



PROMISE NEIGHBORHOODS INSTITUTE
AT POLICYLINK

Early Childhood Solutions Launched in Promise Neighborhoods Implementation Sites in Year 1

by the Center for the Study of Social Policy

*This brief belongs to a series, **Building the Pipeline: Effective Practice Briefs**, aimed at helping the Promise Neighborhoods network transform communities so that children finish high school, transition to and complete college, and move into careers.*

ACKNOWLEDGMENTS

The Promise Neighborhoods Institute at PolicyLink (PNI) and the Center for the Study of Social Policy would like to thank Cheryl Rogers, a senior consultant to CSSP who is the lead author of this paper based on extensive interviews with site leaders in five Promise Neighborhoods implementation sites: Berea, Kentucky; Buffalo, New York; Hayward, California; Minneapolis, Minnesota; and San Antonio, Texas.

We also appreciate the time invested in this paper by local Promise Neighborhoods leaders, who generously shared information about their early childhood solutions, reflected on their lessons learned, and reviewed and clarified the material that appears here.

The paper focuses on the first year of implementation (calendar year 2012) in these five sites. By definition, sites' early childhood solutions are now more fully developed than described here, and by the end of 2013 they will be even more robust. We look forward to following the progress of these solutions as they "turn curves" on results for the youngest children and their families and as they start children on the pathway to educational success, full and healthy development, and college entry and graduation.

The Promise Neighborhoods Institute at PolicyLink partners:

PolicyLink, Center for the Study of Social Policy, Harlem Children's Zone

Table of Contents

I.	Introduction	1
II.	Local Context and Intended Results	2
	A. <i>Neighborhood Demographics and Assets</i>	2
	B. <i>Early Childhood Education Results and Indicators</i>	2
	C. <i>Department of Education Requirements</i>	5
III.	What Sites Are Doing	5
	A. <i>Pathways to Positive Childhood Development and School Readiness</i>	5
	B. <i>Site Profiles</i>	8
	<i>Berea, Kentucky: Early Childhood Solutions</i>	9
	<i>Buffalo, New York: Early Childhood Solutions</i>	11
	<i>Hayward, California: Early Childhood Solutions</i>	15
	<i>Minneapolis, Minnesota: Early Childhood Solutions</i>	19
	<i>San Antonio, Texas: Early Childhood Solutions</i>	23
IV.	Concluding Observations	26



Early Childhood Solutions Launched in Promise Neighborhoods Implementation Sites in Year 1

This is one in a series of issue briefs highlighting exemplary innovation and practice in the first round of Promise Neighborhoods implementation sites

I. Introduction

This paper describes the early childhood solutions that the five 2011 Promise Neighborhoods implementation sites put in place in the first year of their five-year grants. Although most of these solutions became operational in the second half of 2012 and thus have not had time to produce data on their outcomes, it is useful to examine the ways in which sites have crafted strategies to help more children aged 0–8 get off to the right start. The Promise Neighborhoods Institute at PolicyLink (PNI) is documenting the experiences of the five sites so that (1) they can learn from one another’s work; (2) planning and new implementation grantees can gain insights that may be useful as they develop their own approaches; and (3) over time, PNI can share the lessons learned about these interventions with the field at large.

As part of its cradle-to-career pipeline, each of the five sites is investing in helping families with young children navigate the early years so that children develop physically, emotionally, and cognitively, and are ready for school and on track academically by third grade. This paper describes sites’ solutions to achieve those results, with solutions ranging from supporting parents at the time of birth, to early screenings that detect developmental delays so they can be addressed before kindergarten, to efforts to increase the quantity and quality of early learning opportunities. The sites are using a mix of these strategies depending on the context, challenges, and opportunities unique to their neighborhood. At this early stage, it is useful to capture this range of activity.

Table 1: Overview of the 2011 Promise Neighborhoods Implementation Grantees

Site	Lead Agency	# of Children 0–5
Berea, KY	Berea College	1,930 children
Buffalo, NY	Westminster Foundation	1,009 children
Hayward, CA	California State University East Bay	957 children ¹
Minneapolis, MN	Northside Achievement Zone (NAZ)	1,825 children
San Antonio, TX	United Way of San Antonio & Bexar Co.	1,287 children

¹ Includes only children under age 5

While sites' longer-term goals are to help more children succeed in school so they can go on to enroll in, and graduate from, college and escape poverty as adults, this paper focuses on one part of that cradle-to-career pipeline: the solutions being implemented to support children and their families from conception or birth through third grade. Because we now know how vital this period is to children's life prospects, it is worth examining what sites are doing to increase the odds that young children in their neighborhoods will thrive.

The paper is organized into three sections. The first describes the local context of the neighborhoods, the intended results that sites are pursuing, and the U.S. Department of Education's requirements related to this segment of the cradle-to-college-to-career pipeline. The second section describes what sites are doing, examining each site's solutions in four "solution areas" closely tied to Promise Neighborhoods' intended results: (1) children being born healthy and having a medical home; (2) parenting support and education; (3) screening, referral, and follow-up services to ensure appropriate development; and (4) ensuring access to, and enhancing the quality of, early learning programs. The final section of the paper offers cross-cutting observations about the five sites' early childhood solutions and processes.

II. Local Context and Intended Results

A. Neighborhood Demographics and Assets

While each of these five sites already possesses some assets that help make families strong, they also lack other resources that are important to parents as they raise their young children. Child poverty rates in the Promise Neighborhoods (based on data from sites' proposals and plans) are between 38 percent and 60 percent, compared to 22 percent nationally, meaning large numbers of children in these areas live in families making less than \$23,050 a year for a family of four in 2012. The percentages of children enrolled in early childhood learning settings range from 16 percent to 50 percent. In all the sites, many parents who need childcare choose "informal" and unlicensed caregivers—often called family, friend, and neighbor (FFN) providers—who are more affordable and flexible in their care arrangements, but who are often not adequately trained in child development.

Site leaders interviewed for this paper confirmed that their neighborhoods had inadequate availability of licensed childcare settings, with especially severe shortages of high-quality care settings for children in the highly vulnerable infant and toddler years, as well as too few affordable early learning programs that give three- and four-year-olds vital opportunities to get ready for kindergarten. In some communities, the presence of children whose home language is not English makes it even more difficult to find high-quality programs they can use. As a result of all these factors and others, site leaders found that too few of their children were prepared for school at kindergarten entry. Other than Berea, Kentucky, where 70 percent of its five-year-olds are ready for school, only 29 percent to 57 percent of children in the other four sites meet the readiness benchmarks that would suggest the child would be successful in kindergarten.

B. Early Childhood Education Results and Indicators

The following are the results and indicators that the U.S. Department of Education stipulated with regard to early childhood development. Grantees are expected to adopt strategies aimed at achieving these results and report on their progress on each indicator annually.

Result 1: Children enter kindergarten ready to succeed in school.

- Indicator 1.1. # and % of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health.
- Indicator 1.2. # and % of three-year-olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures.
- Indicator 1.3. # and % of children, from birth to kindergarten entry, participating in center-based or formal home-based early learning settings or programs, which may include Early Head Start, Head Start, childcare, or preschool.

Result 9: Family and community members support learning.

- Indicator 9.1. For children birth to kindergarten entry, the # and % of parents or family members who report that they read to their child three or more times a week.

Table 2: Young Children Populations in Promise Neighborhoods

(Data from site applications, unless site provided more updated data)

Site	Percentage of children in poverty in the neighborhood	Percentage of children born to single parents	Percentage of children with a medical home (birth to 5)	Percentage of parents who read to their children (0 to 5 years old) 3 or more times per week	Percentage of children in early childhood learning settings (center-based care, pre-k, Head Start or Early Head Start)	Percentage of children demonstrating age-appropriate functioning (three-year-olds and kindergarten students (K) demonstrating skills at start of school year or program)
Berea	46%	32%			44%	70%
Buffalo	38%	86%	43%		50%	57%
Hayward			50%		18%	57%
Minneapolis		51%	92%	82%	16%	88% (3-year-olds), 29% (K) ²
San Antonio	60%		61%	40%	49%	31% (K)

² Zone-specific data from Minneapolis Public Schools Research, Evaluation, and Assessment office. (ED Annual Performance Review).

C. Department of Education Requirements

Grantees must include “high-quality early learning programs and services designed to improve outcomes” for children from birth through third grade across multiple domains of early learning, including: physical well-being and motor development; social-emotional development; approaches toward learning, which refer to a child’s ability to stay focused, interested, and engaged in learning activities; language and literacy development; and cognition and general knowledge which includes mathematical and scientific knowledge, abstract thought, problem solving, and imagination.³ Grantees are also expected to use “developmentally appropriate early learning measures” to assess children’s progress on these outcomes.

To strengthen their proposed programs, Promise Neighborhoods grantees could choose to establish or expand a “Comprehensive Local Early Learning Network” of programs and services to ensure that they are high quality and comprehensive for children from birth through third grade.⁴ All five of the 2011 implementation sites chose to do this. Practically, this means that sites are not only putting specific early learning programs and services in place, they are creating coalitions to develop an early childhood system of care in which public and private providers of a wide range of programs are all working toward the same goals with the same expectations.

To ensure that local efforts are aligned with state standards, the department stipulated that grantees’ early learning networks should incorporate state-level early learning and development standards and assessment systems for measuring, monitoring, evaluating, and improving program quality. For instance, local efforts are expected to align with the State’s Quality Rating and Improvement System (QRIS) plus any applicable professional development infrastructure for staff working with young children.⁵

Finally, the department asked applicants to include early learning opportunities on multiple platforms (e.g., public television, Web-based, etc.) and in multiple locations (e.g., at home, at school, and at other community locations).⁶

III. What Sites Are Doing

A. Pathways to Positive Early Childhood Development and School Readiness

The Promise Neighborhoods sites start with the central goal of ensuring that all children are ready to be successful in school at kindergarten entry. In order to assure this, there are four essential components that must be in place: these begin with a healthy birth and a strong parent-child bond. As the child grows, his/her development is tracked to ensure it is on target and developmental delays are detected early so they can be addressed. And finally, children are provided high-quality early education opportunities so they are prepared to succeed when they reach kindergarten.

³ Department of Education, Notice Inviting Applications, Applications for New Awards; Promise Neighborhoods Program — Implementation Grant Competition; Federal Register / Vol. 77, No. 77 / Friday, April 20, 2012 / pages 23677, 23683-4, <http://www.gpo.gov/fdsys/pkg/FR-2012-04-20/pdf/2012-9597.pdf>.

⁴ Department of Education, *op.cit.*, page 23680.

⁵ Department of Education, *op.cit.*, page 23681.

⁶ Department of Education, *op.cit.*, page 23681.

These pathways are grounded in the growing body of scientific research that shows primary prevention and early intervention are the most effective and cost-efficient strategies for achieving positive outcomes for children.⁷ Primary prevention refers to universal supports and services that prevent problems and developmental lags such as home visits to new parents, well-baby visits, immunizations, and parenting education and support. Early intervention strategies are those that provide interventions once some level of risk has been identified such as speech therapy or mental health services. Both types of supports for young children and their families are essential for healthy growth and development.

In addition, we now know that critical aspects of brain development begin before and soon after birth, and many patterns of brain development are established well before a child enters school. According to researchers at Harvard's Center for the Developing Child, "the quality of a child's early environment and the availability of appropriate experiences at the right stages of development are crucial in determining the strength or weakness of the brain's architecture, which, in turn, determines how well he or she will be able to think and to regulate emotions."⁸

Experience suggests that the most successful communities are those that address the development of young children through a combination of research- and evidence-informed solutions, rooted in a strong context of parental and community supports, to produce the following four conditions:

- 1. Babies are born healthy, have a medical home, attend all scheduled well-child appointments, receive all immunizations, and their parents actively seek medical treatment through their medical home in their early years.** The activities associated with these conditions include proactive outreach to pregnant women to ensure they receive early and regular pre-natal care, avoid drugs, alcohol and tobacco during pregnancy, and learn about and engage in healthy eating habits. They also include strategies to connect children to a medical home so they get well-baby visits and childcare, are up to date on their immunizations and use the medical home when the child is ill. This set of activities supports kindergarten readiness and specifically Promise Neighborhoods' indicator 1.1: *Children have a medical home*.
- 2. Parents understand appropriate functioning of their young children and are able to nurture and support them, giving children a secure attachment to a healthy primary caregiver(s).** Activities to help achieve these conditions include proactive and intentional efforts to engage moms and dads in parent preparation and parenting, beginning prenatally and extending to age five and beyond. This can be done through parenting support and education activities, including both home-based and group-based strategies to support parent-child bonding, help parents understand the stages and developmental milestones of early childhood and how parenting strategies can support their children's physical, behavioral, social-emotional, and cognitive growth and development. Parents' reading, story-telling, and daily interactive conversations with their children, from infancy through age eight, promote parent-child bonding, reinforce parents in their role as their child's first

⁷ W.S. Barnett and Leonard N. Masse, "Comparative Benefit–Cost Analysis of the Abecedarian Program and its Policy Implications," National Institute for Early Education Research, Rutgers University, *Economics of Education Review* 26 (2007) pp. 113–125, <http://nieer.org/sites/nieer/files/BenefitCostAbecedarian.pdf>.

⁸ National Scientific Council on the Developing Child, *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture*: Working Paper No. 5, (2007) p.1, www.developingchild.harvard.edu

teacher and help build literacy skills. Parent groups also provide an opportunity to establish social support networks so that parents do not feel alone in their new roles.

Supporting parents includes two-generation strategies that help parents with their own education, employment, health, housing, and other needs as a support for, and contributing factor toward, their parenting capacities. If parents are able to reduce stressors in their own lives, they will be better able to care for their young child. Parent supports are therefore a critical component of kindergarten readiness and specifically relate to Promise Neighborhoods' indicator 1.2: *Children demonstrate age-appropriate functioning* and Indicator 9.1: *Parents read to their child*.

3. **For children at 9, 18, 36 and 48 month-checkpoints, development proceeds normally in physical, cognitive, social/emotional, behavioral, and other domains.** This means that children are proactively screened for early identification of risks for established developmental lags and are linked to appropriate interventions as needed. These activities support kindergarten readiness and specifically relate to indicators 1.1 and 1.2: *Children have a medical home* and *children demonstrate age-appropriate functioning*.
4. **Children are given high-quality early learning opportunities so they meet core kindergarten readiness standards.** This means that children participate in high-quality early learning environments with curriculum that is aligned with the K-12 school curriculum. Strategies to achieve this goal include increasing enrollment in, and improving the quality of, childcare that offers early learning opportunities; expanding access to, and enhancing the quality of, early learning programs for three- and four-year-olds; and providing summer readiness camps for entering kindergarteners, especially if they have not had preschool experiences. Sites' solutions also include efforts to align preschool experiences with curriculum in the early elementary grades K-3 so that learning builds on previous experiences. These activities are aimed directly at kindergarten readiness and specifically support indicator 1.2: *Children demonstrate age-appropriate functioning* and indicator 1.3: *Children participate in high-quality early learning programs*.

All sites are working toward the same results of kindergarten readiness and parents supporting their child's learning. In that regard, two points are important to note. First, successful kindergarten entry does not "start" by achieving the activities described in condition #4, above, which focus on access to high-quality early learning programs. To the contrary, successful kindergarten entry and/or ensuring that children are ready for school depend on implementing strategies to achieve conditions 1–3 as well. In other words, babies must be born healthy and have a medical home, receive nurturing care from their parents and caregivers, and meet specific developmental milestones in their early years before they can be expected to start learning their letters and sounds.

Second, these strategies build upon one another. No single set of strategies—for example, parenting education or early screenings and linkages to services—will accomplish the goals of kindergarten readiness. Site leaders are committed to their solutions being integrated, targeted on the same children, and made to mutually support each other. Only in this way will communities be able to ensure that large numbers of young children are prepared to succeed in school.

B. Site Profiles

Each of the five Promise Neighborhoods implementation sites developed a set of early childhood solutions along this four-part continuum as described on the following pages.

Table 3: Promise Neighborhoods Early Childhood Results, Indicators and Strategies Framework

Results: Children Enter School Ready to Learn and Family and Community Members Support Learning				
	Indicator 1.1: Children Have a Medical Home	Indicator 1.2: Age-Appropriate Functioning at 3 & 5 years	Indicator 1.3: Children Participate in Early Learning Programs	Indicator 9.1: Parents Read to Child ≥ 3 times/week
Healthy Births & Young Children	Prenatal care; connect child to medical home for well-baby/child care, immunizations and appropriate early treatment for illnesses.			
Parenting		Parenting education and support, both home- and group-based; parents reading, story-telling and daily interactive conversations with child.		Parenting education and support, both home & group-based; parents reading, story-telling and daily interactive conversations with child.
Age-Appropriate Functioning	Screenings for early identification of developmental lags and links to appropriate interventions.	Screenings for early identification of developmental lags and links to appropriate interventions.		
Early Learning Opportunities		Increasing enrollment in and improving the quality of childcare and early learning programs; summer readiness camps for entering kindergarteners; pre- and post-annual assessments for learning gains.	Increasing enrollment in and improving the quality of childcare and early learning programs; summer readiness camps for entering kindergarteners; pre- and post-annual assessments for learning gains.	

Berea, Kentucky: Early Childhood Solutions

The Promise Neighborhood in Berea was identified as a three-county region that is heavily rural and persistently poor, with child poverty rates of between 37 percent and 56 percent.⁹ (This contrasts to a national child poverty rate of 22 percent.) Few families in this area live in or near a town where they can easily access services and supports. Only about one-third of children zero to five years old attend formal early childhood programs: 129 are enrolled in childcare facilities and 530 attend pre-k and Head Start classes out of 1,930 young children.

Early Learning Network

Berea has formed a strong Early Learning Network bringing together Head Start directors, elementary school principals, early childhood district coordinators, faith-based organizations and local representatives from the Kentucky Early Intervention System, the early childhood Training and Technical Assistance Center, Community Early Childhood Councils, Eastern Kentucky Child Care Council, Save the Children, and last but not least, parents. Early childhood solutions were designed to maximize sustainability by strengthening relationships, building capacity, and extending the partnering agencies' reach to vigorously support families as their children transition through the pipeline from birth to school entry.

In this Promise Neighborhood, initial priority was given to aligning activities with the early childhood elements of Kentucky's educational accountability model, Unbridled Learning: College/Career Readiness for All. Working in collaboration with partners, such as Eastern Kentucky Child Care Coalition, the Berea Promise Neighborhood (Berea) provided technical assistance to build the capacity of local caregivers, teachers, parents, and organizations to implement school readiness initiatives. For instance, with Berea support, school districts in the three counties were able to pilot a kindergarten readiness assessment that will be a future state requirement.

Solution 1: Babies Are Born Healthy and Have a Medical Home

Parents rely on community health care agencies and/or travel out of the area for consistent health care for their children. Berea combines efforts with agencies such as Head Start, Early Steps to School Success (ESSS), Save the Children's home-visiting program, and local health departments to provide services to pregnant women in order to facilitate their access to health care.

Solution 2: Parenting Support and Education

Berea helps support and educate parents of children zero to three in numerous ways. Due to lack of reliable transportation for poor families in the rural area, home-visiting programs are an effective strategy for providing parent education. Berea increased the reach of ESSS's home-visiting program by 73 families. Community Early Childhood Councils in all three counties received funding to increase family literacy and reading through projects such as the Dolly Parton Imagination Library. Berea has placed a parent engagement specialist in each county. These staff members coordinate activities for parents, such as grandparent support groups, Families and Schools Together (FAST), home visits, parent education workshops, and parent advocacy groups.

⁹ Berea College APPLICATION FOR GRANTS UNDER THE Promise Neighborhoods Program - Implementation Grant Competition submitted to the U.S. Department of Education, September 9, 2011, p. e23.

Solution 3: Screenings for Appropriate Development

Ongoing developmental surveillance using the Ages and Stages Questionnaire, ASQ, is an integral part of the ESSS home visits supported by Berea. Since the ASQ is a parent questionnaire, this instrument provides the parent with child development education while simultaneously screening children for potential delays. Home visitors make referrals for medical or developmental evaluations if indicated by the screening results.

Head Start and pre-k programs conduct community-wide screening for children at age three or four. Depending on eligibility and parent preference, children are placed in an appropriate home - or center-based-early childhood program. Ongoing progress toward Kentucky Early Childhood Standards is assessed three times a year; these results are reported to the Kentucky Early Childhood Data System, KEDS. Berea is working to access this data to begin tracking each child's progress through high school graduation to college and career readiness.

Berea provides technical assistance enabling schools to assess incoming kindergarteners using the Brigance, which measures school readiness across developmental domains.

Solution 4: Ensuring Access to, and Enhancing the Quality of, Early Learning Programs

- A. Enhancing Literacy in Early Learning Programs:** Berea concentrated its efforts on enhancing the quality of instruction in preschool programs and getting more informal childcare providers to become licensed. Kentucky has public pre-k slots for families under 150 percent of poverty (\$34,575 for a family of four)¹⁰; therefore, Berea decided to focus its resources on quality enhancement through teacher professional development and its local Raising a Reader program.

Berea developed a preschool coaching project to improve preschool environments using the Early Childhood Environmental Rating Scale (ECERS). A cadre of early childhood coaches provides culturally appropriate, embedded professional development to 42 teachers in 21 of the 25 classrooms in the neighborhood. Site visits were enhanced with distance learning techniques such as phone and video conferencing and webinars. This program also helps principals meet new state requirements: starting in 2013, each school must conduct a preschool program review using the ECERS instrument. Due to the coaching program, Berea's pre-k teachers are already using this and therefore are ahead of the game in meeting the state's standards.

"I sent my coach a video of how I arranged my reading section within the room and how I put the art section with easels right across from it so the children can paint something from the story we just read. We had talked [in our workshop] about integrating arts and humanities into our curriculum, so this was what I did when I came back. She called me after watching the video and we talked about additional ways to tie arts into other learning areas."

– A Berea Pre-k Teacher

¹⁰ U.S. Department of Health and Human Services, HHS Poverty Guidelines, 2012, <http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>.

B. Improving the Quality of Childcare: The Berea Promise Neighborhood only had three licensed family home day care providers in all three counties. Most young children stay in their own homes or are looked after in family, friends' and neighbors' homes, which are unlicensed. Parents are often so poor they cannot afford more expensive forms of childcare. After much labor-intensive work during Year 1, the Eastern Kentucky Child Care Coalition was able to convince three additional family-home day care providers to become certified and participate in the State's STARS Quality Rating System. With the addition of these three, they doubled the number of family-home day care facilities in the three counties.

Berea faces the difficulty of providers saying they cannot raise their fees since parents are already stretched too thin to pay them much, and even the gas money needed to attend trainings would be more than they can afford. These informal caregivers simply do not see the value of going through the licensing process, contending that parents are bringing their kids to them anyway, even without a license.

Summary

Berea maintains strong connections with the state while also strengthening its local supports for young children and their family, for example, meeting state mandates while improving the quality of early childhood care. Its initial focus on teachers' professional development and increasing the supply of licensed childcare providers is an important part of the early childhood continuum that the program plans to build upon in coming years. Getting more children screened at earlier ages, for instance, will be important because once children are in kindergarten it is often late for the identification of developmental delays.

Buffalo, New York: Early Childhood Solutions

In the Buffalo Promise Neighborhood (BPN), a single parent (86 percent) heads the majority of families, fewer than half of the young children attend early learning programs, and only 43 percent have a medical home. Most troubling, BPN leaders found that only 57 percent of children entering kindergarten demonstrate age-appropriate skills. As a result, BPN decided to recognize its 1,009 young children as a fourth student population—beyond elementary, middle, and high school students—who require reliable processes for screening, diagnosis, learning, literacy, and family/community supports.

Early Learning Network

Buffalo's Early Learning Network is made up of four major partners: Every Person Influences Children (EPIC), a well-respected national nonprofit headquartered in Buffalo that specializes in parenting education; Read to Succeed Buffalo, another well known nonprofit with a proven track record; Bethel Head Start; and the Community Health Center of Buffalo. These organizations provide the critical supports to young children and their families and have come together under the auspices of BPN to help shape and implement a shared early childhood agenda.

Solution 1: Babies Are Born Healthy and Have a Medical Home

Buffalo provided limited prenatal care to pregnant women in the neighborhood during Year 1, and it connected 36 new parents to the Community Health Center as a medical home.

Solution 2: Parenting Support and Education

Buffalo's strategy to help prepare children for kindergarten and beyond starts with parent education right from the birth of the baby. EPIC's Ready, Set, Parent! (RSP!) program visited 36 new parents who lived in the neighborhood in Year 1 within 48 hours of the birth. This was 97 percent of all parents in the neighborhood who gave birth in the second half of 2012. The visits took place in the two birthing hospitals near the Promise Neighborhood. Educators and nurses visited the parents in their hospital room to help orient them to their new roles, share resources, and assess their needs.

These parents were also invited to a newborn class held right on the maternity floor which covered (1) health and wellness issues such as shaken baby syndrome, the importance of well-baby visits to a pediatrician, and recognizing postpartum depression; (2) parenting issues such as how to connect with your baby and what to do when he cries; and (3) beginning literacy, which includes the importance of speaking and reading to the baby even before she can understand language. If a parent does not have a pediatrician or a doctor for him/herself, he/she is encouraged to sign up at the Community Health Center of Buffalo, located in the neighborhood.

"I visited with a mom and dad from the Promise Neighborhood zone upon the birth of their first child and they attended the newborn class. One of the things we talked about was the importance of reading to their baby because of the high rate of brain development going on before she is three. Dad said he had never heard that before and was glad to learn it. Later that afternoon, I walked by and saw dad holding little Devonna, reading her Goodnight Moon, the book I had left for them. I don't think he would have been reading to her if I hadn't made that connection with him."

– Ready, Set, Parent! Hospital Coordinator/Parent Educator

Additional workshops are offered in the community for parents once they return home. These workshops both educate parents as well as provide an opportunity for parents to support and learn from one another. Topics include how to establish routines, coping with stress, learning through play, setting limits and how to promote literacy through reading and talking to your baby.

The hospital visits are the first place that many parents hear about Buffalo's Promise Neighborhood. Parents sign a consent form agreeing to share information across BPN partners; in return, the staff previews the resources available for the family. All 36 families signed the consent form last year. BPN encourages the parents to enroll their child in high-quality childcare or early learning programs at one of the two elementary schools located in the neighborhood (Westminster Charter or Highgate Heights Elementary) where BPN is working to increase academic proficiency and get students on a college track. In short, they see this as a continuum where positive opportunities are offered to the families living in BPN, beginning immediately at the birth of the child.

Solution 3: Screenings for Appropriate Development

BPN asked Read to Succeed Buffalo (RTSB) to screen young children who are in childcare or pre-k in the neighborhood so they can identify early on any needed interventions. RTSB uses nationally normed formative assessment tools and classroom observations along each stage of the early learning continuum. Table 4 shows the number of children from the neighborhood who were assessed in Year 1

and the instruments used. RTSB uses the Ages and Stages Questionnaire (ASQ-3) for children 0–3 in formal childcare settings and it uses different instruments for children in preschool. Assessments are done three times per year because children enter programs throughout the year. When a child scores below the benchmark on two consecutive assessments, an early childhood development specialist comes to the classroom to observe the child. That specialist then has a conversation with the parent who is encouraged to follow up on further referrals. During Year 1, 17 children ages 0–3 from the neighborhood were referred for early interventions; many were for speech and language delays.

Table 4: Developmental Screenings in Buffalo – Year 1

Age of Children	Number of Children BPN Assessed	Instruments Used
0-3 year-olds in child care	113	Ages and Stages Questionnaire (completed by parent & childcare provider)
3-4 year-olds in childcare, Head Start, or BPS Preschool classes	127	Peabody Picture Vocabulary Test, Concepts of Print, Alphabet Knowledge, Phonemic Awareness and Math
5 year-olds + in kindergarten	45	Peabody Picture Vocabulary Test; DIBELS; CIRCLES

Solution 4: Ensuring Access to, and Enhancing the Quality of, Early Learning Programs

BPN is expanding access to high-quality early childhood learning settings through four avenues: it is building a new early childhood center that will expand slots for young children from the neighborhood; it has contracted with Read to Succeed Buffalo to operate a childcare quality improvement project; it is using Read to Succeed Buffalo to increase early childhood literacy and third grade reading scores through a Literacy Coaching program; and it is phasing in literacy supports to teachers in kindergarten through third grade. BPN’s goal is to double the number of third graders who score proficient or above on standardized tests from 17 percent to 34 percent in five years by building a continuum of high-quality literacy environments from childcare through third grade.

- A. New Early Childhood Center:** Buffalo is building a new state-of-the-art Early Childhood Center to bring high-quality care into the neighborhood and serve as an anchor for providing two-generation supports to children and their parents. The new Early Childhood Education Center (ECEC) will serve children ages 6 weeks–pre-k and will be located in the middle of the neighborhood. The center, which will be operated by BPN with its partner Bethel Head Start, benefitted from a generous \$1 million grant from the Oishei Foundation for construction costs.

The new center will house seven pre-k classrooms, two infant rooms, and two toddler rooms for a total of 150 children, all from the neighborhood. This is an addition of 110 slots as Bethel Head Start now serves 40 BPN children in a facility outside the neighborhood. These 40 children will now participate in the new center along with 110 new children. The center will also house parenting education workshops, home visits, a community room for family and community activities, fresh food served at breakfast and lunch, and two large play areas. Staff will also

connect parents with adult literacy, job training, housing, and other resources in the community. The center is scheduled to open in October 2013.

- B. Childcare Quality Improvement:** BPN works to enhance the quality of care in the 30 home-based childcare providers in the neighborhood. Through its Project Care, Read to Succeed Buffalo works with ten licensed, home-based childcare providers at a time to infuse literacy instruction into these childcare settings.¹¹ Most of these family childcare homes have eight to 10 children each and a staff of at least a couple of workers. A team of two staff persons visits each of the 10 childcare providers weekly.

Buffalo uses the Early Childhood Environment Rating Scale (ECERS-R), and more specifically the Family Child Care Rating Scale within it, to rate the quality of the programs in seven areas: 1) space and furnishings; 2) personal care routines; 3) language and reasoning; 4) activities; 5) interaction; 6) program structure; and 7) parents and staff. This dovetails with the State of New York's Quality Rating and Improvement System, which it is piloting across the state. Once a provider reaches a minimum score of 5.5 out of 7, she is graduated and another provider can enter the program.

Read to Succeed Buffalo (RTSB) also purchases and receives donated books for the providers so there are age-appropriate books in each childcare home. Knowing that many homes in the Buffalo Promise Neighborhood do not have books, a local program funded by the Buffalo Rotary Club sends one free hardcover book to each child enrolled in childcare or pre-school every month.

- C. Literacy Coaching:** BPN's goals are to support high-quality literacy instruction and assessments consistently throughout the child's early years and engage parents in their child's literacy development. Buffalo is fortunate to be in a state with "universal pre-k." This means that close to 100 percent of the four- and five-year-olds in the Promise Neighborhood are eligible for either public pre-k or Head Start. Read to Succeed Buffalo provides literacy coaching to childcare centers for children 0–3, as well as pre-school and kindergarten classes, and will expand into first through third grade classrooms over the next few years.

RTSB works in six Head Start classrooms, two public pre-k classrooms, and two kindergarten classrooms at Highgate Heights Elementary School, reaching 172 children ages 3-5 from the neighborhood. Three literacy intervention specialists provide professional development and mentoring to the teachers, focusing on alphabet knowledge, language development, vocabulary, phonological awareness, and print awareness. Literacy specialists observe and help infuse the five literacy components that are predictors of reading success into the daily routine: phonemic awareness, phonics, comprehension, fluency, and vocabulary. Using the Early Language and Literacy Classroom Observation (ELLCO) checklist, they document specific items related to the literacy-rich classroom environment, and they help teachers analyze and interpret assessment data and plan for intentional instruction to meet program, classroom, and individual targets.

- D. Ensuring Literacy Success in Kindergarten through Third Grade:** Buffalo found that children are leaving kindergarten fairly on track with respect to literacy, but fall significantly behind in their

¹¹ There is one childcare center located in the neighborhood that gets included in this program as well as the home-based childcare facilities.

next three years of school. Data show the percent of children at Highgate Heights Elementary School who score above the benchmark on the District’s DIBELS standardized test dropped from 73 percent at the end of kindergarten to 56 percent at the end of first grade, then bumped up to 67 percent at the end of second grade and dropped again to 40 percent by the end of third grade.¹² Starting at the end of Year 2, literacy specialists will expand into first grade, and then one grade above each year thereafter, helping K-3 teachers work on phonemic awareness, phonics, reading fluency, comprehension, and vocabulary. Buffalo Promise leaders are hoping that this addition of literacy specialists for grades 1–3, combined with the new student support teams in the target elementary school, will help reverse these declining scores.

Summary

Buffalo spent its first year breaking ground on its new early childhood center and expanding existing high-quality parenting education, literacy coaching, and childcare quality improvement programs with its key partners. If it can get succeeding cycles of young children and their parents to connect to its new early childhood center from the first year or two, receiving excellent early learning opportunities, and then enter kindergarten at one of its two target elementary schools in the neighborhood, it has a good chance of being able to wrap essential supports around the same families and get the children on the right path for school success.

Hayward, California: Early Childhood Solutions

Hayward recognizes significant gaps in programming for young children in its neighborhood such as too few licensed childcare providers and subsidized early learning slots. Only 18 percent of children attend early learning programs, as there are long waiting lists for the few public preschool classrooms in the neighborhood. As a result, 43 percent of entering kindergarteners did not meet basic expectations on the Kindergarten Readiness Scale. Two-thirds of the children in the neighborhood do not speak English at home, making school readiness even more difficult when they have no formal pre-k experience.

Early Learning Network

Despite the shortage of early learning programs, the Hayward Promise Neighborhood (HPN) is fortunate in that it is located in a service-rich environment for early childhood intermediary organizations. There are a dozen or more top-notch nonprofits and quasi-public agencies dedicated to enhancing early learning programs for children from low-income families in Alameda County. From these resources, HPN has established an Early Learning Network made up of early childhood organizations working with families from the neighborhood.¹³ The network, which is charged with improving outcomes for children prenatal through third grade, meets monthly and is led by one of HPN’s key partners, the Community

¹² Read to Succeed Buffalo, “PS 80, Highgate Heights EOY DIBELS and 3rd Grade ELA,” 2008-2012.

¹³ Hayward’s Early Learning Network is composed of representatives of the Hayward Unified School District, the Community Child Care Council of Alameda County (4Cs), Head Start, Chabot College Early Childhood Development Department, Cal State University East Bay College of Education, Alameda County Child Care Planning Council, First 5 of Alameda County, Alameda County Office of Education, Tiburcio Vasquez Health Center, Gateways Partnership, and other local providers.

Child Care Council (4C's) of Alameda County. The network reports directly to the HPN management team, which in turn shares information with the HPN Advisory Board.

The network is trying to tighten collaboration among organizations working in the neighborhood, as there has historically been little coordination among providers. It is also working to align local policies with state policies. For example, Alameda County is participating in a State pilot of a new Quality Rating and Improvement System, and Hayward's Early Learning Network is discussing how to include Promise Neighborhood childcare programs in the pilot. Soon after forming, 4C's found it needed a smaller subset of members to get things done more quickly, and so formed a subgroup of the full network which meets more often on specific issues.

Solution 1: Babies Are Born Healthy and Have a Medical Home

A few organizations provide limited prenatal care to pregnant women in the neighborhood via the federally funded Women, Infants and Children program plus targeted programs such as one for teen moms. HPN's partners encourage new parents to establish a medical home for their child during hospital and home visits.

Solution 2: Parenting Support and Education

- A. Home Visits:** Hayward makes home visits within 72 hours of the birth of the child in the neighborhood, thanks to its partner, First Five of Alameda County (F5AC), a county commission funded by state tobacco tax revenues. HPN's original plan was to hire a public health nurse dedicated solely to families giving birth in the neighborhood, but it had to put this off until Year 2. Instead, F5AC was already funding several agencies to make postpartum home visits to families throughout the county. During Year 1, these agencies visited 29 families of newborns from the neighborhood; the goal is to reach all 200 families in the coming years.

Nurses visit each family, including undocumented families, within one to three days after being discharged from the hospital. Nurses check the health status of mom and baby and spend at least half of the one to two hour visit discussing the importance of early childhood development, psycho-social supports, and how to connect to community resources to meet the family's basic needs. They provide intensive supports to mothers who may have had limited or no prenatal care and/or those who give birth to babies with medical or social risk factors such as low birth weight or positive toxicology screens. The nurse is often the first face of the Hayward Promise Neighborhood, so it is an important time to link the family to available resources.

- B. Parenting Classes:** The Hayward Promise Neighborhood contracts with the Community Child Care Council (4C's) of Alameda County to run its Parent Promise Academy which is modeled after the Harlem Children's Zone's Baby College®. During Year 1, Hayward began its 30-week course with 25 parents in 18 families. Classes were held weekly from 6 to 8 pm at Harder Elementary School, one of the schools in HPN.

Parents bring the whole family to the academy, which starts with an evening meal. There are three 10-week sessions for a total of 30 hours. The first 10-week session concentrates on child development: helping parents understand their child's temperament and learn about developmental milestones. The second session covers health and nutrition which supports families in raising healthy eaters, keeping children fit, reducing stress, and getting proper health and dental care. The third session focuses on positive parenting and communication, including using appropriate discipline techniques.

Throughout its sessions, Parent Promise Academy highlights the importance of reading to children at least fifteen minutes every day. Parents are introduced to the *daily reading calendar* where they record the length of time they read to their child. The instructor is a professional adult educator who is bilingual. Seventy-five percent of the classes are held in Spanish to meet the language needs of participating families. 4C's reports that 85 percent of the parents came to at least seven out of the 10 classes begun in Year 1, and all but one signed up to continue with the next session.

"I had never graduated from anything before, so when we had our last class, I cried when they called my name. My husband was embarrassed, and when they took my picture my eyes were all red. I couldn't help it. It meant a lot to me. And I didn't want the class to end."

– A Parent from the Promise Academy, December 2012

Solution 3: Screenings for Appropriate Development

There are a variety of screenings at various childcare and early learning programs in HPN. 4C's, for instance, assists parents in the Parent Promise Academy in completing the Ages and Stages questionnaire with their children. If children are found to have developmental delays, they are referred for specific interventions, usually either to the Regional Center (for 0–3-year-olds) or Hayward Unified (for four- and five-year-olds).

Hayward Unified uses an internal tool for kinder readiness screening and assessment; it uses the Desired Results Development Profile (DRDP-SR) developed by the California Department of Education for transitional kindergarten children and the DRDP 2010 for all preschool children. Head Start classes use different instruments even among themselves. Hayward's Early Learning Network is exploring the myriad screening tools used for children in the neighborhood. The lack of a common instrument makes it difficult for HPN to get a comparable reading on all children in the neighborhood. And those children who are not part of an official program do not get screened until they reach kindergarten, making remediation more difficult.

Solution 4: Ensuring Access to, and Enhancing the Quality of, Early Learning Programs

A. Improving the Quality of Child Care: Hayward is working to improve the quality of childcare through the professional development of providers. There are approximately 11 licensed family childcare homes in the neighborhood, one private center, four Head Start classrooms and four Hayward Unified preschool classrooms. Additional childcare homes and centers located outside the neighborhood also provide care for HPN children. Any of these programs can apply to the HPN Quality Counts program where 4C's provides one-on-one coaching over a two-year period. The coaches assess each participating childcare program using the Early Childhood Environment Rating Scale (ECERS) at the beginning and end of the coaching period. In between, they help the provider develop an action plan for addressing challenges and give incentives for completion of planned activities.

4C's also provides bilingual (English/Spanish) preschool Play and Learn Groups for relatives, friends, and neighbors who provide childcare in the neighborhood. Caregivers and young children attend together; caregivers learn how to structure play activities so the child is learning in a developmentally appropriate environment. 4C's enrolled three caregivers and five children in this 10-week program during Year 1, which they considered a disappointment based on the intensive amount of outreach they conducted.

- B. Increase Access to High-Quality Early Learning Programs:** HPN, in partnership with Hayward Unified, was able to open four new state-funded pre-k classes in Year 1 and early Year 2. In August 2012, Hayward Unified opened two classrooms for 48 children at Harder Elementary, and in January 2013, it opened another two classrooms for 48 children at John Muir School,¹⁴ both in the heart of the neighborhood. At each site, four classes run for three hours a day five days a week during the school year. In addition, HPN is fortunate to have four new Head Start classrooms with another 48 slots scheduled to open in the neighborhood in 2013 that it is working to fill with children from the neighborhood. In total, this means that 144 additional children ages 3 to 5 may now be able to attend a formal preschool program, enhancing their odds of being ready for kindergarten at age 5.

A challenge arose soon after the first new preschool classes opened. Due to large state budget cuts, California for the first time imposed a fee on families whose children attended the preschool classes. Families with annual incomes above \$26,000 for a family of four suddenly had to pay a fee, which ranged from \$20/month to \$538/month. The majority of the Promise Neighborhood families reported that they could not afford the fee and would have to withdraw their child from the program. Hayward Unified and HPN decided to use Promise Neighborhoods funds to cover the fees for those families living within the neighborhood boundaries so that none of these children were terminated from the program. The new preschool classes became a jointly funded program with state funding covering teacher salaries, Hayward Unified funding used for furniture and space, and Promise Neighborhoods funds covering family fees and the salary of one teacher.

- C. Summer Kindergarten Readiness Camp:** Through its partner, First Five of Alameda County (F5AC), the Hayward Promise Neighborhood provided a Kindergarten Readiness camp (summer pre-k) for 34 children in Year 1 who had not had previous formal childcare or preschool experience. The program ran three and a half hours a day for four days a week, for four weeks. There were 17 children in each of two classes taught by a team of an early childhood teacher and a kindergarten teacher. F5AC pays for the program and the School District selects the curriculum, hires the teachers, and supervises the program. F5AC maintains that this is a low-cost investment, costing only \$11,000 per classroom, for a big payoff.

Much of the class time was spent on the social/emotional and self-regulation aspects of readiness. Children were exposed to routines and structures such as circle time, taking turns, and lining up; they went from having no prior school or center-based experience to being able to write numbers one to 10, hold their pencils correctly, and get along with other children. Parents also agreed to attend five hours of parent education when they enrolled their child in the program, covering topics such as school readiness, literacy, and health.

¹⁴ John Muir is a closed elementary school owned by the district that now houses preschool and Head Start programs.

A study of summer pre-k programs funded by F5AC in Alameda County found that students with no pre-k experience scored 3.18 on a scale of kindergarten readiness from 1–4 with 4 being proficient; students in a summer pre-k program scored 3.26, and children in full year pre-k scored 3.32.¹⁵ This suggests that summer pre-k puts children ahead of their peers who have had no preschool experience though slightly behind those with full-year preschool.

- D. K–3:** Hayward Unified is continually working to align the content standards it uses for its preschool classes with its K–12 content standards. A team at the district works specifically on the articulation from pre-k through kindergarten and first grade so that children transition seamlessly and the learning from each level builds on the prior level.

Summary

Hayward concentrated its early childhood efforts in Year 1 on building its Early Learning Network, launching its Parents Promise Academy, and opening new preschool classrooms so more children from the neighborhood can benefit from formal early learning settings. Using some of its Promise Neighborhoods funds to help pay the preschool fees for the poorest families enabled many families to keep their child in preschool so they are more likely to succeed once they get to kindergarten. It is still unclear, however, whether the same students and families are receiving supports throughout the early childhood continuum; for example, HPN will work on obtaining the necessary information to know whether families who have had a home visit are the same ones who enroll their child in a formal childcare setting, or whether children attending the new preschool classes will enroll in the target elementary schools. Making sure the various parts of the pipeline are linked is an issue HPN leaders continue to tackle.

Minneapolis, Minnesota: Early Childhood Solutions

The Northside Achievement Zone (NAZ) in Minneapolis found that most children living in the zone lack formal early childhood education and begin school already behind. Relatively few infants and toddlers (16 percent), and only slightly more than half of preschoolers (53 percent), attend formal family- or center-based early childhood programs. As a result, only 29 percent of entering kindergartners living in and near the zone met literacy benchmarks, compared to 71 percent of children in the entire Minneapolis School District.¹⁶

To address these problems, NAZ leaders laid out three critical goals for their early learning work: 1) strengthen parent intent and action to navigate the complex, myriad childcare resources available; 2) ensure sufficient “slots” in high quality early learning programs while helping families access those slots; and 3) conduct or refer young children to early screenings to identify needs and drive supports.¹⁷

Early Learning Network

¹⁵ Applied Survey Research, “School Readiness in Alameda County: Results of the Fall 2011 Assessment,” May 25, 2012.

¹⁶ NAZ APPLICATION FOR GRANTS UNDER THE Promise Neighborhoods Program - Implementation Grant Competition submitted to the US Department of Education, September 11, 2011, p. e29.

¹⁷ NAZ APPLICATION FOR GRANTS UNDER THE Promise Neighborhoods Program - Implementation Grant Competition submitted to the US Department of Education, September 11, 2011, p. e47.

NAZ designated a pre-existing network of early childhood professionals and providers as its Early Learning Network. Called the Early Childhood Action Team, its 20 members include all the major early childhood centers in northern Minneapolis as well as representatives from city and county government and intermediary organizations. Its co-chairs sit on the NAZ management team.

The Action Team is charged with helping NAZ craft its early childhood agenda and build out its operational components. One of the team's main tasks in Year 1 was to develop NAZ's Early Childhood Solution Plan, part of NAZ's "Seal of Effectiveness" process that identifies what a first-rate program should look like so that NAZ can then evaluate the implementation and effects of the plan by various providers. To ensure that its early childhood work conforms to standards of excellence, the Action Team worked with evaluators at the University of Minnesota to develop an action plan that spells out an evidence-based set of best practices that all partners agree to follow in their early childhood work.

The Early Childhood Action Team started with two goals:

- Prenatally through age 3, children's age-appropriate development toward kindergarten readiness will be monitored, and services and supports will be provided as needed.
- NAZ-enrolled children ages 3 through 5 are making adequate progress toward developing literacy, numeracy, and other skills that contribute to kindergarten readiness.

After reviewing summary reports of successful evidence-based practices, the Action Team crafted a plan that identified the essential active ingredients that made for successful programs aimed at these two goals. The draft plan was circulated to outside peer reviewers who are national experts in the early childhood field and could analyze the plan according to state-of-the-art knowledge about early childhood policy and practice. NAZ expects to approve the plan in early 2013 and will then develop a Memoranda of Understanding with individual providers who agree to follow the minimum standards of the plan. Sample ingredients of effective early childhood programs from the plan include the following:

- Partner staffs have face-to-face contact with every family with a child less than 36 months of age at least once per month and will follow specific protocol for noticing and flagging developmental concerns.
- Every NAZ child is screened at age 3. Partner staff members review each screening result with parents, make referrals according to a specific protocol, conduct follow through, and enter information into the NAZ Connect database.
- All NAZ-enrolled preschool children attend a 3- or 4-star-rated program (Minnesota's designation of high quality) for at least 15–20 hours per week for 46 weeks per year beginning at the child's third birthday. This means the program:
 - Uses a curriculum that is aligned with the Early Childhood Indicators of Progress;
 - Conducts an assessment using an approved tool with all children at least twice per year; and
 - Ensures that all lead teachers have completed at least eight hours of training on the curriculum used and eight hours on an approved assessment tool used in their classroom.¹⁸

¹⁸ University of Minnesota Center for Early Education and Development, "Draft Early Childhood Program Solution Plan: Goal 1 and Draft Early Childhood Program Solution Plan: Goal 2," February 2013.

Solution 1: Babies Are Born Healthy and Have a Medical Home

NAZ Connectors and partners reach out to find and enroll pregnant families living in the zone and refer them to prenatal services and intensive home visiting services. Women are referred to Twin Cities Healthy Start for prenatal supports, including help finding a doctor and applying for insurance, information about pregnancy, nutrition, childbirth and delivery, the baby's growth, breastfeeding and parenting, and help getting supplies to care for the infant. This program is funded by federal and state funds based on the belief that healthy births reduce public costs later in life and improve an infant's chances of thriving as he/she grows up.

Pregnant women living in the zone also receive home visits from public health nurses beginning in the first trimester of the pregnancy and continuing until the child is two years old. Through the Minnesota Visiting Nurses Agency, nurses and other trained home visitors provide information on infant care, child growth and development, the importance of having a medical home, preventing exposure to environmental hazards, and support services available in the community. Teen moms are a priority. In Year 1, approximately a dozen pregnant women from the zone received prenatal supports and home visits. NAZ reports that 92 percent of children ages 0–5 in the zone have a medical home.

Solution 2: Parenting Support and Education

NAZ puts a high value on parent empowerment, which gets operationalized through its Family Academy, an adaptation of Harlem Children's Zone's Baby College. Parent education is targeted to children's specific developmental stages; one set of classes is for families of infants and toddlers. In Year 1, 57 families graduated from two Infant/toddler classes, with an 85 percent completion rate. The class is held in three-hour sessions once a week for 13 weeks. Children are welcome and transportation, a meal, stipends, sibling care, and early childhood supplies are provided.

NAZ adapted a curriculum called "The Incredible Years,"¹⁹ tailoring it to fit the language and experiences of NAZ families. It covers topics such as how early brain development can lead to lifelong challenges or successes; how to engage in child-directed play that helps promote positive relationships and learning; the art of praise and encouragement; how to speak to a child; strengthening children's social skills, emotional regulation and school readiness skills by helping the child develop problem-solving skills from an early age; and positive discipline strategies such as effective limit setting.

Solution 3: Screenings for Appropriate Development

Screenings of three- to five-year-olds are performed by Minneapolis Public Schools as well as by a range of early childhood providers, including Head Start and pediatricians. Minneapolis Public Schools offers free screenings to all three to five-year-old children. In addition, NAZ Connectors referred all children ages 3 to 5 whose families were enrolled in NAZ for developmental screenings from a number of partners. They asked their partner providers to inform them of any referrals made as a result of suspected delays so the Family Connector can follow up with the parents and make sure they are receiving needed services. NAZ estimates that approximately 30 to 40 percent of the children ages 3 to 4 in the zone have received a developmental screening.

At the beginning of Year 2, NAZ formed a task force to look at child screening and develop recommendations to create an aligned system of screening and assessments. The task force is starting with the medical community because most young children are being seen by a pediatrician who does

¹⁹ Developed by Carolyn Webster-Stratton at the University of Washington, <http://www.incredibleyears.com>.

some sort of formal or informal assessment, and the parent then checks that off their list. But the information from the doctor does not get shared with anyone; it simply goes into the child's medical file. NAZ is hoping to develop a system that standardizes medical screenings so they are similar to other ones used in the community and so that the findings are accessible to other professionals working with the family.

Solution 4: Ensuring Access to, and Enhancing the Quality of, Early Learning Programs

A. Helping Finance Access to Quality Early Learning Programs: Because there are a number of public and private pre-k and Head Start classes in and near the zone, NAZ decided to focus its initial efforts on helping more families who otherwise could not afford these programs to enroll their children. NAZ was fortunate to receive federal Race to the Top money from the state as one of four high-need communities in Minnesota working to increase the number of children 0–5 enrolled in early learning programs. (State officials were aware of NAZ's efforts even before NAZ won its Promise Neighborhoods grant and wrote NAZ into its Race to the Top grant application.) The funds—approximately \$1.9 million for NAZ—became available in October 2012, and NAZ decided to use it for full scholarships of \$15,000 per family for 128 families.

To qualify, families have to live in the zone, have a child aged 3 or 4, and agree to send their child to one of the accredited preschools that has attained at least a 3- or 4-star rating from the state quality rating system. Of the 221 NAZ-enrolled families, 90 had children ages 3 to 4. Of these, priority was given to children who had not been attending formal childcare or early learning programs. To date, NAZ has awarded 65 full scholarships. Money is still available for another 63 families and NAZ is in the process of selecting them now. It plans to include some families who have not yet enrolled in NAZ as a way of attracting more families into the fold.

B. Enhancing the Quality of Childcare and Early Learning Programs: Rather than increase slots, NAZ is placing its investment in increasing the quality of existing childcare programs. Currently there are scores of family, friend and neighbor childcare homes that have not yet been accredited by the state so they are not rated in terms of their quality. One of NAZ's partners, Think Small, is reaching out to these providers to identify and promote quality enhancements and to encourage them to engage in the Parent Aware process that will give them a star rating from 1–4. The process normally takes six months and requires submission of a good deal of paperwork, so some providers say they are reluctant because they do not have sufficient staff. NAZ responds by reminding the providers that the only way they can qualify for scholarship money is to become a 3- or 4-star rated provider. As part of its Race to the Top grant, the state is making coaches available to help these childcare providers develop applications.

C. K-3: Aligning early childhood programs with K–3 curricula is on NAZ's agenda for Year 2. Once young children leave a high-quality preschool program, they will need an elementary school that is performing at a high level in order to sustain their academic gains. NAZ's pipeline plan is to encourage NAZ-enrolled families to select one of its six target elementary schools within the zone because it has placed Academic Navigators and Family Connectors in these schools to provide extra assistance to NAZ children.

Summary

NAZ started its work in this area immediately, having in place an Early Learning Network made up of all the major early childhood players in the region. In addition to its “high touch” Family Connector

component,²⁰ its early childhood emphases in Year 1 were on launching its Family Academy parenting education program and setting up a scholarship program that allowed 65 more children to attend high quality early learning programs. Whether the individual pieces of NAZ’s pipeline will reinforce and build on each other for the same families with young children depends to some extent on whether families choose one of the target schools for their child. If families chose another school outside the neighborhood that is not excelling, children may lose some of the benefits they acquired in their early years. This is an issue that NAZ leaders continue to grapple with as they build out their cradle -to-career continuum.

San Antonio, Texas: Early Childhood Solutions

San Antonio found that most young children growing up in the Eastside Promise Neighborhood (EPN) did not have access to high-quality early care that would help prepare them for school. Only 24 percent of the children were in formal center-based care. Only one childcare provider within the EPN is licensed. Nearly 70 percent of entering kindergarteners did not have the requisite skills needed to meet the demands at school, forcing them to play catch up from Day One. To get more children entering kindergarten with age appropriate skills, EPN set out to increase enrollment in, and boost the quality of, both center-based and family, friend and neighbor care while helping parents better understand age-appropriate functioning and ways of supporting their children.

Early Learning Network

While San Antonio did not officially launch an Early Learning Network in Year 1, it did establish an EPN Early Education committee to guide its work. This committee is made up of 12 local leaders representing the early education field, including the mayor’s office, the school district, Head Start, and EPN residents. The committee is charged with recommending specific early childhood strategies to the EPN Advisory Council. For example, in Year 1, the committee met every two weeks for several months to allocate pre-k slots to eligible families. A more formal network that includes providers is being considered for Year 2. This will be a community of practice and will include five centers, two family day care homes and numerous Family Friend and Neighbor providers, all working to adopt practices that foster age-appropriate functioning and kindergarten readiness.

The Texas Early Learning Council has recently released Core Competencies for Early Childhood Practitioners, and administrators and EPN’s Early Education Committee will decide whether to adopt these guidelines for their provider network or use some other set of guidelines.

Solution 1: Babies Are Born Healthy and Have a Medical Home

San Antonio provided prenatal care to a handful of pregnant women from the Eastside Promise Neighborhood through its Early Head Start program in Year 1. They also encourage new parents to sign up for medical care for their children through home visits to families with preschoolers.

²⁰ Family Connectors are skilled “family coaches” from NAZ who provide one-on-one support to NAZ-enrolled families. They work with parents to identify needs, set family goals, and connect them with promising and proven strategies to support their child’s success at every age.

Solution 2: Parenting Support and Education

San Antonio reaches out to support and educate parents of young children in several venues, including a home visiting program, one program focusing on teen parents and one designed specifically for fathers.

First, it uses the Parent Advocate Home Visit model to support parents who have children in Head Start at the Tynan Early Childhood center. During Year 1, parent leaders made two home visits to every family of all 256 children. The Parent Advocate helps the parents set goals for themselves and their child, explains what the child will learn in Head Start and how the parents can help support the child at home.

Second, the Eastside Promise Neighborhood contracts with Catholic Charities for a parenting education program for teen parents at Sam Houston High School. The program serves 37 pregnant and parenting teens during two 30-minute lunchtime sessions per week. Most, if not all, come from the EPN. Ten students are males. Students come in two groups of 10-15 depending on their lunch schedule. The program uses the curriculum *Nurturing Parenting for Teens* which covers topics such as how to be nurturing to yourself and your child, ways to enhance positive brain development in young children, building attachment between children and parents, communicating with respect, and alternatives to spanking. The facilitator is a certified parent educator who guides discussions in a “platica” style in which teens are encouraged to talk freely about what is going on in their lives as parents. Staff say that students talk openly and quickly become supports for each other.

Third, San Antonio runs a successful parenting class for fathers called *Compadre y Compadre*. Sponsored by the Children’s Shelter, a local nonprofit, and funded by United Way, the free program welcomes all father figures including stepfathers, uncles, and grandfathers. In Year 1, 375 fathers completed the program in groups of 10-20, with about 15-20 men coming from the Eastside Promise Neighborhood. More than half of the participants are mandated by the courts to attend, but for a significant number attendance is voluntary. Sessions run for two hours one evening per week for 15 weeks and are held at a facility about 10 minutes from the Eastside neighborhood.

The first two sessions are called “Daddy Boot Camp” because they pack a lot of very practical information into a short time. Dads learn how to change a diaper, how to hold their baby, about nutrition and expected milestones. The curriculum, *The Nurturing Father’s Program* developed by Mark Perlman, includes sessions on the world of feelings and male nurturance; overcoming barriers such as anger, alcohol, drugs, and stress; how to play with your child; discipline; fathering sons versus fathering daughters; and teamwork with the mom. By the end, men often exchange phone numbers and keep tabs on each other to make sure they are accountable. EPN leaders believe this program occupies an important niche in their parenting education goals as it speaks directly to a population that is often absent from a child’s life. They are betting that fathers who complete this program will be better able to show empathy toward their children and empower their children to feel loved and competent.

Solution 3: Screenings for Appropriate Development

San Antonio screens three-, four-, and five-year-olds though it is limited to children in formal Head Start and pre-k programs. All of the 312 children attending Head Start or pre-k—nearly all of whom come from the EPN—get a variety of assessments aimed at monitoring progress and detecting developmental delays that trigger specific interventions. These children’s parents are asked to complete the *Ages and Stages* questionnaire, and then teachers complete a skill-based observation checklist to see where the child stands on a set of 14 tasks such as “uses beginning sounds that are consonants.” For students in the Head Start classes, teachers use the *High Scope* assessment to provide additional information about

the individual child's skills, while children in the pre-k classes get a skill-based assessment in literacy and math from Frog Street Press, which is the curriculum used in pre-k. Every six weeks, Head Start staff members meet to review each child's progress across seven domains of early learning. If any significant delays are detected, the staff uses the "Response to Intervention" process whereby the family is referred to an external service agency and/or a behavioral specialist who will assist the teacher in working with the child in the classroom.

Additionally, United Way screened all 201 entering kindergarteners at the three target elementary schools in the neighborhood using the Early Development Instrument (EDI) in Year 1, but because of privacy concerns, the data sets are only available in the aggregate, not for individual children.

Solution 4: Ensuring Access to, and Enhancing the Quality of, Early Learning Programs

A. Increasing the Quantity of Licensed Childcare and Pre-k Slots: The Eastside Promise Neighborhood invested heavily in establishing new early learning opportunities for children from the neighborhood because it recognized that too few children were benefitting from these experiences. With the school district, EPN jointly funded 80 new pre-k slots in 6 new classrooms. EPN pays for teacher salaries and space rental; San Antonio Independent School District pays for materials and food. The new classes are housed at Ella Austin Community Center and Miller Child Development Center, both EPN partners. Seventy-three of these 80 slots have been filled, after extensive outreach, with three- and four-year-olds from the Eastside neighborhood who had had no previous formal childcare experience. Staff and parent volunteers walked the neighborhood knocking on doors, manned booths at neighborhood grocery stores, advertised in local newspapers, and publicized the availability of the classes through community newsletters.

The pre-k classes are free for qualifying families based on eligibility criteria that include being at or below 185 percent of the federal poverty level (\$42,642 for a family of four in 2012), English as a second language, child of an active duty military member, homeless, or currently or previously in foster care.

At the end of Year 1, EPN also funded the creation of another 120 subsidized slots in public and private childcare centers. These slots are scheduled to open in Year 2 and will be targeted entirely to EPN families. EPN's Early Childhood Committee, which includes community residents, is now deciding how to allocate those slots. It is considering working through a childcare assistance program that gives priority to EPN residents who are trying to attend college, participate in workforce training, or return to work. EPN leaders hope that the children attending these childcare and pre-k classes will register for kindergarten in one of the three Eastside target elementary schools. Because of the tremendous mobility in the neighborhood, they cannot guarantee this will happen, but parent volunteers are talking to these parents about the advantages of staying in the neighborhood now that EPN is working to support children and families in these schools.

B. Improve the Quality of Childcare: One of EPN's partners, Voices for Children, held a day-long professional development session for 110 childcare providers—almost all of whom were from the Eastside neighborhood—during Year 1. Content included nutrition/childhood obesity, handling challenging child situations, child abuse red flags, and science and math experiences for toddlers.

San Antonio's local public television station, KLRN, sponsors a Play and Learn program funded by United Way that teaches parents and informal providers in the EPN how to teach children 0–3 in a fun, active way. Stations are set up offering dramatic play, storytelling, art easels, math manipulatives, and science sensory tubs filled with sand or water. Teachers show parents and caregivers how to foster learning through play at each station. The program served 82 adults and 83 children in the fall of 2012, of which about 50 were from the EPN. Seventy-seven percent of the adults were parents; the rest were informal caregivers. Two-hour sessions are held weekly over 10 weeks. The program also offers one-hour workshops for parents and caregivers on specific topics such as how to use the Ages and Stages Questionnaire to see how a child is progressing developmentally.

- C. **K-3:** EPN's Early Education Committee plans to review its pre-k outcomes and work with the school district in Year 2 to ensure alignment between pre-k curriculum and the early elementary grades.

Summary

San Antonio focused most of its early childhood activities in Year 1 on parenting education and increasing high-quality early care and learning settings for young children in the Eastside neighborhood. Its expansion of preschool slots for Eastside children helped more children get important experience before entering kindergarten, and its parent education programs focus on some of the populations most in need: teenagers and fathers. It focused less on either end of the continuum: infants and toddlers, on the one hand, and kindergarteners through third graders on the other. Its expected expansion of formal childcare slots in Year 2 will help flesh out the resources for children ages 0–3 more fully.

IV. Concluding Observations

All five of the 2011 Implementation sites invested resources in high quality early childhood solutions along the four-part continuum laid out in this paper. Many of the solutions reflect what is known about best practices in the early childhood field and are considered state-of-the-art strategies for getting young children from low-income families off to a good start. At the same time, there are some gaps in coverage that sites recognize and are starting to address. A few concluding observations about both the strengths of sites' activities and the challenges they face are offered here.

1. **Most sites established Early Learning Networks to guide their early childhood work, and the roles of these networks are still evolving.** Several sites have not yet created an official network but established a working group or committee that serves some of the same functions. In all cases, sites had some group that represented the major early childhood players in the neighborhood, with the specific functions of these groups varied by site. All were well connected to their State agendas and requirements, in several cases participating in early pilots of new state policies or mandates.

The idea behind these networks is that constructing a true early childhood pathway requires that early childhood providers and others come together consistently and systematically to develop a comprehensive system of services, supports and early learning opportunities for young children and their families. Such a network is needed to develop a common agenda

across the relevant organizations, agree on a core set of result and shared measurement tools, and implement mutually reinforcing strategies to achieve the collective results desired.

Some sites are already using their Early Learning Networks in this way and are well positioned to refine their current solutions as the group continuously monitors the effectiveness of their strategies. Other sites are still in the process of connecting discrete programs to one another to create a true pathway. This seems essential, because success at scale is unlikely without an overarching network to fit the pieces together and refine the solutions over time. Some sites have taken best practice solutions and applied them to families in their neighborhood—which is an important step—but it is likely to require a coalition of good thinkers to continually adapt these solutions in order to reach the Promise Neighborhoods results.

2. **All sites invested in parenting support and education, with a commitment to high- quality and research-informed practices.** Several sites start making services available to parents at, or soon after, birth, with hospital or home visits, at a critical time when parents may be most receptive to participating in parent support programs. Two sites operate programs inspired by HCZ’s The Baby College® that provide 30–39 hours of education and support. Some programs focus on special populations such as teen parents, dads and grandparents on the theory that these parents have unique situations that allow them to benefit from specialized curriculum and like-minded peers.
3. **Sites were already conducting screenings to detect developmental delays, but most are not yet reaching all three-year-olds and in most sites there is not yet a use of consistent instruments across providers.** For the most part, children who are in formal early learning programs do get screened, but few others do. Moreover, sites have found that there are multiple instruments being used so it is impossible to compare children across programs. Sites are grappling with how to make their screenings and assessments more uniform, including how to involve the medical community more intensively in these efforts.

Table 5: Parenting Education in the 2011 Promise Neighborhoods Implementation Sites, Year 1

Site	Program Name	Target Audience	Number of Hours/ Weeks	Topics Covered	# of Parents Start Course	# & % of Parents Completing	Location
Berea	Grandparent Support Groups	Grandparents	1-2 hours/wk ongoing	Legal issues; discipline; connections to resources.	TBD	TBD	Community centers
	Home Visits	New Parents	2 visits/month	Appropriate developmental milestones	73	TBD	Homes
Buffalo	Ready Set Parent!	New Parents	2 hours	Wellness, parenting, beginning literacy.	36	36 (100%)	Hospital
	Hospital Visits			Routines, coping w/ stress, learning through play			Community locations
Hayward	Ready Set Parent! Workshops	New Parents	Various				
	First Five Home Visits	New Parents	1-2 Hours	Supports & resources	29	29 (100%)	Homes
Hayward	Parent Promise Academy	Parents of young children 0-8	1 hour/wk for 30 weeks or 30 hours	Child Development, Health/Nutrition, Positive Parenting	25	21 (84%)	Harder Elementary School
NAZ	Family Academy	Parents of Infants and Toddlers	3 hours/wk for 13 weeks or 39 hours	The Incredible Years: Child Dev, Social/Emo Regulation, Positive Discipline	67	57 (85%)	Community site in the zone
San Antonio	Home Visits	Head Start Parents	2 hours	Parenting roles	250	250 (100%)	Homes
	Parent Talk	Pregnant & Parenting Teens	1 hour/wk Sept--May	Nurturing Curriculum	37	TBD	Sam Houston High School
	Compadre y Compadre	Fathers (or father figures)	2 hours/wk 15 weeks	The Nurturing Father's Program	15-20 from EPN	100%	Children's Shelter outside EPN

4. **Most sites focused their early childhood solutions on three- and four-year-olds, with fewer solutions developed for children 0–3.** While getting more children into high-quality early learning preschool programs is clearly an important goal, and most sites made impressive progress on it (e.g., San Antonio added 200 new early learning slots, Hayward added 144 new preschool slots, and helped families pay for them, Buffalo is adding 110 new slots when its new center opens in Year 2, and NAZ paid for 65 children to attend high-quality preschools), this will need to be only one goal sites pursue to get children ready for kindergarten.
 - Sites have to date made only beginning efforts to seek out pregnant women from their neighborhood and ensure they receive consistent prenatal care and supportive services throughout the pregnancy. Several sites had pre-existing partners providing such services, but these were usually limited in scope and could not reach all pregnant women.
 - Supports and interventions for children from birth to age 3 remain limited in most sites, and site leaders plan to increase solutions for these children and their families. Some sites offered Play and Learn programs for children 0–3 and their parents or caregivers, but these served small numbers.
 - Sites state that they are struggling with how to reach the large numbers of children who are in family, friend and neighbor care. All sites are looking for ways to encourage more of these providers to get licensed and rated, but face resistance from caregivers who do not see sufficient advantages of and/or do not have the wherewithal to go through the burdensome licensing process.
 - In addition to having school district task forces charged with ensuring alignment between pre-k classrooms and kindergarten and first grade curriculum, only one site has so far been able to invest in boosting the literacy competence of K–3 teachers to sustain the gains made in high quality early learning settings.
5. **Sites will be working to ensure that early childhood solutions serve the same families and that the children receiving these supports are then the children who receive supports during their K–12 school career.** In the course of preparing this paper, site leaders discussed such issues as the work necessary to ensure that the parents who are getting community supports such as housing assistance, adult literacy opportunities and job training are the same as those getting parent education and whose child is in a good preschool program. The early childhood solutions will be most powerful if they are directed to children whose families are also getting a range of other supports and services, and if the individual child is getting all the supports along the continuum from birth to third grade.
6. **Sites took advantage of having first-rate partners already providing excellent early childhood services in the region to flesh out their pipeline for young children.** By picking the best existing agencies, and contracting with them to focus on families in the neighborhood, sites were able to ramp up their early childhood work more quickly than some other parts of their pipeline and have confidence that they will reach their goals.

The early childhood solutions that sites launched in Year 1 lay the foundations for further refinements and expansion in the coming years as well as further learning. Among the questions for which Promise sites can generate important new lessons are the following:

- What are the appropriate functions for the Early Learning Networks and how can Promise Neighborhoods sites both support and use them to help bring about collective impact? What approaches and processes allow the networks to create comprehensive systems of care for young children and their families?
- Are hospital and early home visits immediately after the birth of the child effective ways of engaging parents in the Promise Neighborhoods initiative? Do these families tend to stay connected to the Promise Neighborhoods resources over time?
- What are effective ways to take parenting support and education efforts to scale? How can sites “saturate” their neighborhoods and get many more if not all parents to participate in these efforts? What kinds and level of resources would this require?
- What is an appropriate balance between investing in very young children (prenatal to age 3) and in four- and five-year-olds who benefit from high-quality preschool programs?
- What are some ingredients of success among the efforts to get more unlicensed childcare providers to agree to either get licensed or at least participate in the State’s Quality Rating system? Are there particular incentives that can help providers agree to enroll in this process?
- Finally, what are the cost and budget implications of taking promising early childhood solutions to scale? Given budget constraints, how can sites use a process of sustainability planning early in their initiative to consider ways to generate resources for moving toward scale and reaching all young children and their families in the neighborhood?

All in all, sites made great strides setting up their early childhood platforms in Year 1. They formed networks, launched parenting education programs, and expanded access to high-quality early learning programs all while they were setting up their infrastructure, building data systems, and getting multiple other programs off the ground. As they continue to expand and refine their continuum of solutions, we hope they can continue to learn from each other and reflect on best practices.