

**A Community Plan to Ensure…**

**…All Groton children, birth to age eight, are healthy, safe, successful learners connected to strong families in a community that values diversity.**

[](http://www.google.com/imgres?imgurl=http://innocentjustice.org/wp-content/uploads/2011/10/bus-kids.jpg&imgrefurl=https://innocentjustice.org/2011/chula-vista-elementary-school-teacher-arrested-for-child-pornography/&h=2667&w=4000&tbnid=xxy-n_no3ApdYM:&zoom=1&docid=v8Na2-lBbyticM&ei=q71JU8z7NOb52QWN0IHQBw&tbm=isch&ved=0CIEDEIQcMGI&iact=rc&dur=10568&page=3&start=64&ndsp=36)[](http://www.google.com/imgres?imgurl=http://yhpasadena.org/wp-content/uploads/2012/06/homegirl.jpg&imgrefurl=http://www.youngandhealthy-pas.org/&h=268&w=280&tbnid=PK9qv8MgOXKtQM:&zoom=1&docid=ANjzzxrhIE7IuM&ei=S75JU5nRMejO2AXly4GYBQ&tbm=isch&ved=0CPYBEIQcME84ZA&iact=rc&dur=366&page=5&start=164&ndsp=42)

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[](http://www.google.com/imgres?imgurl=http://www.ctcare4kids.com/files/2012/04/Classroom.jpg&imgrefurl=http://www.ctcare4kids.com/&h=282&w=425&tbnid=cVXUQ1ycTbW1PM:&zoom=1&docid=GJG63Appc6XagM&ei=C8pJU6LGDsGe2QXBz4DADg&tbm=isch&ved=0COsBEIQcMC8&iact=rc&dur=3030&page=2&start=36&ndsp=40)

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**Why Work on a Community Plan?**

What are the issues that most affect young children? What are the factors behind these issues? With limited resources how does one have an impact on issues that affect young children? Is there data available that will help to tell the story behind the issues?

These are very important questions, which must be answered in order to improve the lives of Groton’s children. This community plan will address all of these questions assuring that limited resources are targeted at strategies that can have the greatest impact on improving education, health, and safety outcomes for Groton’s children ages birth through eight.

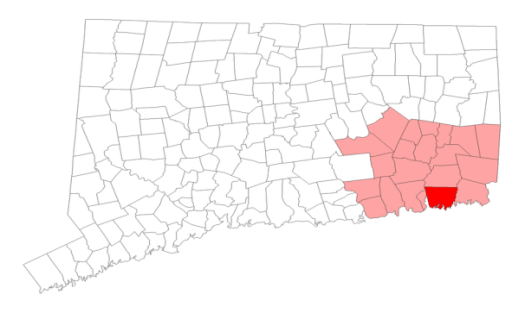
The process of developing a community plan is as important as the plan itself. Children First Groton (CFG) held focus groups, interviewed key stakeholders in the community, and reviewed surveys completed by community members, in order to hear the voices of as many Groton residents as possible.

It is important to acknowledge that a plan provides a path to follow. Many of the issues facing young children and their families seem overwhelming. Having a plan to follow, which is supported by data, provides local decisions makers with the guidance needed to address identified issues in a thoughtful step-by-step manner. The plan must also have strategies that are measurable so that the community will know if the actions taken have made a difference. Performance measures address the questions: Is anyone better off because of this work? The answers will give CFG the information needed to determine which strategies are working and which strategies need to be re-evaluated.

A community plan holds the community accountable. Everyone is responsible for Groton’s youngest citizens. If the community is serious about its result statement “All Groton children, birth to age eight, are **healthy**, **safe**, and **successful learners** connected to **strong families**.”, then a plan is needed to provide direction. The plan will be a living document as data will continue to be analyzed, strategies will be reviewed, and adjustments made as needed.

[](http://www.google.com/imgres?imgurl=http://nurseconsultantsllc.com/wp-content/uploads/2013/01/cropped-kids-playing.jpg&imgrefurl=http://nurseconsultantsllc.com/&h=288&w=1000&tbnid=iD5x_u8wmKuPWM:&zoom=1&docid=8QGlD8VL33dPMM&ei=O8xJU4y3Ha-02AX-kIGoDA&tbm=isch&ved=0CJwBEIQcMDE4vAU&iact=rc&dur=6248&page=19&start=732&ndsp=36)

**GROTON- OUR COMMUNITY**

[](http://upload.wikimedia.org/wikipedia/commons/6/69/Groton_CT_lg.PNG)**LOCATION**

Located in New London County, Groton is a community of 45.3 square miles bordered on three sides by water; the Mystic River to the East, Fisher’s Island Sound to the South, and the Thames River to the West. Groton is comprised of five Fire Districts (Mystic, Noank, Poquonnock Bridge/Center Groton, Old Mystic, and City of Groton. The unique characteristics of each of these districts lead many to see Groton five individual communities.

**HISTORY**

[](http://www.google.com/imgres?imgurl=http://www.williammaloney.com/Aviation/SubmarineUSSNautilus/USSNautilusBanner.jpg&imgrefurl=http://www.williammaloney.com/Aviation/SubmarineUSSNautilus/USSNautilus.htm&h=236&w=900&tbnid=xhHf162Qb-3auM:&zoom=1&docid=JOJLUr0qhbZWLM&ei=bipHU96RIuSIygH-tIG4Cw&tbm=isch&ved=0CDYQhBwwDzjIAQ&iact=rc&dur=748&page=6&start=187&ndsp=38)Groton is a community steeped in history. Originally the home of the Pequot Indians, Groton was first settled in 1646 as part of New London when John Winthrop Jr. came from Massachusetts Bay to found Pequot Plantation at the mouth of the Thames River. In 1705, the population east of the Thames River had grown sufficiently to incorporate as a separate town, and Groton was founded. The battle of Fort Griswold on Groton Heights in 1781 is marked by the 124 foot monument and is part of the Fort Griswold Battlefield State Park, located in the City section of Groton. With water access, shipping and commerce, as well as ship building, were critical to the economic well-being of Groton. During World War I the navy yard was officially commissioned a submarine base. With Electric Boat designing and building fifteen of the eighteen classes of nuclear submarines, it is easy to see why Groton is known as *The Submarine Capitol of the World*. Pfizer Inc. has served as the other primary industry in Groton since 1948, making a name for itself with the development of penicillin.

With its water front locations and ease of access via Interstate-95, Groton has become a destination vacation location, as well as *staycation* location for Connecticut residents. The service industries, fueled by two area casinos, have joined the submarine and pharmaceutical industries as major employers of the Groton workforce.

**GOVERNMENT**

Groton is governed by a Town Council-Town Manager- Representative Town Meeting (RTM) structure. The Town Council is a nine-member elected body responsible for determining policy and appointing the Town Manager to execute this policy and administer the day-to-day operations of the Town. The Town Manager is appointed by, and reports directly to, the Town Council. The Town Council elects one of its members to serve as Chairperson of the Council and Town Mayor. The RTM consists of not more than 45 members elected for two-year terms. The number of RTM members is determined by the number of

registered voters in each of the Fire Districts. The RTM is responsible for reviewing the actions of the Town Council and has the power to force legislation and reconsider proposed legislation. The RTM must approve the town budget presented by the Town Council.

**POLITICAL SUBDIVISIONS**

The City of Groton was incorporated in 1903 to provide utilities, sewers, highways, fire and police protection. The City is governed by an elected Mayor, a six-member council, a City Clerk, and a City Treasurer. The City Council appoints a City Attorney, Director of Finance, and the heads of police, fire, and public works departments. The city operates from funds received from a tax structure established for the City of Groton district of Groton.

The Groton Long Point Association (GLPA) was incorporated in 1921 to provide road maintenance and fire and police protection. It elects a President, Clerk and five directors who comprise an eight-member Board of Directors, plus a Treasurer and other boards and commissions. The Board appoints other public servants, including the police chief and fire marshal. Like the City of Groton, GLPA is funded by a tax structure established for the GLPA district.

**DEMOGRAPHICS**

Population: According to the 2008-2012 U.S. Census American Community Survey, the population of Groton is estimated at 40,079. The median age is 33 years. The average family size is 3.0 individuals and 32.1% of the total households in Groton have children under the age of 18 years, with 7.3% of the total Groton population being children under the age of five and 5.6% are five through nine years of age. The 2011 Town Profile noted the race/ethnic breakdown to be: White, Black, Asian Pacific, Native American, Hispanic, and Other/Multi-Race.

Housing and Family Characteristics: The survey estimates that 20.8% of households with children are two-parent families, 6.9% are female single-parent families and 1.9% are male single-parent families. Grandparents (244) are raising grandchildren with 73.4% of these families including the grandmother and 61.1% two-grandparent households.

Economic Conditions: The median family income is $76,291. Almost one-third (31%) of these families have an annual income below $50,000. For Groton families with children under the age of five, 14.5% live below the poverty level. Groton’s workforce can be divided into sectors: service industry (22.4%), education/health care/social assistance (22.1%), arts/entertainment/recreation/service (16.9%), manufacturing (16.1%), government (15.4%), and retail trade (12.1%).

Education: Groton has seven elementary schools, including an inter-district magnet school, and several private schools. There are two middle schools, and three high schools, including a regional magnet marine science high school and a regional technical high school. The current school system enrollment is

4,965. The school system currently services preschool-age children through the Title IV preschool program and the Integrated Preschools with typically-developing peers. There at ten licensed home child care providers and eleven licensed childcare and early education centers in Groton. In addition to being licensed, seven of these centers are accredited by the National Association for the Education of Young Children (NAEYC). Four of the Groton Public School Preschool programs are also accredited by NAEYC. Groton Public Schools is a Competitive School Readiness Town and is included in the CSDE G District Reference Group.

Community Resources: *Groton Public Library* serves the community with over 120,000 books, videos, DVDs, state and federal documents, local history archive, and programming for all ages. In 2013 they offered 288 children and family programs attended by 14,027 children and adults. In addition, all residents may access additional books, resources, and programs at two private libraries, *Bill Memorial Library* in the City of Groton and *Mystic Noank Library* ( 77 children and family programs attended by 451 children and adults) in Mystic. The *Groton Parks and Recreation Department* consists of four divisions: Recreation, Parks and Forestry, Senior Center, and the Shennecossett Golf Course. The Recreation Division provides cultural events, instructional programs, sports leagues, trips, special events and safety programs for residents of all ages and capabilities. The division offers inclusive programming so persons with varying skill levels can participate in all programs. The division also provides support to programs and activities sponsored by other town agencies and community-based organizations. Scholarship funds are available. *Ledge Light Health District* provides full-time, professional public health services for Groton. The District’s mission is to provide essential local public health services through health education and disease prevention. They are responsible for enforcing the Connecticut Public Health Code. Services include: public health epidemiology, planning, communicable/chronic disease control, health education, environmental health services, community nursing services, nutrition services, maternal/child health services, and emergency services. Some of these services are coordinated with other health and safety agencies. The *Visiting Nurse Association of Southeastern Connecticut* (VNA) provides high quality, cost-effective health care through community activities and wellness programs, school health services, and a comprehensive home-care program. VNA offers a variety of wellness programs including: 1) immunization clinics, 2) flu clinics, 3) blood pressure screenings, and 4) women, infant and children’s clinic. They provide school nursing and school health aides to Groton Public School system. At each school they provide daily assessment and care of students, screening, immunizations, specialized health care and a dental health program. Home visits for health promotion to individuals with chronic, but stable conditions and a full service Home Health Care Program are also available.

**GROTON’S COMMUNITY RESULT STATEMENT**

What is a Result Statement?

*The Result Statement represents the quality of life conditions the community aspires to for all Groton children.*

All Groton children, birth to age eight, are **healthy**, **safe**, **successful learners** connected to **strong families**.

[](http://www.google.com/imgres?imgurl=http://www.brighthorizons.com/~/media/BH/Corporate/Marquees960x388/Find-Child-Care2.ashx?bc%3DWhite%26mw%3D960%26thn%3D1%26w%3D960&imgrefurl=http://www.brighthorizons.com/child-care-locator/&h=300&w=960&tbnid=nj8Kdo4RJzk8YM:&zoom=1&docid=TVQou-5a_FR24M&ei=w8xJU9r3GsKG2AXonoGQCg&tbm=isch&ved=0CG8QhBwwIjiEBw&iact=rc&dur=3337&page=23&start=896&ndsp=46)

The result statement contains four large domain areas (education, health, safety, strong families) and numerous subdomains. The information that follows represents the work to date, which has focused on the education and health domains. Work continues to identify and prioritize strategies for these two domains and to identify indicators for the safety and strong family domains.

**INDICATORS**

What are Indicators?

*Indicators are the measures selected to provide data on how well conditions of well-being have improved. Indicators answer the question, “How would we recognize these results in measurable terms if we fell over them?”*

Headline Indicator: Third grade reading scores

Secondary Indicators:

* Disaggregated reading scores (race/ethnicity, free and reduced meals)
* Chronic absenteeism
* Kindergarten Entrance Inventory scores



**EDUCATION DOMAIN**

The indicators, story behind the baseline and strategies for the education domain are described below.

Domain Result: All Groton children are successful learners.

Groton has selected Percent 3rd grade students reading at or above goal as the Headline Indicator. Chart 1 compares the scores of Groton students to the state average. Approximately half of Groton students are not reading at grade level as measured by the Grade three Connecticut Mastery Test (CMT) Reading scores. When considering race/ethnicity and free/reduced price meals only 40% of students read at grade level. The change over the past few years has not been significant enough to indicate that current practices will make a dramatic difference in the years to come. For five of the past eight years the Groton scores were lower than the state average.

Why is it important to address the issue of low CMT scores? A March 2013 forum at the CT Legislative Office Building that reported on findings from a pilot program to address Connecticut’s achievement gap in reading noted, “a child who cannot read by the end of first grade has only a 1-in-8 chance of ever becoming a proficient reader.” A lack in reading skills has been linked to an increased risk of dropping out of school, becoming involved in the criminal justice system, under-employment and unemployment. Chronic absenteeism is yet another risk factor. When added to poverty and race/ethnicity it must be addressed in order to show improved CMT scores.

**Chart 1: Headline Indicator: Percent 3rd grade students reading at or above goal**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| CT | 54.4 | 52.3 | 52.1 | 54.6 | 57.1 | 58.3 | 59.2 | 56.9 |
| Groton | 61 | 54 | 49.6 | 52.1 | 55.1 | 59.4 | 53.4 | 54.8 |

Review of disaggregated data (Charts 2-4) will provide data on race/ethnicity and free/reduced meals, which will begin to tell the story behind the data and provide a focus for proposed strategies. There are approximately 100 Black and Hispanic students out of 300+ students making up one-third of the population. There is a 25- to 30-point gap between Black vs White students and Hispanic vs All Students, with variability over the past three years. What could be the cause? Broken down further, the point gap is greater between Blacks vs White than Hispanic vs All Students. However, at this time the All Students category is being used as a point of reference while Groton Public Schools compiles data on non-Hispanic students. The comparison of Hispanic vs non-Hispanic students will likely result in a point gap comparable to, if not larger than, the Black vs White point gap. The Asian/Asian American population is small (7%) and students consistently score higher than the Groton average.

**Chart 2: Indicator: Percent 3rd grade Black vs White students reading at or above goal**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Groton | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Black tested | 46 | 49 | 64 | 59 | 45 | 35 | 41 | 46 |
| # White tested | 240 | 254 | 250 | 250 | 239 | 217 | 221 | 207 |
| Point gap | 23.6 | 34.4 | 26.7 | 21.5 | 27.2 | 18.2 | 11.2 | 36.7 |
|  |  |  |  |  |  |  |  |  |

**Chart 3: Indicator: Percent 3rd grade Hispanic vs all students reading at or above goal**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Hispanic tested | 35 | 40 | 48 | 44 | 50 | 40 | 60 | 49 |
| # total tested | 359 | 372 | 393 | 382 | 376 | 330 | 363 | 345 |
| Point gap | 14.7 | 24.0 | 18.3 | 20.3 | 21.1 | 26.9 | 13.4 | 20.1 |

**Chart 4: Indicator: Percent 3rd grade Free/Reduced lunch students’ vs Full Price students reading at or above goal**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Free/reduced | 123 | 141 | 150 | 147 | 160 | 121 | 145 | 145 |
| # Full price | 236 | 231 | 243 | 235 | 216 | 209 | 218 | 200 |
| Point Gap | 26.0 | 32.2 | 27.4 | 25.0 | 22.7 | 33.8 | 25.9 | 24.3 |

Approximately 150 third-grade students (40%) receive free or reduced meals (FRPM). These students score much lower than full price students. Scores indicate that there is a 30-point gap between students based on income (free/reduced vs full price meals). Whether we look at race, ethnicity, or poverty (FRPM), only 35%-40% of third graders are reading at grade. While race/ethnicity and poverty are known risk factors impacting student achievement, Groton data indicates low scores among white and non-poverty students as well, with 65% of white and 65% of non-poverty children reading at grade level. One-third of these white and non-poverty students are not reading at grade level. What is the cause?

Overall, forty-five percent of all Groton third graders are not reading at grade level. Of those students 35% are not eligible for FRPM, a population that typically scores better than peers who do receive FRPM. This points to a systemic issue that must be addressed by the joint efforts of Groton Public Schools, the community, and Groton families, with a focus on children from birth to eight. One area to address may be chronic absenteeism.

The definition of chronic absenteeism is being absent for any reason for 10% or more of the days enrolled in school. A student who is absent more than five percent of the time is considered at risk for chronic absenteeism. How does absenteeism impact learning? A Connecticut State Department of Education (CSDE) report on chronic absenteeism and the achievement gap notes that chronic absenteeism worsens as students’ progress through the grades, pointing to the need to address this issue in the elementary school years. CT high school students were almost twice as likely to be chronically absent (16.9%) as K-8 students. The rate of chronic absenteeism for grades K-3 (8.9%) vs grades 4-8 (9.0%) is comparable. Links have been made between chronic absenteeism, academic achievement and high school graduation rates. CSDE reports significant disparities exist in Connecticut’s chronic absenteeism rates.

Students receiving free lunch, as compared to students not eligible, are three times as likely to be chronically absent. Black students are twice as likely as White students to be chronically absent and Hispanic students are more than twice as likely as White students to be chronically absent. Students with disabilities and English Language Learners are also at greater risk for chronic absenteeism. CSDE also found that the rates of chronic absenteeism were higher in urban districts. Students with better attendance were found to score higher on achievement tests (CMT) and had higher rates of graduation, even among subgroups. A disaggregated report from Groton Public Schools comparing results by risk factors and compared by school would provide an important local perspective on the impact of absenteeism.

For Groton students the data in Table 1 indicates that chronically absent students who receive free or reduced price meals are absent almost double the rate of those receiving full price meals; Black and Hispanic absenteeism rates are substantially higher than non-minorities. The disaggregation closely parallels those seen for the CMT.

To further address chronic absenteeism a Turn the Curve activity could look at data to determine factors (health, transportation, single parent, unsafe neighborhood, bullying, social-emotional factors, net feel welcomed at school, etc.) that impact absenteeism. The Health domain is looking at asthma, which can provide information the health issues involved.

**Table 1 Indicator: Percent of Groton students who are chronically absent** CTdata.org (data download)

|  |  |  |  |
| --- | --- | --- | --- |
| Groton | 2012 | 2013 | CT 2013 |
| Total K-12 | 13.4 | 12.3 | 11 |
| Total K-3 | 9.9 | 8.8 | 9 |

**Groton Chronic Absenteeism for K-12 Disaggregated**

|  |  |  |  |
| --- | --- | --- | --- |
| Groton |  | 2012 | 2013 |
| Asian |  | 9.0 | 12.4 |
| Black |  | 19.0 | 14.7 |
| Hispanic |  | 17.1 | 15.8 |
| Two or more races |  | 14.8 | 10.1 |
| White |  | 11.6 | 11.0 |
| SPED |  | 21.6 | 18.4 |
| ELL |  | 19.05 | NA |
| Free lunch |  | 20.4 | 17.5 |
| Reduced lunch |  | 11.56 | 12.2 |

**Kindergarten Readiness**

To assure the development of reading proficiency, as demonstrated by grade three CMT reading scores, children must enter Kindergarten ready to learn. The larger the gap at school entry, the harder it is for a child to catch up to his peers. A look at Kindergarten Entrance Inventory (KEI) scores (Charts 5-10) will provide additional information on the skill level and readiness of students in six categories (creative skills, language skills, literacy skills, numeracy skills, personal skills physical skills) as they enter Kindergarten. The charts indicate that Groton children are entering school not fully prepared to learn. Students are administered the KEI upon entry to Kindergarten. Level 3 on the KEI indicates students that *consistently demonstrate skills*. The graphs below show the percent of Groton students scoring at the highest level, Level 3 (by category), indicating the percent of students that are fully prepared to enter Kindergarten in each of the six domains.

**Chart 5**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Creative Skills Level 3 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Groton students scoring Level 3 | 167 | 232 | 176 | 153 | 191 | 160 |
| Total Groton Kindergarten students | 429 | 480 | 466 | 443 | 392 | 448 |

**Chart 6**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Language Skills Level 3 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Groton students scoring Level 3 | 114 | 170 | 120 | 111 | 161 | 134 |
| Total Groton Kindergarten students | 429 | 480 | 466 | 443 | 392 | 448 |

**Chart 7**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Literacy Skills Level 3 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Groton students scoring Level 3 | 78 | 137 | 97 | 102 | 150 | 109 |
| Total Groton Kindergarten students | 429 | 480 | 466 | 443 | 392 | 448 |

**Chart 8**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Numeracy Skills Level 3 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Groton students scoring Level 3 | 71 | 149 | 96 | 118 |  | 120 |
| Total Groton Kindergarten students | 429 | 480 | 466 | 443 | 392 | 448 |

**Chart 9**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Physical Skills Level 3 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Groton students scoring Level 3 | 144 | 228 | 172 | 145 | 199 | 141 |
| Total Groton Kindergarten students | 429 | 480 | 466 | 443 | 392 | 448 |

**Chart 10**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Personal skills Level 3 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # Groton students scoring Level 3 | 118 | 192 | 141 | 128 | 202 | 122 |
| Total Groton Kindergarten students | 429 | 480 | 466 | 443 | 392 | 448 |

Consistently, fewer students in Groton are prepared for Kindergarten compared to the state average (Table 2). The degree varies by domain.

**Table 2: Summary Groton vs CT Scoring Level 3 on K Inventory** (ctdata.gov)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Groton/CT 2009 | Groton/CT 2010 | Groton/CT 2011 | Groton/CT 2012 | Groton/CT 2013 |
| Creative Skills | 48%/48% | 38%/47% | 35%/52% | 39%/49% | 36%/50% |
| Language Skills | 35%/37% | 26%/37% | 25%/39% | 33%/38% | 30%/38% |
| Literacy Skills | 29%/34% | 21%/35% | 23%/39% | 30%/38% | 24%/38% |
| Numeracy Skills | 31%/36% | 21%/38% | 27%/42% | ?%/40% | 27%/40% |
| Personal Skills | 40%/41% | 30%/41% | 29%/44% | 41%/42% | 27%/42% |
| Physical Skills | 48%/47% | 37%/47% | 33%/51% | 40%/50% | 32%/50% |

In all but two instance (Creative and Physical 2009), fewer Groton children are fully prepared for kindergarten as indicate by scores of Level 3 on each domain when compared to the CT average. In 19 of the 30 comparisons the gap is 10 percentage points or higher (eight are higher than 15 percentage points). These scores show a substantial difference between Groton and the CT average. Year after year the scores are consistently low. In most instances the scores show no more than 25% to 35% of the children entering kindergarten fully ready to learn in each domain.

The Fourth Quartile data of the KEI shows the percent of students who score 17 and 18 out of a total possible score of 18 on the KEI, indicating fully prepared for Kindergarten across all six domains. The data in Chart 11 corroborate the findings from the individual skill scores.

**Chart 11**

The low scores on the KEI 4th Quartile point to a need to examine data related to the pre-K experience of children entering Kindergarten in Groton schools. How many children enter kindergarten with a pre-K experience? Chart 12 indicates that fewer Groton children enter Kindergarten with a pre-K experience compared to the state average.

**Pre-K Experience**

**Chart 12**

Of the children with a pre-K experience, what is the setting of these experiences? Tables 3-5 provide data on pre-K experiences by funding source and setting. This data is incomplete and only presents data on children attending programs funded with federal, state or local dollars.

**Table 3: OCT 2012 Community Based Pre-K Enrollment Counts (PKIS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Town Name | Primary Funding | Age 3 | Age 4 | Age 5 | Total Enrollment |
| Groton | Care\_4\_Kids | 0 | 5 | 3 | 8 |
|  | DSS | 11 | 10 | 6 | 27 |
|  | Head Start-Federal | 11 | 21 | 3 | 35 |
|  | Parent Pay | 0 | 3 | . | 3 |
|  | Private | 0 | 2 | 2 | 4 |
|  | School Readiness | 11 | 19 | 3 | 33 |

**Table 4: Care 4 Kids Funding**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 |
| Average # Groton families served per month | 140 | 150 | 149 | 151 |
| Unique total Groton families served per year | 220 | 226 | 231 | 234 |

**Table 5:** **2012 Groton Care 4 Kids Data by Service Setting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service Settings | Regulated | | | Exempt | | Unregulated |  |
| Municipality | **Center** | **Group Home** | **Family Home** | **Exempt School** | **Exempt Program** | **Relative Care, Care in a Child’s Home** | **Total**  (This is a distinct count, not a sum of the columns) |
| GROTON | 119 | 0 | 20 | 19 | 0 | 51 | 206 |

**Quality Pre-K Programs**

How many children attend a quality program? For children enrolled in a quality program, are they fully prepared for kindergarten or is work needed to link pre-K curriculum to the kindergarten curriculum? Much of this information is unknown or incomplete at this time. A system is needed to create a uniform intake process for Groton Public Schools to collect data on pre-K experience for all children entering kindergarten. Individual family interviews currently take place prior to the start of school and formalizing the questions related to pre-K experience is possible. Once uniform information is obtained, data can be analyzed by risk factors, to provide direction for strategy development. Family and community strategies and communication with the school system will be necessary in order to see an increase in students prepared for kindergarten.

**Developmental Delays**

Developmental delays can also impact a child’s ability to be prepared for kindergarten. An in-depth review of children birth to eight regarding the identification of developmental delays and services received will provide information for another avenue of strategies in linking Birth to Three referrals, screening and services to the school system, and determining gaps in identification and services. This data exploration is being included in the Health domain.

**Early Literacy**

Early literacy and oral language development form the foundation for reading success. The National Institute for Early Education Research reports four key principles that guide the development of early literacy. These principles include: 1) Oral language is the foundation of literacy development, 2) Children’s experiences with the world greatly influence their ability to comprehend what they read, 3) Learning to read and write starts long before first grade and has long-lasting effects, and 4) Children’s experiences with books and print greatly influence their ability to comprehend what they read.

Parents must recognize the importance and value of early literacy development and view themselves as their child’s first teacher. Are Groton families reading aloud to their children starting at birth? Are they engaging with their children through conversation and involving their children in daily interactive experiences that help their child learn about the world around them? How are these experiences different for children of color or those from low-income families? Does a mother’s level of education or the age of the mother influence outcomes?

Chart 13 indicates the percent of Groton mothers who do not have a high-school diploma. The 2008-2010 average as reported by DPH is 6.7% (45 births), almost half of the Connecticut 2010 average of 12%, indicating that a targeted strategy for this population, while helpful, would not have a dramatic impact by itself on overall reading scores. Therefore, family literacy strategies must be both targeted and more broadly focused in order to reach the many children who are below grade level in reading. Births to teen mothers are also low (19 in 2010) and are also almost half of the state average (12%).

**Chart 13:** **Indicator: Percent of mothers without a high school diploma**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2005 | 2006 | 2007 | 2008 |
| Births to mothers without high school diploma | 7.03 | 6.94 | 6.18 | 7.12 |
| Number | 47 | 45 | 39 | 46 |
| Total Births | 669 | 648 | 631 | 646 |

Thefive-year estimate from 2008-2012 American Community Survey is 5.6% of Groton’s over 25 population does not have a high school diploma. This figure includes both male and female residents, but does not distinguish between families with and without children. The survey provides a breakdown of family structure, as shown below in Table 6.

**Table 6: Groton Family Structure for Families with Children under the age of 18**

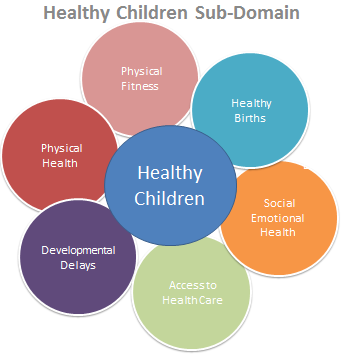
|  |  |
| --- | --- |
| Groton Family Structure | Percent |
| Two-parent household | 20.8% |
| Male head of household | 1.9% |
| Female head of household | 6.9% |
| Families with one or more children under 18 | 32.1% |

CFG has initiated a children’s book collection and distribution program. While getting books into the hands of families with young children is a start, much needs to be assessed to determine the focus of strategies that will impact early literacy development for Groton children. The *Reading Excellence and the Achievement Gap* pilot focused on a combination of strategies focusing on alternative assessments, intensive teacher training, parent engagement, and classroom mentoring in 15 of Connecticut’s lowest achieving schools. Within a short period of time significant progress in the reading proficiency of students was reported. Lessons learned from this project can provide guidance for the development of strategies for Groton. When early literacy experiences occur within the home, school and community children become immersed in an environment that supports their early growth and development, leading to school readiness. This early literacy work will link the work of the *education domain* with that of the *strong family domain* providing family , community and school-based strategies.

In gaining a complete story behind the data, it should be noted that GPS has closed the gap between Groton and the state as measured by CMT third grade reading scores, suggesting significant achievement in helping students gain the skills they did not have when entering school. More data exploration of disaggregated data will identify which sub groups of students and which schools have seen the greatest gain. This information will then inform strategy development.

**STRATEGIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strategies** | **Partners** | **Actions** | **When** | **Cost per Year** | **Performance Measures** |
| **Kindergarten Readiness** |  |  |  |  |  |
| Develop pathways to communication between GPS and birth to pre-K systems. | GPS, B-3, Head Start, FRC, libraries, pre-K, | -develop transition strategies  -increase family connections to systems – |  |  |  |
| Develop linkages between pre-K and Kindergarten Curriculum. | Pre-K reps, Kindergarten reps, curriculum specialist | -develop a pre-K-Kindergarten task force to review and align curriculum  -provide joint professional development opportunities |  |  |  |
| **Early Literacy** |  |  |  |  |  |
| Educate parents on importance of reading aloud to children from birth. | FRC, libraries, pediatricians, VNA, NFN home visiting program, City neighborhood group, faith-based communities | -Prescription to Read program  -formalize City of Groton Neighborhood book collection and distribution program  -increase outreach to engage at-risk families in community-based programs that promote family literacy, including home visiting, libraries and Family Resource Centers |  |  |  |
| **Chronic Absenteeism** |  |  |  |  |  |
| Data development agenda on chronic absenteeism. | GPS, CFG data team, pre-K staff, Ed workgroup | -review disaggregate data by school  -conduct Turn the Curve activity  -explore pre-K absences Is there a link to school absenteeism?  -compare Groton data with ERG and HRG communities to identify successful strategies |  |  |  |
| **pre-K experiences** |  |  |  |  |  |
| Develop data collect system to assess pre-K experience using common definitions. | GPS enrollment officer, pre-K reps | -develop a definition of quality preschool  -work with GPS enrollment officer to implement an entrance survey related to pre-K experience  -develop an inventory of available pre-K programs including information on teacher credentials, program certification, curriculum, slots available, program hours |  |  |  |



**HEALTH DOMAIN**

The indicators, story behind the baseline and strategies for the health domain are described below.

Domain Result: All Groton children are healthy.

**PREGNANCY OUTCOMES**

Department of Public Health (DPH) 2008-2010 data reports 1,831 births to Groton mothers (approximately 610 births per year). Looking at birth data from 1999-2010, numbers of births were consistently in the mid to upper 600s from 1999 until 2009, after which the number dropped to 594. The 2008-2012 U.S. Census Bureau reports there were an estimated 498 births per year to Groton women age 15 to 50, suggesting a continued decline in births. This data indicates 1.3% of Groton mothers delivered a very low birth weight baby (CT average 1.5%) and 7.4% deliver a low birth weight baby, which is lower than the CT average of 8.0%. Groton’s rate of birth to unmarried mothers is close to 25%. However, the rate of birth to mothers under 20 is 5.0%, which is lower than the Connecticut rate of 6.6%. Of particular concern is the rate of low and very low birth weight births among blacks, which is 2 and 4 times as high respectively compared to whites.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | CT  Total births | Groton  Total births | Very Low birth weight | Low birth weight | Not married | No H.S. diploma | <20 |
| CT Births | 37,713 |  | 1.5% (1,745) | 8.0% (9,370) |  |  | 6.6% |
| Groton Births |  | 1,831 | 1.3% (23) | 7.4% (112) | 24.7% (454) | 12.3% (122) | 5.0% (91) |
| White- | 21,593 | 1,204 | 0.9% (11) | 6.1.% (62) | 6.7% | 9.8% | 6.4% |
| Black- | 4,641 | 121 | 4.1% (5) | 12.4% (10) | 19.6% |  |  |
| Hispanic | 8,223 | 198 | a (4) | a (9) | 8.8% | 14.7% |  |
| Other- | 2,984 | 287 | a (3) | a (29) |  |  |  |

Birth Data- 2008-2010 (DPH- Town of Groton-Birth Weight and Gestational Age by Mother’s Race and Hispanic Ethnicity; Mother’s Presumptive Marital Status, Education and Age; Initiation and Adequacy of Prenatal Care; Smoking and Alcohol Use During Pregnancy; CT Residents Births, Birth to Teenagers, Low Birth weight Births and Prenatal Care Timing and Adequacy)

* Percentages were not calculated for less than five events because of the high degree of variability associated with small numbers. Denominators used with missing data

The rate of Groton women reporting that they smoke during pregnancy is 5.9%, as compared to the state average of 4.9%. This data is self-reported at medical visits and it can be presumed that some women do not accurately disclose this information; therefore these may be underestimates of smoking rates during pregnancy. One outcome of smoking during pregnancy is a low birth weight baby. The percentage of Groton mothers delivering a low birth weight baby (7.4) is the same for smoking and nonsmoking mothers. This rate is below the state average.

Prenatal Care and Smoking - 2008-2010 DPH data

|  |  |  |  |
| --- | --- | --- | --- |
|  | CT | Groton | Groton Low birth weight |
| Smoke during pregnancy | 4.9% (5,704) | 5.9% (108) | 7.4% |
| Non adequate prenatal care | 20.3% (23,420) | 12.1% (221) |  |
| Late/no prenatal care | 12.5 (14,420) | 7.7% (141) |  |

The state of Connecticut categorizes prenatal care using the Adequacy of Prenatal Care Utilization Index. Using this measure, almost 90% of Groton women were categorized as having received adequate prenatal care from 2008-2010, as compared to the state average of approximately 80%.

**LEAD**

The age and quality of housing in Groton raises concern regarding how the environmental quality impacts children. Children First Groton (CFG) reviewed data regarding lead screening. Children are required to receive two lead screenings; one by age one and a second by age two. In 2012, 743 children between the ages of 9 months and 2 years were screened for lead. This accounted for only 65.6% of the total children in this age range that resided in Groton, leaving 34.4% or 389 children not being properly screened for lead. Screenings are conducted during regular well-child visits.

Beginning in 2013, the screening level of concern was lowered from 10 µg/dL to 5 µg/dL. All children with a level of 5 or higher are required to have a follow-up venous test to confirm the result. The primary care providers and Ledge Light Health District (LLHD) receive the results of all lead screening results that are elevated beyond the level of concern. LLHD sends an educational packet and letter to those parents. These children are monitored for proper follow-up testing. If it is not done LLHD can make a DCF referral. The executive superintendent of a school in Rochester, NY found 100% of kids with elevated lead levels also have special education requirements (SPED ID) in school (behavioral and learning issues). More accurate data on current births is needed to determine if the number of untested children is of concern. Based on findings, CFG will develop a strategy to increase numbers of children screened, including the development of a public awareness campaign to increase the critical need to have screenings completed as recommended. Focusing on the need for every child to be screened for both lead and developmental delays, mobilizing the community for one- and two-year-old screens

would improve the health of Groton children, as well as identify children eligible for a birth to three program.

Given the educational findings, the Education Workgroup will examine data regarding children who have elevated blood for lead levels to determine if a PPT is held for all children with elevated lead levels.

LEAD SCREENING AND RESULTS as compiled by Ledge Light Health District

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2012 |  | # 0-4mg/dl | # 5-9 mg/dl | # 10-14 mg/dl | # 15-19 mg/dl | # >20 mg/dl |
|  | Non Confirmed | 653 | 25 | 5 | 0 | 1 |
|  | Confirmed | 347 | 6 | 3 | 0 | 0 |
|  | Total Children Tested | 983 | 30 | 4 | 0 | 1 |
|  | Total Tests Run | 1000 | 31 | 8 | 0 | 1 |
|  |  |  |  |  |  |  |
| 2013 |  | # 0-4mg/dl | # 5-9 mg/dl | # 10-14 mg/dl | # 15-19 mg/dl | # >20 mg/dl |
|  | Non Confirmed | 1005 | 26 | 3 | 3 | 3 |
|  | Confirmed | 153 | 5 | 3 | 1 | 0 |
|  | Total Children Tested | 1120 | 27 | 4 | 3 | 2 |
|  | Total Tests Run | 1158 | 31 | 6 | 4 | 3 |

Non-confirmed finger print only. Confirmed with follow-up venous test.

**ASTHMA**

The frequency of asthma related visits to the emergency department and resulting hospitalizations is concerning across Connecticut. The following is data provided from the DPH 2012 Asthma Surveillance Report and were age adjusted as compared to other communities in the Diverse Suburbs Health Reference Group. Groton reported children visiting the emergency department due to asthma at the second highest rate (114.7), surpassed only by Norwich (119.3). In this comparison group, the towns with the highest emergency department visit rates, Norwich, Groton, Bristol and Vernon, all have emergency departments located in their community. Among those towns, Groton has the lowest hospitalization rate and hospitalization rate as a result of a visit to the emergency department. This suggests that the visits to the emergency department by Groton residents may be less severe, and therefore more susceptible to interventions that would prevent these visits from occurring.

Groton has many residents with poorly-controlled asthma, compared to other towns with similar population, income, diversity and housing. Poorly-controlled asthma leads to high rates of emergency department visits, though lower hospitalizations rates than most towns across both the Education Reference Group and the Health Reference Group.

|  |  |  |  |
| --- | --- | --- | --- |
| Town | Hospitalization Rate | ED Visits | Hospitalizations as a result of ED visit |
| Groton | 11.2 | 114.7 | 6.1 |
| Montville | 9.8 | 66.5 | 12.1 |
| Waterford | 11.6 | 77.9 | NA |
| Bristol | 18.7 | 95.5 | 16.7 |
| Norwich | 20 | 119.3 | 13 |
| Windsor | 10.2 | 44.8 | 17.2 |
| Vernon | 9.1 | 84 | 8.7 |

Groton, Montville, Waterford and Vernon are in the same Education Reference Group. Groton, Bristol, Norwich, Windsor and Vernon are in the same Health Reference Group.

Noting that emergency department visits are high related to asthma symptoms, CFG reviewed HUSKY data related to emergency visits as well. For a complete picture TriCare (Navy Health Center) data from the Naval Ambulatory Care Center must be obtained. A further breakdown of data from Lawrence and Memorial Hospital will provide information i.e. type of illness, intentional vs accidental injury, private vs public insurance, self-pay.

Assuming that children covered by HUSKY have a medical home, further information is needed to determine if there are obstacles to care that force families to use the Emergency Department. For example, are there limited doctors in the area who accept HUSKY? Is there a lack of transportation or conflict between work hours and office visit hours? Are there cultural issues? The Husky data below indicate that asthma-related visits to the emergency department make up a large proportion of total ED visits among HUSKY children 0-8 years old. Further, this proportion remains greater across each age category when compared to the state.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Groton Emergency Visits | Total # | Total % | <3 # | <3 % | 3-5 # | 3-5% | 6-8 # | 6-8% |
| 2010 Emergency visits | 424 | 52.6 | 120 | 56.3 | 185 | 54.4 | 119 | 47.0 |
| CT Percent |  | 43.1 |  | 56.5 |  | 42.8 |  | 34.0 |
| 2011 Emergency visits | 478 | 52.6 | 139 | 61.5 | 196 | 52.4 | 143 | 46.3 |
| CT Percent |  | 44.3 |  | 56.8 |  | 44.3 |  | 35.7 |

**DENTAL CARE**

HUSKY dental care data indicates that the percent of children receiving dental care in Connecticut generally increases with age. This trend in Groton in 2011 is unfortunately reversed, when the percentage of children receiving a dental care visit decreased with age. The 2011 data compared to 2010 showed a large decrease in the percent of children age three and who received dental care. The UCFS Dental Clinic at Westside Middle School closed in 2013. This is not surprising given that the level of participation continued to decline. It also suggests that further information is needed to understand how access impacted participation. Participation by children under the age of three increased from 2010 to 2011. Is this outcome a result of the Smiles program? For a complete picture of dental care for children data must be obtained from TriCare and private insurance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Groton Dental Care | Total # | Total % | <3%/# | 3-5%/# | 6-8%/# |
| Groton 2010 | 470 | 58.3 | 37.1 (79) | 63.2/ (215) | 69.6 (176) |
| CT Percent |  | 61.5 | 37.3 | 65.5 | 74.3 |
| Groton 2011 | 478 | 52.6 | 61.5 (139) | 52.4 (196) | 46.3 (143) |
| CT Percent |  | 68.6 | 41.6 | 74.6 | 80.2 |

**NUTRITION AND EXERCISE**

Health is impacted by nutrition and exercise. Approximately 45% of Groton children kindergarten through grade three receives free or reduced price school meals. In 2010 through a mandate from Superintendent Paul Kadri, Groton Public Schools began calculating Body Mass Index for all fourth graders, 37% were found to be at an unhealthy level. This data is still being collected. More information is needed on this process. It can be easily calculated through an automated health data system. Within the next month, LLHD will have the results of their Health People 2020 report.

Only 38.8% (CT average 50.9%) of Groton fourth graders passed the Physical Fitness test. Students with poorly controlled asthma are more likely to have a high BMI as they are afraid they can’t breathe if they exercise. What percent of students with asthma pass the Physical Fitness test? Of those who do not pass, what is their BMI?

2012-13 Free/Reduced Price Meals Grade 1-3(ct.data.org)

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | Total | Free and Reduced | Percent |
| K-3 | 1,712 | 760 | 44.39 |
| Kindergarten | 456 | 193 | 42.32 |
| 1 | 466 | 201 | 48.77 |
| 2 | 408 | 199 | 43.71 |
| 3 | 382 | 167 | 42.32 |

% passing all 4 levels of Physical Fitness test (ct.data.org)

|  |  |  |
| --- | --- | --- |
| Year | Groton | Connecticut |
| 2007 | 25.7% |  |
| 2008 | 28.4% |  |
| 2009 | 27% |  |
| 2010 | 39.1% | 50.4% |
| 2011 | 38.8% | 50.9% |

**SOCIAL AND EMOTIONAL**

The social and emotional health of young children impacts all aspects of their life. The Kindergarten Entrance Inventory is administered to all incoming kindergarten students. The graph below shows the percentage of Groton students scoring at Level 3 in the personal skills domain, indicating the percent of students that are fully prepared socially to enter kindergarten. Groton children fall below the state average, with 30% or more of Groton not having the social skills needed to be successful in kindergarten.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Personal skills | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| # scoring Level 3 | 118 | 192 | 141 | 128 | 202 |  |
| Total K students | 429 | 480 | 466 | 443 | 392 |  |
| % scoring Level 3 | 28% | 40% | 30% | 29% | 41% | 27% |

**SUSPENSION AND EXPULSION**

Suspension and expulsion rates for students in grades K-3 may be another indicator of the social emotional preparedness for children to enter Kindergarten. From 2011 to 2012 there was a marked increase in the number of students subjected to such disciplinary action. This may be an indicator that there were changes in the way disciplinary action was administered, or these numbers may reflect an actual increase in behaviors that require discipline. In order to gain a clear picture disaggregated data is needed to review reasons for the sanction and determine the unduplicated count of children.

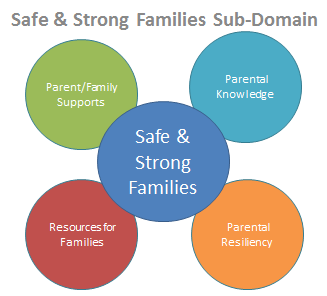
Pre-Kindergarten-Grade 3 in-school and out-of-school suspensions and expulsions by grade

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Pre-Kindergarten | Kindergarten | Grade 1 | Grade 2 | Grade 3 | Total | Percent |
| 2008 | 0 | 1 | 17 | 8 | 9 | 35 |  |
| 2009 | 0 | 9 | 31 | 25 | 24 | 89 |  |
| 2010 | 0 | 2 | 8 | 8 | 59 | 77 |  |
| 2011 | 0 | 0 | 7 | 2 | 19 | 28 of 1,144 | 2.6% |
| 2012 | 0 | 25 | 38 | 21 | 33 | 117 of 1,075 | 10.8% |
| 2013 | 0 | 9 | 45 | 30 | 19 | 103 of 1,078 | 9.5 % |

**STRATEGIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strategies** | **Partners** | **Actions** | **When** | **Cost per Year** | **Performance Measures** |
| **Physical Health** |  |  |  |  |  |
| Develop a data development agenda to gain a complete picture of the gaps in screening for lead and developmental children (for children ages birth-three) | GPS, B-3, Ledgelight Health District, pediatricians, Visiting Nurse Assoc. of SE CT |  |  |  |  |
| Develop strategy for increasing the number of children under the age of three who screened for lead levels and developmental delays. | GPS, B-3, Ledgelight Health District, pediatricians, Visiting Nurse Assoc. of SE CT |  |  |  |  |
| Develop a data development agenda focusing on dental health. | GPS, UCFS, pediatric dentist, Ledge Light Health District, TriCare military rep |  |  |  |  |
| **Access to Care** |  |  |  |  |  |
| Assess emergency room usage data and develop a data development agenda to determine issues affecting access to care. | GPS, L&M hospital, Ledge Light Health District, TriCare military rep, pediatrician |  |  |  |  |
| Continue collection and review of asthma data to determine relationship between emergency room visits and access to care. | GPS, Ledge Light Health District, TriCare military rep, L&M hospital |  |  |  |  |
| **Fitness and Nutrition** |  |  |  |  |  |
| Review procedures for collecting BMI and develop plan for utilizing this information to impact the health of young children. | GPS, Ledge Light Health District, TriCare military rep, L&M hospital, Parks and Rec |  |  |  |  |
| Review policies and propose changes where there can be an impact on the health of young children. | GPS, Ledge Light Health District, TriCare military rep, Parks and Rec |  |  |  |  |
| **Social Emotional Well-being** |  |  |  |  |  |
| Gather additional data regarding suspension and expulsion and assess links to social emotional development. | GPS, Ledge Light Health District, TriCare military rep, clinicians |  |  |  |  |

Work in the Heath Domain will continue under the guidance of the Health Workgroup to further analyze the presented data and identify appropriate strategies to address identified needs.



**Safe and Strong Families Domain**

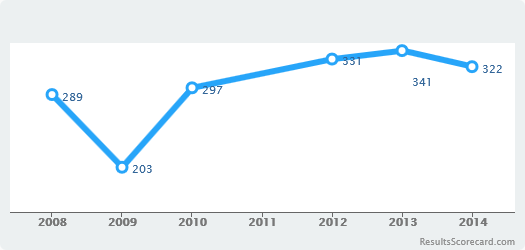
The focus of this work will come from the Strengthening Families Model, which puts protective factors within the context of neighborhoods. A critical factor in a child being prepared for school is the ability of the family to support their child’s healthy growth and development. CFG has determined that family capacity, social connections and support systems will be the focus of work within this subdomain.

Because of the U.S. Submarine Base, service industry and casinos, Groton is a community of mobility with transiency impacting the community. Of Groton children pre-K through grade three, 33% of the students are from a military family. Of the total population over one year old 75.5% remained in the same home as the previous year. Of those families who moved, 10.8% remained in New London County and 12.9% moved to another county. One indicator to be considered is the percent of children who have moved within the past five years. Other indicators of interest focus on reading aloud to children, and access to community resources. A data development agenda will be prepared to guide the work within this subdomain.

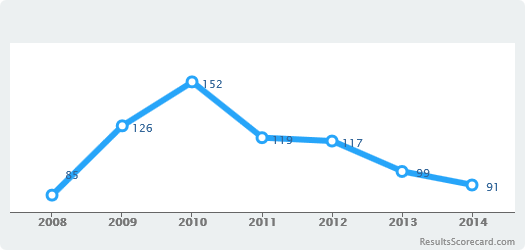
Domain Result: All Groton Children safe and connected to strong families

**ABUSE AND NEGLECT**

There is no statistic more troubling than the number of Groton’s children birth through age eight years old who have been abused and neglected. The following graph demonstrates the number of reported child abuse and neglect cases as to the Connecticut Department of Children and Families (DCF), the agency responsible for child welfare.



The immediate emotional effects of abuse and neglect—isolation, fear, and an inability to trust—can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and depression (Dubowitz, Papas, Black, & Starr, 2002). The next chart shows the number of abuse and neglect cases that were substantiated by the Department of Children and Family when their case workers investigated the reported cases shown in the previous chart.



In one long-term study, as many as 80 percent of young adults who were abused met the diagnostic criteria for at least one psychiatric disorder by age 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts (Silverman, Reinherz, & Giaconia, 1996). Other psychological and emotional conditions associated with abuse and neglect include panic disorder, attention-deficit/hyperactivity disorder, depression, anger, posttraumatic stress disorder, and reactive attachment disorder (Teicher, 2000; De Bellis & Thomas, 2003; Springer, Sheridan, Kuo, & Carnes, 2007).

Other studies have found that children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement (U.S. Department of Health and Human Services, 2003). A 1999 LONGSCAN study also found a relationship between substantiated child maltreatment and poor academic performance and classroom functioning for school-age children (Zolotor, Kotch, Dufort, Winsor, & Catellier, 1999).

Children who experience rejection or neglect are more likely to develop antisocial traits as they grow up. Parental neglect is also associated with borderline personality disorders and violent behavior (Schore, 2003).

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group, even at a young age. A survey of children ages three to five in foster care found these children displayed clinical or borderline levels of behavioral problems at a rate of more than twice that of the general population (ACF, 2004b). Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease (Johnson, Rew, & Sternglanz, 2006).

According to a National Institute of Justice study, abused and neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime (juvenile or adult) (English, Widom, & Brandford, 2004).

Research consistently reflects an increased likelihood that abused and neglected children will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime (Dube et al., 2001). According to a report from the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children (Swan, 1998).

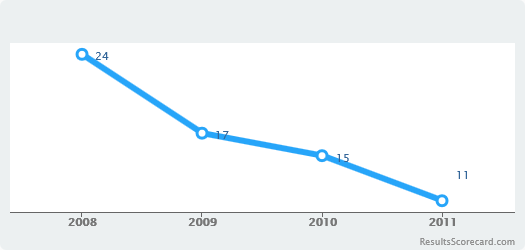
Abusive parents often have experienced abuse during their own childhoods. It is estimated approximately one-third of abused and neglected children will eventually victimize their own children (Prevent Child Abuse New York, 2003).While child abuse and neglect almost always occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

**Strategies That Potentially Address This Issue**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strategies** | **Partners Who Are Responsible** | **Actions** | **When** | **Cost per Year** | **Performance Measures** |
| Hire more Home Visitors  to serve Groton families/Navy families |  FFSC- NAVY   Colleges   Groton Community Service Agencies   VNA   Family Resource Center   Head Start | VNA has already expanded work. With further funding can increase number of visits in Groton.  Fundraise  Hire new home visitors | Fall 2014 | $3,500 per family served  or less | # of families served  % of families served who can identify positive discipline strategies   % of families served who do not require DCF intervention after service   % of families who felt they were better off after the home visits |
| Create Educational Opportunities for parents through (PTA) Presentations, Safety Fairs, Websites, TV Programs, Home Visitation, community agencies, etc. |  Fleet Family Support Ctr. (for military community)   Parks and Recreation   Human Services   DCF   Community Agencies | Create calendar of training topics and locations  Begin planning sessions in community  Market sessions to families | Summer 2013 | Cost of babysitter, food and presenters.  $300 is needed per session for a total of 24 sessions each year equaling $7,200 |  % of participants who have an increased knowledge and understanding of positive parenting skills and child safety |
| Mentors for Groton families and Navy families  (quarterly COMPASS training) |  COMPASS (NAVY spouses mentoring other NAVY spouses);   FFSC;   Human Services   Park and Rec. Dept. | Work with Fleet and Family Support to try to expand training for military and non-military residents of Groton | Fall 2014 | ~$1,000/yr for COMPASS |  # of mentors recruited   % of mentors involved for more than 6 months   # of families in Groton obtaining mentoring services |
| Look for funding to  Increase number of Child Psychologists/ Family Therapists in the Groton Area |  Human Services   Public Schools   Groton community | Fundraise  Meet with existing counselors in Groton to explore expansion | Fall 2015 | $50,000 per counselor full time for 1 year, or $10,000 per part time counselor per year |  Total dollars raised   # of new counselors hired   # of new patients obtaining counseling services because of new counselors |
| Provide Respite Care for Parents who have children with special needs, including drop-in services.  This would include hiring a staff person to oversee work |  Birth to Three   Groton Community   Professional Providers   Fire Dept.   Human Services   Children First Groton | Fundraising to begin in 2012  Respite is available now if people can afford it | Groton Community  and Military families | Anywhere from $40 a day to $70 a day per child served. Up to $2,500 per year per child to provide average of ¼ time care during year. Full time care costs between $10,000 and $13,000 per year per child |  # of respite care providers recruited and trained   % of respite care providers remaining for more than 1 year   % of parents who identify respite   care as helpful their family |

**DOG BITES**

In our research, we have discovered that there is a correlation between families keeping large numbers of animals, child abuse, and in some cases dog bites. One DCF worker stated, “I can't tell you how many houses I and many other DCF workers go into, where there are countless pets; i.e., sometimes 12 - 20 cats; multiple dogs… and the family is barely providing adequately for the children of the home. Whether it be inability to provide for all financially, or with respect to basic supervision/care -the end result is often neglect of something.” He went on to state, “These cases are often inclusive of mental health issues as well.”



Education regarding safety around pets is an important issue and one that Groton has been addressing through the PAWZ program. Our hope is that we can increase the number of students who are able to participate in this program.

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| **Strategies** | **Partners Who Are Responsible** | **Actions** | **When** | **Cost per Year** | **Performance Measures** |
| Hire additional PAWZ staff person |  Safe Kids Animal Control Officers   Safe Kids New London   Community Partnerships   PAWZ Program   Groton Animal Foundation   Groton Public Schools   Early Care and Education sites   Girl scouts and Boy scouts | Fundraise | Spring2014 | $9,360 for staff person and $800 for materials (potentially shared with other neighboring communities |  # of children served   % of children who have an increased understanding of how to deal with dogs   % of dog bites identified each year as compared to past years. |

**BICYCLE SAFETY**

It is difficult to assess the number of bicycle accidents in Groton. It is also difficult to measure whether there is a correlation between bike safety and wearing bike helmets because when children are in bicycle accidents, it is rarely noted if they were wearing a helmet at the time. National data suggest that there is a relationship between wearing helmets and less serious head injuries due to bicycle accidents.



Anecdotally, Groton police officers (both city and town) have observed that very few children wear bike helmets. Since it is an unenforceable offense, we have decided to promote a “pro-active approach” to bike safety. So, the police department established a program called, “Catching Children Wearing Their Bike Helmets,” where police officers issued “pogs,” good for a free ice cream at Dairy Queen if the police officer “caught” a child wearing a helmet.

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| **Strategies** | **Partners Who Are Responsible** | **Actions** | **When** | **Cost per Year** | **Performance Measures** |
| Bike Helmet Policing Program (and increasing the positive personal contact of the police officers with the children on a day to day basis in the community) |  Town and City Police Depts.   Ice cream or roller skating vendor   Safe Kids New London   Other vendors or businesses |  Connect with town and city police depts. | Summer2012 and ongoing | Low cost/no cost. Main cost is for volunteer to gather giveaway prizes for police to give out to children and distribute them to the City and Town police departments to distribute |  # of tickets or give-away items issued each summer   Anecdotal information from surveying Groton City and Town Police Departments regarding children’s use of bike helmets after the start of the program.   # of children surveyed who feel that their interactions with the police officers have been positive and helpful in letting them get to know the police for good reasons. |