



Regional Plan for Children's School Readiness



*Creating Smart Beginnings
for Children from Birth to 5*

Dear Greater Richmond Region:

There is no question that the early years are critical for the brain development of children – where the foundation for learning is set. The quality of the care and environment that children experience in the first five years of life greatly influence the strength of that foundation. Sadly, there are too many children right here in our community who do not receive the good start they deserve.



There are more than 9,500 children under six in the Richmond region living in poverty every day. That’s one out of every eight children who likely do not have a single book in their home, or a pediatrician who knows their name, or a safe environment in which to live and play.

Without a good start in the early years, children are ill-prepared for kindergarten. Children who start school behind tend to stay behind, and the gap only widens over time. This affects not only the child’s school readiness and performance, but also each one of us. A lack of school readiness contributes to tremendous costs in special education, delinquency, teen pregnancy, substance abuse, and lost workforce potential.

As the true cost of doing nothing became increasingly clear, we saw an unprecedented level of commitment to early childhood, both at the state and local level. This led to the establishment of the Virginia Early Childhood Foundation in 2005 to support and fund regional efforts to promote school readiness. The time was right to galvanize the myriad partners and resources already dedicated to early childhood development and chart out a course for the future.

Smart Beginnings Greater Richmond convened over 180 local government officials, schools, child care centers, health care providers, and business leaders, all of whom realized the impact that early childhood development has on the economic and civic vitality of our community, to create a unifying plan that would make a measurable difference in our region. Today, we present to you [The Regional Plan for Children’s School Readiness: Creating Smart Beginnings for Children, 0-5](#).

As you read through the goals, strategies, and data published in this report, don’t forget that at the heart of this matter lies our most vulnerable population. Let’s make it our responsibility to ensure that *all* young children are healthy, well-cared for, and ready to succeed. It just makes sense.

A handwritten signature in blue ink that reads "Thomas N. Chewning". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Thomas N. Chewning
Chairman, Smart Beginnings Greater Richmond Leadership Council

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Introduction

The Regional Plan for Children's School Readiness is based on three conditions.



1

Learning Begins at Birth

The early years are the most critical years to a child's brain development and growth. Much of the brain's structure and function are developed by the time a child reaches the age of three. Children who grow up in stressful environments that are not nurturing and enriching will start out behind their peers and stay behind. *Starting early is right on time.*

2

Investing in Early Childhood is an Economic Development Strategy

The rate of return on investments in early childhood is better than the rate of return in the stock market. Quality early learning reduces crime rates, teenage pregnancy, welfare dependency, job training costs, special education costs and grade repetition. Quality early learning increases success in school, graduation rates, workforce readiness, job productivity and community engagement. *Investing in early childhood makes economic sense.*

3

Ready Children need Ready Families, Ready Services, Ready Schools and Ready Communities

School readiness is not only about the skills and experiences a child has acquired before entering school, but also about the service providers and community institutions that ensure those experiences are nurturing and enriching. *For our children to be ready for school, our region needs to be ready to prepare them for success.*

The research is clear: investing in children's early development and school readiness reaps returns across different sectors—workforce, health care, education, public safety and business—resulting in a human capital investment strategy proven to improve lives and encourage economic growth for the Greater Richmond and Petersburg region. Impact on sectors includes:

Public Safety

Children who are left out of quality early childhood programs are five times more likely to commit a crime by age 27 than children who attend pre-kindergarten.¹

Workforce

Just as the baby boomer generation starts to retire, the education level of individuals entering the workforce is projected to remain stagnant through 2020.² High-quality early childhood programs can narrow the achievement gap and increase educational attainment.

Health Care

Families receiving home visiting services were less likely to have a low birth-weight infant, resulting in a cost savings of \$2,287 per high-risk pregnancy.³

Education

For each child who attends pre-kindergarten, school systems can save between \$2,625 and \$4,385 during the child's K-12 education, resulting from higher teacher satisfaction, less teacher turnover, reduced special education costs, and reduced spending on in-school safety and security.⁴

Business

A survey of Richmond-area businesses found that the total economic impact of insufficient child care across the region is estimated at \$177 million per year.⁵

Overall Economic Impact

For every \$1 invested in quality early care programs, an average of \$7-\$8 is returned to the community by reducing costs associated with crime, special education and welfare and increasing revenues through improved productivity and tax revenue.⁶

Regional Plan for Children's School Readiness

Why Is a School Readiness Plan Needed for the Richmond Region?

Children that grow up in low-income families often start school without the same experiences and preparation as their peers from higher-income families. Quality early childhood programs targeted to children from low-income families are proven to help alleviate disparities. Needs affecting children in the Richmond region include:

Poverty & Homelessness

Children who experience the stress of homelessness at an early age often miss out on the nurturing and consistency that leads to positive development. At any given time, 100 children younger than the age of six are homeless. Thirty-four percent of children under six in the City of Richmond live in poverty (12 percent for the region).

Language & Literacy Skills

Children who are prepared to succeed when they enter kindergarten are more likely to succeed in school. During the fall of 2008, 1,794 kindergartners across the region entered school without the language and literacy skills needed to succeed.⁷ While the rate of children who lacked the early language and literacy experience is highest in the cities of Richmond and Petersburg, the majority of the children who were not prepared reside in our suburban counties. During the 2006-2007 school year, 16 percent of third graders in the region did not pass the English Standard of Learning (SOL) test.⁸

Health

Children who are born healthy are likely to stay healthy. More than 1,000 children born in the Richmond region during 2006 were born weighing an unhealthy birthweight (fewer than 5.5 pounds).⁹

Family

Young children need the support of a safe, nurturing and supportive family environment to encourage their growth and development. The rate of births to teens ages 15-17 in Richmond and Petersburg is double the state average at greater than 40 out of 1,000.¹⁰ The City of Richmond has more children in the foster care system than any other jurisdiction in the state of Virginia.¹¹

Child Care

As the majority of parents work outside the home, young children need high-quality and affordable early learning environments. Fewer than half of the estimated at-risk three- and four-year-olds are enrolled in public preschool.¹²





Intended Use

The Regional Plan for Children's School Readiness (the Plan) provides a map to achieving the vision that all children, ages 0-5, in the Greater Richmond and Petersburg region will be healthy, well-cared for and ready to succeed in school and in life. Ultimately, the Plan provides a tool for strategic planning, coordinating efforts, achieving economies of scale and measuring progress.

It is intended to be used by public and private agencies such as for-profit and not-for-profit organizations, funders, local governments, schools, coalitions, associations, businesses and partnerships to inform their own work and to participate in a larger collaboration (called Smart Beginnings) to build an effective and accountable system of support for young children.

The Plan is a document representing our region's consensus on what it will take to achieve school readiness for all of the region's young children. It provides a framework and guidance to encourage the public and private sectors as we all work toward this goal.

Guiding Principles

The Plan is guided by the following key principles:

- School readiness is critical for the children of all families living in our region, regardless of income, education, race, religion, geographic location, ethnicity, language or disability.
- Preventive approaches are more economical and effective than remediation later in life.
- The Plan is owned by the regional community and was created by gaining consensus from a wide variety of stakeholders.
- The Plan builds on the foundation of extensive regional progress and accomplishments in the early childhood field.
- Collaboration across the region and across sectors is necessary to avoid duplication of efforts and support families' mobility across the region.
- Each locality will incorporate its unique needs and deploy its resources to meet those needs.
- An implementation and accountability structure will accompany the Plan to ensure its effectiveness.
- Research proves that positive early childhood development and school readiness are critical elements in the formula for a community's economic vitality. Positive early childhood development makes a long-term positive impact on pressing issues such as poverty, crime, welfare dependency, workforce development, homelessness and health costs.
- Issues such as transportation, workforce development, homelessness and financial stability impact a child's school readiness through his or her family's ability to provide a stable home as well as through the availability of a qualified workforce.

Regional Plan for Children's School Readiness

The Ready Child Equation

The course for developing the Regional Plan for Children's School Readiness includes a two-phase collaborative process:

PHASE I

Seeking input and consensus from a broad range of stakeholders to develop the Plan.

PHASE II

Implementing the Plan through the coordination, accountability and measuring of the strategies and action steps. Stakeholders use the Plan for priority setting, strategic planning and investing. An accountability system supports the implementation and coordination of the Plan as well as measures and reports impact.

The Plan is closely aligned with Virginia's definition of school readiness, which says that, "school readiness describes the capabilities of children, their families, schools, and communities that will best promote student success in kindergarten and beyond. Each component—children, families, schools, and communities—plays an essential role in the development of school readiness. No one component can stand on its own."

The Plan also complements Virginia's Plan for Smart Beginnings, a comprehensive document with the purpose of building and sustaining a system in Virginia to support parents and families as they prepare their children to arrive at kindergarten healthy and ready to succeed. The alignment between the Plan and state-level efforts will help ensure continuity and coordination among state, regional and local early childhood systems.

The Plan follows the "Ready Child Equation" created by the National School Readiness Indicators Initiative.¹³ The "Ready Child Equation" describes the sum of the conditions affecting a child's life during his or her first five years of development that influence the child's school readiness. According to the National

School Readiness Indicators Initiative, if Ready Families have support to help ensure a stable, positive and enriching family life; and Ready Services are available and affordable programs offered by quality service providers to promote the health, safety, education and nurturing care of young children; and Ready Schools are prepared to accept and educate entering kindergartners from home, community and school-based preschool programs; and Ready Communities provide resources to families with young children through the public and private sectors, have cultural institutions that provide enrichment for young children, and generate public will to support early childhood development, then Ready Children will enter school ready to succeed.

READY FAMILIES + READY SERVICES + READY SCHOOLS + READY COMMUNITY

READY CHILDREN



Quality Early Learning **INCREASES**

Job Productivity
Graduation Rates
Success in School
Workforce Readiness
Community Engagement

*Early Learning
Influences
Long-Term Success*

Quality Early Learning **DECREASES**

Special Education Costs
Welfare Dependency
Teenage Pregnancy
Job Training Costs
Grade Repetition

Goals

- 1. Ready Families** ensure safe and stable environments, promote the health of their children, identify themselves as their child's first teacher, and provide steady and supportive relationships.
- 2. Ready Early Care and Education Services** are affordable and accessible, providing high-quality learning environments for young children (including children with unique developmental and other special needs).
- 3. Ready Health Services** are affordable and accessible, providing high-quality preventive and intervention care to meet the physical, dental, and behavioral health needs of all young children.
- 4. Ready Schools** provide a seamless transition to high-quality learning environments that are led by highly qualified teachers who recognize children's strengths and are sensitive to cultural values and individual differences.
- 5. Ready Communities** work effectively across all sectors to support families, recognize the importance of early childhood development, and act to support policies and investments to help children enter kindergarten ready to succeed.

Ultimate Outcome

Ready Children will be prepared socially, emotionally, physically and intellectually to enter kindergarten ready to succeed. **Ready Children** will live in nurturing families, will have high quality early care and health care services, will be supported by an enriching and caring community and will enter ready schools. The measurement for **Ready Children** is the percent of kindergartners who are not identified as needing early literacy intervention each fall.

Regional Plan for Children's School Readiness

The goals, objectives, strategies and indicators of the Regional Plan for Children's School Readiness were developed and approved through a collaborative community process led by members of Smart Beginnings Greater Richmond representing the counties of Chesterfield, Hanover, and Henrico and the cities of Petersburg and Richmond.

The Plan is supported by state and national readiness plans and builds upon planning, assessments, and past priorities in our region.

Accountability Structure

Why is our accountability system results-based?

The Plan includes five goals with objectives and measurable indicators aimed at preparing all children to be healthy, well-cared for, and ready to succeed in life. To reach the overall goal, the Plan includes a set of strategies and action steps expressed within a specific time frame and with quantifiable performance measures. The success of the Plan will be based upon participants' ability to achieve these results and move the regional indicators in the right direction.

What are our methods of measuring the results?

For each goal and strategy, Action Teams will set targets for indicators and levels of performance expressed in specified time frames. This will become the baseline or "benchmark" from which all future progress is measured. Prior to adoption of benchmarks, the selected measures will be reviewed and prioritized by Smart Beginnings staff and approved by the School Readiness Committee to confirm a final measure that can be collected regularly and shared with the public. The data will be reviewed for its reliability, ability to collect over time, "proxy power,"¹⁴ frequency of publication, cost and/or resources for collecting data, and communication power.

How will data be shared?

Smart Beginnings staff will provide regular reports of the results to the public, and will disseminate them through the Leadership Council. These public reports of progress will include the Plan framework (vision, goals, objectives and indicators) that communicates the region's values and priorities. In the first phase of the Plan implementation, it is anticipated that these reports will be annual. Data will come from national, state and local sources,

as well as stakeholders participating in the School Readiness implementation.

Action Teams will review their internal progress quarterly by evaluating where they are on the performance measures, as well as noting any available changes on community-wide indicators.

Progress reports will then be presented to the School Readiness Committee for strategic direction. Performance data will be used by Action Team and School Readiness Committee members to inform, monitor and revise strategies and action steps to achieve optimum results.

How is the accountability structure organized?

The Plan is overseen by the Smart Beginnings Greater Richmond Leadership Council. This group of high-level private sector, public, and non-profit leaders, staffed by the presidents of the United Way of Greater Richmond & Petersburg and the Greater Richmond Chamber of Commerce, leads the region's early childhood efforts and is accountable for the Plan. During Plan development, the Leadership Council approves the goals, objectives, strategies and regional indicators, as well as the public engagement and accountability structure. During implementation, the Leadership Council monitors the Plan, leads public engagement and outreach efforts, reports out to the public on the progress of the Plan, and votes on recommendations by the School Readiness Committee regarding strategy, policy and program direction.

The implementation of the Plan is directed by a sub-committee of the Leadership Council called the School Readiness Committee. This committee includes director-level representatives of the Leadership Council and regional non-profit, public, and private

Accountability Structure

organizations. The School Readiness Committee provides strategic direction for the Plan, coordinates implementation of the five goals through Action Teams, approves outcomes and timelines, monitors progress on a quarterly basis and reports to the Leadership Council.

Five Action Teams lead the implementation of goals and local planning efforts. During Plan development, these teams finalize and prioritize action steps, timelines and performance measures. During implementation, Action Teams provide guidance and direction to partners to accomplish each goal, help identify resources and networks, and share progress and system needs with the School Readiness Committee.

United Way staff dedicated to Smart Beginnings coordinate the work of the committees, provide technical assistance to Action Teams, help teams set and monitor performance measures, conduct research and analysis and build awareness and ownership of the Plan.

Members of all the above committees are informed by a regional Early Childhood Development Collaboration—a neutral venue for including the grassroots perspective of early childhood-related programs and organizations. More than 80 providers identify service needs and solutions, network and coordinate services, share information, resources and effective practices, and advocate for policy and funding opportunities. The Early Childhood Development Collaboration reports to the School Readiness Committee.



Goal 1

Ready Families
ensure safe and stable environments, promote the health of their children, identify themselves as child's first teacher, and provide steady and supportive relationships.

Objectives

1. Increase the stability of families with young children.
2. Increase families' understanding of the health and special needs of their children.
3. Increase the quality, availability, and accessibility of parenting support programs for all families.
4. Improve access for all families to quality information and supportive services.
5. Reduce long-term costs spent on the rehabilitation of young children and youth.
6. Decrease the number of teen pregnancies.

Regional Indicators

- **Births to Teens**
Rate of births to teens
- **Child Abuse and Neglect**
Rate of substantiated child abuse and neglect
- **Number of children under age 6 entering foster care**
Rate per 100 children
- **Infant Mortality Rate**
Rate of infants dying in first year of life per 1,000 births
- **Lead Poisoning**
Rate of children ages birth to five with elevated blood lead levels

Strategies

- 1.1 Provide evidence-based home visiting services to all eligible families.

- 1.2 Develop a system of coordinated, accessible and effective parenting education services.

- 1.3 Provide effective family and early literacy programs.

- 1.4 Support effective and coordinated community-based efforts to reduce teen pregnancies.

- 1.5 Connect families with financial stability resources.

Ready Families

Action Steps

- 1.1.1 Develop one unified home visiting assessment and referral process to connect families with home visiting programs.
- 1.1.2 Develop referral protocols to home visiting programs. Provide professional development to train, develop trust and advocacy.
- 1.1.3 Increase the capacity of home visiting programs to serve more families.
- 1.1.4 Expand the network of providers.
- 1.1.5 Increase understanding of home visiting practices and results among referral sources.
- 1.1.6 Raise families' awareness about the value of home visiting services.
- 1.1.7 Conduct a cost and capacity analysis for home visiting services.

- 1.2.1 Make quality parent education programs more accessible by identifying resources for families.
- 1.2.2 Provide professional development to trainers ("Toastmasters" for Parent Education).
- 1.2.3 Support and expand best practice parent education services.
- 1.2.4 Coordinate with regional Infant Mortality effort to provide educational materials to families and caregivers on preventing infant deaths.
- 1.2.5 Partner with area health districts to provide educational information and kits to new parents to recognize, test for, and prevent lead poisoning.

- 1.3.1 Promote early literacy and family literacy among all families.
- 1.3.2 Support, coordinate and expand effective home-focused early literacy and family literacy-related programs, such as First Book, Reach Out and Read, Book Bank, and Raising A Reader.

- 1.4.1 Meet regularly with stakeholders leading teen pregnancy prevention efforts to coordinate with School Readiness Plan activities and services.
- 1.4.2 Promote healthy behaviors among teens, pregnant women, and young children.

- 1.5.1 Support area efforts to promote the Earned Income Tax Credit.

Ready Early Care

Strategies

Ready Early Care and Education Services are affordable and accessible, providing high-quality learning environments for young children (including children with unique developmental and other special needs).

Objectives

1. Improve the quality of public and private early care and education programs.
2. Increase the inclusivity of early care and education programs for children with disabilities and special health care needs.
3. Improve the supply of qualified early care and education teachers and administrators.
4. Increase the number of low-income children participating in high-quality early care and education programs.
5. Decrease the number of license violations for early care and education programs.

Regional Indicators

- **Accredited Early Care and Education Programs**
Percent of early care and education centers and home providers nationally accredited
- **Access to Child Care Subsidies**
Percent of eligible children receiving child care subsidies
- **Children Enrolled in Early Care and Education Programs**
Percent of three- and four-year-olds enrolled in center-based care and education programs (including private and public programs)

Emerging Indicators

- Quality Star levels of regulated early care and education programs participating in the Virginia Star Quality Rating and Improvement System (VA Star)
- Credentials and training hours of early care and education teachers

2.1 Implement a voluntary quality rating and improvement system for early care and education programs.

2.2 Build a strong, quality enhancement and professional development system to serve early care and education programs.

2.3 Promote the early identification of developmental disabilities and delays in quality early care and education environments.

2.4 Expand the availability of publicly funded quality early care and education programs.

2.5 Support greater efficiency, accessibility, and quality in the child care system.

and Education Services

Action Steps

- 2.1.1 Conduct a quality child care awareness campaign to early care and education providers and to the public.
- 2.1.2 Develop a strategy for research and evaluation of child outcome measures.
- 2.1.3 Partner with the Virginia Early Childhood Foundation to continue to implement VA Star regionally.
- 2.1.4 Conduct a cost and capacity analysis of VA Star regionally.
- 2.1.5 Coordinate and support area programs to complement VA Star.

- 2.2.1 Enhance resources for professional development and awareness of providers.
- 2.2.2 Provide higher education credentials for professional development offerings.
- 2.2.3 Develop outreach strategies and focus on high school programs.

- 2.3.1 Share successful models of community-based/public pre-school programs.
- 2.3.2 Train and educate early childhood education providers to identify indicators of developmental delays.
- 2.3.3 Support referrals for families to access early intervention services; know what's available and advocate for referrals and placements.

- 2.4.1 Share successful models of community-based/public pre-school programs.
- 2.4.2 Support the expansion of publicly funded early care and education programs in schools and with community-based partnerships.

- 2.5.1 Gather data on the utilization and need of subsidy system.
- 2.5.2 Strengthen the public child care subsidy system to serve more children.
- 2.5.3 Promote tiered reimbursements to publicly funded early care and education programs based on the quality of programs.

Goal 3

Ready Health Services are affordable and accessible, providing high-quality preventive and intervention care to meet the physical, dental, and behavioral health needs of all young children.

Objectives

1. Increase the number of children and pregnant women enrolled in Medicaid/FAMIS or private health insurance.
2. Improve the accessibility and availability of mental/behavioral health services for children, mothers, fathers, and early care providers.
3. Increase the availability and accessibility of dentists who are trained to serve young children and who accept publicly supported medical insurance.
4. Increase the number of children with a medical home.
5. Increase participation in the Women, Infants and Children (WIC) program and early intervention health care services.

Regional Indicators

- **Health Insurance**
Percent of children eligible and enrolled in Medicaid and FAMIS
- **Low Birthweight Infants**
Percent of low birthweight births
- **Access to Prenatal Care**
Percent of births to women who receive late or no prenatal care
- **Early Childhood Specialized Health Providers**
Number/percent of early childhood specialized dental and behavioral health providers
- **WIC Usage**
Rate of eligible women using WIC

Strategies

- 3.1 **Promote the enrollment of children and their families in affordable health insurance.**

- 3.2 **Maximize the use of early prevention and intervention services.**

- 3.3 **Promote positive social and emotional health for children, ages birth to five, and their parents.**

- 3.4 **Develop a collaborative strategy to educate parents and children on the importance of preventative dental health care and increase the availability and accessibility of dentists serving young children.**

Ready Health Services

Action Steps

- 3.1.1 Connect and coordinate with existing regional children's health insurance initiatives and coalitions in areas of highest need.
- 3.1.2 Promote enrollment in WIC programs.
- 3.1.3 Promote enrollment at key community and outreach activities.
- 3.1.4 Raise awareness through marketing.

- 3.2.1 Promote the importance of well-child health care and utilization of Early Periodic Screening, Diagnosis and Treatment (EPSDT).
- 3.2.2 Promote use of WIC benefits and resources.
- 3.2.3 Promote the medical home model with families and practitioners.

- 3.3.1 Use standardized screening instruments for the early identification of behavioral and mental health in all caregiver settings.
- 3.3.2 Develop and expand services to support early childhood behavioral and mental health in all caregiver settings.
- 3.3.3 Develop behavioral and mental health teams to support early childhood development.
- 3.3.4 Promote options for mental health, stress management and relationship enhancement within existing community service programs.
- 3.3.5 Provide enhanced resources for parental mental health.

- 3.4.1 Promote the importance of affordable or free dental care for children.
- 3.4.2 Establish a network of providers for affordable or free children's dental health.
- 3.4.3 Promote a network of dentists who do free work and volunteer follow-up.

Goal 4

Ready Schools provide a seamless transition to high-quality learning environments that are led by highly qualified teachers who recognize children's strengths and are sensitive to cultural values and individual differences.

Objectives

1. Improve the common understanding of school readiness between the early care and education field and the elementary system.
2. Improve the transition experience of young children entering kindergarten.
3. Increase the cultural-heritage competencies of teachers and schools.
4. Increase kindergarten teachers' preparation to address the individual needs of children (including cultural, cognitive and developmental needs).
5. Increase the on-time enrollment of incoming kindergartners.
6. Increase family involvement in the learning process.

Regional Indicators

- **3rd Grade English Standards of Learning (SOL) Scores**
Percent of students passing 3rd Grade English SOL
- **Kindergarten Class Size**
Average teacher-to-child ratio
- **Spring PALS-K Scores**
Percent of kindergartners identified as needing early literacy intervention services in Spring assessments

Strategies

- 4.1 **Develop a regional definition of a child's school readiness that can be used by families and professionals.**

- 4.2 **Promote the enrollment of incoming kindergarten students by the first day of school.**

- 4.3 **Develop an awareness of cultural and heritage sensitivities.**

- 4.4 **Influence public policy to encourage State standards of preschool and kindergarten class size.**

Ready Schools

Action Steps

4.1.1 Define “Kindergarten Readiness” for public awareness.

4.1.1.1 Assess the viability of adopting the developing State definition of School Readiness.

4.1.2 Support the development of a more common comprehensive school readiness assessment of children.

4.1.2.1 Promote a research initiative to review and identify an assessment tool.

4.2.1 Build relationships with home-based and center-based child care to reach parents.

4.2.2 Support quality early care and education programs.

4.2.3 Develop a partnership between parents, early care and education programs, and school staff to help parents and children comprehend and transition into school.

4.2.4 Communicate to parents and providers the availability of early intervention and identification of children’s needs prior to registration.

4.2.5 Build a regional communications campaign to notify parents and early care and education providers of options for registration, and encourage them to register early.

4.2.6 Train and prepare teachers to make appropriate placements.

4.3.1 Promote professional development that prepares Pre-K and kindergarten teachers to address individual needs of children.

4.3.2 Research and conduct an inventory of effective cultural awareness training.

4.3.3 Collaborate with public and private service providers and businesses to make the best use of resources and emphasize cross-training and exchange.

4.4.1 Identify standards for optimum class sizes for Pre-K and kindergarten classes.

4.4.2 Reach consensus on a class size standard and use as an indicator for Ready Schools in the school readiness plan.

Goal 5

Ready Communities work effectively across all sectors to support families, recognize the importance of early childhood development, and act to support policies and investments to help children enter kindergarten ready to succeed.

Objectives

1. Increase the number and diversity of champions and spokespeople promoting the importance of early childhood development.
2. Increase the delivery of early childhood focused services through cultural and enrichment programs.
3. Increase the participation of regional, public, private, and faith-based leaders to support State and local early childhood initiatives.
4. Improve the capacity of local partnerships working to coordinate, improve, and expand early childhood programs and services.
5. Increase public-private investments and align funding streams for maximum impact.

Regional Indicators

● Regional Perception Poll

Percent of community valuing early childhood development and school readiness as a priority issue; percent of community with basic knowledge of the early years as important to life success

● Public and Private Investments in School Readiness

Amount of public and private funds invested in early childhood programs

Strategies

5.1 Conduct regional/local social marketing campaigns focused on the importance of early childhood.

5.2 Foster community participation in early learning opportunities.

5.3 Increase the diversity, support and sustainability of funding for effective programs to implement the School Readiness Plan.

5.4 Strengthen and sustain regional and local coalitions to address systemwide early childhood issues and interagency collaboration efforts.

Ready Communities

Action Steps

- 5.1.1 Promote public awareness and outreach of the early years and strong families in achieving readiness for school.
- 5.1.2 Build a team of local leaders championing the importance of early childhood for a strong region (including faith-based, business, nonprofit, law enforcement, government, schools, and the media).
- 5.1.3 Highlight the diversity of families that take advantage of early childhood development and school readiness services (vs. the traditional nuclear family).

- 5.2.1 Promote neighborhood and community venues that foster family involvement and early learning, including parks, libraries, recreational facilities, civic and cultural groups.
- 5.2.2 Expand the early childhood development focus of community organizations.
- 5.2.3 Encourage employers to support early childhood-related volunteer opportunities.
- 5.2.4 Promote the use of extended families and faith-based resources.

- 5.3.1 Connect private investors and funding resources with effective strategies and programs.
- 5.3.2 Establish public and private alliances in support of the five goals.
- 5.3.3 Develop guidance for aligning funding streams and services that maximize reach and effectiveness.
- 5.3.4 Determine the financial cost of closing the “public preschool gap” of 1,700 young children in the region.
- 5.3.5 Request a regular audience with State legislators to help advance the Plan’s implementation.
- 5.3.6 Advocate for the establishment of consistent measurements and data to improve the ability to measure regional and local efforts aligned with the State plan.

- 5.4.1 Align/coordinate stakeholders involved in the School Readiness initiative with effective community and regional initiatives that support the overall Plan goals & objectives.
- 5.4.2 Facilitate the development of locality-based early childhood committees to share information.



Five-Year Priority Strategies

Priority Strategies Are Our Blueprint for Success

More than 180 community partners helped create a Regional Plan for Children’s School Readiness based on nationally recognized “readiness” areas: Ready Families, Ready Early Care and Education Services, Ready Health Services, Ready Schools, and Ready Communities. Action Teams have formed to prioritize and implement strategies in each of these focus areas that can be addressed over the next five years.

To identify their five-year priorities, Action Teams considered the following criteria:

Impact

The measure of strategic importance relevant to the relationship among things. The greater the number of other items related to an item, the greater the impact.

Immediacy

Does something have to happen first, before other things can happen? What is the window of opportunity for doing something? The earlier the item appears in a sequence of actions, or the smaller the opening of the window, the higher the immediacy.

Likelihood of Success

How likely it is that the coalition will be able to implement the strategy in a successful, meaningful way. Does the coalition have the capacity and strategic position necessary to be successful here?

Consequence

What will happen if you do something? What will happen if you do nothing? The greater the significance of either effectively addressing or not addressing the issue, the greater the consequence.

The following section outlines the five-year priorities that the Action Teams selected based on these criteria.

While emphasis will be placed on these strategies, the Action Teams continue to monitor and support efforts underway to move forward on the other strategies identified in the full Regional Plan for Children’s School Readiness.

Note: Five year priority strategies may differ in order and wording from those in the full Regional Plan for Children’s School Readiness. The Plan is a working document that continues to undergo refinement as it is implemented.

Our vision is that all children, 0-5, in the Greater Richmond and Petersburg region will be healthy, well-cared for, and ready to succeed in school and in life.

Ready Families

PRIORITY STRATEGY

ACTION STEPS

1.1 Provide evidence-based home visiting services to all eligible families.

- 1.1.1 Sustain a unified home visiting referral process (Richmond Home Visiting Referral Center) to connect families with home visiting programs.
- 1.1.2 Conduct a cost and capacity analysis of home visiting services regionally.
- 1.1.3 Increase the capacity of home visiting programs regionally to serve more families by increasing available funding and creating additional slots.
- 1.1.4 Increase the number of families enrolled in regional home visiting programs by enrolling more families and operating programs at capacity.
- 1.1.5 Promote understanding of the value of home visiting with referral sources and families.
- 1.1.6 Expand or replicate unified home visiting referral process to the region.

1.2 Develop a system of coordinated, accessible and effective parenting education services.

- 1.2.1 Promote quality parenting education by identifying quality resources for families.
- 1.2.2 Provide professional development to parent educators.
- 1.2.3 Define best practices for parenting education and inventory existing programs meeting the definition.
- 1.2.4 Support and expand best practice parent education services.

Priority Strategies

TIMEFRAME	PERFORMANCE MEASURE	RESPONSIBLE LEAD	COST
Short-term	Sustain signed agreements with 5 home visiting partner organizations Increase # of referral sources as capacity increases	City of Richmond Early Childhood Development Initiative	\$\$
Short-term	Analysis completed and published	United Way of Greater Richmond & Petersburg	\$
Mid-term	Increase in the amount of funds provided for regional home visiting programs Increase in the number of available home visiting slots in the region by 25 percent by 2014	United Way of Greater Richmond & Petersburg Public and Private Funders Home Visiting Organizations	\$\$\$\$\$
Mid-term	Increase in the number of enrolled families by 25 percent regionally by 2014 Home visiting programs operate at 90 percent of funded capacity	Home Visiting Organizations Richmond Home Visiting Referral Center	\$\$\$\$\$
Mid-term	Posters and brochures developed and distributed Annual increases in # of referrals received by Richmond Home Visiting Referral Center and Partnership for Families-Northside	City of Richmond Early Childhood Development Initiative Partnership for Families-Northside Home Visiting Organizations United Way of Greater Richmond & Petersburg	\$
Mid-term	Regional coordinated referral network established by 2014	United Way of Greater Richmond & Petersburg	\$\$\$
Short-term	#/ percent increase in FAM Web site hits #/ percent increase in 800-Children calls # of “best practice” programs listed on FAM Web site	Families are Magic of Richmond Prevent Child Abuse Virginia	\$
Mid-term	Establish principles of practice Inventory existing opportunities to introduce principles and training to promote them	Commonwealth Parenting	\$
Mid-term	Definition of best-practice, evidence-based, evidence-informed services and directory are completed	Virginia Parenting Education Committee State Goal Group II	\$
Mid-term	#/ percent increase in families participating in best practice services Increase in funding supporting best practice services	Parenting Education Providers Public and Private Funders	\$\$\$

Ready Early Care and Education

PRIORITY STRATEGY

ACTION STEPS

2.1 Build a strong quality enhancement and professional development system to serve early care and education programs.

- 2.1.1 Support State efforts to implement a training registry for teachers and approved trainers.
- 2.1.2 Establish a regional hub of information for teachers to access professional development services.
- 2.1.3 Provide higher education credentials for professional development offerings.
- 2.1.4 Support efforts to develop community college outreach strategies for early childhood development programs.

2.2 Expand the Virginia Star Quality Rating and Improvement System for early care and education programs.

- 2.2.1 Conduct a quality rating and improvement system awareness campaign within the early care and education field.
- 2.2.2 Encourage programs participating in the QRIS to incorporate child development assessments into programming.
- 2.2.3 Partner with the Virginia Early Childhood Foundation and local departments of social services to continue to implement Virginia's Star Quality Rating and Improvement System regionally.
- 2.2.4 Conduct a cost and capacity analysis of VA Star regionally.

Priority Strategies

TIMEFRAME	PERFORMANCE MEASURE	RESPONSIBLE LEAD	COST
Short-term	Regional representation on state-level planning groups Completion of regional needs and resources assessment Implementation of the training registry #/ percent of regional teachers and trainers using the registry	Virginia Office for Early Childhood Development Virginia Smart Beginnings Professional Development Workgroup ChildSavers (local child care resource and referral agency) City of Richmond Early Childhood Development Initiative	\$\$\$
Mid-term	Concept developed and partners established Hub implemented Utilization rate	Ready Early Care and Education Action Team	\$\$
Long-term	Increase in # of non-college sponsored trainings carrying Continuing Education Units	Office for Early Childhood Development Local colleges ChildSavers	\$\$
Short-term	Percent change in enrollment of students in early childhood development programs	J. Sargeant Reynolds Community College John Tyler Community College	\$
2009-2014	Process Awareness Utilization	Virginia Early Childhood Foundation VA Office for Early Childhood Development Smart Beginnings Greater Richmond ChildSavers	\$\$
2009-2014	#/ percent of three- to five-star programs administering child development assessments	United Way of Greater Richmond & Petersburg Smart Beginnings Greater Richmond	\$\$
2009-2014	#/ percent of eligible early care and education programs participating in VA QRIS	United Way of Greater Richmond & Petersburg Smart Beginnings Greater Richmond ChildSavers Local Departments of Social Services	\$\$\$\$
2009	Completion and findings of the report	United Way of Greater Richmond & Petersburg	\$

Ready Health

PRIORITY STRATEGY

ACTION STEPS

3.2 Maximize the use of early prevention and intervention services.

3.2.1 Promote the importance of well-child health care and utilization of standardized screening assessments.

3.2.2 Promote use of WIC benefits and resources.

3.2.3 Promote the medical home model with families.

3.2.4 Strengthen the relationship between Part C and private providers.

3.3 Promote positive social and emotional health for children, ages 0-6, and their parents.

3.3.1 Use standardized screening instruments for the early identification of behavioral and mental health in all caregiver settings.

3.3.2 Develop and expand services to support early childhood behavioral/mental health in all caregiver settings.

3.3.4 Promote options for mental health, stress management and relationship enhancement within existing community service programs.

3.3.5 Provide enhanced resources for parental mental health.

Priority Strategies

TIMEFRAME	PERFORMANCE MEASURE	RESPONSIBLE LEAD	COST
2010-2011	Completion of a data picture on current assessment & referral practices Identify “screening champion” to carry message to pediatricians Engage champion #/ percent of children in the region receiving a developmental assessment by 9 months of age Increased # of referrals to Part C as reported by Part C entities	Part C early intervention offices Virginia Department of Medical Assistance Services (DMAS) Managed Care Organizations (MCOs) American Academy of Pediatrics (AAP) Home Visiting Hospitals	\$\$
Short-term	Monitor #s served, percent eligible	Local Health Districts Home Visiting	\$
Short-term	Identify existing resources and strategies Identify indicator	Medical Home Plus, AAP, DMAS Home Visiting, FAMIS marketing, MCOs	\$
Short-term	Identify strategy	Part C Managers	\$
2010-2011	Expansion of awareness and understanding of infant and toddler mental health Identify assessment and implementation options # and percent of children screened	Partnership for People with Disabilities (PPD), Office of Early Childhood Development (OECD), Part C Local Lead Agencies, AAP, ChildSavers, Home Visiting Agencies Consortium	\$\$
Long-term	Identify indicator	Community Services Boards (CSBs), Child Savers, Medical College of Virginia (MCV) Institute for Family Studies, Part C Intervention, Part B, VCU Department of Psychology, CAHN, VA Star	\$\$\$
Mid-term	Effective practices identified Encourage development of pilots with comprehensive evaluation	Identify Lead	\$\$\$
Mid-term	Effective practices identified Encourage development of pilots with comprehensive evaluation	CHIP East End Family Resource Center	\$\$\$

Ready Schools

PRIORITY STRATEGY

ACTION STEPS

4.1 Promote the enrollment of incoming kindergartners by the first day of school.

- 4.1.1 Establish a regional date for kindergarten registration.
- 4.1.2 Establish a central clearinghouse for regional school registration information (211/website).
- 4.1.3 Build a regional communication campaign to notify parents and early care and education providers of options for registration, and to register in the spring.
- 4.1.4 Develop effective strategies to transition children and families into kindergarten, beginning by building relationships between parents, early care and education programs and school staff.

4.2 Develop a regional definition of a child's school readiness that can be used by families and professionals.

- 4.2.1 Schools ensure developmentally appropriate implementation of curricula in pre-K and kindergarten classrooms.
- 4.2.2 Define "Kindergarten Readiness" for public awareness.
- 4.1.3 Support the development of a more common comprehensive school readiness assessment of children. An assessment that could be administered at registration would be helpful to schools for appropriate placement of kindergartners.

Priority Strategies

TIMEFRAME	PERFORMANCE MEASURE	RESPONSIBLE LEAD	COST
Mid-term	A regional date for enrollment	School Superintendents	\$
Short-term	Divisions meet to determine process Central clearinghouse established # of calls/web hits percent of pre-K and kindergarten students registered in spring	School Divisions 211	\$
Mid-term	Increased on-time registration and enrollment of Pre-K and kindergarten students	School Divisions Ready Schools Action Team	\$\$
Short-term	# and type of transitional activities in schools # and type of partnerships with private child care providers # of pre-K and kindergarten students participating in one or more transition activities prior to first day of school	School Divisions	\$
Mid-term	Quarterly regional meetings of curriculum personnel to discuss curricula and implementation, share best practices, and engage in continuing learning Teacher training/support available to ensure developmentally-appropriate implementation of curricula	School Districts Richmond's Grade Level Alliance Ready Schools Action Team	\$
Short-term	Adoption of Definition	Ready Schools Action Team School Divisions	\$
Mid-term	Implementation of a standard developmental kindergarten readiness assessment in alignment with Virginia instrument currently under development	School Readiness Task Force School Divisions Smart Beginnings Greater Richmond	\$\$

Ready Communities

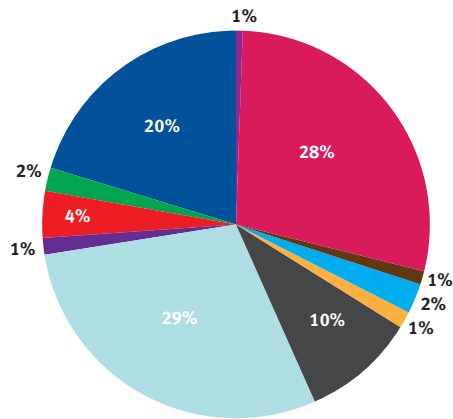
PRIORITY STRATEGY	ACTION STEPS
5.1 Conduct regional/local social marketing campaigns focused on the importance of early childhood.	<p>5.1.1 Promote segmented awareness and outreach about the importance of the early years and strong families in achieving readiness for school and life.</p> <p>5.1.2 Build a team of local leaders championing the importance of early childhood for a strong region.</p>
5.2 Foster community participation in early learning opportunities.	<p>5.2.1 Encourage employers to support early childhood-related volunteer opportunities.</p>
5.3 Increase the diversity, support and sustainability of funding for effective programs to implement the School Readiness Plan.	<p>5.3.1 Connect private and public funders with effective strategies and programs.</p> <p>5.3.2 Advocate for consistent measurements and data to improve the ability of measuring regional and local efforts.</p>
5.4 Strengthen and sustain regional and local coalitions to address early childhood systemwide issues and interagency collaborations.	<p>5.4.1 Align/coordinate Smart Beginnings with effective local, regional and State initiatives which support the overall vision and goals of Smart Beginnings.</p> <p>5.4.2 Facilitate the development of public-private jurisdictional early childhood development/school readiness committees to develop needs assessments and school readiness plans unique to each locality and feeding into the regional Smart Beginnings goals.</p>

Priority Strategies

TIMEFRAME	PERFORMANCE MEASURE	RESPONSIBLE LEAD	COST
Short-term	Development and implementation of segmented marketing strategies	United Way of Greater Richmond & Petersburg Smart Beginnings Marketing Committee	\$\$\$
Short-term	# of new business champions # of new public sector champions # of new women champions	United Way of Greater Richmond & Petersburg Smart Beginnings Marketing Committee	\$
Short-term	# of companies and employees engaging in volunteer activities with an early childhood focus	United Way of Greater Richmond & Petersburg	\$
Short-term	percent change in public and private funding levels for home visiting, quality rating and improvement system, and child care scholarships, Virginia Preschool Initiative, and jurisdictional early childhood development-related programs	United Way of Greater Richmond & Petersburg Greater Richmond Chamber of Commerce	\$
Short-term	Agreement on regional indicators	United Way of Greater Richmond & Petersburg	\$
Short-term	Partnerships in place with Bridging Richmond, Regional Collaborative, FAM Network, Virginia Smart Beginnings	United Way of Greater Richmond & Petersburg Greater Richmond Chamber of Commerce Leadership Council	\$
Short-term	#/ percent of localities in Smart Beginnings of Greater Richmond coverage area with local planning efforts #/ percent of localities with early childhood development plans being implemented	Capital Regional Collaborative United Way of Greater Richmond & Petersburg Greater Richmond Chamber of Commerce	\$\$

Early Childhood Indicators Report

Number of Children
Ages 0-5



CHARLES CITY	441*
CHESTERFIELD	20,600
COLONIAL HEIGHTS	981*
DINWIDDIE	1,692
GOOCHLAND	1,056*
HANOVER	6,939
HENRICO	21,236
NEW KENT	980*
PETERSBURG	2,738
POWHATAN	1,550*
RICHMOND	14,585
TOTAL IN REGION	72,798

SOURCES:
AMERICAN COMMUNITY SURVEY
2006-2008

CENSUS 2000 (AS NOTED BY *)

Progress on the Regional Plan for Children’s School Readiness will be measured and tracked at four levels.

Process and outputs: progress on action steps

Action Teams have prioritized the actions they will take based on capacity, urgency, logic and alignment with the overall goal and strategies. Within each goal, strategies and objectives are aligned to facilitate the ability to logically connect steps and results and to further refine and improve an action plan. Process and output data will be used to discuss progress, and solve problems.

Interim Outcomes: effect of strategies

Data on interim outcomes—shorter-term results that will inform the region on the effectiveness of strategies—will be collected and reported by lead organizations and other data-holders in the region and will be recorded and tracked by Smart Beginnings staff.

Regional Indicators: guideposts by goal area

Regional indicators help measure changes in community issues, guide the region to target prevailing community conditions, and

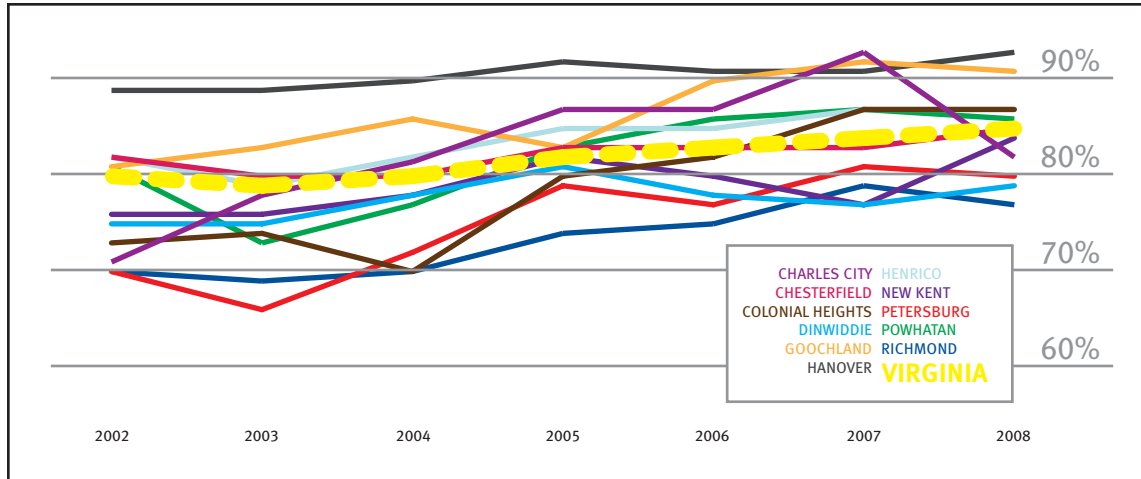
Smart Beginnings Action Teams, School Readiness Committee, and Leadership Council monitor progress on the Plan using data from each of these levels. Results on regional indicators and long-term outcome data are reported annually. The following charts and graphs present trends to date on key indicators and help establish a baseline against which future progress can be measured.

alert us to positive or disturbing trends. The Smart Beginnings leadership and community partners will hold themselves accountable for “moving the needle” on these indicators. Regional indicator data is usually available annually.

Long-term Outcome: children ready for school

The ultimate outcome of the Plan is that children will be prepared socially, emotionally, physically and intellectually to enter kindergarten ready to succeed. The measurement for this long-term outcome is the percent of kindergarteners who are not identified as needing early literacy intervention each fall using the PALS-K. PALS-K (or the Phonological Awareness Literacy Screening- Kindergarten) is currently the only standardized kindergarten assessment tool implemented state-wide. PALS-K data is collected by University of Virginia’s Curry School of Education PALS Department and is recorded and tracked for the region by Smart Beginnings staff.

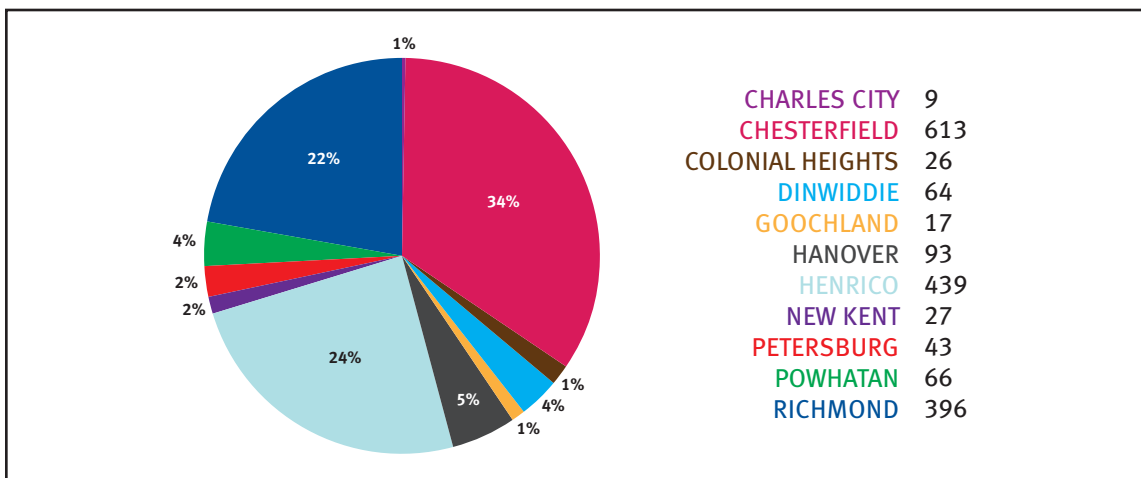
PALS-K testing helps schools identify kindergarten students who are performing below grade level on fundamental literacy skills. It is a good measure of children’s emerging literacy skills and is currently the only measure of “kindergarten readiness” available across the state.



SOURCE: WWW.VAKIDS.ORG

Percentage of Kindergartners Meeting Fall PALS-K Benchmark (2002-2008)

There has been steady improvement in Fall PALS-K scores across the region. With an average of 85 percent of kindergartners meeting the Fall PALS-K benchmark in 2008, the region is on par with the State. The positive trend in Fall PALS-K corresponds with significant investments in public preschool for four-year-olds and child care quality rating and improvement initiatives in the region and now statewide.



SOURCE: WWW.VAKIDS.ORG

Distribution of Kindergartners Not Meeting Fall 2008 PALS-K Benchmark

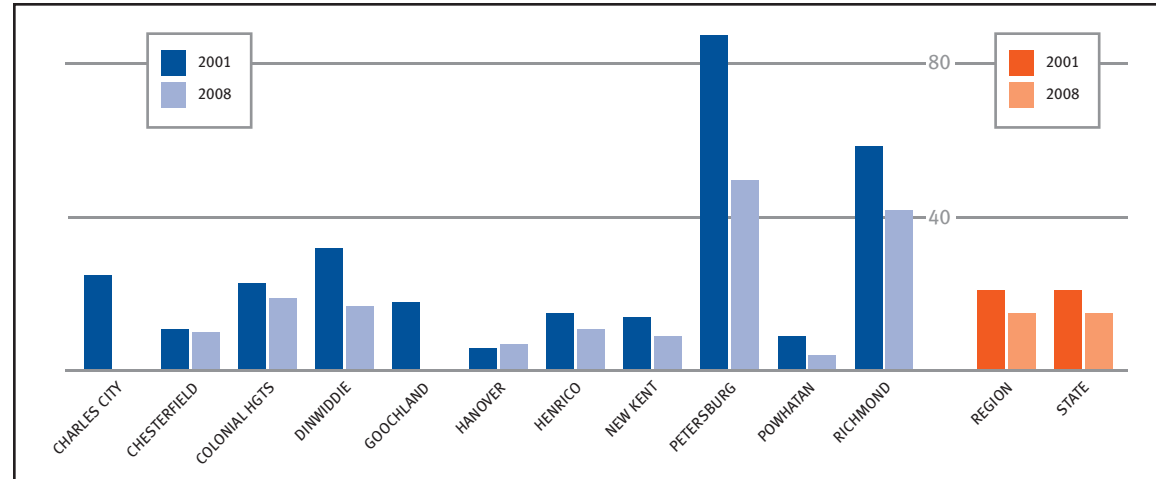
While Richmond has the highest percentage (23%), Chesterfield and Henrico have the largest number of kindergartners not meeting the Fall PALS-K benchmark, totaling 1,052 of the 1,793 children.

Ready Families

Maternal age and level of education are strongly linked to child developmental outcomes and have long-term cyclical implications for education, economic opportunity, and parenting.

Births to Girls Ages 15-17, rate per 1,000 (2001 vs. 2008)

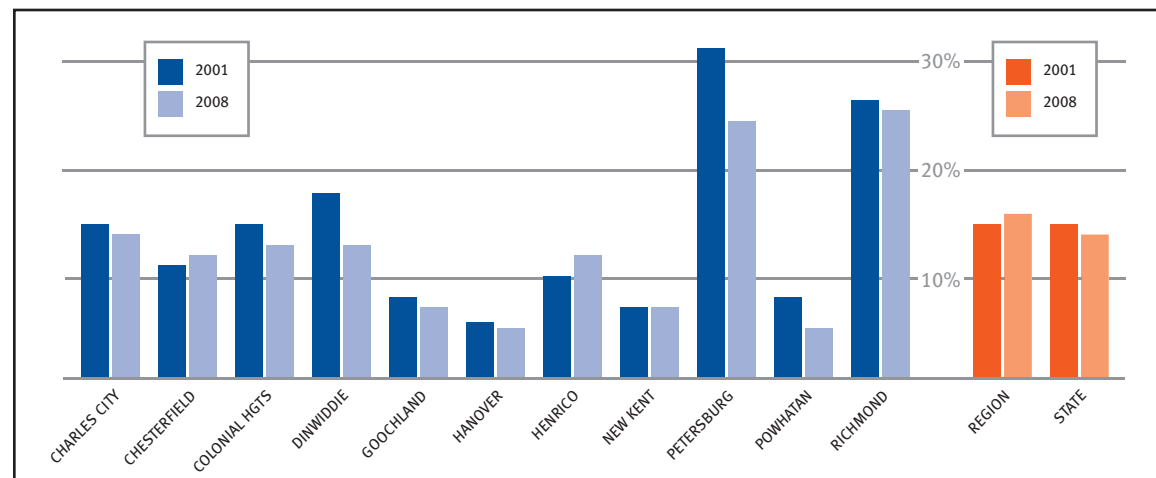
In 2008, 355 babies were born to girls ages 15 to 17 (10th to 12th graders). This is below the eight-year average of 378. Rates decreased by nearly 100 from 450 in 2001 to 355 in 2004, but little change has occurred since that time. In 2008, rates in Colonial Heights, Dinwiddie, Petersburg, and Richmond all exceeded the State average of 15.5 per 1,000.



SOURCE: VIRGINIA DEPARTMENT OF HEALTH

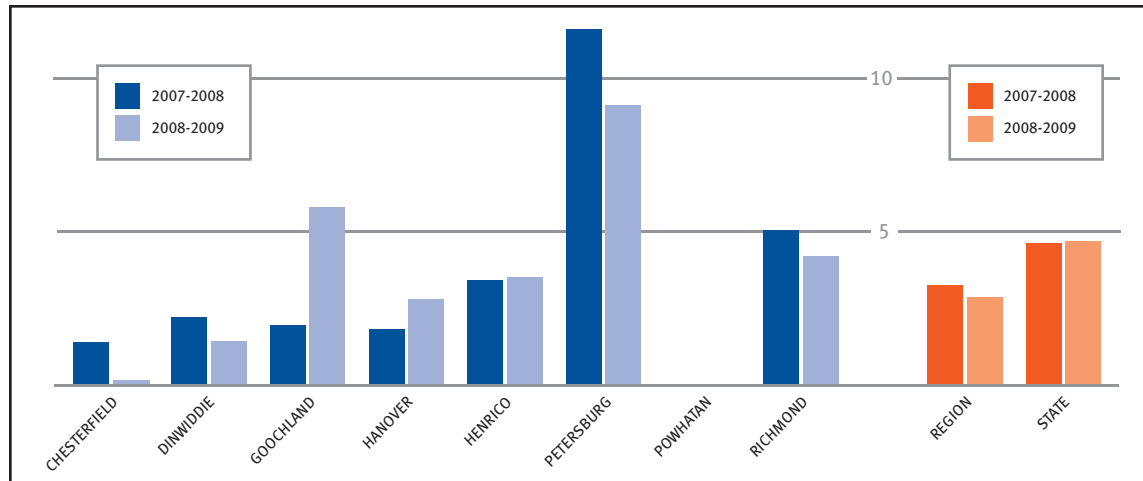
Percentage of Births to Women with Less Than 12th Grade Education (2001 vs. 2008)

While some localities have shown improvement, there has been little overall change in the percentage of births to mothers with less than a 12th grade education in the last eight years. Richmond and Petersburg continue to far exceed the regional and State average.



SOURCE: VIRGINIA DEPARTMENT OF HEALTH

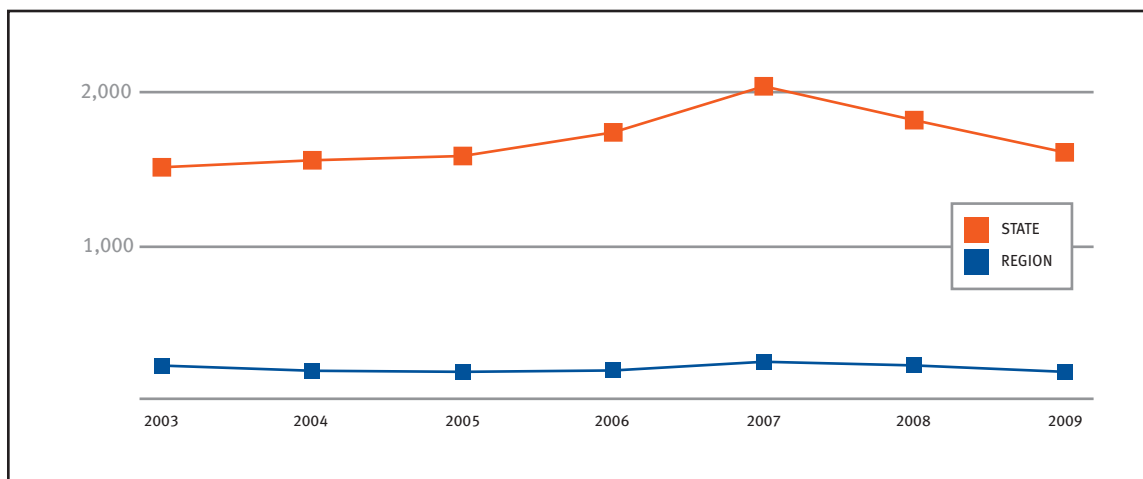
Abuse, neglect and foster care are indicators of families in deep distress. Our goal is to support families so that there are fewer cases of abuse and neglect and fewer children needing out-of-home placements.



SOURCE: VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Founded Cases of Abuse and Neglect, Children Ages 0-4 (Rate per 1,000)

The number of founded cases of abuse and neglect of children ages birth to four in the region decreased from 175 in 2007-2008 to 151 in 2008-2009. However, two localities experienced an increase: Goochland, which had two cases in 2007-2008 and six cases in 2008-2009, and Hanover, which went from 10 to 15 cases. The number and rate of abuse and neglect are higher among children ages birth to four than among children five to nine (126 cases in 2007-2008 and 87 in 2008-2009).



SOURCE: VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Number of Children Ages 0-5 in Foster Care Last Day of Fiscal Years 2003-2009

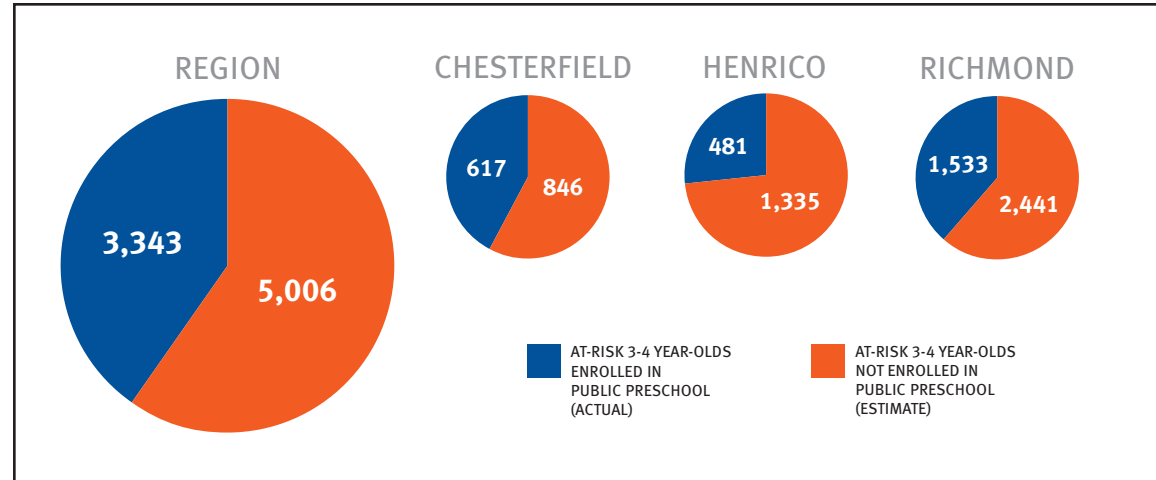
Each year, approximately 20 percent of the region's children that are in foster care are age birth to five years old.

Ready Early Care and Education Services

High-quality preschool experiences can help to ameliorate the gap in kindergarten readiness associated with a number of risk factors. Public preschool programs such as Title I, the Virginia Preschool Initiative, Head Start and Early Head Start make high-quality preschool accessible to children at risk.

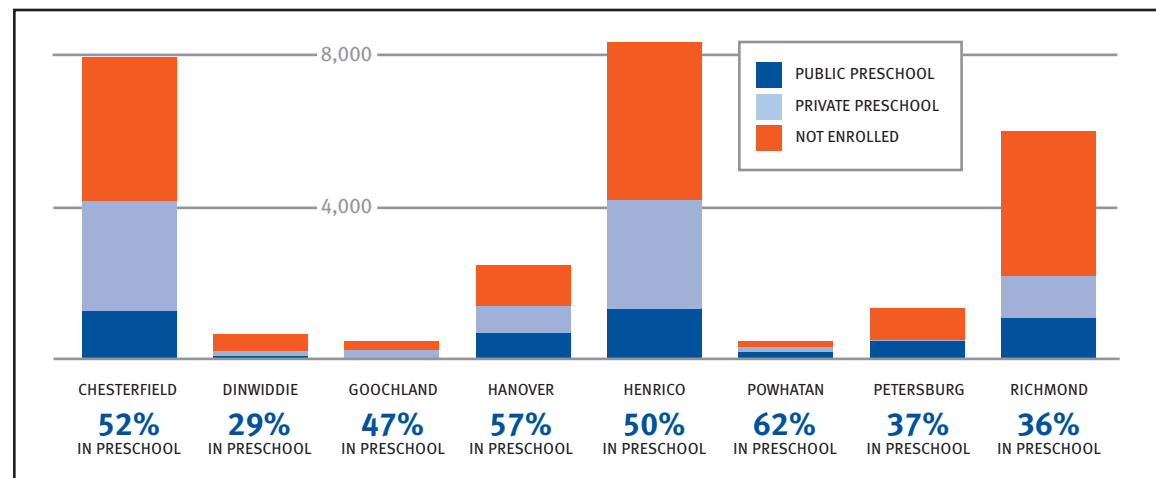
Public Preschool Enrollment for 3- and 4-Year-Olds Who Are At Risk (2008-2009)

Chesterfield, Henrico and Richmond have the highest numbers of children estimated to be at-risk, based on the school districts' percentage of students eligible for the free lunch program applied to the estimated number of three- and four-year-olds in the district.



Preschool Enrollment for 3- and 4-Year-Olds

The chart at right presents Census estimates of the number of all three- and four-year-olds (not just at-risk) that are enrolled in both public and private preschool. Data was not available for Charles City or New Kent. Note that these figures are based on estimates drawn from samples, while the above chart represents actual enrollment figures as reported by the programs.



SOURCE: ACS 2006-2008 3-YEAR ESTIMATE

Ready Early Care and Education Services

There are two rating systems available to Virginia child care programs that capture measures of quality beyond basic standards: National accreditation and the Virginia Star Quality Rating and Improvement System.

2009 VA Star Rating by Locality

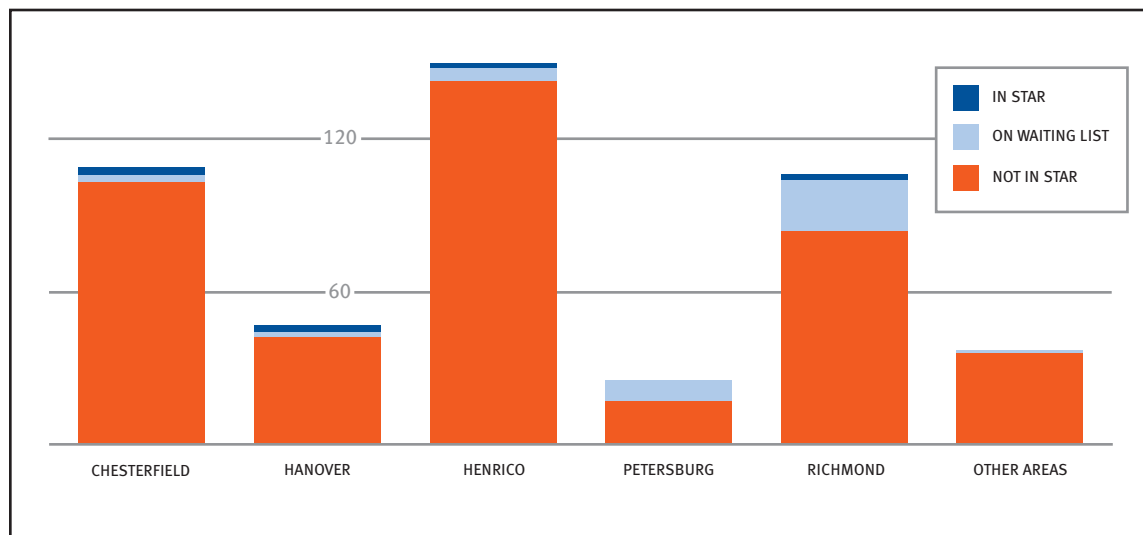
	1☆	2☆	3☆	4☆	5☆	Total
Hanover	0	0	1	1	0	2
Henrico	0	2	1	0	0	3
Petersburg	0	4	2	0	0	6
Richmond	0	4	1	1	0	6
Total	0	10	5	2	0	17

IN 2009, THERE WERE NO STAR-RATED PROGRAMS IN CHARLES CITY, CHESTERFIELD COLONIAL HEIGHTS, DINWIDDIE, GOOCHLAND, NEW KENT AND POWHATAN.

Nationally Accredited Programs in Region

	2006	2007	2008	2009
Chesterfield	12	12	10	10
Hanover	3	3	3	4
Henrico	14	14	12	14
Richmond	13	11	11	9
Total	42	40	36	37

THERE ARE NO NATIONALLY ACCREDITED PROGRAMS IN CHARLES CITY, COLONIAL HEIGHTS, DINWIDDIE, GOOCHLAND, NEW KENT, PETERSBURG AND POWHATAN.



Virginia Star Quality Rating & Improvement System Participation (2009)

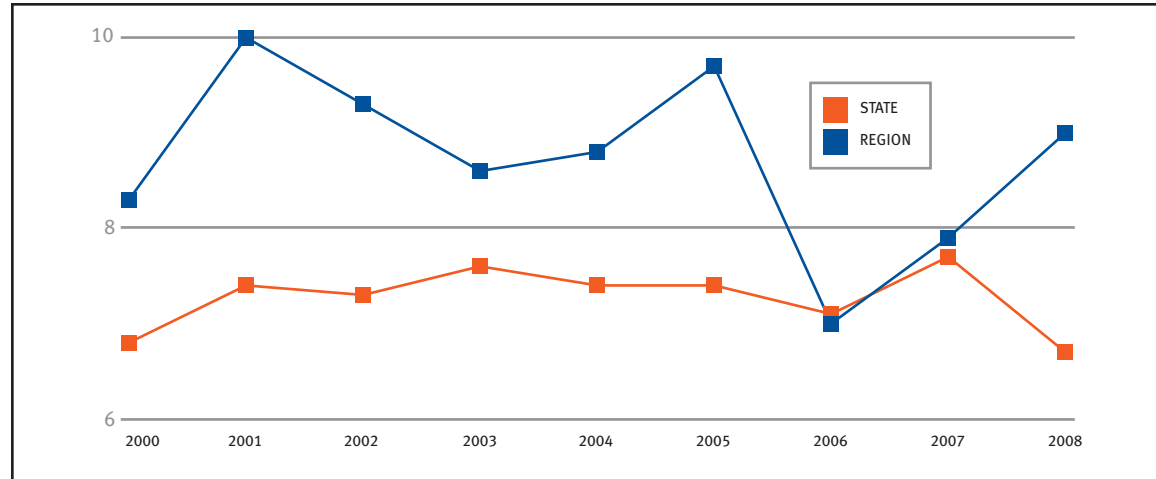
VA Star is a voluntary statewide Quality Rating and Improvement System (QRIS). Participating programs are evaluated biannually on standards of quality and receive a rating of one to five stars and quality improvement supports such as mentoring, training, and grants. The first published ratings were assigned in 2009 and the program is now growing. Currently, 39 child care centers in the region are participating in VA Star and ten are on a waiting list. Additional mentors and raters need to be recruited and trained before new centers can begin.

Ready Health Services

Infant mortality continues to be a significant problem in the region. Another important indicator of health is blood lead levels, because elevated blood lead levels can cause learning disabilities and behavioral health problems in children. Children under two are especially vulnerable.

Infant Mortality Rate per 1,000 (2000-2008)

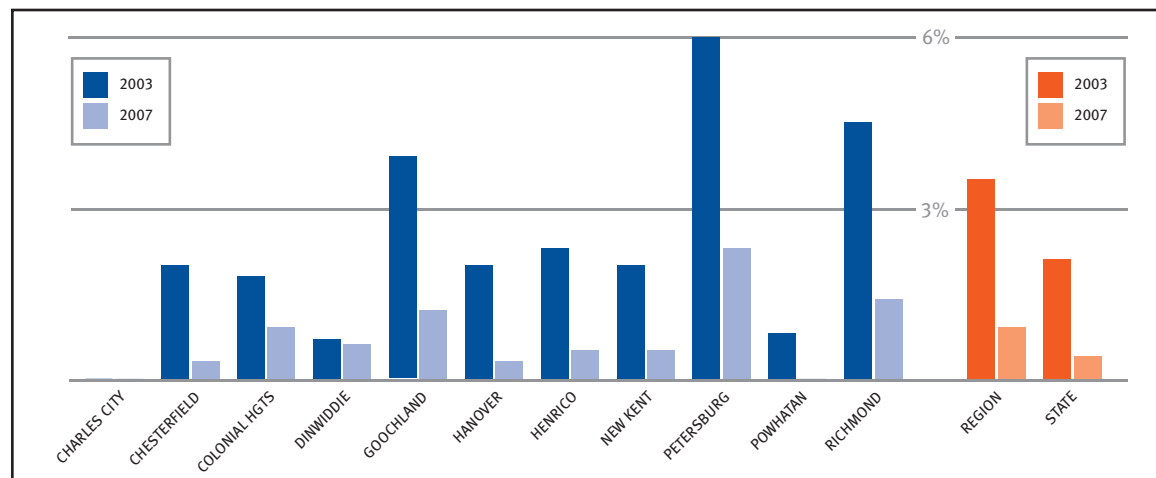
With the exception of 2006, the infant mortality rate in the region has exceeded the state average since 2000. In 2008, the infant mortality rate exceeded the state average of 6.7 in the following localities: Charles City (26.3), Chesterfield (7.1), Hanover (7.8), Henrico (10.3), and Richmond (10.9). There were 115 infant deaths in the region in 2008.



SOURCE: VIRGINIA DEPARTMENT OF HEALTH

Percentage of Children with Elevated Blood Lead Levels

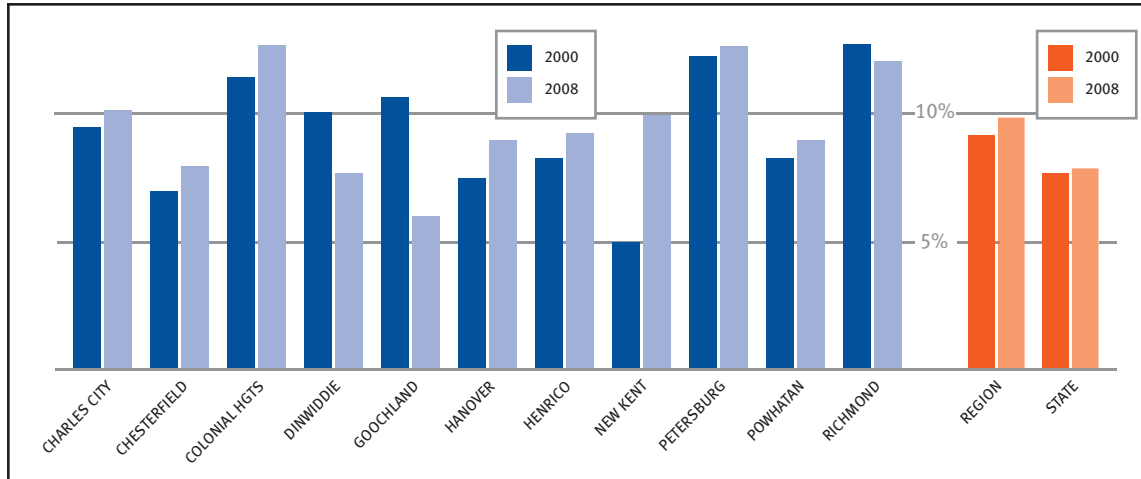
The percentage of children with elevated blood lead levels decreased considerably in all localities from 2003 to 2007. However, at 0.9 percent, the region still remains above the state average of 0.4 percent.



SOURCE: VIRGINIA DEPARTMENT OF HEALTH

Ready Health Services

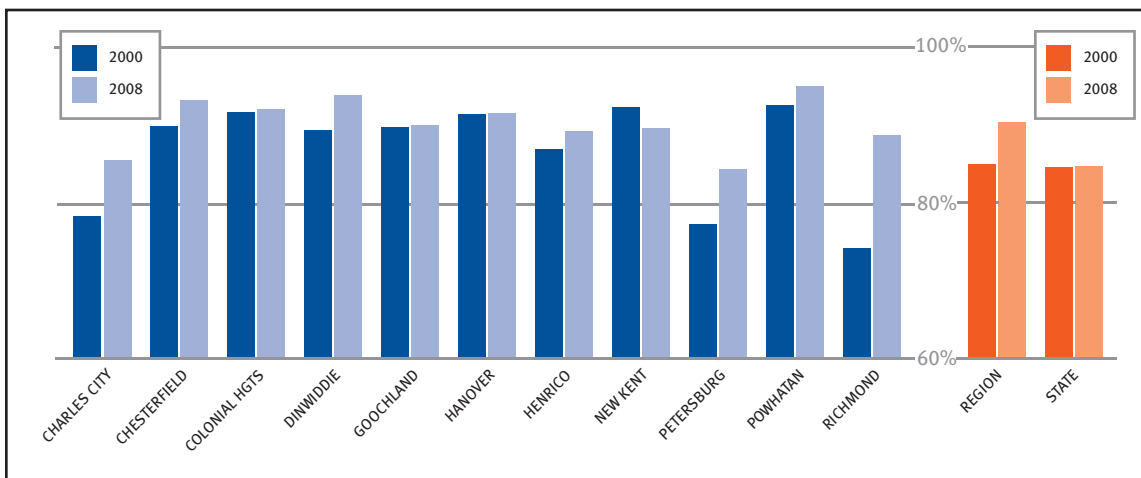
Newborns weighing less than 5.5 pounds at birth are at increased risk for developmental delays and other health problems. Prenatal care in the first 13 weeks of pregnancy, and regularly throughout, can contribute to healthy birth outcomes.



SOURCE: VIRGINIA DEPARTMENT OF HEALTH

Percentage of Births Below 5.5 Pounds

The percentage of babies born weighing less than 5.5 pounds was higher in 2008 than in 2000 in nearly all localities in the region, with only Dinwiddie, Goochland, and Richmond experiencing a decrease. With a low of 6 percent in Goochland and a high of 12 percent in Richmond, all localities in the region have yet to achieve the Healthy People 2010 target of 5 percent or less.



SOURCE: VIRGINIA DEPARTMENT OF HEALTH

Percentage of Women Receiving Prenatal Care in the First Trimester

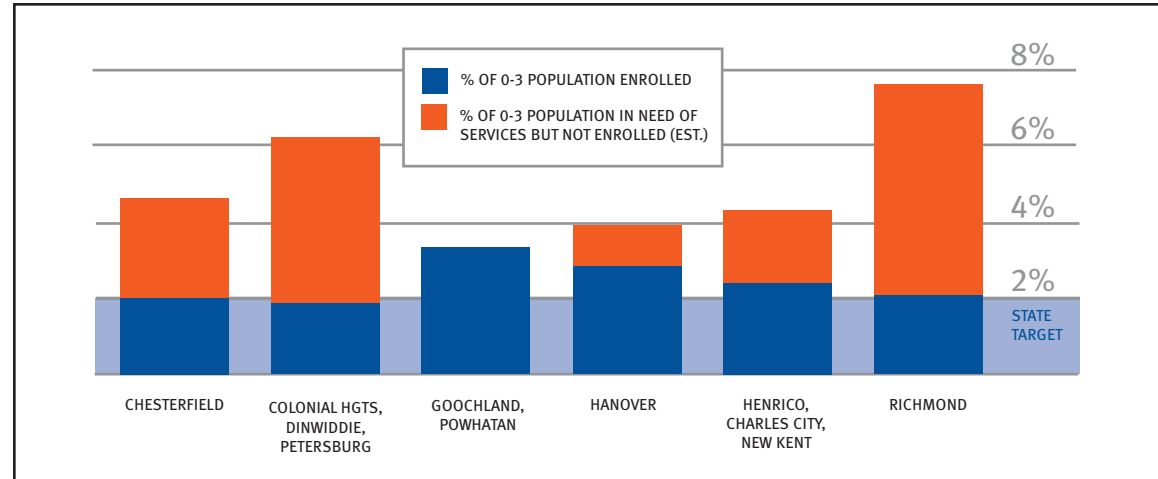
However, the percentage of women obtaining prenatal care in the first 13 weeks of pregnancy is fairly high across the region, with all localities improving (except for New Kent, which had a smaller percentage in 2008 compared to 2000).

Ready Health Services

Early Intervention, also known as Part C of the Individuals with Disabilities Education Act (IDEA), serves children ages birth to three identified as having or at risk of developing a significant developmental delay or disability. The earlier these conditions are addressed, the more likely it is that the children will experience positive outcomes.

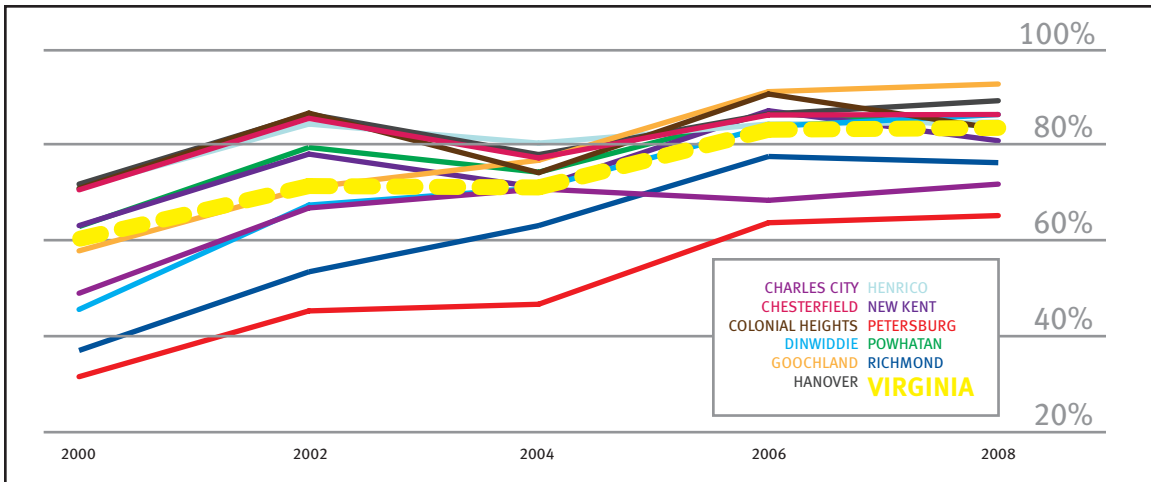
Percentage of 0-3 Population Enrolled in Early Intervention, 2008

Over the last three years, the number of children in the region receiving Part C services has increased from 1,567 to 1,650. However, with the exception of Goochland/Powhatan, all localities are still serving a smaller percentage of the zero-to-three population than prevalence estimates suggest need to be served, based on a 2006 study.



SOURCE: VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Until 3rd grade, children are learning to read. After 3rd grade, children are reading to learn. Reading below grade level is the overwhelming reason students are assigned to special education, or are not promoted to the next grade level, requiring long-term remediation services.

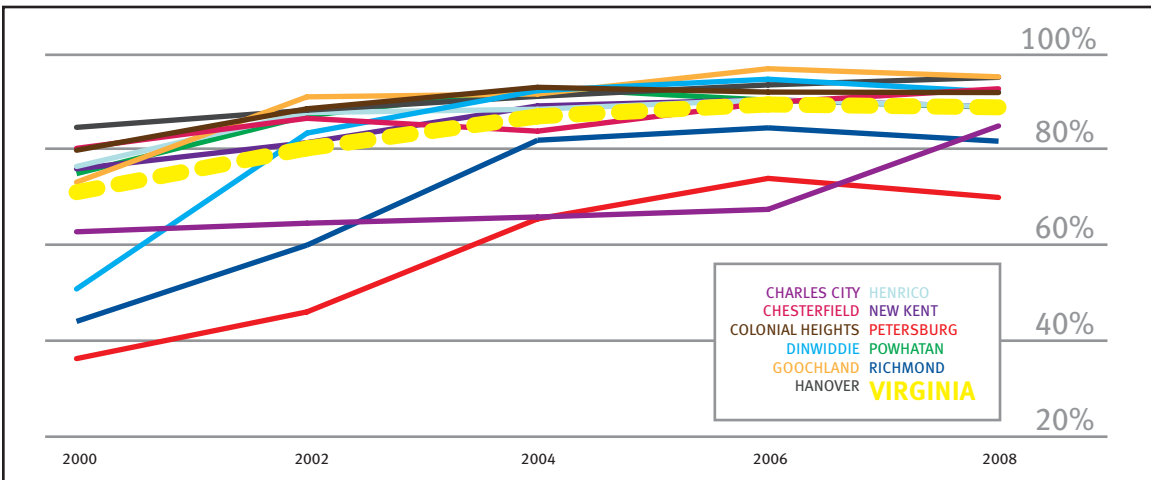


SOURCE: VIRGINIA DEPARTMENT OF EDUCATION

Percentage of Students Passing 3rd Grade English SOL

Achievement tests (Standards of Learning or SOLs in Virginia) measure obtained knowledge and are used as a predictor of future performance.

As a region, we are getting notably closer to the goal that all children will read proficiently by 3rd grade. From 2000 to 2008, the region went from 63 percent of children passing the 3rd Grade English SOL to almost 85 percent.



SOURCE: VIRGINIA DEPARTMENT OF EDUCATION

Percentage of Students Passing 3rd Grade Math SOL

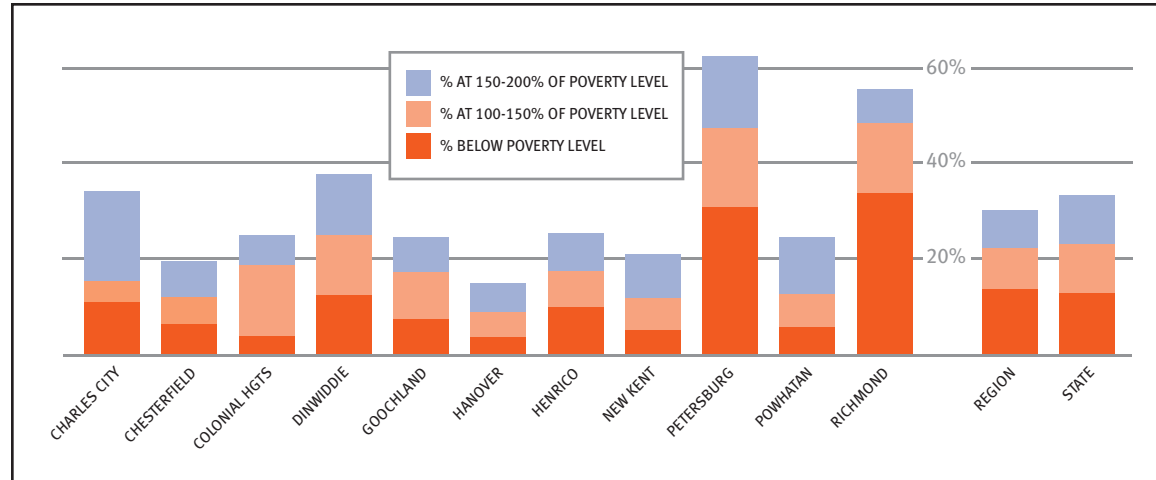
Similarly, while less than 71 percent of children in the region passed the 3rd Grade Math SOL in 2002, almost 90 percent did by 2008. We expect these trends to continue as children who benefit from improved services and systems in their early years move through the education system.

Ready Communities

Living in poverty puts children at a significantly greater risk for a number of negative outcomes. Children raised in poverty disproportionately experience factors that can negatively affect educational attainment, future earnings, health status, and involvement in crime.

Percentage of Children Living in Poverty, Ages 0-5

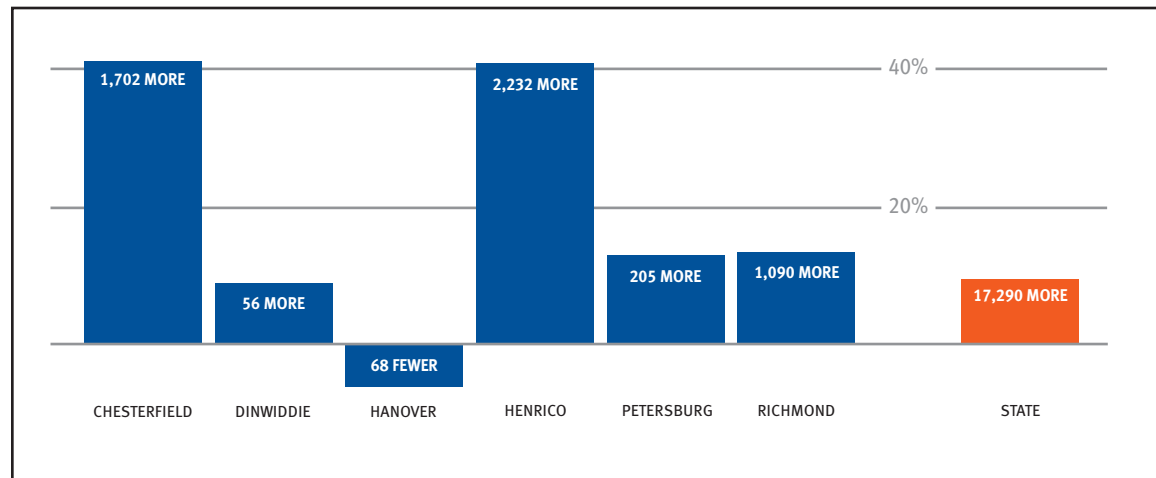
Because the federal poverty level is only about 25 percent of median income¹⁵ (about 30 percent of Richmond MSA median income), a more comprehensive picture of economic vulnerability includes children in households with income up to 200 percent of the poverty level.



SOURCE: CENSUS 2000 (ACTUAL)

Estimated Change in Number of Children Living below 200% Poverty, Ages 0-5, Census 2000 compared to ACS 2006-2008

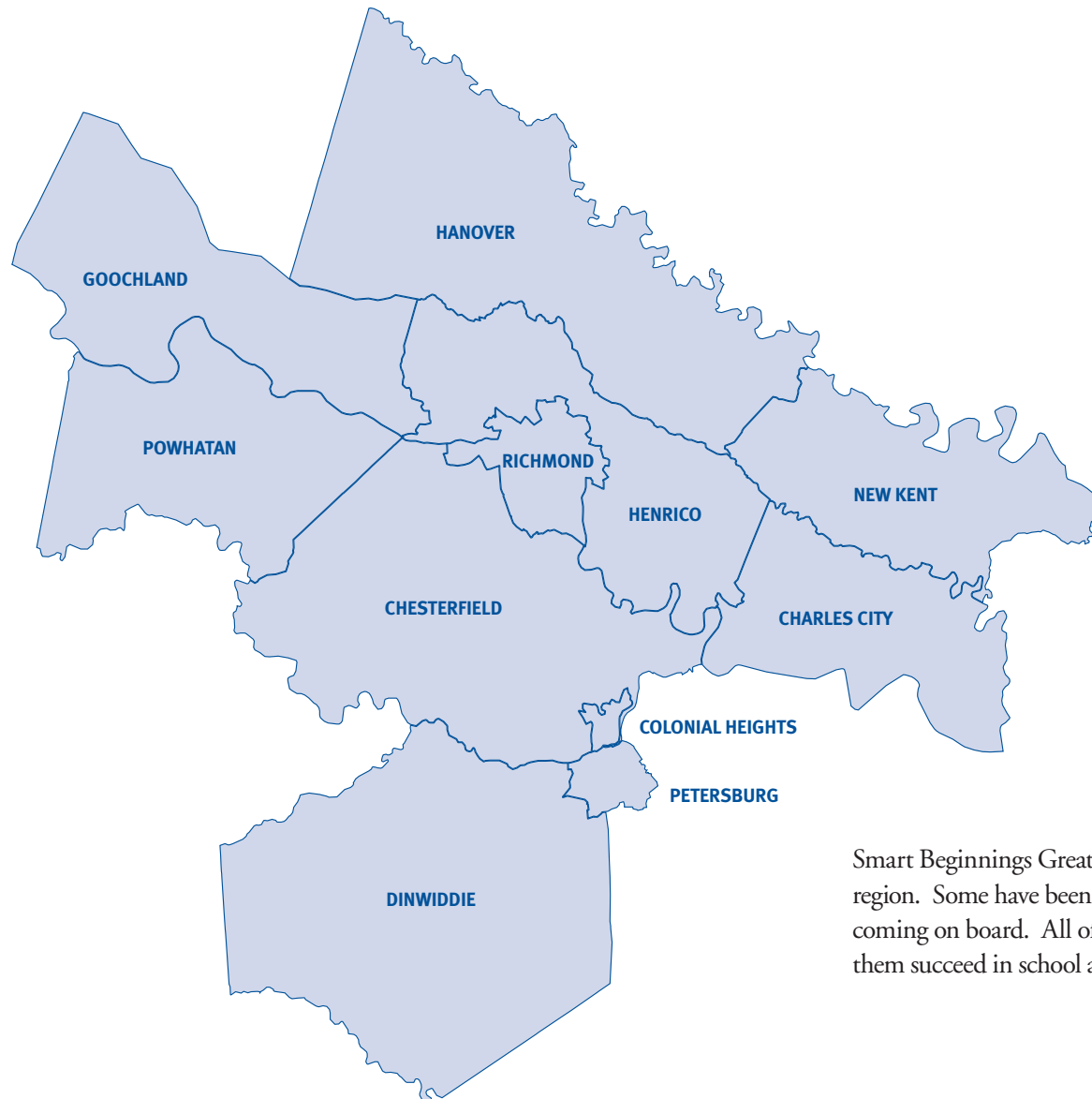
Based on American Community Survey (ACS) estimates, poverty has increased in most localities since 2000 (a trend that is expected to continue in the current recession). A 2009 report¹⁶ notes that children pushed into poverty during the recession of the early 1990s were 13 times more likely to later experience poverty than those who were not, suggesting that interventions that prevent families from falling into recession-induced poverty could produce a return on investment of 13 to 1.



SOURCES: CENSUS 2000 (ACTUAL), AMERICAN COMMUNITY SURVEY (EST.); DATA AVAILABLE ONLY FOR LOCALITIES LISTED

Ready Communities

Seven localities in the region are actively engaged in the Regional Plan for Children's School Readiness. Forty-eight private and public organizations and businesses have publicly endorsed the Plan. The work of the Capital Region Collaborative and planning grants to localities will help to further advance this goal.



Smart Beginnings Greater Richmond encompasses 11 localities throughout the region. Some have been involved in the coalition for years, while others are just coming on board. All of our children matter. Working together, we can help them succeed in school and in life.

Glossary of Early Childhood Development Terms

Accessible Services: Services that are readily available/receivable – transportation is not an issue, enrollment is easy, space is available.

Accreditation: Process of meeting voluntary national standards for quality in early care settings, including safety standards and class size ratios. Once a program is certified as meeting the standards outlined by the accreditation agency, they receive accreditation and must continue to meet accreditation standards through an ongoing process.

Alignment of Curricula: Children learn best when their learning activities progress in a developmentally-appropriate sequence. The alignment of curricula between early care programs and kindergarten allows children to transition easily between the two learning environments.

Assessment: Observing a child and/or administering one or more standardized tests to determine their developmental strengths and weaknesses. Observations and measurements collected by knowledgeable early care providers, which take place over a period of time, are believed to be more accurate than formal testing in young children.

At-Risk: Children and families facing multiple hardships such as low income, unemployment, lack of educational resources and lack of social networks. In terms of program eligibility, “at-risk” children and families are generally considered as those living below the poverty level or a certain percentage of the poverty level.

Behavioral Health Services: A continuum of services that supports healthy social and emotional development, ranging from helping early care providers understand and support early social/emotional development in all young children to assessment and therapeutic services for children who are exhibiting behavioral problems or formally-diagnosed mental disorders.

Best Practice: A designation noting that a particular program or practice has been deemed, through research or experience, as the most desirable means of achieving outcomes. A program must achieve multiple best practices to be considered a “best practice program.”

Caregivers: Those who are responsible for the care and development of young children – including parents as well as other family members, neighbors, early care providers, teachers, etc.

Child Care: Providing care and/or supervision for children and their daily needs, in a home or center setting. See also *day care, preschool, pre-K, nursery school, and early care.*

Child Care Assistance: Federal, state, local, and private funds that subsidize child care costs for eligible, low-income working families. These are also referred to as subsidies.

Child Care Center: A facility that provides regularly-scheduled care for a group of children for periods of less than twenty-four hours.

Child Development: The biological and physical process by which a child acquires skills through the interaction of his/her maturation and experiences with others and the environment.

Children with Special Health Care Needs (CSHCN): A term that refers to any child with special health or behavioral needs, including children with chronic diseases like asthma, as well as those with physical, sensory, cognitive, or emotional disabilities.

Credentialed/Degreed Teachers: Teachers who have earned a national Child Development Associate (CDA) credential, or an Associate or Bachelor degree in early childhood from a community college or four-year college or university.

Day Care: Early care services outside of the child’s own home. See also *child care, preschool, pre-K, nursery school, early care* and *education*. Individuals often use these terms interchangeably.

Early Care: Services that are provided to a child between the ages of birth to five. Early care programs include non-profit and for-profit child care centers, family/friend/neighbor care, regulated and unregulated family child care, religiously-exempt child care, preschool programs and other care settings out of the child’s home. See also *day care, child care, preschool, pre-K, nursery school, early care* and *education*.

Early Childhood: The period from birth to entry in kindergarten at age five.

Early Childhood Development: A child’s physical growth and cognitive development during the period from birth to kindergarten entry at age five.

Early Intervention: A range of services designed to enhance the development of infants and toddlers with developmental delays or disabilities. These services are intended to maximize the potential of the child. Sometimes called “Part C” services (for the section in the Individuals with Disabilities Education Act that authorizes federal funding for early intervention services). In Virginia, the program is also called “Infant and Toddler Connection.”

Early Learning System: Services coordinated across public and private agencies to provide young children and their families with the support that is necessary for optimal growth and development.

Early Literacy: The beginning stages of learning to read and write. In early childhood, early literacy involves exposure to print materials, books, oral language, and experiences that children will encounter in stories. Early literacy begins at birth and continues until the child is able to read independently.

Family Literacy: The involvement of the whole family in literacy activities. Including, but not limited to, the sharing of books, trips to the library, reading to children regularly, and family members who do not read fluently attending adult literacy classes.

Family Education and Support Services:

Community-based programs that assist families in developing their parenting skills and ability to provide for their families through a variety of skill-building and learning opportunities (classes, support groups, home visiting, etc.)

FAMIS (Family Access to Medical Insurance Security):

Virginia’s children’s health insurance program, which combines federal and state funds to provide health insurance to families with young children who earn too much to qualify for Medicaid. Children in the family are eligible under 200 percent of poverty and pregnant women may qualify up to 185 percent of poverty. See also *State Children’s Health Insurance Program (S-CHIP)*.

Federal Poverty Guidelines: The level determined by the US Department of Health and Human Services below which families of a certain size and annual income would be eligible to qualify for designated programs. For example, in 2009:

# in Household:	1	2	3	4
Annual Income:	\$10,830	\$14,570	\$18,310	\$22,050

Head Start: A federally-funded and locally-administered (local match is required) early care program for three- and four-year-old children living with families below the poverty level. Localities can operate Head Start programs independently or can combine with other school-based preschool programs.

Home Visitor Programs: Voluntary programs in which trained professionals or para-professionals make visits to the homes of eligible children and families and provide child development/education resources to parents. Home visitor programs include BabyCare, Early Head Start, Healthy Start (Loving Steps), CHIP of Virginia, Early Intervention (IDEA Part C), Project

LINK, Early Childhood Special Education (IDEA Part B), Healthy Families Virginia, Resource Mothers.

Inclusive Settings: Under the Americans with Disabilities Act, all children have a right to all programs, regardless of disability. Inclusive child care settings welcome children with disabilities and offer appropriate programs to meet their needs alongside their peers.

Licensed Child Care: Early care programs operated in homes or in facilities that are required to meet state minimum standards to legally operate an early care program. The Department of Social Services licenses child care in Virginia.

Licensing Standards: The goal of child care licensing standards is to reduce the risks, including the spread of disease and of injury, that come with caring for a group of children. Short-term recreation, instruction or temporary care services do not have to be licensed. Religiously-exempt programs or certified preschools may be excused from licensure if they file certain information with the Virginia Department of Social Services (VDSS). The VDSS Division of Licensing Programs will determine what is required for the type of early care center planned. Licensing does not cover curriculum or program development.

Medicaid: A health insurance program funded by the state and federal governments to provide medical care or medical insurance to low-income children, pregnant women, people with disabilities and individuals over 65.

Medical Home: Primary health/medical care in a consistent place in which staff know and remember the child and family, respect their ideas, customs and beliefs, and help them coordinate care and information among multiple professionals and services. The American Academy of Pediatrics recommends that every child have a medical home.

PALS: A Phonological Awareness Literacy Screening instrument that assesses young children’s knowledge of several literacy fundamentals which are predictive of early reading success. PALS can be instrumented to

gauge children’s literacy skills in preschool classrooms through the 3rd grade.

Parenting Education and Engagement

Opportunities: Services that help parents develop better child-raising skills. These range from written materials to more formal classes or workshops to learning activities that take place in the context of home visiting programs. Parent engagement opportunities are activities that bring parents and early care providers together so that home environments and early care programs are better coordinated.

Pre-K/Preschool: Also known as child development center, nursery school, and pre-kindergarten. Preschool provides education before the commencement of statutory education. Preschool is generally considered appropriate for children three to five years of age, between the toddler and school stages. Some preschools have adopted specialized methods of teaching, such as Montessori, Waldorf, High Scope, The Creative Curriculum, Reggio Emilia approach and Bank Street.

Professional Development: Opportunities for early care providers to get ongoing training to increase their preparation and skill to care for children. Can include mentoring programs, credentialing programs, inservice training, and degree programs in community colleges or four-year institutions for higher education.

Quality Child Care: Early care programs and providers that offer engaging, appropriate activities in settings that facilitate healthy growth and development, and prepare children for or promote their success in school. Quality in early care settings can be assessed using observations through a Quality Rating and Improvement System.

Quality Improvement: Initiatives that are designed to increase the quality or availability of early care programs or to provide parents with information and support to enhance their ability to select early care arrangements best suited to their family’s needs.

Quality Rating and Improvement System (QRIS): Virginia’s Star Quality program that offers a market-

based solution to facilitate quality consistency among early care programs, support continuous quality improvement in partnership with public and private early care providers, and encourage a continuum of early care among various provider settings.

Resource Mothers: A state home visiting program focused on teen mothers up to age 19, often operated by the local health departments. Home visiting services are provided by lay community health workers who mentor pregnant teens and help them make the transition to parenthood.

School Readiness: The state of early development that enables a child to engage in and benefit from learning experiences. The five areas of child development that make up readiness are:

- 1) health and physical development
- 2) social and emotional development
- 3) approaches toward learning
- 4) language development and communication, and
- 5) cognition and general knowledge

Everything that a child experiences in his/her years prior to school contributes to readiness.

Social/Emotional Development: The progression of self awareness and regulation in which a child learns to interact appropriately with other people.

Smart Beginnings: A Virginia initiative focused on bringing to every family, organization, business, agency and community the opportunities to make the most of a child's life from birth to age five. Smart Beginnings includes local coordination and services provided through the Virginia Early Childhood Foundation.

Subsidies: Federal, state, local, and private funds that help cover early costs for eligible, low-income working families. Also referred to as child care assistance.

Technical Assistance: Training or consultative services provided by a qualified professional to help a program or an individual improve in a particular area.

Unregulated Child Care: Early care programs that

are not monitored by the state regulating agency, the Virginia Department of Social Services Licensing Division.

Virginia Early Childhood Foundation (VECF): A public-private partnership, founded in 2005 to provide grants, training and technical assistance to local and regional Smart Beginnings initiatives. It also collaborates with state government, the business community, parents and early childhood leaders to

implement long-term strategies for improving school-readiness for all young children, ages birth to five. See also *Smart Beginnings*.

Virginia Preschool Initiative (VPI): Statewide preschool program serving at-risk 4-year-olds administered by the Department of Education. Programs must provide services for the entire school year and must operate on a half-day or full-day schedule.

- 1 "America's Child Care Crisis: A Crime Prevention Tragedy". Fight Crime Invest in Kids. January, 2000.
- 2 Heckman & Masterov. "The Productivity Argument for Investing in Young Children". Washington, DC: Committee for Economic Development, 2004.
- 3 Sandra Greene. University of North Carolina- Chapel Hill. "Partners in Pregnancy: Return on Investment" sponsored by CHIP of Virginia/Sentara Health Care, 2007.
- 4 Belfield & Schwartz. "The Economic Consequences of Early Childhood Education on the School System". NIEER, 2006.
- 5 "Assessing the Impact of Child Care on Richmond Area Businesses". Chmura Economics & Analytics/Success By 6, 2006.
- 6 Arthur Reynolds et al. "Age 21 Cost-Benefit Analysis of the Title I Chicago Parent Child Centers". Educational Evaluation and Policy Analysis, 2002.
- 7 Fall 2008 PALS-K, University of Virginia, Phonological Awareness Literacy Screening Office
- 8 Virginia Department of Education
- 9 Virginia Department of Health Division of Health Statistics
- 10 Virginia Department of Health Division of Health Statistics
- 11 Virginia Department of Social Services Foster Care Children Demographic Report for January 2010.
- 12 2008-2009 Enrollment Data: Virginia Preschool Initiative and Head Start.
- 13 www.readyforkindergarten.org
- 14 "Results and Performance Accountability: Training for Trainers and Coaches," The Results Accountability Implementation Guide, www.raguide.org, 2008.
- 15 "Poverty in Virginia: Recommendations from the Commonwealth of Virginia's Poverty Reduction Task Force." MSA calculation from www.efanniema.com/sf/refmaterials/hudmedinc/
- 16 "Predicting poverty in the Commonwealth." The Commonwealth Institute & Voices for Virginia's Children.

Supporting Efforts and Documents

The Regional Plan for Children's School Readiness builds upon planning, assessments, and past priorities in our region. It is supported by state and national level school readiness plans and research.

10 Year Plan to Prevent and End Homelessness in the Richmond Region

Accountability Systems for Early Childhood Systems by the Finance Group

A Stitch in Time: Calculating the Costs of School Unreadiness by Charles Bruner

Early Child Development Coalition (ECDC) and Petersburg Alliance for Children and Families (PACF) Action Agendas

Early Learning Council Recommendations

Early Learning Systems Initiative

National Education Goals Panel

National School Readiness Initiative

Start Strong Council Recommendations

United Way Needs Assessments

Virginia's Plan for Smart Beginnings

Virginia's School Readiness Definition

Youth Matters 3R Campaign

GET INVOLVED

There are many ways for members of the community to be involved. Individuals, groups, organizations, businesses, schools, and governments can sign up to advance and implement the Plan and work on it within their own organization, locality, neighborhood, or on behalf of the region.

Check out "How You Can Get Involved in Helping Greater Richmond Children Succeed in School" by visiting the Smart Beginnings Greater Richmond website (www.readychildren.net) or call 804-771-5820 for more information.

Smart Beginnings Greater Richmond, facilitated by United Way of Greater Richmond & Petersburg and the Greater Richmond Chamber, is a coalition of public and private organizations, businesses, and citizens working together to ensure that the region's children enter school healthy, well-cared for, and ready to succeed in school and in life. It operates on the premise that when children have quality early childhood experiences, the whole community benefits.

To learn how you can help,
visit www.readychildren.net

