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Program Summary/Abstract (one page or less)

Based on its critical need for infant/toddler and prenatal care, and the known benefits of quality early experiences, the city of Hartford seeks to establish its first Early Head Start (EHS) program. The Hartford EHS program will be a citywide collaboration that builds upon and integrates the strengths and resources of multiple agencies to serve low-income families with infants and toddlers and pregnant women throughout the city. This Hartford Early Head Start Collaborative (HEHSC) will be coordinated by the Office for Young Children (OFYC), the city department driving the implementation of an integrated early childhood system in Hartford.

Research shows the time from conception to age three is a critical period for development and that infants and toddlers prosper from healthy beginnings and caring relationships. Pregnant women, infants, toddlers, and their families in Hartford, the poorest city in Connecticut¹ and the only large city in the state without an EHS program, have a glaring need for increased prenatal and infant/toddler care and family support options. More than one-third of Hartford's pregnant women receive inadequate or no prenatal care. Minimally 1,327 infants and toddlers are on waiting lists for Hartford center-based programs; the true number is much higher, given that programs cap their waiting lists. Approximately 2,200 babies are born to Hartford residents each year, totaling 6,600 infants and toddlers in the city at any given time, of whom only 8% gain access to center-based programs.

The OFYC led a recent community assessment of needs and resources in Hartford. Based on this assessment, the city of Hartford proposes to provide comprehensive services to 24 pregnant women, 80 infants and toddlers in center-based settings, and 60 children in home-based settings, supported by a trans-disciplinary team and coordinated professional development. The request for the Hartford Early Head Start proposal is \$2,075,506.

¹ *On the ropes*, March 1 2009, *The Boston Globe*, by Brian MacQuarrie.

Objectives and Need for Assistance

Hartford's Early Head Start Collaborative (HESHC), convened by the OFYC, will provide high quality, continuous, intensive and comprehensive child development health and family support services that will enhance the physical, social, emotional, and intellectual development of participating children, support parents' and pregnant women's efforts to fulfill their parental roles, and help families move toward self-sufficiency. Bringing EHS to Hartford will provide a proactive, constructive response to a myriad of problems facing this city.

Hartford is Connecticut's capital city. The population of Hartford is 38.3% African-American and 26.9% White. 44.2% of the population reports being of Hispanic or Latino origin. A small, but significant, percentage of the population reports two or more races. 52.9% of the residents are female.

The need for assistance in Hartford is very clear. Hartford has the dubious distinction of being one of the poorest cities in the nation.² According to 2007 U.S. Census Bureau data, 31.5% of Hartford's 124,554 residents live below the federal poverty level, compared to 13.3% nationwide.³ The most recent data available reveals that Hartford has 4,525 TANF (Temporary Assistance for Needy Families) recipients, more than one-third the statewide average.⁴ Hartford has a high number of single female headed households, the vast majority of which live below the poverty level.

Median household income of \$28,572 is less than half of the Hartford county median income of \$61,091 and compares even more poorly with the statewide median income of \$65,967. Hartford has the highest child poverty rate in the state at 47%, compared to 14.2% in

² Annie E. Casey Foundation. Making Connections Profiles: Hartford.

³ U.S. Census Bureau 2005-2007 American Community Survey 3-Year Estimates. Data Profile: Hartford, city, Connecticut.

⁴ Connecticut Department of Labor. "Connecticut's TANF Client Population." Accessed at: <http://www.ctdol.state.ct.us/wia/atlas-tanfpop.htm>

Hartford County and 11.2% in Connecticut as a whole.⁵ This ranks Hartford a dismal second in the nation for percentage of children in poverty in cities with populations greater than 100,000.⁶

A variety of perinatal health indicators associated with infant morbidity and mortality show that Hartford's children are at increased risk of poor health outcomes with consequences reaching into adulthood. In 2006, 37.2% of Hartford's pregnant women were reported to receive inadequate or no prenatal care, significantly higher than the statewide rate of 19.8%.⁷ The incidence of low birth weight infants (13.1 per 100 live births) and the rate of preterm births (13.3. per 100 live births) were significantly higher in Hartford than the statewide rates of 8.2 and 9.9 per 100 live births.⁸ Inadequate or no prenatal care, coupled with lack of prenatal education, contribute greatly to these poor indicators.

School readiness and school success statistics for Hartford's children show they lag considerably behind the rest of the state. For the 2007-08 school year, only 34% of Hartford students entering kindergarten attended preschool, nursery school, or Head Start, compared with 79% statewide.⁹ Young children entering school unprepared to learn puts those children at a severe disadvantage and significantly strains the Hartford Public School System, which is consistently one of the state's poorest performing districts based on standardized test results. For example, in 2008, only 16.8% of Hartford's fourth grade students met the State goal in reading, compared to 55.9% of 4th grade students statewide.¹⁰

⁵ *Poverty, income & health insurance in Connecticut: summary of 2007 U.S. census data.* (2008, Aug. 26). New Haven: Connecticut Voices for Children. Online at <http://www.ctkidslink.org/publications/2008censusreleaseandes.pdf>.

⁶ CT Association for Human Services. "2008-2009 CT KIDS COUNT" p.17. Online at <http://www.caahs.org/publications/documents/2008-09KC.pdf>

⁷ CT Department of Public Health, 2009

⁸ Ibid.

⁹ CT State Department of Education Strategic School Profile 2007-08, online at <http://www.csde.state.ct.us/public/der/ssp/dist0708/dist041.pdf>

¹⁰ Ibid.

In addition to the dearth of center-based slots available to Hartford's infants and toddlers (only 8% of Hartford's infants and toddlers gain access to center-based care), the Hartford community assessment indicated a critical need to support infants and toddlers being cared for in home settings by people other than their parents and/or legal guardians. The majority of Hartford's infants and toddlers are cared for in unlicensed kith and kin settings

An additional hurdle for Hartford residents is finding and retaining secure employment. Unemployment levels in Hartford have escalated for more than five years, exceeding the statewide May 2009 rate of 8% and the national unemployment rate in June 2009 of 9.5%.¹¹ Figures show that Hartford has the state's highest unemployment rate, at 13.5% in May 2009.¹² Without jobs, families struggle to pay for food, basic needs, and housing, leaving little to no money left to pay for child care. When families are able to secure a job, affordable and dependable infant/toddler care is a necessity to continue working.

Adding to these challenges is the fact that state-funded programs and services for children in Hartford have been cut in the current state budget negotiations. Connecticut's child care subsidy program, Care 4 Kids, a critical support to low-income working or job-training families, has virtually closed to the working poor. Other deep cuts, including the elimination of Family Resource Centers, the State Early Childhood Cabinet, and funding for community early childhood plans, have been suggested by the Governor and are part of the budget talks currently underway in our state.¹³

The HEHSC believes implementing EHS in Hartford is a critical component of responding to these many challenges facing Hartford's residents and offering Hartford's low-

¹¹ *The Hartford Courant* July 3 2009 "Unemployment Hits 26-Year High" page A11

¹² NBC News, July 3 2009, "Hartford Jobless Rate Reaches 13.5%" by Susan Goodman, online at <http://www.nbcconnecticut.com/news/local/Hartford-Jobless-Rate-Reaches-135-Percent.html>.

¹³ CT Voices for Children, *Early Care and Education Proposed Budget Comparisons*, June 2009. Online at www.ctkidslink.org.

income pregnant women and families with infants and toddlers the opportunity for optimal child development and family self-sufficiency. This initiative will also contribute to prevent backsliding for those families who have begun to plan or take action to increase independence through employment and education. Numerous stakeholders throughout the city and state support this effort as well, as illustrated in the MOA and letters of support.

From intense, extensive collaborative planning and negotiations over a very short timeline, the OFYC and its seven exemplary delegates, eight trans-disciplinary team members with designated Coordinators, and three highly regarded professional development agencies stand ready to implement Hartford's much-needed Early Head Start program.

HEHSC Objectives

The following ten objectives and timelines for their completion constitute the basis for EHS in Hartford, Connecticut:

HEHSC Objective 1: Undertake Community Needs and Resources Assessment and Utilize Results to Design Hartford EHS Model.

- a. In May 2009, the Mayor's Cabinet for Young Children discusses and approves a collaborative Hartford EHS proposal. OFYC convenes initial EHS Planning Team to discuss feasibility and interest in pursuing EHS proposal. *(successfully completed)*
- b. In May 2009, OFYC initiates interest with Hartford's Head Start program, Community Renewal Team, to join the effort of a collaborative proposal. *(completed)*
- c. By May 2009, OFYC to convene city and community-based agencies working with pregnant women and/or children birth to three and their families to explore interest in and

potential to implement an EHS program in Hartford through a collaborative model spearheaded by Hartford OFYC. *(successfully completed)*

- d. By May 2009, OFYC to conduct asset mapping and discussions with families of young children throughout the city of Hartford to determine resources and gaps in services for pregnant women, infants, toddlers and their families, including children with disabilities, limited English proficient children, children from recent immigrant families, homeless infants and children, and children in foster care. *(successfully completed)*
- e. By June 2009, OFYC and HEHSC partners to analyze findings from steps a. - d. and design EHS model best suited to meet the needs of Hartford's pregnant women, infants, and children, and clearly define each partnering agency's roles. *(successfully completed)*
- f. By June 2009, OFYC to develop HEHSC organizational structure reflective of programs selected and interested in participating with the resources to start high-quality services within four months. *(successfully completed)*
- g. By July 5, 2009, OFYC to discuss collaboration with the State Department of Children and Families (DCF) to ensure foster care children, homeless children and others in DCF care are included. *(successfully completed)*
- h. By July 9, 2009, OFYC to submit application for EHS funding opportunity that reflects Hartford needs and resources vis-à-vis pregnant women, infants, toddlers, including those with disabilities, and their families.
- i. By July 31, 2009, OFYC convenes Interim Policy Council and Health Advisory Council to develop initial Work Plan and carry out early implementation.

HEHSC Objective 2: Develop EHS Eligibility and Recruitment Procedures Based on EHS Program Performance Standards.

- a. By August 31, 2009, create EHS eligibility determination system (prioritization checklist) for HEHSC partners to utilize, using EHS Program Performance Standards and Hartford's prioritized needs.
- b. By August 31, 2009, OFYC work with HEHSC partners to develop uniform recruitment strategies for Hartford EHS.
- c. By August 31, 2009, OFYC and HEHSC develop citywide marketing and outreach strategy for EHS.
- d. By September 15, 2009, OFYC and HEHSC implement citywide EHS information and outreach campaign.
- e. By October 31, 2009, OFYC and HEHSC start home-based services to pregnant women.
- f. By January 31, 2010, OFYC and HEHSC enroll all center-based and home-based HEHSC children and families in accordance with selection criteria and awarded numbers, including a minimum of 10% children with disabilities.

HEHSC Objective 3: Ensure Hartford EHS Providers Have All Necessary Early Care and Education Environment and Materials Prior to Program Implementation.

- a. By September 30, 2009, OFYC to ensure all HEHSC center-based and home-based facilities have appropriate equipment and materials in place.
- b. By October 31, 2009, OFYC ensure all HEHSC center-based programs have facilities that meet EHS Program Performance Standards & local and state criteria for high-quality environments conducive to learning and reflective of developmental stages of children.

- c. By October 31, 2009, OFYC to ensure all HEHSC center-based and home-based facilities are adapted to meet the needs of children with disabilities.
- d. By October 31, 2009, OFYC ensure all HEHSC center-based and home-based facilities designed to prevent spread of contagious illnesses and EHS teachers and home visitors are appropriately trained according to EHS Health Program Performance Standards.
- e. By November 30, 2009, OFYC ensure all HEHSC center-based teachers, family community support workers and home-based home visitors have the materials, knowledge & supports needed to work with children families in their primary languages.

HEHSC Objective 4: Ensure Hartford EHS Child Care Providers Implement System for Optimal Child Health, Based on EHS Program Performance Standards.

- a. By July 31, 2009, OFYC to develop standard operating procedures for all HEHSC partners to ensure that all participating HEHSC infants and toddlers have a medical home, and train all HEHSC delegate staff and the Trans-disciplinary Team on all required procedures and timelines according to EHS Program Performance Standards.
- b. By July 31, 2009, OFYC to develop standard operating procedures for all HEHSC partners to ensure that all participating EHS infants and toddlers are up-to-date with all EHS Program Performance Standards' developmental screenings, well-child and dental care, and train all HEHSC delegate staff and the Trans-disciplinary Team on all required procedures and timelines according to EHS Program Performance Standards.
- c. By July 31, 2009, OFYC to develop standard operating procedures by which HEHSC delegate staff and the Trans-disciplinary Team can identify any new or recurring medical, dental or developmental concerns and train all HEHSC delegate staff and the Trans-

disciplinary Team on all required procedures and timelines according to EHS Program Performance Standards.

- d. By July 31, 2009, OFYC to develop standard operating procedures by which HEHSC delegate staff and the Trans-disciplinary Team obtain and address parental concerns related to developmental, sensory, behavioral, motor, language, social, cognitive perceptual or emotional development, and train all HEHSC delegate staff and the Trans-disciplinary Team on all these procedures and timelines according to EHS Program Performance Standards.
- e. By July 31, 2009, OFYC to develop standard operating procedures for linguistically and age-appropriate screening procedures for identifying developmental, sensory, behavioral, motor, language, social, cognitive perceptual and emotional skills, and train all HEHSC delegate staff and the Trans-disciplinary Team on all these procedures and timelines according to EHS Program Performance Standards.
- f. By July 31, 2009, OFYC to develop standard operating procedures to identify unique strengths and needs of each participating family and appropriate services to meet their needs, and train all HEHSC delegate staff and the Trans-disciplinary Team on all these procedures and timelines according to EHS Program Performance Standards.

HEHSC Objective 5: Embed System of Coordination between HEHSC Partners to Systematize Family Support Services within Hartford EHS Program, Meeting EHS Program Performance Standards.

- a. By June 30, 2009, OFYC to develop the proposed HEHSC program design and management system that supports EHS Program Performance Standards, ensures ongoing

monitoring, self-assessment, professional development, communications, and uniform policies and procedures within a prenatal to age five healthy and successful developmental continuum. *(successfully completed)*

- b. By June 30, 2009, OFYC to meet with State's Birth to Three (Part C) representatives to develop preliminary agreement. *(successfully completed)*
- c. By July 31, 2009, OFYC to develop standard operating protocols and materials for all HEHSC delegate staff and the Trans-disciplinary Team to effectively support pregnant women and other family members, as appropriate, with prenatal education and information on breast feeding, and train all appropriate HEHSC delegate staff on these protocols and timelines according to EHS Program Performance Standards.
- d. By August 31, 2009, OFYC to develop referral and enrollment system for pregnant women to enroll their family in EHS and select an option for their baby-to-be; and train all relevant HEHSC staff on this system and timelines according to EHS Program Performance Standards.
- e. By July 31, 2009, OFYC to develop standard procedures for support to postpartum mothers, including plan for home visitation of postpartum mothers within two weeks of the infant's birth.
- f. By August 31, 2009, OFYC to develop standard operating procedure to ensure HEHSC families access comprehensive prenatal and postpartum care that includes: 1) early and continued risk assessment; 2) health promotion and treatment including dental care; and 3) mental health services and follow-up, if appropriate.

- g. By September 30, 2009, OFYC to formalize Memoranda of Agreement between OFYC and all HEHSC delegates and Trans-disciplinary Team to ensure uniform educational, trans-disciplinary and safe, healthy homes, centers, and home-based socialization sites.

HEHSC Objective 6: Develop HEHSC Monitoring and Reporting System, Based on EHS Program Performance Standards and OFYC Protocols, and Provide Training on System.

- a. By September 30, 2009, OFYC to identify HEHSC Start-up Consultant.
- b. By October 15, 2009, OFYC to hire qualified HEHSC Director at the OFYC.
- c. By September 30, 2009, OFYC to create uniform EHS procedures including data collection and storage for all HEHSC delegates and the Trans-disciplinary Team to report progress on children and families participating in HEHSC.
- d. By September 30, 2009, OFYC to create uniform procedures for all HEHSC delegates and the Trans-disciplinary Team to effectively report on EHS program outcomes.
- e. By October 31, 2009, OFYC to train all HEHSC staff on items a, b, and c.
- f. By September 31, 2009, OFYC to create a centralized system to obtain and track all HEHSC delegate and trans-disciplinary services information required for monthly attendance, financial accounting and scheduled reporting in compliance with EHS Program Performance Standards.
- g. By December 31, 2010, OFYC to create a procedure for analyzing average daily attendance and absenteeism across HEHSC programs and develop strategies to address any under-enrollment and attendance issues in a timely and effective manner, in compliance with EHS Program Performance Standards.

- h. By June 2010, OFYC to create plan for conducting annual self-assessment of Hartford EHS program and for reviewing and utilizing community assessments undertaken by other Hartford agencies to inform effective EHS program options and services.

HEHSC Objective 7: Ensure HEHSC Staffing Meets or Exceeds EHS Program

Performance Standards and Hartford EHS Participants' Needs.

- a. By August 31, 2009, OFYC to set uniform criteria for minimum staffing levels, based on EHS Human Resources Program Performance Standards.
- b. By August 31, 2009, OFYC to set uniform criteria for minimum HEHSC staffing qualifications, based on EHS Human Resources Program Performance Standards.
- c. By August 31, 2009, OFYC to set uniform criteria for HEHSC staff recruitment, selection and continued professional development.
- d. By September 15, 2009, OFYC to develop uniform job descriptions and post openings.

HEHSC Objective 8: Ensure Effective Transitions: Pregnancy to Center-based or Home-based Model; Center-based to Home-based Option or vice versa; and Early Head Start to Head Start or Other School Readiness program.

- a. By August 31, 2009, OFYC to develop a Transition Plan that defines all required, standard procedures and timelines to ensure successful transition:
 - i. into EHS;
 - ii. from pregnancy to initial enrollment in EHS;
 - iii. from center-based option to home-based option, or vice versa;
 - iv. from Early Head Start to Head Start or, per parent, other preschool program.

- b. By October 31, 2009, OFYC to train all HEHSC staff on these procedures and joint transition planning.
- c. By December 31, 2009, OFYC to develop computerized data system to track all transitions from EHS entry (pregnant women, families with infants or toddlers) through transition to Head Start or preschool.
- d. By January 15, 2010, OFYC and HEHSC to continuously integrate transition communications into weekly HEHSC Child Study team meetings.

HEHSC Objective 9: Develop Systems to Provide Appropriate Initial and Ongoing Professional Staff Development for All HEHSC Participants.

- a. By July 31, 2009, OFYC to develop initial plan to support the implementation of services and update as new staff are hired.
- b. By July 31, 2009, OFYC to convene infant/toddler CDA training.
- c. By September 30, 2009, OFYC to utilize trans-disciplinary team members to provide professional development to staff according to required EHS Program Performance Standards.
- d. By October 31, 2009, OFYC to ensure standards of care meet EHS Program Performance Standards and best practice in the areas of: 1) program design and management; 2) staffing; and 3) credentialing.
- e. By September 1, 2010, OFYC to ensure that all center-based staff providing services to children have a Child Development Associate (CDA) credential for infants and toddlers or an equivalent credential.

- f. By October 31, 2010, ensure all family service workers have or are in the process of obtaining Family Development Credentials
- g. By November 30, 2010, OFYC to develop and conduct staff development training to promote effective oral hygiene among infants and toddlers in conjunction with breastfeeding, bottle feeding, and meals.

HEHSC Objective 10: Create Required and Effective HEHSC Governance Structure.

- a. By July 31, 2009, OFYC, with guidance of Start-up Consultant and OFYC EHS Director, to review EHS Governance Program Performance Standards and develop required criteria, policies and protocol for the HEHSC.
- b. By July 31, 2009, OFYC to establish interim Policy Council.
- c. By July 31, 2009, OFYC to develop written bylaws and procedures for Governance roles and responsibilities at the grantee, delegate and classroom levels.
- d. By July 31, 2009, establish HEHSC Health Advisory Council; link with Project LAUNCH if LAUNCH grant is awarded to Hartford.
- e. By September 30, 2009, OFYC to train all HEHSC delegates and Trans-disciplinary Team on EHS Governance Performance Standards and the required infrastructure for all levels of HEHSC: grantee (Policy Council), delegate (Policy Committee) and center-based classroom (Parent Committee). Ensure that the grantee Policy Council meets the required standard of 51 percent parent involvement.
- f. By October 31, 2009, OFYC, HEHSC delegate staff, and Transdisciplinary Team to visit EHS programs operating in Connecticut for first-hand observation of EHS program in practice to inform the HEHSC program structure and operations.

- g. By January 15, 2010, ensure all HEHSC delegates have a viable Policy Committee, and Parent Committee if applicable, that meets EHS Program Performance Standards.
- h. Attend EHS regional and/or national events as scheduled.

In regard to the **Community Presence** of the OFYC and all HEHSC delegates, transdisciplinary team and professional development providers, each has years of experience serving the Hartford community and is embedded in the city.

The City of Hartford has devoted extensive resources and attention to the needs of young children over the last several years. This focus has made Hartford one of the state's most progressive and proactive municipalities in the arena of early childhood care and education.

In June 2004, Hartford Mayor Eddie Perez called upon the Superintendent of Schools and other key stakeholders to chart a new course for the city to strengthen early childhood policy and services. From this work, Connecticut's first early childhood municipal plan, known as the Hartford Blueprint for Young Children (Blueprint), was developed. This Blueprint effectively addresses the nine principles of Early Head Start: high quality, prevention and promotion, positive relationships and continuity, parent involvement, inclusion, culture, comprehensiveness/flexibility/responsiveness/intensity, transitions and collaboration. The Blueprint included a plan to group desired outcomes into Building Blocks, create Task Forces around each Building Block, and create an office and a Cabinet within city government to actively move the Blueprint forward. The Mayor established a Cabinet for Young Children (Cabinet) to consolidate and unify all policymaking, planning, coordination and implementation on early childhood issues prenatal through age eight. The Cabinet is comprised of

representatives from the public schools, business, parent groups, philanthropy, health, and early childhood providers inclusive of Head Start. The Cabinet meets regularly to advise the Mayor in setting policy on all matters affecting young children. A basic tenet of the Cabinet is that for children to perform better in school and in life, Hartford can no longer wait until preschool or kindergarten to promote their health, safety and learning.

The OFYC, intentionally positioned under the Cabinet, is the lead city agency on early childhood issues. The OFYC provides leadership and visibility at the highest level of city government to coordinate Hartford's early childhood system, including the proposed EHS Program, and work toward the goals of Hartford's Blueprint for Young Children. The OFYC's vision is that Hartford is a city where young children are healthy, safe and find success in school and life. A basic OFYC tenet is that this success can not and will not happen without infusing high-quality, family-focused, comprehensive early childhood opportunities throughout all levels of government and service delivery. In addition to the Blueprint, the OFYC regularly releases a citywide Early Childhood Status Report Card and a citywide Early Childhood Progress Report.

The OFYC unites diverse programs and services and melds them into a cohesive, coordinated, family-centered system that focuses public policy-making and financial investments to improve the lives of young children, age birth to nine. The OFYC is respected for its ability to diminish turf issues and engage all of Hartford's early childhood, health, and family support providers in order to eliminate service delivery "silos" and build a family-responsive, coordinated system. With regard to capacity-building, the OFYC oversees the administration of the City's state-funded School Readiness program and Department of Social Services (DSS) state-funded Child Day Care program. Under these programs, the OFYC has effectively

increased its school readiness funds by 35%, its DSS funds by 14%, and has strategically spearheaded an expansion initiative to serve 638 additional preschool children within its initial three years of operation. OFYC received one of only two capacity-building grants awarded in the state by the CT Early Childhood Education Cabinet, Graustein Memorial Fund and the State Department of Education.

The OFYC operates eight Early Learning Centers serving infants, toddlers, preschoolers and before/after-school kindergartners and annually sub-contracts with more than 20 community-based and public school preschool programs throughout the City to increase the number of young children served. The OFYC monitors and evaluates programs regularly to ensure sub-grantee adherence to state and local requirements and is, therefore, very capable to extend this function to EHS delegates.

The OFYC coordinates the efforts citywide to reach the goals of the Hartford Blueprint for Young Children. The Blueprint articulates six building blocks that together form a comprehensive framework to advocate and deliver services to young children birth to nine and their families. Each Building Block has a Task Force comprised of city and community-based agencies, parents, state agencies, and the private sector. The OFYC coordinates the efforts within and across each Building Block Task Force. The building blocks work together, forming a dynamic continuum of critical components to early success of young children and their families. The six building blocks are:

- Newborn Screening & Home Visiting for Families
- Neighborhood-Based Family Supports and Development
- Child Care & Early Childhood Education

- Transitions from Infant/Toddler to Preschool to Kindergarten
- Educational Excellence & School Success in Early Grades
- Universal Access & Use of Health Care

Several of the HEHSC partners are members of one or more Building Blocks Task Forces.

Building Blocks that address health issues are co-chaired by the City's Health and Human Services Department and the OFYC to ensure continuity and optimal outcomes.

In order to ensure focused attention on these early childhood outcomes, defined by a citywide assessment, and to increase accountability, the OFYC implemented the Results Based Accountability (RBA) approach and identified progress in the following indicators as paramount to ensuring Hartford children are healthy, safe and achieve success in school and life:

- Percent of children determined to be ready for kindergarten
- Percent of 3rd grade students at or above goal as measured on the CMT
- Percent of young children receiving adequate well-child care visits
- Percent of pregnant women receiving adequate prenatal care
- Percent of substantiated reports of abuse & neglect to young children
- Percent of parents of young children receiving formally approved parenting education.

The OFYC regularly convenes two well-established networks comprised of citywide early care and education providers and family support workers. The purpose of these networks is

to provide joint professional development activities, promote continuity among programs, share information and promote interagency collaborations.

The OFYC Early Care & Education Provider Network is the direct link between families of enrolled center-based children, the OFYC and the Cabinet for Young Children. It is recognized and respected as a voice and key resource with regard to early childhood education and care for Hartford's young children and their families. Network membership includes Hartford early childhood education and care professionals serving infants, toddlers and preschoolers who have extensive expertise and diverse experiences related to the provision and improvement of early childhood services.

The OFYC Family Support Network is comprised of members of the three major family support models that exist in the City of Hartford: five Brighter Futures Initiative Family Centers partially funded by the Hartford Foundation for Public Giving, Family Resource Centers funded by the State Department of Education and Community Renewal Team's Head Start Neighborhood Centers and Family Service Centers. The OFYC Family Support Network has effectively and efficiently combined fragmented family support models into one unified and comprehensive citywide network that provides ongoing advice and counsel to the OFYC with regard to its implementation of the coordinated Family Support System.

Clearly, the City of Hartford has undertaken an intentional systems-building approach to a high quality early childhood development continuum that respects families as first teachers and advocates and requires family-provider partnerships. The OFYC provides community leadership and coordinates a range of services, which continuously improve the availability, affordability and accessibility of high-quality early care and education for Hartford families with young

children. This forms the foundation for all efforts to improve quality of life outcomes for children and families in Hartford and ensure accountability. Bringing Early Head Start to Hartford, particularly in the collaborative model envisioned, is a natural fit with the citywide focus on achieving results for children and their families.

The OFYC coordinates with numerous service providers in the city to create a seamless EHS program in Hartford, managed by the OFYC. The OFYC regularly convenes key players and consumers throughout the city to implement a strengths-based approach in addressing the needs of the Hartford community. Therefore, the proposed program will further its work in strengthening collaborative relationships to the benefit of Hartford children and families through the Hartford Early Head Start Collaborative. The HEHSC is led by the OFYC and comprised of eleven partnering agencies: the Village for Children and Families, Capitol Region Education Council, Hartford Health and Human Services Department, Hispanic Health Council, Women's League Child Development Center, Hartford Area Child Collaborative, Capitol Community College, Catholic Charities, Family Life Education, the State Department of Children and Families, and the State's Birth to Three Program (Part C), all of which have extensive community ties and all of which are described in detail in the "Approach" section of this proposal. Each of these agencies, along with numerous other family-serving agencies in Hartford and Hartford parents, participated in discussions leading to the decision to pursue this EHS opportunity, and to do so as a collaborative.

RESULTS OR BENEFITS EXPECTED

By September 1, 2010, HEHSC will serve:

24 pregnant women,

80 of infants and toddlers and their families in center-based programs, and
60 of infants and toddlers and their families in home-based program.

Minimally 10% of the HEHSC participants will be children with disabilities.

Homeless families, teen parent families, and foster children will be included in the beneficiaries.

By September 1, 2011, HEHSC will serve:

48 of pregnant women,

160 of infants and toddlers and their families in center-based programs,

and 120 of infants and toddlers and their families in home-based program.

Through the partnership with Connecticut's Birth to Three Program (Part C), minimally 10% of the HEHSC participants will be children with disabilities. Homeless families, teen parent families, and foster children will be included in the beneficiaries as a result of current efforts by the HEHSC partners and in particular the Department of Children and Families..

Through these proposed services the HEHSC will respond to needs and circumstances of pregnant women, infants, toddlers and their families in the Hartford community by:

- a. providing for the physical, social, emotional, cognitive, and language development of Hartford's children birth to three;
- b. developing and building upon existing family and community partnerships through shared governance with parents;
- c. ensuring critical parental involvement in curriculum implementation;
- d. fostering development of a continuum of family-child services;
- e. ensuring linkages to prenatal and post-partum health care including breastfeeding education and community health services;
- f. strengthening the coordination between programs and services;

- g. offering families seamless transitions from pregnancy through school readiness;
- h. enhancing access among families with young children to medical homes and needed preventive and subspecialty pediatric services;
- i. enhancing school readiness by promoting educational activities with young children and helping to recognize, assess and address special health and developmental needs
- j. ensuring training, certification, and professional development of all EHS staff; and
- k. exploring program design and management through the lens of community and family assessments, to help determine program options that best meet the needs of EHS families.

HEHSC will collect the following data to measure the impact of EHS in Hartford:

- a. Baseline number of pregnant women in Hartford receiving adequate prenatal care;
- b. Number of pregnant women in Hartford receiving adequate prenatal care as of September 2010 and September 2011;
- c. Baseline number of pregnant women in Hartford receiving home visiting services;
- d. Number of pregnant women in Hartford receiving home visiting services in September 2010 and September 2011;
- e. Baseline number of babies born low birth weight in Hartford for period of one year ending September 2009;
- f. Number of babies born low birth weight in Hartford for period of one year ending September 2010 then September 2011;
- g. Baseline number of infants and toddlers receiving center-based care in Hartford;
- h. Number of infants and toddlers receiving center-based care in Hartford as of September 2010 and September 2011;

- i. Baseline number of infants and toddlers receiving home-based care in Hartford with support from home visitors;
- j. Number of infants and toddlers receiving home-based care in Hartford with home visiting supports and group socializations in September 2010 and 2011;
- k. Baseline number of Hartford children participating in Head Start or other preschool programs as of September 2009;
- l. Number of Hartford children participating in Head Start or other preschool programs as of September 2010 and September 2011;
- m. Baseline number of children with disabilities served in Hartford center-based programs as of September 2009;
- n. Number of children with disabilities served in Hartford center-based programs as of September 2010 and 2011;
- o. Baseline number of substantiated child abuse cases in Hartford for year ending September 2009;
- p. Number of substantiated child abuse cases in Hartford for year ending September 2010 then 2011;
- q. Baseline number of child care staff in Hartford with CDA as of December 2009;
- r. Number of child care staff in Hartford with CDA as of December 2010 then December 2011.

APPROACH

The City of Hartford has all the necessary components of an early, continuous, and comprehensive child and family development system and has undertaken an intentional systems-building approach to early childhood. This forms the foundation for all efforts to improve

outcomes for children and families in Hartford. Bringing EHS to Hartford, particularly in the collaborative model envisioned, is a natural fit with the citywide focus on improving outcomes for children and their families. The HEHSC provides an innovative and unprecedented opportunity to address the City's well-documented need for an increase in comprehensive infant/toddler services for its poorest families as well as expanded outreach and services to difficult-to-engage pregnant women.

The proposed HEHSC will be more than an early childhood initiative managed by OFYC; it will also be a:

- model of inter-agency collaboration focused on very young children and their families;
- an integral part of the operations of OFYC and therefore central to the overall operations of city programs
- a municipal priority
- a resource to and for other child-focused programs in the city
- a benchmark or standard for other child and youth programs
- a prototype for other municipalities in Connecticut that are designing Birth to Eight Service Frameworks and Plans.

Rather than one agency applying to fulfill all aspects of the rigorous EHS program and duplicate existing resources, the OFYC proposes an innovative approach that brings together the strengths and wealth of resources of eleven agencies to provide a seamless interagency EHS system in Hartford, managed by the OFYC. The OFYC regularly convenes key players and consumers throughout the city to implement a strengths-based approach in addressing the needs of the Hartford community; bringing EHS to Hartford will allow the OFYC and its many

partners to further enhance services for Hartford children and families. These organizations are strongly rooted in the neighborhoods they serve throughout the city and are easily accessible to many Hartford residents.

As explained above, after extensive discussion the HEHSC, led by the OFYC, collectively decided to pursue a combination EHS model which will include 24 home-visitor supported pregnant women, 80 infants and toddlers in center-based care, 60 infants and toddlers in home-based care. Families enrolled in the home-based program will receive weekly intensive home visits and bi-weekly group socializations. A scheduled, on-site mobile trans-disciplinary team will be available to all providers and participants in the HEHSC, ensuring high quality and timely services in all required areas including health, nutrition, mental health, disabilities, family and community, and education and early childhood development, transportation and transition.

HEHSC will actively recruit children with disabilities through the State's Birth to Three Program (Part C). As a mid-sized urban city, public transportation is available to families and all HEHSC center-based programs are located on bus routes. For families unable to afford public transportation bus tokens will be provided. Birth to Three providers will provide services in the home for families opting for home-based services with the Family Support Worker and will visit the center for center-based.

The OFYC developed a set of standards that interested agencies had to meet in order to participate in the HEHSC. All of the infant/toddler center-based sites selected for the proposed HEHSC are licensed by the State Department of Public Health, NAEYC accredited or in the process of securing accreditation, and receive preschool funds directly from the Office for Young Children. They are therefore well known to the OFYC, recognized for their provision of quality services, distributed across city neighborhoods to allow easy access and poised to offer an

instructional continuum essential to kindergarten readiness. Furthermore, all are committed to family-centered services and will therefore empower parent choice and ensure families have smooth transitions to Head Start or preschool services, depending on the parents' choice. All coordinating partners of the HEHSC agree that this effort has a values-based approach that prioritizes child/family needs and uniformity across agencies.

Hartford's culturally- and linguistically-rich population of families with infants and toddlers will be well served by the HEHSC. HEHSC partners are well trained and experienced in conducting critical outreach to families in need, and currently provide high quality services to an array of families including teen and homeless parents with young children, and children who are in foster care. HEHSC partners have been successful in retaining families and providing tailored services to help them successfully reach their family development goals.

In order to ensure the implementation of a seamless system comprised of multiple providers, the OFYC proposes to employ a full-time citywide EHS Director to oversee the program. The OFYC and EHS Director will have full responsibility to ensure effective management of all required program services and that all required systems are fully implemented according to the EHS Performance Standards (i.e., eligibility, recruitment, selection, enrollment and attendance/ERSEA, governance, Policy Council, program planning, ongoing monitoring, communications, record keeping and reporting, human resources, ongoing self-assessment; Health Services Advisory Committee, and transition planning).

With this EHS award, the OFYC and its partner agencies will create a shared governance EHS Policy Council from all delegate programs according to Head Start Program Performance Standards. The existing Blueprint Building Block Task Forces 1 & 6 that address health and safety issues will assume the function of the Health Advisory Council in accordance with EHS

performance standards and will be co-chaired by the OFYC and the City Health and Human Services Department.

The OFYC will convene weekly review and planning meetings with all participating agencies throughout the first year to facilitate effective communications, continuity and team-building, and then biweekly upon full implementation. All of the proposed services will be fully operational and begin within four months from the beginning of the grant award.

In addition, a significant portion of funds will be allocated to professional development regarding Family Partnership Agreements, record keeping, team-building, Head Start Performance Standards, adult learning principles, curriculum, ongoing assessment, individualization, to facilitate uniformity between providers and effective transitions in and out of needed services and program options including the transition to Head Start or other School Readiness programs.

The following principles will guide the efforts of the HEHSC partners:

- All HEHSC partners, namely the delegate agencies, Trans-disciplinary Team Coordinators and agencies, and Professional Development organizations, will adhere to and conduct services according to EHS program performance standards.
- All HEHSC partners will adhere to and conduct services according to OFYC policies and protocols, and collect, document and utilize EHS data as required.
- All required EHS services will be implemented through a well-coordinated Trans-disciplinary Team working directly on a weekly basis with direct-service Center-based and Home-based infants, toddlers, families and EHS staff.

- Throughout the first year of the grant, the full Trans-disciplinary Team will meet weekly with the OFYC EHS Director to ensure comprehensive and seamless services to all eight delegate agencies.

The following agencies have agreed to partner with the OFYC in the HEHSC and will collectively provide the complete range of required comprehensive services: Women’s League Child Development Center, Village for Families and Children, Capitol Region Education Council, Hartford Health and Human Services Department, Hispanic Health Council, Catholic Charities, Family Life & Education, Capitol Community College, Hartford Area Child Care Collaborative, State Department of Children and Families, and CT Birth to Three. The grids below detail each agency’s roles.

Services to Pregnant Women

Agency / Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What’s Already in Place at these Agencies:
Village for Families and Children	pregnant women, infants and toddlers and their families throughout the City of Hartford	Identify 10 -12 pregnant women eligible for EHS and conduct 1.5 hour weekly visits Conduct services according to EHS program performance standards Conduct services according to OFYC established protocols and	Comprehensive approach to health promotion Comprehensive services to diverse client population, including: African American: West Indian: Hispanic: and new immigrant populations, such as: Bosnian, Burmese, Brazilian, Somalian, and Ugandan.	Nurturing Families – home visitation for up to 5 years for first-time mothers and children at-risk of child abuse and neglect Adult Education/English Language Learners – literacy workshops and classes Fatherhood Program – 8 session fatherhood/parenting series for men Child and Family Literacy Workshop Series – workshops promoting family literacy and early language

Agency / Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place at these Agencies:
		document and store data using established program forms and data base requirements		acquisition
Hispanic Health Council Comadrona	Bilingual, pregnant women, infants and toddlers and their families throughout the City of Hartford	Identify 10 -12 pregnant women eligible for EHS and conduct 1.5 hour weekly visits Conduct services according to OFYC EHS program performance standards Conduct services according to established protocols and document and store data using established program forms and data base requirements	Comadrona program actively pursues: 1) homeless families in need of services and serves approximately 10 families annually; and 2) teen mothers between the ages of 14 and 19 and serves approximately 140 annually. Comadrona has a particular focus on breastfeeding education for teen mothers. Almost 85% of the staff is Latino and nearly 100% of the direct service staff is bilingual (English/Spanish).	Nurturing Families – home visitation for up to 5 years for at-risk of child abuse and neglect, first-time mothers Healthy Start - health care for low-income women nearing childbirth to ensure their newborns get a healthy start. Breast Feeding: Heritage and Pride - culturally sensitive peer counseling program to promote breastfeeding “Love and Security” - DCF parenting program specifically targets teen parents, and serves approximately 40 teen parents per year.

Home-Based Programs

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place
Catholic Charities: 1. Southside Family Center 2. El Centro Desarrollo y Reafirmacion Familiar (EL Centro)	12 infants and toddlers 12 infants and toddlers from Spanish-speaking families	90 minute, weekly home visitations; bi-weekly socialization experiences and establishment of family partnership agreements	Agency provides comprehensive social services leading to family self-sufficiency, including employment services; refugee services; after school programming; domestic violence programs; marriage and parenting education; early childhood education; mental health screening, assessment and counseling; substance abuse treatment; adoption; senior services; basic human needs; and affordable housing. Two site-based programs function as neighborhood-based family	Leadership training opportunities for parents, including People Empowering People; Parent Leadership Training Governance opportunities include: Family Center Board Participation of which at least 80% are parents or community residents.	Nurturing Families – home visitation for up to 5 years for first time mothers and children at-risk of child abuse and neglect Adult Education/ English Language Learners School Readiness – full day, full year early childhood education services in NAEYC accredited centers Intergenerational Programs at El Centro Child and Family Literacy Workshop series Health and Wellness, Nutrition and Exercise classes Education and Support of unlicensed and licensed home-based child care providers through weekly home visitation and center- based

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place
			<p>support centers providing 7 core services, including: home visitation; parent-child interaction; parenting education and support; adult education; parent advocacy and leadership development; quality care and education; and basic human needs and serving nearly 1,100 families per year</p> <p>Utilizes Ages and Stages Questionnaire to monitor children's development</p>		<p>activities Fatherhood Programs</p> <p>Family lending libraries at neighborhood family centers</p>
<p>Village for Children and Families: RAMBUH Family Center</p>	<p>24 infants and toddlers and their families throughout the City of Hartford</p>	<p>90 minute, weekly home visitations; bi-weekly socialization experiences and establishment of family partnership agreements</p>	<p>Agency provides comprehensive social services leading to family self-sufficiency, including after school programming: early</p>	<p>Leadership training opportunities for parents, including People Empowering People; Parent Leadership Training</p>	<p>Nurturing Families – home visitation for up to 5 years for first time mothers and children at-risk of child abuse and neglect</p> <p>Adult Education/ English Language</p>

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place
			<p>childhood education; mental health screening, assessment and counseling; residential treatment service for children and adolescents; fatherhood programs; adoption, basic human needs; and financial literacy.</p> <p>Site-based program functions as neighborhood-based family support center for over 500 families providing 7 core services, including: home visitation; parent-child interaction; parenting education and support; adult education; parent advocacy and leadership development; quality care</p>	<p>Institute; Governance opportunities include: Family Center Board Participation</p>	<p>Learners Fatherhood Program Child and Family Literacy Workshop Series</p>

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place
			<p>and education; and basic human needs.</p> <p>Utilizes Ages and Stages Questionnaire to monitor children's development</p>		
<p>Family Life Education:</p> <p>Parkville Family Center</p>	<p>12 infants and toddlers primarily Spanish-speaking Families</p>	<p>90 minute, weekly home visitations; bi-weekly socialization experiences and establishment of family partnership agreements</p>	<p>Agency staff mirror characteristics of target population, 91% are Latino.</p> <p>All staff are bilingual</p> <p>Agency has long history of serving teen and young families and families that are homeless</p> <p>Site-based program functions as neighborhood-based family support center for families providing 7 core services, including: home visitation; parent-child</p>	<p>Leadership training opportunities for parents, including</p> <p>People Empowering People;</p> <p>Governance opportunities include: Family Center Board Participation of which currently 67% are participating parents and 33% are from community organizations.</p>	<p>Adult Education/ English Students of Other Languages</p> <p>Nurturing Families– home visitation for up to 5 years for at-risk of child abuse and neglect, first-time mothers and Nurturing Parenting groups: Prenatal and Birth to Five</p> <p>Teen and Young Parent Support Program – home visitation program for young parents through referral; case management services; respite care for children while parents seek jobs</p> <p>Child and Family Literacy – workshops</p>

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place
			<p>interaction; parenting education and support; adult education; parent advocacy and leadership development; quality care and education; and basic human needs.</p> <p>Utilizes Ages and Stages Questionnaire to monitor children's development</p> <p>Agency serves total of almost 1400 people in over 430 families annually</p>		<p>promoting family literacy and early language acquisition</p> <p>Computer Literacy</p> <p>Nutrition Education/ Family Nutrition Activities/Health and Wellness - workshops to promote positive eating behaviors and wellness</p>
Hispanic Health Council	12 pregnant women and infants and toddlers and their families	90 minute, weekly home visitations; bi-weekly socialization experiences and establishment of family partnership agreements	<p>Agency provides comprehensive health-related services to Hispanic families</p> <p>Agency serves approximately 6,000 individuals with direct services annually</p>		Nurturing Families– home visitation for up to 5 years for at-risk of child abuse and neglect, first-time mothers

Center-Based Programs

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place at these Agencies
Women's League Child Development Center	32 Infants and toddlers	Full day, full year high quality early childhood services that include research based curriculum focused on infant and toddler development, establishment of family partnership agreements, and effective parental involvement in all aspects of program and governance of child and family development	<p>The Creative Curriculum for Infants, Toddlers, and Twos</p> <p>Licensed by State of Connecticut and accredited by NAEYC</p> <p>Agency currently serves 188 children from birth through age eight in after school care.</p> <p>Recipient of Connecticut health and Educational Facilities Authority (CHEFA) facility construction funding to open in September 2009 and to</p>	<p>Board of Directors with 15% parent involvement</p> <p>Family Involvement Committee – coordinating body to plan family events, review policies and procedures and make recommendations for program activities and continued improvement</p> <p>Circle of Parents – monthly support group using national curriculum on parenting education and child development in collaboration with Wheeler Clinic</p>	<p>Family Fun Nights – opportunities for families to engage in literacy activities together</p> <p>Raising Readers – interactive family literacy workshop series</p>

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place at these Agencies
			<p>expand and enhance program space to increase enrollment by 68 children (and doubling current infant/toddler enrollment)</p> <p>Agency serves homeless families, families caring for foster children and teen parent families</p> <p>Agency staff mirrors characteristics of target population that includes 86% African American and West Indian and 12% Hispanic.</p> <p>Utilizes Ages and Stages Questionnaire to monitor children's development</p>		

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place at these Agencies
			Utilizes PALS to screen for language and literacy development		
CREC School for Young Children	16 Infants and toddlers	Full day, full year high quality early childhood services that include research based curriculum focused on infant and toddler development , establishment of family partnership agreements, and effective parental involvement in all aspects of program and governance of child and family development	Uses Creative Curriculum Licensed by the State of Connecticut and currently securing NAEYC accreditation Agency currently serves children from birth through age eight.	Parent Advisory Board	Agency provides extensive support services for children with special needs
Village for Children and Families	16 infants and toddlers	Full day, full year high quality early childhood services that include research based	High Scope Licensed by State of Connecticut and currently in self-study for NAEYC	Parent Advisory Board	Nurturing Families – home visitation for up to 5 years for at-risk of child abuse and neglect, first-time mothers

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place at these Agencies
		curriculum focused on infant and toddler development , establishment of family partnership agreements, and effective parental involvement in all aspects of program and governance of child and family development	accreditation Agency serves 18 preschool children		RAMBUH Family Support Center Adult Education and English Language Learner Fatherhood Program Child and Family Literacy Workshop Series
Salvation Army The Right Place	16 Infants and toddlers	Full day, full year high quality early childhood services that include research based curriculum focused on infant and toddler development , establishment of family partnership agreements, and effective parental involvement in all aspects	The Creative Curriculum for Infants, Toddlers and Twos Licensed by State of Connecticut and accredited by NAEYC Agency currently serves 108 preschool children and 56 school-age children Provides case management	Parent Advisory Board – parent engagement in policy and program development CDA Online Training program for parents of enrolled infants and toddlers and neighborhood residents	Social Services – shelter services, case management, mental health counseling, and basic human needs Parent Education and Training – quarterly workshops on selected child development and parent education topics Family Resource Lab – designated space for families to meet with parents and/or staff,

EHS Delegate Agency/Program	Target Population	EHS Program Description	Distinguishing Elements & Best Practices	Parent Engagement and Governance	Links to Other Resources/What's Already in Place at these Agencies
		of program and governance of child and family development	services to all families Enrollment includes homeless families and teen parent families		use computers, view library materials and educational videos

HEHSC Transdisciplinary Team

Agency/Program	EHS Service Area	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
Hartford Health and Human Services (HHHS)	Maternal Health Services	Pre-natal education and post-partum care through home visitation	Over 25 years of experience serving pregnant women and children	Direct relationship with all pediatric providers
	Health and Nutrition Services	An HHHS Health Professional and an HHHS Nutritionist will serve on the EHS Trans-disciplinary Team and be responsible for oversight of Health and Nutrition services for all enrolled infants and toddlers and their families.	Recently awarded federal Healthy Start grant for Hartford	Direct relationship with all maternal health providers
	Oral Health Services	The Health Professional will ensure that EHS staff in Home- and Center-based settings provide	Comprehensive approach to health promotion and disease prevention, including nutritional services, health education, maternal and child health, communicable and chronic disease control, environmental services (including	<p>Through the Maternal and Child Health Division:</p> <p>Nurturing Families – home visitation for up to 5 years for at-risk of child abuse and neglect, first-time mothers</p> <p>Healthy Start – health care for low-</p>

Agency/Program	EHS Service Area	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
		<p>timely developmental screenings (<i>within first 45 days</i>) and all required health services.</p> <p>Both the Health Professional and Nutritionist will provide professional development to all HEHSC direct-service staff and families that will include start-up and ongoing training and coaching support.</p> <p>The Health Professional and Nutritionist will serve as the liaison between all partnering delegates and the OFYC.</p> <p>Coordinate and ensure timely oral health services for all enrolled pregnant women, infants and toddlers and their families.</p> <p>Provide start-up training and ongoing training/coaching support to EHS staff.</p>	<p>lead poisoning) and community nursing</p> <p>Comprehensive services to diverse client population, including: African American: West Indian: Hispanic: and new immigrant populations, such as: Bosnian, Burmese, Brazilian, Somalian, and Ugandan.</p> <p>Maternal and Child Health Division Programs provide services on an annual basis to approximately 1,500 infants and toddlers and their families and 600 pregnant women</p> <p>Staff composition mirrors target population; city has employees available who speak languages other than English and Spanish, and phone assistance service for translation of less frequently spoken languages</p>	<p>income women nearing childbirth to ensure their newborns get a healthy start.</p> <p>Immunization Action Plan - increasing immunization rates and reducing vaccine preventable diseases among children under 2 years of age.</p> <p>Parent Aides - improving and maintaining parenting skills provided to children through the delivery of services that are home-based, strength-focused and delivered within a family context.</p> <p>Lead Screening - focuses on early screening of lead in children under the age of six and community education to prevent lead poisoning.</p> <p>Women, Infants and Children (WIC) - providing</p>

Agency/Program	EHS Service Area	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
				<p>low-income pregnant women, new mothers, infants and children with nutritious foods, nutrition education, breastfeeding education and support, and improved access to health care in order to prevent nutrition-related health problems in pregnancy, infancy and early childhood.</p> <p>Practicing pediatric dentist on-site at Hartford Health and Human Services office affiliated with University of Connecticut</p>
Village for Children and Families	Mental Health Services	<p>The Village assumes lead responsibility for providing mental health services to pregnant women, infants, toddlers and their families participating in all HEHSC program options.</p> <p>A designated, citywide Mental Health Services Coordinator will: 1) ensure timely mental</p>	<p>Agency provides comprehensive social services leading to family self-sufficiency, including after school programming: early childhood education; mental health screening, assessment and counseling; residential treatment service for children and adolescents;</p>	Participant in statewide Behavioral Health Partnership

Agency/Program	EHS Service Area	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
		<p>health services for all enrolled infants and toddlers and their families; 2) conduct start-up training and ongoing training/coaching support to EHS direct-services staff; and serve as the liaison between all partnering delegates and Trans-disciplinary agencies and the OFYC.</p>	<p>fatherhood programs; adoption, basic human needs; and financial literacy.</p> <p>Site-based program functions as neighborhood-based family support center for over 500 families providing 7 core services, including: home visitation; parent-child interaction; parenting education and support; adult education; parent advocacy and leadership development; quality care and education; and basic human needs.</p> <p>Utilizes Ages and Stages Questionnaire to monitor children's development</p> <p>Agency provides mental health screening, assessment and treatment to child care providers as part of a state-funded early childhood consultation partnership.</p>	

Agency/Program	EHS Service Area	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
<p>Capitol Region Education Council (CREC)</p> <p>Division of Community Education</p> <p>Division of Student Services</p>	<p>Disabilities and Education Coordination</p>	<p>CREC will be the lead agency for ensuring high quality early childhood development and disabilities services throughout the HEHSC.</p> <p>CREC will provide an Education/Disabilities Coordinator to serve all infants, toddlers and their families enrolled in the eight HEHSC delegate agencies.</p> <p>Coordinate and ensure timely early childhood development services for all enrolled infants and toddlers, including:</p> <ul style="list-style-type: none"> - Developmental screenings within first 45 days; and - Administration of ASQs according to schedule <p>Coordinate and ensure timely delivery of disabilities services for all enrolled infants and toddlers and their families,</p>	<p>Serves 35 public school districts</p> <p>Manages 14 inter-district magnet schools</p> <p>Operates four schools for children with severe disabilities</p> <p>All CREC schools are accredited by the New England Association of Schools and Colleges</p> <p>All CREC Early Learning Centers are State licensed and all CREC teachers are certified by the State Department of Education.</p> <p>Provides services across the life span, birth to elderly services</p> <p>Citywide focus</p> <p>Transportation Services available to families</p> <p>All family communications distributed in English and Spanish</p>	<p>Division of Community Education also operates Birth to Three; Parent Aides; English as a Second Language; GED and ABE programs; Transition to Work and Technology Education</p> <p>Division of Student Services also operates Leadership in Special Education and Support Services; provides Professional Development in such areas as: child development, early language and literacy development, family literacy, recognition and response and infant toddler mental health</p> <p>Early Childhood Inter-disciplinary Consultation Teams available to programs and families</p> <p>Collaborative</p>

Agency/Program	EHS Service Area	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
		and ensure that 10% of enrolled families have children with disabilities and receive an Individualized Family Service Plan		partner with Food Share for weekly neighborhood distribution of food Special translation services available for speakers of other languages
Family Life Education: Parkville Family Center	Family and Social Services Coordination	<p>Coordinate and ensure timely family and social services for all enrolled infants and toddlers and their families</p> <p>All families will have an individualized family development plans.</p> <p>Will assume responsibility of Family and Social Services Coordinator.</p>	<p>Agency staff mirror characteristics of target population, 91% are Latino.</p> <p>All staff are bilingual</p> <p>Agency has long history of serving teen and young families and families that are homeless</p> <p>Site-based program functions as neighborhood-based family support center for 350 families providing 7 core services, including: home visitation; parent-child interaction; parenting education and support; adult education; parent advocacy and leadership development; quality care and education; and basic human needs.</p>	<p>Adult Education/ English Students of Other Languages</p> <p>Nurturing Families– home visitation for up to 5 years for at-risk of child abuse and neglect, first-time mothers</p> <p>Education and Support of unlicensed and licensed home-based child care providers through weekly home visitation and center- based activities</p> <p>Teen and Young Parent Support Program - long-term comprehensive combination of educational support groups and individual family case management</p>

Agency/Program	EHS Service Area	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
			Utilizes Ages and Stages Questionnaire to monitor children's development	services Child and Family Literacy Computer Literacy

Transitions

Agency/Program	Target Population	Program Description	Distinguishing Elements & Best Practices	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
Hartford Office for Young Children	Hartford Pregnant Women, Infants and Toddlers	Family Support Workers assist families in choosing the EHS program option best suited to their needs. Assist Family Support Workers to help families with transitions within Hartford EHS when needs necessitate change. Transition EHS	Mayor's Cabinet for Young Children (aka School Readiness Council)	Recipient of School Readiness Funds from the City of Hartford Recipient of multiple grants from private funders, including Hartford Foundation for Public Giving, Graustein Memorial Fund and corporate funders	Municipal designation and member of municipal leadership team

Agency/Program	Target Population	Program Description	Distinguishing Elements & Best Practices	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place
		children and families out of EHS into Head Start or preschool, depending on families' preference.			

Professional Development

Agency/Program	Services to be Provided	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place at these Agencies
Hartford Area Child Care Collaborative	<p>Creative Curriculum Learning Games</p> <p>Safe Families, Safe Homes Training</p> <p>“Let’s Talk” Training</p> <p>Administrator/Manager Training and Technical Assistance</p>	<p>Training for families, teachers and home visitors to engage families in learning experiences with their young children</p> <p>Training module for teachers designed to understand</p>	<p>Only certified affiliate program nationally of Teaching Strategies, Inc.</p> <p>Pioneered state’s first accreditation facilitation project</p> <p>Pioneered State’s first child care worker leadership and advocacy training program in English and</p>	<p>Teaching Strategies, Inc. – an early childhood education publishing company that is committed to making a difference in the lives of children birth through age 5. Their mission is to enhance the quality of early childhood programs by offering practical, innovative, and developmentally appropriate curriculum materials; staff development services and materials; and parenting resources</p> <p>Connecticut Coalition</p>

Agency/Program	Services to be Provided	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place at these Agencies
		<p>impact of domestic violence on young children</p> <p>Early literacy training for families and caregivers and home visitors</p> <p>Training and support to administrators on strategic planning, implementing change, advocacy and outcomes measurement</p>	<p>Spanish</p> <p>Developed cost modeling formula for high quality child care</p> <p>Developed child care leadership and administrator competencies State credential</p>	<p>Against Domestic Violence - a membership organization whose purpose is to work together to end domestic violence by advocating for victims and changing the social conditions, beliefs, and social actions that perpetuate abuse against victims of domestic violence.</p> <p>Articulation agreements for college credit through Connecticut's Higher Education system</p>
<p>Salvation Army</p> <p>The Right Place</p>	<p>Online CDA Infant and Toddler Training Modules to complete required course work in preparation for CDA credential candidacy</p> <p>Required in-classroom experiences provided</p>	<p>CDA training will be available to all enrolled EHS parents and offered at The Right Place. It is expected that participants will complete required training for CDA credential candidacy within six –</p>	<p>Pioneered online CDA Training for parents of enrolled children in The Right Place School Readiness Program</p> <p>Pioneered work experience internships at The Right Place to</p>	<p>Individualized staff development plans for all child care workers</p>

Agency/Program	Services to be Provided	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place at these Agencies
		<p>nine months of enrollment in the program, thereby increasing the potential for family self-sufficiency.</p>	<p>complete full requirements of CDA credential</p> <p>Executive Director is a State certified coach for State Department of Education Preschool Curriculum and Assessment Frameworks</p>	
<p>Capital Community College</p> <p>Department of Early Childhood Education</p>	<p>Early Childhood Courses</p>	<p>College courses at Associate level and certificate programs</p>	<p>Over 100 child care workers have enrolled in classes to complete required coursework towards the CDA credential and the Associates degree</p>	<p>Remedial courses in English and Spanish for individuals pursuing academic degrees and certificates</p>
<p>Connecticut Department of Children and Families</p> <p>Division of Prevention</p>	<p>Training and consultation to EHS teachers and staff</p>	<p>Training workshops on using feeding and mealtimes to support infant's and toddler's social, emotional, physical, cognitive and language</p>	<p>Agency responsible for foster care recruitment and training</p>	

Agency/Program	Services to be Provided	Program Description	Distinguishing Elements & Best Practices	Links to Other Resources/What's Already in Place at these Agencies
		development		
Family Life Education	Consultation on EHS performance standards	One-on-one consultation on EHS standards by Head Start trained staff		

An organizational chart is attached. The designated point person for each agency is included in the key staff information at the end of narrative.

Positive parent-child interaction is promoted as parents are strengthened in their knowledge and experience of pregnancy, positive discipline, child development and family literacy supported by knowledgeable encouraging staff. Parents will also learn more about child development through the use of the Ages and Stages developmental questionnaire which demonstrates age-appropriate parent-child interaction- games and activities. The HEHSC agencies will promote positive development and parent-child interaction through an overarching model that facilitates parental involvement at all levels. The proposed program will share information with parents about the importance of their role as children's first teachers, and educate parents about healthy early childhood development in a manner that facilitates positive parent-child interaction.

The proposed HEHSC will promote positive parent interaction through:

- reduction of stressors that serve to distract parents and act as barriers to quality interaction
- provision of education about positive parent-child interaction
- modeling positive adult-child interaction during home visits

- serving as a source of support and linking parents with other sources of support in order to enhance their ability to meet their basic needs and manage their problems, thus enhancing capacity for positive parent-child interaction
- detecting possible special developmental and health needs of the child and guiding the parents in obtaining needed services.

The HEHSC will have a system in place overseen by the Family and Social Services Coordinator to manage the various transition stages in EHS. These are the transition of pregnant women to participants in center-based or home-based infant care, the transitions from center-based to home-based and home-based to center-based infant and toddler care by EHS families, and the transition from EHS to HS or preschool. HEHSC will develop a system to ensure seamless transitions for EHS participants, including intentional strong linkages between family community support workers as families move from one model to another. All home visitors in the Home-based component will be trained in the Family Development Credential. OFYC will maintain the database that tracks where each participant is in the EHS system and if a transition is planned.

Changes in family needs throughout their enrollment in the proposed EHS program coupled with a proposed model of multiple service providers, requires the OFYC to instill a great deal of attention to joint planning and professional development with regard to the role of parents, caregivers, and family support workers, team-building initiatives, uniform record-keeping practices and Family Partnership Agreements.

To assist with this charge, the City of Hartford's Department of Health & Human Services, Office of Youth Services, and the OFYC have joined together with the City's information and technology department, Metro Hartford Information Services (MHIS), to

establish a coordinated data collection and reporting system. Social Solutions' Efforts to Outcomes (ETO) software will be utilized throughout the City inclusive of community-based programs and linked to the Hartford Public Schools' School Administration Student Information (SASI) system, to collect, warehouse and analyze data currently held in isolated, duplicative data systems.

HEHSC will also address the persistent, intergenerational poverty that Hartford families are experiencing by offering self-sufficiency supports such as job training and adult education including Adult Basic Education (ABE), the General Education Diploma (GED), and English as a Second Language (ESOL), thereby enabling EHS parents to work full-time and move off state assistance programs. Finally, and perhaps most importantly, the EHS program will help prepare urban, economically disadvantaged young children to enter school ready to learn and succeed by building a continuum of care and education from infancy through preschool and ultimately to kindergarten.

The HEHSC will facilitate the coordination of service delivery that will result in the growth and development of families who comprise our community. From whatever point of entry, the multiple and diverse connections can be accessed to cooperatively and comprehensively address needs and successfully resolve issues that might otherwise be frustrations, deteriorating into stalemating obstacles. If, for example, an employment opportunity is contingent upon affordable childcare, our proposal can accommodate that contingency. If the need for counseling becomes apparent through a teacher's observations, responsive resources will be available, etc.

The services to be provided by the HEHSC will:

- prevent or minimize the potential for birth defects and developmental delay in children prior to their reaching the age of five;
- strengthen the family through: (A) encouragement of parental involvement in a child's development and education; and (B) enhancement of a family's capacity to meet the special needs of the children, including children with disabilities; and
- improve the quality of school readiness programs and their coordination with the services of child care providers

The HEHSC will strengthen the “bridge to home”. The emphasis on a natural connection between family and school develops coherent, consistent interactions and support among all significant participants (family-child, child-teacher, family-teacher, etc.) in a child’s life resulting in clear positive messages, secure and healthy relationships, a more stable environment for the child, intentional collaboration in the health and wellbeing and learning of the child, increased school readiness, and increased school and life success.

The HEHSC will meet the EHS Performance Standards as follows:

HEALTH SERVICES

The Hartford Department of Health and Human Services’ (HHHS) Maternal and Child Health Division will contract with a certified/licensed public health professional to assume responsibility as the Health/Nutrition Coordinator that has expertise and experience in nursing, health education, serving young children and their families as well as pregnant women, or health administration. The designated health professional will serve as a member on the HEHSC trans-disciplinary team providing consultative and direct services, including professional development, to Home-based and Center-based children, families, pregnant women and EHS staff. The

designated health professional will therefore regularly visit center-based programs and family homes to ensure all health services to enrolled children and families are administered pursuant to EHS required timelines and are appropriately tracked, documented and reported in accordance to EHS Performance Standards.

Three Family Centers located throughout the City; Family Life Education's Parkville Family Center, Southside Family Center and El Centro Desarrollo y Reafirmacion Familiar, the providers of the Home-based component including services to pregnant women, will serve as the hubs for all home-based services and therefore, all records/files will be uniformly housed and maintained according to Head Start Performance Standards.

Three Center-based programs: the Village for Families and Children, the Women's League Child Development Center and the Capitol Region Education Council's School for Young Children, will receive on-site health services to enrolled children and families and will also implement uniform record-keeping procedures so that regardless of what service- home-based or center-based- all child/family records will look the same and sufficiently meet all requirements.

In accordance with CT Department of Public Health (DPH) licensing regulations, all center-based programs have established policies and procedures regarding emergencies and parent notifications. Periodic oral health screenings, developmental screenings, and well-child care visits as identified by EPSDT and DPH standards will be implemented, tracked and documented for all children and their families including securing Medical Homes.

As a member of the HEHSC trans-disciplinary team, the public health professional will have full access to mental health, occupational and physical therapy, speech language and special

education consultants well-versed in early child development and parent-child interactions when questions or concerns are identified. Therefore, developmental, vision & hearing, behavioral, motor, language, social, cognitive, perceptual and emotional skills will be screened and red-flags will be forwarded immediately to the team. Furthermore, parent concerns, staff observations or reports will be reviewed in order to identify patterns and ensure all information is analyzed on behalf of children and families served. Monthly Child Study Team Meetings will also be convened to review progress and ensure issues or problems are readily addressed and referrals are made as early as possible.

For children identified with known or suspected health, dental or developmental problems, the health professionals will work closely with the designated Family Support Worker to facilitate and monitor referrals to ensure further testing, examinations or treatment was received and that parents are well informed of the situation. In order to access immediate care, the health professionals will navigate their own bureaucracies and streamline referrals. All health referral and activity whether center or home-based will consistently be documented in accordance with uniform EHS record-keeping protocols.

With regard to oral health services, the Harford Foundation for Public Giving (HFPG), a key partner in this early childhood initiative and others throughout the City, has agreed to pursue donors in order to secure funds for mobile dental van services possibly through Community Health Services. Upon grant award, the HFPG will engage in serious conversations regarding this critical need.

Unfortunately, regardless of how well parents are informed of the necessity of health services for themselves or their children, there will always be situations of which parents refuse

recommended services. In these situations, every effort will be made by multiple individuals over multiple periods of time asking the parents to reconsider their decision. In every encounter documentation will be recorded and if necessary, due to state regulations, appropriate protocol will be followed including removal from the program or a referral to the State Department of Children and Families.

All four center-based programs, in accordance with state requirements, have certified individuals on site at all times that are able to administer, handle and store medications for children with physician instructions and parent authorizations. Extensive policies and procedures are maintained at each program including documentation mandates and are reviewed with staff regularly.

HEHSC home-based services to pregnant women offered by Family Life Education, Southside and El Centro will be supported by the Health consultants offered by the Hispanic Health Council and the Department of Health and Human Services. Family Support Workers will work very closely with the health consultants to ensure enrolled pregnant women gain immediate access through referral to early and regular comprehensive prenatal and postnatal care that includes early and continuing risk assessment, health promotion and treatment, and mental health interventions available from the trans-disciplinary team. In the situation of a mother with a child in a center-based program who becomes pregnant, services will be accessed in the same manner and health consultants will visit mother and baby within two weeks of delivery to ensure a positive pregnancy and transition of the baby into the home.

Health consultants working with Family Support Workers of pregnant women will provide education in fetal development, labor and delivery, and postpartum recovery; risks from smoking

or alcohol consumption; maternal depression; and breastfeeding benefits. Educational materials written in the primary language of the pregnant women will be distributed and reinforced by Family Support Workers in weekly discussions.

NUTRITION SERVICES

The City of Hartford's Department of Health and Human Services will provide a registered dietitian or nutrition specialist to oversee nutrition services that comply with all aspects of Head Start Performance Standards and ensure the individualization of needed services for children including those with disabilities. A variety of foods that meet each child's nutritional needs and feeding requirements will be offered on a regular basis mindful of children with disabilities, allergies, or medically based or other specialty dietary needs that may require specific accommodations. Ongoing nutritional assessment data will be collected, documented, analyzed and reviewed to ensure special medical or dietary needs are adequately addressed for all children enrolled in the program. All personnel related to food preparation and delivery will be well informed of children with special needs, allergies or medically-based dietary needs.

Parents of enrolled center-based infants and toddlers are most concerned with knowing their child is appropriately being cared for in their absence. One of the more important aspects is nutritional intake. Therefore, staff will communicate with parents on a daily basis, both in writing and verbally, of infants or toddlers nutritional intake. All center-based programs selected as EHS programs participate in the Child and Adult Care Food Program (CACFP) and will receive regular oversight from the Nutrition Consultant, including a review of menus, diet intake records, or feeding notes to confirm safety (choking risks) and that USDA requirements

are addressed as well as to ensure the food is appropriate to children's nutritional needs, developmental readiness, culture, and feeding skills.

Mealtime activities will be offered in a family-style manner with staff and children to provide opportunities for socialization, language and self-help skill development. Infants will be held while bottle-feeding and engage in social interplays with staff throughout feedings. Sufficient time will be provided for each child based on his/her needs and food will never be used as a punishment or reward inclusive of forcing children to eat. New foods will be introduced as appropriate but while children will be encouraged to try items, they will not have to finish what they do not want. The Department of Children and Families will provide training and consultation for the Early Head Start teachers and staff about how feeding and mealtimes can be used as an opportunity to support infants and toddlers' social, emotional, physical, cognitive, and language development.

In addition, effective dental hygiene practices will be included in daily routines such as brushing teeth for children over one-year and gum wiping for infants under one-year. Proper hand washing practices will be implemented throughout all procedures.

Upon enrollment, staff will discuss cultural, religious, ethnic, or personal food preferences with parents to facilitate a smooth transition into the program. The nutrition consultant will engage parents of children with nutrition-related health problems, such as obesity which affects 25% of Hartford's children, iron deficiency, failure-to-thrive, food allergies and intolerances, milk allergies, and lactose intolerance which will require special dietary considerations.

Infants and toddlers receiving home-based services will benefit from equal input from the nutrition consultant and will be provided nutritional and developmentally appropriate snacks and meals during socialization activities convened at the three Family Centers. Formula and baby food will be provided as the nutrition consultant and Family Support Worker discuss individualized needs including special accommodations for children with disabilities, allergies, medically based need or other dietary needs.

SAFE ENVIRONMENTS

All center-based programs are currently licensed by the CT Department of Public Health (DPH) and are in full compliance with state school readiness requirements and are accredited by the National Association for the Education of Young Children (NAEYC) or in the process of securing accreditation. In addition, two of the three Family Centers include state licensed and NAEYC accredited preschool classrooms while the third includes classroom space that will meet safety regulations when used for Home-based socialization groups. In particular, space, light, ventilation, heat, and other physical arrangements will be addressed in accordance with the health, safety, and developmental needs of children and their families.

All daily cleaning of indoor and outdoor space will be documented as verification that cleanliness is maintained and potentially hazardous materials and conditions are properly managed. In addition bedding used for infants will be firm without the use of soft bedding to ensure the safety of babies while at rest or sleeping. Furthermore, all infant/toddler toys will be sanitized using products safe for children regularly and will be free of toxic materials. Staff, volunteers and children will wash their hands with soap and running water and staff will use nonporous gloves in accordance with Infant Toddler Environmental Rating Scale protocol and

DPH licensing regulations. Proper storage and handling of breast milk and food products will be ensured.

For each of the center-based programs more than 45 square feet per child of allowable indoor space exists and 100 square feet of outdoor space per child. Prior to opening the proposed infant/toddler center-based programs, classroom environmental assessments will be administered to address areas in need of attention and ensure the safety of children. All programs include adequate maintenance personnel to ensure the prompt repair, safety and security of the facilities and equipment including provisions for children with disabilities that ensures comfort, safety and active participation in classroom activities. Facilities will be free of toxins, air pollutants, and water contaminants as required by CT DPH licensing.

Diapering and toileting areas will be separate from those used for cooking, eating, and children's activities and emergency materials such as fire extinguishers, flashlights, blankets, first aid kits and smoke detectors are monitored regularly and easily accessible to staff. Sanitation and hygiene practices specific to diapering and portable potty chairs will be addressed to protect children and staff's health and safety. Also, emergency evacuation routes and procedures will be practiced, monitored and posted routinely in accordance with state requirements.

Several years ago, the OFYC realized that in the event of a major emergency, the city's early childhood programs were not adequately prepared and there was no coordinated plan in place for such a disaster. Furthermore, the OFYC found that the City's and State's line of first responders knew very little of Hartford's early childhood programs. From that moment on, the OFYC has assumed leadership for developing an organized emergency preparedness

and evacuation plan for its citywide providers, most of which were not known to the police or fire departments.

Approximately ten intensive trainings and workshops were offered to Hartford early childhood providers dedicated to this topic including tabletop exercises coordinated with the Homeland Security Training Coordinator from Capital Region Council of Governments. Another included a panel presentation comprised of representatives from the Connecticut Department of Emergency Management and Homeland Security, Emergency Planning & Preparedness Division; the Capital Region Council of Governments; the State Department of Public Health's Drinking Water Division; the City of Hartford's Fire and Police Departments; the Hartford Public Schools; and the City's Emergency Management.

DISABILITIES SERVICES

The proposed EHS program will collaborate with the Department of Developmental Services (DDS), which oversees the state's Part C Birth To Three Program. The OFYC and DDS will utilize the existing MOA that has been approved by the Head Start Regional Office, between DDS and Early Head Start Programs throughout the State. In addition, the DDS has signed the MOA included with this proposal. Birth To Three referrals will come from Birth To Three providers or sub-grantees of DDS.

The HEHSC will include a trans-disciplinary team of certified or licensed professionals that will provide services for children not eligible for Birth to Three with the licensed Speech Pathologist assuming responsibility of the disabilities coordinator and the education manager. The focus of these roles is to ensure the coordination of ongoing educational/developmental

assessment and planning of activities for children with disabilities and health needs. For children served by the state's Birth to Three System (Part C), the Disabilities Coordinator/Education Manager will coordinate with Birth to Three staff and families to ensure continuity in the Home-based or Center-based component. In particular, transition planning for children turning three years of age will commence at least six months prior to the child's birthday. An interagency agreement with the Birth to Three Part C program will be established upon award to ensure effective coordination for children with disabilities.

The Disabilities Coordinator/Education Manager will utilize ongoing assessment information and observations from teachers, Family Support Workers and parents to develop individualized plans to promote the development and educational skills of children with disabilities. Infants and toddlers suspected of having a disability will be referred promptly to Birth to Three services by the Disabilities Coordinator/Education Manager.

Connecticut's Birth to Three Program provides home-based or center-based services. Therefore, it will not be necessary to transport children to services as all Part C services will be delivered either in the home or center. However, in the event that transportation is needed, the Capitol Region Education Council transportation services that comply with the Americans with Disabilities Act will be utilized and the needs of each child will be sufficiently addressed.

MENTAL HEALTH SERVICES

The Village for Families and Children will provide a licensed mental health consultant to the EHS trans-disciplinary team who will collaborate with parents and staff on issues related

to education on child mental health. Written materials and workshops will be offered regarding appropriate behaviors, varying individual temperaments and how parents and staff can respond appropriately to children's behaviors. Parents will understand how to strengthen home environments to ensure that they support and nurture child development through home visits with Family Support Workers when indicated or Child Study Team Meetings in which parent information, staff observations and assessments will be discussed in order to develop effective interventions and strategies.

FAMILY AND COMMUNITY SERVICES

The HEHSC Manager will be contracted by the OFYC and will have significant experience in social services specifically with serving families with young children including those with disabilities and home-visiting experience and expertise. This position will assume responsibility for overseeing the Family Support Workers who will also have extensive training and experience related to social services, human services, or family services and knowledge of Head Start Performance Standards.

One of the primary functions of the OFYC, the HEHSC Director and delegate Home-based and Center-based providers is to convene culturally, ethnically and linguistically diverse opportunities inclusive of events held around alternative work schedules, coordinated throughout the year based on the needs and interests of parents and families with young children. Since all of the service components are linked to Family Centers and/or Early Learning Centers, families will have access to family functions offered and coordinated by each program and those convened by the OFYC. Newsletters, calendars, event flyers etc. will be distributed among programs forming a citywide infant/toddler network with

representatives attending the OFYC Early Childhood Provider Network and its Family Support Center Network. In essence, families served by Hartford early childhood and/or family support centers will be given information regarding citywide events and opportunities, inclusive of professional development offerings.

In order to ensure families are provided the opportunity to communicate with home visitors, Family Support Workers and center-based staff, the HEHSC includes programs and services that engage the diverse population groups of Hartford families and meet their linguistic needs. El Centro, Family Life and Education and Comadrona are highly regarded for their ability to engage Latino families with young children who would often otherwise go without services. In addition, the City's Maternal and Infant Outreach Program (MIOP) is known for its skill in engaging and serving the City's most difficult to engage pregnant women.

Consistent attendance in Center-based and Home-based components is essential to outcomes, particularly for high-risk families eligible for the proposed EHS program. This program will strongly encourage consistent attendance. Services will also follow best practices which reveal that attendance rates increase when staff work with a family to address their array of needs such as health care, employment and basic human needs. When families or children are absent for more than four consecutive days Family Support Workers will contact parents either by telephone, notes or via home visits to address the situation and ensure additional assistance is not needed. In the situation of a need for additional support, Family Service Workers will immediately facilitate referrals to appropriate services and

resources including consultative services from the trans-disciplinary team members. All HEHSC members will follow the same protocol to ensure continuity throughout the system.

All Family Support Workers will assume responsibility for developing Family Partnership Agreements for families interested in this option based on family assessment results. As the priorities, needs and interests of families change over time, the significance of the relationship between Family Support Workers and families cannot be overstated. In addition, communication (both written and verbal) between and among Family Support Workers, trans-disciplinary team members, classroom staff, coordinators, program supervisors and the OFYC EHS Director will ensure smooth transitions, prompt and accurate referrals, uniform documentation and adherence to Head Start Performance Standards.

Staff of all three Family Centers are trained and certified in the Family Development Credential (FDC) program. The FDC program has been a pioneer in the paradigm shift from the “deficit” model of family assistance to an “empowerment-based” model of family development. Based on research by Cornell University’s College of Human Ecology, the FDC program provides front-line workers with the skills and knowledge necessary to coach low-income families to set and reach their own goals for healthy self-reliance.¹⁴ The application of the FDC core principles and the interagency networking results in more comprehensive and coordinated family development services. To earn the FDC, front-line workers take 90 hours of classes based on *Empowerment Skills for Family Workers* (Forest 2003), complete a portfolio documenting their ability to apply these concepts and skills, and pass a standardized exam.

¹⁴ Cornell University, College of Human Ecology. “Family Development Credential.” Accessed at: <http://www.human.cornell.edu/HD/FDC/>

For children and families with pre-existing Family Service Plans, Family Support Workers will secure parent consent to obtain permission to coordinate with other providers thereby complementing and maximizing outcomes in order to avoid overwhelming parents. Family Support Workers and center-based staff will meet periodically with other service providers and families to ensure information is updated and shared as well as efforts do not conflict or are duplicated. In the situation of a family with a child enrolled in CRT's Head Start and another infant or toddler enrolled in the proposed EHS program, Family Support Workers will coordinate so as to not duplicate efforts. In situations in which parents prefer only one Family Support Worker, families will choose which program's Family Support Worker will best meet their needs.

Data from the Regional Workforce Investment Board reveals that nearly 50% of Hartford's adult population functions at the lowest level of literacy, meaning that they are unable to even read street signs or prescription directions. One of the reasons many adults seek adult literacy support is because they wish to engage in family literacy activities with their young children. Family literacy activities offered in both service components will include parent and child interactive literacy activities, training for parents as the primary teachers of their children, parent training that leads to economic self-sufficiency and financial literacy, and age appropriate education for children that prepares them for success in school and life

EDUCATION AND EARLY CHILDHOOD DEVELOPMENT SERVICES

The ECD Manager will be a certified special education teacher with an early childhood endorsement. With extensive experience and expertise in early childhood theories of

development, family focused approaches and early learning strategies, the ECD Manager will oversee education and early childhood development services and will exceed Head Start minimum requirements.

Center-based teachers will have a minimum of a CDA in Infant Toddler services plus six college credits in early childhood education. Home visitors will speak the language of the families served and have experience and expertise in child development, principles of child health, safety and nutrition, adult learning principles, family dynamics, adult communication skills, community-based resources and services and linking families to programs.

The ratio of adults to infants and toddlers in center-based programs will not exceed 1:4 throughout all hours of operation with group sizes of no more than eight. In order to ensure low staff turnover essential for building secure relationships, center-based program with extremely high retention rates have been selected as EHS programs. Three of the center-based programs utilize Creative Curriculum and one uses High Scope and their corresponding assessment instruments. Both curricula are highly regarded and include goals for children's development and learning; experiences to promote the achievement of goals; and materials necessary for effective implementation. All staff members have received extensive training in the curriculum of choice and have access to ongoing supports.

Both High Scope and Creative Curriculum address all domains of development including motor (gross and fine), perceptual discrimination, cognition, attention skills, self-help, social and receptive skills and expressive language. In addition to ongoing documented observations and monitoring of milestones, all children will receive Ages & Stages Questionnaires (ASQ) to ensure potential problems are identified as early as possible.

Parents and other family involvement in all screening and assessment procedures is valued and consistently pursued. For children who score within a questionable or problematic range, referrals for further evaluation will be pursued including referrals to Birth to Three (Part C).

The OFYC and its collaborating partners enthusiastically submit this proposal to address the City's disproportionate and inequitable gap in opportunities for Hartford's youngest and poorest children and their families. The HESHC will blend the strongest resources from city and community-based programs into an integrated system of care to collectively offer EHS in Hartford and produce quality of life results for Hartford's children and families.

FISCAL MANAGEMENT

The City of Hartford, fiscal agent and grantee for the proposed EHS program, maintains appropriate internal controls to safeguard all Federal, State and Local funds and implements procedures to ensure the Mayor's Cabinet for Young Children members meet conflict of interest requirements. Other Federal grants have been awarded to the City of Hartford without audit report findings or management letter comments consistent with appropriate internal controls. Audits for this grant will be conducted on an annual basis in accordance with OMB Circular A-133. All audit reports and corresponding management letters will be approved by the Mayor's Cabinet for Young Children and the Cabinet will be involved in developing responses to audit findings and concerns as evidenced by meeting minutes. At least one member of the Cabinet will have extensive background and expertise in fiscal management or accounting.

In all situations, the SF-269 Financial Report will be signed by the appropriate City official as well as the SF-424 grant application. In the event of audit findings, the Mayor's Cabinet for Young Children in conjunction with the City's Management and Budget Department will develop corrective action plans and direct its implementation.

Periodic cost projections by a qualified fiscal officer will be performed to ensure funds are adequate to carry out all budgets and awards. There also will be a routine accounting of physical assets comparing these to inventory records. The City fiscal system segregates duties among individuals responsible for authorizing transactions, processing transactions, and reconciling fiscal accounts.

The City has an extensive written standards of conduct regarding governing the performance of its employees engaged in awarding and administering contracts. Fiscal accountants assigned to oversee fiscal management have training and experience in accounting and fiscal matters, exercising effective control over and accountability of grant funds, property and other assets in order to ensure they are used solely for authorized purposes. Procedures to determine allowability, allocability, and reasonableness of costs as required are intact and enforced.

As the recipient of the City's state School Readiness Funds, the City of Hartford sub-contracts with over 20 agencies, reimbursing them on a monthly basis for services rendered in the previous month. The City is able to minimize time that elapses at the expense of sub-grantees by initiating the internal reimbursement process prior to receipt of State funds. This same procedure will be followed assuming the City will know of the exact amount each delegate should receive in advance and of when the Federal funds will be received.

In order to enable the allocation of more funds to direct service, the OFYC had designated a mere \$80,000 or 4% of the total request for administration costs. In the spirit of collaboration and a collective sense of believing Hartford's proposal will be successfully reviewed, all delegates have come to the table willing to negotiate and offer very impressive in-kind contributions.

HEHSC fulfills the matching funds requirement of this proposal with the \$415,101 in state CHEFA funds awarded to Women's League Child Development Center to construct its new child care facility. This non-federal match meets the eligible criteria as stated in regulations.

The City of Hartford has established written procurement procedures that provide all requirements specified in the applicable Federal statutes and transactions are conducted in a manner that provides for open and free competition. All budget revision requests will be submitted in writing and approved prior to revising budget line items.

All contracts with delegates will be developed in conjunction with the City's Corporation Counsel to ensure all legal requirements are fulfilled and the necessary information such as appropriate signatures, witnesses and dates are included. Elements specified in regulations and cost principles will also be addressed. All renovation costs will comply with the Davis-Bacon Act to ensure laborers and mechanics are paid "prevailing wages".

PROGRAM DESIGN & MANAGEMENT

Upon award a newly established governing body will be established in order to fulfill Head Start requirements with the inclusion of at least two members, one of which will be a Hartford Head Start representative from the Community Renewal Team, of the existing Mayor's

Cabinet for Young Children. Board members will receive orientation training and technical assistance on the Early Head Start program to ensure they understand information and can become actively involved in meetings or activities. Cabinet members will receive monthly financial statements, program information summaries, enrollment reports, food reports, annual financial audits, self-assessments, community assessments, etc.

A Policy Council and Health Advisory Council will be established at the grantee level in accordance with Head Start requirements as well as Parent and Policy Committees at the delegate levels, all comprised of members who fulfill conflict of interest requirements and receive appropriate orientation/training. An interim Policy Council has been established for the purposes of completing a community assessment, enabling Hartford to submit a EHS proposal and for ongoing planning efforts throughout the next several months to ensure the HEHSC is prepared to start serving pregnant women, infants, toddlers and their families within the first four months of an award. Upon award, all Head Start requirements related to the governance of the program will be addressed and in place.

TRANSPORTATION SERVICES

Hartford is a mid-size urban city with an extensive, affordable and accessible public transportation system of which Hartford residents are dependent upon. Therefore, transportation is not a barrier routinely imposed on parents to center-based programs- the barrier they encounter is a lack of center-based opportunities. However, in the event of hardship, programs will offer bus tokens to ensure adequate attendance.

STAFF AND POSITION DATA

City of Hartford Office for Young Children, Grantee & HEHSC Lead Agency

Dr. José Colon-Rivas, Executive Director

Dr. Colon-Rivas has been Executive Director of the Mayor's Office for Young Children since July 2005. He oversees and directs efforts to implement early childhood policy, coordinate early childhood planning and develop a children's budget. Previously he was Senior Director of Early Childhood Education and Accreditation with Hartford Public Schools. Jose holds a Bachelor's degree from the University of Puerto Rico in Elementary and Secondary Education/Mathematics, a Master's degree from The Interamerican University in Supervision and Administration/ Curriculum Development and a PhD from Penn State University.

Jane Crowell, Assistant Director

Jane has been Assistant Director since July 2005. She previously worked as the Director of the Hartford School Readiness Council. Prior to this, Jane worked at Capitol Region Education Council to assist the State Department of Education develop its statewide Birth-to-Three System to provide comprehensive family-centered services to infants and toddlers with developmental delays and/or disabilities, and their families; Director of Project First Step, a Hartford early intervention program that provided home-visits, play groups and parenting groups to families with at-risk children between the ages of birth to three; Director of a Hartford Day Care Center, an early childhood special education teacher/administrator at The Wheeler Clinic and elected first President of Connecticut's chapter of the Council for Exceptional Children's Division of Early Childhood. Jane's academic training includes a Master's Degree in Educational Leadership and Administration from Central Connecticut State University, special education certification and a Bachelor's Degree in Child Psychology and Early Childhood Education also from CCSU. In addition, she attended the High Scope Teacher Training Program in Ypsilanti Michigan. The OFYC **EARLY HEAD START DIRECTOR** will be responsible for the development, coordination, and implementation of Early Head Start services and the coordination of internal

and external resources. The coordination of resources would require the Coordinator to work in cooperation with staff, parents and state/community-based organization representatives to meet the needs of infants, toddlers and their families, including pregnant women while ensuring compliance with Early Head Start Performance Standards.

The HARTFORD Early Head Start Transdisciplinary Team will be comprised of qualified and credentialed experts from four Hartford-based agencies and provide oversight for all EHS required content service areas: health, nutrition, disabilities, mental health, family and community services, and education and early childhood development. A specialist from each agency will be designated as the EHS content service area Coordinator. All EHS Coordinators will provide regularly scheduled and ongoing training and implementation support to frontline staff, and will work directly with children and families as required. All EHS Coordinators will be trained in Program Performance Standards and participate in weekly team meetings.

The Early Head Start Infant/Toddler Teacher will primarily be responsible for establishing safe, healthy learning environments and consistent, nurturing caregiving relationships with infants and toddlers and provide educational experiences for these developing children. The EHS Teacher will meet qualification requirements in accordance with EHS Program Performance Standards and as established by the OFYC; and receive ongoing, supportive supervision from the Delegate agency and implementation support from the Transdisciplinary Team.

The Early Head Start Home Visitor will support each family in the promotion of healthy and strong relationships between parents and children. S/he will guide families in identifying strengths and developing collaborative family partnership agreements; conduct weekly 90-minute home visits and implement research-based curriculum to promote safe homes, healthy child and family development, and parent education; conduct bi-weekly group socialization

experiences; ensure effective communication, services and support to families whose first language is not English; and promote effective parental involvement in the overall EHS program including curriculum development, advocacy and governance. The EHS Home Visitor will meet qualification requirements in accordance with EHS Program Performance Standards.

The Family and Community Services (FCS) Worker will support families enrolled in center-based EHS programs. The FCS Worker's responsibilities will include: managing a caseload of up to 32 families; ensuring smooth EHS transitions for families; conducting home visits; developing individualized family partnership agreements; supporting each family in securing a medical home; making timely referrals and formally linking families to community services; promoting parental involvement in family literacy, curriculum development, and program governance; ensuring effective communication and support to families whose first language is not English; supporting development of advocacy and self-sufficiency skills; and tracking families' progress in meeting their goals. The FCS Worker will meet qualification requirements in accordance with EHS Program Performance Standards and as established by the OFYC; and receive ongoing, supportive supervision from the Delegate agency and implementation support from the Transdisciplinary Team.

Leticia Marulanda is the Deputy Director of the Hartford Department of Health & Human Services. Dr. Marulanda administers all human resources functions, and supervises daily operations as well as oversees all programmatic and financial functions of the Department's programs and initiatives. In previous positions, she served as the Director of the Maternal and Child Health Division and has been with the Department since 1993. Dr. Marulanda received her degree in medical practice and surgery from the University of Cartagena in Colombia.

Tiffany Murasso, M.Ed, is Catholic Charities' Director of Early Childhood Programs. She is the Senior Manager responsible for the operation of 8 licensed, NAEYC accredited childcare centers throughout CT. She provides supervision to Early Reading First Program & the Early Childhood Consultation Partnership which provides mental health consultation in early childhood centers. She coordinates statewide CC's Family Centers. She is an experienced Early Childhood expert with more than 17 years in the field of early childhood education, including 10 years at Catholic Charities. She received professional training in the utilization of numerous early childhood assessments and is a certified ECERS evaluator. She received the National Administrators Credential and has a Masters in Early Childhood Administration.

Iris Hope Rich, M.Ed., has been Executive Director of Women's League Child Development Center for ten years. Mrs. Rich has participated in many initiatives to enhance services such as the Brighter Futures Child Care Enhancement Project, Accreditation Facilitation, Early Childhood Consultation Project. Mrs. Rich has the national Director's Credential and is an approved Education Consultant with DPH Daycare Licensing.

Lydia Rodriguez of Family Life and Education has extensive experience in Head Start providing Hartford's EHS proposal great insight. She came to Hartford from New Britain's Head Start Program and is highly regarded by supervisors, colleagues, families and the children .

Grace Damio, Deputy Director, Hispanic Health Council

Grace has been employed at the Hispanic Health Council since 1998. She has also been a Nutrition Consultant at La Casa de Puerto Rico, Program Nutritionist, Nutrition Consultant for the Ministry of Education in Nicaragua, Program Nutritionist for WIC, and a Research Assistant. Grace serves on many community boards. Grace received her MSW at UCONN in 2005 and her BSW, cum laude, in 2001 from the University of Puerto Rico.