

**PLYMOUTH
COMMUNITY
PLAN
FOR
YOUNG CHILDREN**

Draft: April, 2013

Table of Contents

1. Introduction.....	1.
2. Glossary of Terms.....	2.
3. About Plymouth.....	3.
4. Introduction to the Plymouth Early Childhood Council.....	5
5. Why Work on a Community Plan?	6.
6. School Success	7.
7. Safety.....	13.
8. Health.....	21.
9. Financing Plan.....	34.
10. Accountability System.....	38.
11. Partners and Participants.....	44.



Plymouth Early Childhood Council

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Winter, 2012

Dear Reader:

We are pleased to introduce Plymouth's Community Plan for Young Children. As leaders in our community, we see the challenges that face many of our young children. Unfortunately, there are children in Plymouth who are not safe, healthy or successful in school. What follows in this Community Plan are the strategies to change that.

This community planning effort represents the input of many Plymouth residents. They participated in focus groups and/or completed surveys telling us what was working and, more importantly, where we had to focus our efforts to address the health, safety, and educational needs of our youngest citizens. It also represents the work of many of our citizens who served on committees that looked at the factors that are preventing our children from being healthy, safe and successful in school and developed strategies targeting those factors.

We want to thank them for their steadfast involvement. Their work led us to embrace our result statement: **"All Plymouth's children (age's birth to eight) are healthy, safe and successful."** This is what we want for all of our children.

We ask you to read through this document and to join us in advocating for the strategies that are contained within the plan. We also ask that you become involved in this effort with us. The Health, Safety and Success Committees will continue to meet to insure that the strategies that we employ are working. Please join one of these committees. Your involvement can make a significant difference in a child's life.

With any planning effort, there are costs attached. You will notice that some of the strategies cost very little, while others have a price tag. In these times of limited resources, this becomes a particular challenge for all of us, but it is a challenge that we must accept. Please join us in this effort to support all of Plymouth's children.

Sincerely,

Vincent Festa Jr.
Town of Plymouth; Mayor

Ms. Eleanor S. Cruz
Plymouth Public Schools; Superintendent

The Mission of the Early Childhood Council is to ensure that all Plymouth's children (age's birth to eight) are healthy, safe and successful.

Glossary of Terms:

Results Based Accountability- What do we want? How will we recognize it? What will it take to get there? Results Based Accountability or, as it is more commonly known, “RBA”, implies that expected results (also known as goals) are clearly stated, and that data are collected and reported to determine if the desired results have been achieved. RBA can be developed and used at different levels: state, community, agency, or program.

“RBA”, has its own simple vocabulary. The following is a glossary of those terms and their definitions. This will be the “language” that we will be using.

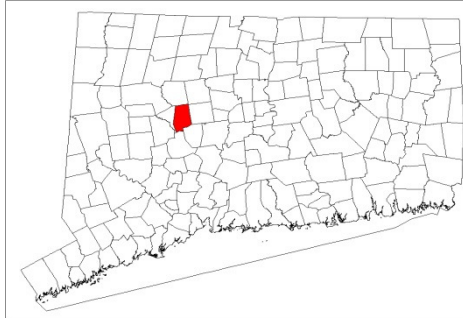
Result – is a whole population condition of well being for children, adults, families and communities. Results are conditions that voters and taxpayers can understand. They are about the well-being of people in a community, city, county, state or nation.

Indicator – answers the question: “How would we recognize this result if we fell over it?” For example the percentage of low birth weight babies helps quantify healthy births. Third grade reading scores helps quantify whether children are succeeding in school. The crime rate helps quantify whether we are living in a safe community.

Strategy – is a collection of actions that has a reasoned chance of improving results. Strategies are made up of our best thinking about what works, and includes the contributions of many partners.

Performance Measures – is a measure of how well a program, agency or service is working. The most important performance measures tell us whether program customers are better off.

About PLYMOUTH, CT (Including the villages of Terryville & Peqaubuck)



Plymouth, CT is a small town located in Litchfield County, Connecticut; with a population of fewer than 13,000. The town of Plymouth was incorporated in 1795 and operates with a Mayor and Town Council form of government. In its earliest years, a clock-making partnership between Eli Terry, Seth Thomas & Silas Hoadley gained national recognition for Plymouth. Plymouth once boasted the Eagle Lock Company, a nationally-known lock business active from its formation in 1854 until 1975, as well as many other major industries in its time. Rich with history, the character of early Plymouth is still present in this small New England town. Plymouth is a community that cares about preserving its history and securing its future.

Plymouth still boasts smaller companies today; however, it is the “small town feel” that continues to attract families to Plymouth. Most recently when the Plymouth Early Childhood Council went out into its community, it asked folks in focus groups and surveys: What are the advantages or assets of living in Plymouth? Some of the noteworthy comments were: “small community”, “parents support each other and communicate”, “good school system”, “library” and more.

Plymouth History References: http://en.wikipedia.org/wiki/Silas_Hoadley; <http://www.plymouthct.us/history.htm>;
<http://www.plymouthtime.com/history.htm>; <http://www.americantowns.com/ct/plymouth-information>

Plymouth Population 12,243 (Source: U.S. Census Bureau, 2010 Census)

Race Ethnicity Breakdown (Source: CERC Town Profile 2011):

White 11,439

Black 87

Asian / Pacific Islander 87

Native American 7

Other / Multi Race 244

Hispanic (any race) 271

Children (2010) (Source: CERC Town Profile 2011)

Children 0-4 625

Children 5-17 1927

Children 18-24 1175

Households (Source: U.S. Census Bureau, 2006-2010 American Community Survey):

Plymouth, CT	Connecticut
4624	1359218

Median Age (Source: U.S. Census Bureau, 2006-2010 American Community Survey):

	Plymouth, CT	Connecticut
TOTAL	40.2	39.5
Male	39.4	38.1
Female	41	40.8

Income and Economics (Source: U.S. Census Bureau, 2006-2010 American Community Survey):

	Plymouth, CT	Connecticut
Median household income in the past 12 months (in 2010 inflation-adjusted dollars)	\$71630	\$67740

It is important to note that in 2010, Plymouth's unemployment rate was 11.1% in comparison to 5.6% in 2005. With the economic down turn, not only has the unemployment rate increased the need for children receiving free and reduced lunch has steadily increased from 14.6% in 2005-2006 to 30.5% in 2012-2013.

Educational Attainment (Source: CERC Town Profile 2011):

Persons Age 25 or Older

	Plymouth	%	Connecticut	%
High School Graduate	3,437	42%	689,864	29%
Some College	2,295	28%	585,203	25%
Bachelors or More	1,518	19%	842,517	35%

Plymouth Early Childhood Council

The Plymouth Early Childhood Council came together because of a small group of community members who cared about the future of Plymouth's children. This group saw the benefits of expansion and decided to apply for funding from the William Caspar Graustein Memorial Fund in its Discovery Initiative. It is with great thanks to our caring community members that the Plymouth Early Childhood Council is still in existence today and is continuing to work for Plymouth's children.

Plymouth's journey through the Discovery initiative began in 2002 and our Discovery path continues as we work and advocate for sustainable changes that will better the lives of Plymouth's children and their families. Recently, the Plymouth Early Childhood Council (PECC) received a co-funded grant from the Connecticut State Department of Education, The Children's Fund of Connecticut and the William Caspar Graustein Memorial Fund with additional support from the United Way of West Central Connecticut to help create a community-wide plan for Plymouth children (birth to eight) that encompasses: Early Care & Education; Social, Emotional, Behavioral and Physical Health and Family Supports.

The Council, consisting of voices that represent the diversity of Plymouth, is creating partnerships and working as a collaborative with a mission to ensure that Plymouth's children (birth to age eight) are healthy, safe and successful. Monthly, and at times bi-monthly, the Council breaks out into smaller committees that each address a portion of the Council's mission; Health, Safety and Success.

Although we have the support of the community and the Plymouth Early Childhood Council (PECC) as its lead, challenges still exist. To be a successful child, a child must be healthy and safe. The Town of Plymouth is a community without health clinics or a hospital. Residents must utilize health services from outside of the community. Without proper health, Plymouth's children are at risk for not reaching their full potential. To address these challenges, the Plymouth Early Childhood Council has fostered relationships with those health partners present in town and currently has representation from the Community Mental Health Affiliates, Inc. (CMHA), the Plymouth Human Services Department and a Plymouth Elementary Public School social worker as active members, engaged in data collection and the work of the Council. Additionally, the Council's health Committee has identified one of the main pediatric providers (from bordering Bristol, CT) for Plymouth's children and has full buy-in to serve as an "expert" to this committee. Presently, the Council's health committee is concerned with two areas that affect Plymouth's youngest citizens; the percentage of fourth graders who are passing all four required fitness tests and the overall mental health of young children. The PECC is working on strategies to assist in the Council's goal for health of Plymouth's children.

The Council's safety committee is looking at concerning data for the number of Plymouth's children who are abused and neglected. This committee has partnered with local law enforcement and other safety agencies to understand the "story behind the data". Together this committee will continue to identify strategies to "turn the curve"; ultimately reducing or eliminating this indicator.

The success committee selected third grade reading scores as an indicator of Plymouth children's school success. Being mindful that being from a low income family can hinder the success of a child, this committee is also examining the percentage of Plymouth children receiving free and reduced lunch. With local Board of Education administrators, teachers and private institutes (preschool and nursery schools), this committee has already begun introducing new and innovative ways to ensure that Plymouth's children reach their full potential in school.

The Council is making strides towards a better Plymouth and we invite all of Plymouth to join us to ensure that our children are healthy, safe and successful.

WHY WORK ON A COMMUNITY PLAN?

What are the issues that most effect young children? What are the factors behind these issues? How in a time of such limited resources can we have any impact on the issues that effect young children? How do we really know that these are the most important issues? Is there data to support our findings?

These are very important questions – questions that must be addressed if we are to solve the problems that prevent the children in Plymouth from being healthy, safe and successful in school. This community plan will address all of these questions so that, in these times of limited resources, we are focusing on the most important factors that prevent children from reaching their optimum potential.

A community plan's most important word is central in these three words – Community. The process of compiling a community plan is as important as the plan itself. We tried in this plan to listen to as many voices as possible that would help us shape this plan. We held focus groups, interviewed key stakeholders and reviewed surveys completed by community members. We wanted to hear everyone's voice in this process.

It is also important to acknowledge that “plan” is also a very significant word. We need to have a path to follow. So many of the issues facing young children and their families seem overwhelming. Having a plan to follow is essential so that local decision makers can take a step-by-step approach to address these issues in a planned manner. The plan must also have strategies that are measurable so that they might be evaluated on their merits. They must also address the question: Is anyone better off because of our work? This will give the Plymouth Early Childhood Council the tools that it needs to determine which strategies are working and which strategies need to be dropped.

A Community Plan holds the community, and in this case, the three communities accountable. If we are serious about our result statement that “**The mission of the Plymouth Early Childhood Council is to ensure that all Plymouth's children (age's birth to eight) are healthy, safe and successful**”, then we need a plan to follow – a plan that will be a “living document,” so that we can review the strategies, analyze the data and change pieces of the plan as necessary. In this way, the young children of Plymouth will have a plan that truly addresses their needs, and truly be better off.

SCHOOL SUCCESS COMMITTEE

INDICATOR: PERCENTAGE OF 3RD GRADERS READING AT GOAL ON THE CONNECTICUT MASTERY TEST

Here's What We Know

There has been a dramatic increase of Plymouth 3rd graders reading at goal over the past seven school years. We need to continue the strategies that have contributed to this increase and develop new strategies that will address the obstacles that prevent students from reading at goal.

The chart below illustrates the percentage of 3rd graders reading at goal on the Connecticut Mastery Test (CMT). The chart shows that the Connecticut average has steadily climbed from a low of 54.4% in 2005 – 2006 to 59.2% in the most recent school year 2011 – 2012. Plymouth's percentage of 3rd grade students reading at goal mirrors this trend and has risen from a low of 46.3% in 2005-2006 to 59.6% in 2011-2012. Most notably though, beginning in 2008-2009, the percentage of grade 3 Plymouth students at goal in reading surpassed the Connecticut average and has continued to surpass the state average.

PERCENTAGE OF 3RD GRADERS READING AT GOAL ON THE CONNECTICUT MASTERY TEST

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
PLYMOUTH	46.3%	48.3%	44.4%	57.4%	59.2%	62.3%	59.6%	
CT AVERAGE	54.4%	52.3%	52.0%	54.6%	57.1%	58.3%	59.2%	

Barriers to Reading Success

Lack of Preschool Experience

Even though the percentage of students reading at goal in grade 3 on the CMT has increased, we are committed to increasing the number of children who can read at goal and have identified several obstacles we need to address. We believe one barrier that has prevented Plymouth 3rd graders from reading at goal is a lack of a preschool experience. While the number of students in Plymouth with a preschool experience exceeds the state average, approximately 10% of Plymouth children have never had a pre-school experience. While this number may not seem alarmingly high, it is problematic as expectations for students in Kindergarten are continually becoming more challenging. With the adoption of the Common Core State Standards (CCSS), elementary school curricula has been increasingly rigorous.

PERCENTAGE OF KINDERGARTEN STUDENTS WITH A PRESCHOOL EXPERIENCE

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Plymouth	88.6%	81.6%	88.4%	93.2%	84%	89%	
CT	79.2%	79.3%	79.2%	79.7%	80.5%	80.2%	

You will also note in the above chart that the percentage of kindergarten students with a preschool experience dropped from 93.2% in 2008-2009 to 84 % in 2009-2010. This was due to the number of Plymouth residents affected by the economic crisis and the fact that many Plymouth residents lost their job. Parents, who lost their job, would stay at home with their preschool child rather than spending their limited resources to send their child to a preschool program.

Poverty

Poverty is another barrier that has shown to have a negative effect on student academic achievement. As stated above, it is likely that economic resources impact the number of students who are able to attend preschool and it is equally likely that a lack of

economic resources excludes children from other educational opportunities. As you will note from the chart below, one out of every three Plymouth students is impoverished, and this number may not even be reflective of the “real picture.” Plymouth families are very proud; often too proud to register for free/reduced meals, so 26% might actually be an under representation of those students who are eligible for free/reduced meals.

**PERCENTAGE OF STUDENTS ELIGIBLE
FOR
FREE/REDUCED MEALS**

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
PLYMOUTH	14.6%	14.0%	16.4%	18.4%	21.8%	26.0%	27.7%	30.5%

The state of Connecticut has some of the largest academic achievement gaps when compared to other states. Therefore, it is not surprising to see that such gaps exist in Plymouth for students who are living in poverty. The chart below shows that grade 3 students in Plymouth who receive free and reduced lunch do not perform as well as students who pay full-price lunch. Unfortunately, this gap has remained over time and is a significant problem in Plymouth that needs to be addressed.

**PERCENTAGE OF STUDENTS MEETING GOAL on CMT BASED ON
SOCIO-ECONOMIC STATUS**

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Full-price lunch	49.1%	50.0%	51.9%	60.6%	61.9%	71.8%	63.4%
F/R lunch	34.6%	40.9%	14.8%	44.4%	53.7%	42.9%	48.1%

Even though we cannot change the economy and decrease the number of children living in poverty, we can focus on providing a preschool experience for all children and on other strategies to specifically support students living in poverty. For example, any program that targets early literacy needs to provide transportation or offer services where families live so that families are not expected to come to a program or service. We cannot take it for granted that our families have access to transportation without our help. Other supports such as meals and babysitting also need to be available to help serve families. We can also show our commitment to ensuring that students receive reading support during the school year to build their reading skills as well as over the summer so that the children can maintain these skills outside of the academic school-year.

Summary: Plymouth has changed. We know that students in the community are coming from homes where there are resource challenges. Our strategies target these young children and all of the strategies we have included in community resources are accessible and free to participants. Our role is to establish a range of strategies and activities that we feel will address preschool experiences and economic hardship, as well as other important strategies including summer reading and workshops for teachers.

We are pleased to announce that the Plymouth Board of Education has passed all day Kindergarten effective this school year (2012-2013)! This is due to the community, the school system and PECC all working together on behalf of young children and their families.

Strategies That Address This Issue:

Strategies	Partners Who Are Responsible	Actions	When	Cost per Year	Performance Measures
<ul style="list-style-type: none"> • Create a scholarship fund for students who are not able to afford a preschool experience. 	<ul style="list-style-type: none"> • PECC • United Way • Service Clubs • PLTI Graduates 	<ul style="list-style-type: none"> • Establish fund • Create public awareness campaign • Approach area businesses with letters and follow up with calls/pre-stamped postcards 	2013/2014 PLTI Project	Money will be distributed based upon income eligibility per center	<ul style="list-style-type: none"> • % of students able to attend preschool • # of contributors
<ul style="list-style-type: none"> • Establish All-Day Kindergarten 	<ul style="list-style-type: none"> • Board of Education 	<ul style="list-style-type: none"> • Create public awareness campaign regarding the importance of All-Day K • Referendum passed May, 2012 	Fall 2012		All Day Kindergarten established

<ul style="list-style-type: none"> Continue and expand Pre-K Fair 	<ul style="list-style-type: none"> School System Family Resource Center Library 	<ul style="list-style-type: none"> Convene committee of interested parties 	Annual event	\$500.	<ul style="list-style-type: none"> # of attendees registering for preschool
<ul style="list-style-type: none"> Continue and expand Literacy Nights 	<ul style="list-style-type: none"> School System Family Resource Center Pre K Grade Level Team 	<ul style="list-style-type: none"> Convene committee of interested parties 	ongoing	\$800.	<ul style="list-style-type: none"> % of participants who report increase in reading to their children
<ul style="list-style-type: none"> Update the "Community Connection Book" in electronic form and "hard copy" to be distributed throughout the town as well as doctor/dentist in the surrounding towns. 	<ul style="list-style-type: none"> PECC Family Resource Center 	<ul style="list-style-type: none"> Convene committee of interested parties Secure funding Update "Book" 	2014	\$2,500.	<ul style="list-style-type: none"> # of people using Book (logs)
<ul style="list-style-type: none"> Create a "Place Mat" containing all the information about available services and have them placed in area restaurants. <p>(PLTI Project)</p>	<ul style="list-style-type: none"> PECC Family Resource Center Library 	<ul style="list-style-type: none"> Investigate "placemats from other communities" 	Spring 2014	\$1,500.	<ul style="list-style-type: none"> # of Restaurants reporting utilization rate

<ul style="list-style-type: none"> • Increase Learn Together group that focuses on School Readiness skill 	<ul style="list-style-type: none"> • PECC • Family Resource Center • Library 	<ul style="list-style-type: none"> • FRC will reinstate with new parent educator 	2013		<ul style="list-style-type: none"> • % of parents reporting increase in child's reading
<ul style="list-style-type: none"> • Ensure that appropriate workshops for preschool teachers are offered to K-3 teachers 	<ul style="list-style-type: none"> • PECC • BOE 	<ul style="list-style-type: none"> • Invite 	2014-2015 School Year	\$3,000.	<ul style="list-style-type: none"> • % of participants who found workshops helpful
<ul style="list-style-type: none"> • Provide Conscious Discipline Workshops to the Community 	<ul style="list-style-type: none"> • PECC 	<ul style="list-style-type: none"> • Two participants will be trained as trainers • Trainers will offer workshops in Plymouth 	2013-2014	\$2,500	<ul style="list-style-type: none"> • % of participants who can identify new strategies for discipline
<ul style="list-style-type: none"> • Invite Grade Level Coordinators from Grade 1 through Grade 3 to PECC meetings 	<ul style="list-style-type: none"> • PECC • BOE 	<ul style="list-style-type: none"> • Informational meeting to explore our strategies to ensure school success continuum and ask for BOE for approval 	2013/2014		<ul style="list-style-type: none"> • % of children who are successful with CMT's

SAFETY COMMITTEE

There is no statistic more troubling than the number of Plymouth children who have been abused and neglected. The following graph demonstrates the number of substantiated child abuse and neglect cases as reported from the Connecticut Department of Children and Families (DCF), the agency responsible for child welfare.

The Plymouth Early Childhood Council wants ALL children safe, and until we reach the point where there are no Plymouth children abused and neglected then we will continue to work until we reach this goal. For this reason, we have intentionally not compared our child abuse and neglect numbers with any other community, or with our state.

CHILDREN SUBSTANTIATED

AS

ABUSE/NEGLECT/UNCARED FOR

	2005	2006	2007	2008	2009	2010	2011	2012
Plymouth	52	44	21	23	34	21	30	20 *

* DCF Town Pages (2005 – 2012)

These children are “not safe.” They are also “not healthy,” and are at high risk for not being successful in school. Plymouth’s abused and neglected children are the most at risk children in the community.

Here’s what we know now:

Based on our free and reduced numbers, more Plymouth families are seeking assistance. In 2005-2006 14.6 % of Plymouth students received free and reduced

meals and in 2012-2013 30.5 % are participating in this program. This reflects only those families who have applied for free and reduced meals, we know, anecdotally from a variety of family sources that many Plymouth families are too proud to sign up for this program. This percentage is therefore a very low representation of the actual need in this community.

In Fiscal Year 2011, thirty children were abused and neglected. What does this mean for these children? What are the long-range implications for abuse and neglect? The immediate emotional effects of abuse and neglect—isolation, fear, and an inability to trust—can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

Depression and withdrawal symptoms were common among children as young as 3 who experienced emotional, physical, or environmental neglect. (Dubowitz, Papas, Black, & Starr, 2002).

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

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

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

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group, even at a young age. A survey of children ages 3 to 5 in foster care found these children

displayed clinical or borderline levels of behavioral problems at a rate of more than twice that of the general population (ACF, 2004b). Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease (Johnson, Rew, & Sternglanz, 2006).

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

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

Abusive parents often have experienced abuse during their own childhoods. It is estimated approximately one-third of abused and neglected children will eventually victimize their own children (Prevent Child Abuse New York, 2003).

While child abuse and neglect almost always occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

Direct costs include those associated with maintaining a child welfare system to investigate and respond to allegations of child abuse and neglect, as well as expenditures by the judicial, law enforcement, health, and mental health systems. A 2001 report by Prevent Child Abuse America estimates these costs at \$24 billion per year.

Indirect costs represent the long-term economic consequences of child abuse and neglect. These include costs associated with juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. They can also include loss of productivity due to unemployment and underemployment, the cost of special education services, and increased use of the health care system. Prevent Child Abuse America estimated these costs at more than \$69 billion per year (2001).

Much research has been done about the possible consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Ultimately, due to related costs to public entities such as the health care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole.

This plan needs to address the many contributing factors of child abuse and neglect. These include isolation, economic stresses, such as loss of job or living in poverty, as well as lack of parenting skills. The following strategies address these issues. In order for Plymouth children to be safe, we must work to eliminate the number of children abused and neglected each year.

Strategies That Address This Issue:

Strategies	Partners Who Are Responsible	Actions	When	Cost Per Year	Performance Measures
Expand Nurturing Families	<ul style="list-style-type: none"> • Bristol Hospital • PECC • Human Services 	<ul style="list-style-type: none"> • Connect with Nurturing Families at Bristol Hospital 	2014	\$3,500 per family	<ul style="list-style-type: none"> • % of Plymouth families who identify ways to reduce stress
Ongoing support of existing mentoring program	<ul style="list-style-type: none"> • Plymouth Public Schools • PECC • Police Dept. 	<ul style="list-style-type: none"> • Share data with mentoring program • Assist with recruiting mentors 	2012	Sponsored by United Way	<ul style="list-style-type: none"> • % of children who need a mentor who are matched with a mentor • % of children who report they have better coping skills for dealing with stress

Increase number of FRC playgroups	<ul style="list-style-type: none"> • FRC • DCF 	<ul style="list-style-type: none"> • Establish new playgroup • Recruit families 	Ongoing	35 sessions @ 3 hours per session @ \$15 per hour = \$1,575	<ul style="list-style-type: none"> • % of parents who identify increased knowledge of services
Combine Safety Fair with Family Fun Day	<ul style="list-style-type: none"> • PECC • Human Services • Emergency responders • State Police 	<ul style="list-style-type: none"> • Car seat safety checks 	Fair is held annually Sept 2013	<ul style="list-style-type: none"> • Staff time • Low/no cost 	<ul style="list-style-type: none"> • % of participants who can identify safety best practices (survey)
Establish Financial Literacy Programs in Public Schools	<ul style="list-style-type: none"> • Public Schools 	<ul style="list-style-type: none"> • Work with Board of Education to establish program • Banks 	2014		<ul style="list-style-type: none"> • % of students whose financial literacy was increased
Continue to offer Job Counseling/ Job Skills Training Classes	<ul style="list-style-type: none"> • CT Works • Human Services Dept. • Chamber of Commerce 	<ul style="list-style-type: none"> • Connect with CT Works 	2013	No cost	<ul style="list-style-type: none"> • % of participants who find skills helpful in finding jobs • % of participants who find jobs
Establish School Safety Net	<ul style="list-style-type: none"> • Police Dept. • School System 	<ul style="list-style-type: none"> • Establish new protocol within police dept. 		Low cost/no cost	<ul style="list-style-type: none"> • % or # of school personnel who found this helpful

<p>Increase access for long-term therapy and counseling for Plymouth students and their families</p>	<ul style="list-style-type: none"> • CMHA • United Way • School System 	<ul style="list-style-type: none"> • Hire additional social workers in the schools • Establish hours beyond the school day and summer hours 	<p>Spring, 2012</p>	<p>Grant funded through CMHA</p> <p>HUSKY covers students if eligible</p>	<ul style="list-style-type: none"> • # of students and families served • % of families served that found this service helpful
<p>Explore the possibility of implementing an Intensive Home Visitation Program</p>	<ul style="list-style-type: none"> • FRC • OB/GYN physicians • Nurturing Families at Parent and Child center at Bristol Hospital • Wheeler Clinic 	<ul style="list-style-type: none"> • Analyzing data • Meet with Nurturing families, FRC and other providers to determine the need 		<ul style="list-style-type: none"> • Cost to be determined 	<ul style="list-style-type: none"> • % of children who report they have better coping skills for dealing with stress • % of participants who can identify what services are available
<p>Ongoing Support of Holiday Support Program</p>	<ul style="list-style-type: none"> • Businesses • Churches • Food Pantry • Human Services • Lions Club 	<ul style="list-style-type: none"> • Help rally donations • Request referrals for families in need • Report on numbers served 	<p>ongoing</p>	<p>staff time to support the program</p>	<ul style="list-style-type: none"> • # of baskets and gifts distributed • Anecdotal stories from families

Establish Special Needs Alert System	<ul style="list-style-type: none"> • Police Dept. • SEPTA • Human Services • Churches 	<ul style="list-style-type: none"> • Establish new protocol within police dept. 	Currently testing with Special Ed. PTA (SEPTA)	Cost of installing system	<ul style="list-style-type: none"> • % of police officers who found this helpful • Anecdotal stories from families
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Other Safety Issues:

Bicycle Safety

It is difficult to assess the number of bicycle accidents in the town of Plymouth. It is also difficult to see if there is a correlation between bike safety and wearing bike helmets. Anecdotally, we are told from observations made by Plymouth police officers that very few children wear bike helmets. Since it is an unenforceable offense, we have decided to promote a “pro-active approach” to bike safety. A number of years ago, the Groton, CT police department established a program called, “Catching Children Wearing Their Bike Helmets.”

In cooperation with a local restaurant/food vendor, PECC will issue ice cream coupons or “tickets” to the Plymouth Police Department for distribution. Police officers will issue these tickets, good for free ice cream, to any child they “catch” wearing a helmet. A Plymouth Police Department representative will also have lunch at school with the students who have received tickets as a way of recognizing those students for wearing a helmet, but also as a way to promote the program.

As a way of getting the entire community involved in this project, Target Corporation has donated \$200 to purchase new helmets to be distributed by the Plymouth Police Department.

Strategies That Address This Issue:

Strategies	Partners Who Are Responsible	Actions	When	Cost Per Year	Performance Measures
Bike Helmet Policing Program	<ul style="list-style-type: none"> • Police Dept. • Food vendor • PLTI Graduate to potentially conduct the program • Target Corp. 	<ul style="list-style-type: none"> • Connect with school resource officer 	Summer 2013	Low cost Target has donated \$200 to purchase helmets	<ul style="list-style-type: none"> • # of tickets issued • anecdotal information from surveying Plymouth Police Dept.

Sidewalk Safety

One safety issue that was discussed at nearly every focus group was the need for better sidewalks. Poor sidewalks were identified as a cause for concern, especially in winter months, as residents would walk in the street rather than on deteriorating sidewalks.

Working in conjunction with the Public Works Department and in cooperation with the Plymouth Town Council, PECC is sponsoring a "Sidewalk Safety Plan," whereby each year a number of sidewalks will be designated for repair. The Safety Committee of PECC will partner with the Publics Work Department to get the word out regarding Public Works meetings so more community members might attend and promote safe sidewalks. The town's Public Works Department has already received funding for the Safe Routes to Schools Program and is working together with the board of education to determine the best way to utilize them. The PECC will support this important initiative in any way necessary, including through getting the word out to parents about town meetings to approve the locations of the sidewalks.

HEALTH COMMITTEE

Looking at the health needs of Plymouth's young children is a tremendous task. The committee analyzed all of the potential indicators that affect young children to decide which of these issues is most compelling. Each indicator needed to pass the "public square test." That is, if the indicator was discussed with someone in the public square, the indicator's data would provide a compelling call to action to improve the situation.

For the purpose of this plan, we will divide health into two areas: physical and behavioral health, but we know that their health is interwoven in ways that affect not only their physical and behavioral health, but their ability to be successful in school and in life.

We analyzed a number of potential indicators to see which of these are most troubling and, as stated above, which would pass the "public square test."

PHYSICAL HEALTH

A child's health begins with his mother's health. We looked at the percentage of Plymouth women receiving inadequate prenatal health care, the percentage of low birth weight babies born to Plymouth women, and Plymouth mothers who smoked during pregnancy. We also wanted to study the percentage of Plymouth fourth graders who passed all four areas of the Physical Fitness Test. Although this is not a perfect indicator, it would provide us with a general impression of children's physical health.

What follows are the tables and analysis of this data with actions and strategies to "turn the curve," or reverse the way in which this trend is going for Plymouth's most vulnerable citizens.

Percentage of Mothers Receiving Inadequate Prenatal Health Care

	2006	2007	2008	2009
Plymouth	10.3%	15.1%	16.0%	8.6%
Connecticut	19.8%	20.9%	20.4%	19.8%

*Connecticut Data Collaborative

Inadequate prenatal health care is linked to low birth weight babies, which places these babies at-risk for a multitude of issues. “Babies whose birth weight is low not only have lower odds of survival, but also face increased risk of heart disease and diabetes, stunted growth, low I.Q. and other problems, according to a variety of studies.” (Conley 2007)

Fortunately, we found a relatively low number of Plymouth women receiving inadequate prenatal health care, especially when compared with Connecticut women. However, the trend is variable, so this is an issue that we will continue to monitor.

Not surprisingly, the Plymouth birth weight trend also suggests an overall healthy start for Plymouth babies. We also wanted to see that if Plymouth had relatively few women receiving inadequate prenatal health care did this translate to a relatively small percentage of low birth weight babies born to Plymouth women. The following table depicts this information.

Percentage of Low Birth Weight Babies

	2006	2007	2008	2009
Plymouth	6.6%	7.1%	6.9%	5.4%
Connecticut	8.2%	8.1%	8.0%	8.1%

***Connecticut Data Collaborative**

The good news is that the percentage of low birth weight babies born to Plymouth mothers is consistently lower than the state average. The Health Committee will continue to monitor these two areas, but at this time, neither the percentage of Plymouth women receiving inadequate prenatal health care nor the percentage of low birth weight babies warrant attention.

Another health indicator we reviewed was the percentage of Plymouth women who smoked during pregnancy. This is an area of interest because smoking during pregnancy leads to poor birth outcomes. This is also an area that is often under-reported. One health official noted that the information regarding smoking during pregnancy is gathered in interviews conducted with mothers shortly after delivery.

Because of the negative stigma related to smoking, especially during pregnancy, women tend to not report their smoking during pregnancy. The following table depicts this information.

Mothers Who Smoked During Pregnancy

	2003	2004	2005	2006
Plymouth	9.15%	15.79%	9.17%	7.35%
Connecticut	6.33%	6.38%	6.23%	5.82%

***Connecticut Data Collaborative**

The data suggests that Plymouth women smoked during pregnancy at a higher rate than the Connecticut average. Given the tendency of under reporting this information, as was stated above, the Health Committee has decided to continue to monitor this data to see if we should develop strategies to address this issue. This trend is somewhat surprising since smoking during pregnancy is associated with lower birth weight, and yet Plymouth babies are not underweight on average. This finding may require further exploration.

Physical Fitness

Physical fitness is another critical component of a child’s health. We also analyzed the data for fourth graders passing the physical fitness test. Beyond just healthful eating, adequate sleep, and proper hygiene, young children also need plenty of exercise to keep their bodies and minds healthy and happy. Exercise also helps young children to improve their gross motor skills, including running, kicking, throwing, and swinging. Regular physical activity can greatly decrease children's risk of becoming obese and developing associated health problems, as well as promoting better sleep. There are many positive effects of play including social skill development, family bonding, and positive self-esteem.

The USDA recommends that children of all ages get at least 60 minutes of physical activity on most days. According to the National Association for Sport and Physical

Education (NASPE), a non-profit organization that sets the standard for best practices in quality physical education and sport, preschool-aged children need a minimum of two hours of physical activity daily - including one hour structured (adult-led) and an hour unstructured (free play). "By providing age-appropriate physical activity experiences, early childhood caregivers can positively impact physical, intellectual and emotional development and plant the seeds for a lifetime of healthful practices and behaviors," according to NASPE Executive Director Charlene Burgeson.

Regular physical activity helps young children build strong bones and muscles, healthy hearts, lungs and arteries, and improved coordination, balance, posture and flexibility. It also reduces the risks for many chronic diseases, including Type 2 diabetes, and helps children maintain a healthy weight.

We looked at Body Mass Index (BMI) as a potential indicator of children's health. We looked at a small sample of health forms to determine the BMI of young children and found a low incidence of obesity. In fact, we found a higher rate of underweight children. Plymouth recently received a Carol W. White Physical Education Program (PEP Grant). This grant allows for the implantation of a new curriculum:

- Implement K-12 SPARK PE curriculum in schools
- Expand physical education equipment in schools
- Expand after school physical fitness programs in schools
- Increase time for PE classes
- Increase Collaboration between teachers and food services
- Track different data points, including BMI

By implementing this grant, PECC will continue to track, in a more comprehensive way, the BMI of Plymouth's children.

What does this mean for Plymouth?

The Connecticut State Department of Education had developed a series of physical fitness tests for fourth grade students that measure aerobic endurance, flexibility, upper-body muscle strength, and abdominal strength and endurance. (Results See Appendix)

**The Percentage of Plymouth Fourth Graders
Who Have Passed All Four Physical Fitness Tests**

Year	District	State Average
2002-2003	18.8	32.6
2003-2004	24.0	32.1
2004-2005	46.8	33.3
2005-2006	50.0	33.6
2006-2007	34.6	33.5
2007-2008	31.9	33.8
2008-2009	33.1	33.6
2009-2010	40.4	50.3

As you can see from the data, as a town, Plymouth fourth graders have lagged or at best matched the state average on their Fourth Grade Physical Fitness Tests.

Nutrition

In addition to physical fitness, healthy eating is essential to improve a child's overall health. The following strategies address not only physical fitness but also healthy food choices. For these strategies, we have engaged grocery stores to promote healthy foods for Plymouth families. We understand that it is going to take the entire community to promote and maintain a healthy lifestyle.

We also wanted to ascertain current health behaviors of Plymouth students. Although this survey looked at older children, we feel that it is instructive to study these results so that our strategies address the concerns raised while the children are young enough to have an impact. This Physical Activity and Nutrition survey, based on CDC's Youth Risk Behavior Survey, was also completed in March, 2011 by the Plymouth School District, grade 4-12 students. This survey revealed several points:

- ✓ 71% of students reported watching two or more hours of TV/computer use a day;
- ✓ Only 12% of students are physically active for 60 minutes a day;
- ✓ The vast majority of students (80%) report NOT eating a minimum of two portions of fruit a day; and only 13% report eating salad daily;
- ✓ 47% of students reported NOT drinking milk every day;
- ✓ Less than 21% of students avoid drinking sugar-added beverages; and

When asked the question: "I wish I had more PE," only 66% of students said they would like more PE; with 9% stating, "NO," and over 25% being neutral. We felt that we needed to develop a "constellation of strategies" to address the physical health of Plymouth's youngest children. You will note that we have engaged a variety of partners in this work because we know that no one agency can address all of the factors that encompass children's physical health needs.

Strategies to address Physical Health:

Strategies	Partners Who Are Responsible	Actions	When	Cost Per Year	Performance Measures
Implement Carol W. White Physical Education Program (PEP)	<ul style="list-style-type: none"> • School System • EDUCATION CONNECTION 	<ul style="list-style-type: none"> • Implement K-12 SPARK PE curriculum in schools • Expand physical education equipment in schools • Expand after school physical fitness programs in schools • Increase time for PE classes • Increase Collaboration between teachers and food services • Track different data points, including BMI 	2012-2015 (3 school years)	No cost to the community. This is a \$900,000 grant over the 3 years	<ul style="list-style-type: none"> • % of children who have increased physical activity as demonstrated through pedometers • % of children who have healthy BMI

Ensure that a PECC representative sits on Wellness Committee	<ul style="list-style-type: none"> • School System • Health Committee 	<ul style="list-style-type: none"> • Health Committee request that representation include PECC 	2013 (when formed)	No cost	<ul style="list-style-type: none"> • Attendance shows PECC membership • PECC included in formal structure (i.e., bylaws)
Implement Activity Bursts in the Classroom	<ul style="list-style-type: none"> • School System • Health Committee 	<ul style="list-style-type: none"> • Train PEP Coordinator • Pilot program with volunteer teachers in grades K-5 	2013-2014 School Year	No cost	<ul style="list-style-type: none"> • % of teachers using ABC who found this program helpful • Survey children regarding the % who have increased physical activity
Summer and Vacation Programs	<ul style="list-style-type: none"> • Park and Recreation Dept. • School System • Carol White PEP Coordinator 	<ul style="list-style-type: none"> • Work with Park and Rec. staff and local YMCA to develop more exercise activities • Work with PEP coordinator to implement vacation programs 	Summer 2013	Low cost – there might be some cost for materials	<ul style="list-style-type: none"> • % of summer staff who found these new activities helpful • # of children who participate in Plymouth P&R programs

Nature Trail at High School and new High School Track	<ul style="list-style-type: none"> • High School staff and students • Health Committee 	<ul style="list-style-type: none"> • Continue expansion of trail (design is for a 4 mile trail. It is currently 1.5 miles completed) • Design signposts for exercises and activity stations throughout the trail and track • Promote throughout the community 	Ongoing	Many donations from local merchants but there are costs for some materials. Labor is donated	# of citizens using trail and track (survey)
Investigate NuVal and other Programs with Big Y (located in Torrington) and local grocery stores	<ul style="list-style-type: none"> • Health Committee • Big Y • Other grocery stores 	<ul style="list-style-type: none"> • Survey where Plymouth residents shop • Engage those grocery stores • Promote NuVal and other programs that encourage healthy eating 	Fall 2013	Low cost	<ul style="list-style-type: none"> • % of grocery stores involved • # of residents who identify buying healthier foods (survey)
Investigate other school district's guidelines regarding healthy snacks	<ul style="list-style-type: none"> • Health Committee • School System 	<ul style="list-style-type: none"> • Work with school system to identify school systems with healthy snack policies 	2013 - 2014 school year	No cost	<ul style="list-style-type: none"> • # of school systems policies studied

<p>Investigate data on mothers who smoked during pregnancy and high school smoking rate</p>	<ul style="list-style-type: none"> • Health Committee • Plymouth LPC 	<ul style="list-style-type: none"> • Continue to watch data on mothers • Gather data on teen smoking rates • Conduct “focus group” with LPC 	<p>2013-2014 school year</p>	<p>No cost</p>	
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DATA DEVELOPMENT AGENDA

BEHAVIORAL HEALTH

Here's what we know:

Childhood mental illness occurs in about 20% of U.S. children during a given year, according to the U.S. Surgeon General. Further, nearly 5 million U.S. children have some type of serious mental illness (one that significantly interferes with daily life).

The term "mental illness" is not entirely accurate, since there are many "physical" factors -- including heredity and brain chemistry -- that might be involved in the development of a mental disorder. As such, many mental disorders can be effectively treated with medication, psychotherapy (a type of counseling), or a combination of both.

Identifying mental disorders in children can be tricky for health care providers. Children differ from adults in that they experience many physical, mental, and emotional changes as they progress through their natural growth and development. They also are in the process of learning how to cope with, adapt, and relate to others and the world around them. Further, each child matures at his or her own pace, and what is considered "normal" in children falls within a wide range of behavior and abilities. For these reasons, any diagnosis of a mental disorder must consider how well a child functions at home, within the family, at school, and with peers, as well as the child's age and symptoms.

What does this mean for Plymouth?

The Health Committee interviewed two school social workers to assess mental health problems in Plymouth's children and we found that their findings were similar to the national statistics cited above. The social workers reported that they see students on an individual and group basis for a myriad of issues including but not limited to: anxiety, depression, suicidal ideations, bipolar disorder, eating disorders, emotional disturbance. Many times contact with students is on a crisis management level which requires the social worker to collaborate with area agencies (EMPS, CMHA, DCF, Juvenile Court and area hospitals) to ensure that students are receiving the appropriate interventions in and out of school. School social workers will begin gathering data regarding the students referred to them so that this committee can understand the scope of this issue.

Strategies to Address Behavioral Health:

Strategies	Partners Who Are Responsible	Actions	When	Cost Per Year	Performance Measures
Develop and implement a system to track student's behavioral health issues to determine need and where gaps might exist	<ul style="list-style-type: none"> • School Social Workers • School System Administrative staff • Health Committee 	<ul style="list-style-type: none"> • Develop tracking forms • Analyze data • Share data with Health Committee Track Office Referrals for Aggressive and Internal Behaviors 	2012-2013 school year and ongoing	No cost	<ul style="list-style-type: none"> • # of students seen by social workers with behavioral issues • % of students referred to office with behavioral issues compared with all students referred to office
Increase access for long-term therapy and counseling for Plymouth students and their families	<ul style="list-style-type: none"> • CMHA • United Way • School System 	<ul style="list-style-type: none"> • Hire additional social workers in the schools • Establish hours beyond the school day and summer hours 	Spring, 2012 and ongoing	Grant funded through CMHA HUSKY covers students if eligible	<ul style="list-style-type: none"> • # of students and families served • % of families served that found this service helpful

Investigate Child First expansion to Plymouth	Health Committee	<ul style="list-style-type: none"> • Connect with Child First • Explore potential for grant 	2013-2014		<ul style="list-style-type: none"> • Apply for Child First program
Survey Pre-K and K-3 teachers to assess the number of children with mental health needs	<ul style="list-style-type: none"> • Health Committee • PECC • School System • Child Care Providers 	<ul style="list-style-type: none"> • Develop survey • Send out survey to Pre-K and K-3 staff • Analyze results 	Winter 2014	No cost	<ul style="list-style-type: none"> • % of surveys returned • Results published
Write new Health Policy for the Plymouth Board of Education	<ul style="list-style-type: none"> • Town wide Health Committee 	<ul style="list-style-type: none"> • Research policies • Update existing school policies 	Spring 2013		*The PECC will work with the health committee to find a suitable measure

Financing Plan for Success

Strategy	2013	2014	2015	Potential Funding Partners
Create a scholarship fund for students who are not able to afford a preschool experience.	\$5000	\$5000		Plymouth Chamber of Commerce, Local PTA's, local banks, PLTI Alum fundraisers
Explore Library Summer Outreach Program	\$1044	\$1044	\$1044	Terryville Public Library
Establish All-Day Kindergarten	AS of 2012 All Day K has been established	AS of 2012 All Day K has been established	AS of 2012 All Day K has been established	Funded through the Plymouth BOE
Continue and expand Pre-K Fair	Low Cost	Low cost	Low cost	Terryville Public Library, preschool programs, home day care association, pediatricians, recreation and parents
Continue and expand Literacy Nights	\$800	\$800	\$800	Plymouth BOE, Preschool programs, PECC Members
Update the "Community Connection Book" in electronic form and "hard copy" to be distributed throughout the town as well as doctor/dentist in the surrounding towns.	\$2500	\$2500	\$2500	Service Clubs, Chamber of Commerce, People Empowering People participants and alumni

Create a "Place Mat" containing all the information about available services and have them placed in area restaurants.	\$1500	\$1500	\$1500	Local Businesses
Increase Learn Together group that focuses on School Readiness skill and is open to preschool aged and kindergarten students.	\$3500	\$3500	\$3500	Plymouth FRC
Insure that appropriate workshops are available to K-3 teacher also available to all Preschool teachers in the community.	\$3000	\$3000	\$3000	Plymouth BOE, School Readiness Funds
Provide Conscious Discipline Workshops to the Community	\$2500	Low Cost	Low Cost	Plymouth FRC, The Learning Center

Financing Plan for Safety

Strategy	2013	2014	2015	Potential Funding Partners
Expand Nurturing Families		\$35,000		Potential State Funding
Ongoing support of existing mentoring program				Sponsored by United Way
Increase number of FRC playgroups	\$1575	\$1575	\$1575	Plymouth FRC
Combine Safety Fair with Family Fun Day	Low Cost	Low Cost	Low Cost	Plymouth Police Department
Establish Financial Literacy Programs in schools	Low Cost	Low Cost	Low Cost	Public Schools
Continue to offer Job Counseling/ Job Skills Training Classes	No Cost	No Cost	No Cost	State Department of Labor
Establish School Safety Net	Low Cost	Low Cost	Low Cost	Plymouth Police Department
Increase access for long-term therapy and counseling for Plymouth students and their families	Funded	Funded	Funded	Funded through CMHA
Explore the possibility of implementing an Intensive Home Visitation Program				
Holiday Support Program	Low Cost	Low Cost	Low Cost	Local churches and service organizations (fire, police, etc.)
Establish Special Needs Alert System	Low Cost	Low Cost	Low Cost	Police Dept.

Financing Plan for Health

Strategy	2013	2014	2015	Potential Funding Partners
Implement Carol W. White Physical Education Program (PEP)	\$300,000	\$300,000	\$300,000	No Cost – Paid for through grant with School System
Ensure that a PECC representative sits on Wellness Committee	No Cost	No Cost	No Cost	No Cost
Implement Activity Bursts in the Classroom	No Cost	No Cost	No Cost	Plymouth BOE
Summer and Vacation Programs	Low Cost	Low Cost	Low Cost	Plymouth Parks and Recreation Dept.
Nature Trail at High School and new High School Track	Low Cost	No Cost	No Cost	Materials and Labor donated by community
Investigate NuVal and other Programs with Big Y (located in Torrington) and local grocery stores	Low Cost	No Cost	No Cost	Local grocery store
Investigate other school district's guidelines regarding healthy snacks	No Cost	No Cost	No Cost	Plymouth BOE
Investigate data on mothers who smoked during pregnancy and high school smoking rate	No Cost	No Cost	No Cost	No Cost

Accountability System:

As outlined in the By-laws of the Plymouth Early Childhood Council, the Executive Committee will help guide the work on Plymouth's community Plan. The Success, Safety and Health Subcommittees will oversee the implementation of strategies identified in Plymouth's Community Plan.

Each year, the Plymouth Early Childhood Council (PECC) will publicize their results on all of the indicators identified in the Community Plan. "This Report Card" will hold PECC accountable to the community and will serve as a barometer of how well we are doing towards reaching our result: All Plymouth Children will be healthy, safe and successful. Our hope is to present this report card at a community meeting, held annually, so that the community will be made aware of our progress in each domain.

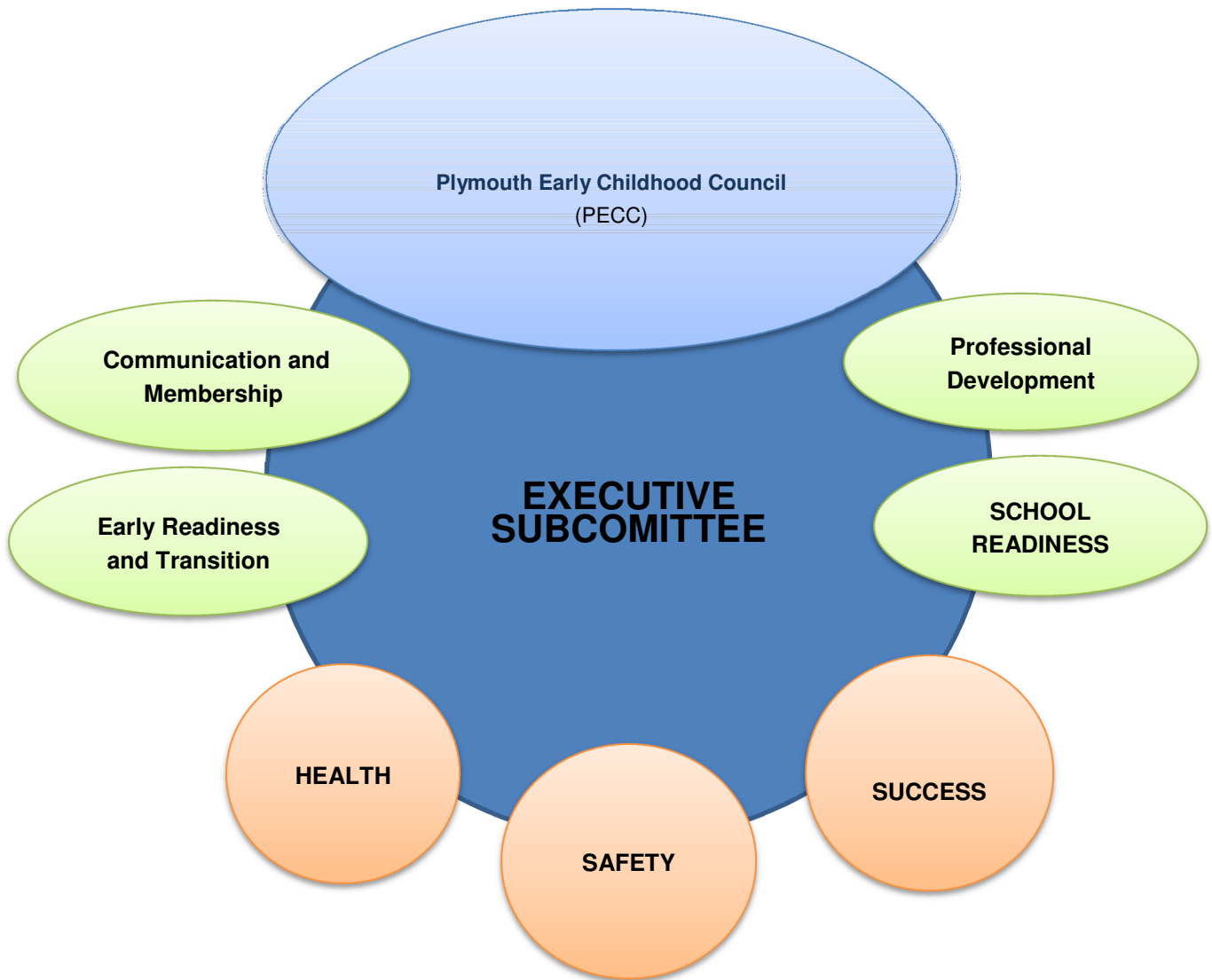
Executive Committee of the Plymouth Early Childhood Council:

Lori Borysewicz	Co-Chair of the Plymouth Early Childhood Council/Chair of the Success Committee/ Chair of the Transition Team
Kate Ruane	Co-Chair of the Plymouth Early Childhood Council/Chair of the Safety Committee
Kimberly Jobbagy	Chair of the Professional Development Committee
Maureen Cappetto	Chair of the Communication and Membership Committee
Donna Osuch	Collaborative Agent / Co-Chair of the Health Committee
Faye Johnpiere	Co-Chair of the Health Committee
Hildigarde Siemetoski	Mayor's Designee
Jodiann Tenney /	Superintendent's Designee(s)
Rob Parenti	

Non-voting members:

Donna Koser	Outreach Coordinator
Liz Parmelee	School Readiness Liaison
Allyson Shultz	William Caspar Graustein Memorial Fund Liaison

Organizational Chart of the Executive Committee of the Plymouth Early Childhood Council:



Plymouth Early Childhood Council Plymouth, CT

BY LAWS

Name:

Plymouth Early Childhood Council (PECC)

Mission:

The mission of the Plymouth Early Childhood Council is to ensure that all Plymouth children (birth to eight years of age) will be healthy, safe and successful.

Membership:

- The Mayor of Plymouth and the Plymouth Superintendent of Schools shall attend Council meetings and/or appoint one member to represent their offices.
- The total membership of the Council shall consist of community representatives such as: parents, local and state officials, providers, seniors, businesses and others.
- The Early Childhood Council shall strive to reflect the racial, ethnic, and cultural diversity of Plymouth among its members.
- Review of membership shall be conducted annually and efforts to recruit individuals shall be on-going.

Governance:

- The Mayor and the Superintendent must be consulted on all matters/decisions that have implications for the community.
- There will be (2) Chairs of the Council.
- Each Subcommittee of the Council will have a Chair who is a voting member of the Council. The Subcommittee Chair will oversee the work of that committee and serve as a member of the Executive Committee.
- The Membership List for the Plymouth Early Childhood Council will consist of voting members.
- The Plymouth Early Childhood Council shall have regular monthly meetings on a schedule determined by the Council. The Council shall meet a minimum of 8 times a year. The members of the Council shall be notified of the meeting in a timely manner.
- The Chairs of the Plymouth Early Childhood Council may call special meetings, giving at least 72 hours notice whenever possible.
- Decisions of the Council shall be made by majority vote.
- Annually in May, there will be a section of the agenda devoted to the appointment and/or reappointment of Co-Chairs and Subcommittee Chairs. At this time a review of the By-Laws will take place.

Adopted as Structures and Governance on May 25, 2007

Revised December 2008; Revisions Approved and Adopted as Bylaws on January 30, 2009

Revised May 2012; Revisions Approved and Adopted on May 17, 2012

Role and Responsibilities of Members:

- Our meetings are designed to meet the needs of the community with Council meetings alternating between evening and day meetings. Members shall commit to attending all day and/or evening meetings. If a member is unable to attend a meeting, an alternative representative is welcome to attend.
- Members shall actively participate in at least one Subcommittee.
- Members shall promote the Mission and Action Plans of the Plymouth Early Childhood Council.
- New members shall participate in an orientation that will at a minimum include the governance procedures, the history of the Discovery and School Readiness grants, the most recent minutes and committee descriptions that will include a list of current members.
- Members with an association or involvement with a grant-funded program that is overseen by the Council shall abstain from voting on issues relative to that program or grant.

Role and Responsibilities of the Council:

- Members shall perform the work of the Discovery Community Plan and serve as advisors to the School Readiness Grant program.
- Members shall make informed decisions on early childhood grant opportunities and vote in the best interest of the community.
- Members shall make recommendations to the Mayor and the Superintendent pertaining to early childhood readiness policies and assist in ongoing advocacy efforts toward that end.
- Members shall keep the community informed of the work of the Council and its goals through natural outlets of communication.
- Annually, members shall assess community goals and strategies of the Council and the Community Plan.

Role of Council Chairs:

- Set the agenda for Council meetings and provide minutes.
- Maintain open communication with the Mayor and Superintendent of Schools.
- Direct the process which will establish the Council's work plan.
- Participate on the Executive Subcommittee.
- Call meetings as needed.
- Serve staggered two year term.

Role of Subcommittee Chairs:

- Establish and monitor the work plan of the Subcommittee in consultation with the Council.
- Report to the Council on the Subcommittee's progress and plans.
- Identify and seek resources needed to activate the Subcommittee's work plan.
- Participate on the Executive Subcommittee.
- Organize meetings, set agendas and facilitate Subcommittee meetings.
- Designate a Subcommittee member to prepare a written summary report to be distributed to subcommittee members, Co-Chairs and Discovery Coordinator.
- Serve a two year term.

Role of Mayor and Superintendent (Board of Education) Designees:

- Designees shall attend all meetings.
- Report regularly to the Mayor or Superintendent and communicate the desires of the Mayor or Superintendent to the Council.
- Participate on the Executive Subcommittee.
- Shall promote the Mission of the Plymouth Early Childhood Council.
- Designees shall actively participate on at least one subcommittee.

Subcommittees:

- Subcommittees shall be created by the Council to support and implement the Community Plan.
- The Chairperson of each Subcommittee is a voting member of the Council. Subcommittee membership may include non-council members.
- Subcommittee members can join for a specific task or a time limited project.
- Subcommittees shall provide a verbal and/or written report to the Council, which may include an update or recommendations.
- Ad hoc Subcommittees may be appointed at the discretion of the Council.
- The actions of the Subcommittees are in the form of recommendations to the Council for further consideration and final action.
- Subcommittee Chairs are selected by the individual Subcommittees.

Subcommittee Roles and Responsibilities:

- **Executive Subcommittee:**

Oversees the operations of the Council. The Executive Subcommittee shall include the Chairs of the Council and the Chairpersons of each Subcommittee. The Executive Committee will meet quarterly or as needed to build agendas, help guide work on community plan, provide supervision for the Discovery Coordinator, and address any funding or policy issues that develop. All members of the Executive Subcommittee are voting members, with the exception of the School Readiness Consultant, the Discovery Coordinator, and the Graustein Liaison and any other paid members under the grant(s). This Subcommittee will review membership of the Council annually; identify representation needs of the Council and seek qualified candidates to meet these needs. The Executive Subcommittee will also serve as the nominating Subcommittee for Co-Chairs of the Council.

Membership of the Executive Subcommittee will include:

- Co Chairs of the Council
- Chair of each Subcommittee
- Collaborative Agent
- Graustein Liaison
- Discovery Coordinator
- School Readiness Consultant
- Mayor's Designee
- Superintendent's (Board of Education) Designee

- **Professional Development Subcommittee:**

Responsible for planning and overseeing professional development opportunities, trainings and accreditation workshops for the Early Childhood Development Community. The Subcommittee will work to engage center-based, home and family care providers in the opportunities sponsored by the Early Childhood Council. The Subcommittee will also keep a pulse on what is going on in the Early Childhood field in regards to statewide professional development opportunities, possibilities for funding and also the State Department of Education's requirements.

- **Communication and Membership Subcommittee:**

Responsible for building ongoing relationships with the community about the Plymouth Early Childhood Council's action plans and goals. The Subcommittee will draft and mail out the letter to new recruits; schedule initial orientation meeting with new recruits and will also pair the new member with an existing member of the Council. The Subcommittee will work with the community and the local region to collaborate on communication and public awareness opportunities that focus on Early Childhood and the Community Plan through all forms of accepted forms of communication, including social media. The Communication Subcommittee will also be responsible for securing the Plymouth Early Childhood Council as an ongoing agenda item with the organizations that already currently meet (regional business meeting, PTA meetings, Junior League of America, Rotary and so on...). The Subcommittee will work on cultivating relationships with town government officials and members of the business community.

- **Early Readiness and Transition Subcommittee:**

This Subcommittee will design and implement strategies that will ease the transition to Kindergarten for children and families. The Transition Subcommittee will suggest system enhancement as needed, event planning and implementation and the needed technical assistance for systems change and adaptation as it relates to early readiness and transition.

- **Community Plan Subcommittees (Health, Safety and Success):**

These Subcommittees oversee the implementation of strategies identified in Plymouth's Community Plan. These Subcommittees will also keep a pulse on what is available for grant opportunities. They will monitor the data and outcomes related to the issue and suggest changes when needed.