CHAPTER 2

EARLY CHILDHOOD DEVELOPMENT

THIS CHAPTER’S RELATIONSHIP TO THEMES:

- Civic Engagement: STRONG
- Regionalism
- Minimize Poverty: WEAK
- Sustainability
The hope for the Springfield metropolitan community by the year 2030 is that our community will provide the best home possible for our children. The vision is for every child to grow up safe, happy, healthy and successful. Our community will be engaged to a level where each day, every child experiences caring adults, safe places, a healthy start, an effective education and opportunities for success in life.
Chapter Summary

Although our community has made strides to improve young child outcomes, local statistics still highlight several troubling areas. Greene County ranks second from the bottom (worst) out of all Missouri counties and is almost double the state rate in child abuse and neglect. Many of these same families are involved in domestic violence issues. Indisputable evidence of the negative impact, both long- and short-term, highlights the emotional, physical and financial price paid over the life of those children to mitigate the damage inflicted. Sadly, some children never overcome the adversity and face a lifetime of after-effects.

Current economic conditions have exacerbated the number of local children living in poverty. Poverty is a complex issue involving multiple factors. More than 50 percent of children attending Springfield schools utilize free or reduced lunches. Demand for the “backpack program” exceeds current supply capabilities with a growing waiting list. In 2009, 50 percent of the births in Greene County were to mothers receiving Medicaid, indicating those babies were born into poverty conditions. Mobility rates in 18 of 35 elementary schools exceeded 70 percent, which means families move frequently forcing children to change schools several times during the year. Unstable housing conditions disrupt a child’s life and basic well-being.

High-quality early care and education are two of the most important preventive actions we can support to ensure our children get the best possible start in life. All the research indicates early experiences, or lack thereof, play a role in a child’s healthy development. In a large percentage of families, both parents must work to provide for their family, meaning children spend a significant portion of their day alone or in the care of others. Childcare is a significant household expense and many times provider choice is based on cost and not quality. The level of quality delivered inside the day care or pre-school greatly impacts the child’s level of school-readiness and school success. Regardless whether care is public, private, home-based, or faith-based, all children should have access to affordable high-quality care.

Giving children a healthy start in life includes making sure they enter kindergarten equipped with the skills needed to succeed. It is important to remember that not all children have the same opportunities to learn. Fulfilling this need will require additional funding from the community. Considering the net lifetime fiscal contribution (adults 18-64 years old) of a high school dropout at a negative $5,191 as compared to that of a high school/GED graduate at a positive $287,384 makes a $5,000 investment per child to attend high-quality, pre-kindergarten services a very wise decision. Can you name an investment with a greater return?

Encouraging businesses to support family-friendly practices such as time off for attending parent-teacher conferences or school award ceremonies, investing in a sick-child day care, or allowing employees time to be a reading/lunch buddy puts action into play. The Springfield-area businesses have an important role to play in this initiative.

Children do not get to choose when, where or to whom they are born. We know that abused, neglected, hungry, homeless children do not learn well, have trouble making friends, tend to develop behavioral issues, and are more apt to drop out of school.

Children’s lives will not improve until these issues are adequately addressed. It is time that we, as a community, walk the talk and demonstrate that we indeed value our children and the future they must build.
The following goals are grouped into three major categories – health, safety, and education.

**Awareness/education of children’s issues** - Many in our community go about their daily lives and never see children who struggle with poverty or abuse. Making our citizens aware of the problems facing many of our young children is a priority if we want to get something done. By and large, our community is known for stepping up to address issues “head on” once they know about them. Whether it be the backpack program, Care to Learn, or Isabel’s House, community support is usually found once the community realizes the significance of the problem. Marshalling resources into a focused and concentrated effort is a “must” given the wide range of issues we face in the area of early childhood development.

**Legislative/policy action** - Changes in behavior and outcomes seldom occur unless legislative and/or policy action happens first. Children cannot vote. If they could, they probably wouldn’t vote to cut their own healthcare, education, or childcare funding. Their future and well-being lies in the hands of adults. Our legislative priorities should always include support for issues that improve our children’s health and welfare. Prior to making any decisions, we should ask the question, “How will this affect the kids?” Legislative and policy decisions should complement parents’ efforts to raise their children, realizing that not all children start life on equal footing. A good start is to establish a community expectation that child abuse and neglect and children going hungry are not acceptable in our community. For many of these initiatives, it is our area’s state and federal legislative delegations that must “carry the water” – it is our obligation to both support their efforts to assist children and to hold them accountable for their actions or inaction.

**Program/funding support** - Some of the efforts suggested within this chapter will require funding and program support through both public and private venues. While costs for providing high-quality pre-K services to all children who choose to attend may seem steep at first, the cost of doing nothing or using sub-par services is much greater in the long run. Local agencies have best practice services and programs in place that are susceptible to wild fluctuations in funding cycles. It would be a great disservice to our children to lose these offerings.
Health-Related Goals

Major Goal 1: Ensure that children, pregnant women, and nursing mothers have easy access to nutritious foods at an affordable cost

Assumption: If nutritious food is available and affordable, families make better food choices leading to better health outcomes. Adequate prenatal and early childhood nutrition has positive effects on healthy brain development.

Objective 1a: All mothers are encouraged and supported (education, guidance, accommodations) in their efforts to breastfeed.
   Responsible Groups: Women Infants and Children (WIC), hospitals, employers, pediatricians

Objective 1b: Increase access to local grocery stores, farmer’s markets, community gardens, and food pantries so that no children go hungry and families have access to healthy food.
   Responsible Groups: City/County Planning/Zoning, Missouri Grocer’s Association, Springfield-Greene County Health Department

Objective 1c: Increase the number of child care facilities that are state licensed so they can qualify for State food assistance.
   Responsible Groups: State Department of Health and Senior Services, City/County Planning/Zoning, Community Partnership of the Ozarks, DSS

Estimated Cost to Achieve Goal:
   One-Time Cost: $0
   Ongoing Cost: $16,000

Proposed Funding Source(s): State, federal, private funding

Major Goal 2: Support resources for early health screenings and early intervention

Assumption: The health of children begins prior to conception and continues throughout childhood. Providing pregnancy preparation information and prenatal care, in addition to early screening for developmental problems, immunizations, dental care, medical care and psychological care, are all components that help develop a healthy child.

Objective 2a: Continue to encourage cooperative efforts of health care providers to provide prenatal, obstetric, pediatric care to low-income clients.
   Responsible Groups: Jordan Valley Community Health Center, St John’s Hospital, Tooth Truck, CoxHealth, Springfield-Greene County Health Department
Objective 2b: Find resources to maintain Parents as Teachers (PAT) early screening services until funding cuts are restored within the state budget

Responsible Groups: School Boards/Districts, State Legislature, grants, private funding

Proposed Performance Measure(s): # of families accessing PAT screenings, # of children served thru JVCHC and tooth truck

*Estimated Cost to Achieve Goal:
   One-Time Cost: $5,000
   Ongoing Cost: $0

Proposed Funding Source(s): State, school districts, grants, private funds

Major Goal 3: The City of Springfield and Greene County will establish policy priorities that include issues affecting children’s health and welfare

Assumption: Healthy children grow into productive adults. Children who start life with access to preventive health care, early intervention screenings and services, dental care, mental health services for themselves and their families, as well as early treatment for acute and chronic health needs, have better mental and emotional development, better attendance at school, participate in more extra-curricular school activities, have fewer referrals to juvenile services, complete more years in school, and consequently have better opportunities as adults.

Objective 3a: Springfield and Greene County leaders will establish children's health and wellness as a legislative and policy priority. Springfield and Greene County lobbyists and legislators will be asked to promote funding of programs, facilities and resources that support the health of all children.

Responsible Groups: State legislators, City and County officials and lobbyists

Objective 3b: Springfield and Greene County leaders will advocate for easy and affordable access to mental health services, including social skills and parenting support, for all families, including those on Medicaid or families who cannot afford regular mental health services. [Note: Missouri Medicaid does not consistently fund counseling for low-income women who are post-partum and suffer from depression, and will not fund parental training of any kind, even when offered within family counseling, thus eliminating one of the best forms of child abuse prevention.]

Responsible Groups: Springfield and Greene County officials and lobbyists, NAMI, social service agencies

Estimated Cost to Achieve Goal:
   One-Time Cost: $0
   Ongoing Cost: $1,000

Proposed Funding Source(s): Private funding
Major Goal 4: Springfield and Greene County leaders will work to assist in making health care (medical, dental, mental) accessible, easy and affordable to all children, pregnant/post-partum women and families

Assumption: Early Childhood experiences have a direct correlation to positive school performance. Maternal depression, both pre- and post-partum, is linked to significant declines in school and social performance in children. Medicaid guidelines make it very difficult for families living in poverty to access providers of their choice. Due to declining reimbursement rates, more and more providers refuse to accept Medicaid clients. Other options for low-income families must be found.

Objective 4a: Recognize local agencies and health care providers that offer easily accessible medical, dental and mental health care to all children and families regardless of income, insurance status or ability to pay. Simple public acknowledgment or a Mayor/City Council and/or Greene County Commission declaration makes a difference in how individuals, providers and businesses perceive the value of their work.

Responsible Groups: Springfield City Council, Greene County Commission

Objective 4b: Springfield and Greene County will publicly support and promote the “Medical Home” model within our community. For example, the Jordan Valley Community Health Center, in partnership with St. John’s Hospital and other agencies, currently promulgates this model for low- and moderate-income families who rely on emergency rooms for their non-emergent health care. The “Medical Home” model fosters preventive care, thus promoting healthier lifestyles for children and families.

Responsible Groups: Springfield City Council, Greene County Commission, Jordan Valley Community Health Center, St. John’s Health Center, CoxHealth, Kitchen Clinic, Springfield-Greene County Health Department, Head Start programs, medical/dental clinics, interested citizen groups, media outlets, social service agencies

Objective 4c: Our community lacks a “sick child care facility.” Work with local healthcare providers and businesses to develop a cooperative “sick child care facility” for working families. This will ensure the proper care of mildly ill children and the continued employment of parents who do not have family sick leave at their place of employment.

Responsible Groups: City and County planning departments, public/private businesses, hospitals

Objective 4d: Springfield and Greene County will support opportunities for groups who provide mental health/wellness, social skills, parenting or related programs by making training/consultation space available at no cost to legitimate and reliable (e.g. licensed) providers.

Responsible Groups: Springfield and Greene County facility managers

*Estimated Cost to Achieve Goal:

One-Time Cost: $1,500,000 (objective 4c)
On-going Cost: $500,000 (objective 4c, estimating 20 children per day for 240 days per year); $3,200 (objectives 4a, 4b, 4d)

Proposed Funding Source(s): Shared cost (for sick care facility) by employers on a membership basis.
Safety-Related Goals

Major Goal 5: Reduce child abuse and neglect in Greene County

Assumption: The high rates of child abuse and neglect are one of in our community’s are unacceptable and warrant immediate attention. Many of our citizens are unaware of this serious problem. Per the 2009 MoKids Count Data Book, Greene County ranked second to the bottom (114 out of 115 counties) with one of the highest abuse/neglect rates in the State of Missouri. Although substantiated cases were trending downward very slightly, the recent economic downturn is working to reverse these gains.

Objective 5a: Initiate an educational/awareness campaign to inform the community of our high rates of abuse and neglect. Build in the expectation that our community values children and that abuse/neglect activity is not acceptable in our community. Highlight the costs (both short- and long term) incurred to deal with the consequences of this social ill. Create a community-wide scoreboard (dashboard) showing status.

Responsible Groups: Community child-advocacy groups, city web developers, media outlets

Objective 5b: Work to identify children at risk of becoming victims. Encourage parents to utilize proven preventative programs (positive parenting focus) like Parents as Teachers, Head Start, Parenting Life Skills, Educare, Isabel’s House, etc.

Responsible Groups: Community groups, front-line workers

Objective 5c: Develop and adopt a community-wide platform that supports reducing child abuse and neglect.

Responsible Groups: City Council, County Commission, MCC, Community Partnership of the Ozarks, Junior League of the Ozarks, Springfield-Greene County Health Department, universities, public and private K-12 schools, daycare operators, churches, Greene County Prosecutor’s Office, Children’s Division, Juvenile Office, Springfield Area Chamber of Commerce

Objective 5d: Follow up with the various initiatives proposed by Victor Veith’s visit (i.e., child forensic certificate pilot curriculum implemented by MSU and Prosecutor’s Office, Child Witness Protection Act, Ambassadors for Children). Encourage sharing and expanding of results with other major universities, teacher’s groups, police/sheriff departments, and social workers as applicable.

Responsible Group: Universities, Prosecutor’s Office, Children’s Division, Juvenile Office, community groups

Estimated Cost to Achieve Goal:
One-Time Cost: $20,000
Ongoing Cost: $20,000

Proposed Funding Source(s): Grants, education funding
Major Goal 6: Create a community that provides the opportunity to work for all who have the desire to improve their economic status

Assumption: Current limitations on financial subsidies create a cycle of dependence that, if changed, could positively impact the socio-economic status of our community creating more positive living environments for the children of this community, hence improving their safety.

Objective 6a: Increase family income through promotion and assistance in filing for Earned Income Tax Credits. Partner with and help provide support for local universities and service organizations to provide free tax preparation for low-income families.

Responsible Groups: Missouri State University, Drury University, Evangel University, non-profits, private sector

Objective 6b: Provide work supports for vulnerable working families by integrating various types of public (federal, state, and local) assistance programs that address stable housing, safe and appropriate child care, health care and transportation. Combine access to services such as TANF, WIA, VITA, Food Stamp employment and training programs and others to eliminate duplicate appointments and application process.

Responsible Groups: Missouri Career Center/Workforce Development

Objective 6c: Advocate for state policies that allow parents to wean off subsidies that assist with child-care and other financial assistance, while establishing employment and increasing income. This would create a “step down” (gradual) approach to financial independence versus a “cold turkey” approach.

Responsible Groups: Children’s Division, Local colleges and universities, area state legislators, Missouri Career Center, Springfield City Council, Greene County Commission, city and county lobbyists

Estimated Cost to Achieve Goal:
One-Time Cost: $30,000
Ongoing Cost: $17,000

Proposed Funding Source(s): State Government

Major Goal 7: Establish a community priority for quality, affordable housing for families

Assumption: Providing stable, quality, affordable housing for at-risk families can improve their quality of life by creating cohesive neighborhoods and reducing family stress and student mobility rates.

Objective 7a: Promote the development of quality, affordable housing with priority given to those that provide additional support services to children and families (e.g., those with a particular focus on programs/day-care for young children and that provide tools to help families to help break the cycle of poverty).
Responsible Groups: Springfield and Greene County planning departments, private developers, community groups

Objective 7b: Develop a plan to prioritize the use of Community Development Block Grant (CDBG) funds for housing development projects that support quality, affordable housing with wrap-around support services. Write letters of support for these projects to legislators and funding sources.

Responsible Groups: Springfield and Greene County planning departments, City Council, Greene County Commission, community groups

Objective 7c: Develop a voluntary rating system for family-friendly rental/leased housing that provides safe housing for children. Include testing for lead, asbestos, electrical and gas systems, etc.

Responsible Groups: Springfield and Greene County planning departments, Springfield-Greene County Health Department, Building Development Services, landlords

Objective 7d: Create a City/County Office of Housing to manage and assess housing needs and prioritize the use of HUD/CDBG funds available to the community. Establish a housing trust fund.

Responsible Groups: Springfield City Council, Greene County Commission

Estimated Cost to Achieve Goal:
One-Time Cost: $100,000
Ongoing Cost: $265,000

Proposed Funding Source(s): CDBG funds

Education-Related Goals

Major Goal 8: Make affordable, high-quality pre-school/pre-kindergarten available for all children

Assumption: Research has shown that for every dollar spent on high-quality early childhood education, the community will save $7 to $10 on remedial and punitive services. Quality early childhood education not only increases the cognitive skills of children, but also the softer skills of social and emotional learning that will prepare them for success during the rest of their lives. They will be better prepared for productive careers, and 70% less likely to commit crimes of violence. Research consistently shows high-quality programs contain common attributes, including low child-teacher ratios, rich curriculums that focus on language, pre-literacy and pre-numeracy activities, social and emotional skills, health and nutrition activities, well-trained teachers, structured and unstructured play and family involvement.

Objective 8a: Establish funding to provide high-quality programs through various sources that may include property taxes, state and local taxes, “sin taxes,” tax credits, corporate income taxes, state education funds, crime prevention and/or criminal justice funds.

Responsible groups: TBD

Objective 8b: Advocate for a system that ensures all families have access to affordable, high-quality early childhood opportunities by:
• Increasing income eligibility for the child-care assistance program
• Increasing child-care reimbursement rates for providers serving subsidized children
• Ensuring children in high-risk categories have access to high-quality early childhood opportunities

This allows for parents to accept a lower paying job that is a pathway to a higher paying job and financial independence. It also provides these families with a confidence that their children will be well cared for, making them more productive, loyal employees.

**Responsible groups:** School districts, federal, city, county and state government

**Estimated Cost to Achieve Goal:**

*One-time Cost:* $0

*Ongoing Cost:* $2,600,000

[Note: Estimates of costs from other states vary widely, from $2,500 to almost $11,000 per child per year. An average is approximately $6,500 per child per year. At a minimum, a tentative estimate of the number of children who might enroll in these programs would be 400, which translates to an ongoing yearly cost of $2,600,000.]

**Proposed Funding Sources:** Families may be asked to help pay for some of the costs and some existing revenue sources could be used (Title I, Head Start, Early Childhood Special Education). Additional funding support might come from a levy initiative.

### Major Goal 9: Provide opportunities for all pre-school/pre-kindergarten programs in the community to become/remain high-quality programs

**Assumption:** In order to become or remain a high-quality program, providers need professional development opportunities and a credential system.

**Objective 9a:** Provide a system to identify and credential programs that are providing high-quality services through the voluntary QRIS (Quality Rating Improvement System) model.

**Responsible groups:** TBD

**Objective 9b:** Provide a method for providers to obtain professional development to maintain or improve programs for young children.

**Responsible groups:** Area school districts, Head Start Programs, colleges and universities, business partnerships, community groups

**Estimated Cost to Achieve Goal:**

*One-time Cost:*

*Ongoing Cost:*$1,680,000

[Note: Process requires at least two full-time employees to manage the program. Employees will be responsible for credentialing the programs, providing an ongoing and updated list of high-quality providers to the community, provide for the flow of any resources families may be entitled to, and arrange for professional development opportunities. The $180k annual expense includes salaries, benefits, office space, phone, computer, copying, travel funds, etc. Approximately $1.5 million annually is estimated to be the cost to provide personal development assessment and coaching community-wide.]
**Proposed Funding Sources:** State funds. Some funding may be able to be obtained as in-kind services from school districts, colleges and universities, etc.

**Major Goal 10: Advocate for continued support for ongoing proven early childhood programs such as Parents as Teachers**

**Assumption:** Longitudinal research has demonstrated that programs such as Parents as Teachers and Head Start help prepare children for success in school.

**Objective 3a:** Advocate for restoration and increased funding for Parents as Teachers (PAT) and other proven programs (Educare, Head Start, etc).

**Responsible groups:** Area school districts, state legislators, City Council, Greene County Commission

**Estimated Cost to Achieve Goal:**

- **One-time Cost:**
- **Ongoing Cost:** $2,000,000 [Note: Total cost for Springfield R-XII area PAT is around $1.5 million annually. Including the rest of the county would be approximately an additional $.5 million/year, for a total of $2 million annually to serve 8,000 children – approximately $250/child.]

**Proposed Funding Sources:** State government, school boards, private sources

**Major Goal 11: Educate the community on the importance of affordable high-quality preschool/prekindergarten programs**

**Assumption:** When citizens and business owners understand the critical importance of early childhood programs, they will financially support these services.

**Objective 4a:** Develop a variety of methods to educate the community about the importance of early childhood development, such as neighborhood meetings, parent groups, media, church groups, service organizations, etc.

**Responsible groups:** Area school districts, Springfield and Greene County governments, MCC, community groups

**Estimated Cost to Achieve Goal:**

- **One-time Cost:** $40,000 (campaign kick-off)
- **Ongoing Cost:** $20,000

**Proposed Funding Source:** Grants, in-kind media support, private funding
Inter-relationship with Themes

Regionalism
Because Springfield and Greene County’s future workforce is primarily developed regionally, a broad-based effort will be required to adequately impact the county’s economic growth. Media-based awareness campaigns for early childhood issues can have an influence regionally. Centralized training and services can be provided at a lower cost than replicating them community-by-community. Economic challenges in the rural areas tend to gravitate to the urban center where services are provided and, therefore, become Springfield’s problems. A unified effort to prevent poverty, mental and physical health issues and develop an adequately trained workforce through early childhood development is a winning combination for all.

Sustainability
There is nothing more important than sustaining our educated workforce, and efforts to support early childhood development will ensure that we can provide the workforce that businesses need to remain in or move to our community, thereby sustaining our quality of life and economic viability.

Minimize Poverty
Extensive research shows that children who grow up under the condition of poverty are more likely to be less successful in school, less productive as adults in the labor market, have lifelong health problems and commit crimes and engage in other forms of problematic behavior. The greatest indicator of whether an adult is homeless is whether they were homeless as a child. Thus, the cycle must be broken. Providing health, education and financial supports to children in their earliest years can break the cycle of poverty and produces a return on investment of 7 to 12 dollars for every dollar invested. While the biggest impact is usually derived through legislative or policy changes, community support for proven programs and services must help fill the gaps. Much of the poverty in Greene County consists of the “working poor” whereby parents work, but don’t make enough money to support their family’s needs.

Civic Engagement
It will require a regional focus and engagement of people at all levels throughout our community to prioritize our efforts to assist our most vulnerable and precious resource – our youngest citizens. Public awareness of the issues they face and the programs that can successfully address those issues should bring people forward to assist in a variety of ways. The problem of knowing what works has been solved by the multitude of existing research that identifies best practices; we now need to identify how to best implement them in our community.
Inter-relationship with Other Chapters

Arts, Culture, and Tourism: Drawing, coloring, singing, dancing and acting are all natural forms of a child’s early development. The more children experience different forms of the arts, the greater their growth in motor skills, cognitive and academic skills, social and emotional skills, and critical thinking.

Education and Workforce Development: A good education, starting with solid high-quality early childhood experiences, is necessary for creating a prepared future workforce. Research shows that children who participate in high-quality early education programs are more likely to start school ready to learn, have less retention and remedial issues in later grades, and are more likely to graduate high school.

Economic Development: A well-prepared ready workforce provides a critical building block for growing a sustainable economy. A top-notch school system, including affordable and accessible early education programs, plays an important role in attracting and retaining quality businesses looking for an operating location. The quality of businesses in a community often defines the quality of life for its citizens. Growing, thriving businesses tend to have engaged employees who get involved in community activities.

Global Perspectives and Diversity: Children are born with no prejudice. As the rise of minority groups continues, race and ethnicity will become more blended. Diversity will become less controversial and more of the “norm.” The internet has transformed our children’s view of the world as a truly global universe. Geographical boundaries will no longer be barriers for gaining employment. Future generations may live in the US, but they could easily work (via the internet) for a company in another country overseas. Their work peers could be located throughout several different countries making diversity a simple fact of doing business.

Growth Management and Land Use: Balancing land use between open space and development is hard to accomplish, especially since you can’t build more land. Thoughtful development of walking trails, bike paths, and parks interspersed throughout the community provide children and families with easy access to free physical activity, thus helping them maintain a healthy lifestyle.

Housing: Children need safe, affordable, and stable housing. Establishing a quality rating system for rental housing is a good first step. Ensuring that homes are free of lead, asbestos, mold, and harmful chemicals will help our children stay healthy. Development of family-friendly housing with wrap-around services provides parents with needed support to help improve their quality of life.

Progressive Management: N/A

Natural Environment: Keeping our planet green and preserving our natural environment for our children should be a priority. The Ozarks has an abundance of lakes, rivers, caves, and forests, which create natural settings for families to enjoy a superb quality of outdoor life. Maintaining clean air and water quality are important so future generations can continue to fish, hunt, canoe, ski, hike, and bike.

Public Safety: Before children can learn, they must feel safe and secure. Children have a right be protected and safe. Public safety, including being free from abuse and neglect, is paramount to a young child’s development. Many times, children who experience violence, neglect, or exposure to drugs in their very early years are unable to overcome the negative consequences. Early brain development is a critical, sensitive developmental process dependent on environmental and human bonding connections. When parents fail to properly nurture these connections, the child pays the cost. They tend to fall behind in school, act out, struggle with relationships, never learn to trust, do not give or accept love, and have low self-esteem.
Recreation and Leisure: Children and families can enjoy spending time together and being physically active by using the facilities and programs offered through our extensive parks system. Fortunately, a large majority of these offerings are free of charge (or have minimal cost), thereby allowing opportunities for everyone to participate. Organizations that provide recreational activities for children play a key role in the fight against childhood obesity.

Transportation: Many families with children depend on public transportation to get around town. Continuation and even expansion of the service is needed while maintaining affordability. Building additional sidewalks and pedestrian overpasses are critically needed in many areas of the community as a matter of citizen safety. Far too many of our streets have no sidewalks forcing children to walk in traffic lanes.
Chapter Performance Measures

• By 2014, the number of low-birth weight babies will decrease by 10% below the 2010 rates.

• By 2015, the number of children who are victims of substantiated abuse and neglect will decrease by 15% below 2011 levels.

• By 2015, a quality rating system for rental properties will be established and approved by City Council and the County Commission.

• In 2014, the Kindergarten readiness level will improve 10% over 2010 level.

• By 2015, a professional development process for early childhood workers will be in place.

• By 2016, the number of local child-care entities receiving state food assistance will increase by 15% over the 2010 level.

• By 2015, our State legislative delegation will introduce and actively support legislation to fund early childhood development programs by 25% over 2012 levels.
Early Childhood Development Planning Committee Membership:

Committee Co-Chairs:
Roseann Bentley
Annie Busch

Committee Members:
Joan Cargnel
Dana Carroll
Amy Chenoweth
Susan Cox
Scott Crise
Sue George
Caroline Griesemer
Debbie Shantz-Hart
Pam Hedgpeth
Carol Lohkamp
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