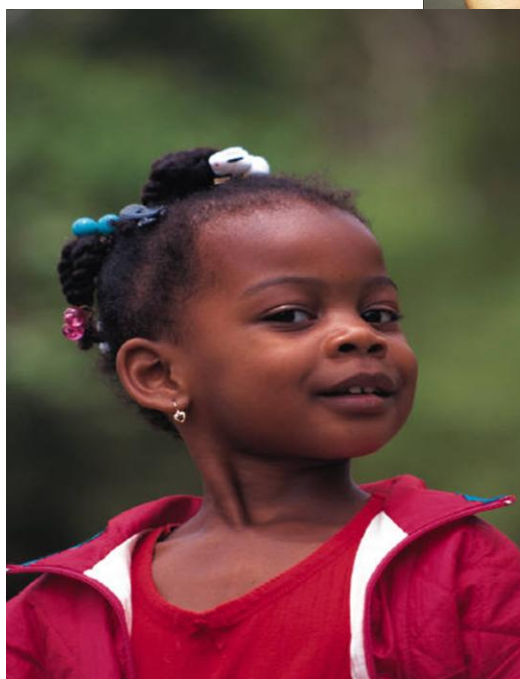
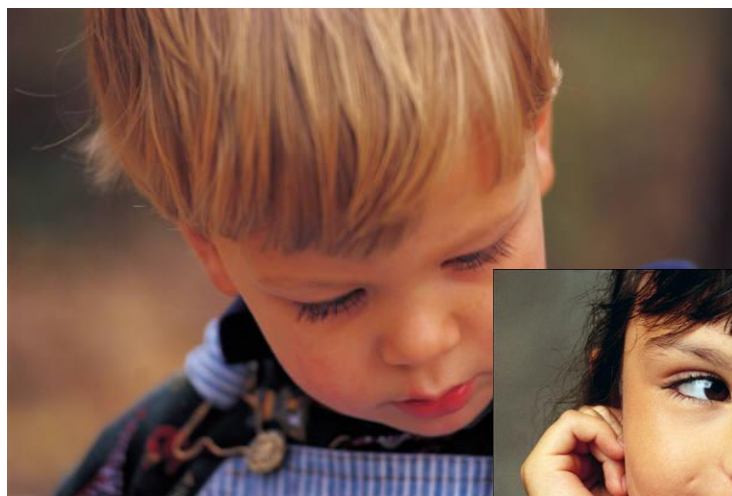


# Unlocking the Potential of a Community: The Plan for School Readiness



**The Larry King Center**  
for Building Children's Futures

Mecklenburg County

2011

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*Council for Children's Rights*

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[www.cfcrights.org](http://www.cfcrights.org)

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*The Larry King Center is a part of the Council for Children's Rights and helps meet the long-term needs of children in the Charlotte-Mecklenburg community by providing four key strategic services: research and evaluation, community planning, public awareness, and policy advocacy.*



**Council for  
Children's  
Rights**



## Letter from Executive Director

Dear Community Leader,

The enclosed School Readiness Plan is the culmination of many months of collective effort to envision a community that fully supports its youngest members. Inside each young child there is a wellspring of endless possibility. As a community that honors and values children, it is our job to set the expectations that every child will be supported on his/her road toward academic success, and to hold ourselves and our civic leaders accountable for that success.



In the midst of challenging economic realities, it is even more important to invest our passion and our resources in our youngest children. Social scientists, economists, child advocates and concerned parents agree: early investments in children reap immeasurable positive rewards in our homes, schools and businesses. Our wisest investments will include interventions that are built on reliable research and insist on the rigorous evaluation of impact.

This plan incorporates over a decade of community work to prioritize children's needs. Numerous other community-wide efforts identified the need to focus on children prior to their first day of kindergarten. These efforts not only reinforced the wisdom of prevention and early intervention, but they taught us that there must be an infrastructure in place to drive systemic change. With the creation of the Larry King Center for Building Children's Futures, we now have that essential infrastructure to catalyze lasting community-level change. But, infrastructure alone will not ensure success; it will take all of us to realize the goals in this plan.

To fully implement this plan, each sector of our community must band together to nurture the community will, to bring the necessary resources to bear and to ensure the honest, thoughtful evaluation of our progress. Because if our families are ready, our health and mental health systems are ready, our early care and education systems are ready, our schools are ready and our community is ready...then, and only then, will ALL of OUR children be READY. I look forward to working with you to make our community's vision for young children a reality.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett A. Loftis". The signature is fluid and cursive, written over a light blue background.

Brett A. Loftis J.D.  
Executive Director  
Council for Children's Rights

## Table of Contents

<b>Introduction</b>	<b>5</b>
<b>Why School Readiness?</b>	<b>7</b>
<b>Community Indicators of School Readiness</b>	<b>14</b>
<b>School Readiness Framework</b>	<b>23</b>
<b>Action Planning Structure</b>	<b>26</b>
<b>The Community Plan for School Readiness</b>	<b>32</b>
<b>Implementation</b>	<b>45</b>
<b>Next Steps</b>	<b>48</b>
<b>Community Accountability</b>	<b>50</b>
<b>Appendix A: The Larry King Center for Building Children’s Futures</b>	<b>53</b>
<b>Appendix B: Community Engagement Participants</b>	<b>56</b>
<b>Appendix C: Community Meeting Notes</b>	<b>61</b>
<b>Appendix D: Parent Action Team Notes</b>	<b>66</b>
<b>Appendix E: Complementary Community Initiatives</b>	<b>68</b>
<b>Appendix F: Overview of Prior Community Initiatives</b>	<b>72</b>
<b>Appendix G: Endnotes</b>	<b>74</b>

## Introduction

Building upon the best available data and research, our community has created an ambitious plan to attack the achievement gap where it begins: before a child enters kindergarten. Over the course of nearly a year, community leaders, agency directors, and parents have come together to chart the course for the future. The Larry King Center of the Council for Children's Rights (LKC)\* led the planning process and guided six action teams through an ambitious process to create a plan that will improve school readiness for our community's children.

Informed by the action teams, the LKC developed key objectives for each part of a school readiness equation and identified specific strategies and next steps for each objective. Each strategy has corresponding outcomes that would be evident upon successful execution of the strategy. Finally, an implementation and accountability structure is proposed that will monitor progress toward the goals, including the development of benchmark and long-term indicators.

Decades of brain development research and program evaluation have demonstrated that the first five years of life provide a unique opportunity to influence enduring outcomes. School readiness, which includes secure caregiver attachment, positive health outcomes, and early literacy skills, is the key to children entering school prepared to thrive. Like many communities across the country, Mecklenburg County has a significant achievement gap for economically disadvantaged children; this gap is evident at kindergarten entry and culminates in graduation rates that are at least ten percent lower than non-economically disadvantaged students.



Investing in young children is an effective economic strategy. Strong families, quality early learning programs, and a community that prioritizes children can have far-reaching outcomes such as lower rates of teen pregnancy, reduced crime rates, and reduced rates of welfare dependency. By capitalizing on the incredible rate of development in the first five years of life, our community can influence its economic health for future decades.

### *School Readiness*

*The state of early development that enables a child to engage in and benefit from kindergarten learning experiences as a stepping stone to sustained school success*



School readiness, and all that it encompasses, has been highlighted by researchers, economists and educators as pivotal to sustained school success and, ultimately, the economic well-being of our society. To that end, the LKC, in partnership with the broader community, has created a comprehensive school readiness plan that focuses on the key elements of the School Readiness Equation, as put forth by the



National School Readiness Initiative, a 17-state collaboration on school readiness.<sup>1</sup> This equation has also been adapted in other communities such as Boston, MA and Richmond, VA. Our community's plan was informed by over 200 community members, key early childhood stakeholders, and parents of young children. The plan is predicated on the belief that families, educators, systems, and the community are responsible for ensuring school success. When families are supported, educators are prepared, systems are responsive, and the community keeps young children as a priority, children will enter school ready to thrive.

*\* See Appendix A for more information on the Larry King Center*

## Why School Readiness?

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Decades of research has demonstrated the importance of early childhood development. The earliest years of life provide the framework for later success in school, career, and family. Psychologists, educators, and economists have all arrived at the same conclusion: children who enter school ready to learn have significant advantages over their lesser-prepared peers. The following section reviews the relevant research on brain development, attachment theory, and effective programs.

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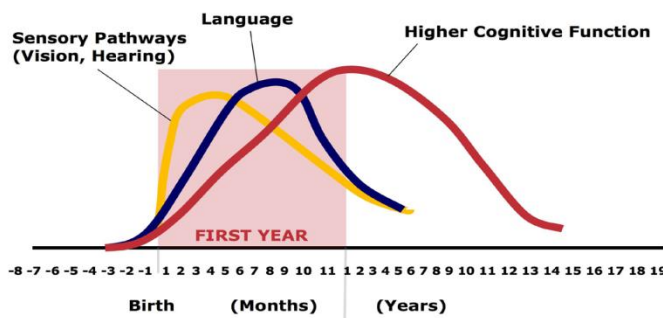
**Overview**

School readiness is defined as the state of early development that enables an individual child to engage in and benefit from kindergarten learning experiences as a stepping stone to sustained school success. This definition recognizes that early development includes more than the early academic skills a child needs to be successful in school; it encompasses language development, cognition and general knowledge, approaches to learning, social and emotional development, physical well-being and motor development. Essentially, this means that children enter school with the intellectual, social, emotional and physical assets that lead to school success.

Recent research on the developing brain has yielded a body of evidence that early childhood experiences can shape the lifelong architecture of the brain.<sup>2</sup> Decades of complementary program



**Human Brain Development**  
Neural Connections for Different Functions Develop Sequentially



Source: C.A. Nelson (2000)

evaluation research have found that successful early interventions not only improve outcomes for young children but also yield significant economic benefits.<sup>3</sup> Together, developmental research and program effectiveness research have taught us that school readiness requires a multi-pronged approach that includes children, families, neighborhoods, and systems.

Research has also revealed a significant achievement gap for low-income children by the time they enter kindergarten. Studies indicate that low-income families are more likely to begin school with “limited language skills, health problems, and social and emotional problems that interfere with learning” (Getting Ready, 2005, p. 39).<sup>4</sup> However, these early achievement differences can be influenced by effective interventions, such as attending high-quality center-based preschool.<sup>5</sup>

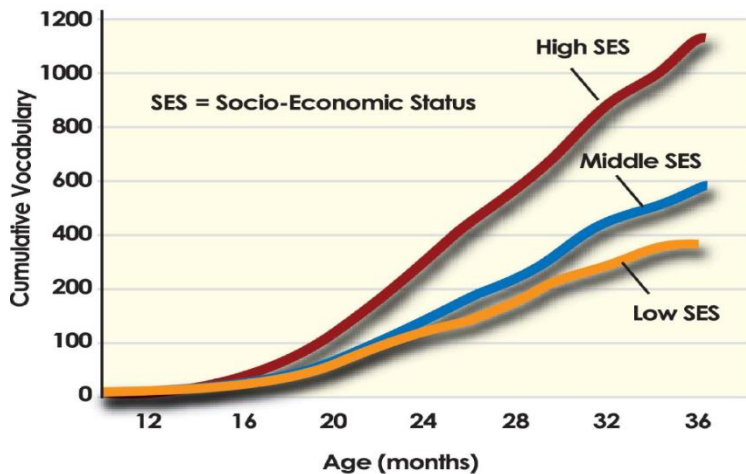
Our community’s plan for school readiness emphasizes the reconciliation of research and practice. The LKC has built upon the science of development to create a comprehensive community plan to prepare young children for school success. The goals of the plan include:

- provide parent support and information that is accurate, culturally appropriate and readily available;
- continuously improve our community’s early care and education systems in all settings;
- create responsive health care and early intervention systems that can detect and respond to barriers to child development and school readiness, including the remediation of “toxic stress” in young children;
- initiate a cross-sector effort to keep school readiness as a top priority in Mecklenburg County;
- track and report on our community’s success in improving school readiness.

The following sections focus on the brain research, effective interventions, and economic analyses that have informed the strategies to achieve these goals.

### Brain Development Research

Early childhood experiences provide the foundation from which brain architecture is developed. This foundation provides the basis for future learning, health, and behavior. The brain’s responsiveness to experiences, particularly during periods of rapid growth such as early childhood, means that the negative experiences of chronic stress (“toxic stress”) can be incorporated into the developing brain and result in long-lasting consequences.<sup>6</sup>



Source: Hart & Risley (1995)

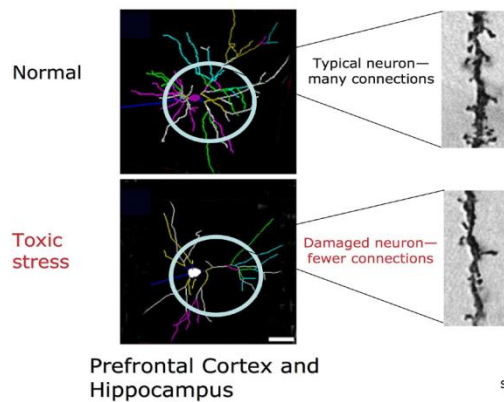
The brain has tremendous flexibility and brain development continues throughout life. However, flexibility declines over time and is most adaptive in infancy and early childhood. The brain becomes more organized and functional with age, and early malleability is lost. Therefore, it is “biologically more efficient to prevent difficulties from arising in brain function” than to correct problems later in life (NIEER, 2008, p. 4). Interventions designed to remediate

problems later in life are likely to be more expensive and time intensive than preventive efforts that target children prenatally, in infancy, or during early childhood.<sup>7</sup>

Stress plays an integral role in early childhood development and thus, school readiness. All children experience some level of stress. The most innocuous of these is “positive stress.” Positive stress is moderate and short-lived, occurs as part of normal child development and ultimately leads to development of self-control and a sense of mastery. “Tolerable stress” is associated with significant stressful events that *could* interfere with the architecture of the brain but are mitigated by having supportive and caring relationships with caregivers.



#### Persistent Stress Changes Brain Architecture



Sources: Radley et al. (2004)  
Bock et al. (2005)

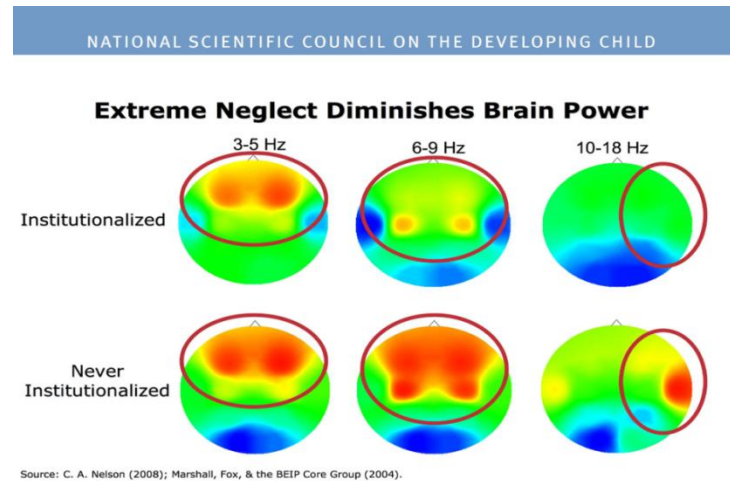
While exposure to this type of stressful event could lead to harmful consequences (such as Post-Traumatic Stress Disorder), the presence of stable and trusted adults who provide protection enable the child to regulate their physiological stress response

system. This allows the brain to recover from the event and prevent potentially negative, long-lasting consequences.<sup>8</sup>

As its name suggests, “toxic stress” is the most potentially harmful type of stress to young children. This type of stress results from extended exposure to adverse events without the benefit of a supportive caregiver. Child abuse and neglect, maternal depression, parental substance abuse, and domestic violence are examples of this type of stress. Toxic stress can result in continued engagement of the body’s stress response system such as heightened levels of stress hormones. This can lead to changes in brain chemistry and, ultimately, to changes in the architecture of the brain. Research has also demonstrated that prolonged exposure to this type of stress can lead to immune system changes that lead to a greater likelihood of physical and mental illnesses.<sup>9</sup>

### Attachment Research<sup>10</sup>

For young children, the importance of secure attachments with sensitive caregivers cannot be overstated. Early attachment to caregivers who protect and nurture is essential to healthy development. These relationships fill basic needs for the infant and toddler. First, a caregiver’s presence can reduce a child’s fear in new situations thus allowing the child to explore his or her environment with assurance. In turn, the ability to explore helps develop a child’s sense of mastery and competence.



The security of early childhood attachments is measured in research settings by observing the child’s reaction when the caregiver returns from a brief separation. Secure attachments exist when the child will explore his or her environment when the caregiver is present, is aware of the proximity of the caregiver, is happy upon return of the caregiver and generally enjoys the caregiver’s company.

Children who are insecurely attached to their caregivers display a markedly different reaction when observed. They may be preoccupied with the caregiver and therefore do not engage in exploration of their environment, they may resist physical contact with the caregiver, may be distressed when the caregiver returns after a separation, and may be difficult to soothe after a separation.

Attachment is influenced by the characteristics of the child, the parental capacities, and the context of the caregiver relationship. Consistent parenting that is responsive to the child’s needs most often results in secure attachments. Insecure attachment results when caregivers are “detached, intrusive, erratic, or rejecting” (Shonkoff & Phillips, 2000, p. 233). However, it is important to remember that even temperamentally difficult infants can form secure attachments when the caregiver maintains “high

degrees of sensitivity and responsiveness” (Shonkoff & Phillips, 2000, p. 233). Familial stress such as maternal depression and economic hardship can also influence attachment as stress can reduce the sensitivity and responsiveness of the caregiver.

Although most research has focused primarily on a child’s attachment to his or her mother, children certainly form attachments to fathers, grandparents and other caregivers. Research indicates that attachment is based on the following criteria: the caregiver provides physical and emotional care, is consistent in the child’s life, and is “emotionally invested” in the child. For parents who are under high amounts of stress, it can be beneficial for the child to develop secure attachments with other caregivers. For example, child care providers can provide healthy attachment for infants and toddlers who are at risk of foster care placement due to child abuse. However, provider turnover and changes in child care providers can also result in insecure attachments for these at-risk children.

Secure attachment is important for developmental reasons as well. Attachment influences social and emotional development, the ability to explore his or her environment (which promotes learning), and establishes the foundation on which later relationships will be built.

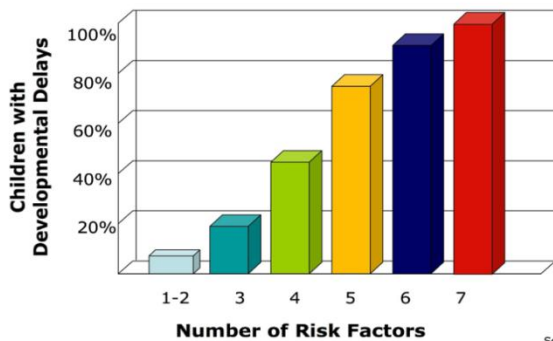
### Effective Interventions

Decades of program evaluation research has identified critical components of successful interventions for young children and their families. Outcomes from successful interventions cross child development domains (i.e., cognitive, behavioral/emotional, child maltreatment) and span into adulthood (i.e., educational attainment, employment and earnings, social service utilization).<sup>11</sup>

Successful prevention and early intervention efforts begin with maternal health and nutrition. Maternal health, as well as the health and nutrition of the young child are essential to healthy brain development. Poor maternal nutrition and exposure to harmful substances, such as drugs and alcohol, can impair fetal brain development. Prenatal health care serves to identify high-risk maternal behaviors and monitor exposure to stress. Primary health care is also important for young children. Pediatric care during early childhood can serve to identify and address developmental concerns that could lead to physical and mental health problems later in life.<sup>12</sup>



**Significant Adversity Impairs Development in the First Three Years**



Source: Barth et al. (2008)

Home visiting programs have also been shown to have significant positive outcomes for young children. These programs, particularly when focused on first-time mothers, have been shown to improve achievement test scores, improve behavior, reduce the incidence of child abuse, and reduce criminal

arrests later in life. However, not all home visitation programs have resulted in significant positive outcomes and the strongest program has consistently been shown to be Nurse-Family Partnership. This high-intensity service delivery model has been evaluated over more than thirty years in randomized controlled trials. The model is delivered by skilled nurses and emphasizes improved pregnancy outcomes, improved child health and development and also focuses on maternal educational, employment and family goals.<sup>13</sup>

Interventions should also focus on the amelioration of toxic stress through family support. Those families who are dealing with mental health problems, substance abuse, domestic violence, or parents who are at risk of abusing their children can benefit from targeted interventions. Young children can also benefit from interventions that serve to mediate the effects of toxic stress. Family-focused screening to identify a child's exposure to toxic stress can direct families to the most effective programming.<sup>14</sup>

High quality early care and education can also positively impact child development. Early educational experiences for young children, especially for those who are most vulnerable, can result in significant long-term outcomes across a variety of domains. Perry Preschool, a high quality preschool program, was shown to improve achievement test scores, reduce the likelihood of special education placement, and reduce later teen pregnancy and arrest rates.<sup>15</sup> Early Head Start, which combines home visiting with early education, has demonstrated improved achievement test scores, positive child behavior, and improved child health.<sup>16</sup>

Center-based preschool programs have also been shown to result in positive child outcomes. The Abecedarian Program provides full-day, center-based educational care for children who were at high risk for school failure. The program was shown to positively impact IQ, achievement test scores, special education placement, and grade retention.<sup>17</sup>

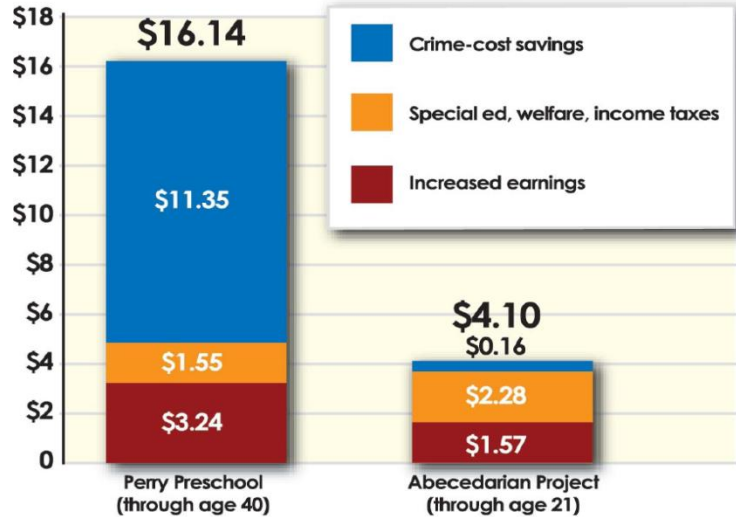
In addition to the benefits of the aforementioned rigorously evaluated model programs, it is important to continue to improve local center-based care. Key factors associated with positive child outcomes in center-based care include: "highly skilled teachers; small class sizes; high adult-to-child ratio; age-appropriate curricula; language-rich environment; warm, responsive interactions between staff and children; and high and consistent levels of child participation" (Center on the Developing Child, Harvard University, 2007, p.16).<sup>18</sup>

### **Economic Benefits**

There is evidence to suggest that there are significant economic benefits to investing in prevention and early intervention programs for children. The Rand Corporation, the Washington State Institute for Public Policy and Harvard University's Center on the Developing Child have all analyzed these benefits. In 2005, The Rand Corporation published a meta-analysis of existing early childhood interventions that have been shown to have positive impacts. Economic analyses of these programs showed that effective programs can not only repay the initial investment but benefit society in the future. The overall return on investment for the programs evaluated ranged from \$1.26 to \$17.07 per dollar invested. Economic

benefits were found for home visiting, parent education, and early education programs that also included parent education or home visiting components.<sup>19</sup>

Similarly, the Washington State Institute for Public Policy found economic benefits to investing in early childhood prevention and intervention efforts. Analyses revealed that some home visiting programs that target high-risk and/or low-income mothers can return between \$6,000 and \$17,200 per child. Early childhood education for low-income 3- and 4- year olds was found to provide an average benefit of \$9,901 to each participating child. The authors recommend investment in evidence-based programs while continuing to evaluate local programs to determine their potential economic benefit. The authors advise against investing in programs where little or no evidence exists that the program is effective.<sup>20</sup>



Source: Schweinhart, Montie, Xiang, et al. (2005); Masse & Barnett (2002)

The Harvard University Center on the Developing Child states that economists estimate “each additional year of schooling increases lifetime labor market earnings by about 10 percent” (2007, p. 19). Nurse-Family Partnership and Perry Preschool are also highlighted as programs that have long-lasting economic benefits. Perry Preschool participants were shown to have lower involvement with criminal justice systems, decreased special education costs, increased incomes, and lower reliance on governmental assistance. However, it is important to note that the highest return on investment has been shown for model programs that have not been widely implemented. Larger-scale programs have not generally tracked their costs or invested in studies which examine the long-term benefits of the program.<sup>21</sup>

Finally, James Heckman, a noted economist, wrote in a 2006 Wall Street Journal commentary that early interventions for disadvantaged children reduce crime, teen pregnancy and dependence on welfare. Heckman states, “They [early interventions] raise earnings and promote social attachment.” Further, “early interventions targeted toward disadvantaged children have much higher economic returns than later interventions” and the rate of return on invested dollars is between 15% and 17%.<sup>22</sup>



## Community Indicators of School Readiness

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The following section provides information on local indicators of school readiness. To understand the need to increase preparedness, it is necessary to examine data that describes the current conditions for young children in our community. These indicators include measures of socio-economic well-being, health, early care and education, and child abuse and neglect.

The data were compiled in partnership with UNC-Charlotte's Urban Institute.

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## Data Overview

In order to establish a baseline of school readiness for Mecklenburg County, a set of indicators was compiled by the LKC, with the support of the UNCC Urban Institute.<sup>23</sup> These data were then reviewed by the LKC Research Committee,<sup>24</sup> presented during the School Readiness Community Meetings, and highlighted during the action team meetings. As is often the case with community indicators, all of the data that would be ideal to track, were not available. For example, of the 23 indicators suggested by the 17-state School Readiness Indicators Initiative, only a few were available locally. Wherever possible, the LKC has used proxy indicators or added supplemental indicators.

Missing from the data are indicators that provide a clear picture of kindergartners on their first day of school. As a community, very little data exists that paints a picture of our youngest students. We do not know the level of their pre-literacy skills, the status of their physical health, or their level of social-emotional well-being. Many of the indicators presented in the following pages provide us information on the distal indicators of school readiness that are often correlated with success earlier in life, such as 3<sup>rd</sup> grade reading scores.

The LKC will continue to work to establish quality indicators of school readiness in Mecklenburg County. These indicators will be regularly updated as part of the implementation of this plan and indicators will be added when valid, reliable sources can be established. The Research Committee will oversee the compilation and interpretation of all the indicators used to measure the impact of the community's efforts to improve school readiness.

### *Indicator Criteria*

*Importance*

*Policy Relevance*

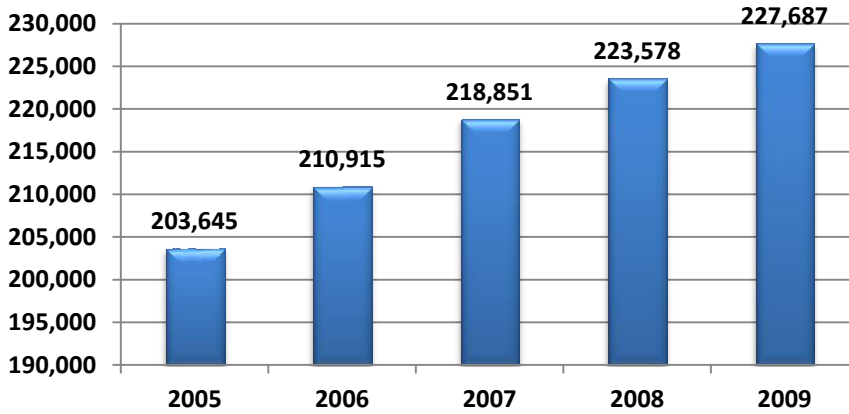
*Validity*

*Clarity*

*Availability*

*Reliability*

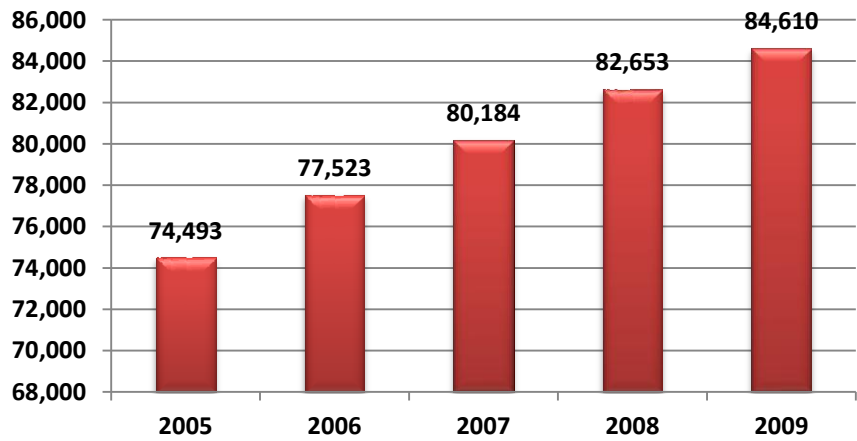
### Population Under Age 18 Mecklenburg County



Between 2005 and 2009, the number of children under age 18 in Mecklenburg County grew by almost 14%

Source: NC Office of State Budget & Management

### Population Under Age 6 Mecklenburg County

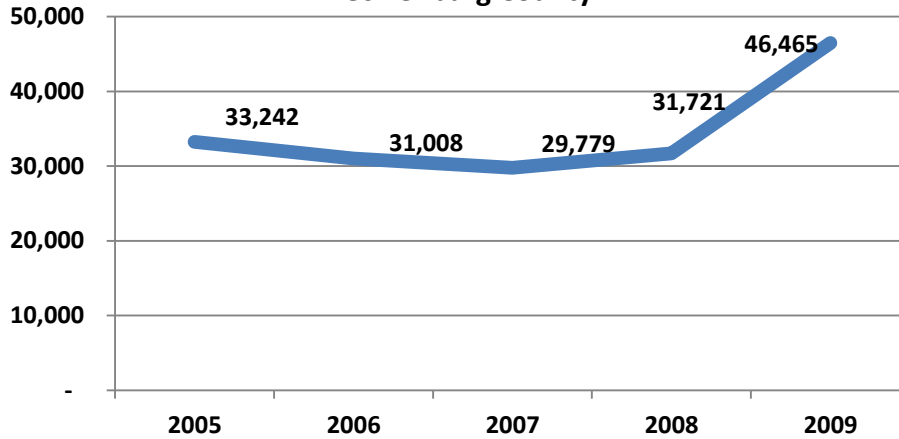


The number of very young children in Mecklenburg County has steadily risen since 2005

Source: NC Office of State Budget & Management

Mecklenburg County 2011

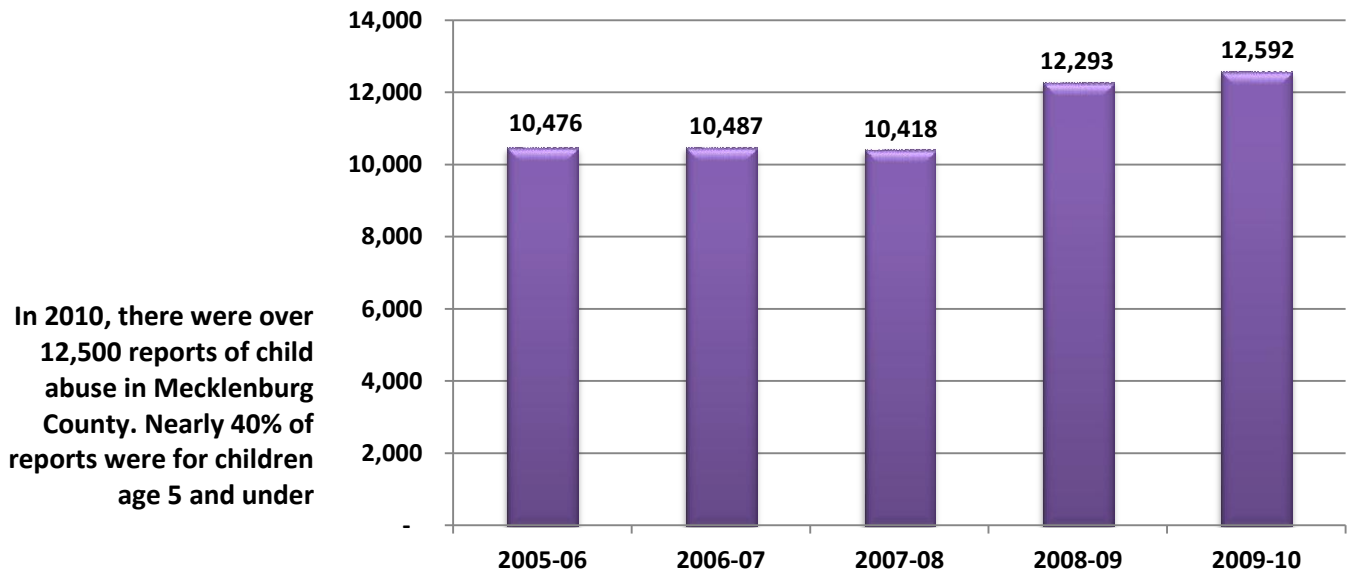
**Children in Poverty Under Age 18  
Mecklenburg County**



The percent of children living in poverty rose nearly 6% from 2008 - 2009. This represents 13,744 additional children now living in economically disadvantaged situations for a total of 46,465 children

Source: US Census American Community Survey

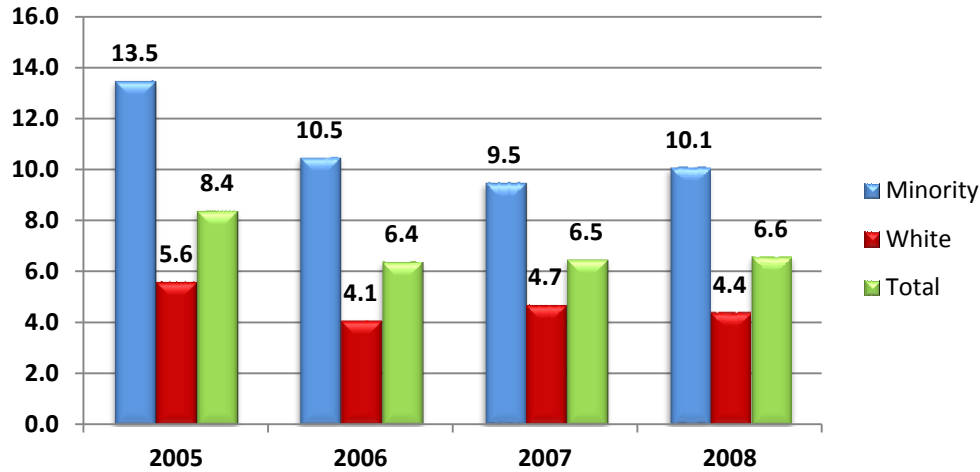
**Reports of Child Abuse  
Mecklenburg County**



In 2010, there were over 12,500 reports of child abuse in Mecklenburg County. Nearly 40% of reports were for children age 5 and under

Source: UNC Jordan Institute for Families

**Infant Mortality Rates per 1,000  
Mecklenburg County**

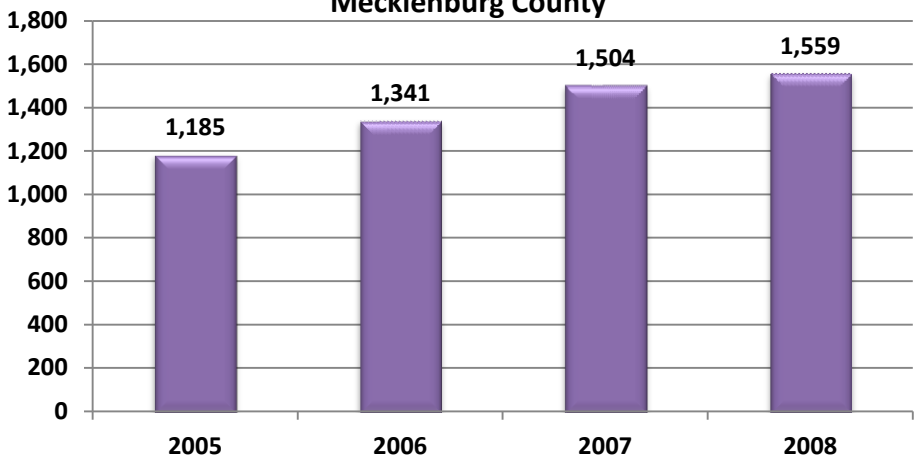


The infant mortality rate has declined since 2005 for both white and minority babies; however, the minority rate remains significantly higher than the white rate

Source: NC Department of Health & Human Services

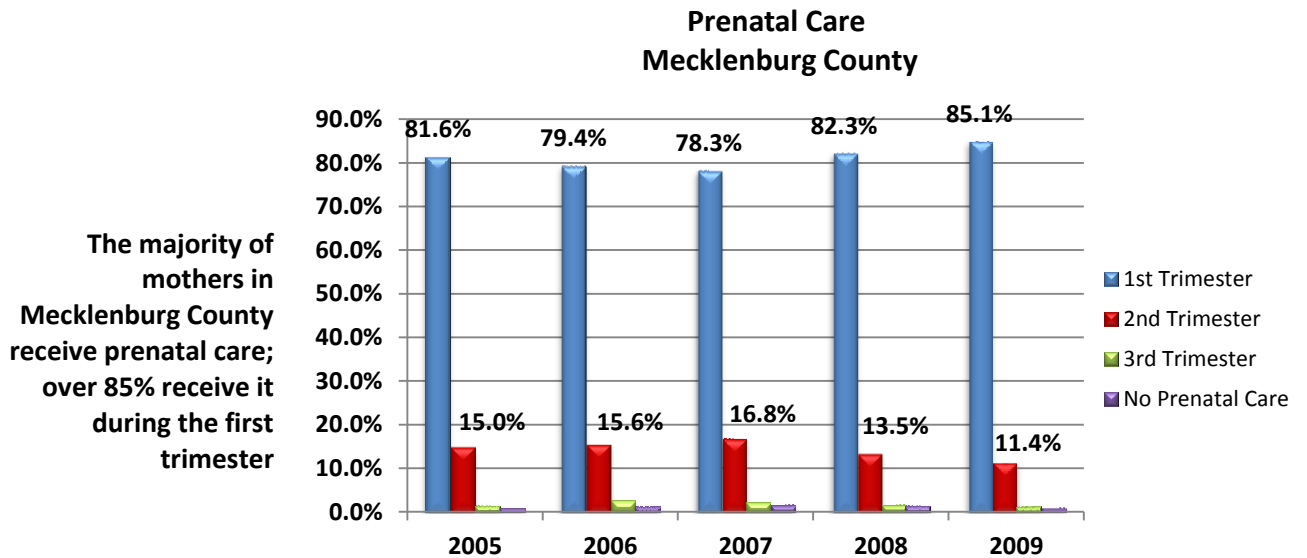
**Children Enrolled in Early Intervention Services  
Ages 0-3  
Mecklenburg County**

1,559 children were served by early intervention services in Mecklenburg County in 2008; this represents about 4% of the population age 0-3

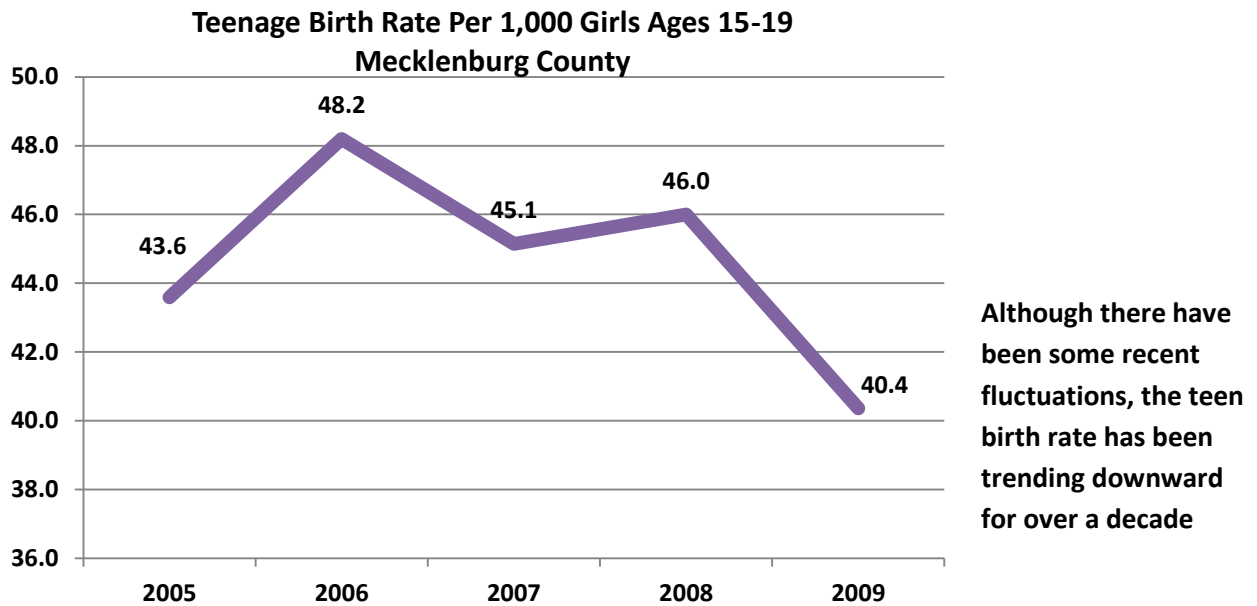


Source: Annie E. Casey Foundation

Mecklenburg County 2011



Source: NC State Center for Health Statistics

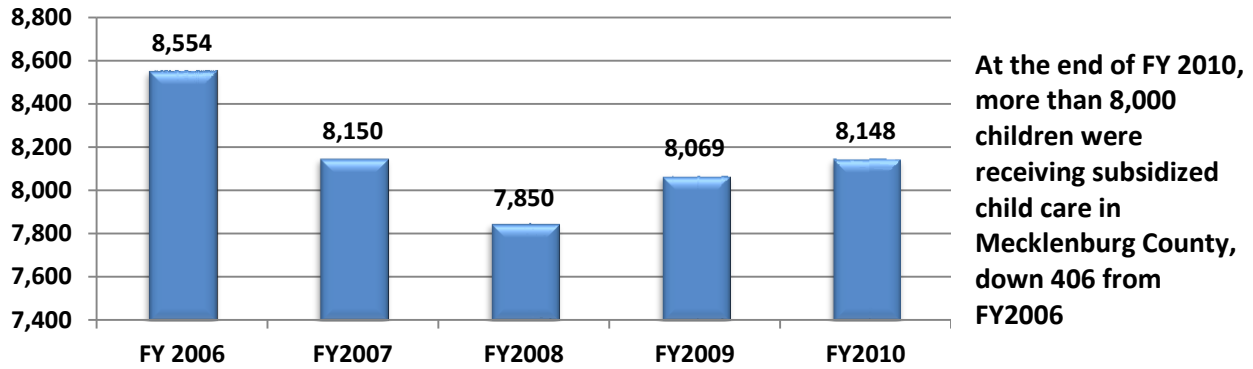


Source: NC State Center for Health Statistics; NC State Office of Budget & Management



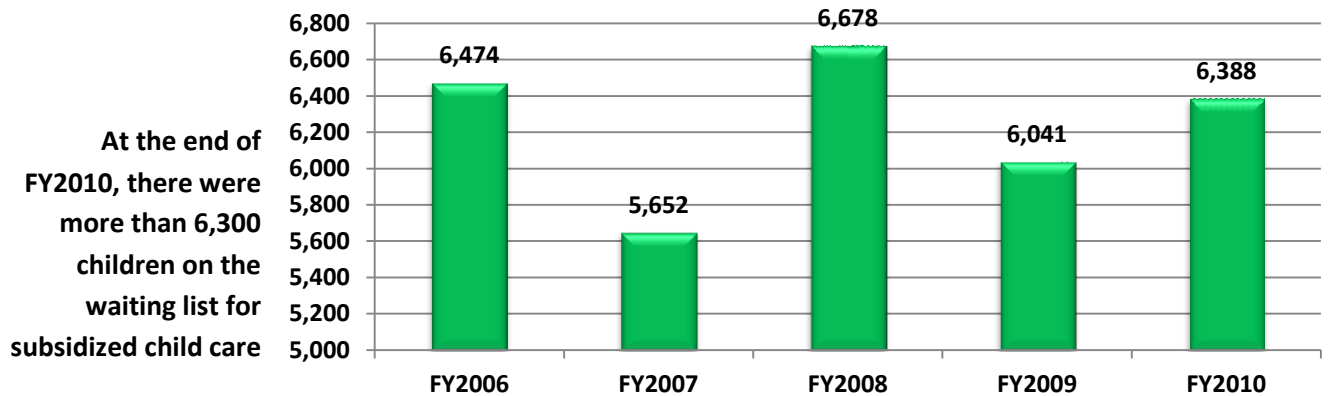
Mecklenburg County 2011

**Monthly Average of Children Receiving Subsidized Care  
Mecklenburg County**



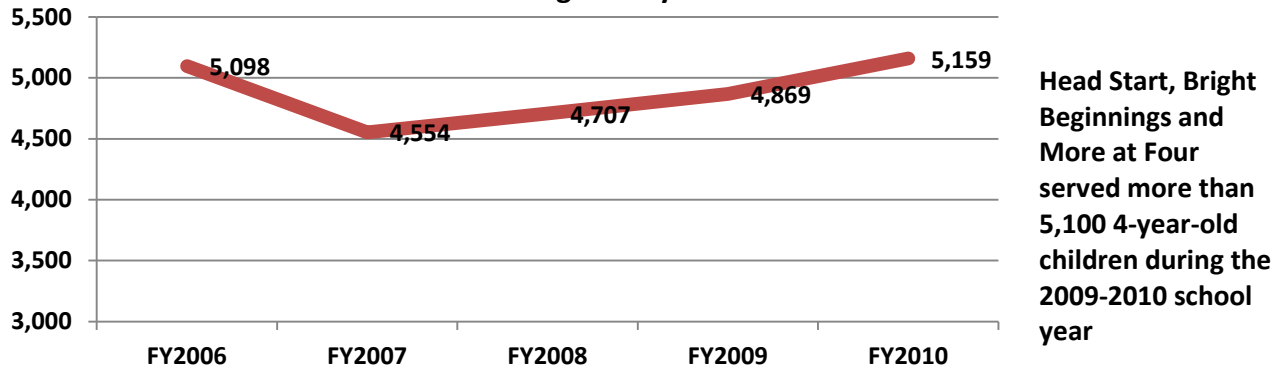
Source: Child Care Resources Inc.

**Number of Children on Wait List for Subsidized Child Care  
Mecklenburg County**



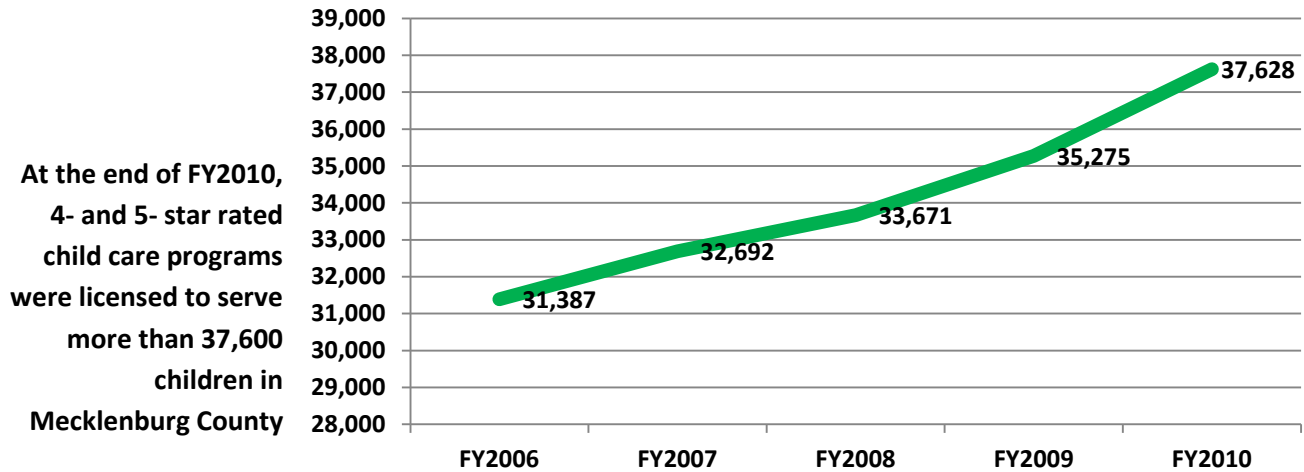
Source: Child Care Resources Inc.

**Total Capacity of Publicly Sponsored Pre-K Sites  
Mecklenburg County**



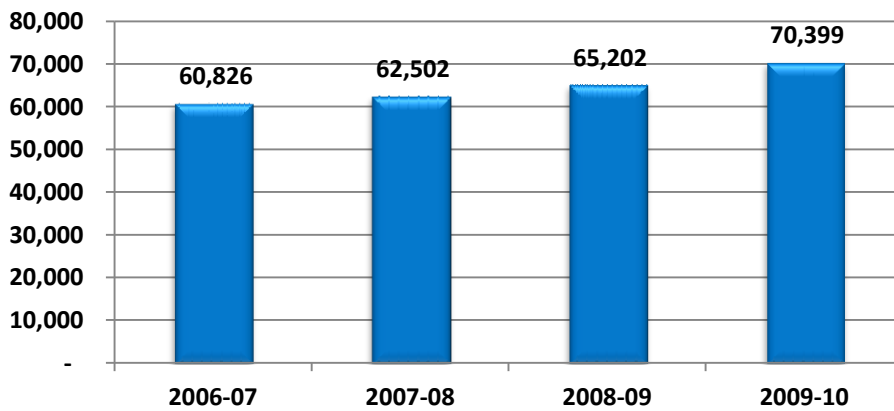
Source: Child Care Resources Inc.

### Capacity of 4- and 5- Star Rated Child Care Settings Mecklenburg County



Source: Child Care Resources Inc.

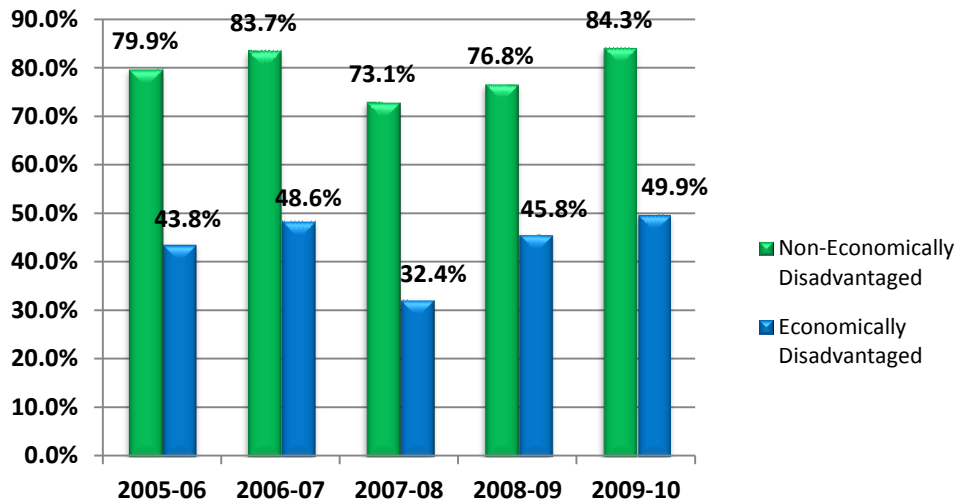
### Students Who Applied for Free or Reduced Lunch Mecklenburg County



Source: NC Department of Public Instruction

Over 50% of CMS students (70,399) received free/reduced lunch last year; this measure serves as a proxy for poverty which is associated with poorer academic achievement and graduation rates

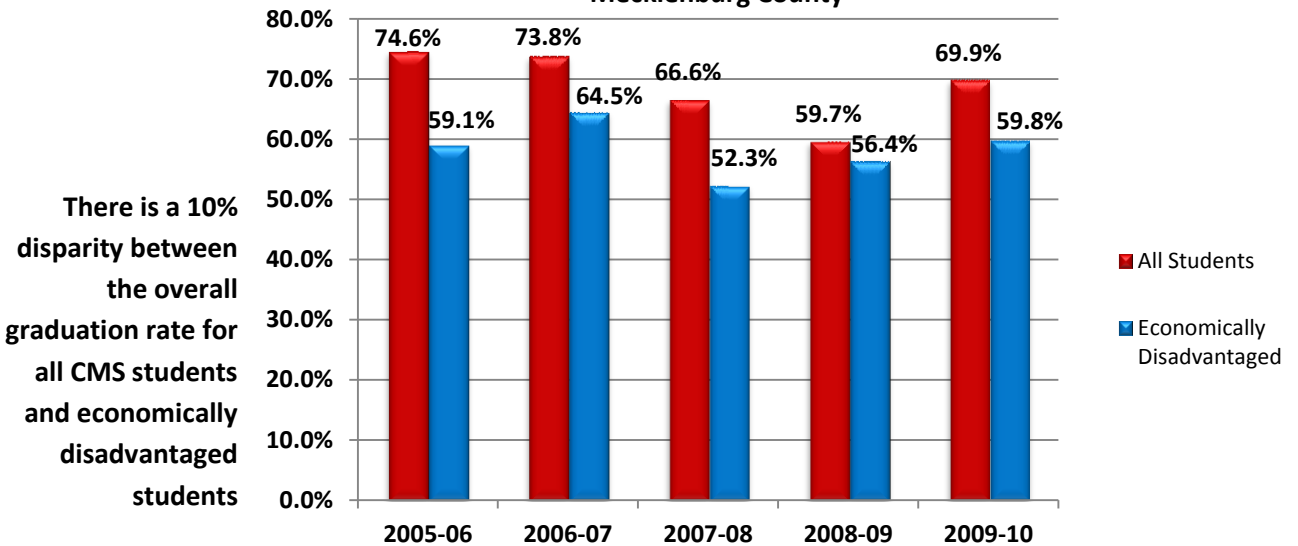
**3rd Grade Students At or Above Grade Level in Reading and Math  
Mecklenburg County**



**Last year, 84% of 3rd grade students were on grade level in both reading and math; only 50% of economically disadvantaged students were on grade level in both reading and math**

Source: NC Department of Public Instruction

**Charlotte-Mecklenburg 4-Year Cohort Graduation Rate  
Mecklenburg County**



**There is a 10% disparity between the overall graduation rate for all CMS students and economically disadvantaged students**

Source: NC Department of Public Instruction

## School Readiness Framework

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The School Readiness Framework, including the School Readiness Equation, was developed by the National School Readiness Indicators Initiative in 2005 with support from the David & Lucile Packard Foundation, the Kauffman Foundation, and the Ford Foundation and was prepared by Rhode Island Kids Count.

The following section details our community's School Readiness Equation which serves as the foundation of the plan.

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### School Readiness Equation

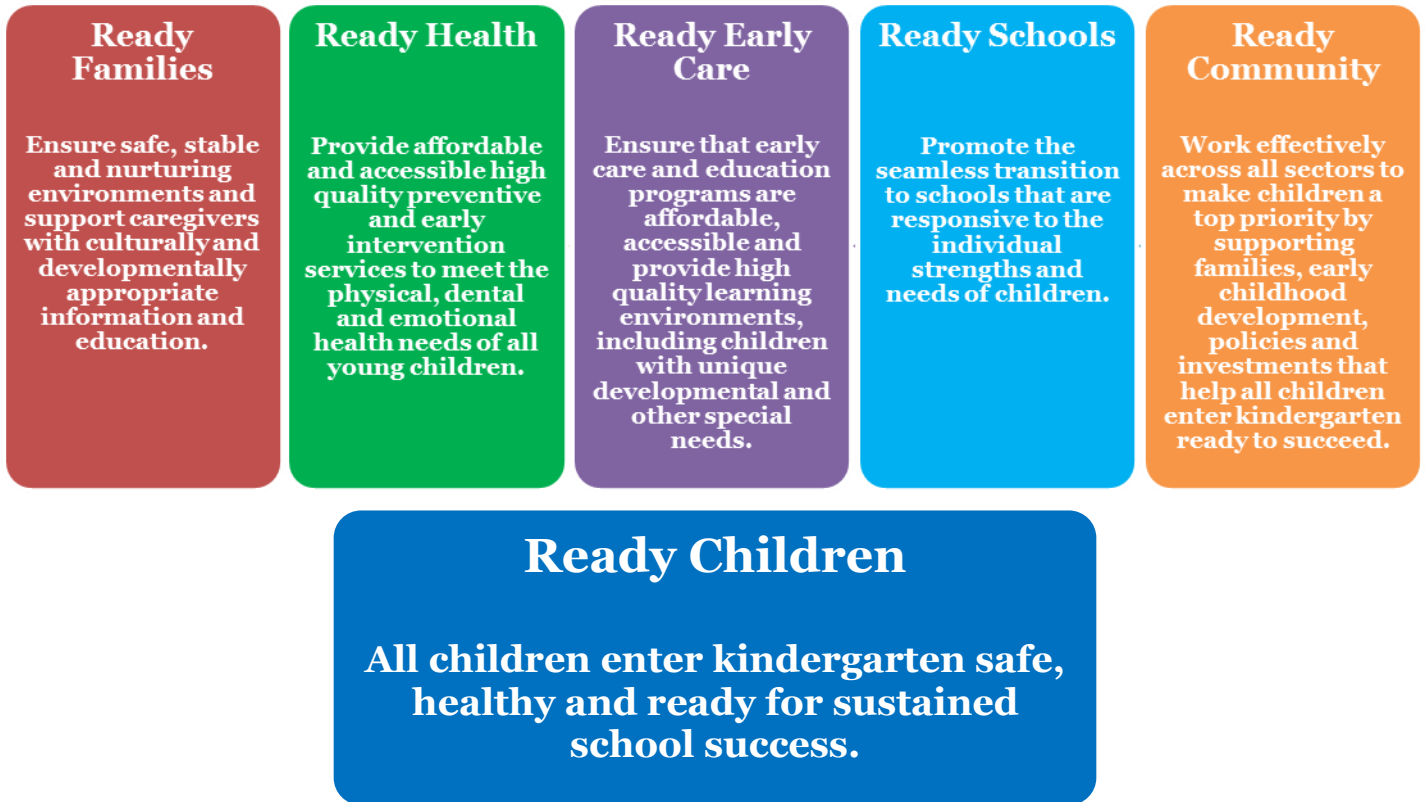
The School Readiness Equation<sup>25</sup> addresses three critical elements of school readiness: children's readiness for school, schools' readiness for children, and the capacity of families and communities to provide developmental opportunities for their young children.

The equation encompasses multiple domains of early development that are central to successful early learning: physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge.



### Mecklenburg County School Readiness Equation

The equation has been adapted to reflect the school readiness goals of our community. This equation provided the framework from which objectives and strategies were built during the action team planning process.





## Action Planning Structure

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Modeled after cities with established School Readiness Plans, the Action Planning Structure ensured widespread community involvement by providing various types of engagement opportunities. The following section details the type of engagement activities as well as the results from each. Collectively, the engagement opportunities provided critical input to the plan.

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## Overview

The LKC sought to gain broad community input into the plan by using an action planning structure and modeling our effort on other communities that have embarked on school readiness planning (such as Boston, MA and Richmond, VA). The structure included two broad community meetings, five action teams comprised primarily of professionals in early childhood-related fields, a parent action team comprised of local parents of young children, and a research committee that advised the LKC staff on the planning process and research-related content. In addition, LKC staff served as support to the action teams and worked between meetings to synthesize and coordinate information generated by the teams. For a complete list of community engagement participants, please see *Appendix B*.

## Action Planning Process



## Community Meetings: Overview

On October 21 and November 9, 2010, nearly 150 community leaders, agency directors, and community members came together to inform the school readiness plan for Mecklenburg County’s children. The meetings were divided into three main components: 1) an overview of the importance of school readiness, 2) a review of relevant research and data related to school readiness, and 3) facilitated table discussions about each part of the “school readiness equation.” Participants were asked to review each of five school readiness goals, list the local strengths related to each, and identify areas for improvement. They were also asked to brainstorm who else should be included in the planning or implementation of this plan. Finally, participants were



asked to sign up to participate on action teams that would develop specific strategies, action steps and outcomes for each part of the school readiness equation.

### Table Discussion Results

Over the course of the two meetings, there were 21 table discussions and the notes reveal rich dialogue. Similar themes emerged from both meetings and are summarized in *Appendix C*. Strengths include: 1) Charlotte is a community that cares about children and has the will to make systemic change happen; 2) there are numerous local programs that provide high-quality services to children and families; 3) the faith community is a strong support to families; and 4) our community has a strong philanthropic base. Areas for improvement include: 1) lack of funding to support local programs; 2) lack of evaluation that demonstrates which programs are effective; 3) insufficient quantity of high-quality, culturally competent, accessible services for young children and families; 4) the need for more opportunities for parent education and support across all domains of school readiness.

*Community Assets*

*Charlotte cares about children*

*Many excellent local programs*

*Strong faith community*

*Strong philanthropic base*

### Action Teams

*Action Team Goals*

*Establish objectives*

*Recommend strategies*

*Identify action steps*

To further inform the planning process, five action teams were created: Ready Families, Ready Health, Ready Early Care, Ready Schools, and Ready Community. These teams were comprised primarily of community professionals and experts that serve young children and families in Mecklenburg County. Action teams included representatives of organizations that have significant capacity to contribute to the achievement of the school readiness goals. Each team was supported by an LKC staff member and was co-facilitated by a community or agency leader. Where possible, action teams also included university faculty or other researchers in our community. Action team members were expected to: 1) provide input to guide and shape the plan, 2) influence sectors/constituencies where

participation is critical to success of the plan, and 3) ensure the plan was grounded by realistic goals and timelines. During the course of three structured meetings, participants worked to: 1) establish objectives that will result in high impact to support children’s school readiness, guided by information presented by LKC staff; 2) recommend strategies that could achieve the identified objectives, and 3) identify initial action steps towards implementation of the strategies.

To ensure that the issues facing Mecklenburg County's families were central to the planning process, LKC also developed a Parent Action Team (PAT). The LKC asked participants in the community meetings to nominate parents to serve on the parent team. In addition, the LKC recruited members from key communities to ensure the PAT represented the geographic, racial, ethnic, and socio-economic diversity of Mecklenburg County. Requirements for participation were Mecklenburg County residency, parent/caregiver of at least one child under the age of six, and willingness to make a ten hour time commitment.

The PAT was comprised of 25 members and was co-chaired by a community member. The team met three times between December, 2010 and March, 2011 to provide feedback to the larger school readiness plan. On average, 14 parents attended each meeting. In order to ensure greater ease of participation, dinner and child care were provided at each meeting.



The first PAT meeting, which mirrored the larger community meetings, allowed parents to comment on the strengths and opportunities for growth on each piece of the school readiness equation. Themes from the first PAT meeting can be found in *Appendix D*.

The two subsequent PAT meetings were used as a feedback mechanism to provide guidance to the other action teams. In each meeting, the specific work of each action team was presented for feedback. This feedback was then presented at the next action team meetings, to help shape the discussion and work of each action team. Because the PAT was providing feedback for five action teams, the LKC identified the objectives for which parent feedback was most needed and helpful.

## Strategy Development

To guide the strategy development for each objective, action team participants were provided a set of criteria to consider during their discussion. While every strategy did not have to meet all criteria, they were meant to serve as guideposts and keep the conversation focused. Further, two questions were posed to each team as they brainstormed:

- *How will we recognize when we have achieved the objective?*
- *What will it take to get there?*

Through this guided discussion, each team developed a set of strategies that, if successfully implemented, would achieve the stated objective. To ensure the plan was completed on time, teams were encouraged to restrict the number of strategies to no more than four for each objective. After the initial brainstorming, the LKC staff refined the strategies and ensured continuity between action teams.

### *Criteria for Strategy Development*

#### *Strategies Should...*

*Give direction without being overly prescribed*

*Fit local resources*

*Involve many different parts of the community*

*Decrease risk factors and increase protective factors*

*Be grounded in research*

## Action Steps

During the third and final set of meetings, action team participants were charged with breaking down strategies into steps. Each team proposed various actions that could help achieve the overall strategy. To frame the task, the set of questions detailed in the chart below was posed to the participants. As with the development of strategies, this rubric served to guide the conversation and help prioritize actions. Given the complexity of many of the strategies, the action steps for each strategy will continue to be informed by key community experts and refined by the LKC staff. An initial list of “next steps” for identified strategies can be found on page 49.

### Significance

- What will happen if we do something?
- What will happen if we do nothing?

### Impact

- How many will be impacted by our action?
- Is the impact meaningful?

### Success

- How likely is it that the action can be implemented?
- Do we have the capacity and strategic position to be successful?

### Immediacy

- What is the window of opportunity for doing something?
- Does something have to happen first, before other things can happen?

## The Community Plan for School Readiness

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The following section details the objectives, strategies, and outcomes for each part of the school readiness equation. In addition, an informal estimate of the resources needed to achieve the goals is given as well as proposed long-term indicators.

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## Plan Structure

On the following pages, charts are provided for each part of the School Readiness Equation (Ready Families, Ready Health, Ready Early Care, Ready Schools, and Ready Community). The charts contain the following elements:

- Overall goal for each component of the equation
- Objectives for each goal
- Strategies to achieve stated goals
- Outcomes expected if each strategy is fully implemented
- Informal estimate of resources necessary, denoted by dollar signs:

**\$** Indicates the strategy could be implemented with current resources or minimal additional investment

**\$\$** Indicates the strategy would require moderate investment or reallocation of current resources

**\$\$\$** Indicates the strategy will require significant investment, a broad shift in resources, or complex policy changes

- Proposed long-term indicators are included in the last column; not all indicators currently have data sources, but the LKC will strive to identify ways to collect needed data as the plan is implemented. In addition, initial and intermediate indicators will be identified as part of the work plan development for each objective.



**Ready Families**  
caregivers with



**Goal:** Ensure safe, stable and nurturing environments and support culturally and developmentally appropriate information and education.

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Families	Connect families with community resources to meet basic needs	Identify or develop comprehensive resource guide for basic needs that is accessible, up-to-date, searchable and culturally appropriate	<p><b>Short-Term:</b> Documented need for resource guide</p> <p><b>Short-Term:</b> Basic needs resource guide developed and disseminated</p> <p><b>Intermediate:</b> More families are connected to local resources to meet basic needs</p> <p><b>Long-Term:</b> Number of families utilizing resources increased</p>	\$	<p>Number of parents who access parent resources</p> <p>Number of homeless children</p> <p>Percent of homeless kindergarteners on grade level</p> <p>Number of children receiving trauma-informed services</p>
		Endorse 10 year plan to end homelessness; support initiatives to impact child homelessness	<p><b>Short-Term:</b> Developed advocacy agenda for homeless children and families</p> <p><b>Intermediate:</b> Improved policies that positively impact homeless children and families</p> <p><b>Long-Term:</b> Reduced impact of homelessness on school success</p>	\$\$\$	
		Support services for young children involved in domestic violence	<p><b>Short-Term:</b> Research compiled on effective trauma-based services for young children exposed to domestic violence</p> <p><b>Intermediate:</b> Funding secured for effective programs serving preschool aged children exposed to domestic violence</p> <p><b>Long-Term:</b> Effects of domestic violence on young children are mitigated through</p>	\$\$	

		effective programming		
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Unlocking the Potential of a Community: The Plan for School Readiness

Mecklenburg County 2011

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Families	Develop a system of coordinated, accessible and effective parenting education and support services	Encourage all parents to access parent education and support programs	<p><b>Short-Term:</b> Increased awareness of current community parenting support resources</p> <p><b>Intermediate:</b> Increased utilization of community parenting education and support resources</p> <p><b>Long-Term:</b> Improved parenting practices</p>	\$	<p>Number of parents accessing parenting services and programs</p> <p>Percent of parents reporting improved parenting skills</p> <p>Child maltreatment rates</p>
		Expand and strengthen continuum of effective parent education and support programs	<p><b>Short-Term:</b> Research compiled on evidence-based parenting support programs, including a scan of local programs</p> <p><b>Intermediate:</b> Expanded parent education/support programs to families of preschool-aged children</p> <p><b>Long-Term:</b> Improved parenting practices</p>	\$\$\$	
	Support and expand early literacy efforts	<p>Expand evidence-based literacy programs for young children and families</p> <p>Increase awareness and access to public library services</p>	<p><b>Short-Term:</b> Increased number of books in homes of families with young children</p> <p><b>Intermediate:</b> Improved reading practices in families with young children</p> <p><b>Long-Term:</b> Increased number of children entering school with appropriate pre-literacy skills</p>	\$\$	<p>Number of preschool children participating in literacy programs</p> <p>Number of families with preschoolers who have a library card</p> <p>Percent of families reading to children</p> <p>Percent of children entering school with appropriate early literacy skills</p>

Ready Health

**Ready Health Goal:** Provide affordable and accessible high quality preventive and early intervention services to meet the physical, dental and emotional health needs of all young children.

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Health	Support and expand continuum of care for home visitation (HV) programs	Expand evidence-based HV programs	<p><b>Short-Term:</b> Infrastructure needs for scale-up of evidence-based HV programs identified</p> <p><b>Intermediate:</b> Evidence-based HV programs build infrastructure to support scale-up</p> <p><b>Long-Term:</b> Increased capacity of evidence-based HV programs</p>	\$\$\$	<p>Number and percent of mothers within target population of HV programs served</p> <p>Child maltreatment rates</p> <p>Premature birth rates</p> <p>Low-birth weight rates</p>
		Support the evaluation efforts of all HV programs, including model fidelity measures	<p><b>Short-Term:</b> Agencies and researchers connected for evaluation efforts</p> <p><b>Intermediate:</b> Funding for evaluations secured</p> <p><b>Intermediate:</b> Rigorous evaluation component in place for each HV program</p> <p><b>Long-Term:</b> Programs demonstrated positive outcomes for clients</p>	\$\$	
		Increase current capacity of HV programs	<p><b>Short-Term:</b> HV workgroup addressed collective needs of each program</p> <p><b>Short-Term:</b> Criteria set for admission to each program</p> <p><b>Intermediate:</b> Referral coordinator hired</p> <p><b>Long-Term:</b> Number of clients served across programs increased</p>	\$	

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Health	Increase the number of children age 2-5 who have a medical home and receive well-child checks and immunizations	Raise awareness of the importance of well-child checks and make well-child visits easier	<p><b>Short-Term:</b> Data compiled to confirm extent of issue</p> <p><b>Intermediate:</b> Reminders are sent to families receiving Medicaid/Health Choice</p> <p><b>Intermediate:</b> Educational materials for doctors' offices are developed and disseminated</p> <p><b>Long-Term:</b> Number of children enrolling in school with proper immunizations increased</p>	\$\$	<p>Number of children receiving well child checks</p> <p>Number of children with a medical home</p>
		Incentivize parents to get well-child checks	<p><b>Short-Term:</b> Research on how to incentivize parents and pediatricians is completed</p> <p><b>Intermediate:</b> Plans developed to address identified barriers</p> <p><b>Long-Term:</b> Incentives are secured and implemented</p>	\$\$	
		Incentivize pediatricians and family physicians to encourage and perform well-child checks			
Ready Health	Develop healthy eating and physical activity habits	Continue community support for Healthy Weight Healthy Child Initiative (HWHC)*	<p><b>Short-Term:</b> Funding secured for implementation of the Blueprint for a Healthier Generation 2020</p> <p><b>Intermediate:</b> Policies identified in the Blueprint successfully impacted</p> <p><b>Long-Term:</b> HWHC demonstrated positive impact on targeted strategies</p>	\$\$\$	<p>Child overweight and obesity rates</p> <p>Hours of screen time (TV, computer, etc.)</p> <p>Physical activity rates</p> <p>Number of food deserts (neighborhoods without access to full service grocery stores)</p>
		Advocate for improved policies that impact the eating and physical activity habits of young children (as identified in the Blueprint for a Healthier Generation)			

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Health	Encourage positive mental health promotion and increase access to appropriate services to address mental health needs	Increase the number of trained professionals in infant and young child mental health	<b>Short-Term:</b> Continued community support for ZFive* initiative; sustainability plan created for young child mental health initiatives	\$\$	Number of children identified with social, emotional, or developmental issues
		Increase the number of children who receive screenings to address infant and young child mental health needs	<b>Intermediate:</b> Plan implemented to screen children substantiated abused/neglected for social, emotional, and behavioral issues		Number of children receiving early childhood mental health services
		Improve pediatricians' ability to identify and refer for early mental health and developmental concerns	<b>Intermediate:</b> Identified and implemented mechanisms to support pediatricians to promote positive mental health practices and address early mental health and developmental concerns		Number/percent of children age 0-5 with substantiated findings of child abuse/neglect who have social/emotional health needs addressed in their case plans
		Increase emphasis on social-emotional health at preschools and child care centers	<b>Intermediate:</b> Evaluation of young child mental health initiatives is developed and implemented		Percent of early care and education programs with access to ongoing mental health consultation
		Implement maternal depression and DV screenings for mothers of young children	<b>Long-Term:</b> Evaluation results used to inform ongoing young child mental health efforts in the community		Rate of children age 0-5 expelled from early care/preschools due to behavioral problems

\*See Appendix E for information on the HWHC and ZFive Initiatives

Ready Early Care

**Ready Early Care Goal:**

**Ensure that early care and education programs are affordable, accessible and provide high quality learning environments, including children with unique developmental and other special education needs.**

Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Early Care	Increase access to high quality early care and education for all children	<p><b>Advocate for maintaining and increasing public funding for early care and education programs</b></p>	<p><b>Short-Term:</b> Key partners, messages, and strategies for advocacy campaign identified</p> <p><b>Intermediate:</b> Developed strategic advocacy alliances to deliver messages</p> <p><b>Intermediate:</b> Increased frequency and alignment of advocacy efforts</p> <p><b>Long-Term:</b> Increased funding for public early care and education programs</p>	<p>\$\$\$</p> <p>Number of children enrolled in Bright Beginnings</p> <p>Number of children enrolled in Head Start</p> <p>Number of children enrolled in More at 4</p> <p>Number of children enrolled in child care subsidy</p>
	Engage private sector to increase accessibility of scholarships to high quality early care & education	<p><b>Short-Term:</b> Cost to meet early care and education need in community quantified</p> <p><b>Short-Term:</b> Key partners and messages for campaign identified</p> <p><b>Intermediate:</b> Awareness of need for greater access to early care and education increased</p> <p><b>Long-Term:</b> Private funding for early care and education system increased</p>	<p>\$\$\$</p> <p>Percent of children who meet school-readiness standards through kindergarten assessment</p> <p>Number of children enrolled in Early Head Start</p>	
	Ensure community is prepared for next Early Head Start funding opportunity	<p><b>Short-Term:</b> Next steps to secure funding identified by stakeholders</p> <p><b>Intermediate:</b> Early Head Start application completed</p> <p><b>Long-Term:</b> Funding secured for Early Head Start; program implemented</p>	<p>\$\$</p>	

Unlocking the Potential of a Community: The Plan for School Readiness

Mecklenburg County 2011

Ready Early Care	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
	Maintain & continue to improve high quality early care & education programs throughout Mecklenburg County	Advocate for continuation of the quality star-rating system	<p><b>Short-Term:</b> Key partners identified and messages developed</p> <p><b>Intermediate:</b> Strategic advocacy alliances developed to deliver messages</p> <p><b>Long-Term:</b> Star-rating quality system strengthened/maintained</p>	\$	<p>Number of 4 and 5 star rated child care spaces</p> <p>Number of children enrolled in 4 and 5 star child care</p> <p>Number of children birth to age three enrolled in early intervention served by high quality programs</p>
		Continue to support programs seeking to meet and/or maintain high quality licensing standards	<p><b>Short-Term:</b> Sources identified to increase funding for quality improvement system</p> <p><b>Intermediate:</b> Increased funding to assist licensed programs achieve/maintain high quality standards</p> <p><b>Long-Term:</b> Maintained and continued to increase number of 4 and 5 star child care spaces</p>	\$\$	<p>Percent of children birth to age three enrolled in early intervention served by high quality programs</p> <p>Number of children ages 3-5 with unique developmental needs served in an inclusive environment</p> <p>Percent of children ages 3-5 with unique developmental needs served in an inclusive environment</p>
		Increase supports available to licensed and licensed-exempt providers serving children with unique developmental needs	<p><b>Short-Term:</b> Identified appropriate training, coaching, and financial resources to increase supports</p> <p><b>Intermediate:</b> Training/coaching opportunities offered and utilized</p> <p><b>Long-Term:</b> Increased access to appropriately supported classrooms to serve children with unique development needs</p>	\$\$	



Ready Schools

**Ready Schools Goal:**

**Promote the seamless transition to schools that are responsive to the individual strengths and needs of children.**

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Schools	Implement consistent assessments of incoming kindergarteners	Develop and implement Preschool Experiences Survey to be administered at school enrollment	<p><b>Short-Term:</b> Pilot preschool experiences survey developed and implemented</p> <p><b>Intermediate:</b> Preschool experiences data collected for all incoming CMS kindergarteners</p> <p><b>Long-Term:</b> Preschool experiences data used to establish community baseline of school readiness and to inform program planning</p>	\$	<p>Number of children for whom preschool experiences are documented</p> <p>Percent of kindergarteners identified as needing early literacy intervention services in Spring assessment</p>
		Identify and implement consistent, developmental assessment for incoming kindergarteners	<p><b>Short-Term:</b> Evidence-based assessment identified</p> <p><b>Intermediate:</b> Assessment implemented system-wide for incoming kindergarteners</p> <p><b>Long-Term:</b> Data used to identify and address gaps in children’s school readiness and development</p>	\$\$	
	Improve schools’ responsiveness to the individual strengths and needs of each child	Educate parents and the community on quality learning and developmentally appropriate practices	<p><b>Short-Term:</b> Education plan developed for parents &amp; providers</p> <p><b>Intermediate:</b> Parents and providers have an increased understanding of child development and developmentally appropriate practices within early care and school systems</p> <p><b>Long-Term:</b> Increased early detection of developmental delays</p>	\$\$	<p>Increased knowledge of child development principles via trainings and public awareness activities</p> <p>Percent of children entering school prepared to learn</p> <p>Average kindergarten class size</p>

Unlocking the Potential of a Community: The Plan for School Readiness

Mecklenburg County 2011

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Schools		Provide trainings and professional development for administrators and teachers	<p><b>Intermediate:</b> Improved teacher understanding of child development</p> <p><b>Intermediate:</b> Teachers and schools demonstrated cultural competence</p> <p><b>Long-Term:</b> Teachers utilized developmentally appropriate, best practice models</p>	\$\$	
	Increase the on-time enrollment of incoming kindergarteners	Continue to develop and distribute parent-friendly school enrollment information	<p><b>Short-Term:</b> Data compiled to understand trends in early enrollment</p> <p><b>Short-Term:</b> Enrollment information is sent to families of rising kindergarteners, including requirements</p>	\$\$	Percent of children enrolled on time
		Provide incentives for early enrollment	<p><b>Intermediate:</b> On-time enrollment increased</p> <p><b>Long-Term:</b> Parents reported a positive transition experience into kindergarten</p>		
Establish an elementary school liaison for private child care centers					



**Ready Community Goal:**

**Work effectively across all sectors to make children a top priority by supporting families, early childhood development, policies and investments that help all children enter kindergarten ready to succeed.**

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Community	Become a community that believes and acts like ALL our children are OUR children	Develop communications plan to increase community awareness about child development and parenting	<p><b>Short-Term:</b> Target audiences identified and key messages developed</p> <p><b>Short-Term:</b> Coalition built to deliver key messages</p> <p><b>Intermediate:</b> Public awareness campaign messages delivered</p> <p><b>Long-Term:</b> Awareness of children’s issues increased</p>	\$\$	<p>Effectiveness of awareness campaign</p> <p>Public funding for children’s issues increases and reflects community needs</p>
		Build political leadership that prioritizes children’s issues	<p><b>Short-Term:</b> Criteria for qualified political candidates developed and disseminated</p> <p><b>Intermediate:</b> Mechanism(s) developed to identify, encourage, and educate strong candidates for elected positions</p> <p><b>Intermediate:</b> Increased prevalence of children’s issues discussed during campaigns of key elected officials</p> <p><b>Long-Term:</b> Elected officials prioritized children’s issues</p>	\$	

Unlocking the Potential of a Community: The Plan for School Readiness

Mecklenburg County 2011

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Community	Improve coordination and communication between agencies and community stakeholders to improve efficiency and strengthen impact	Work with funders to establish common grant-making criteria that are research-based and address verified, priority needs in the community	<p><b>Short-Term:</b> Funder’s Collaborative convened</p> <p><b>Intermediate:</b> Common priorities and outcomes established by funders</p> <p><b>Long-Term:</b> Funders invested in evidence-based programs for collective impact</p>	\$\$\$	<p>Funding to evidence-based practices</p> <p>Reporting on common outcomes</p> <p>Outcomes data used to inform future funding</p> <p>Large scale, effective initiatives replicated</p>
		Develop data and research repository, including a “what works” clearinghouse of local programs	<p><b>Short-Term:</b> Data and research repository created</p> <p><b>Short-Term:</b> Providers linked to implementation resources for evidence-based practices</p> <p><b>Intermediate:</b> Effectiveness research conducted on large scale community initiatives (ex: Reid Park, Project Lift)</p> <p><b>Long-Term:</b> Agencies implemented evidence-based programs and/or invest in high quality evaluation efforts</p>	\$\$\$	
		Provide technical assistance to private and public agencies to support the coordination and implementation of school readiness initiatives	<p><b>Short-Term:</b> Current collaborative efforts focused on children mapped</p> <p><b>Intermediate:</b> Coordination and efficiency of existing collaborative efforts increased</p> <p><b>Long-term:</b> Highly effective, efficient, and coordinated system of providers established</p>	\$\$\$	
		Infuse System of Care Principles* throughout public child-serving agencies	<p><b>Short-Term:</b> Plan created to institutionalize SOC principles across public child-serving agencies</p> <p><b>Intermediate:</b> SOC principles are adopted and implemented across agencies</p> <p><b>Long-Term:</b> Improved child and family outcomes</p>	\$\$	

\*See Appendix E for information on SOC

## Implementation

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Key staffing, partnerships, and funding must be secured for the goals in this plan to be realized. Full implementation will require meaningful collaboration between agencies, community leaders, and philanthropists.

The following section details the structure that will support the plan, including the role of the Larry King Center.

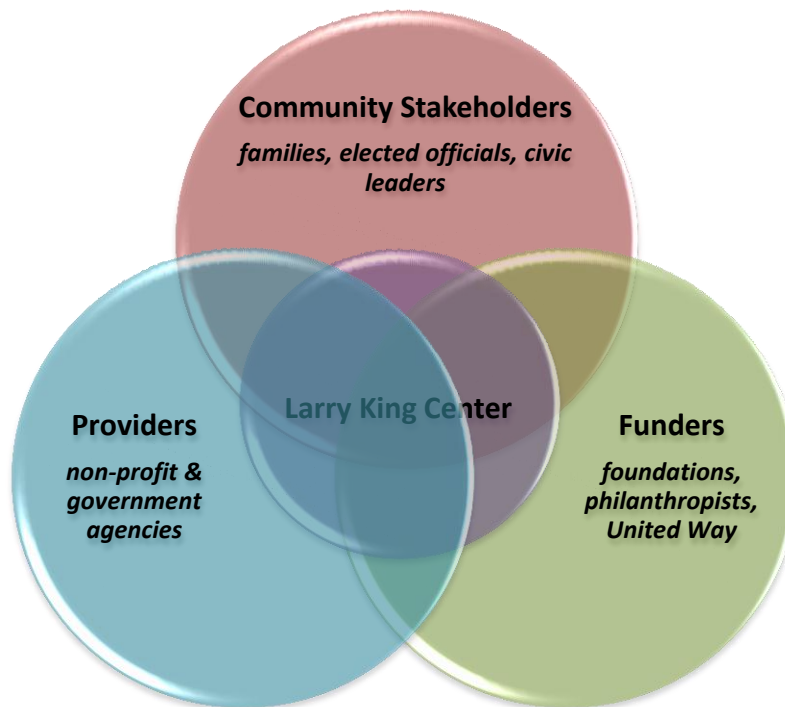
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## Implementation Structure

As with the development of this plan, implementation is dependent upon the active involvement of the community. Community stakeholders, providers, and funders will be asked to 1) identify strategies to implement, 2) actively support the overall plan, 3) engage with the LKC through the mechanisms listed in the chart on the following page.

As the community's intermediary for children's issues, the LKC is responsible for overseeing the overall implementation of the School Readiness Plan. In addition, the LKC will execute specific strategies related to research, planning, policy advocacy, and public awareness. The LKC staff includes researchers, community planners, policy advocates, and a communications specialist. See *Appendix A* for more information on the Larry King Center.

The following page details the mechanisms that will be utilized to engage the community and to support the implementation of strategies identified in the plan. In addition to these specific tactics, the strategies identified in this plan will be guided by the best data and research available; wherever possible, the LKC will encourage implementation of practices that have been demonstrated to be effective. Public policy advocacy will also be utilized to achieve many of the objectives. Policy advocacy strategies will include: community mobilization, policy development, coalition building, and legislative and budget monitoring.



## Implementation Strategies

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### Workgroups and Work Plans

Specific workgroups will be established to facilitate strategy implementation. Once established, the workgroups will create actionable work plans to execute the strategies. Established workgroups or coalitions may also be used in this capacity.

### Community Forums

Most strategies will require ongoing community engagement and information sharing to be fully executed. Issue-specific community forums will be organized, promoted, and facilitated to further the timely implementation of strategies identified in the plan.

### Research Committee

The LKC established a research committee in 2009 to develop strategic research priorities and to advance an annual research agenda. In addition, the committee will provide guidance on the execution of research-related strategies identified in the plan. The Research Committee is staffed by the LKC and includes university faculty as well as community researchers.

### Funder's Collaborative

A funder's collaborative will be established to keep local funders informed on the latest research and data related to young children, encourage alignment of funding priorities, and support collective tracking of outcomes and impact.

### Public Awareness Campaign

A broad public awareness campaign will be developed to educate the community about the importance of school readiness, including emphasis on child development, parenting resources, and tools to help children succeed in school.

### Community Trustees for Children

Created as the Vision Keepers for children in our community, the Trustees will provide thought leadership, strategic input, and advocate for systemic improvements to child-serving agencies.

## Next Steps

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The following section provides an overview of the initial action steps that will be taken to implement the identified strategies. However, all the strategies identified in this plan are dependent upon the resources necessary to implement them. Given the current economic environment, most strategies will take considerable time to implement and require a collective community effort.

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### Overview of Next Steps

#### Ready Families

- Compile research on evidence-based parent support and early literacy programs
- Assess need for community resource guide for basic needs services
- Develop advocacy agenda for homeless children and families
- Compile research on effective trauma-based services for young children

#### Ready Health

- Connect agencies and researchers for home visitation (HV) program evaluation efforts
- Set admission criteria for each HV program; hire referral coordinator for HV programs
- Support development of a sustainability plan for infant mental health initiatives
- Document local need for well-child checks for young children in our community

#### Ready Early Care

- Complete research on the best practices for strategies to increase public and private funding for early care and education
- Establish current costs associated with meeting the early care and education need
- Expand partnerships and messages needed for advocacy efforts

#### Ready Schools

- Support expansion of pilot Preschool Experiences Survey
- Compile research on evidence-based kindergarten assessments
- Compile local data to understand early enrollment trends

#### Ready Community

- Identify target audiences and develop key messages for public awareness campaign
- Convene Funder's Collaborative
- Create data and research repository
- Coordinate school readiness initiatives across child-serving agencies
- Create plan to institutionalize SOC principles across public child-serving agencies

## Community Accountability

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The following section explains how key benchmarks will be used to monitor progress, the accountability structure of the Larry King Center, and a proposed progress reporting schedule.

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### **Key Benchmarks**

The Research Committee will work with LKC staff to identify tracking mechanisms to measure the progress of the strategies identified in this plan. These mechanisms will include measures of process (to what extent was the strategy implemented) as well as outcome measures (document the success of the strategy). Preliminary long-term indicators have already been identified and as strategies develop, initial and intermediate indicators to measure success will be selected. The LKC will devise regular reporting mechanisms, both for key partners who are implementing various aspects of the plan, and for the broader community. In addition, local funders and key stakeholders will be provided updates on the progress and success of implementation.

Due to the lack of current indicators of school readiness in Mecklenburg County, LKC staff and the Research Committee will continue to advocate for improved data collection by child-serving agencies. Further, the LKC will collaborate with university institutes to gather as much local data as possible to provide a true baseline of school readiness from which to measure our community's progress.

### **LKC Accountability**

The LKC is currently being evaluated by the Duke University Center for Child & Family Policy. This evaluation, in its pilot year, is designed to: 1) evaluate the community process used to create this plan, 2) gather stakeholder feedback on the overall implementation of the LKC thus far, 3) develop an impact evaluation for the future efforts of the LKC.

As part of this evaluation, a survey will be sent to all the action team participants to gauge their satisfaction with the school readiness planning process. This information will be used to inform future planning efforts.

### **Progress Reporting**

Every two to three years, the community will be convened to reassess the strategies within this plan and evaluate the progress made on each of them. Benchmark data will be presented and key partners will highlight their progress on implementing the strategies. The LKC will also provide an update on the overall progress of implementation and specific updates on key research, policy, and awareness strategies. This process will culminate in the reaffirmation or modification of identified strategies and/or the addition of others.

## Appendices

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The following section contains supporting documentation for various components of the plan, including notes from the community engagement meetings, action team participant lists, and descriptions of key community initiatives that complement this plan.

For a full list of appendices, see the Table of Contents.

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## Appendix A

### *Larry King Center for Building Children’s Futures*

#### **Brief History**

In 2009, the Larry King Center for Building Children’s Futures (LKC) was launched to provide a strategic resource for the community – maximizing the effectiveness and impact of work being done for children by providers, agencies and funders. The LKC was established following several years of community engagement, collective learning and unprecedented collaboration. The LKC is the culmination of efforts begun in the early 2000’s and continued throughout much of the decade by the Children’s Alliance and the United Agenda for Children (UAC). After a yearlong joint planning process with a subset of the UAC steering committee, the Council for Children’s Rights (CFCR) officially launched its new role by becoming the local intermediary organization for children’s issues in the Charlotte region in January 2009.

The LKC, an initiative of CFCR, was formally unveiled in September 2009 with lead support from The Duke Endowment, The John S. and James L. Knight Foundation, Bank of America Foundation, Wachovia Foundation of Wells Fargo, and Foundation for the Carolinas. The center is named for the late Larry King, a tireless champion for children in North Carolina. While the Center’s focus is on meeting the long-term needs of children in the Charlotte region, the LKC recognizes the need for civic infrastructure that bridges the needs of children both today and tomorrow. The LKC is well positioned to meet this challenge, providing leadership on the important issues of the day with an eye toward the needed systemic change to produce desired outcomes in the future. As a catalyst for change in the community, the LKC functions within four roles: community planning, research and evaluation, public policy advocacy, and public awareness/community engagement.

Building on prior efforts to define and prioritize children’s issues in Mecklenburg County, the LKC identified three initial focus areas: school readiness, reducing the incidence and impact of child abuse and neglect, and improving access to quality health and mental health care. For more information on prior community initiatives, please see *Appendix F*.

#### *Larry King Center Roles*

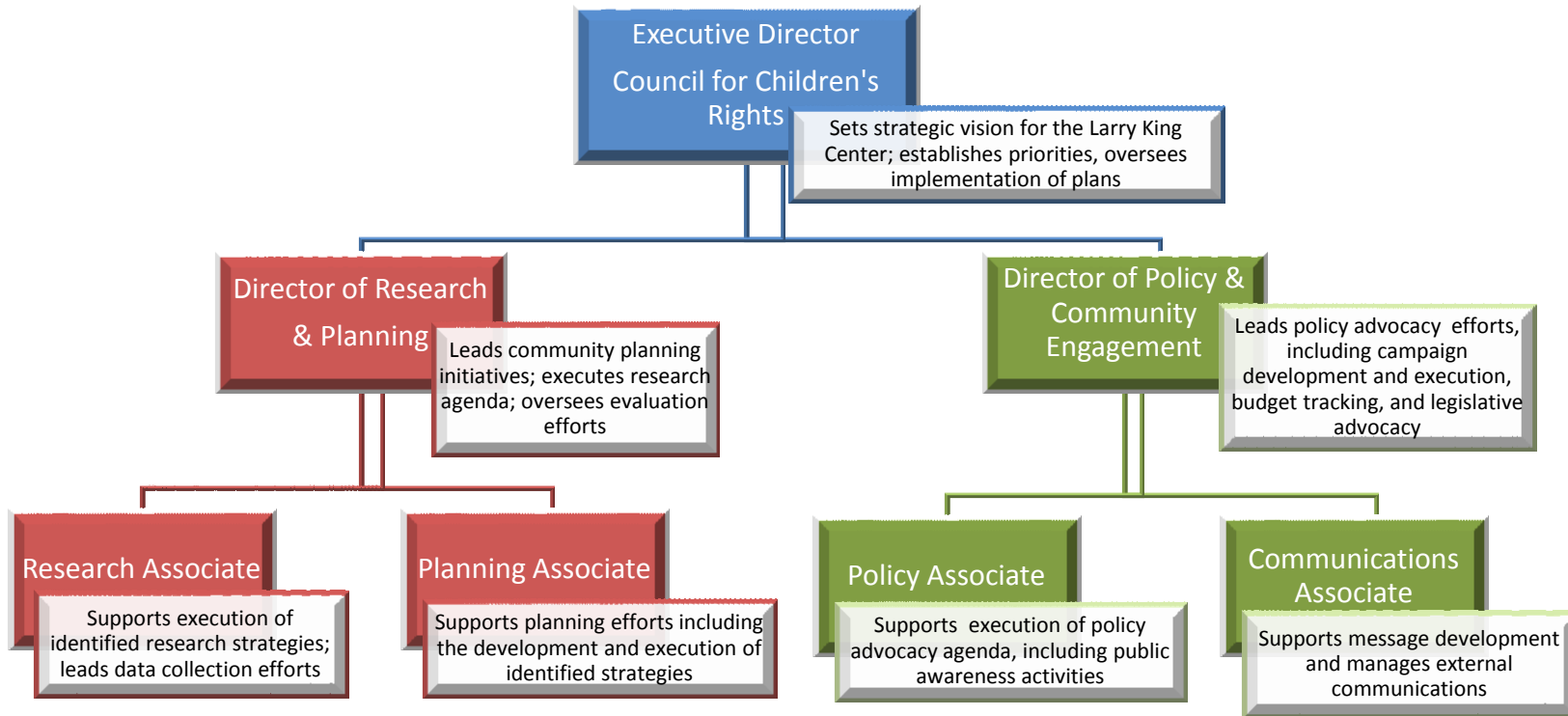
*Community Planning*

*Research & Evaluation*

*Public Policy*

*Public Awareness &  
Community Engagement*

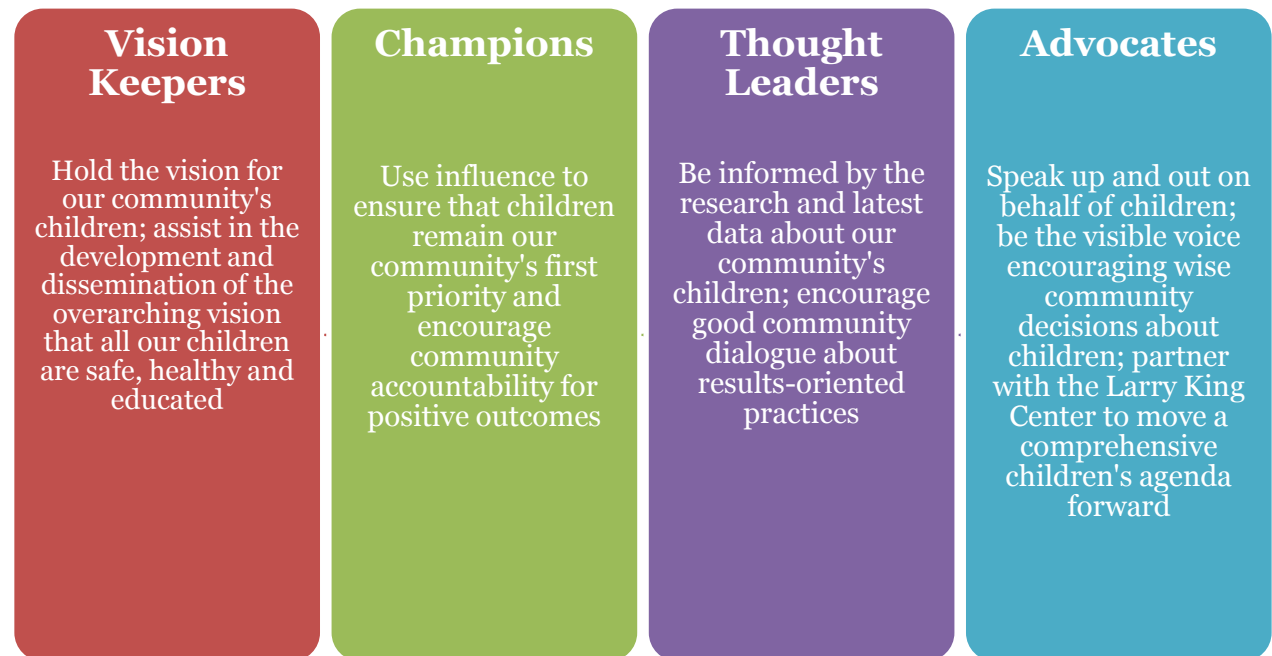
**Current Larry King Center Staff Structure**



## Community Trustees for Children

In addition to LKC staff, the Community Trustees for Children will serve as a unifying voice for children in our community. The Trustees will provide advice and recommendations to The Larry King Center on matters related to improving community-wide outcomes for children in Mecklenburg County, including execution of the strategies within the School Readiness Plan. The Larry King Center Community Trustees for Children consists of volunteer members representing multiple sectors in Mecklenburg County. The Community Trustees comprises approximately 15 members. Members were selected from the following constituencies: business leaders, government representatives, the faith community, philanthropic institutions, academic institutions, service providers and other civic leaders.

### Roles of the Trustees



## Appendix B

### Community Engagement Participants

Co-Leaders	Lee Sarah	Henderson Shifflet	Smart Start of Mecklenburg County Larry King Center
<b>Ready Families</b>	Patrena	Bowen	Youth and Family Services
	April	Calnin	YMCA of Greater Charlotte
	Maria	Cardarelli	Central Ave. Bilingual Preschool
	Sandra	Conway	Community Volunteer
	John	Ellis	Mecklenburg CDSA
	Jerri	Haigler	Charlotte-Mecklenburg Schools
	Sandy	Hammond	Meck Co. Community Support Services/Women's Commission
	Cammie	Hauptfuhrer	Cornerstone Project
	Carolyn	Hazeldine	Child Care Resources, Inc.
	Kenya	Henderson	YWCA Families Together
	Jared	Keaton	Bethlehem Center
	Lois	Kilkka	Public Library of Charlotte and Mecklenburg County
	Nancy	Lipscomb	Lakewood Preschool Cooperative
	Marian	Maxwell	Bethlehem Center
	Millard	McCluney	Charlotte Housing Authority
	Martha	Olstin	Charlotte Emergency Housing
	Sheila	Peltzer	KN2P
	Ariana	Shahinfar	UNC Charlotte
	Denise	Squier	Child Care Resources, Inc.
	Eve	White	Parent Magazine
Candace	Wilson	Mental Health Association/ Parent Voice	
Shellie	Woodberry	Meck. Co. Dept. of Social Services	

Co-Leaders	Susan Laura	Furtney Clark	Care Ring Larry King Center
<b>Ready Health</b>	Maria	Bonaiuto	Meck Co. Health Dept.
	Robert	Herman-Smith	UNC-Charlotte
	Deb	Kaclk	Charlotte-Mecklenburg Schools
	Meredith	Ledford	Healthy Weight, Healthy Child
	Sara	Lovett	Mecklenburg County Health Department
	Karen	Neal	Queens University
	Marilyn	Thompson	Florence Crittenton
	Shannon	Tucker	Charlotte Speech and Hearing



Mecklenburg County 2011

Co-Leaders	Janet Liz	Singerman Clasen-Kelly	Child Care Resources, Inc. Larry King Center
<b>Ready Early Care</b>	Julie	Babb	Charlotte-Mecklenburg Schools
	Danyelle	Bergeron	Thompson Child and Family Focus
	Janine	Boudreau	United Way of Central Carolinas
	Cindy	Broadway	Child Care Resources, Inc.
	Barbara	Cantisano	Central Avenue Bilingual Preschool
	Judy	Carter	The Learning Collaborative
	Adrian	DeVore	Community Volunteer
	Rebecca	Grant	The Learning Collaborative
	Nancy	Hughes	Child Care Resources Inc.
	Rich	Lambert	UNC Charlotte
	Monique	Luckey	Charlotte-Mecklenburg Schools
	Jane	Meyer	Smart Start of Mecklenburg
	Shantel	Mitchell	Bethlehem Center
	Sandy	Newnan	Central Piedmont Community College
	Debbie	Shirkey	1st Presbyterian Child Development
	Barbara	Rein	Smart Start of Mecklenburg
	Patti	Stowe	Child Care Resources, Inc.
Trish	Tanger	Charlotte-Mecklenburg Schools	
Claire	Tate	Partners in Out of School Time	

Co-Leaders	Brandon Rett	Lofton Liles	Robinson Bradshaw & Hinson Larry King Center
<b>Ready Schools</b>	Chris	Bishop	Community Volunteer
	Ginny	Amendum	Thompson Child and Family Focus
	Tayuanee	Dewberry	Right Moves for Youth
	Beth	Donovan	Community Volunteer
	Jill	Efird	CMS/DSS Ed. Liaison
	Fannie	Flono	Charlotte Observer
	Kimberly	Foxworth	CMS Pre-K Programs
	Carolyn	Hazeldine	Child Care Resources, Inc.
	Christie	Kahil	Arts and Sciences Council
	Andrew	Ladd	Communities in Schools
	Mike	Massey	Communities in Schools
	Karen	Neal	Queens University
	Kim	Parker	A Child's Place
	Roberta	Smith	Dore Academy
	Carrie	Sykes	Parent
	Karen	Thomas	Charlotte-Mecklenburg Schools
	Jan	Valder	Community Volunteer
Dearsley	Vernon	Charlotte-Mecklenburg Schools	

Mecklenburg County 2011

<b>Co-Leaders</b>	Barb Brett	Pellin Loftis	Community Volunteer Larry King Center
<b>Ready Community</b>	Claire	Apaliski	UNCC Urban Institute
	Kelly	Brooks	Community Volunteer
	Ann	Clark	Charlotte-Mecklenburg Schools
	Jerri	Fatticci	Citizen Schools
	Jill	Ibbotson	YMCA of Greater Charlotte
	Cynthia	Johnson	Charlotte-Mecklenburg Schools
	Meryle	Leonard	Public Library of Charlotte and Mecklenburg County
	Michelle	Mosko	YMCA of Greater Charlotte
	Katheryn	Northington	The Learning Collaborative
	Mary Jo	Powers	Thompson Child and Family Focus
	Kathy	Ridge	EDvance
	Kate	Shem	Freedom School Partners
	Stephanie	Starr	Jewish Family Services
	Andie	Stevenson	Community School of the Arts
	Annabelle	Suddreth	A Child's Place
	Marjorie	Tate	Community Volunteer
	Lou	Trosch, Jr.	District Court Judge
Shonta	Walker	Thompson Child and Family Focus	
Linda	Weisbruch	CFCR Board Member	

<b>Chair</b>	Ryan	Kilmer	UNC-Charlotte Department of Psychology
<b>Research Committee</b>	Lyndon	Abrams	UNC-Charlotte Department of Counseling, Special Education and Child Development
	Jim	Cook	UNC-Charlotte Department of Psychology
	Rich	Lambert	UNC-Charlotte Department of Educational Leadership
	Mike	Massey	Communities in Schools
	Sharon	Portwood	Institute for Social Capital
	Jason	Schoeneberger	Charlotte-Mecklenburg Schools

Co-Leaders	Samara Brett Liz	Foxx Loftis Clasen-Kelly	Parent Larry King Center Larry King Center
<b>Parent Action Team</b>	Ricky	Carson	Parent
	Jamie	Cleaton	Parent
	Shannon	Cleaton	Parent
	Meleah	Corner	Parent
	Iris	Dominguez	Parent
	Alejandra	Gomez	Parent
	Anndrena	Hudson	Parent
	Danica	Jackson	Parent
	Hadarii	Jones	Parent
	Carrie	Kester	Parent
	Denise	Mason	Parent
	Christine	Milano	Parent
	Dena	Paulding	Parent
	LaToya	Price	Parent
	La'Necia	Rivens (Culp)	Parent
	Evelynn	Scott	Parent
	Nohemi	Sesma	Parent
	Dawn	Sewell	Parent
	Kelly	Stevens	Parent
	Carrie	Sykes	Parent
Mayra	Velazquez	Parent	
Amy	Vitale	Parent	

Additional Community Engagement Participants			
Courtney	Alexander	Libby	Kelligrew
Rosalyn	Allison-Jacobs	Heather	Kilcoin
Bill	Anderson	Ryan	Kilmer
Andrew	Belton	Andrew	Ladd
Aimee	Brunton	Cynthia	Mason
Libby	Cable	Lauren	McDonald
Don	Clise	Rickeye	McKoy-Mitchell
John	Concelman	Mary Nell	McPherson
Jim	Cook	Jeff	Michael
Dot	Counts-Scoggins	Paige	Moore
Jackie	Cunningham	Maria	Orozco
Connie	Curtin	Rachel	Paletta
Debbie	Darden	Susan	Patterson
Dennis	Daugherty	Valerie	Pearce
Eric	Davis	Paula	Plonski
Jill	Dineen-Scott	Sherry	Plummer
Rep. Beverly	Earle	Sharon	Portwood
Natalie	English	Brandon	Prescott
Andy	Fair	Linda	Roberts
Judy	Fennema	Georgia	Rodriguez
Fannie	Flono	Jennifer	Rogers
Erin	Forsythe	Michael	Rose
Eman	Ghanem	Libby	Safrit
Beth	Gifford	Bonnie	Schmidt
Chris	Green	Elaine	Self
Sarah	Greene	Barbara	Spradling
Fred	Grosse	Nichole	St. Aimie- Bonner
Eric	Guckian	Melissa	Strompolis
Maria	Hanlin	Claire	Tate
Bridget	Happney	John	Taylor
Jenny	Harbin	Amy	Tribble
Tiffani	Harris	Rosa	Underwood
Penny	Hawkins	Patrick	Vaca
Sara	Holderness	Christine	Wilson
Beverly	Howard	Suzanne	Wilson
Tim	Hurley	Bruce	Yelton

## Appendix C

### Community Meeting Notes – Table Discussion Themes

	Areas of Strength	Areas for Improvement
Ready Families	<ul style="list-style-type: none"> <li>• <b>Collaborations</b> – examples included the Zfive group, the Children and Family Services Center and the Children’s Alliance</li> <li>• <b>Faith Community</b> - noted as a strength by multiple tables</li> <li>• <b>Funding</b> - United Way and the opportunities provided by the FFTC Catalyst Fund</li> <li>• <b>Parent Education and Support</b> – community realization that family support is critical; CFCR was noted for including a parent action team as part of this planning process</li> <li>• <b>Programs</b> – every table noted examples of successful local programs including NFP, Safe Journey, CCRI, YMCA, YWCA, MHA (Parent Voice), Watkins Center, Parent University, and Smart Start funded programs</li> <li>• <b>Systems and Community</b> - Charlotte is a community that is willing to come together to find solutions to complex problems</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Access to Services and Information</b> - need single portal for parents to access services, resources, and information; address barriers that prevent parents from accessing services (time, transportation, etc.)</li> <li>• <b>Cultural Competence</b> - Address cultural barriers that keep parents from accessing services; engage Urban League, NAACP, Latin American Coalition</li> <li>• <b>Evaluation and Research</b> – need better evaluation of existing programs</li> <li>• <b>Faith Community</b> – should be engaged further</li> <li>• <b>Funding</b> – need increased funding for good programs</li> <li>• <b>Parent Education and Support</b> - increase parents’ knowledge of available resources; increase parent support programs</li> <li>• <b>Programs</b> - expand evidence-based practice</li> <li>• <b>Safety Net/Basic Needs</b> – address basic needs: housing, DV, family literacy, etc.</li> <li>• <b>Systems and Community</b> – local and state advocacy efforts need to be expanded; increase child care subsidy</li> </ul>

	Areas of Strength	Areas for Improvement
<b>Ready Health</b>	<ul style="list-style-type: none"> <li>• <b>Access to Services and Information</b> – most children are covered by CHIP or other insurance; – immunization programs exist; “Big Shot” Saturday</li> <li>• <b>Collaborations</b> - Zfive and Healthy Weight Healthy Child</li> <li>• <b>Assessment/Screenings</b> – CMS provides medical and developmental evaluations; Colgate van for dental screenings</li> <li>• <b>Faith Community</b> – parish nurses</li> <li>• <b>Programs</b> – strong local programs such as NFP, mobile dental unit, health department services, CDSA, YMCA, Thompson’s, Care Ring, free health clinics, and Teen Health Connection noted as examples</li> <li>• <b>Providers</b> – strong healthcare systems in both Presby and CMC, including an “excellent” children’s hospital; increases in school health nurses; adequate number of providers compared to other parts of the state</li> <li>• <b>Systems and Community</b> – improved access to healthcare, free/reduced lunch program and summer food program</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Access to Services and Information</b> – services are not available after hours or on Saturdays; cultural barriers exist that prevent access for some populations; parents often don’t know what resources exist; need expanded park and recreation facilities</li> <li>• <b>Cultural Competence</b> – information and programs should be delivered in a culturally competent manner</li> <li>• <b>Funding</b> – often drives services; lost revenue for services</li> <li>• <b>Faith Community</b> – needs to be engaged more</li> <li>• <b>Parent Education and Support</b> – parents need to understand what’s developmentally appropriate; better</li> <li>• <b>Programs</b> – need to expand successful programs; lack of programs for mental health, nutrition and pediatric dentists</li> <li>• <b>Providers</b> – lack of dental providers, mental health providers, school nurses, and parish nurses understand emotional health</li> <li>• <b>Systems and Community</b> – need to advocate for criteria of quality services, need to better understand the impact of health care reform; food stamps should be expanded to farmer’s markets and usable on produce</li> </ul>

	Areas of Strength	Areas for Improvement
Ready Early Care	<ul style="list-style-type: none"> <li>• <b>Access to Services and Information</b> – subsidy is available but not enough slots exist</li> <li>• <b>Collaboration</b> – good partnerships exist with CCRI, community colleges, and Smart Start; Zfive, ECAC</li> <li>• <b>Faith Community</b> – these child care programs tend to be high quality</li> <li>• <b>Funding</b> – Smart Start supports high quality (4 stars or higher) child care centers</li> <li>• <b>Systems and Community</b> – systems exist to encourage improved quality</li> <li>• <b>Programs</b> – Child Care Resources, CMS EC Preschool, Bright Beginnings, More at Four, Head Start, Thompson’s, Smart Start funded programs, Easter Seals, CDSA</li> <li>• <b>Providers</b> – increased quality and number of 4 and 5 star child care centers</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Access to Services and Information</b> – gap between cost of high quality care and what parents can afford; need more subsidy dollars; transportation is a barrier; need more early intervention services – increase awareness of CDSA; affordable, accessible child care in all communities; need more high quality care for children with special needs</li> <li>• <b>Faith Community</b> – needs to be engaged more</li> <li>• <b>Parent Education and Support</b>– engage parents; educate about the impact of early care experiences</li> <li>• <b>Systems and Community</b> – need to provide incentives to child care teachers to remain in the field</li> </ul>

	Areas of Strength	Areas for Improvement
Ready Schools	<ul style="list-style-type: none"><li>• <b>Collaboration</b> - Ready, Set, Go collaboration between CCRI and CMS has been incorporated in 20 states</li><li>• <b>Cultural Competence</b> – bilingual services include CMS Beginners Day for elementary schools, Parent University – Preparing Your Child for Kindergarten, parent workshops for Bright Beginnings and More at Four, Bilingual Preschool</li><li>• <b>Systems and Community</b> – best teachers and administrators are placed in lowest performing schools</li><li>• <b>Programs</b> – strong programs include Bright Beginnings, “Ready, Set, Go” series, More at Four, Smart Start funded programs, Bilingual programs, Classroom Central, Parent University, Double Oaks</li></ul>	<ul style="list-style-type: none"><li>• <b>Parent Education and Information</b> – keep parents informed and engaged; educate parents about kindergarten experience</li><li>• <b>Programs</b> – no required 4 year old program; 2/3 of children are not in a public 4 year old program; curriculum should be developmentally appropriate and flexible; need more preschool programs; programs needs to be accessible</li><li>• <b>School Services</b> – need more social workers, nurses, psychologists</li><li>• <b>Systems and Community</b> – need to collect information on preschool experiences at kindergarten entry; need better transitions from child care centers; increasing number of children in poverty makes transition difficult</li></ul>



	Areas of Strength	Areas for Improvement
Ready Community	<ul style="list-style-type: none"><li>• <b>Collaboration</b> – “Charlotte cares”; planning processes are inclusive; agencies are not territorial; Children’s Alliance , Child Fatality Task Force and Crossroads Charlotte given as examples of collaborative efforts</li><li>• <b>Funding</b> – philanthropic community provides support and funding; FFTC, Social Venture Partners, Knight Foundation, CMS study group given as examples</li><li>• <b>Programs</b> – libraries, hospitals, mobile resource library</li><li>• <b>Systems and Community</b> – employees from local businesses volunteer in the community</li></ul>	<ul style="list-style-type: none"><li>• <b>Collaboration</b> – need to collaborate across agencies; local government agencies need to work more closely together and improve coordination among community partners</li><li>• <b>Funding</b> – CMS Study Group should support school readiness; need more corporate support</li><li>• <b>Public Awareness</b> – need a marketing campaign – “Charlotte Loves Children”; get the message out with regard to school readiness; media could report on positive stories about children/schools/families</li><li>• <b>Systems and Community</b> – engage more faith and business community partners; engage Chamber of Commerce; involve people across all communities – need grassroots efforts; look for opportunities to engage “new Charlotteans”; city and county could provide more support by consolidating to save money</li></ul>

## Appendix D

### *Parent Action Team Notes*

#### **Summary of Table Discussions**

**December 9, 2010**

For the inaugural meeting of the Parent Action Team, parents were provided an overview of the school readiness planning effort, the role of the Parent Action Team, and a cursory review of the relevant child development literature and local community indicators. Parents were then divided into three groups to discuss school readiness in Mecklenburg County. They were asked to consider the strengths in our community, areas for improvement, and how parents can be further engaged. Each table had an LKC staff member who facilitated and served as scribe. A summary, organized by the elements of the school readiness equation, follows:

#### **Ready Families**

Participants focused much of their discussion on how parents can be better engaged and how they can better access information and services. Specifically, participants noted the need for mentoring, additional parent programming, and parent support groups. Parents also noted the need for additional information about developmental milestones and mentioned tangible things parents can do at home such as “teach good manners” and “read every night.” The only family-related strength noted by the group was that parents “want to do the right thing, [they] just need to be encouraged.”

#### **Ready Early Care**

Participants had quite a bit to say about early care in our community; both strengths and areas for improvement were noted. Head Start, Bright Beginnings, More at Four, and the child care star rating system were all noted as strengths. Areas for improvement included the high cost of child care, the lack of Head Start in some areas of the county, and the need for higher salaries for child care workers.

#### **Ready Health**

Parents had less to say about health than some of the other areas. They noted that there is good insurance available, good access to services and a “far better clinic system than other places.” The Health Department and the ZFive infant mental health group were also noted as areas of strength. The lack of physician training on child nutrition and development and the need for better quality food were noted as areas for improvement.

### **Ready Schools**

Areas of strength included the various volunteer groups that are involved with schools: corporate employees, community groups, and schools that sponsor other schools. The “getting ready for school” video was also noted as a strength. Areas for improvement covered an array of issues and included: better kindergarten assessments, inadequate support for children with disabilities, the need for more volunteers, “constant policy change” regarding More at Four, and the need for a transitional kindergarten program.

### **Ready Community**

Participants noted multiple institutions as community strengths: churches, parks, and the YMCA. Areas for improvement included the need for increased involvement by the corporate community as well as a sliding fee scale or free tickets to community events. Other ideas included having a “Children’s Activity Calendar” and a Parenting Street Fair. One table also discussed having DSS require parenting classes to qualify for such services as WIC.

## Appendix E

### *Complementary Community Initiatives*

#### **System of Care**

##### **Background and Overview**

System of Care is the national standard of Best Practice to plan and deliver services to youth and families with complex needs and multi-system involvement as noted in the Surgeon General's Report on Mental Health, the President's New Freedom Commission on Mental Health, and a variety of National Congressional Reports. According to SAMHSA's Center for Mental Health Services, System of Care offers the best possible programmatic, fiscal, and organizational context for implementing and sustaining evidenced-based interventions because it:

1. Offers a strategic public health approach for using the evidence-based intervention to meet the specific clinical needs of the entire population of children with serious emotional disturbances and their families living in a specific jurisdiction
2. Provides a method for fiscally sustaining the evidence-based intervention through the financial contributions of the various child-serving sectors that collaborate to meet the specific and multiple needs of these children
3. Creates the organizational structures and processes to integrate the evidence-based intervention into the individualized service plan for a child with a serious emotional disturbance and the child's family

A System of Care is a comprehensive network of community-based services and supports that are organized around a common philosophy to meet the challenges of families involved with multiple child serving agencies, e.g. mental health, child welfare, schools, juvenile justice, and public health. The System of Care approach refers to how a community comes together to agree on a vision, necessary structures, and effective practices that will support youth and families. It defines how business is done throughout the community and offers a practical way of partnering across systems and departments, with families, to achieve the goals that they identify as important.

##### **Mecklenburg County System of Care**

In our community, MeckCARES is that System of Care Partnership. Mecklenburg County's effort to develop a countywide System of Care dates back to 2001 when it was determined that 6,000-8,000 youth (ages 10-21) with severe emotional problems were in need of additional services and supports. In 2004, approximately \$500,000 local dollars were committed to a pilot project involving a small number of children and families and a select group of case managers. In 2005, Mecklenburg County LME was

awarded a six-year grant from SAMHSA to further develop MeckCARES. Its purpose is two-fold; to strengthen the infrastructure and improve the collaboration of public departments and private agencies to maximize resources, minimize fragmentation, and eliminate duplication, and to improve outcomes for children and youth that struggle with emotional and behavioral challenges, including mental illness and substance abuse, and their families. MeckCARES is currently in its sixth and final year of funding, however it will have money available for an additional year of funding when the official grant period ends September 30, 2011.

**Contact Information:**

Kimm R. Campbell, LCSW, MSW, BSW

Director

MeckCARES SOC and Forensic Evaluations Area Mental Health/Local Management Entity

[kimm.campbell@mecklenburgcountync.gov](mailto:kimm.campbell@mecklenburgcountync.gov)

[www.meckcares.charmeck.org](http://www.meckcares.charmeck.org)

## **Healthy Weight Healthy Child**

Various stakeholders in the community are working to reverse the childhood obesity trend in Mecklenburg County through the Healthy Weight, Healthy Child (HWHC) initiative.

### **Vision**

For all children in our community to have healthy weights in healthy bodies.

### **Mission**

To develop a community collaboration that engages and excites people and develops a compelling, achievable plan to promote healthy weights in children.

### **Background**

The Healthy Weight, Healthy Child (HWHC) Initiative was a year-long planning process from September 2009 to September 2010 with the ultimate goal of developing an action plan, or blueprint, for Mecklenburg County to address the issues of healthy lifestyles for children and childhood obesity in the county. The action plan, *The Blueprint for a Healthier Generation, 2020*, includes environmental policy, institutional policy, public awareness, and targeted community interventions that stakeholders and the community can implement to address this important issue. The process to develop the action plan included building a coalition to enhance community collaboration around the issues of healthy eating and active living and conducting a community assessment to understand the needs of the community.

### **Current Status**

At present time, the HWHC Initiative has entered into the implementation phase, focused on garnering support and funding for the interventions prioritized in *The Blueprint for a Healthier Generation, 2020*.

### **Contact Information:**

Meredith Ledford, MPP

HWHC Coordinator

[Meredith.ledford@carolinas.org](mailto:Meredith.ledford@carolinas.org)

<http://charmeck.org/mecklenburg/county/HealthDepartment/hwhc/Pages/HWHC.aspx>

## **ZFive: A Community of Support for the Social and Emotional Health of Children Ages Zero to Five**

The Infant Mental Health (IMH) Group is an informal collaborative of clinicians, researchers and program administrators in Mecklenburg County dedicated to improving the lives of children birth through five with mental health issues and their families.

The IMH Group began meeting early in 2007 in response to shared concerns and interests in the social and emotional health of this age group. In October 2007, The Lee Institute received funding from Smart Start of Mecklenburg County to conduct an assessment of the mental health needs and resources for children birth through five in Mecklenburg County and their families. The Needs Assessment provides an overview of:

- Existing national research on infant mental health, including local and national prevalence estimates for children birth through five with mental health issues
- Responses to a survey of providers in Mecklenburg County who replied that they offer therapeutic interventions for children birth through five
- The practices of infant mental health service providers in other communities
- Gaps between those resources available in Mecklenburg County and notable service examples elsewhere, including views expressed by providers and family members

The needs assessment served as the foundation to the IMH Group for expanding mental health services and supports available to children birth through five and their families in Mecklenburg County. Thanks to continued funding by Smart Start of Mecklenburg County, the IMH Group and The Lee Institute look forward to launching the next phase of work: designing a set of responses to the current needs of this population, including a pilot project with the child welfare system in Mecklenburg County. Initiatives to build the capacity of the community to meet the needs of this population will be informed by the voices of family members and providers and model a collaborative, strengths-based approach to dovetail with efforts underway to build a system of care for children with mental health issues and their families.

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## Appendix F

### *Overview of Prior Community Initiatives*

Over the course of the last decade, our community made multiple attempts to prioritize children's issues. Each of these efforts built on former initiatives and brought our community a step closer to having a comprehensive agenda for children. These efforts were reexamined as the Larry King Center was developing and selecting issue area priorities; while not exhaustive of all the community efforts, three were reviewed:

#### **Core Values and Standards for Children and Families (2000)**

##### **Development of a core set of values for all children in Mecklenburg County**

The purpose of this collaborative study was to create a comprehensive community-generated set of minimum standards for all children. The effort was led by the Council for Children (forerunner of Council for Children's Rights) and was intended to be the first of a multi-phased process that would ultimately lead to the creation and monitoring of outcome measures associated with each value.

#### **United Agenda for Children (2004-2006)**

##### **Community Agenda/Priorities Process**

The United Agenda for Children (UAC) was a coalition of 40 non-profit organizations and public institutions, funded by the Duke Endowment, Knight Foundation, Foundation for the Carolinas, Mecklenburg County, the City of Charlotte, Charlotte-Mecklenburg Schools and the Charlotte business community. According to the UAC Town Hall Participant Guide (2004): "The goal of the UAC is working together, over the next three years, to create and begin implementing a united action plan that will ensure all children in Mecklenburg County are healthy, safe and well-educated."

#### **United Way of Central Carolinas (2006-2008)**

##### **Community Building Priorities Process**

United Way of Central Carolinas (UW) engaged in a multi-step process to rank the community issues addressed through the UW funded programs. This work was in part a response to United Way of America's decade-long effort to increase its ability to measure the impact of UW funded programs in communities. It was also in response to increased donor demands for information on the impact of donated dollars. Ultimately, the priorities were expected to guide UW in making funding decisions and inform donor marketing efforts. Over time, it was expected that the data would result in increased dollars going towards those issues that were higher priority.



## **Summary**

These efforts provided a framework from which the LKC's overall priorities and agenda were built. Common issues emerged from all three: 1) the need for improved school readiness, including early care and education; 2) a call to reduce child abuse and neglect; and 3) the need to improve access to health and mental health care. These priorities, once vetted by the LKC research staff and endorsed by the Research Committee, were adopted as the initial priority areas for the LKC.

Lessons learned from the previous efforts were also used to inform the LKC's work. The most vexing challenge for all of these initiatives was the lack of infrastructure to support the ongoing implementation of the plans once developed. In almost all cases, plans were developed with little or no staff or resources to support the actual implementation. Volunteer committees and workgroups were almost always relied upon to move the agenda forward. The LKC was created with this problem in mind. The staff of the LKC is intended to not only support the plan, but to actively engage in execution of the identified strategies through research, planning, policy advocacy, and public awareness.

## Appendix G

### Endnotes

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<sup>1</sup> *Getting Ready: Findings from the National School Readiness Indicators Initiative*, a 17-state Partnership Sponsored by the David and Lucile Packard Foundation, the Kauffman Foundation and the Ford Foundation, Prepared by Rhode Island Kids Count, 2005.

<sup>2</sup> Shonkoff, J. & Phillips, D. (eds.) 2000. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington DC: National Academy Press.

<sup>3</sup> Aos, S. Lieb, R., Mayfield, J., Miller, M. & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*.

<sup>4</sup> *Getting Ready: Findings from the National School Readiness Indicators Initiative*, a 17-state Partnership Sponsored by the David & Lucile Packard Foundation, the Kauffman Foundation and the Ford Foundation, Prepared by Rhode Island Kids Count, 2005.

<sup>5</sup> Lee, V. and Burkham, D. (2002). *Inequality at the Starting Gate: Social Background Differences in Achievement as Children Begin School*. Washington, DC: Economic Policy Institute.  
[www.epinet.org](http://www.epinet.org)

<sup>6</sup> *Connecting Neurons, Concepts and People*, NIEER, 2008

<sup>7</sup> Ibid.

<sup>8</sup> *A Science-Based Framework for Early Childhood Policy*. Center on the Developing Child, Harvard University

<sup>9</sup> Ibid.

<sup>10</sup> Shonkoff, J. & Phillips, D. (eds.) 2000. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington DC: National Academy Press.

<sup>11</sup> Karoly, L., Kilburn, M., & Cannon, M. (2005). *Early Childhood Interventions: Proven Results, Future Promise*.

<sup>12</sup> *A Science-Based Framework for Early Childhood Policy*. Center on the Developing Child, Harvard University

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Schweinhart, et al. (2005). *Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40*.

<sup>16</sup> Karoly, L., Kilburn, M., & Cannon, M. (2005). *Early Childhood Interventions: Proven Results, Future Promise*

<sup>17</sup> Ibid.; *A Science-Based Framework for Early Childhood Policy*, Center on the Developing Child, Harvard University, 2007.

<sup>18</sup> *A Science-Based Framework for Early Childhood Policy*, Center on the Developing Child, Harvard University, 2007.

<sup>19</sup> Karoly, L., Kilburn, M., & Cannon, M. (2005). *Early Childhood Interventions: Proven Results, Future Promise*.

<sup>20</sup> *Benefits and Costs of Prevention and Early Intervention Programs for Youth*, Washington State Institute for Public Policy, 2004.

<sup>21</sup> *A Science-Based Framework for Early Childhood Policy*, Center on the Developing Child, Harvard University, 2007.

<sup>22</sup> Heckman, J. (2006, January 10). Catch 'em young. *The Wall Street Journal* [online]. Available: <http://online.wsj.com/article/SB113686119611542381.html>

<sup>23</sup> The Institute is one of the non-partisan applied research and community outreach centers of the University of North Carolina - Charlotte. Founded in 1969, the Institute provides a wide-range of services, including technical assistance and training related to operations and data management, public opinion surveys, land-use and natural resources consulting, economic development research and community planning to meet the needs of the region and its citizens.

<sup>24</sup> The LKC Research Committee was established in 2009 as an advisory committee on matters related to community planning, research, and program evaluation; the committee is comprised of local university faculty as well as community researchers

<sup>25</sup> *Getting Ready: Findings from the National School Readiness Indicators Initiative*, a 17-state Partnership Sponsored by the David & Lucile Packard Foundation, the Kauffman Foundation and the Ford Foundation, Prepared by Rhode Island Kids Count, 2005.