

“Improving school readiness by targeting the social and educational needs of children ages birth to three.”

The Adirondack Birth to Three Partnership



# Early Childhood Education Opportunities in the Adirondacks

■ Recommendations for System Enhancements

Prepared for Adirondack Foundation  
November 15th, 2014

# Executive Summary

## Goals of the Adirondack Birth to Three Partnership

In 2013, a group of individuals gathered to discuss ways in which improvements to this region's early childhood education infrastructure and programming could help prepare our youngest citizens for success in life. A driving goal at the onset of this initiative was to help stop the generational cycle of poverty that is inherent within the Adirondack Park and the surrounding communities in upstate New York. Enhancing the region's early childhood infrastructure and, more specifically, the suite of services and programming for children during the first three years of life were seen as the most effective ways to approach this goal. A committee was formed, and research began to identify the gaps in services that address the social and educational needs of children between the ages of birth to three. Several gaps in services were identified, as well as ways in which those gaps could be filled through increased programming, geographic expansion of existing services, and quality assurance and improvement measures. The Adirondack Birth to Three Partnership, as this initiative has become known, is using an enhancement approach to make improvements to the infrastructure of services currently present within Clinton, Franklin, and Essex Counties. The recommendations herein outline enhancement tactics within each county and explain how and where these enhancements will take place. Our hope is that donors, early childhood service providers, schools, and public officials will work together with the partnership *to improve school readiness by targeting the social and educational needs of children ages birth to three in Clinton, Essex and Franklin Counties.*

## Acknowledgements

Much of the insight and planning that made this report possible came from the committee of individuals that contributed their time, insight, and thoughtful input. Adirondack Research wishes to thank Cali Brooks and Melissa Eisinger, Adirondack Foundation; Lee, Nancy, and Bonnie Keet, Cloudsplitter Foundation; Joan Grabe, Grabe Family Foundation; Rich and Marty Frost, Chapel Hill Foundation; Holly Wolff; Bruce McLanahan; and Bob Frawley.

# Early Childhood Education Opportunities in the Adirondacks



Adirondack  
Research LLC

*"We use science to inform decisions"*



Chapel Hill Foundation  
Grabe Family Foundation  
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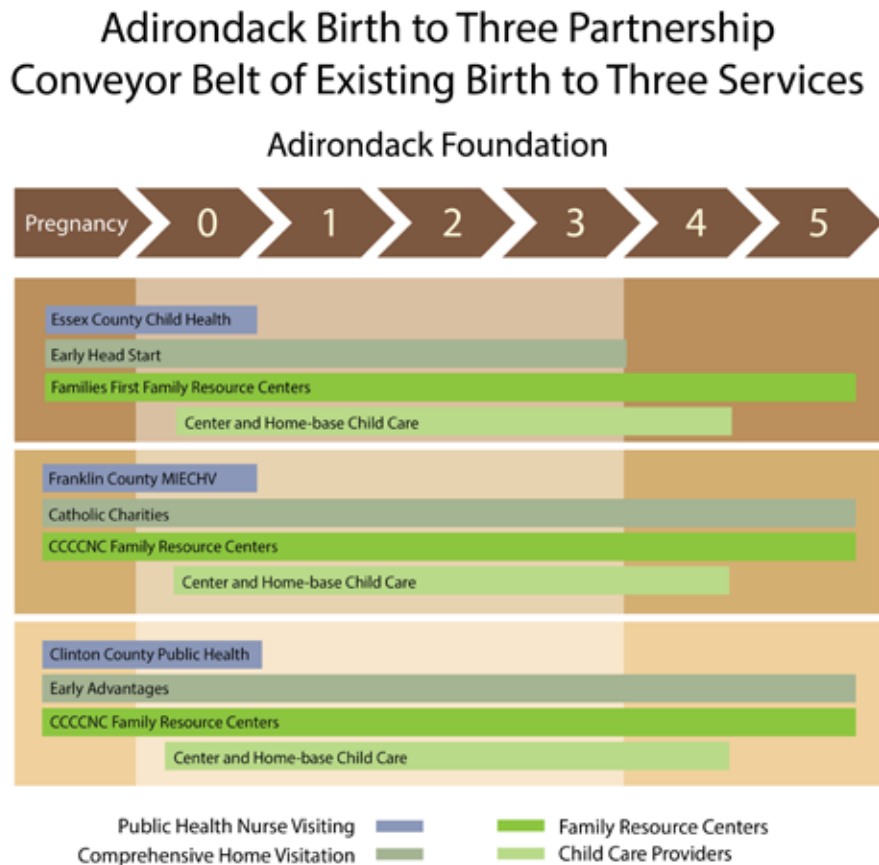
# 1. System Enhancement Strategy

## Where, when, and how do we make enhancements?

The early childhood education infrastructure in the North Country (Clinton, Franklin, and Essex Counties) consists of a wide range of services. These include county public health nursing and nurse home visitation programs, comprehensive home visitation programs, center-based programs, and a network of providers who care for children in home- and center-based child care facilities. All of these programs operate either independently or as part of agencies focused on social welfare or early childhood services. Together, they work to prepare children to enter kindergarten with an increased potential to learn and grow. These recommendations target ways in which this system can be enhanced and improved. The mission of the Adirondack Birth to Three Partnership is *“to improve school readiness by targeting the social and educational needs of children ages birth to three in Clinton, Essex and Franklin Counties.”*

### Birth to Three Infrastructure

A Summary Report of the early childhood education infrastructure in these three counties titled Early Childhood Education in the North Country: Infrastructure and gaps for birth to three year olds in Clinton, Franklin, and Essex Counties was compiled in 2014 by Adirondack Research. In that report, we identified services provided (and limitations in ability to provide ser-



**Figure 1:** Existing services in Clinton, Franklin, and Essex Counties. Colored bars show the time-frame overlap of services with children during the first five years of life.

ices) of programs and provider groups present across all three counties. Our catchment area, which includes Clinton, Franklin, and Essex Counties of upstate New York, has a well-established network of services designed to foster educational opportunity for children under the age of three. These services are generally affiliated with programs and agencies along county lines, and they all assist families in raising their children during the early stages of their lives. All of these programs work to give kids the potential, by the time they reach school, to be capable young citizens. The Adirondack Birth to Three Partnership is an initiative staffed with

a coordinator that aims to facilitate communication and foster working relationships among these programs.

Early childhood programs fit into four broad service areas (Figure 1), grouped by the places and ways in which they provide services for children ages of birth to three. These service areas include **Public Health Nurse Visiting programs** that are within county-level public health systems. Public Health Nurse Visiting programs within each county have a broad focus, and provide an important referral resource for early childhood programs. The foremost strength of public health programs is their ability to reach expectant mothers and newborns. Public health nurses are often the first child service professionals to interact with new parents and have the ability to reach the most at risk families. Public health nurses are often the individuals who refer families for additional help in the service area. **Comprehensive Home Visitation programs** include services such as Early Head Start, Healthy Families NY, and Catholic Charities. Our region's early childhood infrastructure also includes a network of **Family Resource Centers** that are operated by Child Care Coordinating Council of the North Country (CCCCNC) and Families First. These resource centers offer programming and space within communities for activities and resources for parents and children. Because these programs are center-based and at physical locations within communities, they are positioned to offer key services and resources to families including Parents Anonymous®, developmental screenings, supervised visitation, parenting education programs, and playgroups.

Lastly, many families of young children pay for, or receive subsidies for, child care services through **Center- and Home-Based Child Care providers**. Child care providers care for a large number of chil-

dren ages birth to three and as a result, can have a large influence on school readiness, especially for those children and families that are not reached through public health nursing or comprehensive home visitation services. Together, these four groups of services encom-



We have the framework of services in Clinton, Franklin, and Essex Counties to address the needs of the birth to three community - this report describes ways in which this infrastructure can be enhanced to better provide for our region's needs.

pass the birth to three early childhood education infrastructure and contribute to school readiness of North Country children.

In this report, we investigate this infrastructure and find ways in which it can be improved to better serve our region's needs. Specifically, we have identified gaps in the birth to three infrastructure and are making recommendations on how the programs and provider groups that already exist in our region can be enhanced to fill these gaps. We borrow from other communities facing similar challenges and use similarities and differences to make recommendations that suit our specific strengths and needs. *Together, these recommendations bring the network of early childhood education services together in a collective initiative called the Adirondack Birth to Three Partnership.*

## Capacity for Enhancement

The capacity for enhancement of programs varies from county to county and is dependent on their current capacity and missions. As such, we have hand-picked enhancement opportunities within each county. Our recommendations are based in part on need but also on the capacity of the targeted program to improve programming with the use of enhancement funding. We are basing these recommendations on our standardized assessments of each program. It should also be clear, however, that all counties have good programs and service providers. We have selected those that we feel can benefit from enhancement funds and that are best positioned to aid in region-wide improvements in services over time.

## One- and Three-year Plan

The time frame of our recommendation strategy reaches from 2015-2018, beyond which we have little information on whether continuation of funding will be available to make these enhancements permanent. Our recommendations do, however, take into consideration the likelihood that short-term enhancements will allow participant programs to seek external funding for continuation of these implementations. In mak-

ing recommendations, we have made the assumptions that the Adirondack Birth to Three Partnership will be capable of providing funding for approximately three years. Some programs will require sustained funding to continue their programming, while others are one-, two-, or three-year initiatives whereby continuation of funding past their early years is not needed. We have identified, where present, opportunities for programs to seek external funding or use matching or earmarked positions to continue a program's initiative.

We have structured our recommendations in a way that begins with enhancement tactics of targeted programs in sub-regions (counties or villages) of the catchment area, and then expand in years two and three to adjacent sub-regions. For example, we recommend enhancing the Franklin County's Department of Health Maternal Infant and Early Childhood Home Visitation Program in year one with a further recommendation that this program is used as a model for enhancing both Clinton and Essex Counties' public health nurse visitation programming in years two and three. This strategy of enhancements is common among our recommendations and provides for broad actions over the entire three-county catchment area within three years.

## Pillars of the Adirondack Birth to Three Partnership

There are three main areas of enhancement opportunity that are focused on the needs of the early childhood education infrastructure targeting families of children between the ages of birth to three. These areas constitute the three pillars of the Adirondack Birth to Three Partnership: 1) Family Discovery; 2) Home Visitation and Parent Education; and 3) Quality Child Care. All recommended enhancements of the Adirondack Birth to Three Partnership fit into one or more of these three pillars.



We have organized our recommendations in ways that make use of resources across county lines and that expand from one county into another over time.

## 2. Key Enhancements within Each of the Three Pillars

### ■ How do our recommendations fit together?

The Adirondack Birth to Three Partnership assists children and their families by focusing on three pillars of support. These three pillars are the foundation for school readiness and provide the potential for children to succeed in life. Each pillar expands the access of programming for our region's families at different stages of a child's development. We borrowed the approach of grouping services into pillars from the Chemung County School Readiness Project - a program in the Finger Lakes region of New York that is successfully enhancing early childhood education and school readiness.

**Pillar 1 - Family Discovery** includes programs and services designed to identify families who can make use of services. These programs offer developmental screening as well as information and resources for

new families. Programs within this pillar include the department of health programs and the nurses and pediatricians that see families at hospitals, in clinics, and within homes. Family resource centers also fit into this pillar because of their role in providing information and resources to families. Collectively, the programs within this pillar ensure that all families with children ages birth to three are reached and offered services that support new parents in their efforts to raise healthy children.

Our previous analysis identified gaps in services that fit into this pillar. One of these gaps is the underutilized public health nursing infrastructure and specifically the potential for Department of Health nurses to connect and develop relationships with families as early as pregnancy and through age five. While the gap in

public health nursing is apparent in all three counties, we see a benefit in enhancing the Franklin County program first and then moving on to adjacent counties in subsequent years. *We recommend increasing maternity and home visitation programming in Franklin County through the Franklin County Public Health Department.* See Recommendation 1 on page 10.

**Pillar 2 - Home visitation and Parent Education** includes comprehensive school readiness programming, both center- and home visitation-based, that provides resources for parents to serve as their



*Early childcare nurses visit pregnant mothers and infants in the hospital and are often the first early childhood specialists to develop relationships with new mothers.*



children’s first and most influential teacher. Programs within this pillar include the comprehensive home visitation services (Early Head Start, Healthy Families NY, and Catholic Charities), Family Resource Centers, and Professionally-led Parenting Groups. These programs enable parents to thrive as caregivers. We have identified missed opportunities in providing home visitation services to families in Franklin County. Specifically, Catholic Charities is limited in their ability to serve all

**Pillar 3 - Quality Child Care** includes the network of center-based and home-based child care facilities. We limit our recommendations to regulated providers but acknowledge the role that informal networks of extended family, friends, and neighbors play in caring for the children in our communities. Regulated providers care for an estimated 1,224 children between the ages birth to three in Clinton, Franklin, and Essex Counties, giving this network of providers the most potential

to reach the greatest number of children as compared to other programs and service providers. We have found that individual child care programs vary greatly across the region, with school readiness-based programming and general quality of care ranging from very good to poor. One method for “raising the bar” and creating improvements to this generally privately-run provider group is to implement a quality assurance and rating system that rewards continued improvement. Such a system already exists for New York State and has been partially implemented in



*A large portion of our area’s children between the ages of birth to three are cared for in a home-based or center-based child care facility, or are cared for by families, friends, and neighbors.*

child care facilities in Clinton and Franklin Counties. QUALITYstarsNY uses a star rating system for child care providers, much like how restaurants and hotels use Michelin Stars or AAA Diamonds. Implementing QUALITYstarsNY among the child care providers in our region will help improve private child care quality and will result in more children being prepared for pre-K and Kindergarten. ***We recommend increasing the implementation of QUALITYstarsNY in Clinton County by increasing participation from a current four providers to 20 providers after one year.*** See Recommendation 4 on page 22.

children within its target population due to their mission to only serve mothers younger than 24 years of age. They also appear to lack the name recognition in southern Franklin County and may be approached hesitantly by secular parents. As a result, there are children without access to comprehensive home visitation services in Franklin County. We have also found a shortcoming in the numbers and locations of Family Resource Centers, especially in Essex County, that offer outreach-related services to families in the communities in which they live and work. ***We recommend expanding Healthy Families NY from Clinton County into Franklin County and establishing a family resource center in Saranac Lake.*** See pages 14-21.

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**Strategy:** Ensure that every family with a newborn is visited by a early childhood nurse.

## Enhancing Franklin County MIECHV

**Project Summary:** Franklin County Maternal Infant Early Childhood Nurse Home Visiting Program (MIECHV) can provide programming and services that connect families to birth to three resources in Franklin County. Franklin County MIECHV proposes to hire a full time nurse to 1) visit every newborn through hospital and home visits, 2) maintain relationships with at-risk families from birth through age three, 3) develop a county model and protocol for public health visitation, 4) document progress in reaching every family, and 5) provide resources for other county public health programs.

### Project Costs

Request:	\$89,536
Matching:	\$14,151
Total:	\$103,687

### Project or position description

This project will provide a full-time Registered Nurse or Bachelor of Science Nurse to make in-home nursing visits available to every household in Franklin County from prenatal to age 5. The nurse will visit families directly in-hospital on maternity floors to establish rapport and to schedule an initial home visit. The nurse will assess child/family needs and strengths related to overall health and well-being. Based on this assessment, the nurse and parents will formulate an individualized plan to facilitate utilization of services related to child health and development. These services are coordinated at the local level with other community agencies and providers and includes providing referrals to Catholic Charities, Healthy Families NY, Early Head Start, and Early Intervention. Nurses will provide parenting education, anticipatory guidance, health and safety information, and will assist the family in accessing needed services.

### Goals of project

The goals of the project are to enhance the overall health status and well-being of children and families and to foster healthy growth and development of children and families. The project will also increase access to, and appropriate utilization of, preventive and primary health care services and reduce the incidence of vaccine-preventable infections among children. Furthermore, the program will reduce the incidence of intentional and unintentional childhood injuries.

### How this project meets the goals of the Adirondack Birth to Three Partnership?

One goal of the Adirondack Birth to Three Partnership is to reach every child in need of services in each of the three counties. Public health based nurse home visitation programs have the best infrastructure to accomplish this. Public health nurses have access to all birth records and can visit expectant mothers and newborns at home and in the hospital. However, nurses in our region have a limited ability to solicit families through outreach and to reach and maintain sustained contact with every family over the first three years. An enhanced MIECHV model in Franklin County will fill this notable gap and can be used as a model for adjacent counties in subsequent years.

### How this contributes to school readiness?

This program supports parents in providing the positive emotional and physical experiences in the earliest years of life that are necessary for healthy brain development. By fostering safe and healthy growth and development and by continuing to keep contact with families, this program will foster school-readiness in the birth to three age group.

### How these funds help this program better accomplish its current goals?

The current program is not able to engage in community outreach and has low enrollment due to multiple program demands on current nurses (including Early Intervention case management, Immunizations, Lead, and Home Care). Funding a nurse whose exclusive job is development of the Prenatal to Five Maternal Infant Early Childhood Nurse Home Visiting Program will ensure implementation of the program and services to a largely underserved and economically disadvantaged population.

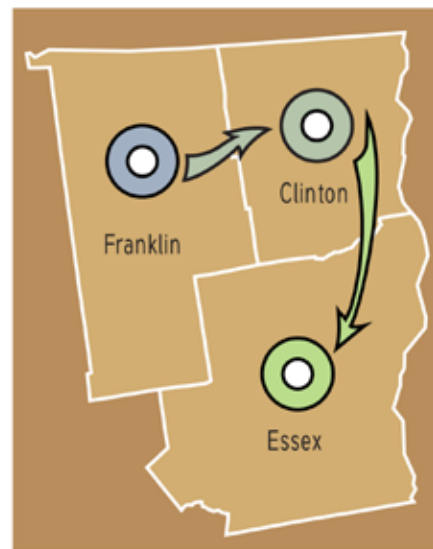
### How success is measured

The Franklin County MIECHV Program is developing its own internal evaluation tool. The program will use this evaluation tool to measure its influence on children and their families. Specifically, the program will have the following goals: at least 80% of participant children will have an identified medical home; at least 80% will have up-to-date immunization status; all children will have at least one nursing assessment conducted during the year; and all children will have an age-appropriate developmental screening conducted during the year using the Ages and Stages Questionnaire.

### How will project funding continue after three years?

Franklin County Public Health Family Services Unit currently has a vacant position for a Community Health Nurse. While the position has remained vacant for two years due to internal restructuring, it will remain fully funded by the budget within three years.

### Public Health Nursing



- Current:**  
Nurse Visitation Programs
- Year 1:**  
Impliment MIECHV Franklin
- Year 2:**  
Enhance Clinton County
- Year 3:**  
Enhance Essex County

**Strategy:** Ensure that every family with a newborn is visited by a early childhood nurse.

## Budget Table

Item	Request Amount	Matching Amount	Match Source	Total
<b>Personnel</b>				
MIECHV Nurse	\$46,797		DOH	\$46,797
Project coordinator		\$8,560	DOH	\$8,560
<b>Total Salaries and Wages</b>	\$46,797	\$8,560		\$55,357
<b>Fringe Benefits (63.11%)</b>	\$29,534	\$3,091		\$32,625
<b>Total Salaries, Wages, Fringe</b>	\$76,331	\$11,651		\$87,982
<b>Travel Costs</b>	\$5,500	\$500		\$6,000
<b>Workshops and Trainings</b>	\$1,705	\$1,000		\$2,705
<b>Materials and Supplies</b>	\$6,000	\$1,000		\$7,000
<b>Subtotal</b>	\$89,536	\$14,151		\$103,687
<b>Indirect Costs</b>				
<b>Total project costs</b>	<b>\$89,536</b>	<b>\$14,151</b>		<b>\$103,687</b>

## Contacts

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## Budget Detail

### Personnel

Salary is for a full-time nurse located at the Franklin County Public Health Department to perform hospital and home visits, present at workshops, and produce publications documenting the project framework and evaluation tools (twelve months salary per year @ \$46,797) and partial salary for project coordinator Erin Streiff to organize and manage the new sub-program under the Franklin County Maternal Infant Early Childhood Nurse Home Visiting Program (two months salary per year @ \$51,364 . Fringe on personnel is calculated at 63.11%).

### Travel Costs

Travel costs related to home visitation include mileage reimbursements for personal vehicle use (calculated at \$0.55 per mile) between the main office and homes within Franklin County (approximately 200 miles per week: \$5,500/year).

### Workshops and Trainings

Workshop costs (including transportation and informational materials) are for the MIECHV nurse to obtain relevant orientation to maternal and child home nursing skills and lactation consultant training. The project coordinator will also host an informational workshop for Clinton County Public Health Maternal and Children's Health and the Essex County Child Health Programs as a means to encourage the adoption of the MIECHV Program model or a similar model in adjacent counties in year two. Because the Franklin County MIECHV Program is a pilot program to address the gap in hospital and home visits by a visiting nurse, there is a need to share the program's successes and challenges in year two with Essex and Clinton Counties.

### Materials and Supplies

Each mother shall be presented with a small layette on the initial home visit in addition to the standard "Newborn Packet" consisting of an educational booklet and important contact numbers.

## Expanding Healthy Families New York (Early Advantages) from Clinton County into Franklin County

**Project Summary:** The goals of the program are to enhance the overall health status and well-being of children and families and to foster their healthy growth and development. The local Healthy Families program called “Early Advantages-Healthy Families New York- Clinton” (EA-HFNY-C) was implemented in Clinton County ten years ago. The program will expand from Clinton County (currently serving 73 families) to provide services to high need, highly stressed, overburdened parents throughout Franklin County by adding three full-time Family Support Workers, one part-time Family Assessment Worker, a Program Supervisor, and partial salary of a Program Manager to serve an additional 60 families.

### Project Costs

Request:	\$204,651
Matching:	\$162,075
Total:	\$366,726

### Project or position description

Healthy Families NY is a proactive primary prevention Home Visitation program implementing the Healthy Families NY (HFNY) model and covers parts of Clinton County, NY. The proposed expansion will provide services to high need, highly stressed, overburdened parents throughout Franklin Counties by adding three full-time Family Support Workers, one half-time Family Assessment Worker, a Supervisor, and a Manager to serve an additional 60 families. This program expansion, called “Early Advantages - Healthy Families New York - Franklin,” will coordinate with the nurse visitation program from the Franklin County Maternal Infant Early Childhood Home Visiting program to seamlessly integrate programs within two pillars of the Adirondack Birth to Three partnership (Pillar 1: Family Discovery and Pillar 2: Home Visitation and Parent Education).

### Goals of project

HFNY will work closely with the Franklin County Department of Social Services, Franklin Departments of Health (MIECHV), Champlain Valley Physicians Hospital (CVPH), Adirondack Medical Center, as well as local OB/GYN providers and local pediatric offices to identify potential high-risk families and to provide comprehensive home visitation services. The overall goal of the program is the prevention of child abuse and neglect by enhancing the parent-child relationship and giving every family participating in the program the tools and education needed to raise healthy, safe, and happy children.

### How this project meets the goals of the Adirondack Birth to Three Partnership?

“Early Advantages - Healthy Families New York - Franklin”, expanded from Clinton County, will follow the Healthy Families NY Best Practice Standards. The program will fill the gaps in coverage by complimenting Catholic Charities. Catholic Charities is a comprehensive home visitation program similar to Early Head Start and Early Advantages - Healthy Families Clinton. However, this organization does not have a strong presence in southern Franklin County and does not provide services for mothers older than 24 years in age. Data on teen pregnancy rates show that Saranac Lake and

Tupper Lake have among the highest rates in Franklin County. The Healthy Families program is a researched-based, evidence-based program that promotes positive parenting skills and parent-child interaction, helping to prevent child abuse and neglect. HFNY promotes optimal prenatal care, child health, and development and helps to enhance family self-sufficiency. The use of both a standardized assessment tool and standardized curriculum has been proven to be effective to the families of Clinton County for 17 years and for families across NYS as the HFNY network celebrates its 20th anniversary.

### How this contributes to school readiness?

The Early Advantages - Healthy Families Clinton program, currently operating in Clinton County, targets school readiness through improved parent-child relationships, through improved family functioning, and through increased early literacy.

### How these funds help this program better accomplish its current goals?

The mission of Early Advantages - Healthy Families NY is to promote and enhance the healthy development of children and to strengthen families through the Healthy Families NY intensive Home Visiting model and through linkages with other community agencies. These funds will allow Healthy Families Franklin to provide services to an underserved population. Furthermore, Healthy Families Franklin will work closely with the Franklin County Maternal Infant and Early Childhood Home Visiting Program as they pilot their proposed enhanced program in Franklin County. Each of these two programs will work mutualistically and synergistically with one another.

### How success is measured

The current program prepares a quarterly report where 21 performance targets are measured. The same setting for measuring will be set up in Franklin County. The program has already set guidelines for reporting narratives for quarterly performance as well as annual reports.

### How will project funding continue after three years?

The existing Clinton County program has proposed expansion into Franklin County to OCFS. The last proposal, submitted in March 2013 for MIECHV dollars, was approved but not funded due to funding being distributed to three programs in other NYS regions (Albany, Buffalo and NY City). If funding becomes available, expansion of this program is possible using those funds.

### Healthy Families NY - Franklin



- **Current:**  
Comprehensive Home Visitation Programs
- **Year 1:**  
Expand Healthy Families NY into Franklin County

**Strategy:** Increase the availability of comprehensive home visiting for low-income children and families.

## Budget Table

Item	Request Amount	Matching Amount	Match Source	Total
<b>Personnel</b>				
Program Manager (1/2 FTE)	\$11,500	\$36,100		\$47,600
Program Supervisor	\$32,000			\$32,000
Family Assessment Worker (1/2 FTE)	\$13,750	\$13,750	FCHD	\$27,500
Family Support Worker (3 FTE)	\$77,751			\$77,751
Data Entry Operator		\$21,600		
EIP Person (1/2 FTE)		\$20,000	DOH	\$20,000
Interns (2 FTE)		\$25,600	HFC	\$25,600
Advisory Board		\$1,000		\$1,000
<b>Total Salaries and Wages</b>	<b>\$135,001</b>	<b>\$118,050</b>		<b>\$253,051</b>
<b>Fringe Benefits (21%)</b>	<b>\$28,350</b>	<b>\$24,791</b>		<b>\$53,141</b>
<b>Total Salaries, Wages, Fringe</b>	<b>\$163,351</b>	<b>\$142,841</b>		<b>\$306,192</b>
Office Supplies	\$4,300			\$4,300
Office Equipment	\$5,000			\$5,000
Start-up costs	\$5,000			\$5,000
Rent and Utilities	\$10,000	\$1,500		\$11,500
Travel (\$0.51/mile)	\$15,000			\$15,000
Training	\$2,000	\$3,000		\$5,000
<b>Subtotal</b>	<b>\$204,651</b>	<b>\$147,341</b>		
<b>Indirect Costs (10%)</b>	<b>\$0</b>	<b>\$14,734</b>		<b>\$14,734</b>
<b>Total project costs</b>	<b>\$204,651</b>	<b>\$162,075</b>		<b>\$366,726</b>

## Contacts

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## Budget Detail

### Personnel

The Program Manager (PM) position is responsible for all the reporting and statistical information of the program. Family Support Workers (FSW) will conduct home visits to a maximum caseload of 25 families at any variety of service level (following the HFA standards of service). A new FSW can have as many as 15 families in the most intensive service level (weekly home visits). The Family Assessment Worker (FAW) conducts outreach in the targeted community, building relationships with referral sources and administering the assessment to the potential families that are eligible for an assessment. The Data Entry Operator (DE) is a matched dollars position, and the existing DE staff will coordinate with the program supervisor to ensure data is entered into the MIS system provided by HFNY. Early Intervention Program staff review developmental assessments completed by the FSW. Early Intervention Program staff are involved at this stage for detection of developmental delays and can work to include those children into Early Intervention services. The Interns are assigned to the program from the Social Work Department and Human Development and Family Relations Departments at SUNY Plattsburgh and will work with our FSWs to support them during home visits. The Advisory Board is a team of professionals that meet quarterly to provide the PM the support needed to ensure referrals and services are being delivered to the community.

### Travel Costs

Travel costs include the mileage covered for each FSW and FAW to travel between the office setting and participants' homes. The costs also include travel expenses to core trainings that are required for adherence to model standards. A full-time home visitor will be reimbursed at a \$.51 per mile traveled, projecting that in an average week each home visitor will travel approximately 210 miles.

### Materials and Supplies

The implementation/expansion of the Early Advantages - Healthy Families New York - Franklin program will require each home visiting staff and supervisor to have a laptop computer and curriculum materials. The program will train each home visiting staff and supervisor on the use of the Growing Great Kids Curriculum (GGK). This curriculum employs an evidence-based/ strength-based approach. The use of this curriculum helps the program maintain the cost of materials at a minimum; this curriculum encourages the use of supplies that are already in the home. This unique approach encourages the parents to concentrate on the parent-child interaction as the vehicle to promote brain development.

## Establishing a Family Resource Center in Saranac Lake

**Project Summary:** The Child Care Coordinating Council can create and run a new Family Resource Center (FRC) that would reach residents of both southern Franklin and Essex Counties based in Saranac Lake. Essex County is lacking a FRC to cover the needs of its communities in western Essex County. The services offered to families of children ages birth to three by the newly proposed Family Resource Center include center-based parent skill training, parenting supports and developmental screening, drop-in services, violence prevention, referrals for childcare, and referrals to link families in need with mental health services and job training.

### Project Costs

Request: \$130,900

Matching: \$8,954

Total: \$139,854

### Project or position description

The creation of a Family Resource Center in Saranac Lake will serve residents of the Saranac Lake area as well as adjacent villages in Essex County. Funds will be used for establishing, running, and staffing the facility.

### Goals of project

The goals of this project are to establish a Family Resource Center in Saranac Lake and to provide programming consistent with that of the Family Resource Centers currently run by the Child Care Coordinating Council of the North Country. The presence of a Family Resource Center in Saranac Lake will give families access to services and programming offered through CCCCNC.

### How this project meets the goals of the Adirondack Birth to Three Partnership?

A Family Resource Center based in Saranac Lake meets the Adirondack Birth to Three Partnership goal of enabling all families of young children to access center-based services and support. There is only one Family Resource Center in all of Essex County. The Families First FRC is located in Elizabethtown and scored at 39%, “Ineffective” under Adirondack Research’s standardized assessment. A new Family Resource Center operating within state and federal standards and administered by CCCCNC (scored at 59%) will reach an underserved population in Saranac Lake and the surrounding area with proven resources and programming.

### How this contributes to school readiness?

Family Resource Centers offer programming for families of children birth to three. These programs contribute to school readiness and include structured play groups, professionally-led parenting groups including Parents Anonymous®, recreation and public events, school readiness resources, and developmental screening. FRC playgroups may offer very young children

their very first group experiences. With the support of their parents, children get to participate in nursery school activities such as listening to adults (other than their parents), sitting in a circle to attend to stories or songs, sitting in chairs at the tables for crafts or snack, taking turns, and so on. The FRC’s focus is to target parent behavior and skills in order to improve childhood outcomes. The Family Resource Center facility will also serve as a place for family outreach and professional development for child care professionals.

### How these funds help this program better accomplish its current goals?

The services that the Child Care Coordinating Council of the North Country provide are limited in part by the placement of its offices and Family Resource Centers. A FRC in Saranac Lake will allow the CCCCNC to have a greater presence and influence in Saranac Lake and western Essex County.

### How success is measured

FRCs use some evidence-based curriculum and programming such as “The Incredible Years” and “Parents Anonymous®”. The local FRCs are members of the National Association for the Education of Young Children (NAEYC). NAEYC provides guidance for early childhood education. The FRCs administered by CCCCNC utilize “The Protective Factors Survey” (PFS). The PFS is a pre- and post- evaluation tool for use with caregivers receiving child maltreatment prevention services. It is a self-administered survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/

child development. This survey is given pre- and post-course to parents who attend “The Incredible Years” parenting program and “Parents Anonymous®”.

### How will project funding continue after three years?

Family Resource Center programming can span multiple areas of services beyond early childhood education for children between the ages of birth to three. While funding for birth to three programming is limited, the Child Care Coordinating Council of the North Country works to receive funding for special education and parent education. These funding pools, if received, could help to fund continuation of the Family Resource Center in a special education capacity.

## Family Resource Centers



- Proposed:**
- Create Family Resource Center in Saranac Lake
- Existing:**
- CCCCNC Resource Centers
- Families First Resource Center
- Former Satellite FRCs

## Budget Table

<b>Item</b>	<b>Request Amount</b>	<b>Matching Amount</b>	<b>Match Source</b>	<b>Total</b>
<b>Program Coordinator</b>	\$35,000			\$35,000
<b>Program Assistant</b>	\$15,000			\$15,000
<b>Project Director</b>		\$5,500	CCCCNC	\$5,500
<b>Total Salaries and Wages</b>	\$50,000	\$5,500		\$55,500
<b>Fringe Benefits (48%)</b>	\$24,000	\$2,640		\$26,640
<b>Total Salaries, Wages, Fringe</b>	\$74,000	\$8,140		\$82,140
<b>Start-up costs</b>	\$10,000			\$10,000
<b>Rent and Utilities</b>	\$30,000			\$30,000
<b>Materials and Supplies</b>	\$5,000			\$5,000
<b>Subtotal</b>	\$119,000	\$8,140		\$127,140
<b>Indirect Costs (10%)</b>	\$11,900	\$814		\$12,714
<b>Total project costs</b>	<b>\$130,900</b>	<b>\$8,954</b>		<b>\$139,854</b>

## Contacts

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Executive Director

Child Care Coordinating Council of the North Country

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## Budget Detail

### Personnel

Salary is for a full-time Program Coordinator and a part-time assistant located at the family Resource Center to be created in Saranac Lake. The coordinator and assistant will work with Jamie Basiliere at CCCNC to run the FRC. Staffing costs include (12 months coordinator salary per year @ \$35,000, part-time program assistant salary @ \$15,000 per year, and 10% salary for Project Director Jamie Basiliere to organize and manage the center. Fringe on personnel is calculated at 48%).

### Start-up Costs

A new center will be established, and as such, start-up funds are needed to cover the costs of furniture and supplies for the new center. These cost estimates are based on furniture and supplies present at the other Family Resource Centers run by CCCNC.

### Rent and Utilities

Rent and utility costs are estimated at about \$30,000 per year. This estimate is based on the costs of the Families R Us Resource Center located in Malone.

### Materials and Supplies

Materials and supplies needed for workshops, outreach, advertising, and center-based activities are estimated to cost \$5,000 per year. These estimates are based on the other FRCs run by CCCNC.

## Implementing QUALITYstarsNY

**Project Summary:** The NY Early Childhood Professional Development Institute administers the implementation of QUALITYstarsNY in new York State and will work with the Child Care Coordinating Council of the North Country (Child Care Council) to establish the QUALITYstarsNY quality assurance and improvement program for day care providers (both Child Care Centers and Family Child Care Homes). Intensive technical assistance by the Child Care Council will enable these providers to establish and then use QUALITYstarsNY. The Child Care Council aims to establish QUALITYstarsNY for 16 registered and/licensed child care providers in Clinton and Franklin Counties in a one-year time frame.

### Project Costs

Request: \$119,086

Matching: \$14,652

Total: \$133,738

### Goals of project

The goals of this project are to enroll 16 providers in Clinton County with QUALITYstarsNY as a means for providers to improve the quality and safety of their programming. Further goals include increasing child care providers’ use of Environmental Rating Scales (ERS) to identify areas where they need to improve.

### Project or position description

New York State Early Childhood Advisory Council (ECAC) oversees QUALITYstarsNY to help early-learning professionals offer high-quality education that supports each child’s learning and development. QUALITYstarsNY 1) supports programs to provide high-quality care through training, coaching, and incentives, and 2) provides information to parents and families about program quality to help them make informed decisions that fit their needs, and 3) ensures that children have high-quality learning experiences that help them develop the skills they need to be successful in school and life. The Child Care Council will assist 16 child care providers in Franklin and Clinton Counties in enrolling in the QUALITYstarsNY program. The Child Care Council will dedicate a staff member to spend 30 hours on site with each provider and an additional 15 hours off site coordinating and providing technical assistance to providers as they enroll in and perform compliance measures for the QUALITYstarsNY program.

### How this project meets the goals of the Adirondack Birth to Three Partnership?

QUALITYstarsNY is a voluntary Quality Rating and Improvement System designed for early childhood programs. QUALITYstarsNY is based on program standards that have been shown by the research to lead to improved outcomes for children. Initially, programs use the standards to self-assess the quality of their services and to identify areas of weakness. A quality improvement specialist then works with the program to develop and implement a quality improvement plan. Resources are provided to programs and providers to purchase necessary curriculum and other learning materials, equipment, and/or address any safety issues. Resources also include professional development and technical assistance that the program staff and director need. Using star ratings, like those of hotels and restaurants, QUALITYstarsNY offers easy access to

information about early childhood programs for parents, policy makers, and providers themselves. Star ratings are based on the learning environment, family engagement, qualifications and experience, and management and leadership. This program will help fill a gap in quality child care by promoting improvement and quality among childcare providers.

### How this contributes to school readiness?

The implementation of this quality rating and improvement system will enhance school readiness programming in family child care homes and child care centers in Clinton County.

### How these funds help this program better accomplish its current goals?

The Child Care Council provides services through their Child Care Resources and Referral (CCR&R) service platform that target child care providers. Through the CCR&R, the Child Care Council assists families in their search for high quality child care, assists with child care program start-up, and provides on-going training and technical assistance to child care professionals. Establishing QUALITYstarsNY will build on this capacity.

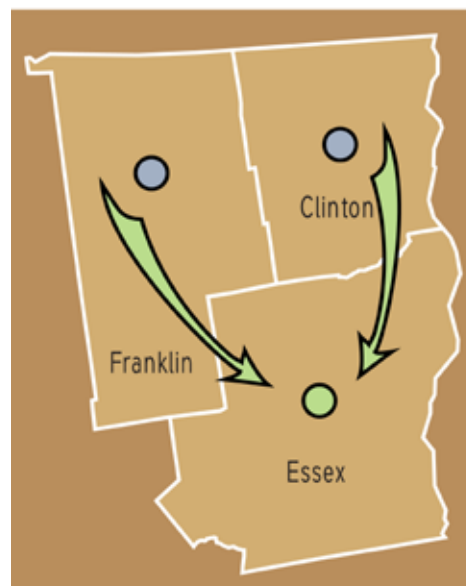
### How success is measured

Pre- and post-ERS scores will be compiled at the beginning and end of the one-year initiative. The initial star rating will be performed through a self-assessment as part of enrollment in the QUALITYstarsNY program. Follow-up data will be available through the QUALITYstarsNY program for subsequent years.

### How will project funding continue after three years?

This program, as proposed, will require no additional funding after three years. At the conclusion of funding, an estimated 36-52 child care providers will have enrolled in QUALITYstarsNY. One major concern is that the QUALITYstarsNY program may not receive state or federal funding to enable its continuing existence.

## QUALITYstarsNY



- Year 1:**  
Expand QUALITYstarsNY Clinton
- Year 2-3:**  
Expand QUALITYstarsNY Franklin

**Strategy:** Promote QUALITYstarsNY across home and center-based child care providers.

## Budget Table

Item	Request Amount	Matching Amount	Match Source	Total
<b>Personnel</b>				
Project Director		\$5,500	CCCCNC	\$5,500
Project Coordinator	\$35,000			\$35,000
Project Assistant	\$15,000			\$15,000
Training Coordinator		\$3,500	CCCCNC	\$3,500
<b>Total Salaries and Wages</b>	\$50,000	\$9,000		\$59,000
<b>Fringe Benefits (48%)</b>	\$24,000	\$4,320		\$28,320
<b>Total Salaries, Wages, Fringe</b>	\$74,000	\$13,320		\$87,320
Staff travel	\$13,260			\$13,260
Quality Improvement Grants	\$16,000			\$16,000
Materials and Supplies	\$5,000			\$5,000
<b>Subtotal</b>	\$108,260	\$13,320		\$121,580
<b>Indirect Costs (10%)</b>	\$10,826	\$1,332		
<b>Total project costs</b>	<b>\$119,086</b>	<b>\$14,652</b>		<b>\$133,738</b>

## Contacts

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## **Budget Detail**

### **Personnel**

Salary is for a full-time Project Coordinator who will implement all aspects of this project. The Project Coordinator will have at least a Bachelor's degree, three years of experience in the field of early childhood education, and the NYS Early Childhood Training Credential. The Coordinator will work with existing members of the CCRR team, including Ann Frazer, the Training Coordinator/Infant Toddler Specialist and Cobbie Mason, the Referral Coordinator. Ms. Mason will assist the Project Coordinator. Ms. Frazer will contribute 10% of her time as matching for teaching Incredible Years to participating providers. Fringe rate is calculated at 48%.

### **Travel Costs**

Approximately 26,000 miles of travel annually will be necessary to reach all providers participating in this program. Costs are estimated at a rate of \$.51/mile.

### **Quality Improvement Grants**

Quality improvement grants will be awarded to the 16 participating providers and will range in amounts between \$500-\$1,000. These grants will serve as incentives for providers to participate in the QUALITYstarsNY program and will help these providers improve their quality rating scores.

### **Materials and Supplies**

Curriculum materials include the Harms and Clifford ERS scales and other program development and training materials to be used as resource materials for on-site visits and postage.

## Staffing for the Adirondack Birth to Three Partnership

**Staffing Summary:** The Adirondack Birth to Three Partnership will rely on the staff members within each program as well as a hired Project Coordinator. The Coordinator will have the responsibilities of running the partnership. The Adirondack Birth to Three Partnership will benefit by hiring a Coordinator with experience in the following areas: early childhood education, grant writing, program coordination, and team-building.

Item	Request Amount	Total
<b>Personnel</b>		
Project Coordinator (1/2 FTE)	\$20,000	\$20,000
<b>Total Salaries and Wages</b>	\$20,000	\$20,000
<b>Fringe Benefits (48%)</b>	\$9,600	\$9,600
<b>Total Salaries, Wages, Fringe</b>	\$29,600	\$29,600
<b>Staff travel</b>	\$5,000	\$5,000
<b>Materials and Supplies</b>	\$3,000	\$3,000
<b>Subtotal</b>	\$37,600	\$37,600
<b>Indirect Costs (20%)</b>	\$7,520	\$7,520
<b>Total project costs</b>	<b>\$45,120</b>	<b>\$45,120</b>

*Total annual cost of hiring a part-time Project Coordinator to run the Adirondack Birth to Three Partnership.*

### Adirondack Birth to Three Partnership (Overall Costs)

The estimated total cost of funding all recommendations outlined in this report is \$789,124. Matching from programs and agencies accounts for \$199,832, with the remaining \$589,293 being requested from Adirondack Foundation, partner foundations, and individuals.

Program Name	Program Costs		
	Request	Matching	Total
Franklin County MIECHV	\$89,536	\$14,151	\$103,687
Family Resource Center in Saranac Lake	\$130,900	\$8,954	\$139,854
Healthy Families NY - Franklin expansion	\$204,651	\$162,075	\$366,726
QUALITYstarsNY	\$119,086	\$14,652	\$133,738
Project Coordinator	\$45,120	\$0	\$45,120
<b>Total</b>	<b>\$589,293</b>	<b>\$199,832</b>	<b>\$789,124</b>

*Total cost of funding the Adirondack Birth to Three Partnership in 2015 (the first year of operation). All costs are broken down in each line item's full recommendation sheet (pages 8-26).*

## Other Programs to Consider

Many suggestions were made by child care providers, program administrators, and parents that helped guide our recommendations. Not all of these suggestions made it into our four main program enhancements. However, all are good recommendations and have the potential to be implemented as part of the larger initiative. Some of these suggestions can inform programming that takes place at family resource centers or within child care centers. Other suggestions fit well into the planning, networking, and working groups that will occur as the Adirondack Birth to Three Partnership moves forward.

### *Family Resource Center related*

Library reading programs are offered at the public libraries within the three counties of our catchment area. Family resource centers offer a space for librarians to host reading programs outside of the libraries. The Saranac Lake Family Resource Center would offer space for such a program, and the Saranac Lake Free Library is willing to cooperate with the new FRC.

There is a need in the region for childbirth classes for pregnant women. There is also a need for more professionally-led parenting groups and organized playgroups for parents and children. More of these organized groups and programs could meet at local family resource centers in all three counties.

Four satellite Family Resource Centers have previously operated in Clinton and Essex Counties but were discontinued due to lack of funding. These satellite programs offered valuable programming to rural communities in these counties. Re-implementing these satellite FRCs would be beneficial. Likewise, a mobile classroom would provide FRC-related services to rural communities by setting up at resource fairs, fire departments, and child care centers.

### *Quality Child Care*

Several providers mentioned that they could benefit from having more books and toys for their infants and toddlers. As part of the QUALITYstarsNY implementation recommendation, we are suggesting making grants available to child care providers to purchase supplies for their facilities.

### *General infrastructure/management*

As the Adirondack Birth to Three Partnership continues to grow and move forward, there will be more opportunities for workshops and conferences for North Country child care providers, program administrators, and school board members. We recommend a source of dedicated funding to help defray costs of these activities. This could be minimal, to cover the costs of meetings, or this funding could be expanded for small grants for supporting provider education and networking across the region.

## Management Considerations

The recommendations outlined here are based on making improvements to the existing infrastructure of birth to three services. To make this system of enhancements work across the network of programs and service providers, ***we recommend establishing a working group to foster and maintain cooperation.*** Hosting working group meetings and conferences that bring North Country administrators and service providers together at regular intervals will help move this initiative forward and will provide opportunities for everyone to learn from program successes and challenges. Furthermore, regular meetings will provide an atmosphere for cooperation and collaboration among agencies and across county lines. The Chemung County School Readiness Project and representatives from its member organizations meet at regular two-week intervals. A combination of regular meetings and targeted meetings, conferences, and workshops within the first

year will facilitate program planning, system enhancements, and collegiality.

*We also recommend creating an information hub in the form of a website.* A website can house information for providers, program administrators, parents, donors, and public officials. A website can also be a point of contact for recruiting new members and for soliciting information through online surveys.

## System Evaluation

The Adirondack Birth to Three Partnership aims to “improve school readiness by targeting the social and educational needs of children ages birth to three.” To ensure that the partnership’s efforts and resources are making a positive contribution, it is important to measure progress using a set of metrics. System evaluation at the start of and throughout the proposed program enhancement process will help guide the initiative when making decisions, applying for funding, and for lobbying public officials.

An evaluation system needs to be a combination of program-level metrics (e.g. a way to measure whether a specific enhancement tactic is meeting its own proposed goals) and region-wide metrics (e.g. metrics that measure whether four and five-year olds have improved school readiness when compared to before the onset of this program). Each program that has been recommended to receive enhancement funding includes a description of their self-evaluation procedures. These programs were selected in part because of their ability to use standardized assessments of their programming. Our region-wide approach to evaluating program success needs to be targeted towards children at a region-wide scale. Each component of the early childhood education system works as part of the larger whole, and successful infrastructure enhancements, such as those recommended in this report, aim to have effects on the entire county. As such, we must measure success at the county level. The best evaluation tools

available, and those that are already widely used, are Pre-kindergarten and Kindergarten screenings, or school readiness evaluations. School readiness, though only a subset of the factors that help ensure a child’s potential for success in life, can serve as an appropriate metric to evaluate the Adirondack Birth to Three Partnership’s success. School readiness programming is quite broad and, in addition to specific school subject areas, evaluates language and literacy, physical development, and social and personal development.

One challenge in measuring school readiness on a county scale is that each school district uses its own tools for evaluating kindergarten readiness. Differences in evaluation techniques make it difficult to



track and correlate changes in kindergarten preparedness with the Adirondack Birth to Three Partnership's initiatives across school districts. Borrowing from the Chemung County School Readiness Project, *we recommend working with the school districts in each county to adopt a common evaluation tool. Alternatively, we recommend working with districts to devise a way that common metrics of school readiness can be gathered from each school district's preferred methods.* The Chemung County School Readiness Project chose to develop a common evaluation tool for all three school districts in Chemung County. Our catchment area is larger, encompasses three counties rather than one, and has more school districts within each county. This is a challenge that we face.

## Conclusions

Our recommendations are based on research into which programs within Clinton, Franklin, and Essex Counties provide services for children ages birth to three. We evaluated a breadth of services provided by each of the various providers and program groups within these three counties, and we evaluated the capacity of these programs, on an individual basis, to contribute to the Partnership's goal. We then organized this set of recommendations to show when, where, and how funding can help reach that goal.

The program enhancements that we recommend fit within the three pillars of the Adirondack Birth to Three Partnership. These pillars include 1) Family Discovery; 2) Home Visitation and Parent Education; and 3) Quality Child Care. These pillars of focus are based on our area's challenges and opportunities, and are also based on how other communities are addressing their own early childhood education challenges. Much of the Adirondack Birth to Three Partnership's proposed structure is based on the Chemung County School Readiness Project and Vermont Birth to Three program.

We recommend funding four program initiatives. These include 1) hiring a public health nurse to provide visitation to all children ages birth to three in Franklin County; 2) expanding Clinton Healthy Families (Early Advantages) from Clinton County into Franklin County; 3) establishing a Family Resource Center in Saranac Lake; and 4) implementing QUALITYstarsNY at 16 child care facilities in Clinton and Franklin Counties. Each recommendation was made to reflect the needs, challenges, and opportunities within our catchment area. Choosing one program over another comparable program in an adjacent county was based on the ability of that program to contribute to the success of the Adirondack Birth to Three Partnership initiative as a whole.

The Franklin County Maternal, Infant, and Early Childhood Education Home Visitation Program (MIECHV) operates in a similar manner and capacity to the public health nursing programs in Clinton and Essex Counties. Franklin County MIECHV is committed to reaching more expectant mothers and infants and can earmark funding to hire a nurse to continue to provide programming after three years. For these reasons, we recommend starting in Franklin County in year one, then expanding to Clinton and Essex Counties afterwards.

Healthy Families Clinton (Early Advantages) is positioned to expand from Clinton into Franklin County. Franklin County has a significant need for home visitation programming and provides an easier place to start when compared to Essex County. Essex County faces the challenges of many small communities with a widely dispersed population over a large geographic area. Furthermore, Healthy Families Franklin (Early Advantages) is positioned to work with the enhanced MIECHV program in Franklin County - creating a synergy during this important initial period of system enhancement and coordination.

Our region will benefit from a new Family Resource Center (FRC). At this time, Saranac Lake appears to be the best place to establish one, because there is an absence of effective Family Resource Centers in western Essex County and southern Franklin County. Saranac Lake has a large population base, straddles the Franklin and Essex County line, and therefore has the potential to provide services to residents of both Essex and Franklin Counties.

QUALITYstarsNY will help improve child care quality in our region. Implementing this quality assurance and rating system for child care providers in Franklin and Clinton Counties, and then to Essex County will help improve the quality of child care in the region. Implementing this rating system will also enable more providers to meet the requirements needed to apply for Early Head Start-Child Care Partnership Grants. These grants require child care providers to meet 1,800 performance standard points, and QUALITYstarsNY will help providers increase their performance standard points.

While focusing the partnership's efforts primarily on one county limits the geographic scope of system improvements, there are advantages that result from comprehensiveness. First and foremost, the effects of the Adirondack Birth to Three Partnership will have a higher likelihood of being documented through county-level school readiness evaluations within five years. Showing effectiveness of enhanced program-

ming in the form of county-wide school readiness statistics will be important in the future when attempting to attract funding.

We are focusing on all three counties over time. We feel that it is better to implement enhancements to programs in each county, one county at a time, rather than to spread resources too thin and attempt to make improvements to multiple counties at once. The current recommended enhancements all affect Franklin County in the first year and reach all three counties within two or three years. After three years all three counties will have received equal opportunities for enhancing their early childhood education infrastructure.

## **A Five-year Vision**

We end with a vision of the Adirondack Birth to Three Partnership's accomplishments in five years. The children born in 2015 will be five years old in 2020 and will be entering kindergarten. Each county, given appropriate funding, will have the set of services outlined in this report.

Each county will have a public health nurse who can visit every newborn, either in a hospital setting or at home. Children and families in all counties will have access to home visitation services through Healthy Families NY, Catholic Charities, Early Head Start, or Early Intervention. Families will have access to Family Resource Centers in Plattsburgh, Malone, Tupper Lake, Elizabethtown, and Saranac Lake. Parents in each community will have access to a child care provider who participates in QUALITYstarsNY. This program will allow providers to increase their quality of service, and will allow parents to make decisions based on available information.

Together, these services will help to ensure that as many children as possible are given the opportunity to learn and grow by the time they enroll in school. Our ultimate goal is to see an improvement in school readiness among children entering kindergarten in 2020.



## ■ Notes

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*“We use science to inform decisions.”*

Adirondack Research, LLC is an ecological consulting and contract research firm specializing in climate change, invasive species, and social science. Visit us at [www.adkres.org](http://www.adkres.org)

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