



Early Childhood Community Assessment

Fall 2009



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Introduction

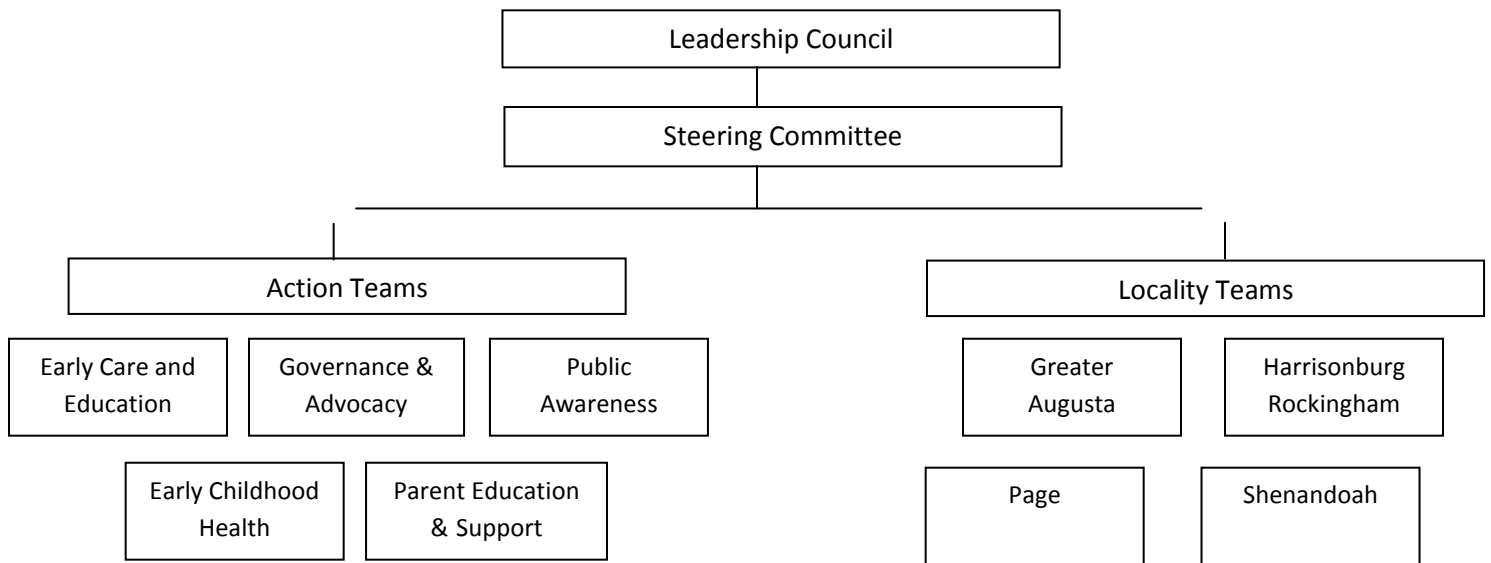
Smart Beginnings Shenandoah Valley (SBSV) is a regional coalition focused on ensuring positive early childhood care and education opportunities are available to all children, age birth to five years old. SBSV has as its vision: *A diverse community where every family is supported and has access to quality programs and resources for their young child.* Its mission is to help all children enter school healthy and prepared to succeed. This regional coalition serves the following jurisdictions: the Counties of Augusta, Page, Rockingham, and Shenandoah and the cities of Harrisonburg, Staunton, and Waynesboro. The seven jurisdictions are organized into the following four localities:

- Harrisonburg-Rockingham (H-R)
- Page
- Shenandoah
- Staunton, Augusta, Waynesboro (SAW)

Smart Beginnings Shenandoah Valley recognizes the interconnectedness of these localities with families often living and working in more than one of the above communities and receiving services from another. While there are common regional characteristics, each community is viewed as uniquely individual in their own right.

To address this, SBSV utilizes a multi-tiered organization structure that maintains a regional viewpoint, through the work of the Leadership Council, as well as a local viewpoint through the use of Locality Teams (see p. 3). The Leadership Council is comprised of five representatives from each of the four localities totaling 20 members. These individuals are senior level decision-makers from across the region representing the areas of business, local government, justice, public education, and governmental agencies. Their focus includes strategic planning, resource sustainability, and public awareness about the importance of early childhood development and its impact on the economic and social health of this region of the Shenandoah Valley.

The local viewpoint is maintained through Locality Teams comprised of individuals representing agencies, child care providers, parents, higher education, public schools, Head Start programs, and others who have an interest in ensuring needs of children age birth to 5 and their families are met in the community. The first task of these Locality Teams was to complete a community needs assessment by organizing focus groups and gathering data on the status of young children and their families. The purpose of the community assessment was to determine the needs in each locality as they related to young children. As Locality Teams began searching for community information to determine needs, they found that while a community assessment may have been done recently in their locality, data specific to young children was often obsolete, minimal, or inconclusive. In order for Smart Beginnings Shenandoah Valley to identify regional needs, a community assessment needed to be conducted. Without the assessment, focused efforts could not move forward as there was not information to substantiate the need for these efforts.



Leadership Council (broad, regional viewpoint)

WHO: Senior level decision-makers that represent the major sectors of the community, representing the entire region

WHAT: Function as Board of Directors which holds periodic meetings to review the plans/outcomes produced by the other level teams; promote sustainability through development of long-term strategic planning and harnessing financial resources of region.

Steering Committee (broad, regional viewpoint)

WHO: 20 members; includes representative from each action teams (5), locality team chair people (4), two reps from each locality (8), fiscal agent, program director, program coordinator

WHAT: Their tasks include monitoring the Strategic Plan progress, plan regional events such as Early Childhood Leadership Summit, conduct quarterly meetings of Coalition

Action Teams (narrow, task-specific viewpoint)

WHO: 1 regional team for each focus area in the Strategic Plan, i.e. Early Care & Ed., Childhood Health, Parent Ed. & Support, Governance, Public Awareness
Membership is fluid and may change depending on the annually identified priority of the team

WHAT: Use the Strategic Plan to identify priority goal annually, develop and implement plans for addressing the identified priorities, report progress to Steering Committee and at the annual Early Childhood Leadership Summit.

Locality Teams (narrow, locality viewpoint)

WHO: 1 team per locality that includes representation of various partners and stakeholders in the community; may vary from locality to locality; has a chairperson

WHAT: Plan/promote early childhood initiatives within each locality as they relate to the Coalition's mission, vision, and Strategic Plan; identify resources to address needs as they are identified by the Action Teams; fully integrate and participate in the Coalition to strengthen the voice for early childhood development in the Shenandoah Valley

Executive Summary

Quantitative Data

Positive Data Points:

- The region has a lower percentage (when compared to the state) of babies born of low birth weight.
- Kindergarten classrooms in all seven school systems are all day programs.
- Two of the seven localities are below the state average in founded child abuse and neglect cases (Page and Shenandoah).

Challenges:

- Shenandoah Valley has a higher regional percentage of kindergarten children needing additional literacy intervention than the state average.
- The teen pregnancy rate across the region is higher than the state average with the exception of one locality (Rockingham); two communities have 1½ times the state pregnancy rate (Harrisonburg and Waynesboro).
- Four of the seven localities have a higher percentage of children born to mothers with less than a 12th grade education; three of the seven localities are at or just below the state average (Staunton, Augusta, Page).
- Five of our seven localities are significantly above the state average in founded child abuse and neglect cases (Harrisonburg, Rockingham, Staunton, Augusta, Waynesboro).
- Five of the seven localities have a higher percentage of children receiving Free and Reduced Meals than the state with two reporting at (Rockingham) or below (Augusta) the state percentage.

READY CHILDREN				
INDICATOR	RATIONALE	MEASURE	Virginia	Regional
Total population (2008)				Regional = 300,520 Harrisonburg – 44,015 Rockingham – 74,394 Staunton – 23,967 Augusta – 71,250 Waynesboro – 21,953 Page – 24,164 Shenandoah – 40,777
Number of children by age (2008)			(2008)	Regional = 21,723 < age 1 = 3,811 Ages 1 = 3,673 Ages 2 = 3,539 Ages 3 = 3,531 Ages 4-5 = 7,169
Language Development	Language and literacy skills enable children to develop cognitive skills and knowledge and to interact effectively with peers and adults	% of children who are identified as behind in the acquisition of literacy skills on the Phonological Awareness Literacy Screening (PALS)	15% (2008)	Average: 19.6% Range: 14%-30% Harrisonburg – 30% Rockingham – 15% Staunton – 29% Augusta – 15% Waynesboro – 14% Page – 18% Shenandoah – 16%
READY FAMILIES				
INDICATOR	RATIONALE	MEASURE	Virginia	Regional
Mother's Education Level	Higher levels of maternal education are associated with better school readiness among young children, better health throughout childhood and adolescence, and an increased likelihood of finishing high school and going to college	% of births to mothers with less than a 12 th grade education	14% (2008)	Average: 19.4% Range: 12%-33% Harrisonburg – 33% Rockingham – 23% Staunton – 13% Augusta – 12% Waynesboro – 19% Page – 17% Shenandoah – 19%
Teen pregnancy rates	Children born to teen mothers are more likely to be born with a low birth weight, suffer poor health, experience behavior problems, and have limited language and literacy skills	# of birth to teens per 1000 girls (ages 15-17)	24/1000 (2008)	Average: 23.3/1000 Range: 11-40.7 Harrisonburg – 40.7 Rockingham – 23.1 Staunton – 13 Augusta – 20.3 Waynesboro – 36.3 Page – 11 Shenandoah – 18.8
Child Abuse and Neglect	Abuse and neglect are strongly linked with poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy.	Rate of founded child abuse and neglect among children age 0-17 (number of founded cases/ 1000 children)	3.3 cases /1000 (2008)	Average: 5.1/ 1000 Range: 2.0-7.2 Harrisonburg – 7.2 Rockingham – 6.5 Staunton – 4.6 Augusta – 5.5 Waynesboro – 6.9 Page – 3.2 Shenandoah – 2.0

Substance Exposed Newborns	Children born to mothers who have abused substances are vulnerable to a variety of developmental and health problems.	#of newborns exposed to alcohol, improperly used prescription medication and illicit substances in-utero.	864 (2008)	Average: 1.7 Range: 0-5 Harrisonburg – 0 Rockingham – 1 Staunton – 0 Augusta – 4 Waynesboro – 1 Page – 1 Shenandoah – 5
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READY COMMUNITIES				
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INDICATOR	RATIONALE	MEASURE	Virginia	Regional
Young Children in Poverty	Children living in low-income families are less likely to be ready for school due to lack of economic resources as well as poverty associated social factors including low parental education and teen parenting	% of children under age 6 living in families with income below the federal poverty threshold	13% (2000)	Average: 15.6% Range: 8%-25% Harrisonburg – 25% Rockingham – 12% Staunton – 15% Augusta – 8 % Waynesboro – 23% Page – 15% Shenandoah – 11%
Supports for Families with Infants and Toddlers	Research demonstrate the long-term cost-effectiveness of high quality early childhood programs for young children w/ multiple social and economic risk factors.	% of families with infants and toddlers who are enrolled in home visiting services		Currently 87 families are served through Healthy Families: H-R – 35 SAW – 5 Page – 7 Shenandoah - 40

READY SERVICES				
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HEALTH SERVICES				
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INDICATOR	RATIONALE	MEASURE	Virginia	Regional
Health Insurance	Lack of health care or delays in treating children's health problems can negatively affect cognitive, emotional, behavioral and physical development.	% of children ages 0-19 years without health insurance (note: numbers not available for % of children < 6yrs without health insurance due to a large margin of error)	10.4% (2006)	Average: 17.6% Range: 11.3%-28.5% Harrisonburg – 28.5% Rockingham – 19.1% Staunton – 11.3% Augusta – 14.5 % Waynesboro – 13.9% Page – 17.9% Shenandoah – 17.7%
Low Birth Weight Infants	Low birth weight babies are at greater risk than normal weight infants for physical and developmental problems and are more likely to be enrolled in special education classes or to repeat a grade	% of infants born weighing under 2,500 grams (5.5 pounds)	8.4% (2008)	Average: 6.9% Range: 6.1%-8.1% Harrisonburg – 6.9% Rockingham – 7.4% Staunton – 6.7% Augusta – 6.6% Waynesboro – 6.4% Page – 6.1% Shenandoah – 8.1%

Access to Prenatal Care	Early, comprehensive prenatal care increases the likelihood that a child will be born healthy	% of women seeing a healthcare provider within the first 13 weeks of pregnancy	85.0% (2008)	Average: 70.8% Range: 63.8%-79.9% Harrisonburg – 68.0% Rockingham – 74.0% Staunton – 74.0% Augusta – 78.0% Waynesboro – 72.0% Page – 77.0% Shenandoah – 75.0%
Immunizations	Late or missing immunizations can result in preventable illnesses that can lead to long-term physical and developmental problems	% of children ages 19-35 months who have been fully immunized	TBD	TBD
EARLY CARE AND EDUCATION				
INDICATOR	RATIONALE	MEASURE	Virginia	Regional
Children Enrolled in an Early Education Program	Children who attend a high quality early education program in the year or two before kindergarten are better prepared for school—academically, socially and emotionally	% of 3- and 4-year-olds enrolled in a center-based early childhood care and education program (including child care centers, nursery schools, preschool programs, Head Start programs and pre-kindergarten programs)	(Based on 2007 data) Numbers of 3-4 year olds by region: H-R – 2838 SAW – 2805 Page – 585 Shenandoah – 1012 TOTAL – 7,240 Where are other 66% of children receiving early education?	# of 3-4 year olds enrolled in VPI & Head Start (2009, 7 school systems): H-R – 522 SAW – 534 Page – 150 Shenandoah – 107 TOTAL – 1313 VPI/HS Private center enrolled - TOTAL – 1154 CENTER (enrolled in one of 43 centers contacted) TOTAL – 2467 enrolled in VPI, HS, and private centers (34%)
Quality Rated Programs	Children who have received high quality child care score higher on tests of both cognitive and social skills than children in low-quality care. Program accreditation indicates the presence of quality standards such as low child-teacher ratios, increased teacher training, improved facilities and formalized management procedures	# number of programs participating in Quality Rating and Improvement System (QRIS)		Range: 0-14 Harrisonburg – 0 Rockingham – 0 Staunton – 3 Augusta – 10 Waynesboro – 1 Page – 2 Shenandoah – 0 (14 are VPI programs, 2 are private centers)

Early Education Teacher Credentials	Research shows that preschool teachers with at least a four-year degree and specialized training in early childhood are more effective and more actively engaged with the children they teach	% of early childhood teachers with a bachelor's degree and specialized training in early childhood	Regional survey conducted in Nov. 2008 in which 150 responses were received from early childhood professionals including: 31 in home providers 49 teachers 9 paraprofessionals 56 dir./ administrators	From sample survey conducted in Nov. 2008; received 150 responses from early childhood professionals including private centers, family day homes, and public school teachers HS diploma – 35% or 52 Associate's – 15% or 23 (7 w/AS in child field) Bachelor's – 34% or 51 (36 w/ BS in child field)
Access to Child Care Subsidies	Access to child care subsidies helps families afford higher quality child care.	% of eligible children <u>under age 12</u> receiving child care subsidies (data for children under age 6 is not available due to a large margin of error – conversation with Frank Beylotte at Kids Count)	Virginia has seen a decrease in the number of children receiving child care subsidies from 57,991 children to 56,544. (2006-2008)	5 of 7 localities documented increases for same period <u>Locality</u> 2006 2008 Harrisonburg 305 320 Rockingham 279 284 Staunton 225 289 Augusta 277 305 Page 102 110 2 localities documented decreases <u>Locality</u> 2006 2008 Shenandoah 159 98 Waynesboro 166 160
READY SCHOOLS				
INDICATOR	RATIONALE	MEASURE	Virginia	Regional
Class Size	Smaller class sizes, especially in the early grades, result in increased student achievement	Average teacher/child ratio in k-1 classrooms		On average, kindergarten classes are staffed on 1:20 ratio with the goal being below 20 whenever possible.
Success in completing kindergarten	Students who enter kindergarten ready to learn are more likely to successfully complete kindergarten on time.	# of children retained		TBD

Third Grade Reading Scores	Gr. 3 reading scores are a key predictor of future academic success, a reliable indicator of a child's school readiness and a measure of whether or not children's needs have been met between birth and third grade	% of children with reading proficiency in third grade as measured by the state's proficiency tests	86% (2009)	Average: 84.7% Range: 79%-87% Harrisonburg – 87% Rockingham – 85% Staunton – 85% Augusta – 87% Waynesboro – 86% Page – 84% Shenandoah – 79%
Free and Reduced Meals (FARM)	Children living in low-income families are less likely to be ready for school due to lack of economic resources as well as poverty associated social factors including low parental education and teen parenting. (note: To qualify for FARM, families are at 100% of federal poverty guidelines qualify for free meals and those at 130%-185% qualify for reduced meals.)	% of children enrolled in public school in grades PK-grade 12 who qualify for free or reduced meals	Virginia (2009) 37%	Average: 46.9% Range: 34%-63% Harrisonburg – 63% Rockingham – 37% Staunton – 52% Augusta – 34% Waynesboro – 55% Page – 50% Shenandoah – 37%
Free and Reduced Meals (FARM)	Children living in low-income families are less likely to be ready for school due to lack of economic resources as well as poverty associated social factors including low parental education and teen parenting.	% of children enrolled in public school in grades PK-grade 5 who qualify for free or reduced meals	(State data collected is for children PK-grade 12 who qualify for FARM)	Average: 52.6 % Range: 38.8%-67.5%% Harrisonburg – 67.5% Rockingham – 38.8% Staunton – 58% Augusta – 44.4% Waynesboro – 62% Page – 53.2% Shenandoah – 44%

Data compiled from the following sources:

- The Annie E. Casey Foundation, KIDS COUNT Data Center, www.datacenter.kidscount.org
- Department of Juvenile Justice, Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/>
- US Census, 2000
- Smart Beginnings Shenandoah Valley Early Childhood Community Assessment, 2009



Executive Summary

Focus Group Report

I. Early Learning and Family Support

Ready Parents

- There is a lack of community understanding of the importance of early childhood development and its impact on the future development of the child and the community. the impact is
- Parents are not accessing the offered parenting classes.
 - Perceived stigma of being a 'bad parent' if taking a class
 - Class series is long in length (10-13 weeks)
 - In the SAW community, a majority of parenting classes have focused on parents of adolescents rather than parents with young children.
 - All classes offered in English which makes it difficult for immigrant families.
 - Parent mentor program suggested in all localities especially for families new to the area or young parents.
- Language barriers minimize immigrant families' ability to access services in 3 localities - H-R, SAW, and Shenandoah communities.
 - In the H-R locality, it was reported that 41 different languages spoken in the public schools and 50-75% of children enrolled in the school-based preschool programs are ESL children.
 - More ESL classes need to be offered, especially along with child care.
 - Translators are not often available on site community agencies.
 - Forms are often in English only.

Ready Children

- Business, parent, and community representatives in all localities cited a lack of high quality, affordable child care.
 - Quality
 - Centers, especially in SAW and H-R, expressed an interest in participating in Virginia's Quality Rating and Improvement System but found it to be too costly.
 - Providers expressed a desire for more professional training available to them in their communities and at a time when they could attend.
 - High turnover rate of child care employees (long hours, low wages) poses challenges.
 - Affordability
 - Affordability was especially an issue for families with more than one child.
 - Parents had difficulty finding infant care – especially in Page County.
 - Many parents cited instances in which friends had not returned to the workforce after having a child due to affordability and quality issues with childcare.
 - Businesses, especially in SAW and Shenandoah, reported more employees using Family, Friend and Neighbor care to decrease expense of child care but noted this also posed a problem because these situations often do not have back-up child care forcing parents to be absent from work when the provider is not available.
- A desire for more communication with schools about what a child needs to know before entering kindergarten was expressed regionally by parents and providers. Conversely, this need for increased communication before a child enrolled in school was not consistently cited by school personnel as a need.
- Sick child care is not available in the region.

II. Special Needs and Early Intervention

- Parents and community members across the region cited a delay in parents seeking help for their child who may exhibit signs of delayed development – especially for children ages birth to 2 years old. Reasons cited most often included a lack of local services available [Page], families being unaware of services and how to access them [SAW], or long waits for appointments [Shenandoah].
- Conversely, Child Find Services were generally viewed more positively – especially in Shenandoah – but instances were still reported of families not knowing services were available before their child entered school.

III. Health, Mental Health, and Nutrition

- Medicaid families often have to travel long distances to receive treatment such as to Winchester or Charlottesville.
 - Parents in H-R focus groups did not appear to be aware of the recently opened local clinic that accepts Medicaid and provides a sliding fee scale suggesting, community awareness as a barrier.
- A lack of child diagnostic services available within the community, especially in Page, was cited as a concern.
- Providers, parents, and community members noted a lack of child mental health services throughout the region related to a lack of available providers but also a lack of understanding about appropriate young child mental health development.
- Dental care for families was reported as a challenge in both SAW and H-R causing families to again have to travel distances for care.
 - For Medicaid families, the need to travel outside the region to be seen was reported.
 - Again, parents in H-R focus groups did not appear to be aware of the dental clinic that accepts Medicaid suggesting a need for public awareness.
 - In H-R, dental services for families with insurance can be a challenge as many dentists require payment up front leaving the patient to submit claims for reimbursement. The up front costs were often cited as a financial hardship.

IV. Community Support

- A community-wide lack of knowledge regarding existing, available services to families with young children was repeatedly cited as an issue in all localities across the region.
- A single point of entry for families seeking services would be beneficial to prevent families being “run from one agency to another” for help and services.
 - H-R reported an emerging group of people needing services due to the current economic times and being out of work who have not needed services in the past.
 - Appointments for services at agencies in H-R are predominantly scheduled during the day forcing parents to take off work in order to access services.
 - HIPPA regulations were seen as barriers to agency collaboration.
- Transportation challenges were cited across the region as barriers to accessing services.
- Positively, business representatives across the region reported seeing themselves as partners in addressing the needs of the community in some way – either ‘behind the scenes’ role through financial support and donations or a more active role as collaborators.



Focus Group Findings

Regional Report
August – November 2009

Focus Groups

From August 28 through November 3, 2009, a series of 20 focus groups were held across the region. A professional facilitator was hired to construct the focus group questions working with the locality teams and to facilitate the focus groups. Locality teams identified participants and organized the groups within their communities. Two recorders were present at every focus group – the coalition coordinator and a locality team representative. (Questions posed to all the groups are included in the appendix.) In all, 165 people participated in focus groups involving parents, child care providers, business, and community/school representatives. The results of the focus groups along with statistical data were compiled to complete a local and regional assessment.

Eight parent groups (1 in Page, 2 in H-R, 2 in Shenandoah, and 3 in SAW) were conducted involving 59 participants with children birth to age 5. Parent groups involved middle to low income families. Two Spanish speaking parent groups were conducted in Harrisonburg and Waynesboro to ensure the viewpoint of this growing number of families was represented. Family size ranged from 1-3 children and included families of children with special needs.

Four child care provider groups were conducted involving 32 participants representing family day home and center-based settings. Programs ranged from strictly half-day preschools to 24/7 child care. There was participation by licensed, non-licensed, and faith-based providers caring for infants (birth to 12 months), toddlers (12-36 months), preschool age (36 months-5 years), and after-school aged children (5 years and older).

Four business groups were conducted involving 27 human resource directors and managers employing over 11,600 individuals. Businesses ranged in size from an independently owned doctor of optometry eye clinic employing 10 people to the large state institution of James Madison University employing approximately 3600 employees. A variety of industries were represented including public schools, higher education, health care, hospitality, air travel, manufacturing plants, retail distribution sites, tourism, oil, construction, banking, media, and city/county administration. All provided some form of benefits to employees ranging from flexible scheduling to paid leave to full medical/dental insurance and profit sharing. Overall, businesses represented estimated an average of 20% part-time employees, 4% of employees as grandparents raising grandchildren, and 17% of employees having young children. None of the participating businesses provided on-site child care facilities.

Four community agency/public school personnel groups were conducted involving 46 individuals. These individuals represented people engaged with families with young children. Of note, in the Harrisonburg-Rockingham focus group, there were a higher number of non-profits represented than in other community focus groups. School system representatives included teachers, school administrators, central office personnel, paraprofessionals, special education teachers, school psychologists, school counselors, and translators from six of the seven school districts in the region. (See addendum for full list of participants).

Model

The Smart Beginnings Shenandoah Valley Community Assessment Report is divided into 4 sections that are based on a collaborative system of the following four components: 1) Early Learning and Family Support, 2) Special Needs/Early Intervention, 3) Health, Mental Health, and Nutrition and 4) Community Support. As research demonstrates, these components work together to ensure all children have access to services and programs which promote school readiness.

For the purpose of this report, the four components are defined as follows:

- 1) Early Learning and Family Support – This component addresses early care and education opportunities as well as family well-being. Children are cared for in healthy, safe, and nurturing environments in which they develop positive so they enter school healthy and prepared to succeed. Families have access to economic and parenting supports to ensure children have nurturing and stable relationships with caring adults. This component is further divided into *Ready Parents* and *Ready Children*.
- 2) Special Needs/Early Intervention – This second component addresses access to early identification, assessment, and appropriate services for children with special health care needs, disabilities, or developmental delays before they enter kindergarten. (note: Early Intervention services focus on children birth to age 3; Child Find services are accessed beginning at age 3 years through 5 years and are offered through the local public school system.)
- 3) Health, Mental Health, and Nutrition – The third component is centered on the comprehensive health services necessary in a community to meet children’s vision, hearing, nutrition, behavioral, and oral health as well as medical health needs.
- 4) Community Support – This final component addresses the community as a whole and the key components existing within the community that work collaboratively to support early childhood development.

Major Findings

Early Learning and Family Support

Ready Parents – Businesses in the Page, Shenandoah, and SAW communities all agreed on an overall community lack of knowledge about early childhood development and its impact on the future growth of a child, socially, cognitively, and emotionally. As one participant in SAW stated, “Our community does not have a good understanding of this age group and how critical these early years are to a child’s development and future success. Resources in our community are not accessed because families don’t know about them or don’t understand early childhood development, hence, don’t realize they should access them.”

The need to involve more parents in parenting classes was cited regionally by parents, providers, and community representatives. In the SAW community, the majority of parenting classes target parents of school-age children or adolescents. H-R and Shenandoah discussed a perceived stigma associated with taking parenting classes - if a parent is taking a class that must mean he or she is a ‘bad parent.’ The need for a parent mentor program was discussed in each locality especially for families new to the area without extended family close by and for young parents.

Language barriers were reported to affect immigrant families in accessing services in the H-R, SAW, and Shenandoah communities. In the H-R locality, school personnel reported 41 different languages spoken in the public schools and 50-75% of children enrolled in the school-based preschool programs are ESL children. Parents and community representatives in each of these areas expressed a need for not only more ESL classes but also more programs in native languages (i.e., parenting classes, first aid for parents, story hour at the library, etc.) so parents can better

support their child's development while also learning English. As one immigrant mother noted "If I could learn about parenting in my language while I am also learning English, I could really parent to the best of my ability. Right now, I am working so hard to learn English, I am not always able to understand the information [content] in the class so I can't say I am becoming a better parent." Furthermore, translators are not generally available on site at agencies and forms for specific services are most often available only in English.

Ready Children – Business, parent, and community representatives in all localities cited a lack of high quality, affordable child care – especially for families with more than one child in care. As one professional working parent noted, "When it comes to affordability in my community, I have a choice between mediocre or poor child care; so I choose mediocre." Lack of available infant care was reported as a challenge in all localities – most especially in the Page community. Several parents shared stories of knowing someone who had not returned to work after having a child due to the inability to find infant care they were comfortable with or could afford. Furthermore, one provider shared, "We don't provide infant care because it is cost prohibitive for us to employ the additional staff to meet the licensing requirements of ratios without increasing our rates - which would make us unaffordable to many of our parents."

Businesses in H-R noted the number of ½ day preschool programs in the community that many working families are unable to access due to the need to transport a child in the middle of the work day to another setting. They felt families were faced with the choices of affordability and convenience rather than high quality. Business leaders in the SAW community felt more subsidized child care, through business support, would benefit families in the community. Shenandoah County businesses felt the quality of child care in their community had improved in the past 5 years but was still not widely spread. Business groups in SAW and Shenandoah noted the increased number of employees who were using family members or neighbors for child care in order to decrease the cost but noted this also posed a problem because these situations often do not have back-up child care and so parents have to call in sick when the provider is not available.

A lack of sick child care was also noted by businesses in the region. Sick child care is accessed after the child is no longer contagious but not yet 100% to return to the regular care provider. As one business leader and parent of young children in H-R shared, "For me, I usually have to spend money on a babysitter for that day which I am fortunate to be able to afford. For others, this is a financial burden but taking more time off work puts their job in jeopardy."

Center-based providers and community representatives in H-R, Page, and SAW reported the high turnover rate of child care providers due to long hours, low pay, and lack of benefits as a significant issue related to quality of care. Parents and school personnel in the Page community identified a need for more child care options whether they be in center based programs or family day home settings. Two of the four licensed centers in the area had recently closed their doors due to lack of enrollment most likely attributed to the higher unemployment rate in the community leading to fewer families seeking child care. Providers also expressed a desire for more professional development opportunities within their communities. In SAW, a mentoring component was also cited as a valuable resource to support providers in implementing new knowledge.

Parents and providers in all four localities expressed a desire for more communication with schools about what a child needs to know before entering kindergarten. Parents and providers both felt they could better prepare children for kindergarten if they knew what was expected. Some providers expressed a feeling of being 'looked down on' by

some parents and schools as not being true child care professionals. A couple of providers shared instances where they had tried to discuss with a parent a difficulty a child was having or what appeared to be a delay in development and parents ignored them saying they'd wait until the child got to school to see what the teachers thought. Other providers felt they had a very positive relationship with schools and had in fact benefitted from trainings and curriculum provided through the schools. Some family day home providers also felt they had good relationships with schools and could visit them as part of transition to kindergarten; however, these providers did report they had to make the request/effort annually rather than it being a natural annual event. Conversely, this need for increased communication before a child enrolled in school was not consistently cited by school personnel as a need.

Special Needs and Early Intervention – Parents and community members across the region cited a delay in parents seeking help for their child who may exhibit signs of delayed development. In the Page community, this delay was often due to the absence of any early identification services for children ages birth – 36 months. This absence stemmed from a lack of one consistent lead agency in providing the service due to state budget cuts. Conversely in SAW and Shenandoah communities, services were available but parents did not know how to access them. H-R participants felt parents often did not seek services due to a perceived stigma of having a child with special needs. All participants agreed on the negative impact this delay in seeking services can have on a child's development. Child Find services provided by local school systems for children between the ages of 36 months – 5 years received mixed reviews. In the Shenandoah community, these services were reported as easily accessible with a very responsive staff. In the Page and SAW communities, agency and school personnel felt a need for improved communication with the local medical providers about the availability of Child Find services through the schools. In the H-R community, providers reported some parents did not know the services were available to them *before* their child was enrolled in school.

Health, Mental Health, and Nutrition – Medical care for young children was also cited as an issue in three of the communities but for different reasons. In Page, it was reported that there were not any child diagnostic service providers in the community. One person stated, "We don't even have a pediatrician in Page." In the H-R, the issue centers on the lack of doctors accepting Medicaid patients. Parents are instead being sent to Charlottesville for services. One community member stated that she had a parent (client) who had to go on Medicaid and was told by her current doctor's office they would no longer see her child. Community members also shared the difficulty families with special needs children encounter when on Medicaid in securing a doctor in the H-R area for ongoing medical monitoring. Again, families reported having to travel out of the community for services. It should be noted a clinic has recently opened that accepts Medicaid as well as provides a sliding fee scale. At this focus group, parents were not aware of this clinic. Furthermore in the Shenandoah community, recent hospital changes have also left the community without a birthing center.

Providers, parents, and community members noted a lack of child mental health services throughout the region. This seemed to be related to a lack of available providers but also a general community lack of understanding about optimal child mental health development. In Shenandoah, participants felt the lack of mental health providers coupled with the long waiting list for the few providers close to the area forced families to choose either not to seek services or to have to travel a significant distance for services. Furthermore, recent hospital changes have left the community without any psychiatric services for children under age 14.

Dental services were a resounding concern in the SAW and H-R communities. In both communities, a lack of providers (dentists) accepting Medicaid patients was again cited as an issue. In these communities, parents reported traveling as far as Charlottesville to see a dentist that accepted Medicaid. Again, it should be noted a dental clinic that accepts Medicaid has opened in the H-R community but at this focus group, parents were unaware of this service.

In H-R, dental services are often a struggle for families with dental insurance as well. This is due to the common practice of dentists requiring payment up front for services and then the patient needing to submit claims to insurance for reimbursement. Many families cannot afford the up-front cost of a visit and so don't receive dental services. It is important to note that community participants felt there were adequate services available through the health department for families without insurance. This disconnect may speak to a need for increased public awareness of available dental services.

Community Support – A community-wide lack of knowledge regarding existing, available services to families with young children was repeatedly cited as an issue in all localities across the region.

Each community suggested a single point of entry for families seeking services would be beneficial to prevent families being “run from one agency to another” for help and services. Community representatives in H-R felt this would be especially helpful to an emerging group of people needing services due to the current economic times and being out of work who have not needed services in the past. Appointments for services at agencies in H-R are predominantly scheduled during the day forcing parents to take off work in order to access services.

HIPPA regulations were also noted in the H-R and SAW communities as barriers to agency collaboration. The SAW community cited ‘turf issues’ as a hindrance to connecting families more easily with services.

Businesses, community representatives, and parents all cited transportation as an issue that prevented families from accessing services in all the localities. H-R parents cited transportation across city and county lines to be a significant barrier when seeking medical or dental services.

Page, Shenandoah, and H-R business participants cited no difficulty in attracting employees but noted some challenges in retaining them due to the limited availability of affordable rental housing. One employer in Shenandoah estimated as many as 70% of his employees lived outside the county.

Families in Page, SAW, and Shenandoah cited a need for more affordable, family centered activities that could take place indoors (especially during rainy or cold weather) as a need. As one Shenandoah parent shared, “There is not much to do so we often go to Wal-Mart just to get out of the house.”

All business representatives reported seeing themselves as partners in addressing the needs of the community whether it is in a more ‘behind the scenes’ role through financial support and donations or a more active role as collaborators. As one business representative stated, “The overall well-being and health of our community is dependent on the health of citizens so the more we can do early the better students, parents, and future workers we’ll have later. To me, it is doing all we can to ensure families have services that meet needs – especially if a family is considered at-risk.”

**Smart Beginnings Shenandoah Valley
Community Assessment
Focus Group Participants**

Agency Participants:

Augusta Health Center	Department of Juvenile Justice
First Step	Harrisonburg Children’s Museum
Healthy Families of the Blue Ridge	H-R Community Service Board
H-R Health Department	H-R Department of Social Services
Massanutten Regional Library	Mercy House
Northwestern Community Service Board	Northwestern Department of Health
Response	Pregnancy Center
Shenandoah County Department of Social Services	Skyline CAP Head Start
Waynesboro Health Department	Staunton City Public Library

Business Participants:

Aramark	Augusta County Administration
Best Buy	Domino’s Pizza
DuPont Community Credit Union	EMCO Enterprises
Harman Construction	Holtzman Oil Corporation
James Madison University	Luray Caverns Corporation
OSD, Inc.	Rockingham Memorial Hospital
RR Donnelley	Shenandoah Shared Hospital Service
Shenandoah Regional Airport	Shenandoah Memorial Hospital
Valley Eye Clinic	Wal-Mart
WHSV TV3	Workforce Job Center

Child Care Providers:

Family Day Home Providers - 8

Centers

A Smiley Daycare Home Daycare	Augusta Health Childcare Center
Bears and Blankets Child Care	Bizee Bess Preschool
Building Bridges	Community Child Care Center
Double Doodie Daycare Grasshopper Green Preschool	Freedom Baptist Child Care Center
Generations Crossing	Harrisonburg Rockingham Child Day Care Center
Kids Under Construction	Little Tots Daycare
Littlest Lamb Child Care Center	Lou Lou’s Daycare
Minnieland Private Day School	Ms. Chris’ Early Learning and Day Care
Plains Area Daycare Center	Weezie’s Wonderful World Early Learning Center
Ren’s House Family Child Care Preschool Program	

Public School Participants:

Augusta County Public Schools	Harrisonburg City Public Schools
Page County Public Schools	Rockingham County Public Schools
Shenandoah County Public Schools	Staunton City Public Schools
Waynesboro Public Schools	

Addendum 2

Smart Beginnings Shenandoah Valley Community Assessment Focus Group Questions and Probes

Business Group - human resources managers, front-line managers

Introductions – Please share your name, the name of your business, approximate number of employees, estimated number of parents with young children (birth to 5), percentage of grandparents raising young children, percentage of part-time employees (less than 40 hours a year), hours of operation.

First Question – What benefits does your company offer to attract and retain a quality workforce? (i.e., childcare, referral to community services, training, financial counseling, mental health counseling, bus/transportation vouchers, time off for family concerns, health fairs, etc.)

Probe –

- Were these benefits requested by employees or was it a management decision to provide them? Why?
- Are there any specific services offered to employees that are raising young children?

Second Question – What are the top reasons for absenteeism among your employees? Do you see a difference in the rate of absenteeism among different groups of employees?

Probes –

- If so, what are the characteristics of the employees most likely to be absent more often?
- What are the top personal reasons that employees self-disclose/discuss with you?
- How about parents with young children/grandparents raising children? (looking for parenting/child care concerns)
- Do you employ teenagers? Particularly teenagers that are parenting a young child? Is there rate of absenteeism any worse than other employees? Why? (try to get them babysitting siblings and own child)
- How long is it before an employee is let go because of absenteeism?

Third Question – What services if you could afford them would enhance productivity and reduce absenteeism?

Probes –

- Are some of these services ones that could be provided by the community?
- Does your business/human resource staff have a list/phone numbers of available community resources to give to an employee expressing a need for services?
- Does your business do referrals? To what types of services?

Fourth Question – Have you had difficulty attracting and retaining parents with young children as employees because of childcare and/or other needs?

Probes -

- (If so) what need appears to be of the greatest concern?
- Do you have any way to assist the employee with the concern?
- To your knowledge do you have employees with young children with disabilities/special needs? If so, what effect has this had on recruitment as well as retention of the employee?

Fifth Question: In the past 3 years, have you had to let an employee go outside of changing markets (layoffs)? Why? (i.e., drug use, lack of performance, absenteeism, inability to work as a team member, etc.)

Probes –

- Does the reasons given change if the employee is a parent of a young child? If so, in what way?
- What about grandparents raising young children?

Sixth Question – From your perspective as an employer, what do you see as the most important services our community has to offer to young children and their parents?

Seventh Question - From your perspective as an employer, what do you see as gaps in services/programs our community offers parents with young children? What does our community lack that you would like to see?

Probes –

- Do you see business playing a role in bringing this “perfect world” into being?
- If so, what do you see business’ role being?

Eighth Question – Are you seeing any changes in the quality of applicants that apply for your positions as opposed to the applicants that applied for positions 3 years ago?

Probes –

- If so, what are the changes and why do you think this is occurring?
- Do you offer training onsite to employees? If so, have you had to make changes in your training programs/practices as the result of the quality of employees you are attracting?
- As a business person, do you see a connection between the impact of high quality early childhood development opportunities in this community and impact they will have on the future workforce you will be employing? Why or why not?

Is there anything you walked in wanting to say relative to the development of a child and the services available to families for childcare and other needs I have not given you an opportunity to say?

Community Group

Introductions - Please share your name, your role/title within the community, agency/organization and location.

First Question – What are the reasons families with young children are coming to your agency/organization?

Probes -

- Are you able to address the reason either through your own services or referral to other services in the community?
- What kind of needs do you have to refer to others within the community?
- Are there needs to which there is no one to refer the families to?

Second Question - For those of you who have been in the field for a period of time, have your interactions with parents of children 0-5 years of age changed? If so, what kinds of changes are you seeing?

Probe -

- Are you seeing anything that concerns you? If so, what?

Third Question – Are you seeing differences in needs among various ethnicities and income levels of parents that come to your organization/agency for assistance?

Probe –

- If so, what are the differences?
- Do you see differences in various ethnicities, income levels in families' willingness to follow through on your recommendations and/or to follow up with referrals? (If so) Why do you think this is?

Fourth Question – When you think about the development of children 0-5 years of age and their families, what services within the greater community are most valuable?

Probes –

- Do parents make use of these services when referred to them? If not, why not?
- What do you think needs to be put in place to encourage their usage?

Fifth Question – What services would be most beneficial to families in the development of children 0-5 that don't currently exist? What is missing?

Probes –

- Have these services existed in the past? If so, what brought about their demise?
- (For each service listed) Who do you think has to be involved in their development?
- What has happened?

Sixth Question - Do you have a working/networking relationship with persons outside your agency/organization that work with families/children that you see?

Probes –

- (If so) With whom, what is the nature of the relationship and has it been helpful to you in addressing children's needs?
- (If not) Do you think a working relationship would be helpful? With whom? For what purpose?

Seventh Question – The focus of Smart Beginnings is children being ready to learn and succeed when they enter school. For those children that you see that you perceive will not be ready to learn and succeed, what do you think has gotten in the way of children being ready?

Probes –

- For the problems/issues/barriers you have mentioned do you think there is a solution?
- (If there are solutions), what would have to happen to put the solution in place?

Is there anything you walked in wanting to say relative to the development of a child and the services available to families I have not given you an opportunity to say?

Parent Group

Introductions – Please share your name, how many children, what ages and the type of childcare being provided (relative, friend, childcare center, family home, etc.).

First Question – Do you use childcare? If so, how easy or hard was it to locate your present care arrangement?

Probes –

- What were you looking for (cost, location, hours, reputation, actual observation of care, recommended by someone) when you started looking for care? (If they answer yes to all – which element was most important to you?)
- How pleased or not pleased are you with the arrangement? Explain.

Second Question – How pleased are you with the following elements of the care: 1) type of care/program, 2) location, 3) available hours, 4) cost? (Do each at a time, not all together).

Probe –

- If you could change any of the above elements of care in your present situation, what would they be?

Third Question - What kinds of things do you and your family do together within the community that are focused on your children and/or involve your children?

Probes –

- Where do you find out about programs and services that may be helpful to you and your family?
- Are there programs/services for children you would like to take part in but can't? If so, what are they?
- What are some of the reasons that you can't participate?

Fourth Question – When you think about the programs and services that are available to you as a parent within the community as you parent your child, what is missing?

Probes –

- Are there programs and services you are aware of but are not sure quite how to access them?
- What are you really glad is in place for you to take part in?
- What would you like to see started?

Fifth Question - When you think about the families with young children you know, what do you think their greatest need is? Their second greatest need? Their children's greatest need? Their children's second greatest need?

Probes -

- To what extent do you think these needs are being met within the community?
- Has there been a time when you felt a need for help in parenting a child? How old was the child? What kind of help would you have liked? Did you find it?
- What about medical needs? Dental needs? Mental Health Needs?
- What about children with special needs (developmental delays, speech, etc.)?

Sixth Question – If you had the “perfect” childcare arrangement what would it look like?

Seventh Question – If all families of young children had available to them the services/programs they needed to assist them in raising their children so the children are ready to learn and succeed when beginning school, what kinds of services would be available to them?

Eighth Question – What does it mean to you that your child is ready for school?

Probe –

- What are the barriers to obtaining that for your child?
- What are your greatest assets/strengths in obtaining that for your child?

Is there anything you walked in wanting to say relative to the development of a child and the services available to families for childcare and other needs I have not given you an opportunity to say?

Parent Group – Latino Families

Primera Pregunta – ¿Utiliza usted cuidado infantil? De ser así, quién cuida a sus hijos (familiar, amigo, centro de cuidado infantil, guardería en una casa, etc.)

Sondeos –

- ¿Cuán fácil o difícil fue el hacer los arreglos para el cuidado actual de sus niños?
- ¿Cuáles cosas buscaba (costo, ubicación, horario, reputación, poder observar el cuidado, lugar recomendado por alguien) cuando comenzó a buscar?
- ¿Está contento(a) o no con el cuidado de sus niños?
- ¿Si está contento(a), qué le gusta acerca del cuidado que su hijo(a) está recibiendo?
- ¿(Si no está satisfecho(a), qué le gustaría tener? Por favor sea específico.

Segunda Pregunta – ¿Qué siente al darse cuenta que su hijo(a) está listo(a) para la escuela?

Sondeos–

- ¿Qué se interpone (obstáculo) para ayudarle a preparar a su hijo(a) para ir al colegio?
- Nombre algunas cosas que usted hace para ayudar a preparar a su hijo para ir al colegio.

Tercera Pregunta – ¿Qué clase de servicios/programas le gustaría ver en la comunidad que sean beneficiosos para la educación de sus hijos y así ellos estén listos para aprender y tengan éxito al comenzar el colegio?

Cuarta Pregunta – ¿Tomando en cuenta los programas y servicios en la comunidad que están disponibles para usted como padre o madre dentro de la comunidad al educar a su hijo(a), qué hace falta?

Sondeos

- ¿Qué opina acerca de los servicios médicos/dentales?
- ¿Existen programas y servicios acerca de los cuales usted tiene conocimiento pero no está muy seguro(a) de cómo tener acceso o calificar para ellos?
- ¿Cuáles son los programas/servicios que usted se alegra de que estén disponibles y de los cuales usted se puede beneficiar?
- ¿Qué le gustaría ver implementado?

Quinta Pregunta -- ¿Qué clase de actividades usted y su familia hacen juntos en la comunidad que se enfocan en sus hijos y/o tienen que ver con sus hijos?

Sondeos

- ¿Dónde puede averiguar acerca de programas y servicios que puedan ser de ayuda para usted y su familia?
- ¿Existen programas/servicios para niños en los cuales usted quisiera participar pero no puede? De ser así, ¿cuáles? ¿Por qué cree que no puede beneficiarse de ellos?

¿Hay algo que usted quiso comentar al entrar en la reunión con respecto al desarrollo de su hijo(a) y los servicios disponibles para las familias en cuanto a cuidado infantil y otras necesidades pero que no le hemos dado la oportunidad de expresar? ¿Qué ayudaría a preparar a sus hijos para ir al preescolar?

Childcare Providers

Introductions - Please share your name, the name of your business and its location.

First Question: Tell me a little bit about your business. For example: 1) the type of childcare you provide (family, center-based, other), ages of children, how long you have been in business, and how many slots you are licensed/certified for.

Probes –

- What percentage of children in your care would you estimate come from low-income families or with risk families?
- Do you have a waiting list? For What age group(s)?
- Do you provide infant care? If not, why not?
- Do you serve children with disabilities? Why or why not? If so, what are the challenges?
- Why do you think most of your families have come to you for their childcare?

Second Question – Have parents within the past 3 years made requests for services or changes in your program to better accommodate their children? If yes, what have parents requested?

Probes –

- Were you able to accommodate their requests?
- If you were not able to accommodate their requests, what did you do with the requests?
- Have you noticed a change in the types of requests parents make of you and your program? Why do you think this is?
- Do you make referrals to other childcare programs when you can not accommodate the children and/or their needs?

Third Question – When you think about the services that are available to parents within the community and the total development of a child, what is missing? What do you see as some of the unmet needs of the community relative to parents and their children, birth to 5?

Probes –

- Are there services available to parents that would be beneficial to them but they don't participate in? If so, what are some of those services?
- Why do you think parents don't participate? What would have to change to encourage their participation?

Fourth Question - With whom do you collaborate/network in providing services to the children/families that are a part of your program?

Probes –

- How could the collaboration/networking be strengthened?
- Are there areas you feel a particular need to collaborate/network but have not been able to form a successful collaboration? If so, what is the area(s)?
- Have you had to remove a child or children from your program? If so, for what reason?
- Have you ever had a "challenging child" or a child that was difficult to manage? Have you tried to collaborate with others in determining how best to manage the child? If so, who did you approach? With what results?

Fifth Question: Have you worked with public and private schools teachers and/or the infant Toddler program when you have children in your care transitioning to a school setting?

Probes –

- If so, how has it gone? Did you make the first contact or did the teacher?
- How would you suggest relationships between childcare providers and preschool/kindergarten teachers and staff in the infant Toddler programs be strengthened?

Sixth Question – Do you have a working relationship with any businesses and/or nonprofit organizations that enhance the services you are able to provide families and their children?

Probe –

- Which businesses/nonprofit organizations? What is the nature of the relationship?

Seventh Question: What do you think a childcare provider’s role is in getting a child “ready” to learn and succeed in school?

Probe –

- In your view, what does “ready for learning and success” in a child mean?

Eighth Question: If you could provide the perfect childcare setting, what would it look like?

Probe –

- If you have not been able to manage to create such a setting, what are some of the barriers that have gotten in your way?

Ninth Question: Are the training needs of your staff being met? If not, why?

Probe –

- (If training needs are not being met) What would you suggest be done to make training opportunities more available to your staff and others interested in working in the child care field?
- What are the areas for which you see the most need for training?

Tenth Question – Do you have difficulty attracting and keeping staff? Why or why not?

Probe –

- (If keeping staff is an issue), what would be helpful in the hiring/retention of staff?

Is there anything you walked in wanting to say relative to the development of a child and the services available to families for childcare and other needs I have not given you an opportunity to say?

School Personnel

Introductions – Please share your name, your role within the school division and location.

First Question: From your perspective, when children enter your school for their first educational experience, what are you seeing in terms of their development and readiness to learn?

Probes –

- (Where child is ready to learn), what do you think are the contributing factors to their readiness to learn?
- (Where child is not ready to learn), what do you think are the contributing factors in lack of readiness to learn?

Second Question: For those of you that have been in the field for a period of time, are you seeing changes in children being ready to learn? If yes, what are they?

Probes -

- Do you see differences among various ethnicities and income levels of the parents? If so, what are they?
- Have your interactions with parents changed overtime? How?

Third Question: Are you seeing any changes in the number of children arriving in kindergarten with disabilities (speech, developmental delays, autism markers, etc.)?

Probes –

- (If so) Were they identified prior to their arrival? By whom? Did the information come to you in a timely manner?
- (If not) What types of disabilities are you finding that were not identified? Why do you think they had not been identified prior to kindergarten?

Fourth Question: Before children enter your school, has there been contact with the various caregivers that may have had contact with the child? (Parent, childcare provider, head start teacher, and Infant Toddler program, etc.)

Probes –

- (For each group/person named) who initiated the contact? What was the nature of the contact? To what degree does this occur?
- (If there has been no contact) Would contact have been helpful? For what purpose? How?

Fifth Question: Do you have a working/networking relationship with persons outside the school system that work with children that feed into your system?

Probes –

- (If so) With whom, what is the nature of the relationship and has it been helpful to you in addressing children's needs?
- (If not), Do you think a working relationship would be helpful? With whom? In what way?

Sixth Question: With whom do you collaborate/network in providing services to the children/families that are a part of your program?

Probes –

- How could the collaboration/networking be strengthened?
- Are there areas you feel a particular need to collaborate/network but have not been able to form a successful collaboration? If so, in what areas?
- (If collaboration has been attempted with little or no success) what do you think has gotten in the way of making it work?

Seventh Question: In your view, what does a “ready” child (for school) look like?

Probe –

- Would it be helpful to have a link between families with young children and the public school prior to the child entering school beginning at age 3? If so, how would you see that linkage occurring?

Eighth Question: When you think of the services that are available to parents of young children within the community and the total development of the child, what is missing?

Probes –

- Are there services available to parents that would be beneficial to them but they don't participate in? If so, what are some of those services?
- Why do you think parents don't participate?
- Do you see the schools as playing a role in working to develop services that would be available to parents that don't currently exist in community? If so, what?

Is there anything else you wanted to say relative to a child's readiness to learn and succeed I have not given you an opportunity to say?