

West TN Early Care & Education Plan



Bright Start TN
West Tennessee

To the West Tennessee Community,

It is an exciting time to be a West Tennessean!

Ford's recent commitment to invest \$11.4B in Blue Oval City is sure to change the trajectory of the region's economic growth. Investments in other parts of the region are also promising, such as Sinova's 150 million dollar project that will bring a state-of-the-art silicon metal plant to distressed Lake County. With all the ongoing industrial growth and expansion, opportunities for workforce and economic development are at an all-time high.

To prepare for this unprecedented growth, our community must act strategically and intentionally to address potential barriers and gaps in infrastructure. If West Tennessee families are going to benefit from the economic opportunities, we must prioritize access to high-quality early education for their children.

West Tennessee has historically lagged behind the rest of the state in population growth, median income, educational attainment, and literacy rates. Not only is now the time to invest in early care and education to seize the opportunities ahead of us; it is critical to the well-being and future of our children.

This document is the product of many hours of research, collaboration, brainstorming, and careful planning with stakeholders across nine counties in rural West Tennessee. Thank you to the parents, teachers, caregivers, service providers, and community leaders who helped to shape this action plan. Thank you to those who shared their stories and challenges through focus groups, interviews, and surveys. This report would not be possible without the opportunity to learn what it is like to raise, serve, and educate young children in rural West Tennessee.

We believe that with ongoing community investment, this plan can move the needle on our region's educational outcomes.

We are committed to implementing this plan with care, diligence, and consistent monitoring. The Bright Start West Tennessee team will be quarterbacking this work with implementation beginning immediately.

Our children are our most important asset, and we hope to partner with you as we secure a bright start and a brighter future for them all.



Bright Start TN
West Tennessee

Sincerely,

**The Bright Start West Tennessee
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Bright Start West Tennessee Steering Committee

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In consultation with the Bright Start West Tennessee steering committee, this plan was written by Olivia Abernathy, Director of Early Education Initiatives for United Way of West Tennessee.

Acknowledgments

This early care and education action plan is the product of collective impact work, an intentional way of solving complex problems through multi-sector collaboration and communication. United Way of West Tennessee served as the convener for this initiative, but the action plan is a community-owned and community-driven endeavor.

Our deep appreciation goes to Tennesseans for Quality Early Education for funding the statewide network of Bright Start fellows, providing technical assistance and data, and for continuing to invest in Tennessee's children in bold and innovative ways.

We acknowledge that this plan comes after many have faithfully labored in the (often thankless) field of early care and education for decades. Whatever comes from this action plan is possible because of the solid foundation we build it upon.

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The First 8 Years

Third grade is widely acknowledged as a critical benchmark year for future academic success. A student not reading at grade level in third grade is four times more likely to drop out of high school. Whether they are proficient readers depends on the quality of their learning experiences in the years prior. To say it simply, the early years matter.

Children are born with great potential for development and learning. The evidence is clear: experiences during the first few years of life have a profound and lasting impact. During the first three years of a child's life, the developing brain forms more than one million new connections per second¹. These connections form the foundation for all future learning.

Positive early childhood experiences make a difference. Research shows that brain development is influenced by environment and experiences². Positive experiences in these crucial years are essential for child health, learning, and overall well-being.

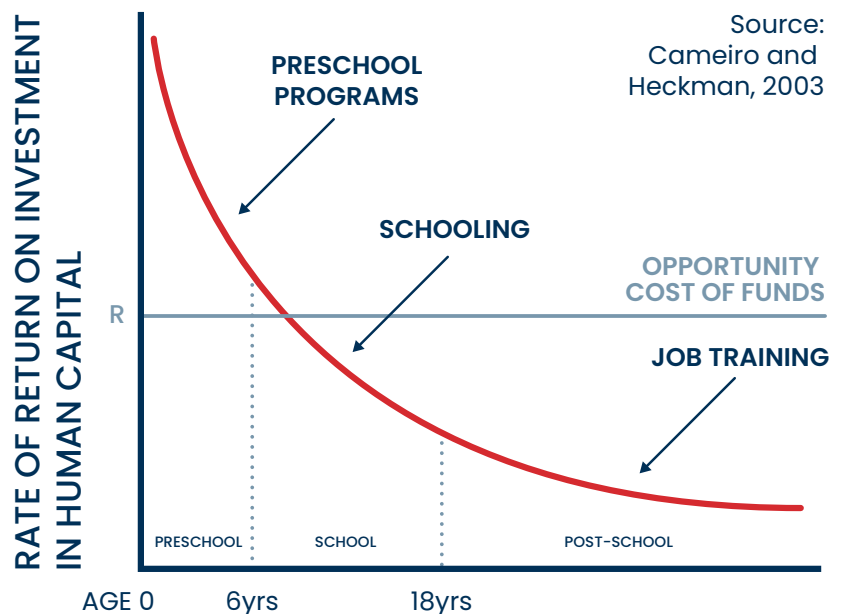
For young children to thrive, families must have the resources and support they need. Families are the primary source of children's earliest learning experiences and their means of connection to all that they need to thrive. Early childhood services can support family stability and strong parent-child connections: the primary context in which children learn, develop, and form secure attachments³. When families are connected to the support and services they need, it not only benefits children but also enables families to participate in the workforce and access other opportunities in the community.

Unfortunately, not all children and families have equal access to positive early childhood experiences. Families across the U.S. face high costs and limited access to early care and education. These challenges are exacerbated for families with no or limited income, those living in rural areas, and those that lack access to reliable transportation. Many West Tennessee families fall into one of these categories. Inequitable distribution of wealth and resources, rising costs of living, and persistent barriers to access contribute to a reality in which early childhood opportunity gaps occur systematically and impact the broader community. Meanwhile, chronic underfunding of the early childhood system ensures that high-quality early childhood experiences remain out of reach for many children.

Early childhood programs and services are smart investments. Studies have repeatedly shown that investment in quality early education is more life- and cost-effective than later remediation⁴.

The figure to the right known as "The Heckman Curve", by Nobel Laureate Prize-winning economist James Heckman, shows clearly how investments in the early years have by far the greatest return. Particularly for disadvantaged children, early education can have returns as high as \$7 – \$13 for every \$1 invested⁵.

That's why Tennesseans for Quality Early Education (TQEE) introduced Bright Start TN – an initiative of TQEE that brings together a statewide network of community partnerships dedicated to accelerating early learning outcomes and closing achievement and opportunity gaps for Tennessee children from birth through third grade.



The Need

Less than one-third of West Tennessee's students are on track in reading (30%) or math (21%) by the third grade. Economically disadvantaged students are often further behind, a gap we cannot ignore with over half of West Tennessee children living in or near poverty⁶.

The growing deficit in students' academic preparedness, despite the best efforts by many stakeholders, is a crisis with widespread ramifications. Research shows that when students are not at grade level by the third grade, they are more likely to suffer negative outcomes such as lower earnings, poorer health, and higher rates of high school drop-out and even incarceration⁷.

The cost is high for communities as well. The economic impact of these academic deficits is hard to calculate, but many estimate a financial toll in the billions. For every child that does not graduate high school, a community can anticipate a loss of \$260,000 in future taxes, revenue, and productivity⁷.

Despite recognition of how important third-grade proficiency is, the needle proves difficult to move. There are many contributing factors to low proficiency, such as poverty; high teen birth rates; lack of access to transportation and medical services, and the presence of child care deserts in many rural counties.

The bottom line is that thousands of families in West TN do not have access to key supports needed in the first years of a child's life- years that we know are crucial in brain development. Early childhood services support strong parent-child connections- the primary context in which children learn, develop, and form secure attachments. When families are connected to the early childhood services they need, it not only benefits children but also enables families to participate in the workforce and access other resources in the community.

The crisis of declining academic preparedness is a complex problem, but not a hopeless one. Evidence shows that investing heavily in early childhood education is a cost-effective solution to many of these issues. The early years of a child's life have lasting effects, setting the foundation for all future learning. For West Tennessee children to come to school equipped with the skills and support needed to succeed, we must act earlier. That's where the Bright Start Tennessee Network comes in.

Bright Start Tennessee Network

An initiative of Tennesseans for Quality Early Education (TQEE), the Bright Start Tennessee Network is a statewide network of community partnerships dedicated to accelerating early learning outcomes and closing achievement and opportunity gaps for Tennessee children from birth to third grade.



As one of six inaugural Bright Start TN partnerships across the state, we've tapped the power of local community members – civic and business leaders, child care providers, nonprofits, schools, families, and other stakeholders – to create and begin implementing our plan for early childhood success. The West TN partnership is led locally by the United Way of West Tennessee.

United Way
of West Tennessee



United Way of West Tennessee (UWWT) is a nonprofit organization with over 80 years of history building a united and resilient community in 14 counties across West Tennessee. Its mission is to advocate for equity by uniting agencies in ways that improve each person's access to health, education, and financial stability. The work of education has become primary in the organization's strategic plan, making the work of Bright Start an obvious mission match.

Vision and Goals

Led locally by United Way of West Tennessee and dedicated partners across West Tennessee, the early care and education plan you'll see outlined in the following pages aims to increase the number of third-grade children proficient in reading and math by five percentage points each year.

2023-2024: Increase the percentage of children testing proficient or above on ELA to 35% and Math to 26%.

2024-2025: Increase the percentage of children testing proficient or above on ELA to 40% and Math to 31%.

2025-2026: Increase the percentage of children testing proficient or above on ELA to 45% and Math to 36%.

To accomplish this, we are using data to better understand barriers to early learning, implementing the evidence-based and promising strategies outlined in this plan, and sharing learnings with peer communities and state policymakers.

Our focus is on goals and strategies aligned with the three domains of the Bright Start TN framework, what we call the "Cycle of Success":

- 1. High-quality birth-through-age-eight learning environments**
- 2. Physical and mental health and development on track from birth**
- 3. Supported and supportive families and communities.**

Creating a Cycle of Success

What children need to achieve 3rd grade level reading and math proficiency



- High-quality birth-through-age-eight learning environments
- Physical health, mental health, and development on track from birth
- Supported, and supportive, families and communities

Skills and achievement gaps take root long before third grade and are often tied to opportunity gaps. Unfortunately, a disjointed and insufficient patchwork of education and supports leaves many children vulnerable, resulting in poor academic outcomes for our children and our state.

We intend to leverage the power of collective action and partnership to build a system of early care and education that can ensure West Tennessee's littlest learners, especially those most vulnerable, get the strong early foundation they need to succeed in school and life.

Three Domains of the Cycle of Success

High-Quality birth through age eight learning environments

High-quality child care, preschool, Pre-K, and elementary school environments help prepare children for school and life. Children need early, consistent, and culturally competent educational support from birth through the critical first eight years. High-quality schools are developmentally appropriate, responsive to the needs of the children and families, and prioritize students' social-emotional development.

To increase the number of children that are on grade level by the third grade, we must address all three of these domains.

Health and Development

Good physical and emotional health helps enable children to become successful learners, proficient readers, and critical thinkers. Children's development begins in utero, and the earliest years are the most critical for future success. Healthy children are more likely to be prepared for kindergarten, less likely to be chronically absent, and have a greater chance of succeeding in the classroom. Inversely, children who are sick often, have poor dental health, or struggle with chronic health or behavioral health conditions are less likely than their peers to be on grade level by the third grade⁸. We seek to increase the percentage of kids with good physical, oral, and social-emotional health beginning at birth.

Supported and Supportive Families and Communities

It is often said and understood that parents are their child's first teachers. Supportive families and communities play a vital role in building a strong foundation for learning. Safe and nurturing relationships with caregivers are a key factor in preparing children for school. Inversely, toxic stress in a child's relationship with a caregiver can change the neural circuitry and chemical composition of the child's brain and make it difficult to learn and adapt in school⁹. Families need to be supported and empowered to ensure children's optimal development and future success both in and out of the classroom.

Measures of Success

The three domains form the framework for this ECE action plan and were used to formulate strategies and interventions. To track progress towards the ultimate goal of raising third-grade reading proficiency, it is important to identify indicators that are both measurable and that drive growth.

The Measures of Success Framework was first developed by experts in North Carolina and called the Pathways to Grade Level Reading Action Framework. TQEE has adapted this Framework to help guide regional Bright Start partnerships and measure progress toward third-grade reading and math proficiency.

The indicators for the 15 Measures of Success will be tracked locally and at the state level, and updated annually on the [TQEE Data Dashboard](#). See Appendix C for the full Measures of Success framework.

High-Quality Learning Environments



**High Quality
Child Care and
Education**



**Grade-level
Proficiency
Pre-K-2nd Grade**



**Regular School
Attendance**



**Positive Early Care
and Education
Climate**



**Summer
Learning**

Health & Development on Track from Birth



**Healthy
Birthweight**



**Physical
Health**



**Social-
Emotional
Health**



**Oral
Health**



**Early
Intervention**

Supported and Supported Families and Communities



Safe at Home



**Positive
Parent/Child
Interaction**



**Reading with
Children**



**Supports for
Families**



**Skilled and
Knowledgeable
Parents**

TQEE worked with Child Trends, the nation's leading research organization focused exclusively on improving the lives of children and youth, to identify data sources for these measures. The measures will be developed into a state-level data dashboard that will support local Bright Start partnerships, enable policymakers to track trends at the local and state level to identify areas of need, and empower practitioners to provide the most effective interventions.

Using baseline data, we can set growth goals for the measures of success our strategies will most impact. We identify these growth goals as S.M.A.R.T. targets- goals that are specific, measurable, achievable, realistic, and timely.

Measures of Success and S.M.A.R.T. Targets



High-Quality Learning Environments



HIGH-QUALITY CHILD CARE AND EDUCATION

Indicator: Percentage of children with both or single parents in the labor force with access to high-quality child care.

Data Source: TN Department of Human Services state administrative program capacity data and star-rated quality data; U.S. Census data, American Community Survey: Number of children under 6 living with parents that are working, looking for a job, or in school.

Regional Baseline: The capacity of high-quality (three-star) child care and education slots is for 34% of children 0-5 with parents in the labor force.

S.M.A.R.T. Target: Increase capacity of high-quality child care and education slots from 34% to 40% of children 0-5 with parents in the labor force by 2026.



POSITIVE EARLY CARE AND EDUCATION CLIMATE

Indicator: Percentage of programs implementing social and emotional development strategies in early learning programs.

Data Source: Not available before the time of publication



REGULAR SCHOOL ATTENDANCE

Indicator: Percentage of children (Pre-K-3rd grade) who are chronically absent (missed 10% or more of scheduled school days)

Data Source: TN Department of Education

Regional Baseline: The percentage of chronically absent children (Pre-K-3rd grade) in all 10 school districts in the BSWTN region is 13%.

S.M.A.R.T. Target: Decrease the percent of chronically absent children (Pre-K-3rd grade) from 13% to 9% by 2026.



GRADE LEVEL PROFICIENCY PRE-K TO 2ND GRADE

Indicator: Percentage of children testing proficient in grade-level standards on assessments in Pre-K through 2nd grade.

Data Source: Department of Education; Not available at the time of publication



SUMMER LEARNING

Indicator: Percent of children who maintain reading and math gains over the summer

Data Source: Department of Education; Not available at the time of publication



Health & Development on Track from Birth



Healthy Birthweight

Indicator: Percent of babies weighing less than 2500 grams (5.5lb).

Data Source: Tennessee Department of Health, State vital records

Regional Baseline: In 2020, the 9 BSWTN counties reported 9.4% of babies were born weighing less than 2500 grams (5.5lb).

S.M.A.R.T. Target: Decrease the percentage of babies born weighing less than 2500 grams from 9.4% (n=624) to 8.6% (n=574) by 2026.



PHYSICAL HEALTH

Indicator: Percent of parents reporting their child's health is excellent or good

Data Source: Parent Survey. TQEE conducted a survey in July 2022. Parents in our 9-county region reported excellent child health. With the help of TQEE, we are exploring other indicators related to child health.

Regional Baseline: 93% of parents reported their child's health is excellent or good.

S.M.A.R.T. Target: Because this item is being evaluated, no growth target was set.



SOCIAL-EMOTIONAL HEALTH

Indicator: Percent of parents reporting their child exhibits self-regulation skills, good interpersonal skills, and no behavior problems.

Data Source: Parent Survey

Regional Baseline: 49% of parents in the West Tennessee region reported their child exhibits self-regulation skills, good interpersonal skills, and no behavior problems.

S.M.A.R.T. Target: Increase the percentage of parents who report their child exhibits self-regulation skills, good interpersonal skills, and no behavior problems from 49% to 59% by 2026.



ORAL HEALTH

Indicator: TQEE was unable to attain data for untreated tooth decay. The rate of dentists per capita will be used as a proxy.

Data Source: Not available at the time of publication.



EARLY INTERVENTION

Indicator: Percentage of children who demonstrated improved early childhood outcomes by the time they exited Tennessee Early Intervention Services (TEIS)

Data Source: Data for children birth to 2 years old was obtained from the Department of Intellectual and Developmental Disabilities from the TEIS Annual Report to the public. Data for children three-to-eight-year-old has been requested from the Department of Education and was not available at the time of publication.

Regional Baseline: The data is reported at a regional level and is not available by county. Therefore, our baseline is for the Northwest and Southwest regions and includes all counties in West TN except Shelby. In West TN, 55% of children ages 0-2 are functioning within age expectations by the time they exit TEIS.

S.M.A.R.T. Target: The state target for this metric is 53%. Because West TN is performing above that target, and because our strategies will not directly impact this measure of success, we will not set a growth target for this indicator.



Supported and Supported Families and Communities



SAFE AT HOME

Indicator: Rate of investigations or assessments for abuse or neglect per 1,000 children ages 9 and under.

Data Source: National Data Archive on Child Abuse and Neglect

Regional Baseline: Data was available on the county level for Madison County (7%), but not for the other 8 counties. A regional rate was determined using the county populations of children 9 and under and the state rate for unreported counties. This resulted in a regional rate of 5% (n=1,574).

S.M.A.R.T. Target: Decrease the rate of investigated abuse or neglect for children 9 years and younger from 5% (n=1,574) to 4.7% (n=1,474) by 2026.



POSITIVE PARENT/CHILD INTERACTION

Indicator: Average number of minutes per day that parents talk to or play with their children.

Data Source: Parent Survey

Regional Baseline: Not available at the time of publication.

S.M.A.R.T. Target:



READING WITH CHILDREN

Indicator: Percentage of parents/caregivers reporting they read to their child every day during a typical week.

Data Source: Parent Survey

Regional Baseline: In the BSWTN region, 16% of parents reported they read to their child every day during a typical week.

S.M.A.R.T. Target: Increase from 16% to 25% the percentage of parents/caregivers reporting they read to their child every day during a typical week



SUPPORTED FAMILIES

Indicator: Percentage of parents/caregivers reporting no difficulty paying for household expenses

Data Source: Parent Survey

Regional Baseline: In the BSWTN region, 51% of parents reported no difficulty paying for household expenses.

S.M.A.R.T. Target: Increase the percentage of parents reporting no difficulty paying for household expenses from 51% to 55% by 2026.



SKILLED AND KNOWLEDGEABLE PARENTS

Indicator: Percent of parents/caregivers reporting frequent knowledge of child development and parenting skills

Data Source: Parent Survey

Regional Baseline: In the BSWTN region, 88% of parents/caregivers reported frequent knowledge of child development and parenting skills.

S.M.A.R.T. Target: Increase the percentage of parents/caregivers reporting frequent knowledge of child development and parenting skill from 88% to 92% by 2026.

Target Population

Target Geography

The Rural West region of the Bright Start Tennessee Network will target children ages 0-8 in 9 counties: Decatur, Dyer, Hardeman, Hardin, Haywood, Lake, Madison, McNairy, and Weakley.

These counties were chosen based on Kids Count data from 2020-2021. Strategies employed through this work will likely benefit all of West Tennessee, but we have targeted the counties with the highest level of need.

Many of our evidence-based strategies will benefit all children. Additionally, we have considered populations that face specific barriers, and plan to target strategies to reach these populations. Among these populations are economically disadvantaged children, children living in rural communities, and children of color.



Economically Disadvantaged

Poverty impacts West Tennessee in widespread and systemic ways revealed in demonstrated achievement gaps between economically disadvantaged students and their peers. Every county in the Bright Start West Tennessee region reports higher levels of poverty and lower median income than the Tennessee state average. In all 9 counties, over half of the children aged 0-5 are considered low income (200% poverty rate and below). These numbers are also representative of the school system populations. The school systems in these 9 counties all have higher numbers of low-income students than the state average.

Though widespread in the region, poverty impacts counties to varying degrees. Decatur County has high numbers of low-income children (200% poverty rate and below), Haywood and Weakley Counties report high rates of children in poverty (100% poverty rate and below), and Hardin and Madison Counties report high rates of children in deep poverty (<50% poverty rate and below). Lake County has the highest percentage of children in all three categories.

Children Living in Rural Areas

Children and families living in rural areas experience barriers to access, such as transportation and availability of high-quality child care, and medical, behavioral, and dental services. Six of the nine counties in the rural west region have the majority of their population living in rural areas: Decatur and Lake counties (100%), McNairy (85%), Hardeman (80%), Hardin (68%), and Weakley (67%). Concerns specific to rurality will be considered in these areas.

Children of Color

In addition to economically disadvantaged and rural populations, students of color face achievement and opportunity gaps when compared to their white peers. In the 2020-2021 school year, Black students in Madison County faced a demonstrated achievement gap of 26% when compared to their white counterparts. Hardeman and Haywood Counties showed demonstrated achievement gaps of 14% and 13% between Black and white students, respectively. Strategies in this action plan will seek to address the underlying causes of those gaps and will prioritize the needs of students of color.

Stakeholder Engagement: What We Heard

The data numbers are important, but so are stories from the people on the ground. We worked to engage a broad spectrum of stakeholders throughout the planning process, including parents, teachers, practitioners, and community leaders. We conducted focus groups, town hall meetings, and interviews with stakeholders throughout the planning process. For a detailed list of our stakeholder engagement activities, see Appendix G.

Here are some things we heard from the West Tennessee community:

Pre-K teachers speak out on trends in early childhood development:

- The pandemic had major negative effects on young children’s social-emotional development
- A rise in the use of technology is negatively impacting children’s social skills, language acquisition, problem-solving, and fine motor skills
- A progressive lack of structure and routine at home makes the transition to a formal classroom difficult

Pre-K teachers speak out on family engagement:

- Pre-K is a critical time to get families engaged and parents are more eager to be present at the school when their children are younger
- Transportation, work schedules, pandemic-related issues, and distrust of the education system are all barriers to family engagement
- There is sometimes a misconception among parents that Pre-K is “babysitting” and teachers report struggling to be viewed as professional teachers

Pre-K teachers speak out on their job satisfaction:

- The pay is not enough to support their own family and they could do many other jobs and get paid more
- They wish there were more opportunities for policymakers and administrators to listen to their ideas and opinions
- Many do not feel valued as professionals by society at large

K-3 teachers speak out about trends in early childhood development:

- Students who come from Pre-K classrooms are much more prepared than students who have not been in a formal Pre-K setting
- There are gaps between what many child care centers teach and what is necessary for kindergarten; knowing letters and sounds is important, but not as important as social-emotional skills
- Growing deficits in social-emotional skills after the pandemic

K-3 teachers speak out about family engagement:

- Parents are doing the best they can, but many face barriers to engaging with their child’s education like work schedules and transportation
- Some parents do not take attendance seriously in the early grades when children are learning foundational skills and regular attendance is most important
- Parents engage with their child’s education more when they understand what the expectations are and what the child is expected to know by the end of the school year

“Parents are working three jobs and still struggling to make ends meet. We have to come together as a community to figure out how to give parents what they need”
– K-3 educator

K-3 teachers speak out about their job satisfaction:

- Pay is important, but not as important as respect, autonomy, and trust from administration and policy-makers
- Policy decisions are often made by people with little to no classroom experience and many decisions make teachers' work more difficult
- More support is needed for younger grades, and classroom aides would benefit teachers' ability to personalize instruction to ensure no child falls behind

From child care directors:

- Staffing is the biggest issue and is causing centers to close classrooms and not open them back up
- Directors wish they could pay their staff more, but budgetary margins are too thin
- Professional development is stale and hard to fit in if it is not convenient

From parents:

- Access to high-quality child care is a significant issue in the region and is often a major factor in deciding if/where to work
- Flexibility in a place of employment is more important than pay when raising small children
- Better streams of communication are needed and many parents do not know what resources and services are available

"We are losing some of the best educators that I have seen. Young ones, that come and stay a few years and leave because of the standards, and because they don't feel supported. They feel squashed."

**– Kindergarten Teacher
with over 20 years of experience**

"I could go down to Walmart right now and make more money and have better hours. But I went to school to be a teacher because I feel called to it."

– Kindergarten teacher

"The most crucial thing we can deal with is how to raise the pay for people providing the services... To get quality, you're going to have to pay."

**– Previous Early
Childhood Educator**

State Policy and Investment

TQEE's Bright Start Tennessee Network supports Tennessee communities to build more comprehensive, effective, and sustainable birth-to-third-grade Early Care and Education (ECE) systems.

Funding for birth to third grade ECE includes a complex mix of federal, state, local, and private funds with different funding streams supporting early learning, child health and development, and family economic stability. The scale and sustainability of ECE systems begin with strategically tapping existing resources.

That said, where existing resources fall short, additional state investments are essential for success. This is especially the case in providing key services and supports that close opportunity and achievement gaps for Tennessee's economically and otherwise disadvantaged children and families. Through our Bright Start partnership with TQEE, our local work in developing and implementing our ECE plans helps inform TQEE's state policy priorities by providing visibility into where local resources are insufficient or policy barriers impede the scaling and sustaining of our work.

Outlined in [TQEE's new policy blueprint](#), informed by Bright Start partnerships, are key ECE system components that require state investment and policy change. We are supportive of the Blueprint and look forward to joining advocates from across the state to educate our state policymakers about the importance of these policy priorities.

Evidence-Based Strategies and Implementation

The strategies within this action plan were chosen for their promise to affect the priority measures of success laid out by the BSWTN team. There is evidence that they will:

- Build capacity in high-quality early care and education 0-5
- Improve access to mental, physical, oral, and behavioral health services and/or
- Support, empower, and resource parents and caregivers of economically disadvantaged children in West TN

Many of these strategies were included in the [Bright Start TN Clearinghouse](#), provided by TQEE. The Clearinghouse is a curated collection of evidence-backed and promising strategies which align with the 15 measures of success. The collection gives special attention to strategies that have strong returns on investment, improve business models, or are otherwise cost-effective compared to strategies that can accomplish the same result at a higher cost.

Not all strategies are in the same stage of implementation. Some are farther along than others.

Implementation stages are:

Stage 1) BSWTN has identified the strategy as a priority, but no implementation plan or timeline has been developed. Specific timelines and detailed tactics will be established between implementation leads and key partners by the end of the Summer of 2023.

Stage 2) The strategy is in the planning phase and will launch in 2022 or early 2023.

Stage 3) Strategy is already in motion. Plans to scale the strategy and target milestones are provided in the strategy description.

Implementation leads are the organizations that are either actively implementing the strategy, or who have agreed to implement it. These partners have agreed to align their implementation with the broader Bright Start work and to provide continuous feedback to the BSWTN team.

Budget/Funding: The strategies budget and funding plan (if developed) are included. A summary table of the strategies and their funding status is provided at the end of the strategy sections.

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Shared Services Alliance

The data collected through BSWTN revealed several needs, but the most urgent demand in the region is for accessible and affordable child care. In the 9 Bright Start counties there are 15,744 children under 5 years of age, but only 4,851 licensed seats. Actual capacity is likely much lower than licensed capacity, as many providers have had to decrease the number of children they can care for.

Unfortunately, simply opening new child care facilities will not solve these problems because the current child care business model itself lacks long-term sustainability. It is difficult to bring in enough revenue to cover costs without overpricing families' ability to pay. Teachers and staff are underpaid (the average hourly rate for a child care teacher in West TN is \$8.20) and the administrative burden of operating a child care business is heavy.

All these factors combined have led to the drastic decrease in providers we are seeing now. There are fundamental flaws in the way we do child care, and fewer children than ever are receiving high-quality early education during their most formative years. Before we can increase capacity, we must build the infrastructure that will support that capacity. One way to do that is through the concept of **Shared Services**.

In the Shared Services model, multiple child care providers pool needs and share resources to create both sustainable operations and quality programming. Sharing services like technology, substitutes, or enrollment coordination can lessen the administrative burden, allowing providers to pay more attention to high-quality teaching and learning. There is evidence that Shared Service Alliances are an incredibly cost-effective way to strengthen child care providers' ability to weather financial difficulty and offer high-quality instruction.

In collaboration with UWWT, BSWTN will create a Shared Services Alliance that will offer a variety of shared services to local child care centers to reduce operational costs and provide for predictable, budget-friendly expense planning. Services will be prioritized based on need, and could include:

- Child Care Finder/Marketing
- Family Liaisons/Family Advocates
- Substitute Services and staffing support
- Instructional coaches and curriculum
- Professional development opportunities and reflective supervision
- Technology assistance or bulk software purchasing
- Business Consulting

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 2

Implementation Lead: United Way of West Tennessee

Key Partners and Stakeholders: Childcare Tennessee, CCR&R, City of Jackson, CCDF partners, YMCA of West Tennessee, DHS, AIMHiTN, TQEE, Next Memphis, Opportunities Exchange

Action Items:

Date	Implementation Milestone	Accountable Party(ies)
Q1	-Finalize MOUs / contracts with Childcare Matters -Launch Childcare Finder -Tour and meet with Next Memphis for technical assistance and planning -Survey childcare providers on their support/resource needs -Create a marketing and communications plan	UWWT and Childcare Matters
Q2	-Begin recruiting substitutes -Target: 24 Madison County providers utilizing the Finder -Target: 25% of outlying counties' providers on the Finder	UWWT
Q3	-Target: At least 85% of providers in the region on the Finder -By end of the quarter, place first substitute -Target: At least 10 providers signed on to utilize sub-pool	UWWT
Q4	-Reach target of 15 substitutes in the substitute pool -Gather feedback from providers on the service	UWWT
Year 2	-Analyze Year 1 data and revise implementation plan as necessary. -Continue to build up substitute pool and implement new pay structure. -Determine other support and service needs the alliance can provide participating members, prioritizing technology support. Revise business plan as new services are added.	UWWT
Year 3	-Target: 85% of providers utilizing CCMS -Target: At least 40 substitutes in the sub-pool -Target: 50% of providers, existing and new, participating in the alliance and utilizing services.	UWWT

Budget and Funding: Partially funded by the City of Jackson for \$195,000. Budget and funding for expanding services to be developed in year 2.

Potential Policy Changes to Support this Strategy:

- State investment in raising the wages of high-quality ECE professionals.
- State investment in developing Early Childhood Integrated Data System (ECIDS)
- Eligibility requirements for Smart Steps amended to make the program easier to access.
- Allow a third-party (Family Champions) to communicate directly with DHS personnel responsible for determining eligibility for subsidy programs with consent of the applicant.

ECE Workforce Development

Through focus groups and interviews, the number one challenge we heard from child care providers and center directors was the lack of qualified staff. It will be impossible to increase capacity in high-quality child care settings without investment in building up the ECE workforce.

A major reason for the shortage of ECE professionals is low compensation. The average wage for early care and education professionals is less than \$11 an hour, or just over \$22,000 per year. The highest earners are typically prekindergarten teachers in school-based classrooms and the lowest are professionals caring for infants and toddlers¹⁰.

Multiple agencies are working to solve this problem, including Tennessee Early Childhood Training Alliance (TECTA), higher education institutions like Dyersburg State Community College (DSCC), and Child Care Tennessee. The Bright Start West Tennessee steering committee identified ECE workforce development as a priority strategy and has convened partners to create a plan to build a pipeline of qualified and well-prepared ECE professionals who are matched into jobs supporting economically disadvantaged or otherwise disadvantaged children ages 0-5.

“Professionals who provide care and educate young children are the linchpin to quality and better outcomes. Early care and education professionals are sometimes referred to as “the workforce behind the workforce,” because reliable child care enables parents to work, attend school or other job training opportunities. Yet, in many communities and states, the demand for child care outweighs supply.”¹⁰”

– The National Conference of State Legislators

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 1

Implementation Lead: United Way of West Tennessee

Key partners and stakeholders: Child Care Resource and Referral, AIMHiTN, TECTA, Dyersburg State Community College, Union University, Lane College, JSCC, TCAT, High School CTE programs

Action Plan: Develop an Action Plan with career pathways and detailed tactics articulated by March 28, 2023. Address at a minimum: recruitment, training, financing, persistence and success, compensation, job matching, retention

Budget and Funding: Develop a budget and potential funding sources by March 28, 2023.

Policy changes that would help:

- State policy or funding that addresses low compensation for ECE professionals
- State healthcare programs made available for ECE professionals
- Expand W.A.G.E.S. eligibility and increase amounts of compensation
- Increased per classroom funding for VPK classrooms.
- Include IECMH Endorsement on the QRIS scorecard.
- Incentivize Endorsement by including it in the W.A.G.E.S. program.

Micro-Center Network

Based on the need for increased high-quality slots for children ages 0-3, we will work to create and scale a new and innovative solution- a micro-center network. A micro-center network includes multiple, one-classroom child care “centers” located in an existing school, hospital, office building, etc¹¹. The classroom is licensed as a group provider and can host up to 12 children. Ideally, the space and related facility costs (maintenance, janitorial, utilities, etc.) are donated by the school or company hosting the provider.

Through the creation of the micro-center network, we will establish 300 new high-quality slots for 0–5-year-olds in 20 satellite classrooms of up to 12 children at host locations donated by schools, hospitals, government, churches, nonprofits, business offices, etc. that accommodate the work hours of working parents. We will work to ensure 75% of those slots are for children ages 0-3 and that 100% of these slots will accept DHS subsidies for low-income families.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 2

Implementation Lead: YMCA of West Tennessee

Key partners and stakeholders: TQEE, UWWT, Tennessee DHS, McNairy County School System

Action Items/Timeline:

Date	Implementation Milestone	Accountable Party(ies)
Q1	-Finalize MOUs / contracts with host site partners -Secure start-up funding (Apply for DHS grant; other grants)	Hub org; BSTN Backbone org.
Q2	Launch 1 site	Hub org and host sites
Q3	Launch 2 sites	Hub org and host sites
Q4	Launch 2 sites	Hub org and host sites
Year 2	Launch 5 sites	Hub Org and Host Sites
Year 3	Launch 5 sites	Hub Org and Host Sites

Budget and Funding: Funding likely, but not yet secured.

Policy changes that would help:

- DHS fund grants for communities to conduct 3-year pilot microcenter network contracts
- Change eligibility requirements of Smart Steps to make it more accessible for employees and easier to refer for employers.
- Change licensing to fit the expansion of micro-centers

Family Child Care Network

In Tennessee, Family Child Care Homes provide care for at least five but not more than seven unrelated children. Family child care settings have long been an essential part of the rural child care supply. Family child care is well-suited to the realities of rural life because small group sizes accommodate to local needs. However, West Tennessee's supply of licensed family child care is severely lacking.

The Bipartisan Policy Center reports that family child care slots make up 20% of the licensed child care supply in rural areas across the country, yet they make up only 0.3% of West Tennessee's licensed supply¹². In all 9 counties, there are only 28 available seats in licensed family child care.

There are several barriers to entry to becoming a licensed home-based provider, including licensure requirements, cost, and liability. Bright Start West Tennessee will partner with the existing efforts of the Tennessee Early Childhood Training Alliance (TECTA) to recruit, train, and support new family child care providers.

We seek to establish 120 new high-quality slots for 0–5-year-olds in 30 family child care homes and to ensure 75% of those slots are for children ages 0-3.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 1

Implementation Lead: TECTA

Key partners and stakeholders: CCR&R, existing family child care providers, UWWT, Dyersburg State Community College, local Chambers of Commerce

Action Plan: Develop an Action Plan with milestones and detailed tactics articulated by March 28, 2023. Address at a minimum: identification of potential providers, recruitment, training, pre-licensure, business coaching, and financing.

Budget and Funding: Partially funded. Identify budget and funding sources by March 28, 2023.

Policy changes that would help:

- State leaders should consider additional incentives for recruiting family child care providers, and should invest in shared services and staffed family child care networks to support quality and capacity-building.
- Rural communities and local governments should partner with businesses, including chambers of commerce, to support employers in helping their employees locate and access family child care. Businesses can contribute financially to subsidize home-based providers' costs and ensure child care supply for employees.
- State leaders should adopt a cost estimation model over a market rate model to set reimbursement rates for both center-based care and family child care.

"Rural communities desperately need more child care supply in general, as well as family child care specifically, in order to sustain their local economies. The nationwide decline in home-based child care options over the recent decade suggests that rural communities are impacted the most, with fewer licensed child care options close to their home or work."

– The Bipartisan Policy Center

Employer-Led Initiatives

The pandemic brought to light some of the issues with the child care industry that had been true for decades. It also brought to light how essential child care is, not just for children and families, but for the economy and the success of the workforce. An economy cannot recover or thrive without accessible and affordable child care.

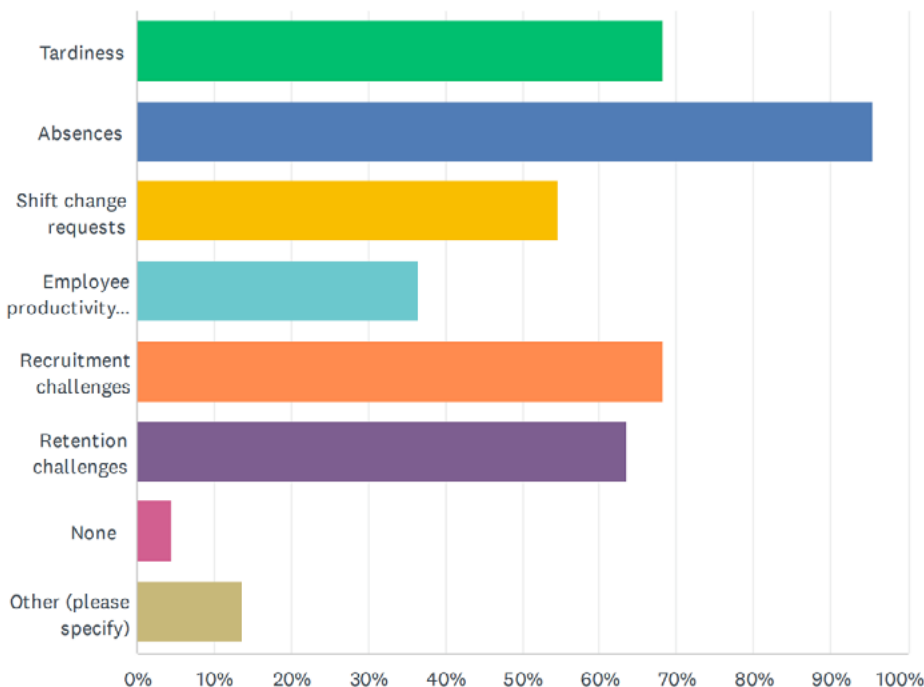
Business leaders and employers are now taking notice of the issue. In a survey we distributed to top employers in the region, 95% of respondents said they faced child care related issues with their workforce. The top issues faced were absences, tardiness, recruitment challenges, retention challenges, and shift change requests.

After conducting several round-table discussions with employers, Bright Start West Tennessee leadership decided to prioritize industry investment in child care and early childhood education.

Through the creation of an alliance of businesses who are committed to being working-parent friendly, employers will be encouraged and empowered to offer initiatives like on-site child care, contracted slots in an outside child care facility, parent support classes, emergency child care stipends, etc.

"Access to high-quality child care is an unforeseen and overlooked cost to employers, causing high turnover rates and absenteeism, reducing productivity, and impacting recruitment of skilled staff. Employers who operate shift work during non-traditional hours are even more impacted by the child care challenges facing parents."

– U.S. Chamber of Commerce¹³



MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 2

Implementation Lead: Greater Jackson Chamber of Commerce and UWWT

Key Partners and Stakeholders: Local Chambers of Commerce (McNairy, Hardeman, Hardin, Haywood, Dyer, Decatur, Weakley, and Gibson counties), West Tennessee Chamber Executives, Teknor Apex, Tyson, other industry partners, Southwest and Northwest Workforce Development Board, Southwest and Northwest Development Districts, United Way of West Tennessee. Still recruiting partners.

Action Items/Timeline: Develop an Action Plan with milestones and detailed tactics articulated by July 31, 2023. Address at a minimum: Creation of business alliance for working parents, recruitment of employers and communication tactics, cost-benefit analysis and tax incentive structures for employers.

Budget and Funding: In need of funding. Funding sources will be identified and secured by July 31, 2023.

Potential Policy Changes to Support this Strategy:

- Changing licensing to fit the expansion of micro-centers
- Change eligibility requirements of Smart Steps to make it more accessible for employees and easier to refer for employers
- Improve tax incentives for employers who offer child care benefits and empower local communities to implement their own tax incentive strategies to encourage businesses to invest in child care.

LENA Grow and LENA Start

One of the most critical pieces of developing literacy skills is early childhood language development¹⁴. LENA technology gives early childhood educators and parents the tools they need to improve language environments equitably and to truly connect with the children in their care.

LENA Grow is an innovative, research-based, job-embedded 5-week professional development program designed to help infant, toddler, and preschool teachers measurably improve language environments. The program teaches caregivers the power of the conversational turn. It employs LENA's "talk pedometer" technology, concise strengths-based coaching, and data-rich reference materials to help teachers build more talk into their daily activities.

LENA Start is a 10-week program for parents with the same data and curriculum offered through a community-embedded class. LENA Start can be offered through CBOs, public libraries, or early learning centers.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage:

LENA Grow: Stage 3

LENA Start: Stage 1

Implementation Lead: Child Care Resource and Referral

Key Partners and Stakeholders: CCR&R, CCDF partner providers, Obion River Region library system, Hatchie River Region library system, city and county governing bodies, Literacy Initiatives implementation team, ECE workforce development implementation team, LENA corporation, Friends of the Library.

Action Items/Timeline:**LENA Grow:**

Date	Implementation Milestone	Accountable Party(ies)
Q1	-CCR&R will begin implementing LENA Grow with 15 educators in the West Tennessee region	CCR&R
Q2	-Data will be analyzed after each 5-week program and shared with the broader Bright Start Community	CCR&R
Q3	-Evaluate data and share with the broader Bright Start community	CCR&R
Q4	-Evaluate data and share with the broader Bright Start community -Expand LENA to 15 more educators in the Pre-K Specialization program	CCR&R
Year 2	-CCR&R will expand LENA Grow to 15 more teachers in the Pre-K Specialization Program -Evaluate data and share with the broader Bright Start community	CCR&R
Year 3	-CCR&R will expand LENA Grow to 15 more teachers in the Pre-K Specialization Program -Evaluate data and share with the broader Bright Start community	CCR&R

LENA Start:

- Seek out potential sites for LENA Start in the counties where LENA Grow is implemented. Public libraries will be prioritized.
- Establish partnerships with the Obion River Region and the Hatchie River Region Libraries to develop viable sites for LENA Start.
- Seek funding for viable start-up sites for LENA Start.
- Develop a plan for launching LENA Start sites by June 2023.

Budget and Funding: LENA Grow is funded. LENA Start is in need of startup funding.

Launching a LENA Start program costs \$14,149 per site in startup program fees (see price sheet in Appendix H). To purchase the technology and clothing each site will cost between \$4,000-\$10,000 depending on the number of devices ordered. If a site purchases 25 sets the cost would be \$7,100, making the total investment \$21,249 to start the program. LENA offers launch grants and accepts applications on a rolling basis. We will apply for as many launch grants as we have viable sites.

Evidence-Based Home Visiting (EBHV)

EBHV programs are voluntary programs that match parents with trained professionals to provide information and support during pregnancy and throughout their child's first years. Although home visiting programs vary in goals and content of services, in general they combine parenting and health education, child abuse prevention, and early intervention services for young children and their families.

The EBHV program that is currently operating in West Tennessee is Healthy Families America (HFA)[®]. In HFA, goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. Local HFA sites offer hour-long home visits at least weekly until children are six months old, with the possibility for less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between three and five years old¹⁵.

As a region, we will pursue a second type of EBHV program, Parents as Teachers (PAT)[®] that could drastically increase the number of families served through EBHV. While the HFA eligibility window is up to three months of age, PAT will accept families of children up to age 5. PAT teaches new and expectant parents skills to promote positive child development and prevent child maltreatment. PAT offers services with the goal of increasing parental knowledge of early childhood development, improving parenting practices, promoting early detection of developmental delays and health issues, preventing child abuse and neglect, and increasing school readiness and success.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



A. HEALTHY FAMILIES AMERICA (HFA)

Implementation Stage: Stage 3

Implementation Lead:

- Healthy Families Southwest Tennessee- a program of West Tennessee Healthcare
- Healthy Families West Tennessee- a program of the University of Tennessee Martin

Key partners and stakeholders: West Tennessee Healthcare, the University of Tennessee at Martin, UWWT, Jackson Madison County General Hospital, West Tennessee Healthcare Dyersburg Hospital, West Tennessee Healthcare Bolivar General Hospital, UT Family Medicine Center, FQHCs in all 9 counties, West Tennessee Nonprofit Network, CCDF partners

Enrollment and Enrollment Targets:

Combined, Healthy Families Southwest and Healthy Families West have enough funding to serve a capacity of 390 families for 20 counties in rural West Tennessee but are only serving 169. At 43% capacity, the programs are below the 85% state requirement. Our first-year milestone will be to reach 85% capacity in the BSWTN counties. Our second-year milestone will be full capacity. After full capacity is reached in all 9 counties, we will utilize population data to determine the capacity needed in each county, and plan to scale accordingly.

Target Enrollment Milestones:

County	HFA West or Southwest	Current Enrollment	Quarter 2 (85% capacity)	Year 1 (100% capacity)
Decatur	Southwest	6	13	15
Dyer	West	23	28	31
Hardeman	Southwest	5	13	15
Hardin	Southwest	7	13	15
Haywood	Southwest	7	13	15
Lake	West	6	8	10
Madison	Southwest	39	77	90
McNairy	Southwest	0	13	15
Weakley	West	18	22	25
Total		111	200	231

Action Plan:

Date	Implementation Milestone	Accountable Party(ies)
Q1	Establish and convene Implementation Team composed of all partner organizations, referral sources, and backbone.	United Way of West Tennessee
Q2	Conduct surveys on program perception, attitudes of potential families, and barriers to entry. Reach target enrollment of 85% capacity.	UWWT HFA West/Southwest
Q3	Continue convening Implementation Team to drive referrals, marketing, and communications plan.	Implementation Lead HFA West/Southwest
Q4	Establish one new referral source per county. Reach target enrollment of 100% capacity.	HFA West/Southwest
Year 2	Establish how many families are eligible for the program and set new enrollment target. Pursue funding to increase capacity to new target.	HFA West/Southwest
Year 3	Reach new enrollment target.	HFA West/Southwest

Budget and Funding: Funded.

Healthy Families Southwest Tennessee utilizes three grants: Healthy Start Grant, Healthier Beginnings Grant, and a TANF Grant.

The Healthy Start Grant funds 3 home visitors, all in Madison County. The Healthier Beginnings Grant funds 7 home visitors in Hardeman, Hardin, Haywood, and Madison County. The TANF Grant funds 7 home visitors in McNairy and Decatur Counties, as well as others not in the Bright Start region.

B. PARENTS AS TEACHERS (PAT)

Implementation Stage: Stage 1

Implementation Lead: Healthy Families Southwest Tennessee and West Tennessee Healthcare

Key partners and stakeholders: West Tennessee Healthcare, the University of Tennessee at Martin, United Way of West Tennessee, West Tennessee Nonprofit Network, Birth Choice, One to One, Life Choices, Young Lives, CCDF partners

Action Plan:

- Develop an action plan with target enrollment, staffing, recruitment of clients, and budget by April 31, 2023.
- Apply for Two-Generation Grants available through the State of Tennessee Department of Human Services.
- Determine county capacity breakdown and set year 1, year 2, and year 3 enrollment benchmarks.

Budget and Funding: In need of funding. A budget for the proposed PAT program has been developed and we will seek funding sources in Year 1.

Community Schools

Learning Policy Institute notes that community schools “represent a place-based strategy in which schools partner with community agencies and allocate resources to provide an ‘integrated focus on academics, health, and social services, youth and community development, and community engagement.’¹⁶ Many operate on all-day and year-round schedules and serve both children and adults.” LPI notes that most community schools include four common principles:

- Integrated student supports
- Expanded learning time and opportunities
- Family and community engagement
- Collaborative leadership and practice

West Tennessee currently has zero community schools or Communities in Schools at the elementary level. Bright Start West Tennessee will do a comprehensive study and landscape analysis to determine what school systems are ripe for Community Schools and then will develop a strategic plan to implement the Community Schools model in those areas.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 1

Implementation Lead: United Way of West Tennessee

Key Partners and Stakeholders: TQEE, Directors of Schools, Coalition for Community Schools, United Way of Asheville, Institution for Educational Leadership (IEL), business and industry partners.

Action Items/Timeline: We recognize that there is tremendous time, personnel, and money that goes into transforming an LEA into a Community School and into implementing the Community Schools Model. We will pursue funding to begin implementing the model in the schools that show viability and whose leaders are eager for the strategy.

Date	Implementation Milestone	Accountable Party(ies)
Q1	-Connect with Community Schools Coalition and IEL to develop best practices in Community School implementation -Coordinate with key partners and stakeholders	United Way of West Tennessee
Q2	-Conduct landscape analysis and ripeness test on LEAs	UWWT
Q3	-Develop a budget, secure funding -Finalize MOUS and agreements with pilot LEA	UWWT
Q4	Pilot first Community School	UWWT
Year 2	-Evaluate data from the pilot program -Continue to develop funding sources -Develop a plan to scale the model to surrounding schools	UWWT
Year 3	-Evaluate data from Y2 -Continue to develop implementation plan to scale model across the region.	UWWT

Budget and Funding: In need of funding. The cost of implementing a Community School utilizing the site-based resource coordinator model ([as seen in Knoxville](#)) is approximately \$150-\$160,000 per year, per school. Adding school-based health clinic services would increase this price point.

We will develop a budget and secure funding for the pilot by May 31, 2023.

Potential Policy Changes to Support this Strategy:

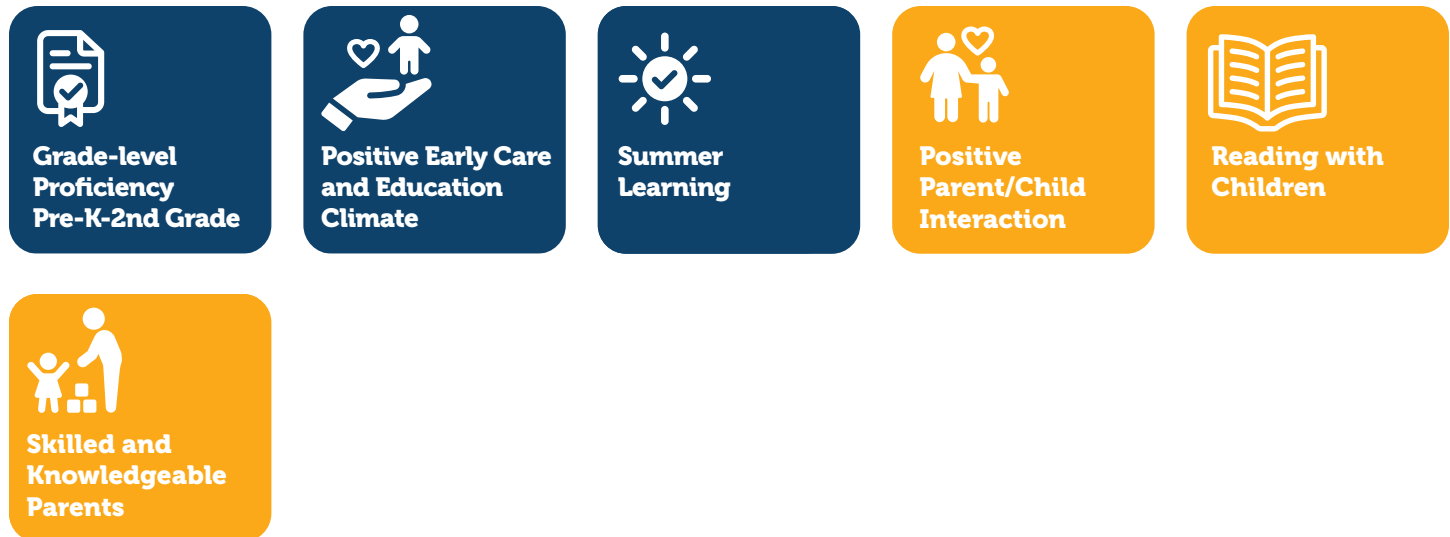
- Investment in the expansion of school-based student support services (health, academic, mental, and behavioral health) in underserved communities.
- Extend age of Smart Steps Child Care Assistance Program to 13 so that parents can utilize the certificate program for afterschool services.

Community-Based Literacy Initiatives

Literacy is the single most important foundational skill that can unlock a person's potential for success in life. Beyond just testing proficient on standardized testing, literacy enables people to perform well in school, interact well with others, develop skills and talents, solve problems, seek employment, and support a family. BSWTN will aim to rally the entire West Tennessee community around the issue of literacy and to give kids the critical literacy skills they need to navigate the world.

This umbrella strategy includes a region-wide literacy campaign to increase awareness about the importance of early literacy and strategies to develop confident readers. BSWTN will support and scale existing literacy initiatives such as Imagination Library, Words on Wheels, the Read Team, and the work of public libraries. We will expand these strategies to areas with the highest need.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



LITERACY INITIATIVE 1: EARLY LITERACY CAMPAIGN AND CONSORTIUM

There are many misconceptions about early literacy, especially for young parents. Talking, singing, and play are crucial but often unrecognized early literacy skills. Many literacy awareness campaigns focus on test scores or academic reading, leaving fun and enjoyment out of the equation. We want to change that. Kids who enjoy reading turn into confident readers, who turn into proficient readers.

We will partner with the West Tennessee Community in encouraging children and families to cultivate a love for reading through a campaign called United We Read. This will be an educational campaign focused on teaching early literacy skills and milestones, encouraging family reading, exposing communities to diverse reading material, and bringing awareness to the importance of literacy. We will partner with GELF for materials and resources.

Additionally, we will organize an Early Literacy Consortium (ELC). The ELC will bring together local leaders, nonprofits, school districts, funders, universities, and community organizations to promote communication and collaboration regarding early literacy efforts and to align early literacy strategies for West Tennessee.

Implementation Stage: Stage 1

Implementation Lead: Multiple; Convened by United Way of West Tennessee

Key Partners and Stakeholders: Imagination Library, Governor's Early Literacy Foundation (GELF), literacy partners across the region

Action Items/Timeline:

Date	Implementation Milestone	Accountable Party(ies)
Q1	-Meet with GELF and Literacy of the Mid-South to determine a list of partners and action items -Make connections with all partners and convene the ELC	UWWT
Q2	-Gather resources to include in online resource hub -Host quarterly meeting with ELC -Secure funding for #UnitedWeRead campaign	UWWT and ELC
Q3	-Host quarterly meeting with ELC -Create a marketing plan for educational campaign	UWWT and ELC
Q4	-Quarterly ELC meeting Launch #UnitedWeRead campaign -Evaluate end-of-year data and compare to set targets -Make Year 2 implementation plan based on Year 1 data.	UWWT and ELC
Year 2	-TBD	UWWT
Year 3	-TBD	UWWT

Budget and Funding: In need of funding. A budget and funding plan for the #UnitedWeRead campaign will be developed by May 2023.

LITERACY INITIATIVE 2: THE READ TEAM

The READ Team is a program of the United Way of West Tennessee. Volunteer coaches are paired with second-grade students at participating schools and coach them on foundational sight words. When students know their sight words more brain power is freed up for other aspects of reading. The coaches utilize the Fry Sight words. The first 300 words on the list comprise 67% of words students encounter in their reading, so mastery of these words by the third grade is a benchmark goal.

The Read Team currently serves 164 students at six elementary schools in the Jackson Madison County School System. Students at the 6 participating schools showed a 306% increase in their ability to read Fry sight words.

Implementation Stage: Stage 3

Implementation Lead: The Read Team

Key Partners and Stakeholders: UWWT, JMCSS, Directors of Schools, Leaders Credit Union Education Foundation, churches, volunteer coaches

Action Items/Timeline: As the Read Team expands, they seek to work with students who would fall into the “approaching” category of TCAP testing, meaning they are not at grade level but are not receiving tier 3 intervention support from the school systems. They estimate about 50% of second graders will fall into this category and benefit from the program. As the Read Team expands, they will aim to serve 50% of the second-grade population at participating schools.

Date	Implementation Milestone	Accountable Party(ies)
Q1	-Coaches continue work in 6 schools	Read Team
Q2	-Coaches test students and review data -Target- 80% of students made significant (200% or more) improvement on assessment (131 students) -Recruit and train volunteer coaches (ongoing)	Read Team
Q3	-Establish new partnerships in Humboldt, Haywood, Dyersburg City Schools, and McNairy County schools. -Recruit and train volunteer coaches (ongoing)	UWWT and Read Team
Q4	-Begin coaching students in all old and new programs. -Assess baseline data with incoming students and set target data for the end of Spring 2024. -Recruit and train volunteer coaches (ongoing)	Read Team
Year 2	-Analyze Year 1 data and make an implementation plan based on results. -Identify new LEAs to expand into -Recruit and train volunteer coaches (ongoing)	
Year 3	-Analyze Year 2 data and make an implementation plan based on results. -Recruit and train volunteer coaches (ongoing)	UWWT and Read Team

Budget and Funding: Partially funded. The Read Team is funded by United Way of West Tennessee and community partners, including Leaders Credit Union’s Education Foundation, Skyline Church of Christ, and the Kiwanis Club of Jackson.

Funding is needed to scale the program. The Read Team costs \$500 in initial investment per school. This pays for training materials for volunteer coaches. This cost is assuming a volunteer leader in each county. A county-specific budget will be developed as partnerships are created. The Read Team will partner with Fighting for Literacy to host annual fundraisers with local school systems. They will also apply for corporate grants to fund expansion projects.

READ Team Start-Up Cost Per School	Estimated Y1 Cost	Estimated Y2 Cost	Estimated Y3 Cost
\$500	\$1,000	\$1,500	\$1,500

LITERACY INITIATIVE 3: WOW WAGON: MOBILE GIVING LIBRARY

One of the strategic keys to literacy is having books around your home at a young age to look at, be read to, and eventually read yourself. In middle-income neighborhoods, the ratio of books per child is 13 to one and in low-income neighborhoods, the ratio is one age-related book for every 300 children¹⁷.

The Words on Wheels (WOW) Wagon is an initiative of the United Way of West Tennessee. The wagon is a mobile library that gives free books to low-income children. The wagon goes to housing complexes, school literacy nights, community events, etc., and each child can pick out and take home two books.



Implementation Stage: Stage 3

Implementation Lead: The Read Team

Key Partners and Stakeholders: UWWT, Leaders Credit Union Education Foundation, West TN Nonprofit Network, churches, Kiwanis Club, West Tennessee Healthcare Foundation, RIFA, corporate sponsors

Action Items/Timeline:

Utilizing data from Unite for Literacy's Global Book Desert Map¹⁸, we have identified the target geography for the WOW Wagon and other mobile-giving libraries. The map examines the estimated percentage of homes with more than 100 books grouped by country, state, county, and census tract.

The counties with the lowest estimated percentage of homes with more than 100 books are:

- Haywood (14%)
- Hardeman (18%)
- Lake (21%)
- Madison (22%).

These are the counties the WOW Wagon will prioritize during Year 1 before we purchase and outfit more wagons. Utilizing the map, we have identified census tracks to even further target the strategy to neighborhoods with the biggest need. Census tracts with less than 20% of homes estimated to have more than 100 books are shown in the table below:

County/Census Tract	Estimated Percentage of homes with > 100 books
Hardeman County	18%
Census Tracts with estimated less than 20% of homes with > 100 books	
47069950200	7%
47069950400	8%
47069950600	11%
47069950300	14%
Haywood County	14%
Census Tracts with estimated less than 20% of homes with > 100 books	
47075930100	20%
47075930200	12%
47075930301	10%
47075930400	12%
47075930500	15%
Lake County	21%
Census Tracts with estimated less than 20% of homes with > 100 books	
47095960100	16%
47095960200	19%
Madison County	22%
Census Tracts with estimated less than 20% of homes with > 100 books	
471130001000	19%
47113000200	8%
47113000300	16%
47113000400	6%
47113000500	5%
47113000600	6%
47113000700	8%
47113000800	4%
47113000900	5%
471130001000	5%
471130001100	5%

In Year 2 of the BSWTN work, we will purchase and outfit one more WOW Wagon for Northwest TN. We will then target the following counties and census tracts in addition to the ones previously mentioned:

County/Census Tract	Estimated Percentage of homes with > 100 books
Dyer County	27%
Census Tracts with an estimated less than 20% of homes with more than 100 books	
47045964400	11%
Weakley County	38%
Census Tracts with an estimated less than 20% of homes with more than 100 books	
47183968101	18%
47183968203	18%
47183968202	13%

In Year 3 of the BSWTN work, we will purchase and outfit one for Southwest counties and will target the following counties and census tracts, in addition to the ones previously mentioned:

County/Census Tract	Estimated Percentage of homes with > 100 books
McNairy County	28%
Census Tracts with estimated less than 20% of homes with more than 100 books	
47109930500	20%

The number of books distributed by the WOW Wagon and the targets for years 1-3 are shown in the chart below.

Books Distributed in 2021	Books Distributed in 2022 to date	Target # of Books Distributed Year 1	Target # of Books Distributed Year 2	Target # of Books Distributed Year 3
2,800	3,000	6,000	9,000	9,000

Budget and Funding: In need of funding. Each WOW Wagon mobile library costs approximately \$20,000 to purchase and fit. We will pursue philanthropic giving and corporate sponsorships to cover the estimated \$40,000 to outfit another 2 WOW Wagons

LITERACY INITIATIVE 4: IMAGINATION LIBRARY

The Imagination Library is dedicated to inspiring a love of reading and to equitable access to print by gifting free books to children from birth to age 5.

Local community partners fundraise for the program and the Governor's Early Literacy Foundation (GELF) funds the remaining portion. Parents sign up at the hospital when the child is born, through a website, or through paper applications available at community organizations such as public libraries. Books are distributed through the mail.



The GELF cites positive research outcomes associated with the program:

*"Tennessee research shows that children who participate in the Imagination Library program enter kindergarten more prepared to learn than their non-participating peers and that children who are enrolled in the program for longer periods of time are more likely to score higher on academic assessments into third grade. Further, this research indicates students who participated in the program are more likely to have increased school attendance and less likely to be suspended."*¹⁹

Outputs for 2022 for each County's Imagination Library are shown in the chart below:

County	% Enrollment	# Children Served	# Books Distributed
Decatur	80.75%	453	4,393
Dyer	78.59%	1,666	16,540
Hardeman	91.97%	1,077	10,531
Hardin	74.25%	914	9,011
Haywood	88.55%	835	8,275
Lake	63.73%	181	1,691
Madison	85.62%	5,252	51,908
McNairy	82.87%	1,122	10,552
Weakley	71.59%	1,177	11,455
Region Total	81.33%	12,677	124,356

Through the work of BSWTN, we aim to increase the percentage of eligible children enrolled by 3% each year from the previous three-year average, resulting in a 9% increase in enrollment for the region. A percentage target, as opposed to a numerical target, will allow for anticipated but unpredictable growth in the region in the years ahead.

The following chart outlines the percent of eligible enrollment for each County and the targets for years 1-3 of BSWTN.

	2020	2021	2022	Y1 Target	Y2 Target	Y3 Target
Decatur County	82.71%	83.42%	80.75%	85.29%	88.29%	91.29%
Dyer County	75.80%	74.43%	78.59%	79.27%	82.27%	85.27%
Hardeman County	81.21%	86.08%	91.97%	91.97%	93.00%	94.00%
Hardin County	73.84%	70.43%	74.25%	75.84%	78.84%	81.84%
Haywood County	81.87%	86.43%	88.55%	88.62%	91.62%	94.62%
Lake County	67.96%	63.73%	63.73%	68.14%	71.14%	74.14%
Madison County	81.38%	83.99%	85.62%	86.66%	89.66%	92.66%
McNairy County	82.94%	80.80%	82.87%	85.20%	88.30%	91.20%
Weakley County	76.28%	73.36%	71.59%	76.74%	79.74%	82.74%
Region Total	79.34%	80.05%	81.33%	83.24%	86.24%	89.24%

Budget/Funding: Partially Funded.

The cost of Imagination Library is roughly \$24 a year per child. Funds from GELF pay for half the cost of each program. The cost estimate is below for each county program and the region after subtracting investment from GELF:

County	# Children Served	Estimated Annual Cost at Current Enrollment	Estimated Annual Cost at Target Enrollment Y1	Estimated Annual Cost at Target Enrollment Y2	Estimated Annual Cost at Target Enrollment Y3
Decatur	453	\$5,436	\$5,742	\$5,944	\$6,145
Dyer	1,666	\$19,992	\$20,165	\$20,928	\$21,691
Hardeman	1,077	\$12,924	\$12,924	\$13,069	\$13,209
Hardin	914	\$10,968	\$11,203	\$11,646	\$12,089
Haywood	835	\$10,020	\$10,028	\$10,367	\$10,713
Lake	181	\$2,172	\$2,322	\$2,425	\$2,526
Madison	5,252	\$63,024	\$63,790	\$65,998	\$68,206
McNairy	1,122	\$13,464	\$13,843	\$14,346	\$14,817
Weakley	1,177	\$14,124	\$15,140	\$15,732	\$16,324
Region Total	12,677	\$152,124	\$155,157	\$160,455	\$165,720

LITERACY INITIATIVE 5: PUBLIC LIBRARY PROGRAMS

Limitless Libraries- The Jackson Madison County Public Library is developing a program modeled after the partnership between Nashville Public Library and Nashville Public Schools. JMCSS students will have access to the library's collection, and the library will deliver those items straight to the students. The option to create similar programs in other counties will be explored in Year 2.



Jackson-Madison County School System

Flyer

Vroom Brain Building 101



Hello, Brain Builder!

An update of the Brain Story flyer, the Brain Building 101 flyer shares the same important scientific research behind Vroom in a new and more accessible way. Available here in a bilingual format: one side is English and the other side is Spanish.

Suggested use

- 1:1 interactions with parents
- In community spaces

Expand for 17 languages ▾

VROOM- A global program of the Bezos Family Foundation, Vroom helps parents boost their child's learning during the time they already spend together. Vroom is a free resource for parents that provides science-based tips and tools to inspire families to engage in brain-building interactions²⁰. Vroom provides free printable resources for local libraries to use and distribute to patrons. We will partner with local libraries to promote this free, science-based resource to families of young children.

Every Child Ready to Read is a parent education program utilized by public libraries. Trained library personnel teach parents or caregivers about the importance of early literacy and how to nurture pre-reading skills at home. Library personnel in the Hatchie River region association are offered training on the curriculum annually and can host workshops and classes for parents in the community.



Handle with Care

A recent national survey revealed that 60% of American children have been exposed to violence, crime, or abuse. Exposure to violence and trauma can seriously undermine a child's ability to focus, behave appropriately, and learn²¹.

To mitigate the effects of violence and trauma on students, Bright Start West Tennessee will work to expand Handle with Care ("HWC") programs to school systems in the region. In HWC programs, law enforcement officers send notifications to schools when children have been involved in traumatic out-of-school events. The notifications aim to ensure children who are exposed to trauma receive appropriate interventions, allowing them to achieve academically despite the circumstances they may have endured.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 3

Implementation Lead: Tennessee Bureau of Investigation (TBI) and UWWT

Key Partners and Stakeholders: LEA Directors, Sherriff Departments and Police Departments, TCCY

Action Items/Timeline: By training school officials and local law enforcement (LE) on ACEs, trauma-informed responses, and the HWC program, we will increase the percentage of teachers and schools integrating social-emotional and trauma-informed strategies.

Date	Implementation Milestone	Accountable Party(ies)
Q1	-Launch Dyer County, Madison County, and Weakley County HWC programs. -Evaluate data from McNairy County	TBI, LEAs, and local LE
Q2	-Train 1 additional county to prepare to launch program	TBI
Q3	-Train 1 additional county to prepare to launch program	TBI
Q4	-Evaluate data and share with stakeholders -Train 1 additional county to prepare to launch program	TBI, LEAs, and local LE
Year 2	-Launch 4 more HWC programs in Haywood County, Hardeman County, and Lake County Target: HWC implemented in 9 LEAs in 8 counties. -Explore the possibility of utilizing HWC with CCDF partners, Head Start, and afterschool programs.	TBI, LEAs, and local LE
Year 3	-Launch programs in Decatur & Hardin Counties. Target: HWC implemented in 10 LEAs in 9 counties.	TBI, LEAs, and local LE

Budget and Funding: Funded.

Benefit Kitchen

For families living in poverty, every dollar counts, yet many families are leaving resources on the table in unclaimed benefits. Benefit programs are often hard to navigate. Eligibility requirements are different for each program and are often hard to find. As a result, many individuals do not know what benefits they qualify for and where to apply for them. Benefit Kitchen is a simple solution to that issue. Benefit Kitchen is an online screener that uses state-of-the-art algorithms to determine the eligibility and estimated dollar amounts for more than a dozen federal, state, and local benefits. Individuals and families can anonymously complete the 5-minute screener and find out in real-time what resources they are eligible for and where to apply.

The City of Jackson's Financial Empowerment Center (FEC) will oversee the implementation of Benefit Kitchen in the rural West Tennessee region and is an additional resource for families needing more personalized financial guidance.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: Stage 2

Implementation Lead: United Ways of Tennessee

Key Partners and Stakeholders: UWWT, City of Jackson Financial Empowerment Center, nonprofit partner agencies, CCDF partners

Action Items/Timeline:

Date	Implementation Milestone	Accountable Party(ies)
Q1	-Launch Benefit Kitchen in West Tennessee region -Train nonprofit partner agencies -Execute a public campaign and marketing plan	UWWT
Q2	-Train key partners in use of the tool in all 9 counties	UWWT, FEC
Q3	-Evaluate data from Q1 and Q2 and identify new key partners	FEC
Q4	-Evaluate data -Continue to implement and market the tool	UWWT
Year 2	-Evaluate data and continue implementation -Set targets for matriculation from the screener to the FEC	FEC, UWWT
Year 3	-Evaluate data and continue implementation	FEC, UWWT

Budget and Funding: Funded. The United Ways of Tennessee purchased the Benefit Kitchen program to be used statewide for 3 years. The City of Jackson's Financial Empowerment Center contributed \$39,000 of the total cost.

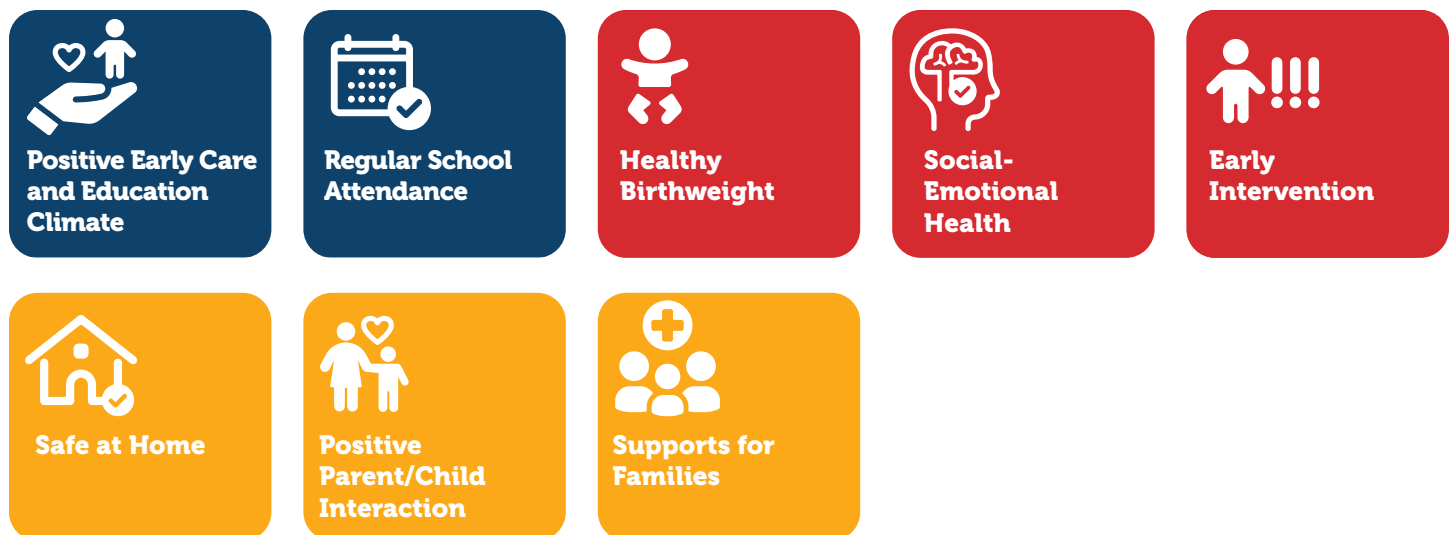
Tennessee Resiliency Project: Pathways Family+

Pathways of West Tennessee Healthcare received a Tennessee Resiliency Project (TRP) grant from the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) to fund a promising blend of school-based and community-based behavioral health services.

The FAMILY+ program is utilizing the TRP grant to fund a sustainable method of scaling behavioral health services that are embedded in places that families already frequent. A blend of payer sources including TennCare and Tennessee's Children's Behavioral Health Safety Net can reimburse for many clinical and support services. However, the actions needed to build a caseload that can sustain staff in these locations are generally not reimbursable. Pathways' FAMILY+ program will use TRP funds to subsidize these new positions while they engage juvenile court staff, primary care physicians, Head Start and Early Head Start staff, perinatal service partnerships, and others in education and facilitation of building a caseload in each respective location. As staff's billable services grow with these new caseloads, TRP grant dollars can be reallocated to create new staff positions where the process starts over again, all while using the same amount of annual funds.

In addition to subsidizing clinical and support staff's salary as they engage in community education and outreach to build a sustainable caseload, the TRP funds also provide a host of capacity-building training opportunities for the clinical staff to ensure the highest quality of these growing services. Examples of staff development have included certifications in parent-child interaction, child-parent psychotherapy, Zero to Five maternal and infant/early childhood mental health, and training in postpartum support for new mothers.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY:



Implementation Stage: 3

Implementation Lead: Pathways of West Tennessee Healthcare

Action Items/Timeline: Implementation is led and determined by Pathways of West Tennessee Healthcare. Will obtain an implementation timeline and share with the BSWTN network by January 31, 2023.

Budget/Funding: Funded by Tennessee Resiliency Project, TDMHSAS

School-Based Health Clinics

School-Based Health Clinics (SBHC) provide medical and behavioral health professionals at the school site (and where appropriate, via telehealth), creating unique access for PreK-12 students as well as school personnel and other community members. They also provide other valuable services including developmental screening, dental health exams, vision exams, immunizations, sports physicals, and classroom health education.

SBHCs come in different sizes, with the range of services provided determined by school and community needs and available resources. Tennessee already has a growing presence of SBHCs—71 across 10 counties – primarily run by Federally Qualified Health Centers (FQHCs). Because of their unique cost-based reimbursement model through TennCare, FQHCs have been able to develop a self-sustaining financial model for operating SBHCs after the initial startup costs. Some SBHCs run by FQHCs are entirely onsite while others blend onsite services with telemedicine programs. Existing school-based services include Pathways Behavioral Health, Hardeman County SBHC, and Lake County’s telehealth services, and Pathways’ Resilient Family Project.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY



Implementation Stage: Stage 1

Implementation Lead: Not Identified

Key Partners and Stakeholders: LEAs, School Coordinated Health Directors, West Tennessee Healthcare, UT Family Medicine, Christ Community Health Services, LeBonheur Children’s Hospital, Citizens of Lake County for Health Care INC, Hardeman County Community Health Center, Hardin County Regional Health Center

Action Items/Timeline: Develop an Action Plan with detailed tactics articulated by June 31, 2023. Address at a minimum: target schools, funding sources, connection with Community Schools strategy, staffing, and sustainability.

Budget and Funding: Develop a budget and potential funding sources by June 31, 2023.

Potential Policy Changes to Support this Strategy:

- Coordinated enrollment for TN Care, Cover Kids, WIC, SNAP, and CCDF Programs
- Early Childhood Integrated Data System (ECIDS)

Mobile Health Services

Mobile health services are an innovative model of healthcare delivery that provide a wide range of services to people who may not otherwise receive healthcare due to barriers such as living in an isolated rural area with limited healthcare providers or being unable to afford health insurance. Given the nature of mobile health clinics, healthcare providers can tailor their services to specific communities. Mobile health clinics offer flexible, responsive care for isolated and vulnerable groups and newly displaced populations. Mobile clinic services are crucial to giving rural communities access to high-quality healthcare. Existing mobile services include LeBonheur on the Move (LOM), Helping Hands of Tennessee dental services (HHT), Pathways' Resilient Family Project.

MEASURES OF SUCCESS ASSOCIATED WITH THIS STRATEGY



LeBonheur Children's Hospital Mobile Health Care:

Le Bonheur's vision is to address the needs of children beyond the hospital's walls, particularly those at risk through preventive community strategies, investments and partnerships.

The Le Bonheur on the Move (LOM) mobile unit travels to schools and community sites in Memphis and West Tennessee to provide affordable, accessible health care services for children who don't have pediatricians. Le Bonheur on the Move provides:

- Comprehensive well-child examinations
- Acute care
- Sports physicals
- Developmental/behavioral assessments and referrals
- Medical/social service referrals.

Implementation Stage: Stage 3

Implementation Lead: LeBonheur Children's Hospital

Key Partners and Stakeholders: United Way of West Tennessee, Children's Health Fund, local LEA's, Delta Rural Health Initiative

LOM currently operates in Decatur County Schools, Dyersburg City Schools, Dyer County Schools, and Haywood County Schools. A detailed report of the number of children seen, the number of referrals, diagnoses, etc. is included in Appendix I. The number of students seen is for all grades.

The chart below shows the target number of K-3 students we aim to serve through LOM. We calculated the target using an estimate of economically disadvantaged K-3 students and the percentage of those children who are uninsured.

Budget/Funding: Grant funded. Funding is needed for a new mobile unit for LOM. We will explore funding sources and secure funding by the start of Year 2.

Potential Policy Changes to Support this Strategy:

- Early Childhood Integrated Data System (ECIDS)

School System Acknowledgement

The Bright Start West Tennessee Steering Committee would like to thank and acknowledge the tremendous work all 10 school districts in the region are doing to help children reach proficiency in reading and math. Each district has a unique student population and is employing various strategies to meet their students' diverse learning needs.



McNairy County, Tennessee



Some common strategies these districts are utilizing to increase 3rd-grade reading and math proficiency include:

- High-dosage, low-ratio tutoring
- Use of high-quality instructional materials
- Utilization of universal screening data, benchmark data, and teacher recommendations to identify standards that students have not yet mastered and to differentiate instruction accordingly
- Targeted small group instruction and interventions for students identified as in need of support or remediation
- High-quality professional development and instructional feedback for teachers

Strategy Funding Status

Strategy	Funding Status	Strategy	Funding Status
Early Care and Education Workforce Pipeline	Needs Funding	Community Schools	Needs Funding
Shared Services Alliance	Partially Funded	Handle with Care	Funded
Micro-Center Network	Tentative	Benefit Kitchen	Funded
Family Child Care Provider Network	Partially Funded	Community Based Literacy Initiatives	Partially Funded
Employer Led Initiatives	Needs Funding	Pathways FAMILY+	Funded
LENA Grow and LENA Start	Partially Funded	School-Based Health Clinics	Needs Funding
Evidence Based Home Visiting	HFA- Funded PAT- Needs Funding	Mobile Health and Dental Services	Partially Funded

Measurement and Evaluation

To implement each of the strategies proposed in this plan with fidelity, implementation leads and the BSWTN Steering Committee will track progress and evaluate outcomes throughout the three years.

TQEE will also track data on the 5 measures of success through the development of a statewide data dashboard. Implementation plans, S.M.A.R.T. Targets, and strategies will all be re-evaluated using this data and adjustments will be made when necessary.

Collective impact work never happens in a straight line from strategy to results. We must be flexible and adaptable to the ever-changing realities of working with people and policy.

This action plan and all of its implementation partners will need champions that are committed to driving the work forward, even when obstacles arise. We hope the community will organize in support of this work and become co-creators of the high-quality ECE system we hope to build for West Tennessee children.

A Community Plan and a Community Effort

This plan is a bold vision for our region, but together we can achieve it. Each individual, organization, and elected official has a unique part to play.

You can sign up to be a relief teacher for child care centers, donate to a local 501c3 child care provider, or simply show your appreciation for those who work with young children.

You can research candidates in local, state, and federal elections and learn which candidates support improving the early childhood system. And then, of course, vote!

You or your organization can consider contributing towards funding one or more of the strategies in this action plan.

If you lead a business, you can implement family-friendly policies like generous leave policies or alternate work schedules for parents of young children or consider offering child care on-site.

If you are an elected official, you can advocate for additional resources to address child care deserts, mental health supports, and child-friendly policies and programs.

Educational achievement and life success require a strong early learning foundation, from birth through third grade. How will you support West Tennessee's youngest learners?

For more information on how you can get involved with the BSWTN work email oabernathy@unitedway.tn.org

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Appendix A: Work Groups and Work Group Members

HEALTH AND DEVELOPMENT BEGINNING AT BIRTH:

Rema Wilson- AimHiTN
Chelcie Oseni- LeBonheur Children's Hospital
Shareta Price-Hardaway- TN Voices
Kim Parker- Pathways, West TN Healthcare
Charlotte Maldonado- Coordinated School Health, Lake County Schools
Sabrina Blue- Helping Hands of Tennessee
Emily White- Carey Counseling
Amy Coffman- School Coordinated Health, Hardin County Schools

SUPPORTED AND SUPPORTIVE FAMILIES AND COMMUNITIES:

Dr. Rachael Martin- McNairy Family Resource Center
James Christoferson- Read Team
Jenci Spradlin- WRAP
Katy Myers- Healthier Beginnings
La'Tanya Woods- Madison County Juvenile Court Services
Molly Carroll- Hardin County Schools
Karen Vinyard- Head Start
Rachel Marshall- Safe Baby Court
Hannah Snowden- CASA
Anonymous Representative- A Mother's Love and Aspell Recovery Center

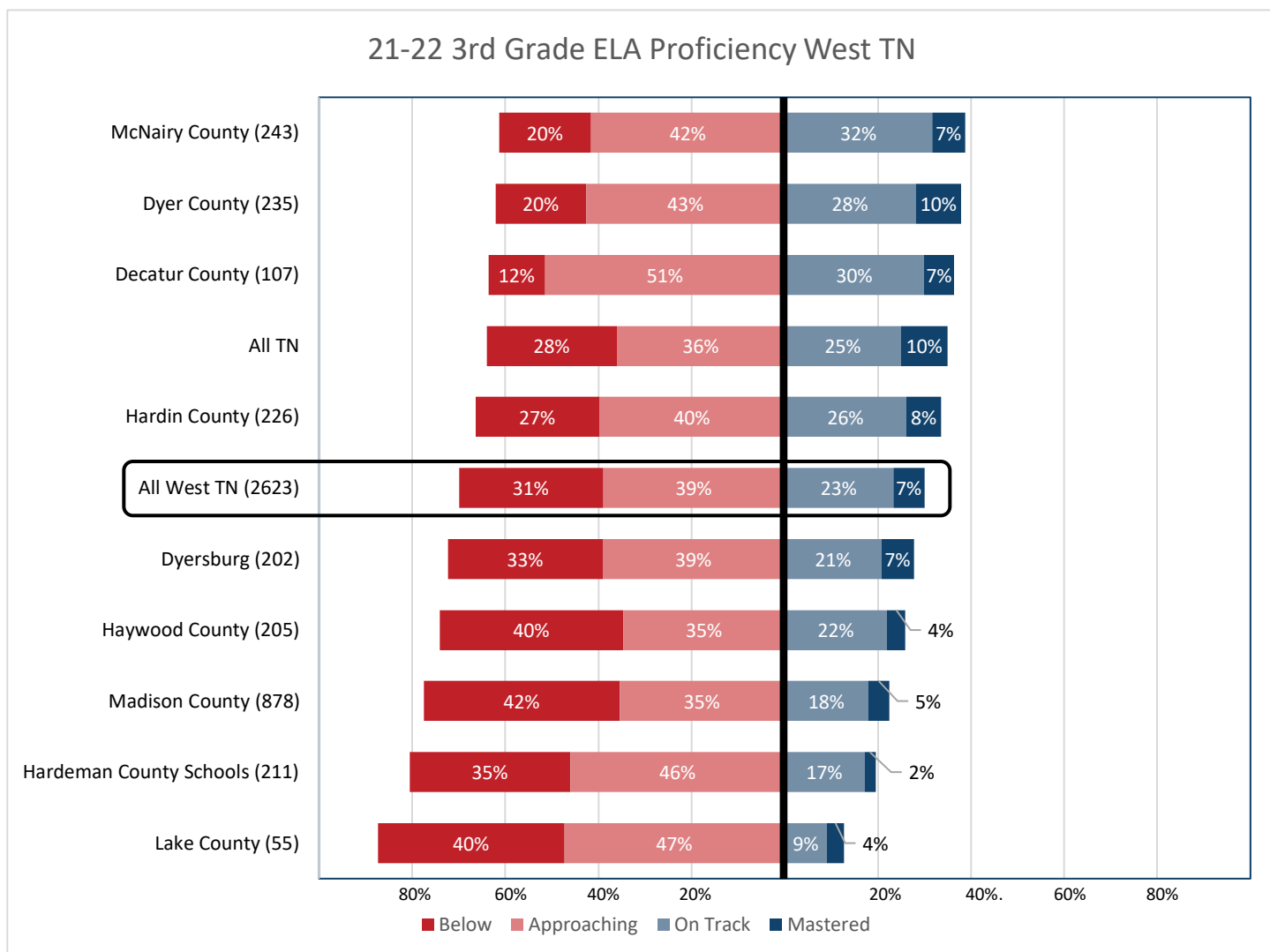
HIGH-QUALITY LEARNING ENVIRONMENTS:

Joey Hassell- Haywood County Schools
Kippi Jordan- Jackson Madison County School System
Bob Alvey- former JMCSS board member and TSBA board member
Kristin Peachey- JMCSS Pre-K
Jerri Moore- Tennessee Council for Children and Youth
Dr. Cell Waller- Lane College
Kathie Cothorn- Child Care Resource and Referral
Dr. Carrie Whaley- retired Professor Union University
Ginger Angelos- AimHiTN
Laura Walker- JMCSS
Hannah Snowden- CASA
Tamara Fortner- Arlington Elementary School
Patty Sharp- Dyersburg State Community College
Kelly Maupin- TECTA

COMMUNITY ENGAGEMENT WORK GROUP:

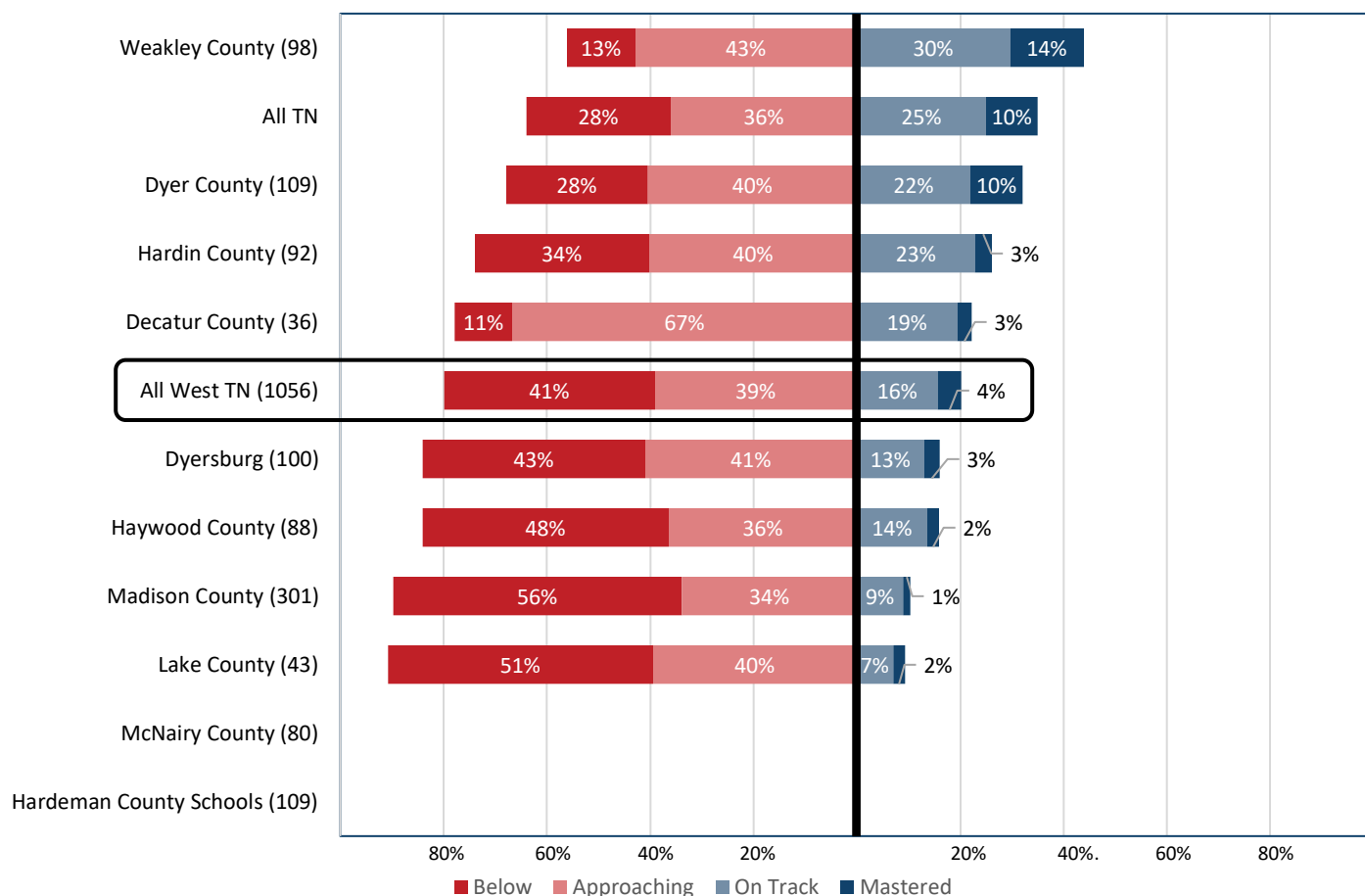
Dana Cobb- TCCY
Kay Montgomery- Union University
Megan Greene- Dyer County Schools
Gabe Hart- Haywood County Schools
Caitlin Goodman- West Tennessee Healthcare, Mother-Baby Unit
Mayor Jake Bynum- Weakley County
Kenneth Cummings- City of Jackson Communications Director

Appendix B: TCAP Data

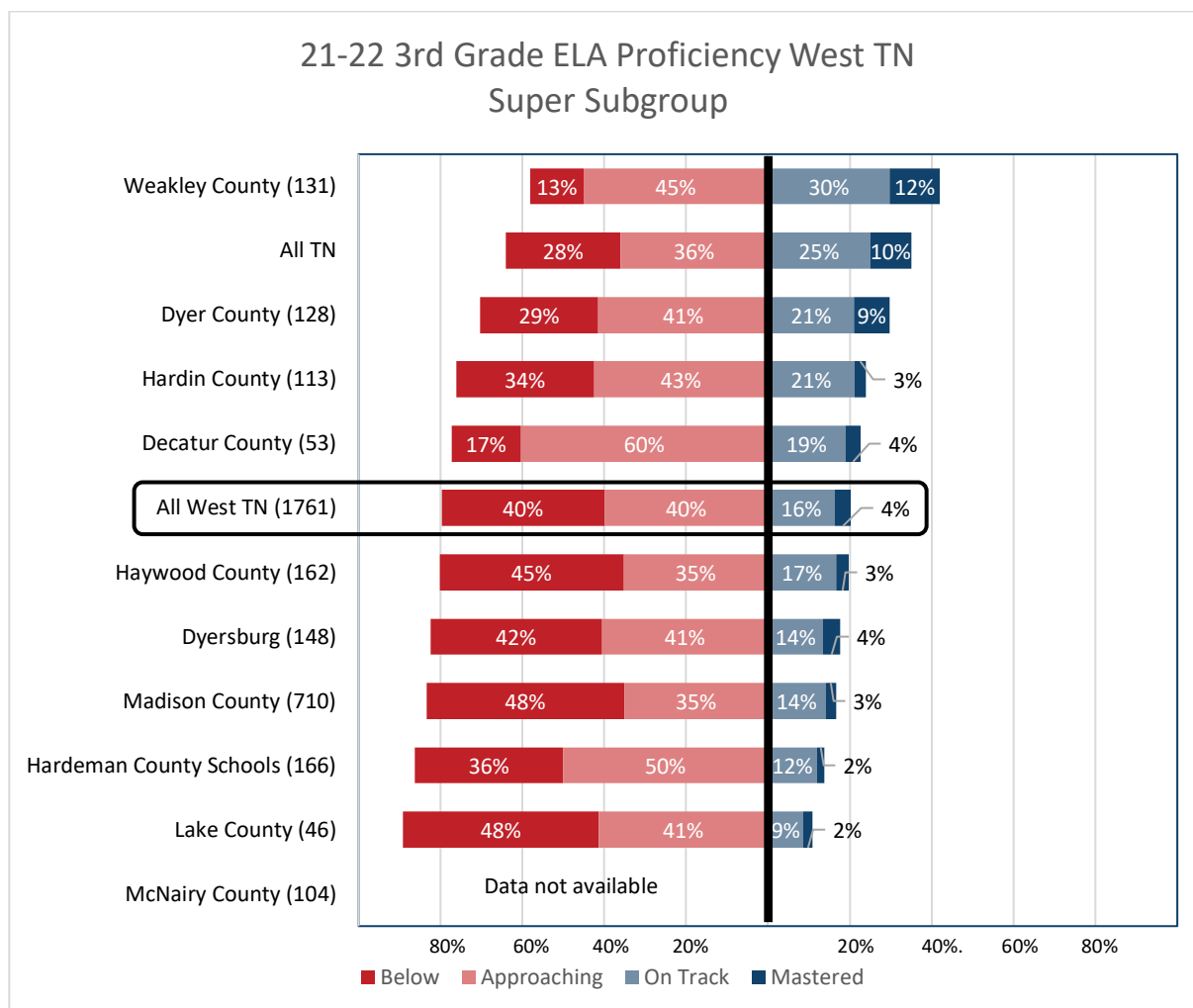


Note: The numbers beside each school district represent the total number of valid tests for 3rd grade students for each school district. On average, these data represent 98% of all 3rd grade students enrolled in each school district. All data was sourced from the Tennessee Department of Education and can be found at <https://www.tn.gov/education/data/data-downloads.html>

21-22 3rd Grade ELA Proficiency West TN Economically Disadvantaged



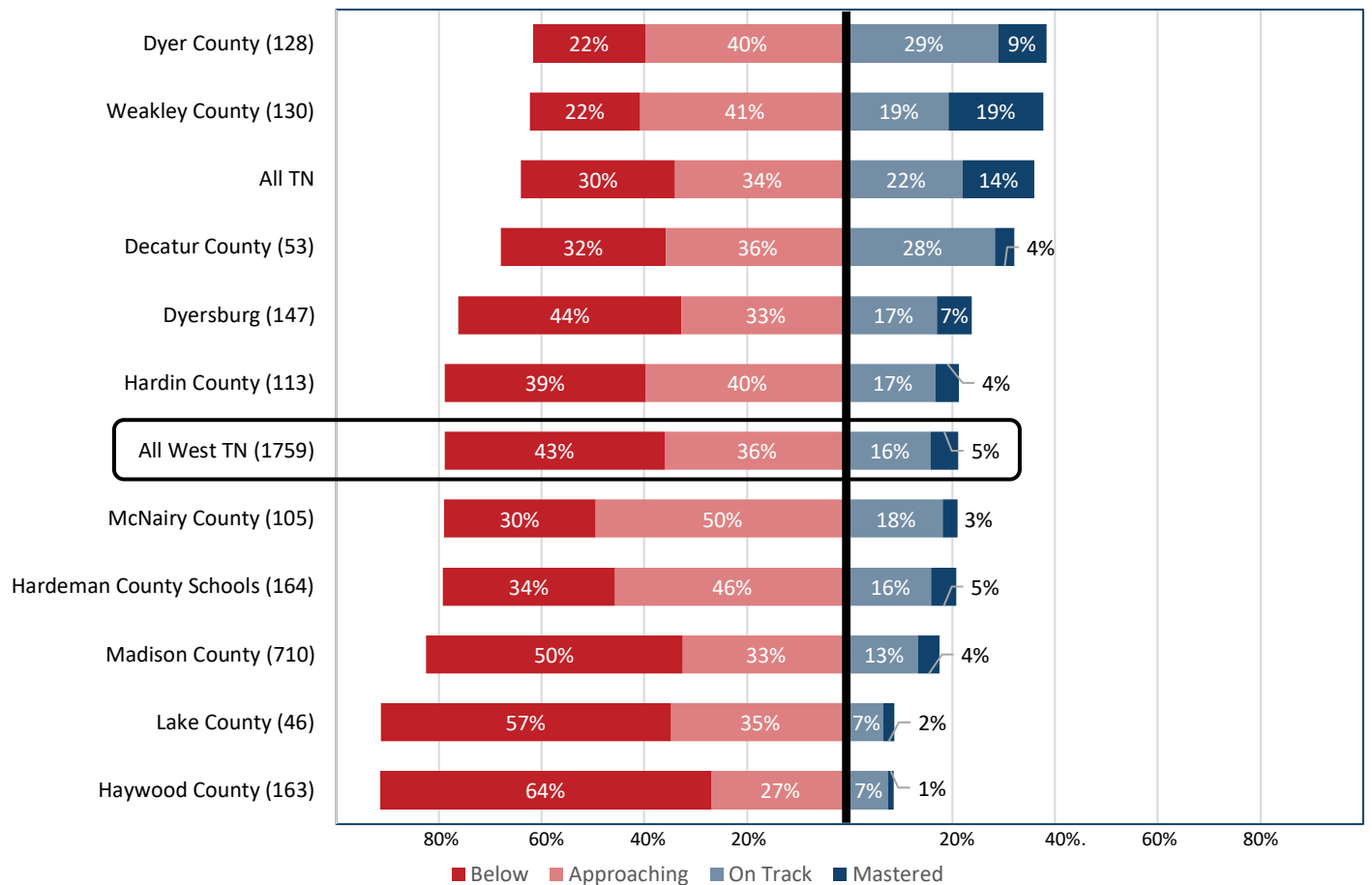
Note: The numbers beside each school district represent the total number of valid tests for 3rd grade students for each school district. On average, these data represent 98% of all 3rd grade students enrolled in each school district. All data was sourced from the Tennessee Department of Education and can be found at <https://www.tn.gov/education/data/data-downloads.html>



*The Super Subgroup consists of all students identified with one or more of the historically underserved student groups (Black, Hispanic, and Native American students (BHN), English learners (EL), economically disadvantaged students (ED), students with disabilities (SWD)), counting each student only once regardless of how many student groups they identify with. For example, a student who is classified both as EL and as SWD counts once in the Super Subgroup. The same would be true of a student identified with only one of the historically underserved student groups, as in the case of student whose race/ethnicity is listed as Black, Hispanic, or Native American (BHN). The Super Subgroup is not to be used for federal reporting purposes according to ESSA. [[TDOE 2019 Accountability Protocol](#)]

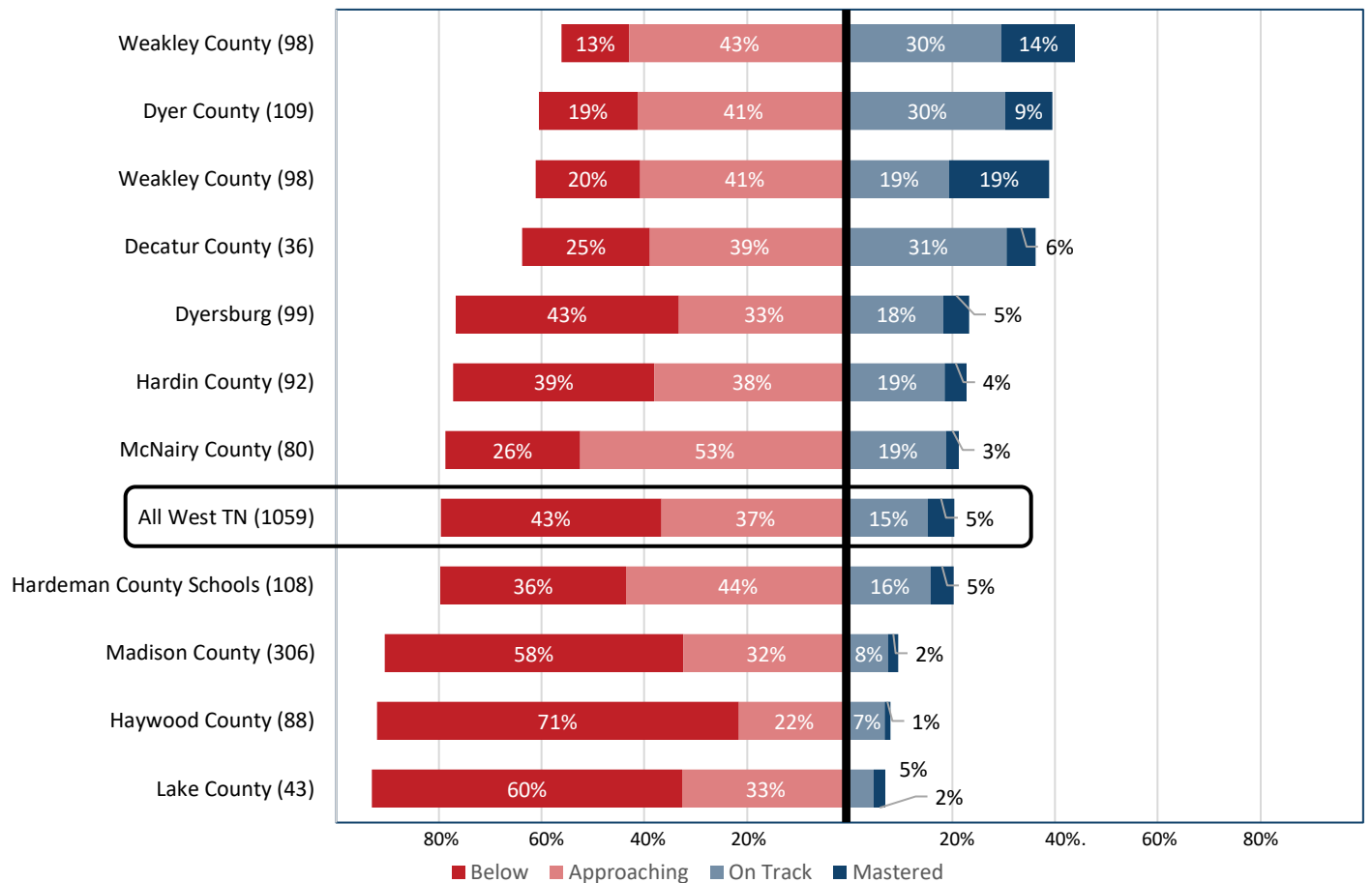
Note: The numbers beside each school district represent the total number of valid tests for 3rd grade students for each school district. On average, these data represent 98% of all 3rd grade students enrolled in each school district. All data was sourced from the Tennessee Department of Education and can be found at <https://www.tn.gov/education/data/data-downloads.html>

21-22 3rd Grade Math Proficiency West TN (All Students)

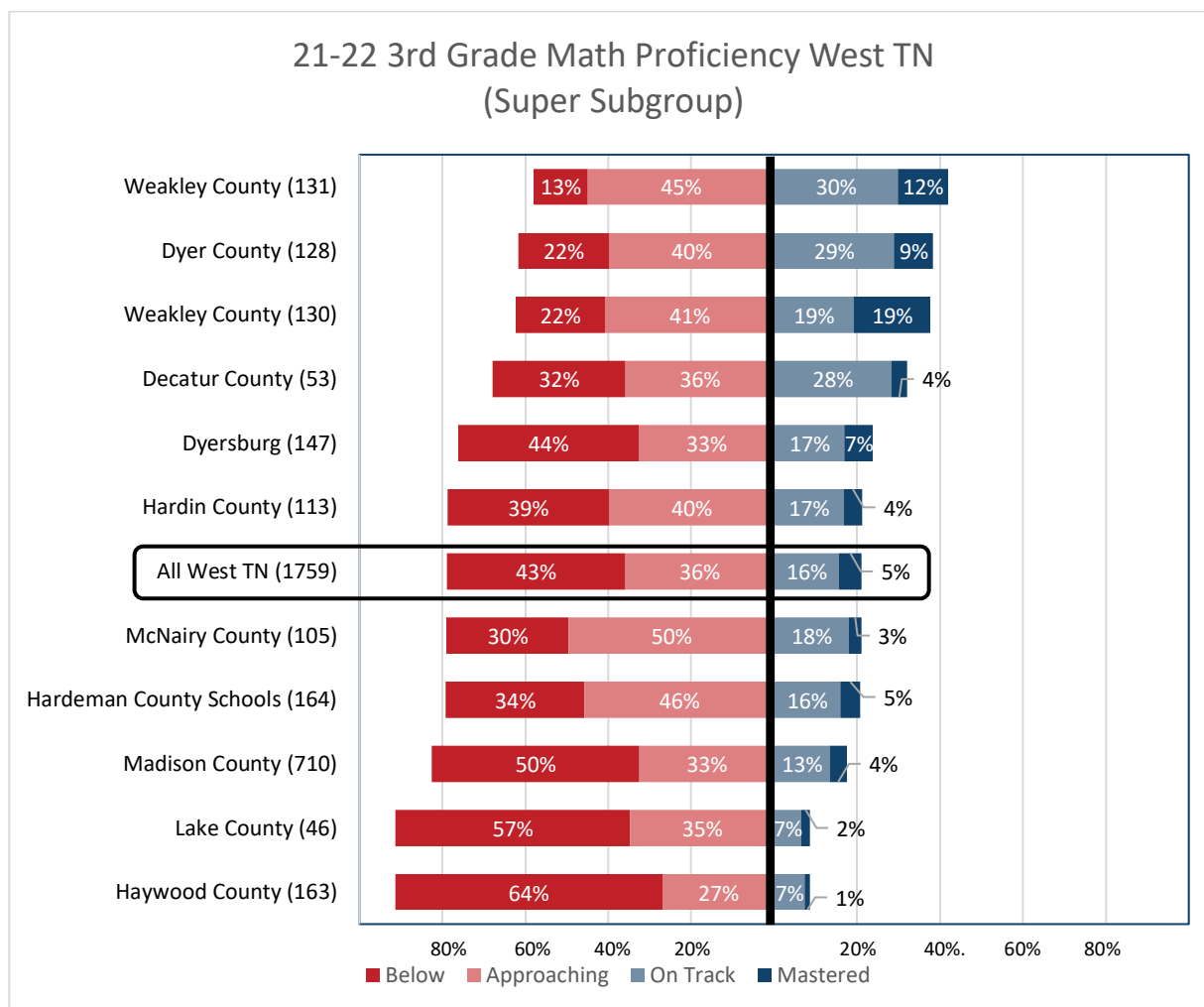


Note: The numbers beside each school district represent the total number of valid tests for 3rd grade students for each school district. On average, these data represent 98% of all 3rd grade students enrolled in each school district. All data was sourced from the Tennessee Department of Education and can be found at <https://www.tn.gov/education/data/data-downloads.html>

21-22 3rd Grade Math Proficiency West TN (Economically Disadvantaged)



Note: The numbers beside each school district represent the total number of valid tests for 3rd grade students for each school district. On average, these data represent 99% of all 3rd grade students enrolled in each school district. All data was sourced from the Tennessee Department of Education and can be found at <https://www.tn.gov/education/data/data-downloads.html>



*The Super Subgroup consists of all students identified with one or more of the historically underserved student groups (Black, Hispanic, and Native American students (BHN), English learners (EL), economically disadvantaged students (ED), students with disabilities (SWD)), counting each student only once regardless of how many student groups they identify with. For example, a student who is classified both as EL and as SWD counts once in the Super Subgroup. The same would be true of a student identified with only one of the historically underserved student groups, as in the case of student whose race/ethnicity is listed as Black, Hispanic, or Native American (BHN). The Super Subgroup is not to be used for federal reporting purposes according to ESSA. [[TDOE 2019 Accountability Protocol](#)]

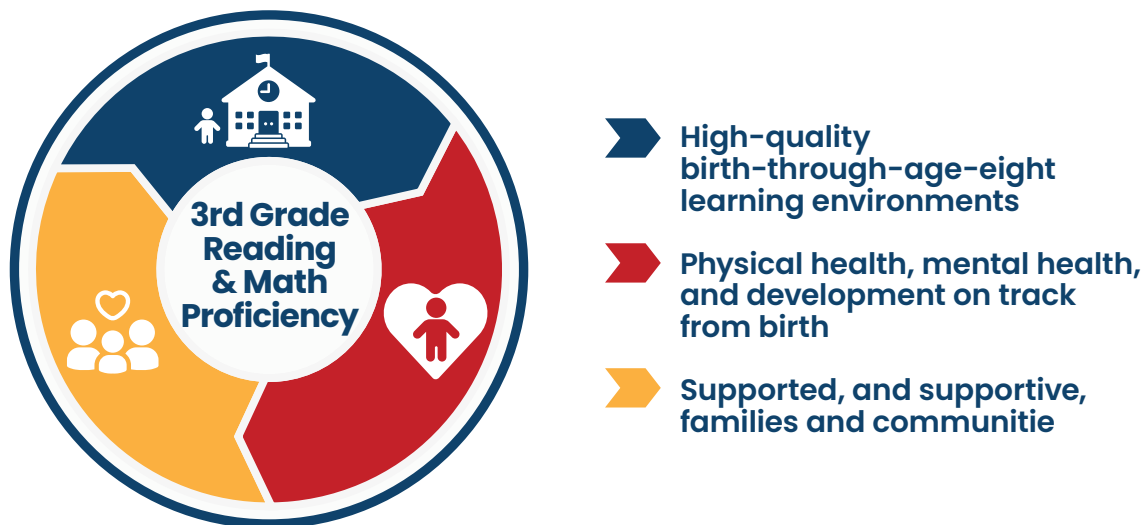
Note: The numbers beside each school district represent the total number of valid tests for 3rd grade students for each school district. On average, these data represent 98% of all 3rd grade students enrolled in each school district. All data was sourced from the Tennessee Department of Education and can be found at <https://www.tn.gov/education/data/data-downloads.html>

Appendix C: Measures of Success

15 Measures of Success

Creating a Cycle of Success

What children need to achieve 3rd grade level reading and math proficiency



Adapted from NC Early Childhood Shared Measures of Success Framework
https://buildthefoundation.org/wp-content/uploads/2018/03/Measures-of-Success-Framework_FINAL.pdf

High-quality birth-through-age-eight learning environments

High-quality early care and education settings ages 0-5

The major indicator for this measure of success is the percent of children birth to age five receiving high quality early care and education when not with their parents (Head Start, Child Care, Special Needs Care and TN-VPK).

Children who attend high-quality early education programs have better short-, medium- and long-term educational and economic outcomes than those who are not enrolled in high-quality programs. Short-term benefits of attending high quality preschool include higher math and English language arts proficiency. Research also shows that medium- and

long-term benefits of high quality early childhood education include a decreased likelihood of special education placement and grade retention, more years of education completed, and a higher likelihood of both high school and college graduation. Long-term economic benefits include a higher likelihood of employment later in life among children who receive higher quality education. Targeted programs such as Abecedarian Project also provide evidence that high quality early education interventions can especially yield both short-term and lifelong benefits for children from disadvantaged backgrounds. Recent studies, including several of Tennessee's VPK program, suggest programs must be high quality in order to have a positive impact.

- [Pearman et al. 2019 Teachers Schools and PreK](#): Analysis of 806 Tennessee pre-K students during the 2009-10 and 2010-11 school years. Following the same students over time, the study measured academic performance using standardized test scores on math and English language arts proficiency at third grade. Results showed that pre-K students who went on to attend high quality early education, as defined as high quality schools with highly effective teachers, showed significantly higher academic performance by third grade than those who did not receive high quality early education.
- [McCoy et al. 2017 Impact of Early Childhood Education](#): Meta-analysis of 22 experiments measuring the medium- and long-term effects of early childhood education between 1960 and 2016. Outcomes analyzed include high school graduation rates, placement in special education, and grade retention rates. Statistically significant results found that participation in early childhood education decreased rates of special education placement and grade retention, and increased graduation rates.
- [Sparling et al. 2012 Adult Outcomes](#): The Abecedarian Project is a program which provides high-quality education to children with low-income or disadvantaged backgrounds. A study of 120 families, who were primarily Black/African American and who reported no income at the time of the study, followed infants from these families between the years of 1972 and 2009. Participants were split into two groups: a control group who did not enroll in the Abecedarian Project, and a treatment group who did enroll. Findings include higher rates of employment, a higher number of years of education completed, and a higher likelihood of college graduation among those who enrolled in the Abecedarian Project at age 30 follow-up.

Positive early care and education climate

The major indicator of this measure of success is the percentage of early care and education programs and schools implementing social-emotional development strategies.

Positive early care and education program climates lead to strong academic and life outcomes for children. Several features make up a positive program climate: a supportive and safe learning environment, collaborative and effective educators, rigorous and developmentally appropriate instruction, and engaged families. These features align with the definition of quality in K-12 environments, as defined by the [Tennessee School Climate](#)

[Model](#). Children who attend schools with these elements are up to ten times more likely to experience substantial gains in reading, math, and GPA as well as stronger attendance rates than students in schools without or with weaker evidence of these elements. Longer term outcomes include positive effects on high school measures, including attendance, test scores, GPA, and college enrollment.

- [Byrk et al. 2010. Organizing Schools for Improvement: Lessons from Chicago](#): Analysis of two hundred elementary schools in Chicago over seven years, half of which substantially improved during that time period and half of which did not. Examined the comprehensive practices and conditions that were key factors for improvement, including leadership, professional capacity of staff, and a student-centered learning climate. Identified five drivers of school improvement: effective leaders, collaborative teachers, ambitious instruction, supportive environment, and involved families.
- [Rohack et al. 2010. Understanding Quality in Context: Child Care Centers, Communities, Markets, and Public Policy](#): Analysis of 38 centers across four study sites in Alabama, California, New Jersey, and Washington. Found that director engagement and approach to program leadership affected the quality of the center. Director beliefs about definitions of program quality, expectations for staff, prioritization of wages and professional development, and emphasis on program quality standards outside of licensing minimums were all associated with program quality.
- [Dennis and O'Connor. 2008. Re-examining Quality in Early Childhood](#): Collected data from 37 preschool centers in the US, including 37 teachers and their 3-4 year old students to analyze the effect of the preschool work environment on classroom quality. Classroom sizes ranged from 9-28 students. Used ECERS to measure classroom quality and ECWES and OCDQ-RE (Organizational Climate Description Questionnaire for Elementary Schools) to measure work environment and organizational climate. Found a significant relationship between organizational climate and classroom quality. Classrooms with better work environments were also found to have better activities and materials available to children. Additionally, found that classrooms which had better (1) opportunities for professional growth, (2) reward systems, (3) physical environments, (4) relationships with colleagues, (5) supportive leadership had higher quality classrooms.
- [Lower and Cassidy. 2007. Child Care Work Environments](#): Study of 26 participants in early education centers, including 225 teacher surveys that examined the effects of child care work environments on the quality of the center. Child care global quality was assessed with ECERS-R scores and organizational climate was measured with ECWES (Early Childhood Work Environment Survey) scores. Found that classroom global quality was significantly positively correlated with both organizational climate and program administration. Also found a moderately significant, positive relationship between organizational climate and language/interaction factor, a catch-all measure of staff-child interactions and language used by staff.

Regular attendance

The major indicator for this measure of success is the percent of children who are chronically absent during preschool and the early grades (K-3)

Regular attendance in preschool and the early grades promotes higher student achievement, as measured by kindergarten readiness scores, indicators of reading fluency, and performance on standardized assessments in reading and math. Regular attendance in preschool and early grades also supports social-emotional development and educational engagement, including a range of positive approaches to learning such as independent work ability and persistence in completing tasks. Attendance is further linked with lower rates of grade retention and chronic absenteeism in later grades. Socioeconomically disadvantaged children in particular benefit from regular school attendance.

- [Gottfried_2014_Chronic Absenteeism and Its Effects](#): Analysis of nationally representative data set of over 10,000 kindergartners in the 2010-11 school year. Assessed the effects of moderate chronic absenteeism (between 2 weeks and 18 days of absence) and strong chronic absenteeism (more than 18 days of absence). Findings show chronic absenteeism reduces math and reading achievement, reduces educational engagement, and decreases social engagement.
- [Erlich_2013_Pre-K Attendance](#): Analysis of 25,000 Chicago Public Schools children between 2008-2009 and 2011-2012 school years. Assessed effects of attendance rates in preschool. Findings include better preschool attendance has positive effects on kindergarten readiness, including measures of social-emotional development; chronic absence in preschool is linked to higher likelihood of chronic absence in second grade; and chronic absence for multiple years between preschool and second grade is linked to below-grade level reading in third grade.
- [ConnollyOlson_2012_Early Elementary Performance](#): Analysis of 2,500 Baltimore City Schools children between 2006-2007 and 2010-2011 school years. Assessed effects of chronic absence, defined as missing more than one-ninth of days enrolled, in prekindergarten and kindergarten. Findings include lower math and reading achievement in grades 1-2, grade retention, and future chronic absenteeism.
- [Ready_2010_Socioeconomic Disadvantage, School Attendance, and Early Cognitive Development](#): Analysis of 14,000 kindergarten children who advanced to first grade following kindergarten in the 1998-1999 year. Assessed the relationship between early academic development and school attendance rates, and the extent to which socioeconomic inequalities in academic performance are exacerbated by attendance. Findings suggest that across socioeconomic status, chronic absence in kindergarten is linked to lower kindergarten literacy development. Additionally, socioeconomically disadvantaged children who have good attendance rates gain more literacy skills than their higher SES peers during kindergarten and first grade.

Grade-level proficiency pre-k to 2nd grade

The major indicator for this measure of success is the percent of children PreK-2nd grade on-track in reading (language and literacy) and math.

Early academic skills related to literacy and math are the most significant predictors of future academic achievement. Key early literacy predictors for reading and school success include alphabet knowledge, phonological awareness, rapid automatic naming of letters or numbers, rapid automatic naming of objects or colors, writing and phonological memory. Early math skills, such as counting and number sense, predict reading, math and science achievement in later years.

- [Hernandez 2012 Double Jeopardy: How Third-Grade Reading Skills](#): Longitudinal analysis of 3,975 children in the United States between 1979 and 1989. Explored the effects of both reading proficiency levels in third grade and poverty on high school graduation rates. Found that students who did not read proficiently in third grade were four times as likely to not graduate high school than those who were reading proficiently. Living in poverty exacerbated these effects. Black and Hispanic children who were not reading proficiently in third grade were about twice as likely as similarly situated white children to not graduate high school.
- [Lesnik et al 2010 A Longitudinal Analysis of Third-Grade Students](#): Longitudinal study of 26,000 children in the Chicago Public School system who were monitored from third grade (in the 1997-98 school year) through college. Participants were stratified by grade reading level (below-level, at-level, and above-level) based on their percentile ranking of reading scores on the Iowa Tests of Basic Skills. Results found that a student's reading level at third grade significantly predicted their reading level at eighth grade. Results showed that students who were above-grade level in reading in 3rd grade were more likely to enroll in and graduate from college than those who were below-grade level.
- [Duncan et al 2007 School readiness and later achievement](#): Meta-analysis of six longitudinal datasets examining the relationship between school-entry academic, attention, and socioemotional skills and later school reading and math achievement. The strongest predictors of later achievement are school entry math, reading, and attention skills.
- [McClelland et al 2006 The impact of kindergarten learning-related skills](#): Analysis of 260 children in Greensboro, NC who entered kindergarten between the ages of 48 to 71 months. Participants were monitored from kindergarten through sixth grade. Measured effect of kindergarten-related skills, including self-regulation, responsibility, independence, and cooperation, on child academic achievement, as measured by reading and math proficiency. Found that a child's kindergarten-related skills was predictive of their reading and math achievement and growth trajectory by second grade. Children with low levels of kindergarten-related learning skills were more likely to fall behind on reading and math proficiency by second grade than those with high levels of learning skills.

Summer learning

The major indicator for this measure of success is the percent of children who maintain reading and math gains over the summer.

As much as two-thirds of the achievement gap between students with lower and higher socioeconomic status in 9th grade can be explained by summer learning loss in early elementary school, specifically in reading and math comprehension. Summer learning loss has been found to predict high school dropout rates, high school track placement, and enrollment in four-year colleges later in a student's life. Children living in high poverty are significantly more likely to experience summer learning loss by late elementary and middle school.

- [Kuhfield 2019 Surprising New Evidence on Summer Learning Loss](#): National analysis of 3.4 million K-8 students during the 2016-17 and 2017-18 school years. Measured summer learning loss as defined by reading and math achievement. Found that the strongest predictor of summer learning gains or losses was how learning much a student gained during the previous academic school year. Students living in high poverty had significantly more summer learning loss by later elementary and middle school than those not living in poverty.
- [Kim and Quinn 2013 SummerReadingMetaAnalysis](#): Meta-analysis of 41 summer-based reading interventions between 1998 and 2011, spanning children in grades kindergarten through 8, in both the United States and Canada. Findings include improved reading comprehension, fluency and decoding among students who participated in a summer reading program. Summer reading programs had larger positive effects on children with lower incomes.
- [Olson et al 2007 Lasting Consequences of the Summer Learning Gap](#): Study of 326 first grade children enrolled in Baltimore public school in 1982 who were monitored until the age of 22. Data was stratified by socioeconomic status (SES) and racial composition. Analyzed out of school summer learning in academic achievement (student reading and math comprehension). Compared academic gains of school-year learning to those of out-of-school summer learning to measure the effect of summer slide. Results showed that about two-thirds of the achievement gap between low and high SES students in 9th grade could be explained by summer learning loss in elementary school. Out-of-school summer learning differences in elementary school also predicted high school dropout rates, high school track placement, and enrollment in four-year colleges later in life.

Health, Mental Health and Development on Track from Birth

Healthy birth weight

The major indicator for this measure of success is the percent of babies born weighing less than 2500 grams (5.5 pounds).

A healthy birth weight can have short- and long-term implications for a babies' physical, cognitive, and neurological development, as well as their educational outcomes. Children

born weighing less than 2500 grams/5.5 lbs (also known as low birth weight) are more likely to experience neurodevelopmental delays, lower levels of neurodevelopment, and a higher likelihood of grade retention in elementary school. Low birth weight may lead to lower levels of intelligence that can span a person's life, from young adulthood into midlife.

- [Zhang et al. 2019 Birthweight and DQ](#): Study of 4,026 infants aged 1-6 months in Wuhan, China between October 2012 and September 2013. Measured development quotient (DQ), a metric of neurodevelopment, as well as neurodevelopmental delays, as diagnosed by a clinician. Findings showed that low birth weight resulted in a higher likelihood of having a lower DQ, as defined by gross and fine motor skills, and adaptability. The study also found that low birth weight increased the risk of having neurodevelopmental delays across the same measures (gross and fine motor skills and adaptability).
- [Mortensen and Flensborg-Madsen 2017 Birth weight and intelligence](#): Study of 4,696 children born in Copenhagen between 1959 and 1961, followed into their adult lives. Analyzed the relationship between low birth weight and intelligence later in life, as measured by various intelligence scales. Results showed that a higher birth weight was associated with higher intelligence scores, an association that remained stable from young adulthood (ages 19 to 28) into midlife (age 50).
- [Temple et al. 2010 LBW Preschool Remedial](#): Study of 1,300 children in Chicago who are primarily low-income and Black/African American. Results found that low birth weight predicted grade retention, particularly for boys.

Physical health

The major indicator for this measure of success is the percent of parents reporting their child's health is excellent or good.

Being in good physical health in early years of childhood has several positive educational and health outcomes for children. Good health in preschool and early childhood has been linked to good health later in life, as measured by tobacco exposure, unintentional injury, obesity and mental health. Educational benefits of good health in the early years include increased academic achievement. Poor health is associated with lower math and reading test scores in kindergarten entry through third grade, with negative effects compounding over time. Specific health conditions, such as having ADHD, being overweight or underweight, or having a speech impairment, can also result in lower reading or math achievement among children.

- [Guyer et al. 2009 Early childhood health promotion](#): Analysis of effects of tobacco exposure, unintentional injury, obesity, and mental health problems during preschool years. Assessed health promotion and disease prevention among children from before birth through five years old. Analysis determined that all four measures were significant predictors of health problems throughout a person's life span. This was especially true for tobacco exposure.

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- [Eide et al. 2010. The relation between children's health](#): Analysis of 2,394 families who participated in the Child Development Supplement portion of the Panel Study of Income Dynamics, a nationally representative sample of families that has collected information from the same individuals over time since 1997. Researchers used math and reading test scores from the Woodcock-Johnson evaluation tool to measure academic achievement. Health conditions considered in the analysis included ADHD, asthma, vision, hearing and speech impairment, and being underweight or overweight. Results found that having a speech impairment, ADHD, and hearing and vision impairments were associated with lower reading scores.
 - [Spernack et al. 2006. child health and academic achievement](#): Analysis of 7,515 children from the National Head Start-Public School Early Childhood Transition Demonstration study, which collected data from children enrolled in Head Start through third grade between the years of 1992 and 1998. Comparing academic achievement (math and reading test scores) between children categorized as having "poor" and "good" health according to parent ratings, this study found that children with poor health exhibited lower academic achievement than those with good health. Also found that negative effects of poor health on achievement were stronger in third grade than in kindergarten, especially for reading scores.

Social emotional health

The major indicator for this measure of success is the percent of children exhibiting self-regulation, and good interpersonal skills.

There is abundant evidence that social emotional health in children can have holistic, long-lasting benefits that persist throughout their lives. Notably, developing social emotional skills in the early years can improve an individuals' academic success and performance. Exhibiting prosocial behavior in kindergarten can increase a child's likelihood of graduating both high and college, as well as obtaining stable, full-time employment by young adulthood. Children who are taught social emotional skills in early years are more likely to succeed academically. Specific social emotional skills such as attention and self-regulation also have shown to impact a child's academic achievement. Studies show that inattention, hyperactivity and low levels of self-regulation may result in lower math and English achievement in later years.

Children who demonstrate strong self-regulation skills between preschool and 2nd grade are more likely to have positive health and financial outcomes and less likely to have substance abuse problems later in life. Children with lower socioemotional competence in the early grades, including prior to kindergarten entry, are more likely to experience peer rejection, declining enjoyment and engagement in school, and poor academic outcomes.

- [Jones et al. 2015. Early Social Emotional Functioning](#): Longitudinal study of 753 kindergarteners in 1991, who were a subsample of the Fast Track Study, an intervention study which aims to reduce aggression among children identified as being at risk for behavioral disorders. Outcomes were recorded by the same individuals 13 to 19 years later, between 2004 and 2010. Indicators of prosocial

behavior included teacher ratings of prosocial communication skills, teacher ratings of authority acceptance, and primary caregiver child behavior checklist scores. Found that prosocial behavior in kindergarten significantly increased a child's likelihood of high school graduation, college graduation, stable employment in young adulthood, and full-time employment in young adulthood.

- [Duckworth and Schoon, 2010, Progress and Attainment During Primary School](#): Longitudinal analysis of 14,062 children from birth through middle childhood in the United Kingdom between 1991-1992. Measured the effects of a child's attention, self-regulation, and self-esteem at ages 6 and 7 on their academic achievement in later years, at ages 10 to 11. Results show that higher levels of inattention and hyperactivity, and low levels of self-regulation, at ages 6 and 7 were associated with lower achievement in later years, as measured by math and English test scores.
- [Durlak et al. 2011, The Impact of Enhancing Students' Social and Emotional Learning](#): Large-scale meta-analysis of 213 school-based social emotional learning interventions, including 270,034 youth ages five through eighteen. Measured the impact of social emotional learning interventions across various child outcomes in later years, such as child behavior and attitudes. Findings include significant increases in social and emotional skills later in life among children who received social emotional learning interventions in school. Also found that social emotional learning interventions were associated with an 11 percentile point increase in academic achievement later in later grades.

Oral health

The major indicator for this measure of success is the percent of children without untreated tooth decay.

Maintaining good oral health is crucial to a child's overall well-being as well as their ability to succeed in school. Children with untreated dental problems are more likely to have trouble performing everyday activities necessary to their overall health, including difficulties with sleeping, chewing, and eating. Dental health problems are associated with an increased risk of shyness, unfriendliness, feelings of unworthiness, and overall unhappiness among young children and adolescents.

Dental problems and lack of access to dental care are also connected to lower school performance, including higher rates of school absenteeism, difficulties completing required homework, difficulties paying attention at school, and lower grade point average. Children in families with low-incomes may have an increased risk of developing dental issues.

- [Guarnizo-Herreno and Wehby, 2012, Children's Dental Health School Performance](#): Analysis of 41,988 children between the ages of 6 and 17 as part of the 2007 National Survey of Child's Health, a nationally representative sample of children in the United States and their health characteristics. Looked at effects of children's dental problems on their school performance and psychological well-being. Found that having dental problems was a significant predictor of having more problems at

school, having lower school attendance, and struggling to complete required homework. Also found that dental problems were associated with increased risk of shyness, unfriendliness, feelings of unworthiness, and overall unhappiness.

- [Mulligan et al. 2012. Impact of Oral Health on Academic Performance](#): Study of 1,495 elementary and high school-aged children with disadvantaged backgrounds in the Los Angeles public school system. Measured effects of having poor oral health, as determined by whether or not the child had toothaches, access to dental care when needed, urgent dental needs, cavitated or non-cavitated caries, and school absence due to dental problems. Found that students who reported having toothaches were four times more likely to have a low grade point average (GPA) than those who did not have toothaches. Also, students who needed dental care but were unable to access it were more likely to miss school than those who did have access.
- [Luciana de Andrade Lima 2018. Impact of Untreated Dental Caries](#): Cross-sectional analysis of 647 Brazilian children ages 6 to 10 in 2016. Measures the impact of having untreated dental caries on various quality of life measures. Found that having untreated dental caries was a significant predictor of both health quality of life outcomes (including having oral pain and difficulty chewing, eating and sleeping) and school performance outcomes (lower school attendance and difficulty completing homework and paying attention in school). Children with untreated dental caries were also more likely to come from families with low-incomes.

Early intervention

The major indicator for this measure of success is the percent of children with special needs who receive and improve with early intervention services.

Early intervention programs support positive development and long-term outcomes for children with special needs. Children with disabilities who participate in early intervention programs have been found to experience significant development gains after completing a program. Studies show that early intervention can help children with disabilities improve their abilities in social, adaptive, motor, communication, and cognitive development. Children with autism spectrum disorder who receive early intervention from birth to age five may exhibit higher levels of cognitive functioning, adaptive functioning, and social engagement. These cognitive, adaptive and social gains have been found to persist for years following the intervention. Children with autism spectrum disorder who receive early intervention may also experience reduced symptom severity following the intervention.

Benefits of early intervention are more pronounced for children who enroll in early intervention at earlier ages or grades than those who enroll later in life. Research shows that students with reading disorders who entered early intervention services in first or second grade had higher gains in reading scores by fourth and fifth grade than those who entered in third grade. Similarly, children with autism spectrum disorder who enrolled in early intervention services at a younger age exhibited higher IQ scores and adaptive behaviors, and lower ASD severity and reciprocal social interaction-communication disturbances.

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- [Landa 2018 Efficacy of Early Interventions for Infants](#): Review of multiple studies evaluating efficacy of early intervention programs for children under the age of five. Parent-mediated early intervention strategies were found to improve child vocabulary comprehension, as well as reduce autism spectrum disorder (ASD) symptom severity. This was especially true when parent-child engagement was high (i.e., shared attention, parent synchrony in parent-child interactions). Early intensive behavioral interventions were found to improve cognitive abilities, as measured by IQ scores.
 - [Dawson et al 2015 Long-Term Outcomes of Early Intervention in 6-Year-Old Children With Autism Spectrum Disorder](#): Randomized control trial of 39 six year-old children who were diagnosed with ASD at age 18-30 months and who received the Early Start Denver Model (ESDM) early intervention. ESDM is a high-intensity, in-home intervention. Found that those who received the intervention had improved intellectual and adaptive functioning, socialization and in some measures, reduced severity of core symptoms and challenging behaviors. These gains were maintained two years after the ESDM intervention. Evidence of reduced severity of core symptoms was not found immediately after the intervention, but was found at two-year follow-up.
 - [Smith et al 2015 Predicting Outcome of Community-Based](#): Analysis of 71 children aged 20-59 months old who were diagnosed with ASD and who received community-based early intensive behavioral interventions (EIBIs). Outcomes were recorded at both 12- and 24-month follow-up post-intervention. Measured cognitive skills, adaptive behavior, ASD severity, and social engagement. Results showed that children who received EIBI at a younger age exhibited higher IQ scores and adaptive behaviors, and lower ASD severity and reciprocal social interaction-communication disturbances. Also found evidence that receiving EIBI at a later age may lead to less successful therapeutic treatment later in life.
 - [Ehrhardt et al 2013 Special Education and Later Academic Achievement](#): Data collected from the Early Childhood Longitudinal Study-Kindergarten Cohort, study which followed participants from kindergarten through eighth grade during 1998-2007. The study evaluated a total of 470 children who were identified as having a reading disorder to analyze whether the grade at which they received special education impacted their reading scores. Found that children who entered special needs education in first grade had higher gains in reading achievement scores by fourth and fifth grade than children who didn't enter special needs education until second or third grade.
 - [Bruder 1993 The Provision of Early Intervention and Early Childhood](#): Evaluation of 30 infant and preschool-aged children with disabilities who received community-based early intervention services. Disabilities of the participants included Down Syndrome, cerebral palsy, and developmental, language, motor and speech delays, among other disabilities. Measured the effect of the early interventions on various domains, such as social, adaptive, motor, communication, and cognitive development. Found that children showed significant gains in all developmental domains by the conclusion of the intervention. Also, results showed increased engagement among participants after receiving the intervention.

Supported and Supportive Families and Communities

Safe at home

The major indicator for this measure of success is the rate of investigated/assessed child abuse or neglect.

Abuse, neglect, and maltreatment in childhood can negatively impact cognitive, language, behavioral and psychological functioning and development. Instances of substantiated child abuse or neglect are associated with decreased aptitudes in vocabulary, reading ability, perceptual reasoning, verbal and nonverbal abilities, and language proficiency in adolescence and middle- to late- adulthood. Children who experience abuse or neglect are particularly at risk of having executive dysfunction and lower levels of nonverbal reasoning later in life.

Victims of childhood maltreatment are less likely to graduate high school, less likely to be employed by age 21, and are at a greater risk of exhibiting externalizing behaviors, internalizing behaviors, and aggression than those who did not experience abuse or neglect. Abuse and neglect are also linked to several psychological disorders, such as anxiety and depression.

- [Strathearn et al. 2020. Long-Term Cognitive, Psychological, and Health Outcomes:](#) Systematic review of studies which analyze child maltreatment using the Mater-University of Queensland Study of Pregnancy (MUSP), a longitudinal study which has collected prenatal data from women and their children for over 40 years. Evaluated 19 articles, including 7,214 children, which measured the effects of substantiated child abuse or neglect on over 46 types of outcomes related to cognitive, psychological, health or behavioral functioning. Outcomes were evaluated for children at both age 14 and 21 follow-up. Findings include lower vocabulary scores, reading ability, and perceptual reasoning at age 14 and 21 follow-up among children who experienced maltreatment. Children who did not experience maltreatment were also three to four times more likely to graduate high school, and were two to three times more likely to be unemployed by age 21. Child abuse and neglect was also significantly associated with internalizing and externalizing behavioral problems, as well as psychological conditions such as anxiety and depression.
- [Spratt et al. 2013. Effects of Early Neglect on Cognitive:](#) Study of 60 children ages 3 to 10 from the United States. Compared children who had experienced substantiated neglect to those who had not experienced neglect across measures of cognitive, language and behavioral functioning using standardized test scores. Specific measures analyzed include attention, aggression, anxiety and depression, externalizing and internalizing behaviors, verbal and nonverbal abilities, and language proficiency. Found that children who had not experienced child neglect scored significantly higher in these areas (cognitive, language and behavior functioning) than those who had experienced neglect as a child.

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- [Nikolina and Spatz Widom_2013_Child Maltreatment and Executive Functioning:](#) Analysis of 792 cases of court-substantiated child abuse and neglect among children ages 0 through 11. Followed children into adulthood, at age 41 years old. Outcome measures were collected in middle adulthood at age 29 years old. Evaluated executive functioning and nonverbal reasoning using test scores. Results showed that child abuse and neglect was a significant predictor of poor executive functioning and nonverbal reasoning skills at age 41. Compared to children who experienced physical and sexual abuse, children who experienced maltreatment or neglect were even more likely to have long-term consequences on neuropsychological functioning by age 41.

Positive parent/child interaction

The major indicator for this measure of success is the average number of minutes per day that parents talk or play with their children.

Positive parent/child interaction enhances a child's cognitive, behavioral, and social emotional development. Talking and reading to young children and physically interacting with them in a positive manner enhances a child's cognitive and behavioral development trajectory. The effect of positive interaction with children on cognitive and behavioral development is even greater when parents engage in play and support their children with exploration, communication, and problem-solving. Cognitive stimulated play with children as young as two years old can lead to higher math, reading and vocabulary competency that is maintained for at least ten years.

- [Nandy et al. 2020 Parental toy play and toddlers' socio-emotional development:](#) Study of parent-child toy play interactions among 77 parent-child dyads, with a specific focus on coparenting dynamics. Children were toddlers ages 21-27 months. Measures of parent-child play included parents' engagement, observation of and verbal facilitation of toy play. Social emotional development was measured using a scale that captured several metrics including self-regulation, ability to communicate needs, and using emotions in an interactive manner. Found that maternal toy play was positively associated with a child's social emotional development, but only when there was a supportive co parenting dynamic present. Weak evidence (not statistically significant) of maternal model play strategies improving social emotional development.
- [Hernandez-Alava and Popli_2017_Children's Development and Parental Input:](#) Longitudinal analysis of 9,602 9-month old babies in the Millennium Cohort Study in the United Kingdom measuring impact of parent investment on child cognitive and non-cognitive development by age 7. Cognitive measures included motor and communicative gestures; non-cognitive (behavioral) measures included distress, withdrawal and regularity. Results showed that parent investment, as measured by talking with the baby and other physical interactions such as cuddling, significantly improved the trajectory of a child's cognitive and non-cognitive development. Reading to children was especially predictive of their developmental outcomes.

- [Weisleder et al. 2019. Links between Shared Reading and Play](#): Randomized control trial of 362 mother-child dyads with low incomes who participated in parent-child interaction interventions between 2005 and 2008. Interventions promoted reading aloud and play between parents and children. Children were assessed at 6 and 36 months old. Analyzed the effects of the intervention on child behavioral outcomes. Found that the interventions improved child behavioral outcomes, and were especially effective when parental cognitive stimulation and psychosocial functioning was higher.
- [Cook et al. 2011. Fathers' and Mothers' Cognitive Stimulation in Early Play with Toddlers](#): Analysis of parent-child interactions among 229 Early Head Start children and their parents. Interactions were observed when children were two years old and cognitive outcomes such as math, reading and vocabulary proficiency, were assessed both at age 3 and in 5th grade. Results indicated that cognitive stimulated play, as defined by parents' engagement in play and if parents supported their children with exploration, communication and problem-solving, predicted a child's academic outcomes up to ten years later.

Reading with children

The major indicator for this measure of success is the percent of families that reported reading to their children every day during a typical week.

Reading to children at a young age can significantly improve a child's reading, linguistic and cognitive abilities in later years, including performance in reading comprehension, vocabulary, and numeracy and math, as well as their internal motivation to read. Parent-child shared reading experiences are associated with the child having higher engagement with their parent, being more attentive during play, and having less negativity towards their parent at preschool age. Parent-child reading may also enhance a child's social emotional development.

- [Niklas et al. 2016. The Sooner the Better: Early Reading to Children](#): Study of 104 preschool children in Australia. Followed up with linguistic cognitive assessments at kindergarten entry in 2014. Examined how the age at which parent(s) began reading to their children affected the child's cognitive skills in later years. Cognitive and linguistic measures included verbal comprehension, rhyming, concept formation, concentration, and numeracy. Findings showed that children who were read to at an earlier age displayed significantly higher abilities in rhyming, verbal comprehension and concept formation.
- [Demir-Lira. 2019. Parents' Early Book Reading to Children](#): Analysis of 55 parent-child dyads in Chicago. Parent-child interaction was observed when children were ages 14-58 months old and outcomes were measured when children were in 2nd through 4th grade. Found that parent book utterance with children in their early years significantly predicted a child's performance in reading comprehension, vocabulary, math problems, as well as their internal motivation to read later in elementary school. However, the study did not find that parent-child reading

predicted external motivation to read, math calculation abilities, or reading decoding abilities.

- [Kalb and Ours 2013 Reading to Young Children: A Head-Start in Life?](#): Longitudinal Australian study of over 4,000 (Exact #?) children ages 4-5, followed through age 10-11 from 2003 to 2004. Compares children who were read to 0-5 days per week to children who were read to 6-7 days per week. Studied effect of parent-child reading on children's cognitive, physical and social-emotional skills. Specifically measures competencies in language, reading, and numeracy. Results showed that reading to children at ages 4 and 5 has significant, positive effects for children's cognitive and reading competencies by ages 10 and 11. Reading more frequently per week had similar effects on reading and cognitive outcomes as being older in age.
- [Baker 2013 Fathers' and Mothers' Home Literacy Involvement](#): Longitudinal analysis of 5,190 children aged 24 months through preschool using data from the Early Childhood Longitudinal Study-Birth Cohort. Evaluated the role of parent home literacy involvement (i.e., activities such as shared book reading and number of books at home) when the child was 24 months old across measures of cognitive and social emotional development when the child was in preschool. Specifically, math and reading test scores were used to assess cognitive skills. Social emotional development was assessed by a child's engagement of their parent(s), child's sustained attention during play, and child's negativity towards their parent(s). Found that children whose parents had more frequent home literacy involvement scored higher in reading and math than children whose parents who had less frequent home literacy involvement. Finally, found that children whose parents had higher home literacy involvement were significantly more likely to exhibit engagement and attention with their parents during play, and were significantly less likely to show negativity towards their parents.

Supports for families

The major indicator for this measure of success is the percent of parents/caregivers reporting access to sufficient social supports and no difficulty paying for usual household expenses.

Consistent access to social and concrete supports can have positive, long-term effects on children and families. Maternal social supports, such as extended social networks, can enhance children's cognitive abilities and language skills, particularly vocabulary. A lack of maternal social support is associated with decreased child intelligence scores. Mothers with established social supports benefit from improved psychological well-being, leading to better home learning environments and higher cognitive outcomes among children.

Concrete supports are the tangible resources necessary to ensure safety and well-being of children, including food, safe housing, and health care. Access to concrete supports is negatively correlated with risk for child abuse, stress, and depression.

- [Kyong Shin et al 2019 Association of Maternal Social Relationships With Cognitive Development](#): Study of 1,082 mother-child dyads in Tennessee from 2006 to 2014.

Assessed effects of parental social networks and child cognitive outcomes at age two. Social networks considered in the study include triad, family and neighborhood networks. Cognitive development was measured using the Bayley Scales of Infant Development (BSID). Found that the size of the mother's social network was positively associated with a child's early cognitive development.

- [Rostad et al 2018 The Influence of Concrete Support on Child Welfare Program Engagement, Progress, and Recurrence](#): Analysis of a survey of 1,754 parents or caregivers enrolled in home-based services under contract with the child welfare system in one Southern state. The study examined the influence of concrete supports on parenting outcomes and family engagement, retention, and satisfaction with the support services. Results show that additional concrete support such as money for rent, food, or clothing, can be a beneficial strategy in increasing short-term child safety and service engagement and satisfaction.
- [Chang, 2015 Pathways from mothers' early social support](#): Analysis of 1,725 Korean children, followed from birth to age three, and their mothers, from 2008 to 2011. Examined the effect of maternal supports on outcomes such as child language development, mothers' psychological well-being, and the home learning environment. Results showed that social supports led to a better home learning environment, which in turn, improved child language development, as measured by vocabulary skills. Similarly, the study found that social supports led to better psychological well-being among the childrens' mothers, which in turn led to a better home learning environment, and this improved language development.
- [Slykerman et al. 2005 Maternal stress, social support and preschool](#): Analysis of 550 European mother-child dyads, following participants over three years, from the child's birth until age three. Measured social support using a family support scale, and child cognitive ability was measured using an intelligence scale. Results showed a significant association between the lack of a mother's social supports and lower child intelligence scores.
- [Burchinal et al. 1996 The Relations of Maternal Social Support and Family Structure](#): Longitudinal study of 62 Black/African American mother-child dyads with low incomes. Examined the relationship between maternal social supports and child behavioral and cognitive development. Social supports in this study were defined as the mother's social network size, number of individuals with varying types of relationships to the mother, number of individuals assisting with child care, and network density. Child behavior and cognitive measures were assessed with behavior and intelligence scales. Found that mothers with larger social support networks were more likely to have stimulating home environments and were more responsive to their interactions with their children. A larger social network was also associated with higher child activity levels.

Skilled and knowledgeable parents

The major indicator for this measure of success is percent of parents reporting frequent knowledge of child development and parenting skills.

Depth of maternal knowledge of child development can predict a child's disruptive behavior, child negative affect, the home environment quality, and their IQ score. Positive

parenting practices (e.g., parental warmth, lack of hostility, learning and literacy, and developmental advance) in the early years of a child's life are associated with less shyness, fewer problems with concentration, and less peer rejection. Evidence also suggests that strong parenting practices have a positive effect on children's cognitive development, especially in families with a lower socioeconomic status.

- [Sullivan et al. 2021 Knowledge of Infant Development](#): Cross-sectional analysis of 300 caregiver-child dyads in Ohio in 2018 and 2019. Evaluated effects of parental knowledge of infant development on parent well-being and child temperament (child negative affect). Parental knowledge of infant development was assessed using an index. Found that lower parental knowledge of child development was associated with higher levels of negative child affect, and lower levels of parental well-being.
- [McFarlane 2010 The Importance of Early Parenting in At-Risk Families](#): Study of 318 families with children who were at risk of child maltreatment enrolled in Hawaii's Health Start Program, a home visiting program. Children involved in the study were one year old at the start of the study and in first grade at the conclusion. Examined quality of early parenting on children's behavioral and social emotional development. Measures of parenting quality included parental warmth, verbal skills, lack of hostility, learning and literacy, and developmental advance. Found that parental warmth was significantly associated with less shyness, fewer problems with concentration, and less peer rejection among children. Lack of hostility was also significantly associated with fewer problems with concentration. Encouragement of developmental advance associated with less peer rejection, and promotion of literacy and learning was associated with fewer concentration problems.
- [Benasich and Brooks-Gunn 1996 Maternal Attitudes and Knowledge of Child-Rearing](#): Study of 608 low-birth weight children from the Infant Health and Development Program, a randomized control trial evaluating the effects of a child development intervention for low-birth weight infants. Followed the same children from birth to 36 months old. Measured maternal knowledge of infant development and concepts of child-rearing practices. Found that maternal knowledge predicted home environment quality, child behavior problems, and a child's IQ score. Home environmental quality may be an indirect pathway by which maternal knowledge influences child cognitive outcomes.

Appendix D: Child Care Capacity for West Tennessee

Decatur County		Slots	Haywood County		Slots
Total		140	Total		586
Head Start	2 facilities	40	Head Start	1 Location	99
Public PreK	5 classrooms	100	Public PreK	15 Classrooms	300
TDHS Licensed	0	0	TDHS Licensed	4 Providers	187
TDOE Licensed	0	0	TDOE Licensed	0	0
Dyer County		Slots	Lake County		Slots
Total		1211	Total		104
Head Start	2 facilities	116	Head Start	1 Location	44
Public PreK	17 classrooms	342	Public PreK	3 Classrooms	60
TDHS Licensed	14 centers	606	TDHS Licensed	0	0
TDOE Licensed	5 centers	130	TDOE Licensed	0	0
Hardeman County		Slots	Madison County		Slots
Total		489	total		3,228
Head Start	2 facilities	60	Head Start	1 Location	165
Public PreK	12 classrooms	256	Public PreK	41 Classrooms	813
TDHS Licensed	5 centers	83	TDHS Licensed	27 Providers	1,643
TDOE Licensed	1 center	90	TDOE Licensed	9 Providers	607
Hardin County		Slots	McNairy County		Slots
Total		484	total		354
Head Start	1 facility	60	Head Start	2 Locations	60
Public PreK	7 classrooms	105	Public PreK	11 classrooms	215
TDHS Licensed	5 centers	229	TDHS Licensed	2 Providers	79
Other Licensed	1 center	90	TDOE Licensed	0	0
			Weakley County		Slots
			total		1053
			Head Start	3 Locations	113
			Public PreK	8 Classrooms	160
			TDHS Licensed	14 Providers	747
			TDOE Licensed	2 Providers	33

Appendix E: Average Cost of Child Care vs. ALICE Survival Budget

County	ALICE survival budget child care	Average Center Weekly Fee		Average In- Home Weekly Fee	
Decatur	\$417 monthly ~ \$93 weekly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.6
		2 years +	\$106.84	2 years +	\$96.12
Dyer	\$417 monthly ~ \$93 weekly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.67
		2 years +	\$106.84	2 years +	\$96.12
Hardeman	\$375 monthly ~ \$83 weekly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.67
		2 years +	\$106.84	2 years +	\$96.12
Hardin	\$417 monthly ~ \$93 weekly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.67
		2 years +	\$106.84	2 years +	\$96.12
Haywood	\$417 monthly ~ \$93 weekly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.67
		2 years +	\$106.84	2 years +	\$96.12
Lake	\$417 monthly ~ \$93 weekly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.67
		2 years +	\$106.84	2 years +	\$96.12
Madison *Tier 1*	\$417 monthly ~ \$93 weekly	Infant	\$183.57	Infant	\$135.43
		Toddler	\$171.85	Toddler	\$127.62
		2 years	\$151.61	2 years +	\$118.88
McNairy	\$417 monthly ~ \$93 weekly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.67
		2 years +	\$106.84	2 years +	\$96.12
Weakley	\$396 monthly	Infant	\$120.14	Infant	\$100.60
		Toddler	\$115.05	Toddler	\$98.67
		2 years +	\$106.84	2 years +	\$96.12

Average Cost: <https://www.tn.gov/content/dam/tn/human-services/documents/Market%20Rate%20Survey%202017-2018.pdf>

Reimbursement Rate: <https://www.tn.gov/content/dam/tn/human-services/documents/Reimbursement%20Rate%20Chart%20Effective%20October%201%202020.pdf>

ALICE budgets: <https://uwwt.org/how-we-help/meet-alice.html>

Appendix F: Nurse to Student Ratio for Elementary Schools in the BSWTN Region

****Note:** The National School Nurses Association recommends 1:750 for students in the general population, 1:225 in the student populations requiring daily professional school nursing services or interventions, 1:125 in student populations with complex health care needs. The Association of School Counselors recommends 1:250 counselor to student ratio.

School	District	Nurses/Counselors	Students	Ratio Nurses	Ratio Counselors
Parsons Elementary	Decatur County Schools	1 nurse; 1 counselor	397	1 to 397	1 to 397
Decaturville Elementary	Decatur County Schools	1 nurse unfilled	272	1 to 272	0 to 272
Trimble Elementary	Dyer County Schools	1 nurse; 1.2 counselor	158	1 to 158	1.2 to 158
Fifth Consolidated	Dyer County Schools	1 nurse; 1.2 counselor	564	1 to 564	1.2 to 564
Newbern Elementary	Dyer County Schools	2 nurses; 1.2 counselor	619	1 to 310	1.2 to 310
Finley Elementary	Dyer County Schools	1 nurse; 1.2 counselor	303	1 to 303	1.2 to 303
Holice Powell Elementary	Dyer County Schools	1 nurse; 1.2 counselor	219	1 to 219	1 to 219
Dyersburg Primary	Dyersburg City Schools	1 nurse; 1 counselor	750	1 to 750	1 to 750
Toone Elementary	Hardeman County Schools	1 nurse; 1 counselor	246	1 to 246	1 to 246
Middleton Elementary	Hardeman County Schools	1 nurse; 1 counselor	389	1 to 389	1 to 389
Hornsby Elementary	Hardeman County Schools	1 nurse; 1 counselor	188	1 to 188	1 to 188
Bolivar Elementary	Hardeman County Schools	4 nurses; 2 counselors	800	1 to 200	1 to 400
Whiteville Elementary	Hardeman County Schools	1 guidance counselor	244	Unknown	1 to 244
Grand Junction Elementary	Hardeman County Schools	1 nurse	156	1 to 156	Unknown
Northside Elementary	Hardin County Schools	1 nurse; 1 counselor	531	1 to 531	1 to 531
Paris South	Hardin County Schools	Unknown	475	Unknown	Unknown
West Hardin Elementary	Hardin County Schools	1 nurse; 1 counselor	211	1 to 211	1 to 211
Anderson Early Childhood	Haywood County Schools	1 nurse; 1 counselor	409	1 to 409	1 to 409
Haywood Elementary (1-3)	Haywood County Schools	1 nurse; 1 counselor	561	1 to 561	1 to 187
East Side Elementary	Haywood County Schools	1 nurse; 1 counselor	449	1 to 449	1 to 449
Margaret Newton Elementary	Lake County Schools	1 nurse; 0 counselor	239	1 to 239	0 to 239
Andrew Jackson Elementary	JMCSS	1 nurse; 1 counselor	550	1 to 550	1 to 550
Rose Hill (PK-8)	JMCSS	1 nurse; 1 counselor	584	1 to 584	1 to 584
East Elementary	JMCSS	1 nurse; 1 counselor	617	1 to 617	1 to 617
Arlington Elementary	JMCSS	1/2 nurse; 2 counselors; 1	644	1 to 1,184	1 to 215
Alexander Elementary	JMCSS	1 school counselor	361	.5 to 361	1 to 361
Denmark Elementary	JMCSS	1 nurse; 1 counselor	398	1 to 398	1 to 398
Isaac Lane Elementary	JMCSS	1 nurse; 2 counselors	559	1 to 559	1 to 280
Lincoln Elementary	JMCSS	1 nurse; 1 counselor	368	1 to 368	1 to 368
Community Montessori K-8	JMCSS	½ nurse; 2 counselors	540	1 to 1,184	1 to 270
Pope Elementary (K-6)	JMCSS	1 nurse; 1 counselor	621	1 to 621	1 to 621
South Elementary	JMCSS	1 nurse; 1 counselor	461	1 to 461	1 to 461
Thelma Barker Elementary	JMCSS	1 nurse; 1 counselor	776	1 to 776	1 to 776
Ramer Elementary (PK-8)	McNairy County Schools	1 nurse; 1 counselor	399	1 to 399	1 to 399
Bethel Springs Elementary (PK-8)	McNairy County Schools	1 nurse; 1 counselor	496	1 to 496	1 to 496
Adamsville Elementary PK-8	McNairy County Schools	1 nurse; 1 counselor	656	1 to 656	1 to 656
Michie Elementary (PK-8)	McNairy County Schools	1 nurse; 1 counselor	379	1 to 379	1 to 379
Selmer Elementary (PK-4)	McNairy County Schools	1 nurse; 1 counselor	494	1 to 494	1 to 494
Sharon School (PK-8)	Weakley County Schools	1 nurse; 1/2 counselor	198	1 to 198	1 to 700
Greenfield School (PK-12)	Weakley County Schools	1 nurse; 1/2 counselor	502	1 to 502	1 to 700
Gleason School (PK-12)	Weakley County Schools	1 nurse; 1 counselor	482	1 to 482	1 to 482
Martin Primary (PK-2)	Weakley County Schools	1 nurse; 1 counselor	468	1 to 468	1 to 468
Martin Elementary	Weakley County Schools	1 nurse; 1 counselor	374	1 to 374	1 to 374
Dresden Elementary (PK-4)	Weakley County Schools	1 nurse; 1 counselor	472	1 to 472	1 to 472

Appendix G: Stakeholder Engagement Strategies

We recognize how important it is to have the authentic perspectives of the stakeholders affected by the ECE system. These stakeholders include child care providers, teachers, providers, administrators, parents, and many more practitioners. During the planning year, we tried to establish relationships with these stakeholders across the region and engage them in the work of BSTN.

August 2021- A survey for local business leaders was written and sent out by the Chambers of Commerce in each county. The survey investigated how child care affected businesses and workforce, how knowledgeable business leaders were of their employees' child care needs, and how likely business leaders would be to adopt family-friendly policies or implement child care support programs.

September 2021- Bright Start TN Network Public Rollout

November 2021- An opinion piece was written and published about the importance of high-quality child care access and affordability. The article was published in the Jackson Sun and shared on social media outlets.

Fall 2021- Community Engagement workgroup created. Members of the workgroup wanted to see a push for focus groups and interviews over surveys.

Fall 2021- Focus groups conducted with early education teachers.

Fall 2021- Interviews conducted with child care providers

January-March 2022- Town Hall meetings held in Madison County, Southwest region, and Northwest region. Parents and stakeholders across the region were invited and questions were streamed online for participants to interact with virtually.

February 2022- The Greater Jackson Chamber partnered with United Way of West Tennessee to host a Business Roundtable on Childcare for the region's largest employers. The discussion focused on ways the lack of childcare is affecting the employers' workforce.

Appendix H: LENA Start Pricing



Product Pricing

Product Description		List Price
LENA Start Program Fees		
LENA Start Initial Set-up Fee <i>Includes systemwide set up, remote training, software configuration, technical assistance, and implementation materials.</i>		\$12,000
LENA Start Annual Affiliate Fee <i>Includes ongoing support and training.</i>		\$2,000
LENA Start Enrollment Fee <i>Includes participant materials, software processing, curriculum, resources, and support.</i>	Enrollments 1-100	\$149
	Enrollments 101-250	\$129
	Enrollments 251+	\$89
LENA Materials		
Devices <i>Based on the quantity of devices ordered, a prespecified number of Multi Docks (used for charging up to 10 devices simultaneously) will be included with each order.</i>	Qty 1-9	\$299 ea
	Qty 10-17	\$249 ea
	Qty 18-24	\$229 ea
	Qty 25-29	\$209 ea
	Qty 30+	\$199 ea
Clothing	Qty 1-99	\$25 ea
	Qty 100+	\$20 ea
LENA Start Kits		\$50 ea



For more information, contact:

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Appendix I: LeBonheur on the Move Program Data

Dyersburg City Schools Program Data August 1, 2021-May 31, 2022			
Visit Type		Referrals	
Sick/Acute		Audiology	
EPSDT	58	Cardiology	
Sports		CSH	1
Nurse		Dentist	
Follow Up		Developmental	1
		Endocrinology	
Total Visits	58	Gastroenterology	
Chronic Condition		Gen Surgery	
		Healthy Lifestyles	1
		Neurology	
Obesity	15	Optalmology	
Asthma		Optometry	1
Elevated Glucose		Mental Health	2
HTN/Elev BP	6	Nephrology	
Overweight	9	GYN	
Anemia		PCP	53
Elev Cholesterol	2		
Diabetes			
Screenings done may have Included:		Total Referrals	59
Blood Pressure		RN Health Education	
Height		# of Kids seen	5
Weight		# of Visits	20
BMI		Behavioral Health Navigation	
O2 Saturation		# of Kids seen	19
Cholesterol		# of Visits	23
Hemoglobin A1C			
Hearing			
Vision			
UA			
Peak Flow			
Strep/Flu Screen			
Hemoglobin			
Body Fat %			
EKG			
Glucose		Total Clinic Days	7

Haywood County Schools Program Data
August 1, 2021-May 31, 2022

Visit Type		Referrals	
Sick/Acute		Audiology	
EPSDT	110	Cardiology	1
Sports		CSH	4
Nurse		Dentist	13
Follow Up		Developmental	1
		Endocrinology	
Total Visits	110	Gastroenterology	
Chronic Condition		Gen Surgery	1
		Healthy Lifestyles	
		Neurology	
Obesity	41	Optalmology	
Asthma		Optometry	10
Elevated Glucose		Mental Health	
HTN/Elev BP	16	Nephrology	
Overweight	15	GYN	
Anemia		PCP	51
Elev Cholesterol	3		
Diabetes			
Screenings done may have Included:		Total Referrals	81
Blood Pressure		RN Health Education	
Height		# of Kids seen	14
Weight		# of Visits	26
BMI		Behavioral Health Navigation	
O2 Saturation		# of Kids seen	15
Cholesterol		# of Visits	21
Hemoglobin A1C			
Hearing			
Vision			
UA			
Peak Flow			
Strep/Flu Screen			
Hemoglobin			
Body Fat %			
EKG			
Glucose		Total Clinic Days	13



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