

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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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 written in a cursive, flowing style.

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

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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.¹ 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?

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.

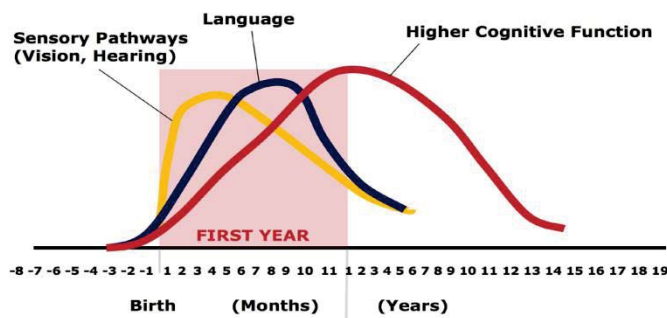
Overview

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.² 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.³ 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).⁴ However, these early achievement differences can be influenced by effective interventions, such as attending high-quality center-based preschool.⁵

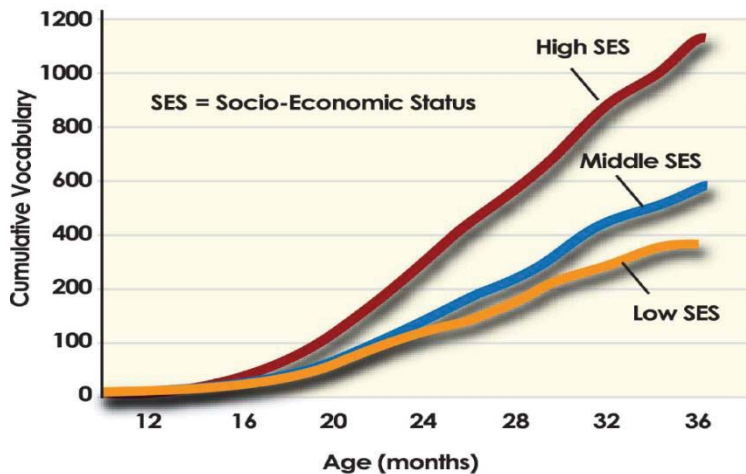
Our community’s plan for school readiness emphasizes the reconciliation of research and practice. The LKC has built upon the science of development to create a comprehensive community plan to prepare young children for school success. The goals of the plan include:

- 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.⁶



Source: Hart & Risley (1995)

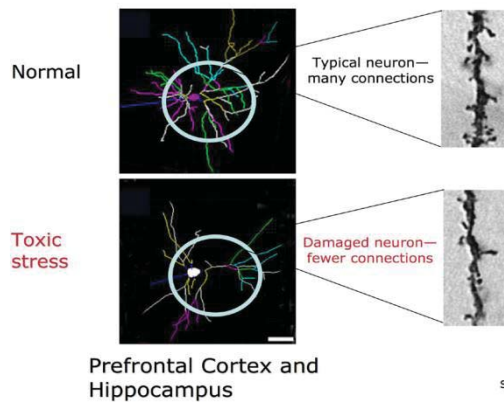
The brain has tremendous flexibility and brain development continues throughout life. However, flexibility declines over time and is most adaptive in infancy and early childhood. The brain becomes more organized and functional with age, and early malleability is lost. Therefore, it is “biologically more 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.⁷

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)

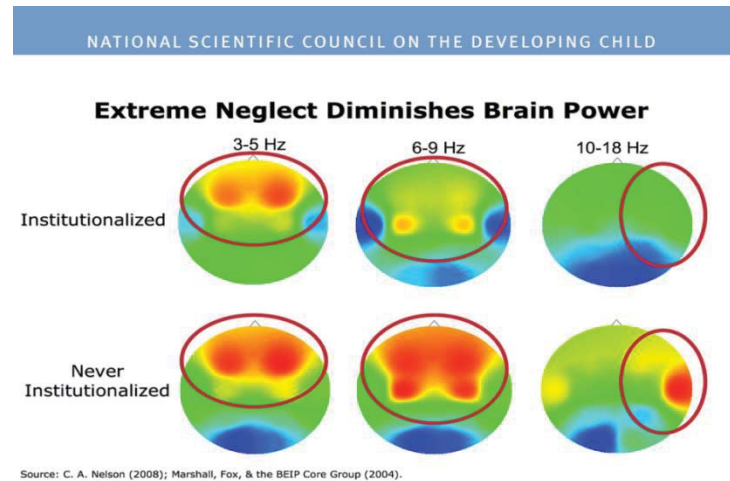
While exposure to this type of stressful event could lead to harmful consequences (such as Post-Traumatic Stress Disorder), the presence of stable and trusted adults who provide protection enable the child to regulate their physiological stress response

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

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.⁹

Attachment Research¹⁰

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.

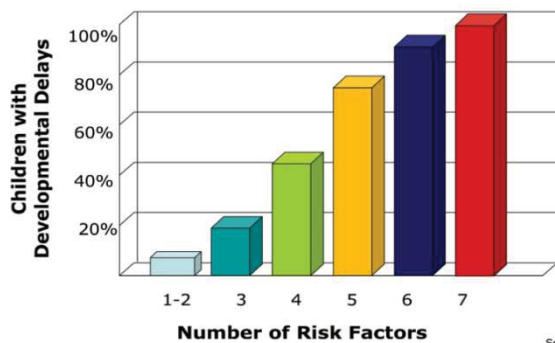
Effective Interventions

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).¹¹

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.¹²



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.¹³

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.¹⁴

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.¹⁵ Early Head Start, which combines home visiting with early education, has demonstrated improved achievement test scores, positive child behavior, and improved child health.¹⁶

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.¹⁷

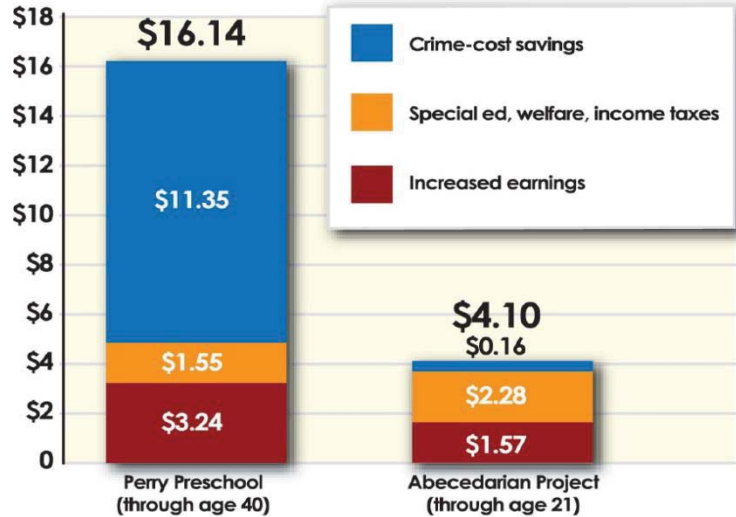
In addition to the benefits of the aforementioned rigorously evaluated model programs, it is important to continue to improve local center-based care. Key factors associated with positive child outcomes in center-based care include: "highly skilled teachers; small class sizes; high adult-to-child ratio; 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).¹⁸

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.¹⁹

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.²⁰



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.²¹

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%.²²

Community Indicators of School Readiness

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.

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.²³ These data were then reviewed by the LKC Research Committee,²⁴ 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 3rd 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

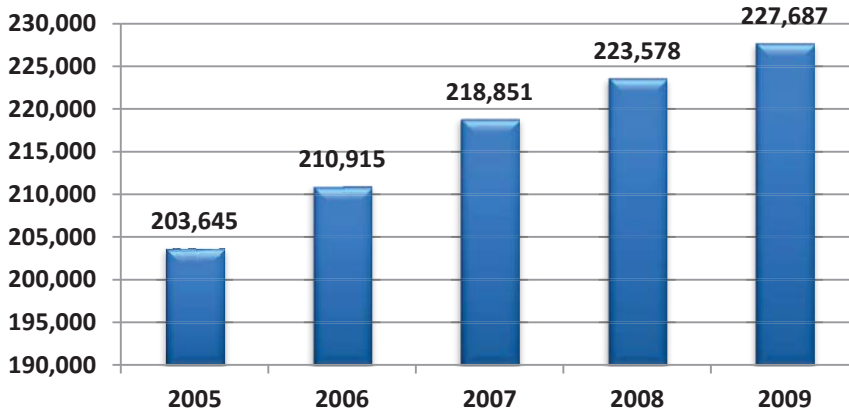
Validity

Clarity

Availability

Reliability

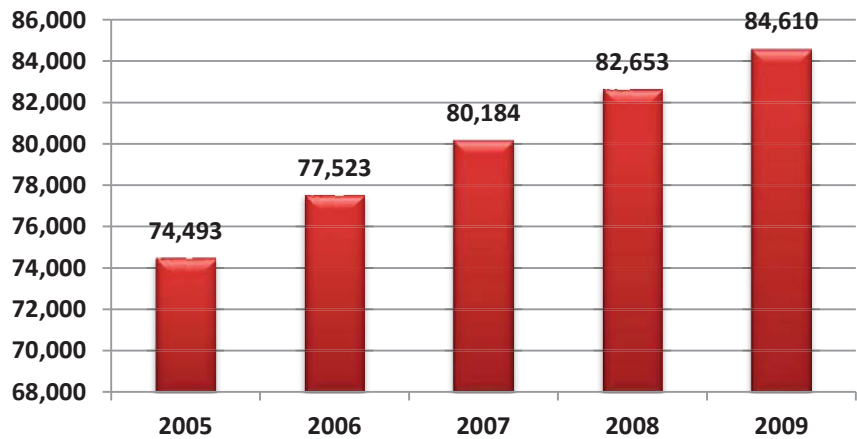
Population Under Age 18 Mecklenburg County



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

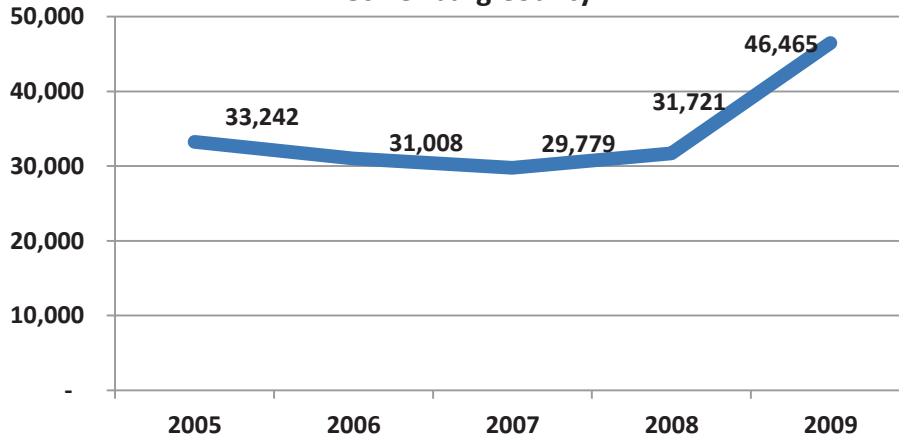


The number of very young children in Mecklenburg County has steadily risen since 2005

Source: NC Office of State Budget & Management

Mecklenburg County 2011

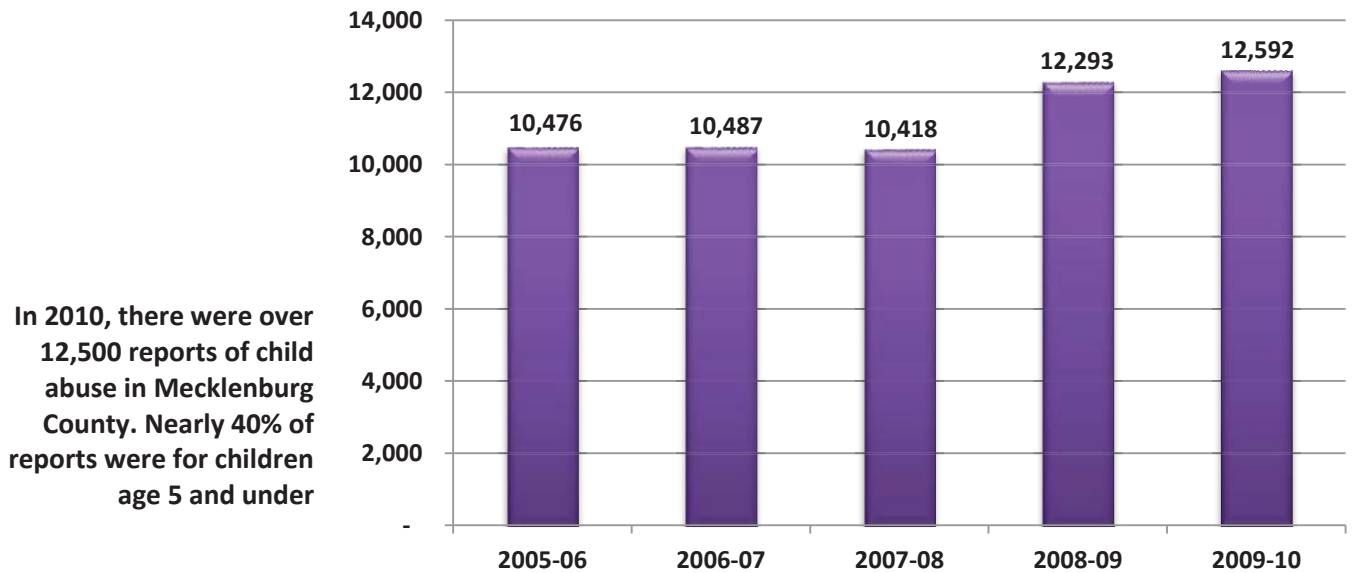
**Children in Poverty Under Age 18
Mecklenburg County**



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

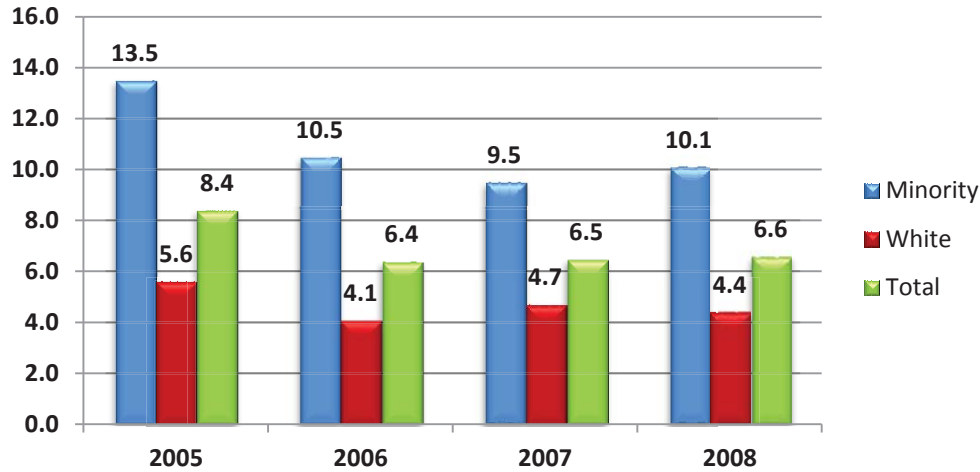
**Reports of Child Abuse
Mecklenburg County**



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**

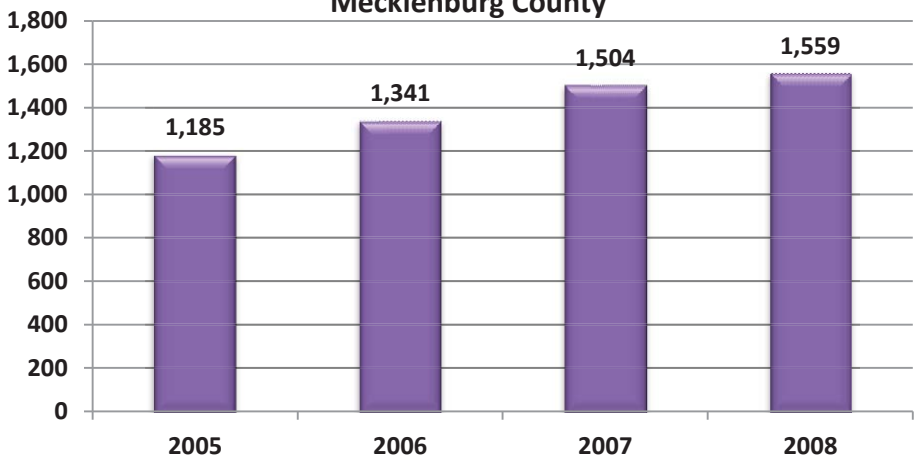


The infant mortality rate has declined since 2005 for both white and minority babies; however, the minority rate remains significantly higher than the white rate

Source: NC Department of Health & Human Services

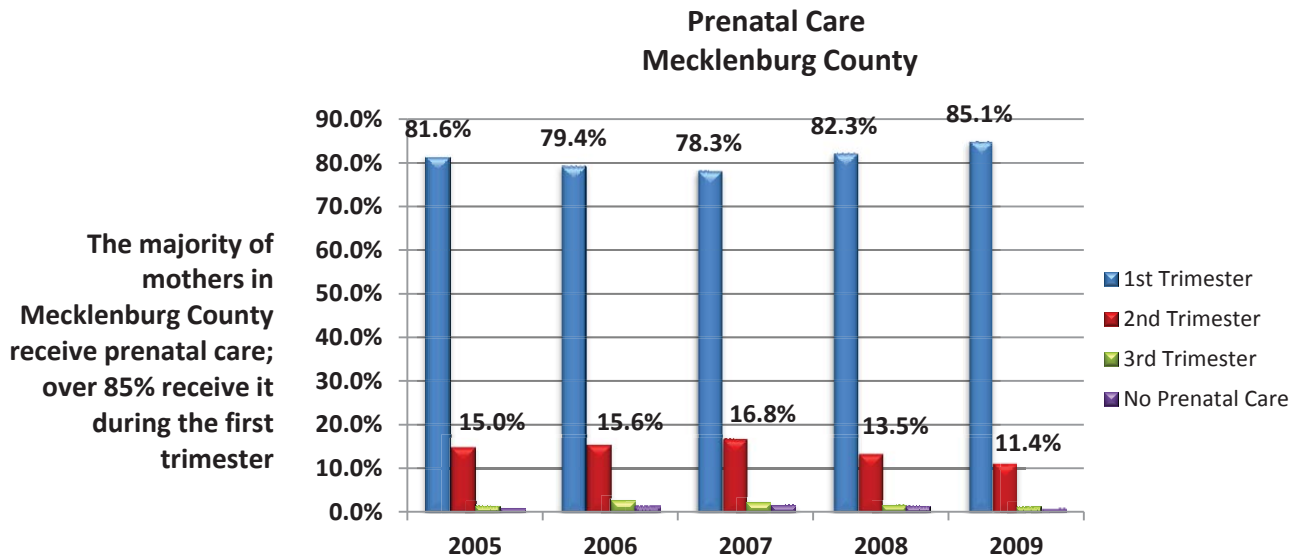
**Children Enrolled in Early Intervention Services
Ages 0-3
Mecklenburg County**

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

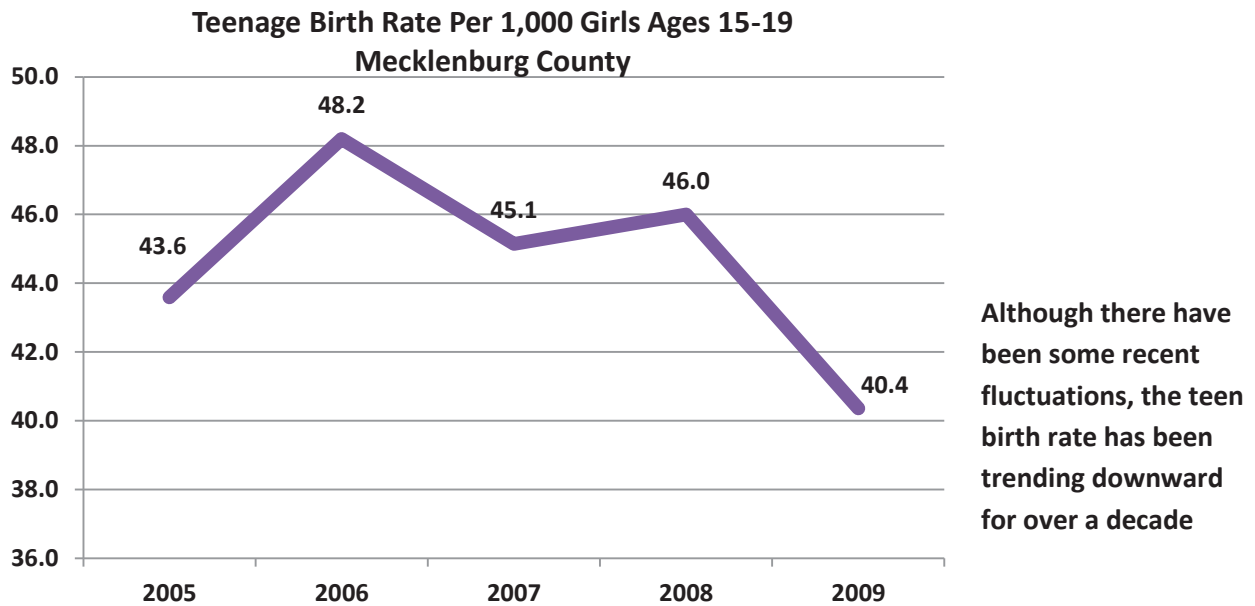


Source: Annie E. Casey Foundation

Mecklenburg County 2011



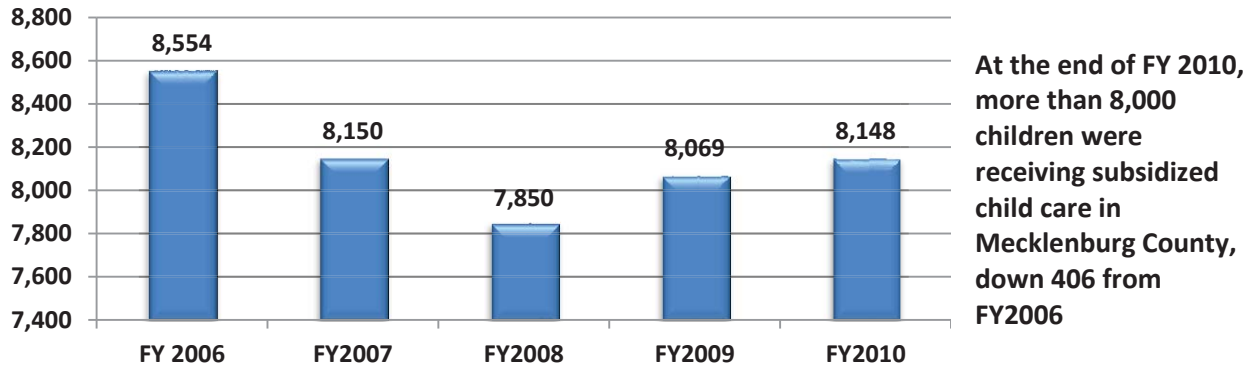
Source: NC State Center for Health Statistics



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

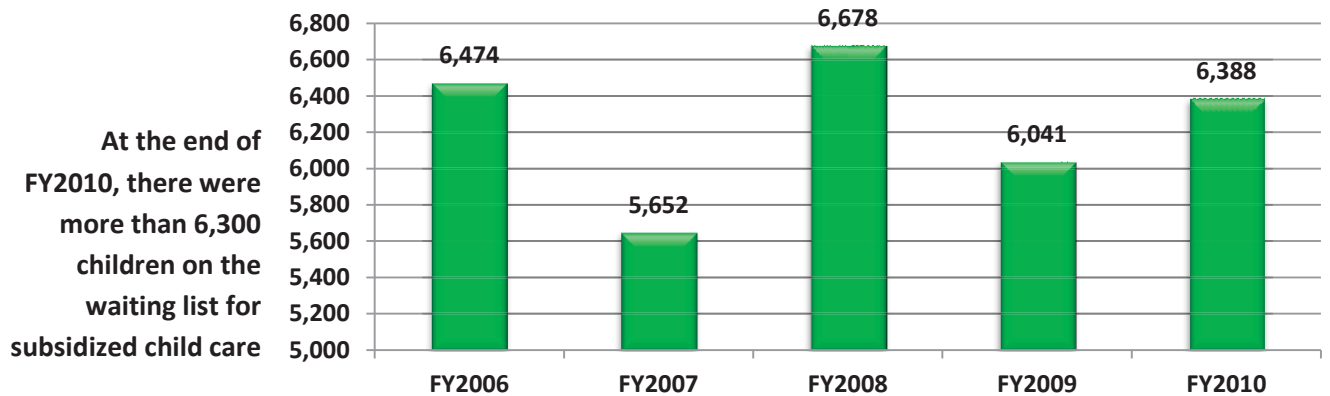
Mecklenburg County 2011

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



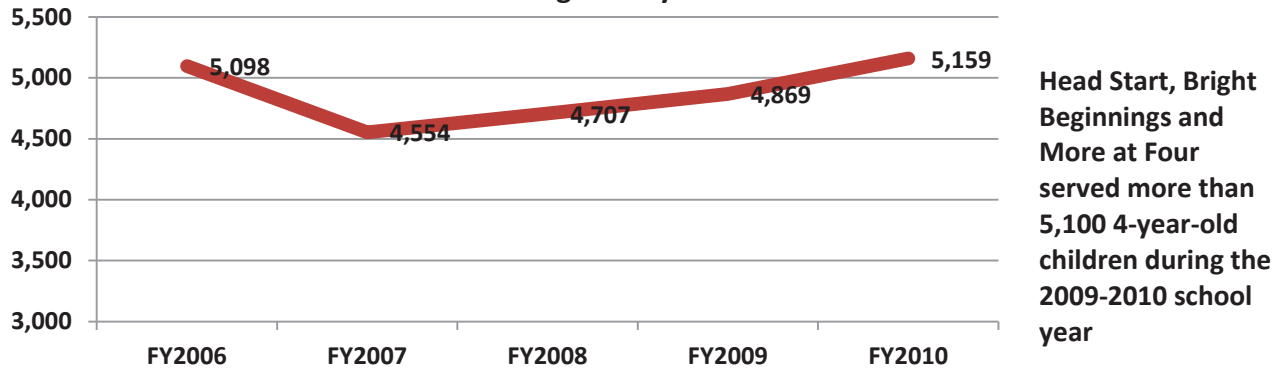
Source: Child Care Resources Inc.

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



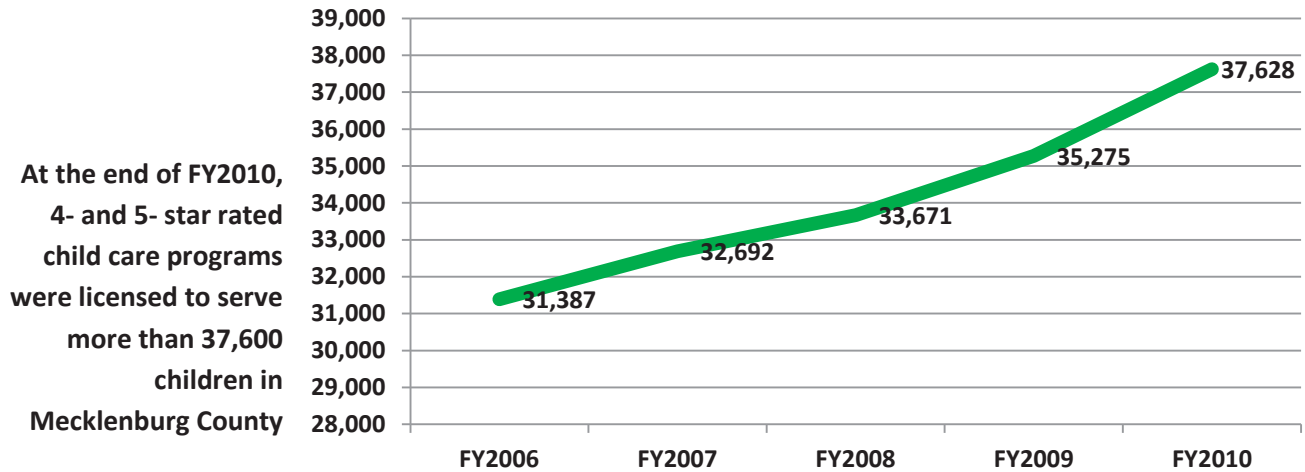
Source: Child Care Resources Inc.

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



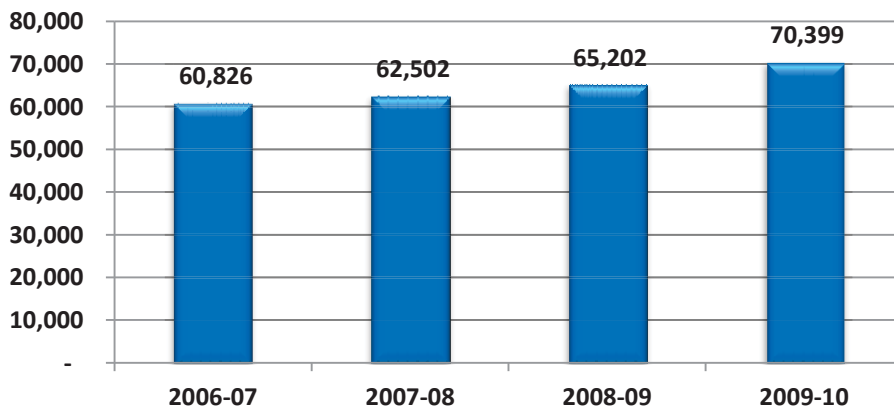
Source: Child Care Resources Inc.

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



Source: Child Care Resources Inc.

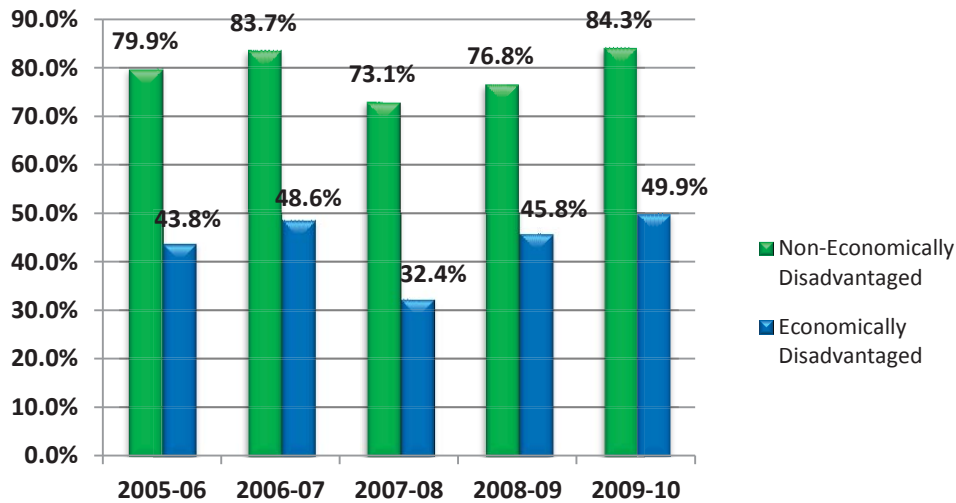
Students Who Applied for Free or Reduced Lunch Mecklenburg County



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

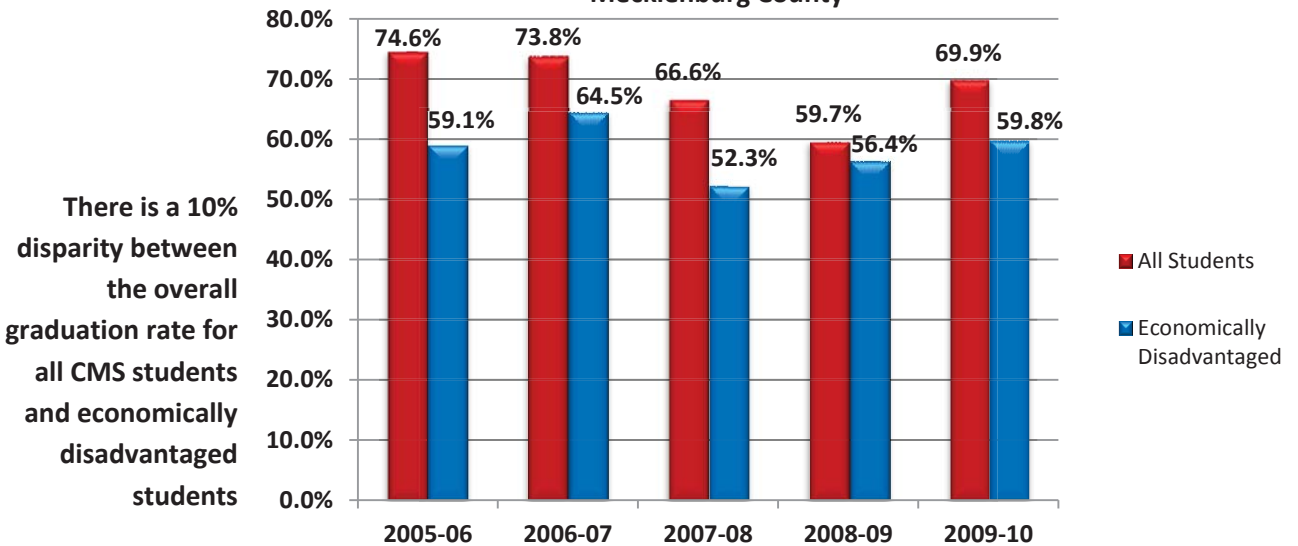
**3rd Grade Students At or Above Grade Level in Reading and Math
Mecklenburg County**



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

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.

School Readiness Equation

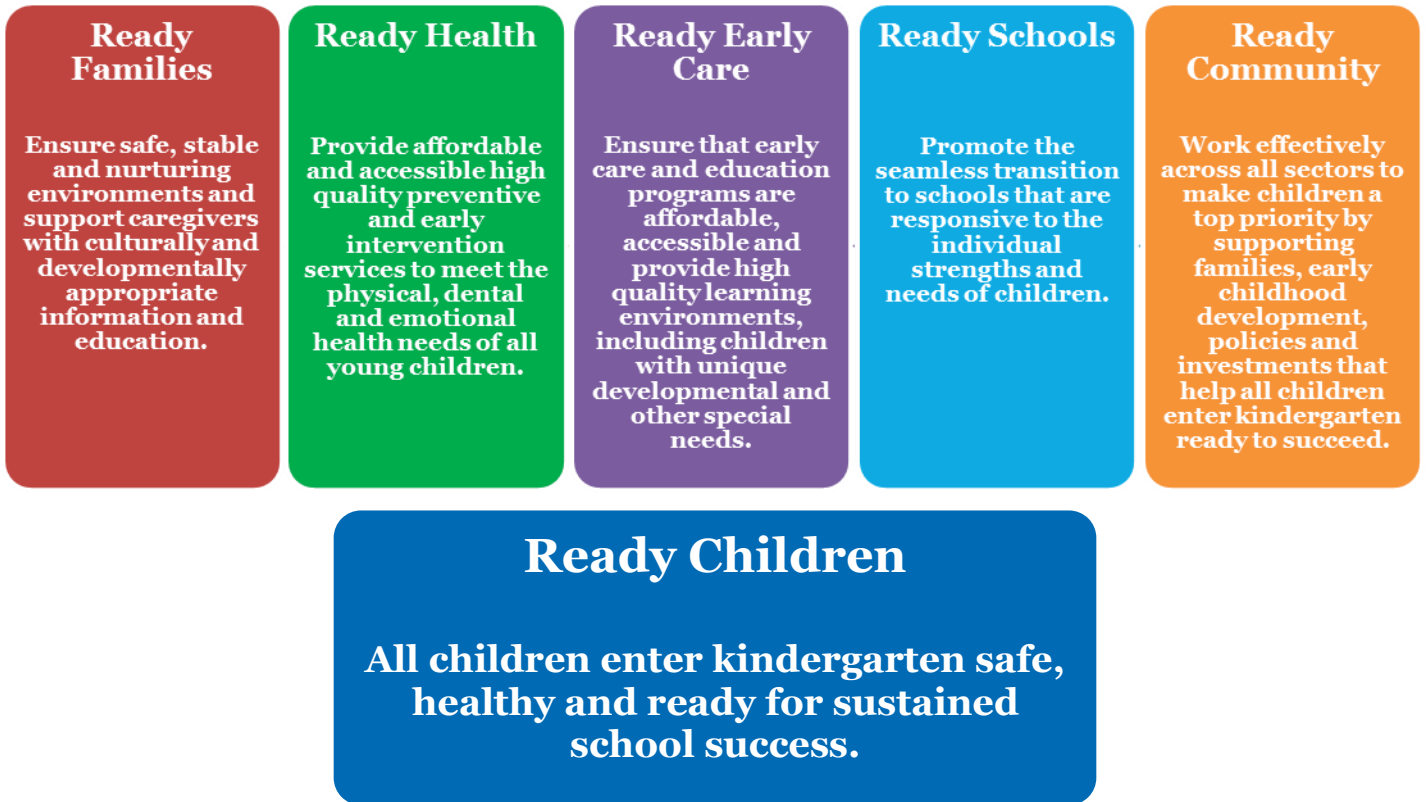
The School Readiness Equation²⁵ addresses three critical elements of school readiness: children's readiness for school, schools' readiness for children, and the capacity of families and communities to provide developmental opportunities for their young children.

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

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.

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

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.

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 Goal: Ensure safe, stable and nurturing environments and support caregivers with 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	<p>Short -Term: Documented need for resource guide</p> <p>Short-Term: Basic needs resource guide developed and disseminated</p> <p>Intermediate: More families are connected to local resources to meet basic needs</p> <p>Long-Term: 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>Short-Term: Developed advocacy agenda for homeless children and families</p> <p>Intermediate: Improved policies that positively impact homeless children and families</p> <p>Long-Term: Reduced impact of homelessness on school success</p>	\$\$\$	
	Support services for young children involved in domestic violence	<p>Short-Term: Research compiled on effective trauma-based services for young children exposed to domestic violence</p> <p>Intermediate: Funding secured for effective programs serving preschool aged children exposed to domestic violence</p> <p>Long-Term: Effects of domestic violence on young children are mitigated through effective programming</p>	\$\$	

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	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>Short-Term: Increased awareness of current community parenting support resources</p> <p>Intermediate: Increased utilization of community parenting education and support resources</p> <p>Long-Term: 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>Short-Term: Research compiled on evidence-based parenting support programs, including a scan of local programs</p> <p>Intermediate: Expanded parent education/support programs to families of preschool-aged children</p> <p>Long-Term: 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>Short-Term: Increased number of books in homes of families with young children</p> <p>Intermediate: Improved reading practices in families with young children</p> <p>Long-Term: 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>Short-Term: Infrastructure needs for scale-up of evidence-based HV programs identified</p> <p>Intermediate: Evidence-based HV programs build infrastructure to support scale-up</p> <p>Long-Term: Increased capacity of evidence-based HV programs</p>	\$\$\$	Number and percent of mothers within target population of HV programs served Child maltreatment rates Premature birth rates Low-birth weight rates
		Support the evaluation efforts of all HV programs, including model fidelity measures	<p>Short-Term: Agencies and researchers connected for evaluation efforts</p> <p>Intermediate: Funding for evaluations secured</p> <p>Intermediate: Rigorous evaluation component in place for each HV program</p> <p>Long-Term: Programs demonstrated positive outcomes for clients</p>	\$\$	
		Increase current capacity of HV programs	<p>Short-Term: HV workgroup addressed collective needs of each program</p> <p>Short-Term: Criteria set for admission to each program</p> <p>Intermediate: Referral coordinator hired</p> <p>Long-Term: 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>Short-Term: Data compiled to confirm extent of issue</p> <p>Intermediate: Reminders are sent to families receiving Medicaid/Health Choice</p> <p>Intermediate: Educational materials for doctors' offices are developed and disseminated</p> <p>Long-Term: 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>Short-Term: Research on how to incentivize parents and pediatricians is completed</p> <p>Intermediate: Plans developed to address identified barriers</p> <p>Long-Term: 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>Short-Term: Funding secured for implementation of the Blueprint for a Healthier Generation 2020</p> <p>Intermediate: Policies identified in the Blueprint successfully impacted</p> <p>Long-Term: 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	Short-Term: 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	Intermediate: 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	Intermediate: 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	Intermediate: 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	Long-Term: 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 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>Advocate for maintaining and increasing public funding for early care and education programs</p>	<p>Short-Term: Key partners, messages, and strategies for advocacy campaign identified</p> <p>Intermediate: Developed strategic advocacy alliances to deliver messages</p> <p>Intermediate: Increased frequency and alignment of advocacy efforts</p> <p>Long-Term: 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>Short-Term: Cost to meet early care and education need in community quantified</p> <p>Short-Term: Key partners and messages for campaign identified</p> <p>Intermediate: Awareness of need for greater access to early care and education increased</p> <p>Long-Term: 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>Short-Term: Next steps to secure funding identified by stakeholders</p> <p>Intermediate: Early Head Start application completed</p> <p>Long-Term: Funding secured for Early Head Start; program implemented</p>	<p>\$\$</p>	

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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>Short-Term: Key partners identified and messages developed</p> <p>Intermediate: Strategic advocacy alliances developed to deliver messages</p> <p>Long-Term: 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>Short-Term: Sources identified to increase funding for quality improvement system</p> <p>Intermediate: Increased funding to assist licensed programs achieve/maintain high quality standards</p> <p>Long-Term: 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>Short-Term: Identified appropriate training, coaching, and financial resources to increase supports</p> <p>Intermediate: Training/coaching opportunities offered and utilized</p> <p>Long-Term: 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>Short-Term: Pilot preschool experiences survey developed and implemented</p> <p>Intermediate: Preschool experiences data collected for all incoming CMS kindergarteners</p> <p>Long-Term: 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>Short-Term: Evidence-based assessment identified</p> <p>Intermediate: Assessment implemented system-wide for incoming kindergarteners</p> <p>Long-Term: 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>Short-Term: Education plan developed for parents & providers</p> <p>Intermediate: Parents and providers have an increased understanding of child development and developmentally appropriate practices within early care and school systems</p> <p>Long-Term: 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>

	Objectives	Strategies	Expected Outcomes	Resources	Long-Term Indicators
Ready Schools		Provide trainings and professional development for administrators and teachers	<p>Intermediate: Improved teacher understanding of child development</p> <p>Intermediate: Teachers and schools demonstrated cultural competence</p> <p>Long-Term: 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>Short-Term: Data compiled to understand trends in early enrollment</p> <p>Short-Term: Enrollment information is sent to families of rising kindergarteners, including requirements</p>	\$\$	Percent of children enrolled on time
		Provide incentives for early enrollment	<p>Intermediate: On-time enrollment increased</p> <p>Long-Term: 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>Short-Term: Target audiences identified and key messages developed</p> <p>Short-Term: Coalition built to deliver key messages</p> <p>Intermediate: Public awareness campaign messages delivered</p> <p>Long-Term: 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>Short-Term: Criteria for qualified political candidates developed and disseminated</p> <p>Intermediate: Mechanism(s) developed to identify, encourage, and educate strong candidates for elected positions</p> <p>Intermediate: Increased prevalence of children's issues discussed during campaigns of key elected officials</p> <p>Long-Term: Elected officials prioritized children's issues</p>	\$	

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	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>Short-Term: Funder’s Collaborative convened</p> <p>Intermediate: Common priorities and outcomes established by funders</p> <p>Long-Term: Funders invested in evidence-based programs for collective impact</p>	\$\$\$	Funding to evidence-based practices Reporting on common outcomes Outcomes data used to inform future funding Large scale, effective initiatives replicated
		Develop data and research repository, including a “what works” clearinghouse of local programs	<p>Short-Term: Data and research repository created</p> <p>Short-Term: Providers linked to implementation resources for evidence-based practices</p> <p>Intermediate: Effectiveness research conducted on large scale community initiatives (ex: Reid Park, Project Lift)</p> <p>Long-Term: 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>Short-Term: Current collaborative efforts focused on children mapped</p> <p>Intermediate: Coordination and efficiency of existing collaborative efforts increased</p> <p>Long-term: Highly effective, efficient, and coordinated system of providers established</p>	\$\$\$	
		Infuse System of Care Principles* throughout public child-serving agencies	<p>Short-Term: Plan created to institutionalize SOC principles across public child-serving agencies</p> <p>Intermediate: SOC principles are adopted and implemented across agencies</p> <p>Long-Term: Improved child and family outcomes</p>	\$\$	

*See Appendix E for information on SOC

Implementation

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.

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

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

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.

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

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.

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.