



STRATEGIC PLAN

2014 – 2023

APPROVED: DECEMBER 9, 2013

EVERY CHILD PROMISE STRATEGIC PLAN

SUBMITTED BY:

CO-CHAIRS – BETTY AND TODD PARNELL

SPRINGFIELD CHILD ADVOCATE - DANA CARROLL

EXECUTIVE BOARD— BRIAN FOGLE, Community Foundation of the Ozarks
JANET DANKERT, Community Partnership of the Ozarks
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REVEREND MARK STRUCKHOFF, Council of Churches
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DAVID STOEFFLER, Springfield News-Leader

COMMITTEE CHAIRS – DR. JULIE LEETH, Community Foundation of the Ozarks
DR. HAL HIGDON, Ozarks Technical Community College
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MR. AND MRS. DOUG PITT, Parents
FRANCINE PRATT, Drury University
JILL PATTERSON, Keck and Austin, LLC
STEVE EDWARDS, CoxHealth
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HEATHER FORD, Greene County Children's Division, Circuit Manager
DENISE BREDFELT, Mayor's Commission for Children, Executive Director
JEAN GRABEEL, Springfield Public Schools, Director of Health Services

PARTICIPANTS - 157 citizens met 27 times in September and October, 2013 to provide the input for the final plan. Additional input was provided through community forums by 450+ citizens.

THE PROMISE:

OUR COMMUNITY PROMISES TO EMPOWER FAMILIES, SO THAT EVERY CHILD AGE BIRTH TO SIX HAS THE OPPORTUNITY TO ENTER OUR SCHOOLS READY TO LEARN.



EVERY CHILD PROMISE STRATEGIC PLAN (2014-2023) – A comprehensive approach for children prenatal to six years across a Continuum of Early Childhood Developmental Phases.

THE ISSUE: Many children in our community are lost to poverty and unproductive, unfulfilling lives. The cost to them is unfathomable for most of us. The cost to our community is measureable and significant in terms of school remediation, incarceration, hospitalization and unemployment. The lost potential of children’s lives through adulthood presents a humanitarian, as well as a workforce and economic development crisis for a community that is thriving in so many other aspects. Decreasing federal and state government safety net support is intersecting with escalating need for so many that a comprehensive local solution is needed, if we as a community are to improve our quality of life.

The Every Child series, shared with the community by the Springfield News-Leader for more than two years, raised awareness about the neediest children in our community. The Every Child Promise is born of that initiative and the concurrent call to action by community leaders.

With respect for the magnitude of the challenge and limits of deployable resources, the Every Child Promise has focused on the youngest and most vulnerable in our community, children prenatal to six years. Our goal is to empower each of their families with opportunities to access resources and support to prepare children to attend kindergarten “ready to learn.” Our confidence in the community’s public education commitment and system to foster opportunity after that stage is strong and unconditional, but having one in five of our children not prepared to learn in kindergarten is shocking.

Universal and voluntary access to early child care, education, health care, nutrition and safety are the building blocks to increasing the number of young children entering kindergarten ready to learn. Those who are denied such opportunities are more likely to spin off the developmental track early and spend the rest of their lives trying to catch up, at a significant cost to all.

The Every Child Promise Strategic Plan, developed by citizens and community leaders, lays out a bold vision for creating opportunity for our youngest through their families. The theory is simple: improving access to support services for all children prenatal to 6 years will improve critical metrics across the early child developmental spectrum and translate into more children ready for kindergarten, and ultimately improved scholastic performance K-12.

The cost to our community of doing nothing is measurable and unacceptable. This strategic plan presents an incremental set of solutions to an urgent need, within the context of fiscal responsibility and return on investment.

Springfield’s Child Advocate and the Every Child Promise Executive Board are committed and ready to move forward.

THE GOAL: In ten years, cut in half the number of children each year who are unprepared for kindergarten in Springfield Public Schools.

(By 2023, 90% of children entering kindergarten will be “ready to learn” as measured by the Mayor’s Commission for Children 2014 Baseline report, updated every two years, utilizing DECA {Devereux Early Childhood Assessment} and DIAL 4 Evaluation Instruments.)

MEASURABLE OBJECTIVES (10 YEARS):

1) EXPAND AND SUPPORT **EARLY CHILD CARE PROGRAMS**

Double the number of families utilizing a home visiting model similar to Parents as Teachers in SPS Boundaries. (From 2,500 to 5,000 using both national and local models, as measured by SPS)

2) PROVIDE AND SUPPORT CHILD-FRIENDLY **PRE-K EDUCATION**

Reduce by 50%, the number of children who cannot access affordable, high quality public, private or faith based pre-kindergarten education within SPS boundaries. (From 500 to 250, as measured by the Mayor’s Commission for Children)

3) ASSURE **SAFE AND SECURE ENVIRONMENTS**

Decrease the number of substantiated reports of children abused and neglected to 5.0 per 1,000 annually (from 7.98) in Greene County.

4) ASSURE ACCESS TO **FOOD AND PROPER NUTRITION**

- Decrease food insecurity for children age 0-5 years by 25% in Greene County. (from 5,200 currently to 3,900 as measured by Greene County results from Map the Meal)
- Decrease the number of overweight and obese children age 0-5 years by 10% in Greene County. (from 5,400 currently to 4,860 as measured by Springfield/Greene County data reports)

5) ASSURE ACCESS TO ADEQUATE **HEALTH CARE**

Engage 50% of new and expectant mothers eligible to receive WIC services in zip codes 65802 and 65803, providing them and their children with dental, vision, mental and behavioral health screenings.

DEFINITIONS:

PARENTS AS TEACHERS - Parents as Teachers is a program providing a proven home visiting model using trained educators to meet the evolving needs of families. Parents As Teachers strives to help young children grow up healthy, safe and ready to learn, using developmental checkpoints as a basis for growth.

QUALITY EARLY CHILDHOOD EDUCATION – provide safe, secure, child-friendly environments where children engage in developmentally appropriate learning through positive interactions with their teachers and peers in five key areas that equip them with the skills and knowledge to enter school ready to learn.

KINDERGARTEN READINESS is the achievement in five key areas of development:

- physical development,
- social competence,
- emotional well-being,
- pre-academic knowledge and
- excitement for learning.

Kindergarten Readiness is realized when a child is able to do such things as follow a simple two step direction, identify and manage their own emotions, sit with others and attend to a story being read, and recognize their own name in print. Kindergarten Readiness is essential for school and workforce success.

CLASS—The Classroom Assessment Scoring System (CLASS™) is an observational tool that provides a common lens and language focused on the classroom interactions that boost student learning. Data from CLASS™ observations is used to support teachers' unique professional development needs and set goals. The CLASS™ tool focuses on effective teaching, helps teachers recognize and understand the power of their interactions with students, and aligns with professional development tools.

FOOD INSECURITY—the condition assessed in the food security survey and represented in USDA food security reports—is a household-level economic and social condition of limited or uncertain access to adequate food.

CHILDHOOD OBESITY – For children (aged 2 -5 years), as defined by Center for Disease Control (CDC)

Overweight is defined as a BMI (Body Mass Index) at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.

Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

WIC – Women, Infants, and Children (WIC) provides for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk by way of Federal Grants to States.

SNAP – Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families. SNAP is the largest program in the domestic hunger safety net.

MAJOR STRATEGIES

PHASE I

- Universal Access to a home visiting model similar to Parents as Teachers within Springfield Public Schools boundaries, utilizing both National PAT and Local Models.
- Universal Access to affordable, high quality public, private or faith based Pre-K education within Springfield Public Schools boundaries.
- *Every Child Promise* Scholarship Assistance (Child Care and Pre-K Education) to all families with children age 0-5 years within Springfield Public Schools boundaries, with requirements for both families and approved programs accessing the assistance.
- Increase immediate access to nutritional food for food-insecure children through a private partnership with Convoy of Hope.

PHASE II

- Raise the quality of all participating Pre-K education settings, utilizing CLASS (Classroom Assessment Scoring System) Observation Process and Scholarship Incentives.
- Promotion of Pre-K Education as a top priority for Springfield Public Schools and our community, as reflected in District Strategic Planning.
- Provide a Universal Nurse Visitation Program for first time parents, providing them and their children with dental, vision, mental and behavioral health screenings. To complement the anticipated demand, develop a network of dental, vision, and behavioral health providers to address increased need.
- Increase and expand a network of community food cooperatives, community gardens and community kitchens to increase healthy food access, affordability and more efficient use of WIC and SNAP.
- Provide a systematic program for the content and delivery of Mandated Reporter Training in Greene County.

IMPLEMENTATION STRATEGIES:

- 1) Utilize Pilot Projects to demonstrate impact of major strategies, funded by grants and other community resources over the next three years. (Begin January, 2014)
- 2) Institutionalize Every Child Promise Executive Board. (Begin January, 2014)
- 3) Form and utilize Community Implementation Committees for major strategies. (Begin January, 2014)
- 4) Formalize, organize, and mobilize a network of Every Child Promise volunteers to help implement Major Strategies. (Begin January, 2014)
- 5) Quantify the cost of implementing each major strategy. (2014)
- 6) Commission a study (MSU) to determine the cost of “Doing Nothing” as a community to address young children’s needs over the next ten years. (2014)
- 7) Establish an *Every Child Endowment Fund* at Community Foundation of the Ozarks. (2014)
- 8) “Ready to Learn” Public Awareness Campaign. (2014-15)
- 9) Seek sustainable community funding to scale up successful pilots and meet potential child-based infrastructure needs by 2017. (2016)

INITIAL PRIORITY PILOT PROJECTS: (ACTION PLANS TO BE PROVIDED FOR IMPLEMENTATION)

- 1) Expand the home visiting program similar to the Parents as Teachers Program with five additional parent educators for three years (serving 300-375 families and 450-550 children per year.)
COST - \$200,000/Year
SOURCE – Grants, Business Community
- 2) *Every Child Promise* Scholarship Program for 50-60 additional children to access high quality pre-kindergarten education for three years.
COST - \$100,000/Year
SOURCE – Grants, Business Community
- 3) Public/Private Pre-K Education Partnership for 20 children between Springfield Public Schools and a private provider in Springfield.
COST - \$92,125.00/year
SOURCE – Missouri Preschool Project Grant
- 4) Public/Private Nutritional Food Partnership with Convoy of Hope to increase immediate access to nutritional food for food-insecure children.
COST - \$12,000
SOURCE – Private Donations

SECONDARY STRATEGIES and POTENTIAL PILOTS:

- 1) Development of a new nurse visitation program for first time parents, providing them and their children with dental, vision, mental and behavioral health screenings. To complement the anticipated demand, develop a network of dental, vision, and behavioral health providers to address increased need.
- 2) Increase and expand a network of food cooperatives, community gardens and community kitchens to increase healthy food access, affordability and more efficient use of WIC and SNAP
- 3) Clearinghouse referral system to increase knowledge and access to early childhood services for all parents, keyed to neighborhood mentors and organizers.
- 4) Relationship Education designed to help parents form and maintain healthy and stable relationships.
- 5) Upgrade Children's Division facilities and staff support, including cutting edge technology for field staff.
- 6) Coaching, mentoring and certification programs for both volunteer and paid child care programs and providers to improve preschool education offerings.
- 7) Provide access to a comprehensive neighborhood school based support systems (Neighborhood Hubs), including nutrition education and optional home visits from paraprofessionals.

SUMMARY OF THE PROCESS

- ✓ Establish Every Child Promise Executive Committee with institutional representation.
- ✓ Appoint a Child Advocate for the Community (Dana Carroll).
- ✓ Establish a community communication portal www.everychildpromise.org (Sugar Design Studios).
- ✓ Create a Ten Year community based Strategic Plan by December 31, 2013.
- ✓ Utilize 5 committees to set game changing objectives and strategies in critical early childhood developmental phases including Early Child Care, Early Childhood Education, Safety and Security, Health Care and Food and Nutrition by November 1, 2013. Solutions may overlap. Identify pilot projects, funding strategies, and assessment metrics. Build on strong existing agency network.
- ✓ Host Community Forums for additional community input and reaction during November, 2013.
- ✓ Present the revised plan to Every Child Promise Executive Committee by December 9, 2013 for approval.
- Implementation of the Strategic Plan by Child Advocate beginning in January, 2014.
- Commission Missouri State and Dr. Michael Stout to conduct a study, "The Cost of Doing Nothing" 2014.