gan Hayed Preschool
Gateway Community College
Gateway Community College
Early Learning Center
Gesell Institute
Grand Avenue Village Association
Greater New Haven Chamber
of Commerce
Guilford Women & Family
Life Center
Help Me Grow/211
Hill Health Center
Holt, Wexler & Farnam
Hospital of St. Raphael
Integrated Refugee &
Immigrant Services, Inc.
JUNTA
Leila Day Nursery
Life Haven
LULAC
Matrix Public Health Solutions
New Haven Action
New Haven Board of Education
New Haven Family Alliance
New Haven Free Public Library
New Haven Head Start
New Haven Health Department
New Haven Healthy Start
New Haven Home Recovery

New Haven Housing Authority
New Haven Independent
New Haven Police Department
New Haven Public Schools
New Haven Public Schools,
Early Childhood Programs
New Haven Reads
New Haven Regional Children's
Probate Court
New Haven YMCA
NewAlliance Foundation
Phyllis Bodel Child Care Center
Planned Parenthood
r kids, Inc.
Reach Out and Read
Read to Grow
Sacred Heart/St. Peter School
San Martin Home Day Care
Southern Connecticut State
University
St. Aedan Elementary School
St. Andrew's Child Care Center
St. Francis Elementary School
St. Luke Episcopal Church
St. Rose of Lima School
Student Parenting Family
Services, Inc.
Teach Our Children
The Children's Community Program
of Connecticut
The Diaper Bank
United Community Nursery School
United Way Greater New Haven
University of Connecticut
Westville Community Nursery
School
William Caspar Graustein
Memorial Fund
Yale Center for British Art
Yale New Haven Hospital
Yale New Haven Hospital Day
Care Center
Yale University
Yale University, Child Study Center
Yale University, Yale Medical School



Footnotes

¹In February 2008, the Mayor renamed The New Haven School Readiness Council to the New Haven Early Childhood Council to better reflect its expanded charge to address the comprehensive service needs of families and children from birth to age 8.

²Best Beginnings is the comprehensive local early childhood plan prepared by the Mayor's Task Force on Universal Early Care and Education in 2001.

³Please note that in this Plan, any references to 'child' or 'children' refer to New Haven children ages 0-8 unless otherwise specified.

⁴This summary of the literature is adapted from the work of the Governor's Early Childhood Education Cabinet in "Ready by 5, Fine by 9" and "Thrive In 5: Boston's School Readiness Roadmap."

⁵Shonkoff, J and Philips, D. (Eds.). (2000). From Neurons To Neighborhoods: The Science of Early Childhood Development. Washington DC: National Academy Press

⁶National Scientific Council on the Developing Child. (2007). The Science of Early Childhood Development. <http://www.developingchild.net>.

⁷National Scientific Council on the Developing Child: "Young Children Develop in an Environment of Relationships", (2004).

⁸Karoly, L.A., Kilburn, M.R., and Cannon, J.S. (2005). Early Childhood Interventions: Proven Results, Future Promise. Santa Monica, CA: RAND Corporation

⁹Rolnick, A. and Grunewald, R. (2003). Early Childhood Development: Economic Development with a High Public Return. <http://www.minneapolisfed.org/pubs/fedgaz/03-03/opinion.cfm>

¹⁰Center on the Developing Child at Harvard University (2007). A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children. <http://www.developingchild.harvard.edu>

¹¹Single female-headed families represent 42% of the 8,129 New Haven families with children under 5 (2006 American Community Survey).

¹²2006 Census Population Estimate.

¹³Estimate based on the research literature and presentation to New Haven Early Childhood Council, "Prevalence of Social-emotional and Language problems in a Birth Cohort of New Haven Families from the Connecticut Early Development Project", by Margaret Briggs-Gowan, Ph.D., Assistant Professor, University of Connecticut Health Center, August 2, 2007

¹⁴Provisional Birth Data, 2000-2006.

¹⁵2000 Census.

¹⁶Heckman, J., "Catch 'Em Young," Wall Street Journal, January 10, 2006.

¹⁷Based on 2007 kindergarten DRA scores from New Haven Public Schools and 2008 Connecticut Mastery Test scores, available at www.cmtreports.com

¹⁸Early childhood education program accreditation certifies programs that meet national standards on education, health, and safety.

¹⁹The National Association for the Education of Young Children (NAEYC), Head Start, and the National Association for Family Child Care (NAFCC) are the three national accrediting bodies for early care and education providers.

²⁰Through the Toolkit Project, All Our Kin helps informal and unlicensed caregivers, now referred to as "family, friends and neighbor care," meet health and safety standards, complete state licensing requirements, and participate in All Our Kin's network of child care providers. About half of state Care4Kids child care subsidies are used by families to pay these informal providers.