

Copper Country Great Start Collaborative

2016 – 2018

Strategic Plan

WORKING TO
ENSURE THAT EVERY
CHILD HAS A GREAT
START IN LIFE



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September 2015

Dear Stakeholders:

Over 50 years ago John F. Kennedy said, "Children are the world's most valuable resource and its best hope for the future." This quote is as important now as it was then. Children are our future, an indicator of how and what we value in our communities, schools, and homes. They are an investment in our hopes, dreams, and visions.

The Copper Country Great Start Collaborative and Parent Coalition are pleased to present our updated Strategic Plan for the period from January 2016 through December 2018. This document is designed to guide our work for the next three years. It outlines our investment in the well-being of children in the Copper Country. Members of the Copper Country Great Start Collaborative and Parent Coalition have worked on a variety of projects aimed at improving the early childhood service array in Houghton, Keweenaw, and Baraga counties. Through cooperation, communication, and dedication, Copper Country Great Start Collaborative and Parent Coalition members have worked to establish and maintain a comprehensive early childhood system that is committed to ensuring that all children are healthy, safe, and eager to succeed in school and in life.

The strategic planning process involved a comprehensive system scan of community stakeholders, educators, service providers, and parents. The Collaborative collected 499 surveys and conducted 14 small dose system scans. The resulting information enabled our strategic planning team members to review and reflect on current issues and community needs data. We identified areas of progress, areas of continued need, gaps in service provision, and redundancy in services. This information was used to assist us in planning future projects and to narrow our focus in terms of what is needed to improve the quality of life for young children and families in the Copper Country.

The following plan is the foundation upon which we are creating and sustaining a comprehensive and inclusive early childhood system – one that promotes the physical and emotional well-being of children and families in addition to creating supportive and flexible early learning opportunities.

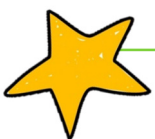
We thank those of you who have worked tirelessly alongside us to ensure that the Copper Country is a great place to raise children and invite others to join us in these efforts.

If you have any questions regarding the information included in the Strategic Plan or if you would like more information on the Copper Country Great Start Collaborative or Parent Coalition, please contact me at (906) 482-9363 or ccgreatstart@gmail.com.

Sincerely,

Cathy Benda

Catherine Benda
Director



COPPER COUNTRY GREAT START COLLABORATIVE MEMBERS AND WORKGROUP PARTICIPANTS

Aspirus Keweenaw

Baraga County Family Court

BHK Child Development Board

CLK School District

Copper Country Intermediate School District

Copper Country Mental Health and the Institute

Early On®

Great Explorations

Great Start Readiness Program

Great Start to Quality

Great Start to Quality UP Regional Resource Center

Head Start/Early Head Start

Houghton County Board of Commissioners

Keweenaw Bay Indian Community

Keweenaw Bay Ojibwa Community College

Keweenaw Community Foundation

Keweenaw Family Resource Center

Little Huskies Child Development Center

Michigan Alliance for Families

Michigan Department of Health and Human Services

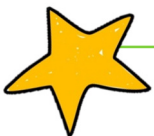
Michigan Technological University

South Range Elementary School

Superior Child Abuse Prevention Council

UP Health System – Portage

Western Upper Peninsula Health Department



EXECUTIVE SUMMARY

MISSION

To coordinate an early childhood system that supports all families in providing a great start for their children from pre-birth through age eight

VISION

A great start for every child in Baraga, Houghton, and Keweenaw counties: safe, healthy, and eager to succeed in school and in life

GREAT START COLLABORATIVE

The Copper Country Great Start Collaborative (CCGSC) works to ensure that all young children and their families in Baraga, Houghton, and Keweenaw counties have the services they need. Collaborative members include parents, community leaders, business owners, charitable and faith-based organizations, health and human services agencies, and educators. The purpose of the CCGSC is to:

- ★ Engage community stakeholders
- ★ Partner with local organizations and agencies
- ★ Develop and implement an early childhood and parent-focused action plan
- ★ Encourage and facilitate local system-building
- ★ Promote fund development

CCGSC's efforts focus on increasing collaboration, coordination, and system integration. We recognize the impact we can have on improving communication, information systems, and public will building. We are also committed to identifying and pooling resources to create a seamless system of services.

GREAT START PARENT COALITION

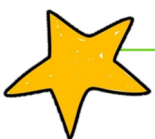
Parent participation is crucial to the Great Start program achieving its goals. The Copper Country Great Start Parent Coalition (GSPC) provides a way for parents to participate in early childhood planning and decision-making in the three-county area to ensure that the CCGSC is responsive to parent needs and issues that affect families.

MICHIGAN'S EARLY CHILDHOOD OUTCOMES

1. Children are born healthy
2. Children are healthy, thriving, and developmentally on track from birth to third grade
3. Children are developmentally ready to succeed in school at time of school entry
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade

KEY FOCUS AREAS

- ★ Social and Emotional Health
- ★ Pediatric and Family Health
- ★ Early Care and Education
- ★ Parent Education
- ★ Family Support



INTRODUCTION

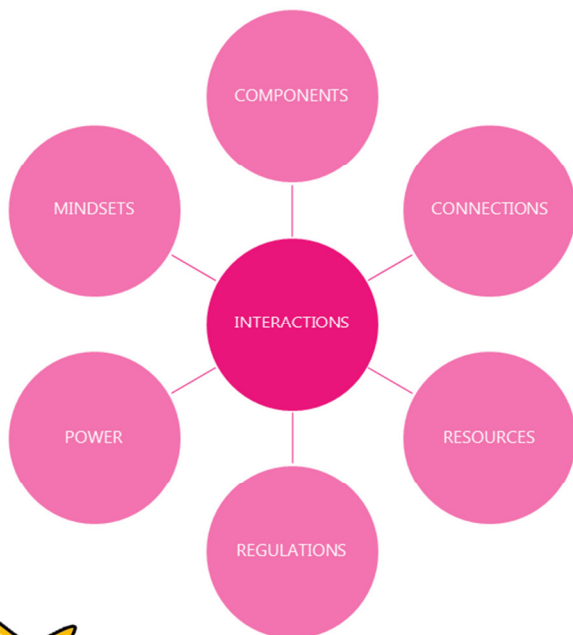
The Copper Country (Baraga, Houghton, and Keweenaw counties) encompasses 2,500 square miles and is located in the northern most region of Michigan’s Upper Peninsula. It is a rugged, rural, and remote area that boasts an average snowfall of at least 250 inches. This unique part of Michigan is home to 47,000 residents, including more than 2,500 children under the age of five. Severe economic deprivation affects families across the region. Research studies confirm that youth in families experiencing economic deprivation are at an exceptionally high risk for poor outcomes. It is also estimated that two-thirds of the area’s families with young children have limited access to community resources.

While community commitment to young children has improved over the years, we are still seeing significant challenges and gaps in services for young children and their families. The Copper Country Great Start Collaborative (CCGSC) has been dedicated to helping young children and families achieve a great start in life since its establishment in 2008. CCGSC continues to work toward building and expanding a comprehensive, integrated early childhood system that supports families in creating a strong and promising future for their children.

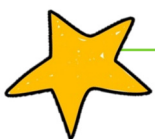
In an effort to both identify existing challenges and address the root causes of these issues, CCGSC utilized tools and processes from the ABLe Change Framework (Foster-Fishman & Watson, 2012) to help guide its strategic plan development. In addition to applying system characteristics (pictured below) to the Copper Country’s early childhood system, ABLe Change encourages organizations and communities to incorporate the following principles in order to create meaningful systems change:

- ★ Engage Diverse Perspectives
- ★ Think Systematically
- ★ Incubate Change
- ★ Implement Change Effectively
- ★ Adapt Quickly
- ★ Pursue Social Justice

As part of this process, the CCGSC and Great Start Parent Coalition (GSPC) completed an intensive System Scan and analysis of community conditions. The CCGSC and GSPC reached out to tri-county service providers, parents, and Collaborative members to learn more about the strengths and challenges that impact the lives of young children in the area. Additional technical assistance and consultation were provided by the Early Childhood Investment Corporation.



| System Characteristic | Description |
|-----------------------|---|
| Components | Range, quality, effectiveness, and location of services, supports, and opportunities in the community |
| Mindsets | Attitudes, values, and beliefs that shape behavior |
| Connections | Relationships and exchanges between and across different actors, organizations, and system characteristics |
| Regulations | Policies, practices, procedures, and daily routines that shape the behavior patterns of individuals, groups, and organizations |
| Resources | Human, financial, and social resources that are used within the system |
| Power | How decisions are made, who participates in decision-making, whose voice matters, and the structures available to support inclusive voice |



KEY OBJECTIVES AND STRATEGIES

OUTCOME 1: CHILDREN ARE BORN HEALTHY



Provide outreach and education to parents and service providers on childhood health and wellness

- ★ Develop and coordinate training and educational materials for organizational partners
- ★ Partner with the local medical community to increase family health educational opportunities
- ★ Coordinate healthy lifestyle programs and resources that provide parents with the tools to support and guide the development of their children



Increase parent understanding of health issues impacting pregnant women and young children

- ★ Continue and expand on a dental health awareness and education campaign targeting pregnant women and families with young children
- ★ Increase awareness of prenatal nutrition
- ★ Increase awareness of childhood obesity and the negative effects it has on child development
- ★ Promote awareness of substance abuse issues, including secondhand smoke and prenatal drug use, that affect infants, children, and families

OUTCOME 2: CHILDREN ARE HEALTHY, THRIVING, AND DEVELOPMENTALLY ON TRACK FROM BIRTH TO THIRD GRADE



Increase community awareness of the importance of social-emotional development and available resources

- ★ Increase availability of information on social-emotional development among parents, caregivers, health professionals, and other service providers



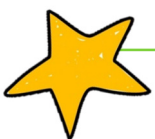
Empower families to take an active role in supporting the social-emotional well-being of their children

- ★ Offer collaborative programs and events for families that foster the social-emotional well-being of children
- ★ Address parent leadership and engagement through outreach efforts






Create a seamless system of services for families needing support

- ★ Increase access to developmental screenings and evidence-based programs for all children
- ★ Identify and reduce barriers to efficient and effective service provision among agencies that serve young children and their families
- ★ Coordinate professional development opportunities that increase family stability and promote social-emotional competence




OUTCOME 3: CHILDREN ARE DEVELOPMENTALLY READY TO SUCCEED IN SCHOOL AT TIME OF SCHOOL ENTRY

-  Support successful transitions from preschool to kindergarten
 - ★ Establish common school readiness definition and expectations
 - ★ Offer educational and networking opportunities to early childhood staff and elementary educators regarding school readiness in order to increase level of transition planning from preschool to kindergarten
 - ★ Provide parent educational materials and programs on school readiness and school success
-  Develop and maintain partnerships that enhance access to early childhood education
 - ★ Provide ongoing support, recruitment, and oversight for GSRP
 - ★ Coordinate and promote early childhood education programs and resources
-  Increase community coordination and collaboration outreach efforts to families
 - ★ Develop resources and protocols that promote access to and awareness of early care and education options
 - ★ Increase outreach and networking activities with early childhood staff
 - ★ Identify and target new preschool recruitment opportunities
 - ★ Identify and target unique childcare needs of all parents



OUTCOME 4: CHILDREN ARE PREPARED TO SUCCEED IN FOURTH GRADE AND BEYOND BY READING PROFICIENTLY BY THE END OF THIRD GRADE

-  Create community-wide opportunities for all children that increase early literacy competency
 - ★ Promote adoption of evidence-based literacy programs and events



PROFILE AND HISTORY

Before the Copper Country Great Start Collaborative officially formed in April 2008, several service providers and local agencies were already working cooperatively toward common goals. The Great Start grant application was written and submitted with help from collaborative members and the Copper Country Great Parents/Great Start Advisory Committee, which began meeting in 2003. This same group comprised the Focus on the First Five Workgroup, serving both as an advisory committee to the All Students Achieve Program – Parenting Involvement in Education (ASAP-PIE) and as a workgroup of the Human Service Coordinating Body.

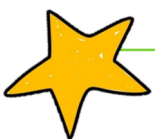
CCGSC built on this strong foundation by engaging additional parents, key stakeholders, and county and civic leaders to form the current Great Start Collaborative. These partners remain committed to the establishment and maintenance of a strong early childhood system in the Copper Country that meets the needs of all children from pre-birth through eight years of age and their families.

MAJOR INITIATIVES

In 2011, CCGSC successfully raised the required local cash match to receive a \$100,000 grant through ECIC to provide scholarships for three-year-old children to attend quality preschools. The amount of effort and commitment required to obtain the cash match in a relatively short period of time and in a depressed economy is a testament to the dedication that Collaborative and Parent Coalition members, as well as community partners, have in regard to early childhood issues. The remaining \$100,000 cash match was used to create the Early Childhood Fund (ECF). The Copper Country Great Start Collaborative formed a Fund Development Committee and devised a funding plan to address ECF sustainability and future project funding. Continuation of scholarships for three-year-olds is one goal of the ECF, and ten scholarships were awarded for the 2014-2015 school year. These scholarships are critical to the mission of the Great Start system in that they help increase access to quality early learning experiences, which have been shown to create a positive long-term impact for children, families, and society.

In September 2012, the Copper Country Intermediate School District contracted with Keweenaw Family Resource Center to implement the Scope of Work Plan and to facilitate the work of the CCGSC. Keweenaw Family Resource Center is a central hub for Copper Country families with young children and the agencies dedicated to serving them. This change brought together key community resources, parents, stakeholders, and agency staff beyond the “meeting room” format to address early childhood issues while improving outcomes and opportunities for children.

Since its inception, it is clear that CCGSC’s vision and mission have been instrumental in guiding projects that have improved the lives of children in the community. Through various efforts, CCGSC has successfully increased awareness of and access to early childhood learning opportunities for families. Similarly, the Collaborative and Parent Coalition have leveraged their membership and resources to increase availability of early childhood programs and information to local families. Finally, many members acknowledge that the primary benefit of involvement with the Collaborative has been the increase in coordination and collaboration among their organizations and agencies. This is positive feedback since, in large part, early childhood system integration is the primary goal of the Great Start Collaborative and Parent Coalition.



HIGHLIGHTS FROM THE PAST THREE YEARS

Key CCGSC accomplishments align with the six high leverage strategies identified by OGS and are listed below:

BUILD LEADERSHIP WITHIN THE SYSTEM

- ★ Community leadership and CCGSC membership continues to grow
- ★ Established an active Core Parent Group that works directly with CCGSC members
- ★ Identified local leadership for each CCGSC committee
- ★ Established a School Readiness Workgroup

SUPPORT PARENTS' CRITICAL ROLE IN THEIR CHILDREN'S EARLY LEARNING AND DEVELOPMENT

- ★ Increased emphasis on identifying parent concerns and focal points for change using surveys, meetings, special events, and social media
- ★ CCGSC has 233 "likes" on Facebook
- ★ The Parent Coalition email Listserv reaches 104 parents
- ★ Community Outreach Coordinator hired to implement the Welcome Baby Program and has visited more than 1,200 families to date
- ★ Reached more families by meeting parents where they gather and working with existing parent groups
- ★ CCGSC and the Parent Coalition collected 344 surveys from parents during the strategic planning process

ASSURE QUALITY AND ACCOUNTABILITY

- ★ School Readiness Workgroup acts as an advisory for GSRP
- ★ Continued quality improvement through training and technical assistance partnerships with LICC, GSQRRC, GSRP, Head Start, and local schools
- ★ Created data collection mechanism for EC funding
- ★ Continued support of evidence-based programs, including Parents as Teachers, Strengthening Families, and Targeting Reflex Development and Improving Neuro-Sensory-Motor Skills (TRAINS)
- ★ Expanded GSRP partners

ENSURE COORDINATION AND COLLABORATION

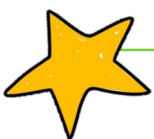
- ★ Fostered coordination and collaboration by blending and braiding funding with Head Start and GSRP
- ★ Six CCGSC partners donated funding to continue and expand the Welcome Baby Program
- ★ Continued collaboration on grant proposals, training opportunities, and special events, like Baraga County Spring Fling

USE FUNDING EFFICIENTLY TO MAXIMIZE IMPACT

- ★ Early childhood funding targeted evidence-based programs
- ★ Data used to allocate funding and seek out new sources of revenue

EXPAND ACCESS TO QUALITY PROGRAMS

- ★ Created easy access to GSRP through recruitment and enrollment opportunities and streamlined Preschool Interest Form
- ★ Provided easy access to developmental screening for all children
- ★ Streamlined services and expansion of home visiting programs



COMMUNITY NEEDS AND STRENGTHS ASSESSMENT

THE PROCESS

In order to assess the Copper Country's early childhood system and determine areas of strength and need, the strategic planning process required a multipronged approach to quantitative and qualitative data review. Utilizing the ABL Change Framework, the process began with outreach to parents and service providers to gather feedback on the status of young children in the Copper Country. A total of 14 small group discussions were held with consumers and providers from human service agencies, educational entities, and community groups. These discussions formed the basis for the development and dissemination of two comprehensive surveys to assess community conditions, one for parents and the other for service providers. Of the 499 surveys collected, 344 were from families and 155 from service providers.

The Strategic Planning Committee sifted through the resulting data and used it to inform the strategic plan. Additional data that enhanced the understanding of current early childhood issues included community data from Kids Count, the BHK Child Development Board Community Needs Assessment, local Head Start Dashboard Reports, local WIC data, past Keweenaw Family Resource Center surveys, and the Copper Country Great Start Collaborative Evaluation conducted by the Early Childhood Investment Corporation (ECIC) and Michigan State University.

THE FINDINGS

The process of assessing the well-being of Copper Country children and the early childhood system revealed many strengths as well as challenges. The CCGSC is one of the few Collaboratives comprised of three counties. Covering a diverse tri-county region requires careful examination of area demographics, available resources, and the unique needs of families. According to the *2015 Kids Count in Michigan Data Book*, out of 82 ranked counties in the state, Houghton County is the eighth best county for overall child well-being, while Baraga County ranks 54th. Because of its small population, Keweenaw County has no ranking, and many Kids Count data indicators do not include information for Keweenaw County.

REGARDING BARAGA COUNTY

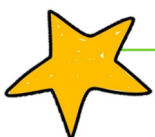
Given the unique composition of the CCGSC, the goal of the System Scan and strategic planning process was to assess the status of all children, families, and resources in each county. While many early childhood issues span across the Copper Country as a whole and all Action Agenda items reflect this, some solutions and strategies need to be addressed per county. In particular, Baraga County continues to experience some of the highest unemployment rates in the state in addition to other significant issues impacting the well-being of children and families, including geographic isolation, poverty, and substance abuse.

While these needs fall outside CCGSC's direct circle of influence and available resources, Collaborative members are committed to supporting other community initiatives on such issues. The CCGSC is making a concentrated effort to target issues specific to Baraga County by expanding the Baraga County Task Force in order to increase the representation of community leaders and stakeholders. Also, the CCGSC and GSPC will provide parent engagement activities and outreach to families with young children to foster resiliency and protective factors and address systems change opportunities.



This page contains a summary of key quantitative and qualitative findings. For a more detailed community needs assessment, see pages 12–26 for relevant charts, tables, and data.

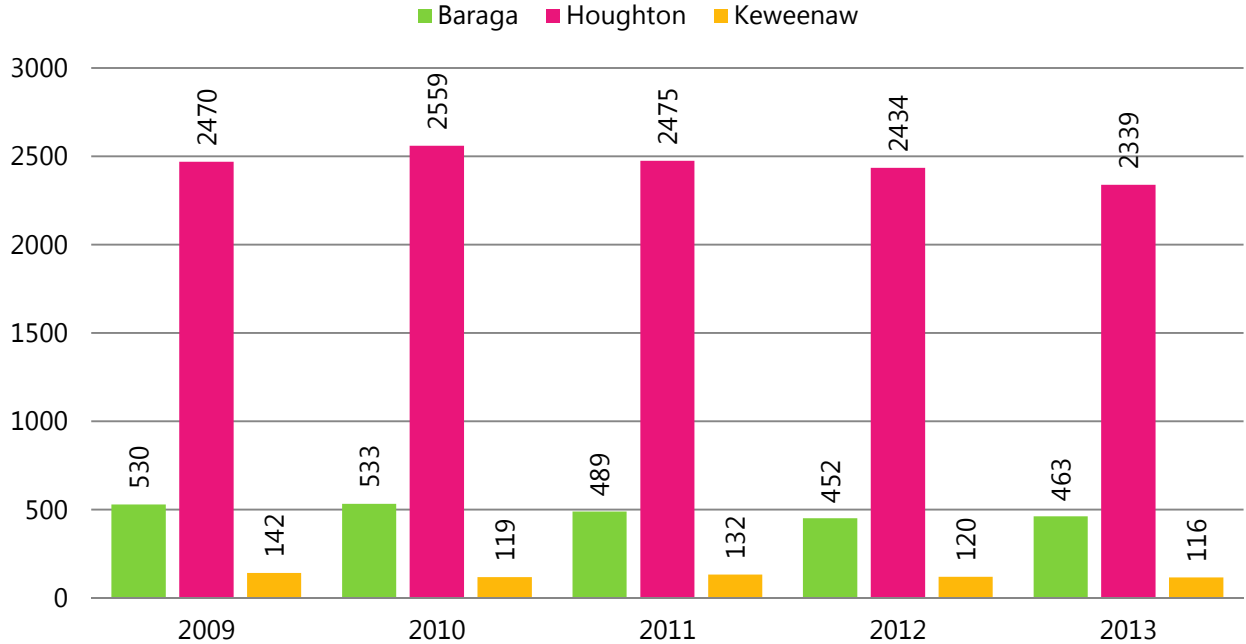
| Quantitative Data Summary | Qualitative Data and System Scan Summary |
|---|--|
| <ul style="list-style-type: none"> ★ For overall child well-being in Michigan, Houghton County ranks 8/82, Baraga County ranks 54/82, and Keweenaw County has no ranking ★ Population of children ages 0 to 5 has remained steady in all three counties for past several years ★ Median household income in the Copper Country ranged from 15.8% to 23.6% less than the state average of \$46,793 in 2012 ★ Approximately 1 in 4 children lives in poverty in Baraga and Keweenaw counties and 1 in 5 children in Houghton County ★ The unemployment rate in the Copper Country is regularly higher than state and national averages ★ Copper Country births with less than adequate prenatal care ranged from 35.3% to 40.7%, all worse than the state average of 29.4% ★ Percentage of women who smoke during pregnancy in Baraga County is consistently more than double the state average (46.4% compared to 21.6% in 2013) ★ Although the percentage of fully immunized toddlers generally increased from 2009 to 2013, Houghton and Keweenaw counties still fall below the state average of 74.3% ★ Houghton County has the highest percentage of school immunization waivers in the Upper Peninsula and ranks 83/84 for immunization waivers in the state of Michigan ★ The percentage of children participating in FAP has declined in the Copper Country despite no significant changes in median household income or poverty status ★ The rates of confirmed cases of abuse and neglect and out of home placement for children in Baraga County dropped sharply from 2009–2013 ★ There are 51 licensed childcare providers in the Copper Country (about one for every 50 children under the age of five) <ul style="list-style-type: none"> ○ Of the 20 childcare centers in the Copper Country, 14 are affiliated with BHK | <ul style="list-style-type: none"> ★ System scan revealed issues of access, alignment, and awareness across multiple early childhood areas ★ 80% of parents believe services for children in their county are easy to get <ul style="list-style-type: none"> ○ Of those who do not believe services are easy to get, 62.5% have an annual household income of \$40,000 or more ★ Ineligibility and waitlists were the two most commonly cited barriers to services ★ 96% of parents reported having reliable transportation <ul style="list-style-type: none"> ○ Providers indicate lack of transportation as a major barrier to services ★ 38% of parents surveyed had difficulty affording or meeting some type of basic need, such as utilities, food, or healthcare ★ 89% of parents surveyed trust their doctors for information pertaining to child development ★ There is a high degree of community concern surrounding drug abuse and bullying ★ No shared definition of school readiness in community ★ Transition planning from preschool to kindergarten is lacking ★ 88% of parents believe preschool prepares kids to enter kindergarten ★ 78% of parents agree that they play an important role in preparing their kids for kindergarten ★ Families have difficulty accessing childcare, especially if their income is above the poverty level ★ 59% of parents surveyed indicated “parent stay home with child” as their primary plan of care ★ 87% of mothers reported initiating breastfeeding ★ 95% of parents feel they have access to good healthcare ★ 74% of parents indicated they believe learning becomes important at birth ★ The majority of parents reported reading to their children every day (68%) or several times per week (27%) ★ Most children are allowed 1-2 hours of screen time every day (56%) |
| Top Three Issues | |
| <p>Parents and service providers were asked to rank the top three issues impacting children that they felt the community should focus on:</p> | |
| Parents | Service Providers |
| <ol style="list-style-type: none"> 1. Childhood health, including dental health 2. Parents abusing illegal and prescription drugs 3. Social-emotional health of children | <ol style="list-style-type: none"> 1. Parents abusing prescription and illegal drugs 2. Social-emotional health of children 3. Dealing with challenging child behaviors |



DATA CHARTS

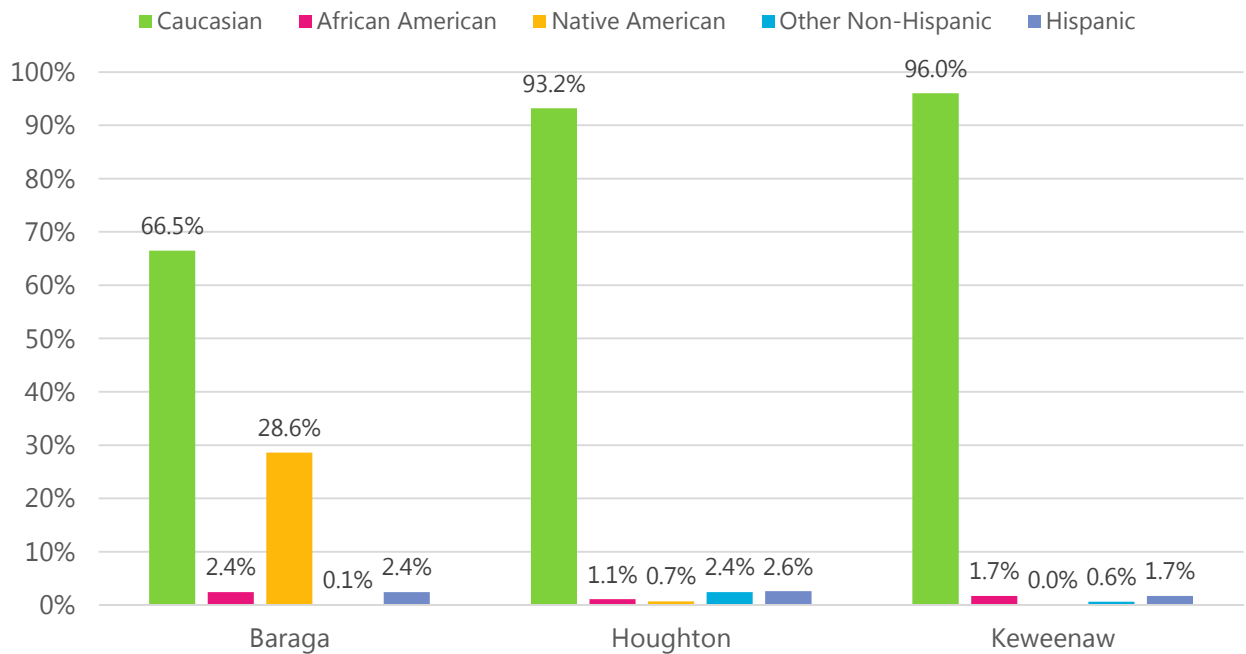
COMMUNITY CONDITIONS

POPULATION AGES 0-5

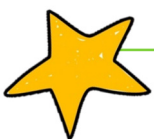


Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>

POPULATION AGES 0-8 BY RACE (2013)

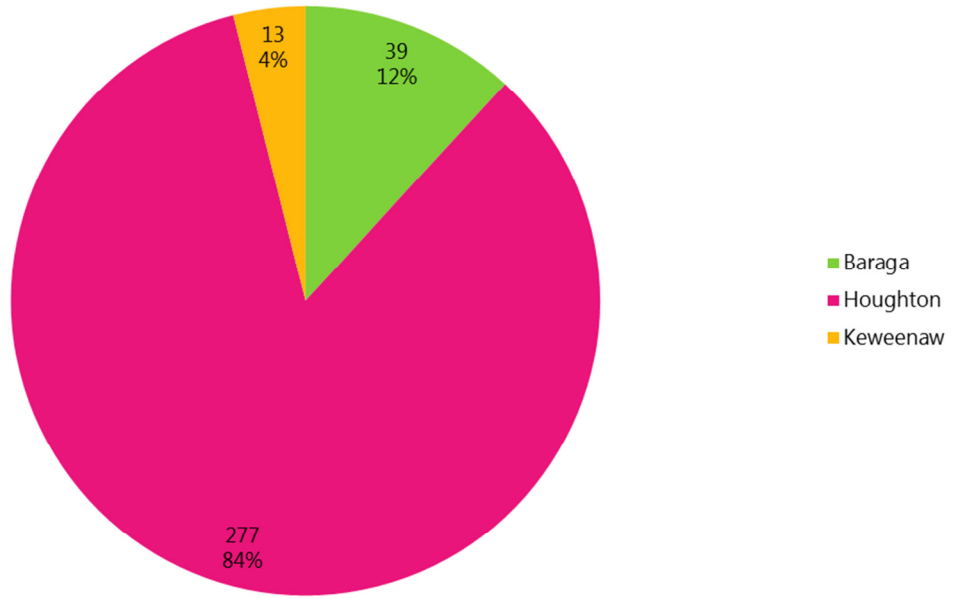


Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>



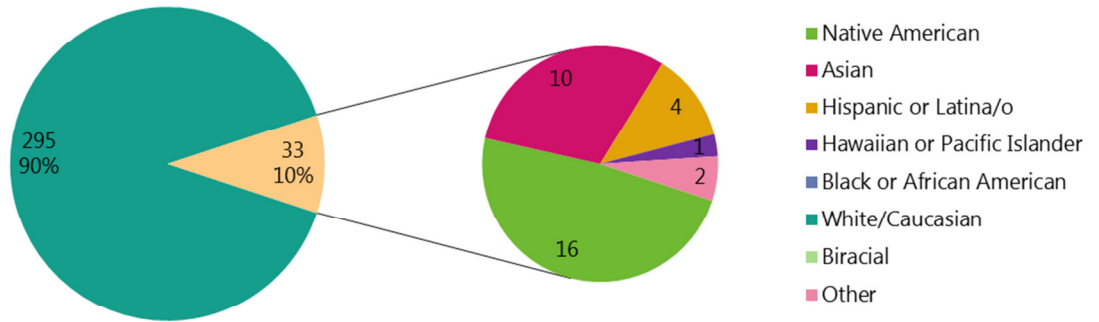
SYSTEM SCAN SNAPSHOT

COUNTY REPRESENTATION



Most of the surveys collected came from Houghton County, the most populous of the three counties in the Copper Country.

RACIAL/ETHNIC MAKEUP

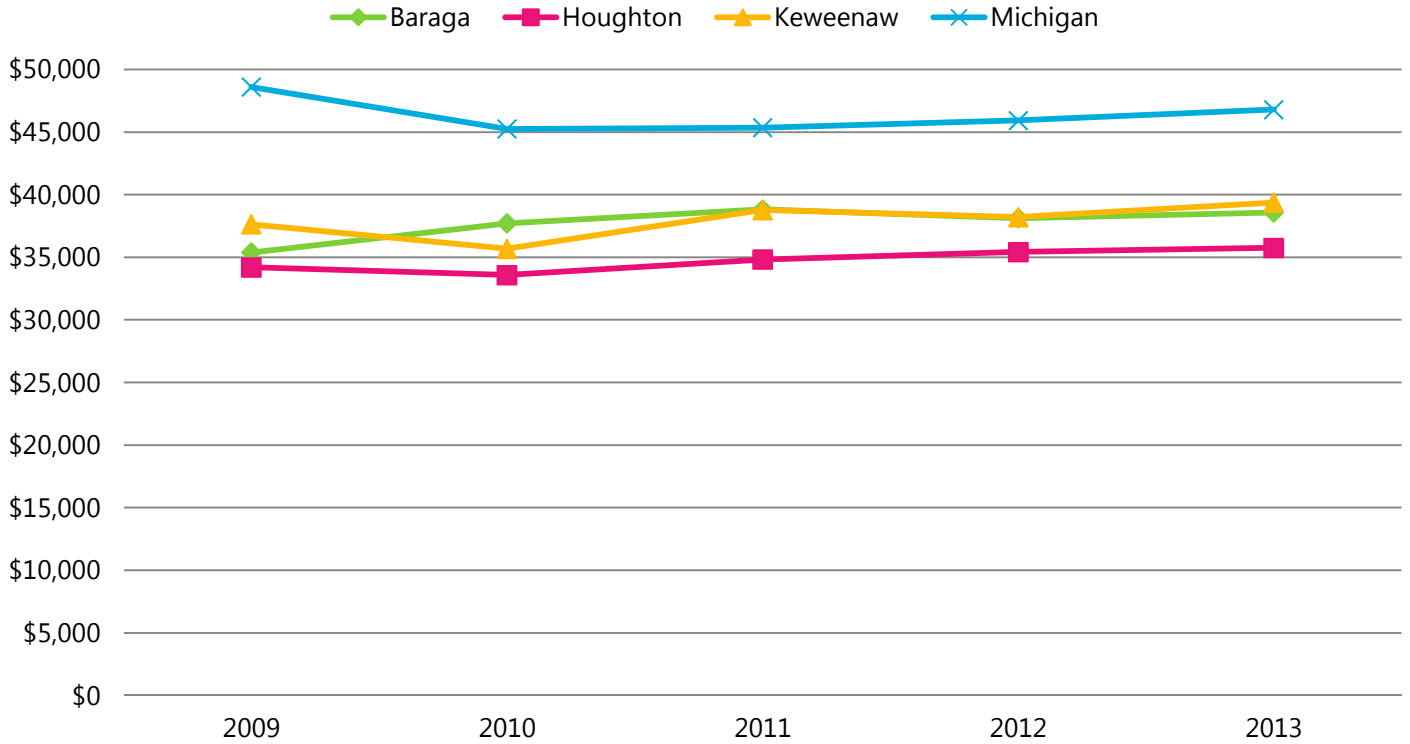


The majority of family survey respondents indicated their race as white/Caucasian. While this is in keeping with the overall demographics of the area, the Copper Country Great Start Collaborative is committed to gathering and implementing feedback from diverse individuals and communities.



COMMUNITY CONDITIONS

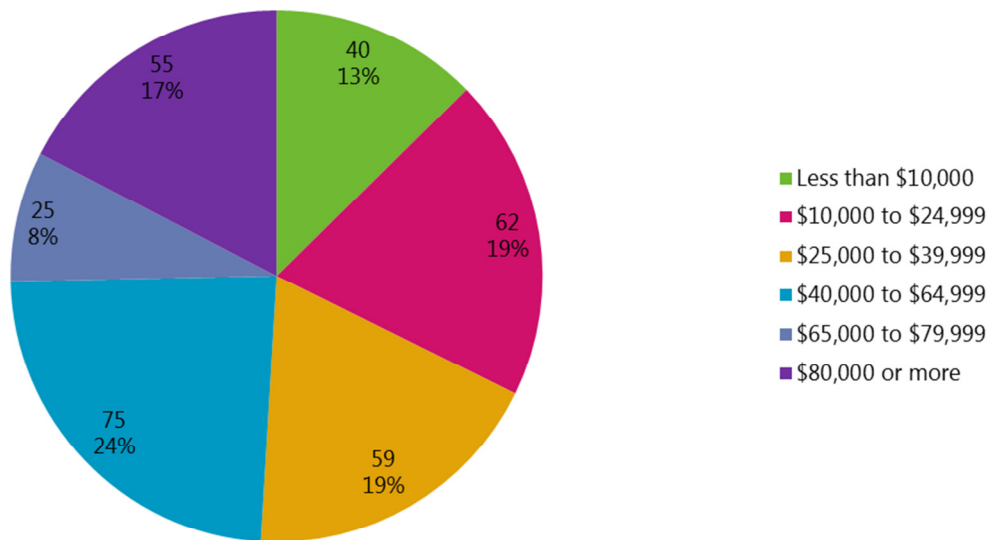
MEDIAN HOUSEHOLD INCOME (SAIPE)



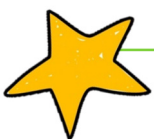
Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>

SYSTEM SCAN SNAPSHOT

ANNUAL HOUSEHOLD INCOME

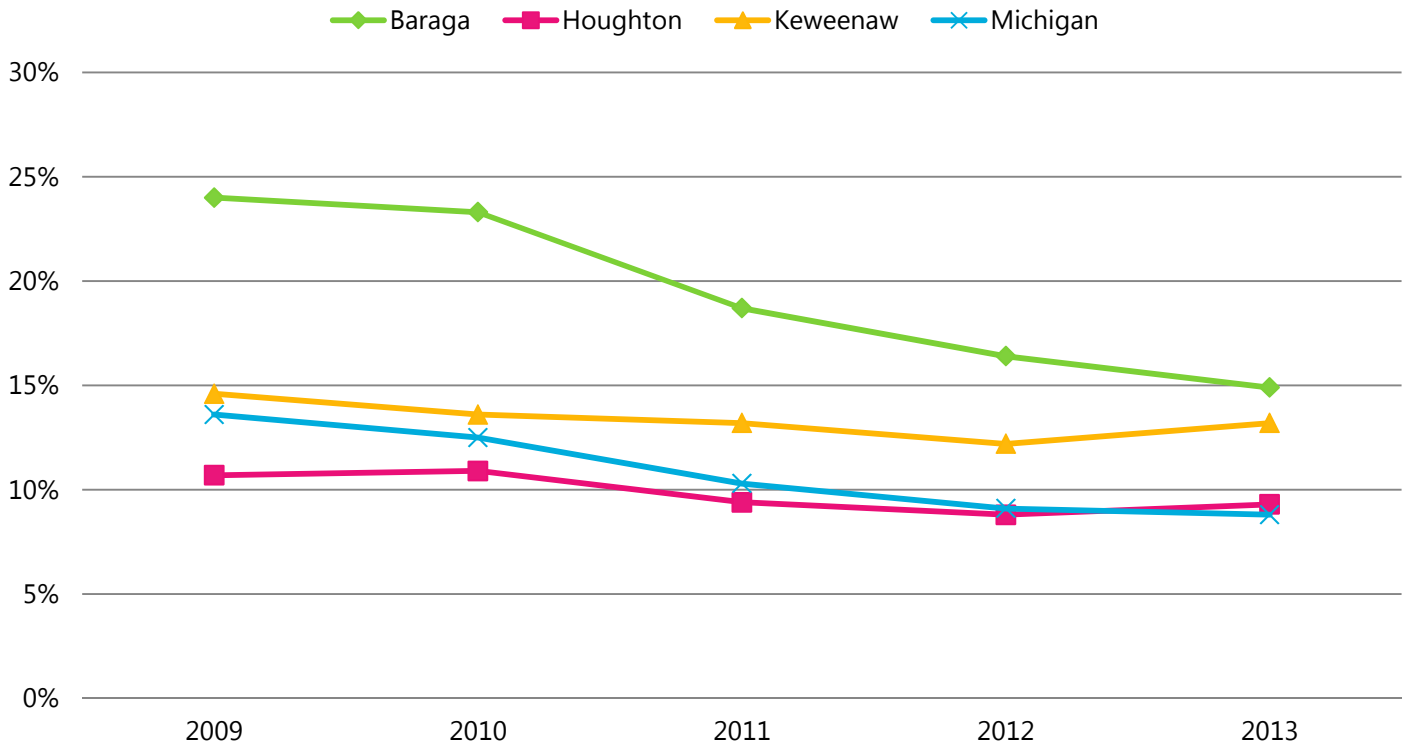


The System Scan includes a largely equal representation of incomes, with 51% of families earning less than \$40,000 per year and 49% earning more than \$40,000 per year



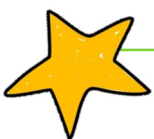
COMMUNITY CONDITIONS

UNEMPLOYMENT



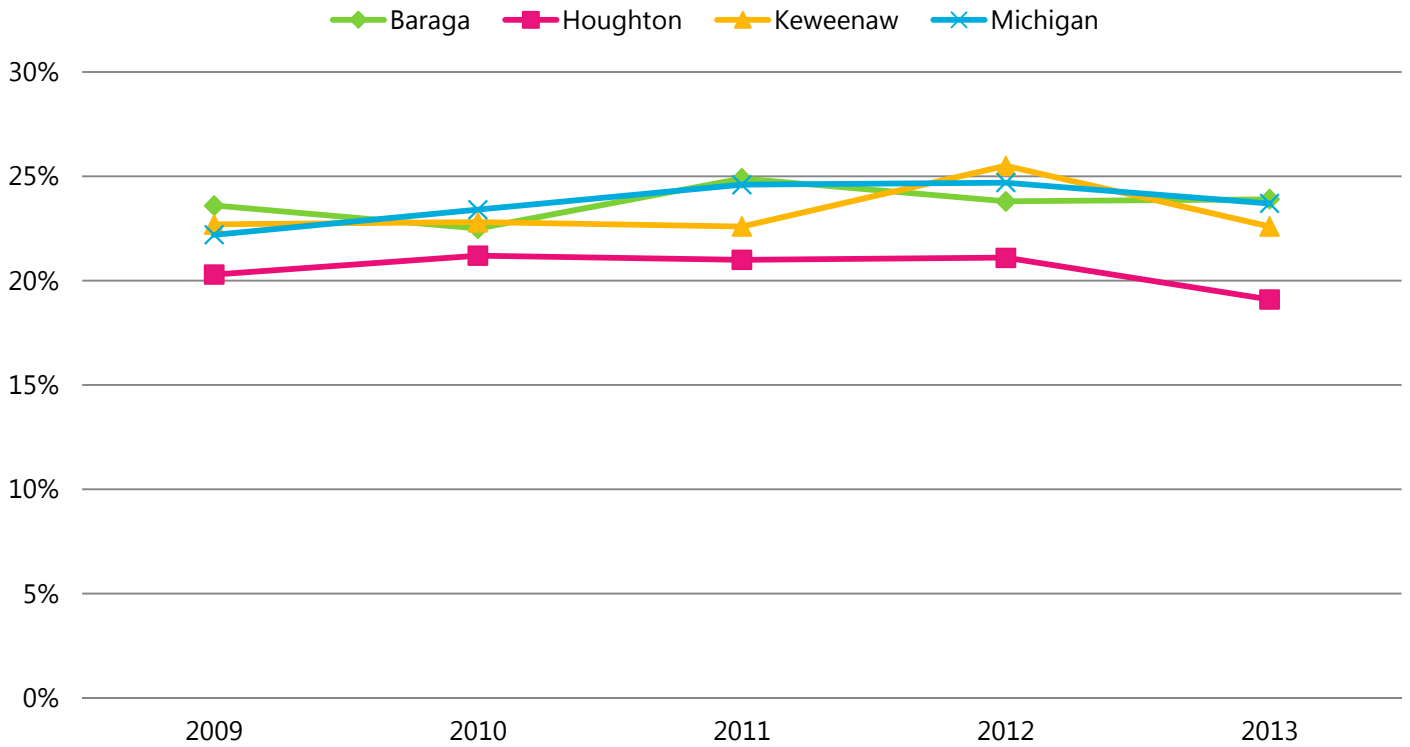
Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>

| A Word On Unemployment... | | CURRENT UNEMPLOYMENT RATES (APRIL 2015) | |
|---|--|--|------|
| <p>Although unemployment in the Copper Country has steadily declined over the last several years, it remains consistently higher than state and national averages, continuing to contribute to economic hardship in the area.</p> | | Baraga County | 9.3% |
| | | Houghton County | 6.4% |
| S Y S T E M S C A N | Q: Are you currently employed? Yes, full-time: 40% Yes, part-time: 23% No: 37% (includes stay-at-home parents and retired workers) | Keweenaw County | 10% |
| | | Michigan | 5.4% |
| | | United States | 5.5% |



COMMUNITY CONDITIONS

POVERTY - CHILDREN AGES 0-17 (SAIPE)



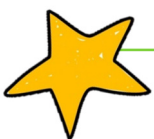
Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>

“There can be no keener revelation of a society’s soul than the way in which it treats its children”
(Nelson Mandela)

APPROXIMATELY 1 IN 4 CHILDREN LIVES IN POVERTY IN KEWEENAW AND BARAGA COUNTIES

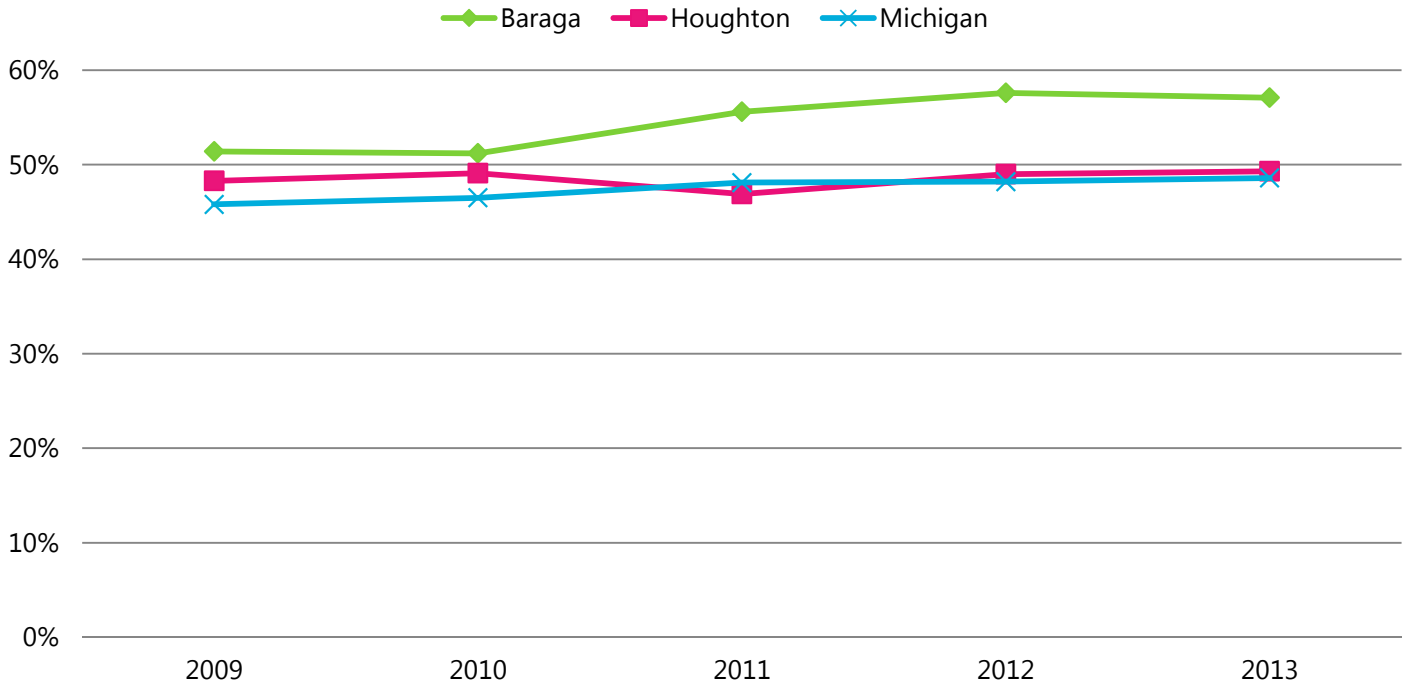


| WHAT IS POVERTY? | |
|------------------|-------------------------|
| Family Size | Annual Household Income |
| 2 | \$15,930 |
| 3 | \$20,090 |
| 4 | \$24,250 |
| 5 | \$28,410 |



COMMUNITY CONDITIONS

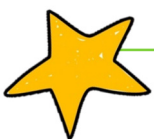
STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE LUNCH



Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>

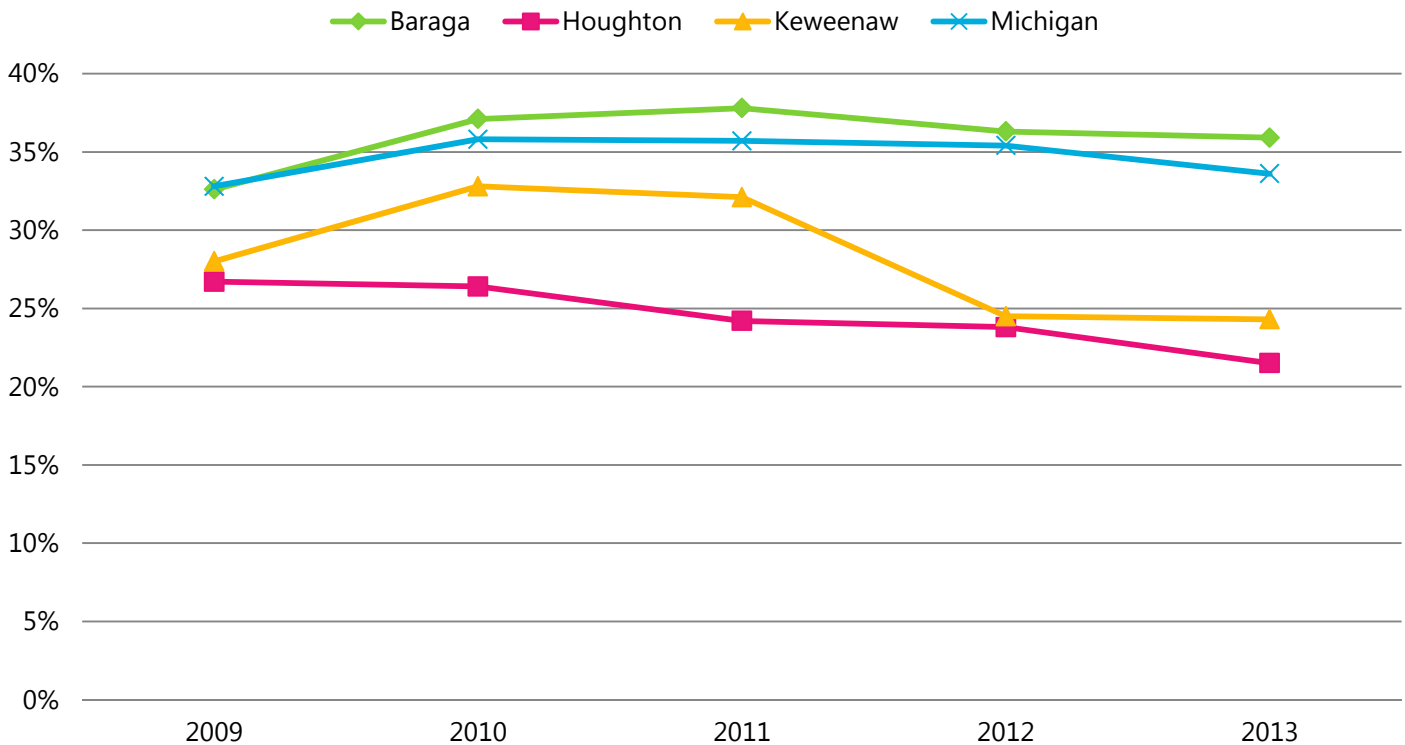
DID YOU KNOW?

Students are eligible for *reduced price* meals at 185% of the poverty level and *free* meals at 130% of the poverty level



COMMUNITY CONDITIONS

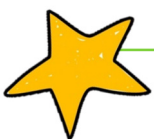
CHILDREN AGES 0-8 RECEIVING FAP



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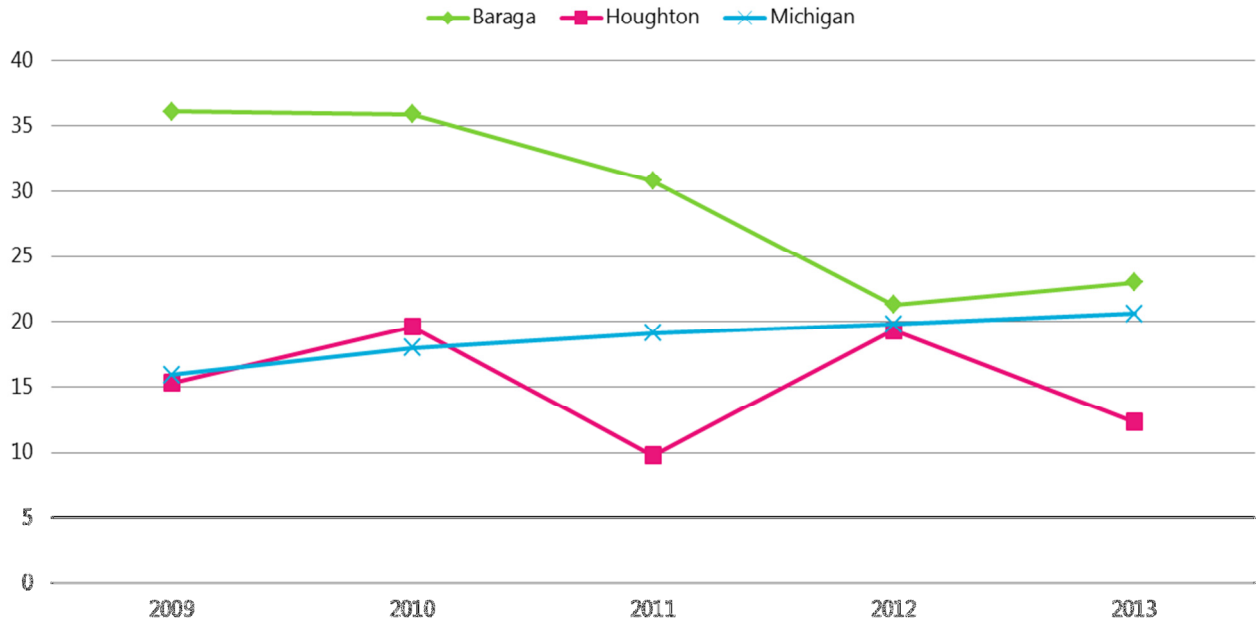
| WHAT IS FAP? | | FAP FACTS |
|--|--|--|
| <p>FAP stands for Food Assistance Program, also known as the Supplemental Nutrition Assistance Program (SNAP). SNAP helps raise the food purchasing power of low-income families in order to prevent hunger and malnutrition. To receive SNAP benefits, participants must be at or below 130% of the Federal Poverty Level before taxes and deductions (\$31,525 for a family of four)</p> | | <ul style="list-style-type: none"> ★ Almost 90% of SNAP households live below the poverty line ★ SNAP took 2.4 million children out of severe poverty in 2005 ★ 50% of all new SNAP entrants leave the program within 9 months as they become more financially stable ★ Every \$1 billion of SNAP benefits creates 8,900 – 17,900 full-time jobs |
| WHO BENEFITS FROM FAP? | | |
| <p>Although welfare, which includes food assistance, is often a highly politicized and controversial issue, those who benefit most from such help are often the most overlooked: children. 49% of all SNAP participants are children, and in total, 76% of SNAP benefits go towards households with children.</p> | | |

“Of all the preposterous assumptions of humanity over humanity, nothing exceeds most of the criticisms made on the habits of the poor by the well-housed, well-warmed, and well-fed” (Herman Melville)



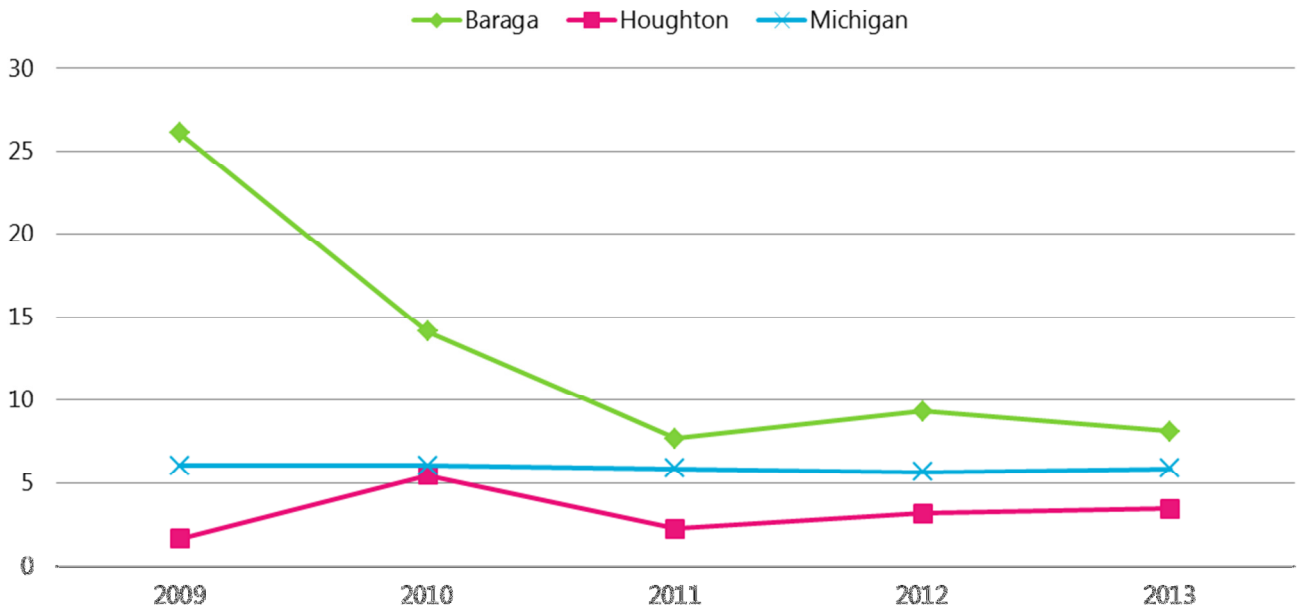
CHILD WELFARE

CONFIRMED VICTIMS OF ABUSE AND/OR NEGLECT, AGES 0-8 (RATE PER 1,000)

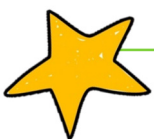


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CHILDREN AGES 0-8 IN OUT OF HOME CARE FOR ABUSE OR NEGLECT (RATE PER 1,000)

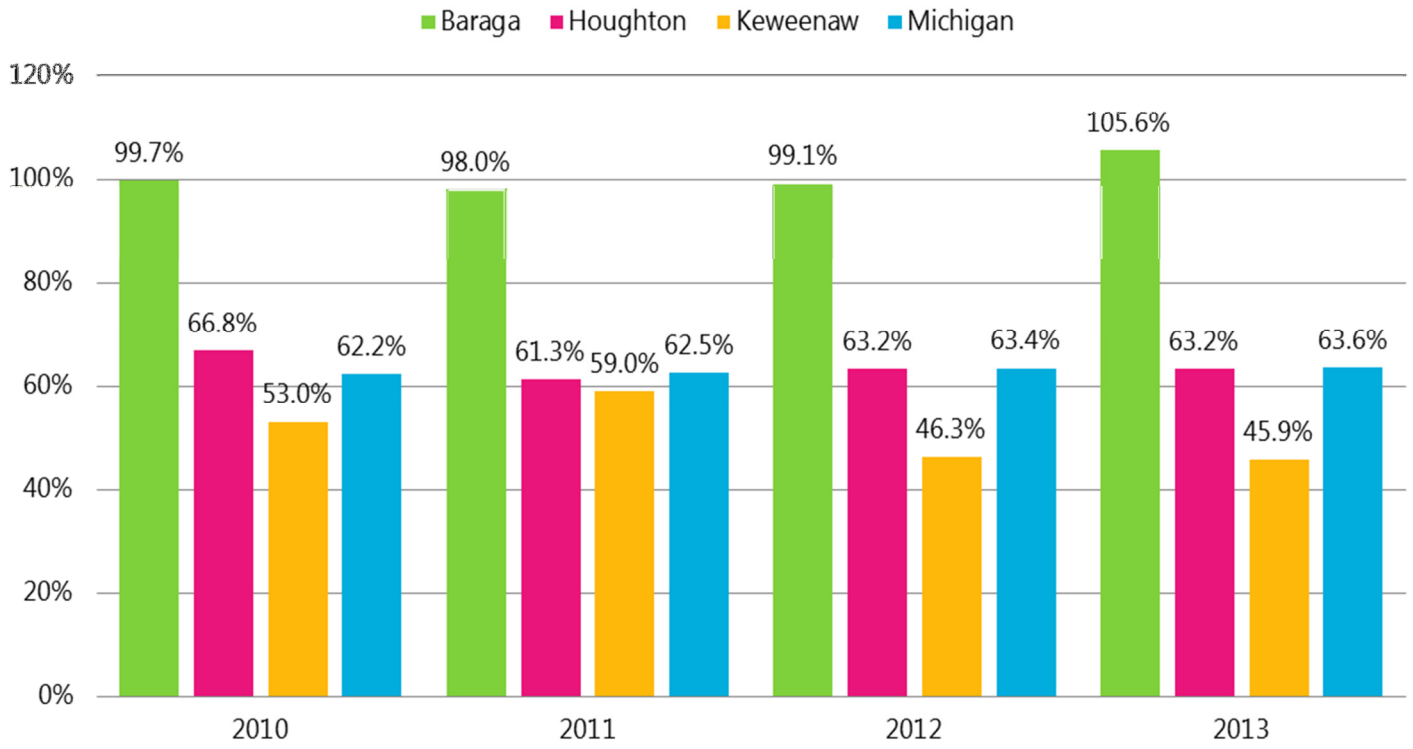


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HEALTH AND WELLNESS

CHILDREN AGES 1-4 RECEIVING WIC



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| BREASTFEEDING | |
|--------------------|---|
| SYSTEM SCAN | Parents were asked to select the response that best described their experience with breastfeeding: |
| | All of my children were exclusively breastfed 35% |
| | Some of my children were exclusively breastfed 10% |
| | All of my children were given formula exclusively 13% |
| | I began breastfeeding my children and later switched to formula 42% |

Breastfeeding provides babies with a whole host of health benefits, including:

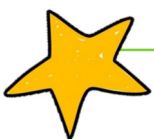
- ★ Reducing the risk for certain illnesses, such as ear infections, asthma, and childhood obesity
- ★ Reducing the risk of SIDS by over 70 percent

Nursing is also good for mothers, as it helps reduce the risk for ovarian cancer, breast cancer, and diabetes.

Finally, breastfeeding makes financial sense. Not having to purchase formula can save a family \$1,500 per year.

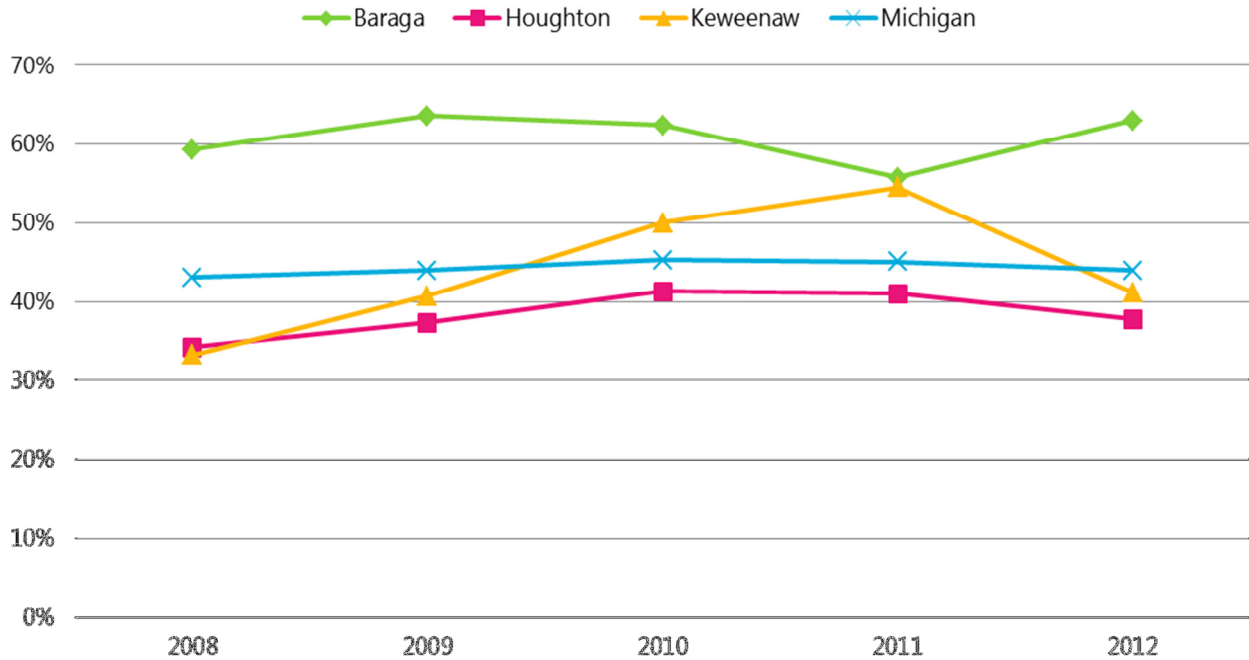
“Childhood obesity is one of the most serious public health challenges of the 21st century”
(World Health Organization)

| OBESITY IN THE COPPER COUNTRY | | |
|---|---|--|
| Child | Teen | Adult |
| In 2011-2012, 33% of children enrolled in BHK preschool programs were overweight or obese | 30-40% of teens in grades 7, 9, and 11 are overweight or obese | 68.7% - the estimated percentage of Western UP adults who are overweight (39.2%) or obese (29.5%) |
| Data from BHK Community Assessment (2013) and Western Upper Peninsula Regional Health Assessment Report to the Community (2012) | | |



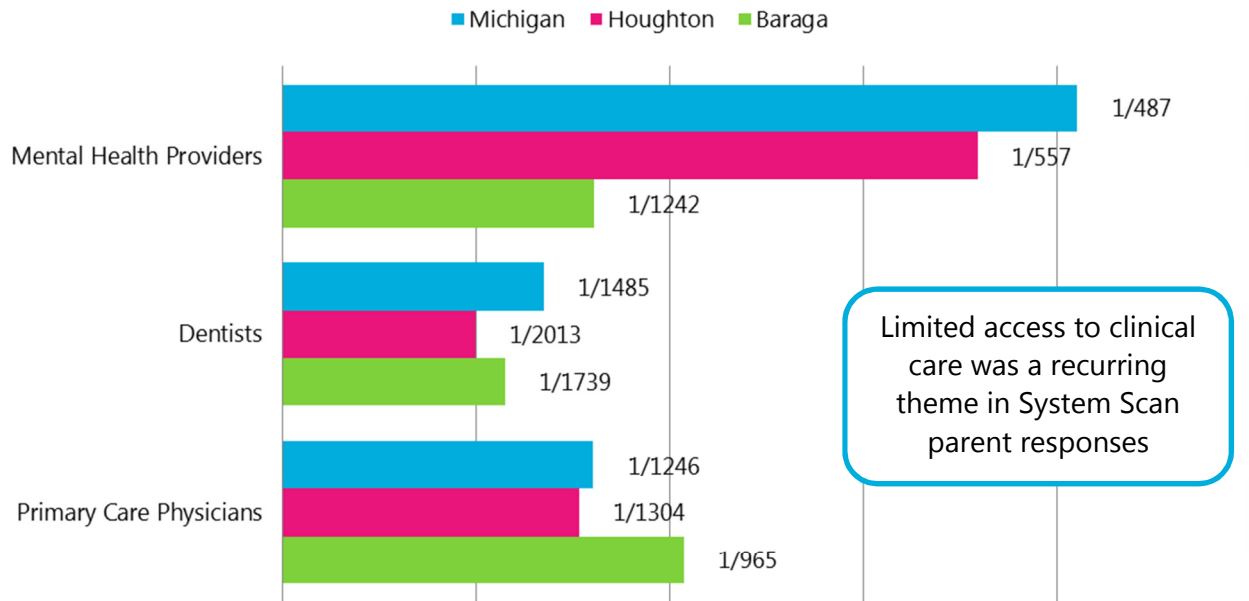
HEALTH AND WELLNESS

MEDICAID PAID BIRTHS (SINGLE YEAR)



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**CLINICAL CARE ACCESS
(RATIO OF PROVIDERS TO POPULATION)**



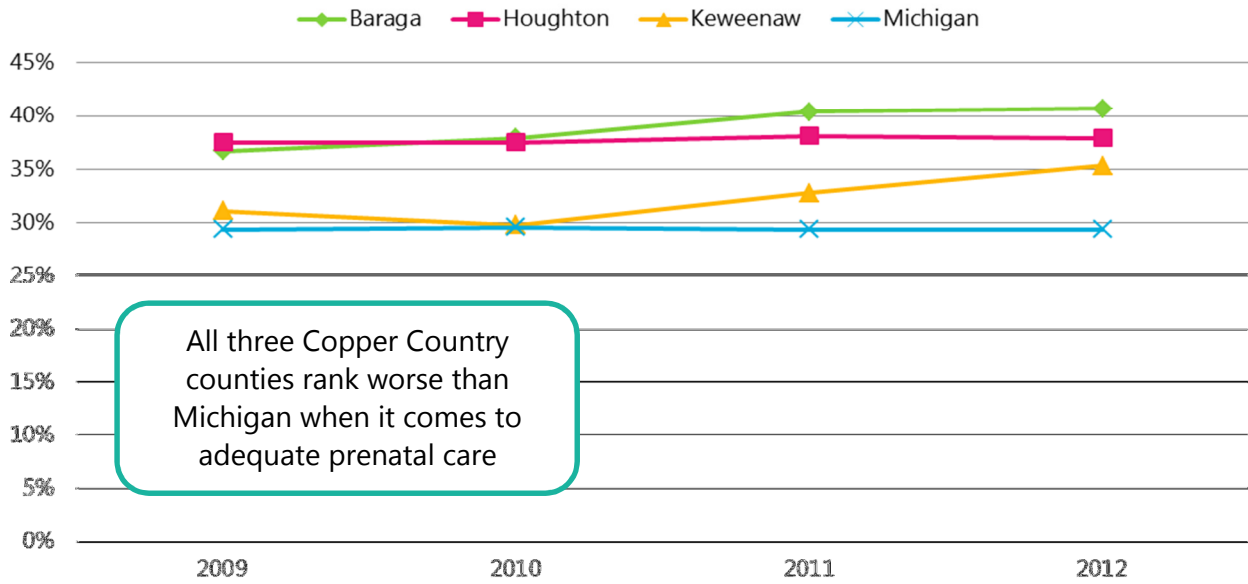
Retrieved from www.countyhealthrankings.org

A HIGHER NUMBER IN THE ABOVE CHART MEANS THAT THERE ARE MORE PEOPLE FOR EACH PROVIDER TO SERVE AND CAN LEAD TO DIFFICULTY ACCESSING CARE



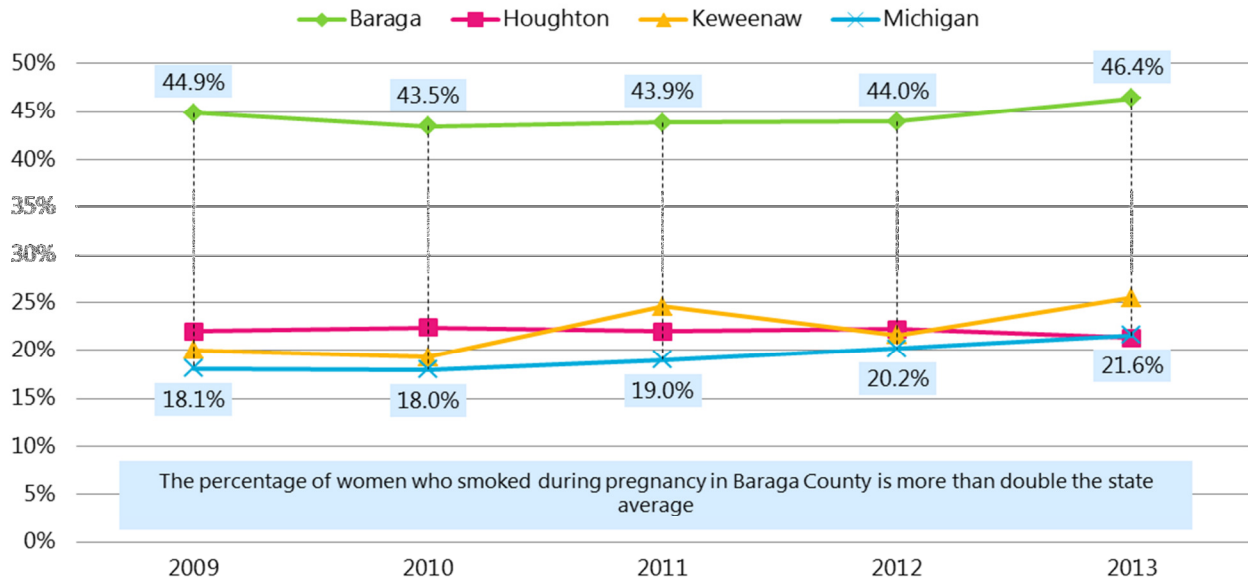
HEALTH AND WELLNESS

BIRTHS WITH LESS THAN ADEQUATE PRENATAL CARE

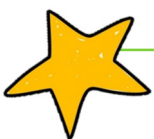


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BIRTHS TO MOTHERS WHO SMOKED DURING PREGNANCY

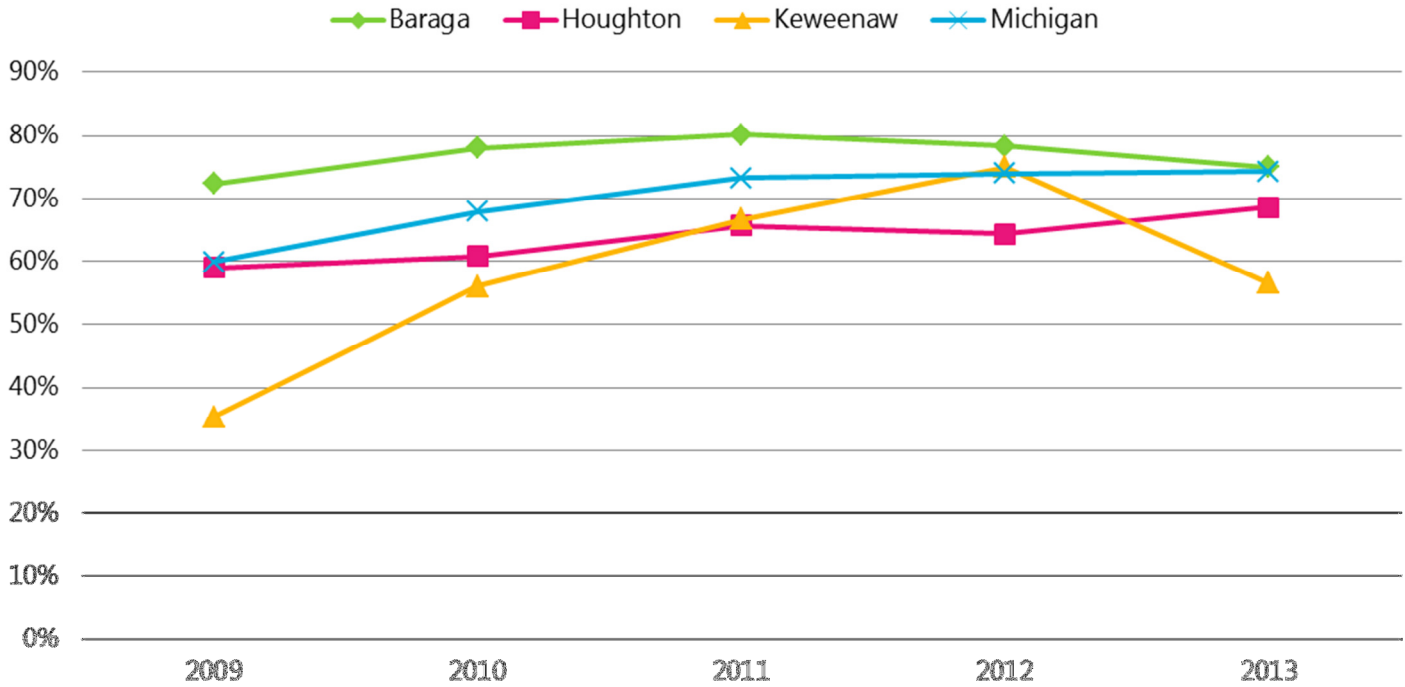


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HEALTH AND WELLNESS

FULLY IMMUNIZED TODDLERS, AGE 2
(SERIES 4313314)



Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>

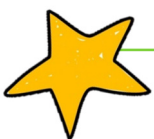
DID YOU KNOW?

The above immunization rates are based on Michigan Care Improvement Registry (MCIR) data. A delayed or missed shot and alternative vaccination schedules can temporarily skew immunization rates until a child “catches up” before kindergarten, but Houghton County has the highest percentage of immunization waivers in the Upper Peninsula and ranks 83/84 for immunization waivers in the state of Michigan as of March 31, 2015.

SERIES 4313314
CONSISTS OF...

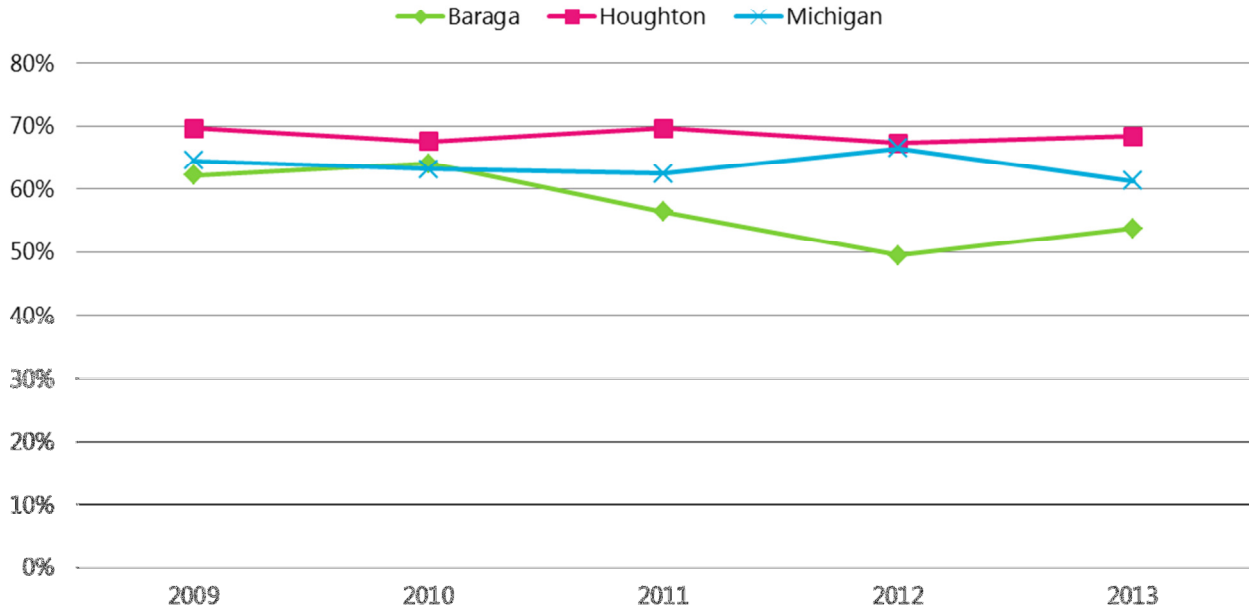
TO PREVENT...

| | |
|------------------|--------------------------------------|
| 4 doses DTaP | Diphtheria, tetanus, pertussis |
| 3 doses IPV | Polio |
| 1 dose MMR | Measles, mumps, rubella |
| 3 doses Hib | <i>Haemophilus influenzae</i> type b |
| 3 doses HepB | Hepatitis B |
| 1 dose Varicella | Chickenpox |
| 4 doses PCV | Pneumococcus |



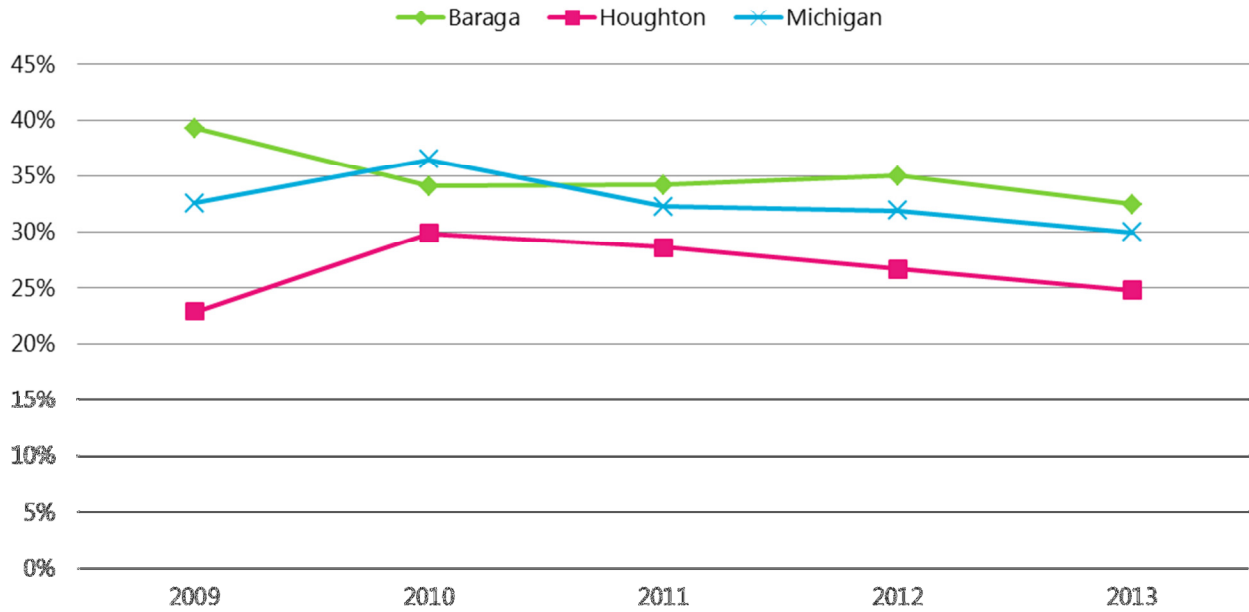
LITERACY

STUDENTS PROFICIENT IN GRADE 3 READING (MEAP)

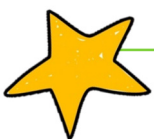


Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>

STUDENTS NOT PROFICIENT IN GRADE 4 READING (MEAP)



Michigan League for Public Policy and the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>



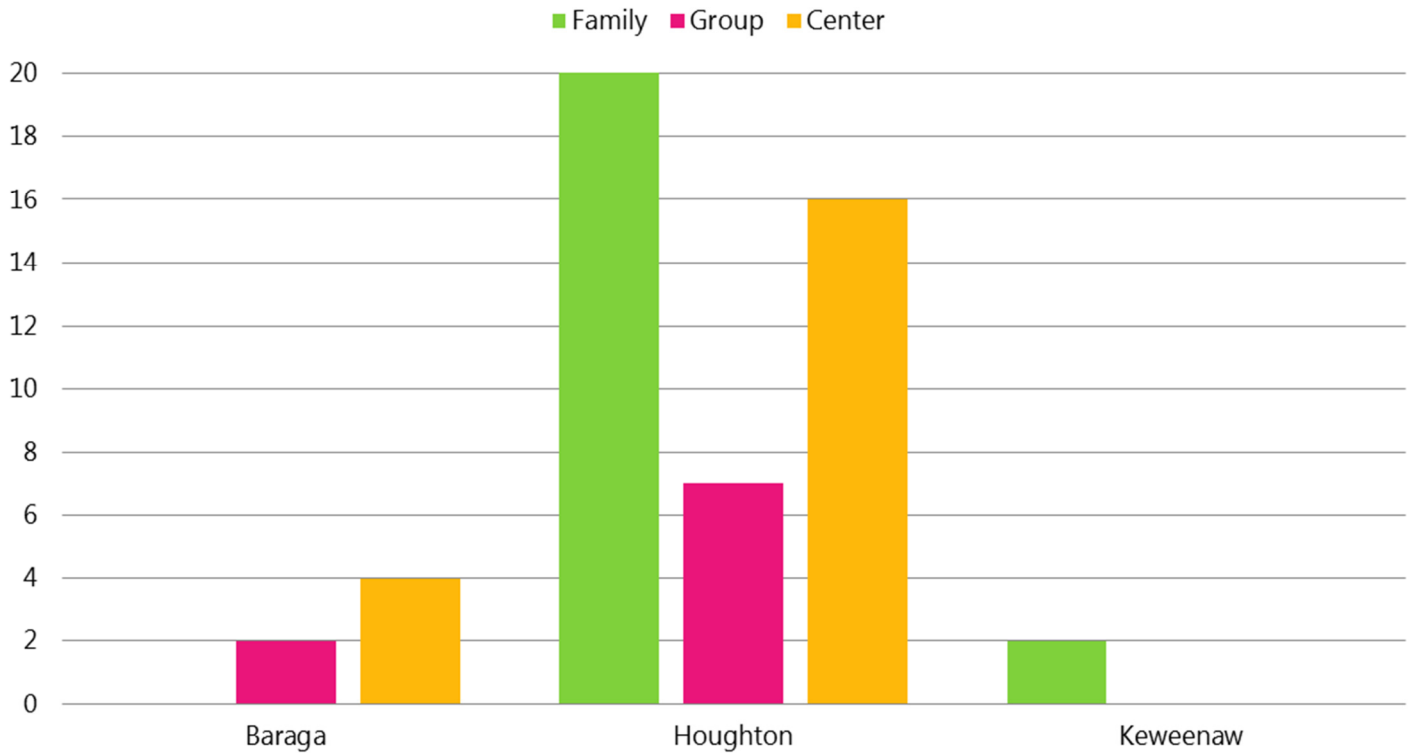
EARLY CARE AND EDUCATION

| LICENSED CHILDCARE PROVIDERS | | | | |
|------------------------------|-----------|----------|-----------|-----------|
| | Family | Group | Center | Total |
| Baraga | 0 | 2 | 4 | 6 |
| Houghton | 20 | 7 | 16 | 43 |
| Keweenaw | 2 | 0 | 0 | 2 |
| Total | 22 | 9 | 20 | 51 |

DID YOU KNOW?

An estimated 2,578 children under the age of five live in the Copper Country, meaning there is approximately one childcare provider for every 50 children

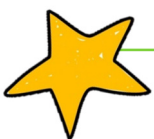
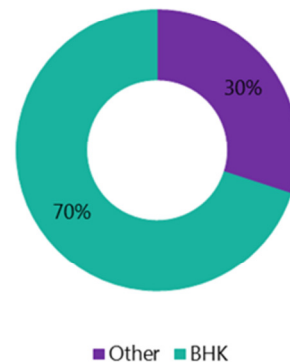
LICENSED CHILDCARE PROVIDERS



Retrieved from http://www.dleg.state.mi.us/brs_cdc/sr_lfl.asp

CHILDCARE CENTER BREAKDOWN

Of the 20 childcare centers in the Copper Country, 14 are affiliated with BHK, which receives state and federal funding to provide high quality education, including Early Head Start, Head Start, and GSRP. Families who do not qualify for BHK report having difficulty finding childcare. The six remaining childcare centers are all located in Houghton County, and only two accept infants.



EARLY CARE AND EDUCATION

| CHILDCARE AND PRESCHOOL AT A GLANCE | |
|--|--|
| 590 | Number of children enrolled in BHK programs as of May 2015 (275 children in Head Start, 149 children in Early Head Start, and 166 children through the Great Start Readiness Program – GSRP) |
| 19.6% | Estimated percentage of children in the Copper Country under the age of five who were enrolled in nursery or preschool in 2013, according to American Community Survey (ACS) data |
| 24% | Percentage of all Copper Country 4-year-olds served by GSRP in 2013 |
| 88% | Percentage of parents who indicated on the family survey that preschool prepares kids to enter kindergarten |
| 59% | Percentage of parents who plan to have a “parent stay home with child” as part of their primary plan for care |

| WHAT IS EARLY HEAD START? | WHAT IS HEAD START? |
|---|--|
| Early Head Start is a federally funded program that serves pregnant women, infants, and toddlers. Early Head Start helps families care for their infants and toddlers through early, continuous, intensive, and comprehensive services. | Head Start is a federally funded program that promotes the school readiness of young children from low-income families. Comprehensive development services focus on early learning, health, and family well-being. |

| WHAT IS GSRP? |
|--|
| Great Start Readiness Program is Michigan’s state funded preschool program, providing quality early education to four-year-olds who qualify based on certain risk factors. GSRP helps expand access to preschool for children who are not eligible for Head Start. |

| WHAT ARE GSRP RISK FACTORS? | |
|--|--|
| Extremely low family income | Below 200% of federal poverty level (FPL) |
| Low family income | Between 200% and 300% of FPL |
| Diagnosed disability or identified developmental delay | Child is eligible for special education services or child’s developmental progress is less than that expected for his/her chronological age, or chronic health issues cause development or learning problems |
| Severe or challenging behavior | Child has been expelled from preschool or child care center |
| Primary home language other than English | English is not spoken in the child’s home; English is not the child’s first language |
| Parent/guardian with low educational attainment | Parent has not graduate from high school or is illiterate |
| Abuse/neglect of child or parent | Domestic, sexual, or physical abuse of child or parent; child neglect issues |
| Environmental risk | Parental loss due to death, divorce, incarceration, military service, or absence |

See Appendix H for more detailed information regarding income eligibility



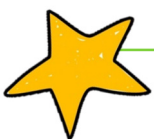
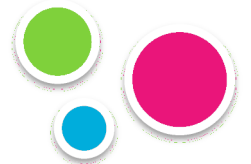
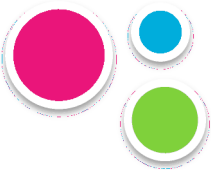
PRIORITIZED NEEDS AND ROOT CAUSES

Based on the findings from the community needs and strengths assessment, the Strategic Planning Committee prioritized areas of need according to their feasibility and potential impact. The committee facilitated three in-depth root cause analysis meetings consisting of parents and CCGSC Board Members. Participants analyzed data and uncovered root causes in an effort to gain a better understanding of what early childhood strengths and gaps exist in the community and among the organizations that serve families with young children.

The prioritized needs and corresponding root causes laid the foundation for later strategy development. This process ensured that the strategies and objectives that were selected would create meaningful systems change instead of addressing surface level issues. Care was taken to align chosen strategies with the six high-leverage areas identified by Governor Snyder in improving outcomes for children. Below is a summary of prioritized needs and root causes. Please see Appendix C for diagrams illustrating the root cause analysis process.

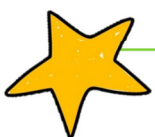
NOT ALL CHILDREN ARE HEALTHY

- ★ WIC and other services underutilized
 - Lack of parent awareness regarding existing services in community
 - No centralized location to access information on available services
 - Eligibility criteria not always explained clearly
 - Lack of physician awareness of and referrals to community resources
 - Limited outreach and collaboration with medical community
- ★ Inadequate prenatal care
 - Rural and remote area
- ★ Unhealthy parent attitudes and behaviors
 - High percentage of mothers who smoke during pregnancy
 - Nicotine addiction
 - No real understand of how secondhand smoke affects unborn babies
 - Prevalent prescription and illegal drug abuse
 - Impoverished and isolated communities
 - Lack of other outlets and activities
- ★ High rates of childhood obesity
 - Poor nutrition
 - Limited opportunities for active play
 - Long winters
 - Few affordable indoor recreation areas for all ages
- ★ Some parents lack understanding of health issues impacting children
 - Misconceptions surrounding the risks of immunizations
 - Parents getting information from unreliable and inaccurate sources



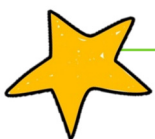
NOT ALL CHILDREN'S SOCIAL-EMOTIONAL HEALTH IS SUPPORTED BY THEIR PARENTS OR THE COMMUNITY

- ★ Some populations are underserved
 - Children in foster care underrepresented in early childhood programs
 - Families just above poverty line ineligible for many services
- ★ Lack of programs and services
 - Significant cuts to community mental health funding
 - Gap in services from Early On to kindergarten for children with developmental or behavioral concerns
 - Rural and remote area
 - Lack of awareness of what existing services are available and how to access them
 - Poor community outreach and communication
 - Scattered information on child development and community resources
- ★ Rise in behavioral issues a concern for educators and early childhood staff
 - Chaotic and unstable home life
 - Prevalent prescription and illegal drug abuse in community
 - Intergenerational poverty
 - High homelessness rate among Head Start and Early Head Start children
 - Child abuse and neglect
- ★ Some parents do not know what social-emotional health is or how it is affected
 - Lack of parent education and resources
 - No cohesive system for high-risk families
 - Too much screen time leading to lack of positive interactions
 - Lack of awareness of protective factors
- ★ Some providers do not know what resources are available to support social-emotional health
 - Sporadic referrals to intervention and support services
 - Limited use of developmental screenings
 - Spotty outreach and collaboration with physicians



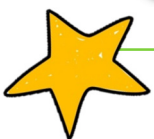
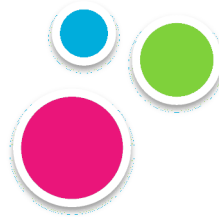
PARENTS AND EDUCATORS ARE NOT ON THE SAME PAGE WHEN IT COMES TO SCHOOL READINESS

- ★ Parents do not always understand what school readiness is and why it is important
 - No shared definition of school readiness in the community
 - Different educators have different expectations of what skills are necessary to be ready for school
 - Disconnect between state age guideline and kindergarten readiness expectations
 - Not all families have access to preschool
 - Restrictive eligibility guidelines
 - Hours of local preschool locations do not meet parents' needs
- ★ Not all families emphasize early and consistent reading
 - Mindset that everything to do with reading will be taught in school
 - Increase in the amount of screen time children are exposed to
 - Reading can be unaffordable
 - Books are expensive
 - Community library access not streamlined or affordable for all families
- ★ There is no clear transition planning from preschool to kindergarten
 - No consistent partnerships between early childhood staff and elementary teachers
 - Kindergarten and preschool focus on different things
- ★ Some educators believe parents are unable to be good parents and treat them as part of the problem
 - Burnout from increased expectations, workload, and class size and decreased education funding
 - Families with multiple risk factors and child behavior issues take up the most time and energy



EARLY CHILDHOOD CARE AND EDUCATION OPPORTUNITIES ARE NOT EASILY ACCESSIBLE TO ALL FAMILIES

- ★ Not enough childcare and preschool options in the area
 - Rural and remote location
 - Stringent state requirements for GSRP programming
 - Mindset that preschool has to be top-notch when many families actually need quality childcare
 - Difficult to attract qualified personnel
 - No early childhood education programs at local universities
 - No perceived incentives to increase Star Rating
- ★ Some area preschool providers are under-enrolled
 - Cumbersome application process
 - Targeting families that may not need childcare due to employment status
 - Restrictive eligibility guidelines limit who can access childcare and preschool programs
 - Focus on serving children most in need means other children fall through the gaps
 - Negative reputation in community due to not understanding selection criteria
 - Parents self-deselect from services
- ★ Existing care opportunities do not meet the needs of many families
 - Frequent childcare center closures on cold and snow days
 - Limited after-hours care
 - Many parents do not work traditional 9 to 5 jobs
 - Parents often on waitlists for childcare and preschool
 - Families not finding out until late whether their child is accepted
 - Can be difficult to find a baby-sitter
 - No local baby-sitting classes
 - Limited informal networks for people new to the area and for student and international populations
- ★ Lack of awareness of what childcare and preschool opportunities do exist in area
 - Information is scattered
 - No universal preschool/childcare application
 - Little need for home-based providers to network due to high demand
 - Eligibility criteria is not explained clearly
 - Eligibility criteria is complicated



GOALS AND OBJECTIVES

The Copper Country Great Start Collaborative is committed to achieving the early childhood outcomes established through the Michigan Office of Great Start:

1. Children are born healthy
2. Children are healthy, thriving, and developmentally on track from birth to third grade
3. Children are developmentally ready to succeed in school at time of school entry
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade

However, as described in the Community Needs and Strengths section, the reality is that not all children in the Copper Country are reaching these outcomes. The following goals, objectives, and strategies were selected to address these gaps and answer the question, “Why is this happening and what can we do about it?” This process was facilitated using tools from the ABL Change Framework, conducting a community needs assessment, and analyzing quantitative, qualitative, and root cause data. Please see Appendix C for an in-depth root cause analysis. Additionally, care was taken to ensure that objectives and strategies align with OGS recommendations and guiding principles, as well as Strengthening Families Protective Factors and Michigan State University’s Levers for Change (see Appendices F and G).

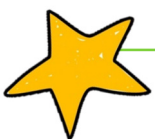
These objectives and strategies are captured, along with corresponding activities, in the Action Agenda, which will be implemented over the three-year life of the strategic plan (2016-2018), with some action items beginning as early as October 2015. The Strategic Planning Committee’s goal was to outline activities that would be a catalyst for systems change beyond the first year of the strategic plan and also be a springboard for the CCGSC yearly Scope of Work plan. Action Agenda items will be reviewed each year for progress and continued feasibility and will be updated accordingly.

GOAL 1

Improve the overall physical health and well-being of Copper Country children, focusing on prenatal care through age eight

CONTRIBUTING FACTORS (ROOT CAUSES)

- ★ Lack of adequate prenatal care
- ★ Prevalent prescription and illegal drug abuse
- ★ High percentage of mothers who smoke during pregnancy
- ★ Limited opportunities for active play during winter months for older children
- ★ WIC and other services underutilized
- ★ Limited breastfeeding awareness and support
- ★ High rates of childhood obesity
- ★ Limited outreach and collaboration with physicians
- ★ Limited physician awareness of and referrals to early childhood community resources
- ★ Misconceptions regarding immunizations
- ★ Limited resources for all families to access dental care
- ★ Widespread poverty



OBJECTIVES AND STRATEGIES

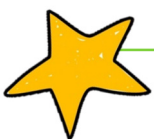
1. Provide outreach and education to parents and service providers on childhood health and wellness
 - a. Develop and coordinate training and educational materials for organizational partners
 - b. Partner with the local medical community to increase family health educational opportunities
 - c. Coordinate healthy lifestyle programs and resources that provide parents with the tools to support and guide the development of their children
2. Increase parent understanding of health issues impacting young children
 - a. Continue and expand on a dental health awareness and education campaign targeting families with young children
 - b. Increase awareness of childhood obesity and the negative effects it has on child development
 - c. Promote awareness of substance abuse issues, including secondhand smoke, that affect children and families

OBJECTIVE AND STRATEGY ALIGNMENT

OUTCOMES

- Children are born healthy
- Children are healthy, thriving, and developmentally on track from birth to third grade
- Children are developmentally ready to succeed in school at time of school entry
- Children are prepared for success in fourth grade and beyond by reading proficiently by the end of third grade

| KEY FOCUS AREAS | GUIDING PRINCIPLES | RECOMMENDED STRATEGIES | PROTECTIVE FACTORS |
|---|--|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pediatric and Family Health <input type="checkbox"/> Social and Emotional Health <input type="checkbox"/> Early Care and Education <input type="checkbox"/> Family Support <input checked="" type="checkbox"/> Parent Education | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children and families are the highest priority <input checked="" type="checkbox"/> Parents and communities must have a voice in building and operating the system <input checked="" type="checkbox"/> Children with the greatest need must be served first <input checked="" type="checkbox"/> Invest early <input checked="" type="checkbox"/> Quality matters <input checked="" type="checkbox"/> Efficiencies must be identified and implemented <input checked="" type="checkbox"/> Opportunities to coordinate and collaborate must be identified and implemented | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Build leadership within the system <input checked="" type="checkbox"/> Support parents' critical role in their children's early learning and development <input checked="" type="checkbox"/> Assure quality and accountability <input checked="" type="checkbox"/> Ensure coordination and collaboration <input checked="" type="checkbox"/> Use funding efficiently to maximize impact <input checked="" type="checkbox"/> Expand access to quality programs | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Parental resilience <input type="checkbox"/> Social connections <input checked="" type="checkbox"/> Knowledge of parenting and child development <input type="checkbox"/> Concrete support in times of need <input type="checkbox"/> Social and emotional competence of children |



GOAL 2

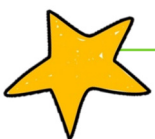
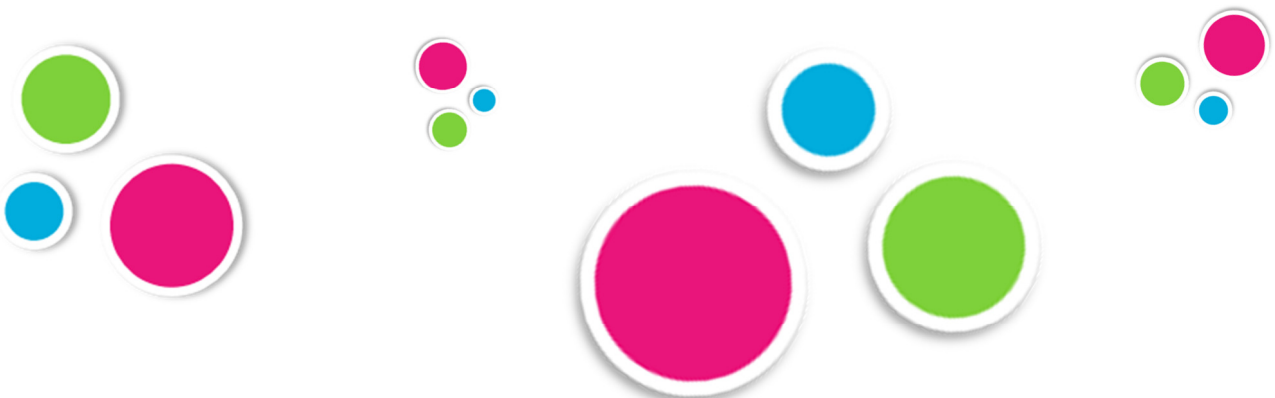
Build strong families that foster the social-emotional development of their children

CONTRIBUTING FACTORS (ROOT CAUSES)

- ★ Parents indicate a lack of programs and services
- ★ Lack of individual and community awareness of what existing services are available and how to access them
- ★ High prevalence of prescription and illegal drug abuse
- ★ Limited use of developmental screenings by some providers
- ★ Gap in services from Early On to kindergarten for children with behavioral or developmental concerns
- ★ Rise in behavioral issues a concern for teachers
- ★ Some parents do not understand the importance of social-emotional health
- ★ Community mental health services are difficult for most families to access due to funding cuts
- ★ Services not accessible to all families due to geographic isolation
- ★ No cohesive system for high-risk families
- ★ Children in foster care are underserved in early childhood programs

OBJECTIVES AND STRATEGIES

1. Increase community awareness of the importance of social-emotional development and available resources
 - a. Increase availability of information on social-emotional development among parents, caregivers, health professionals, and other service providers
2. Empower families to take an active role in supporting the social-emotional well-being of their children
 - a. Offer collaborative socializations, evidence-based programs, home-visiting services, and events for families that foster the social-emotional well-being of children
 - b. Address parent leadership and engagement through outreach efforts
3. Create a seamless system of services for families needing support
 - a. Increase access to developmental screenings and evidence-based programs for all children
 - b. Identify and reduce barriers to efficient and effective service provision among agencies that serve young children and their families
 - c. Coordinate professional development opportunities that increase family stability and promote social-emotional competence



OBJECTIVE AND STRATEGY ALIGNMENT

- OUTCOMES**
- Children are born healthy
 - Children are healthy, thriving, and developmentally on track from birth to third grade
 - Children are developmentally ready to succeed in school at time of school entry
 - Children are prepared for success in fourth grade and beyond by reading proficiently by the end of third grade

| KEY FOCUS AREAS | GUIDING PRINCIPLES | RECOMMENDED STRATEGIES | PROTECTIVE FACTORS |
|--|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric and Family Health <input checked="" type="checkbox"/> Social and Emotional Health <input type="checkbox"/> Early Care and Education <input checked="" type="checkbox"/> Family Support <input checked="" type="checkbox"/> Parent Education | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children and families are the highest priority <input checked="" type="checkbox"/> Parents and communities must have a voice in building and operating the system <input checked="" type="checkbox"/> Children with the greatest need must be served first <input checked="" type="checkbox"/> Invest early <input checked="" type="checkbox"/> Quality matters <input checked="" type="checkbox"/> Efficiencies must be identified and implemented <input checked="" type="checkbox"/> Opportunities to coordinate and collaborate must be identified and implemented | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Build leadership within the system <input checked="" type="checkbox"/> Support parents' critical role in their children's early learning and development <input checked="" type="checkbox"/> Assure quality and accountability <input checked="" type="checkbox"/> Ensure coordination and collaboration <input type="checkbox"/> Use funding efficiently to maximize impact <input type="checkbox"/> Expand access to quality programs | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Parental resilience <input checked="" type="checkbox"/> Social connections <input checked="" type="checkbox"/> Knowledge of parenting and child development <input checked="" type="checkbox"/> Concrete support in times of need <input checked="" type="checkbox"/> Social and emotional competence of children |

GOAL 3

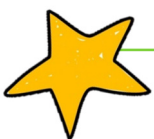
Promote quality early learning experiences that support school readiness and later school success

CONTRIBUTING FACTORS (ROOT CAUSES)

- ★ No shared definition of school readiness in community
- ★ Parents do not always understand what school readiness is and how it is affected
- ★ No clear bridge or transition planning between preschool and kindergarten
- ★ Families and educators have different expectations of what skills are necessary in order to be ready for school
- ★ Lack of parent resources and understanding of child development
- ★ Limited access to early education programs for families
- ★ Increase in young children's screen time and a decrease in active play
- ★ Perception that some parents are unwilling or unable to provide good parenting

OBJECTIVES AND STRATEGIES

1. Support successful transitions from preschool to kindergarten
 - a. Establish common school readiness definition and expectations



- b. Offer educational and networking opportunities to early childhood staff and elementary educators regarding school readiness in order to increase level of transition planning from preschool to kindergarten
 - c. Provide parent educational materials and programs on school readiness and school success
2. Create community-wide opportunities for all children that increase early literacy competency
- a. Promote adoption of evidence-based literacy programs and events

OBJECTIVE AND STRATEGY ALIGNMENT

OUTCOMES

- Children are born healthy
- Children are healthy, thriving, and developmentally on track from birth to third grade
- Children are developmentally ready to succeed in school at time of school entry
- Children are prepared for success in fourth grade and beyond by reading proficiently by the end of third grade

| KEY FOCUS AREAS | GUIDING PRINCIPLES | RECOMMENDED STRATEGIES | PROTECTIVE FACTORS |
|---|--|--|--|
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GOAL 4

Increase access to and quality of early care and education opportunities

CONTRIBUTING FACTORS (ROOT CAUSES)

- ★ Not enough childcare and preschool options in the area
- ★ GSRP has turned back slots in past years
- ★ Difficulty recruiting for enrollment in Head Start, Early Head Start, and GSRP
- ★ Difficult to find qualified staff to fill early childhood teacher roles
- ★ Existing care opportunities do not meet parents' needs
- ★ Restrictive eligibility guidelines limit who can access childcare and preschool programs
- ★ Scattered information
- ★ Cumbersome application process



- ★ No respite care
- ★ Limited informal networks for people new to the area and for student and international populations
- ★ Limited after hours care
- ★ Difficult to find baby-sitters
- ★ Providers indicate lack of awareness and knowledge of available childcare opportunities

OBJECTIVES AND STRATEGIES

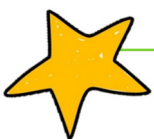
1. Increase community coordination and collaborative outreach efforts to families
 - a. Develop resources and protocols that promote access to and awareness of early care and education options
 - b. Increase outreach and networking activities with early childhood staff
 - c. Identify and target new preschool recruitment opportunities
 - d. Identify and target the unique childcare needs of all parents
2. Develop and maintain partnerships that enhance access to early childhood education
 - a. Provide ongoing support, recruitment, and oversight for GSRP
 - b. Coordinate and promote early childhood education programs and resources

OBJECTIVE AND STRATEGY ALIGNMENT

OUTCOMES

- Children are born healthy
- Children are healthy, thriving, and developmentally on track from birth to third grade
- Children are developmentally ready to succeed in school at time of school entry
- Children are prepared for success in fourth grade and beyond by reading proficiently by the end of third grade

| KEY FOCUS AREAS | GUIDING PRINCIPLES | RECOMMENDED STRATEGIES | PROTECTIVE FACTORS |
|--|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric and Family Health <input type="checkbox"/> Social and Emotional Health <input checked="" type="checkbox"/> Early Care and Education <input checked="" type="checkbox"/> Family Support <input checked="" type="checkbox"/> Parent Education | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children and families are the highest priority <input checked="" type="checkbox"/> Parents and communities must have a voice in building and operating the system <input checked="" type="checkbox"/> Children with the greatest need must be served first <input checked="" type="checkbox"/> Invest early <input checked="" type="checkbox"/> Quality matters <input checked="" type="checkbox"/> Efficiencies must be identified and implemented <input checked="" type="checkbox"/> Opportunities to coordinate and collaborate must be identified and implemented | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Build leadership within the system <input checked="" type="checkbox"/> Support parents' critical role in their children's early learning and development <input checked="" type="checkbox"/> Assure quality and accountability <input checked="" type="checkbox"/> Ensure coordination and collaboration <input checked="" type="checkbox"/> Use funding efficiently to maximize impact <input checked="" type="checkbox"/> Expand access to quality programs | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Parental resilience <input checked="" type="checkbox"/> Social connections <input checked="" type="checkbox"/> Knowledge of parenting and child development <input checked="" type="checkbox"/> Concrete support in times of need <input type="checkbox"/> Social and emotional competence of children |



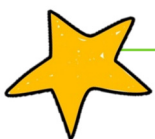
INFRASTRUCTURE REVIEW

In 2011, CCGSC members participated in an Infrastructure Review that evaluated CCGSC performance as it related to eight “Levers for Change” (ECIC & Michigan State University), areas that were found to be critical in promoting Great Start success. Results of this review were presented in a comprehensive report in 2012. In accordance with state guidance and to ensure that the Copper Country Great Start Collaborative’s efforts remain focused on achievable systemic change, especially surrounding issues of access, awareness, and alignment, the Strategic Planning Committee reviewed 2012 results and contracted TA consultant Kay Balcer to conduct an updated Infrastructure Review.

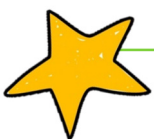
In May 2015, Collaborative members provided feedback that revealed a snapshot of how the Collaborative has progressed in these areas, as well as on three Levers that were added in 2012: equity orientation, root cause focus, and local champions. It is worth noting that the percentage of individuals who responded “Quite a Bit” or “A Great Deal” increased across all Levers, indicating that the CCGSC is making substantial progress on enhancing its mission, vision, and Scope of Work activities. This success would not be possible without the dedication of active GSC and GSPC members and the support of the communities CCGSC serves.

A summary of current Infrastructure Review findings is below. More detailed survey results from 2012-2015 can be found on the following page and in Appendix G.

| | |
|---|--|
| <p>Strengths Areas where member feedback revealed CCGSC is excelling</p> | <ul style="list-style-type: none"> ★ Equity Orientation ★ Interdependent Organizations ★ Strong Relational Networks ★ Effective Partnerships ★ Shared Goals |
| <p>Challenges Areas that represent opportunities for improvement</p> | <ul style="list-style-type: none"> ★ Readiness for Change ★ Parent Leadership & Voice ★ Local Champions |
| <p>Focus Areas Top three Levers that CCGSC members would like to focus on moving forward</p> | <ul style="list-style-type: none"> ★ Root Cause Focus ★ Parent Leadership & Voice ★ Effective Partnerships |



| COPPER COUNTRY GSC/GSPC LEVERS FOR CHANGE | | 2010 | 2010 to 2012 | 2012 | 2012 to 2015 | 2015 |
|--|--|-------|--------------|-------|--------------|-------|
| (Percentages reflect the number of individuals responding "Quite a Bit" or "A Great Deal") | | | | | | |
| Equitable system Pursuits | Equity Orientation The needs of the most vulnerable and/or underrepresented children and families in a local community are understood and addressed in a systematic and meaningful manner. Input of vulnerable constituents is valued and disparities in outcomes are targeted. | N/A | N/A | N/A | N/A | 91.7% |
| | Root Cause Focus Identifying the underlying causes of community problems is a priority, and the complexity of these causes is recognized. Members understand that the coordinated effort of multiple organizations/agencies is required to target these root causes | N/A | N/A | N/A | N/A | 75.0% |
| Systems Change Climate | Strong Relational Networks Strong relational networks easily exchange referrals, coordinate services, and share resources across various agencies in the community. | 25.0% | ↓ | 22.7% | ↑ | 75% |
| | Intentional Systems Change Actions Active pursuit of system change efforts, such as shifting or adopting new policies, procedures, or programs to reduce barriers and improve the early childhood system. | 50.0% | ↓ | 0.0% | ↑ | 79.2% |
| Readiness for Change | Local Champions The broader community understands the urgency of the Great Start effort and member organizations are aligning their own strategic plans with Great Start priorities. Community leaders, including those from the business and government sectors, act in support of the Great Start effort in the community. | N/A | N/A | N/A | N/A | 58.3% |
| | Interdependent Organizations Member organizations see the value in the collaborative effort and support other partners at the table. | 46.7% | ↑ | 60.0% | ↑ | 83.3% |
| | Readiness for Change Individuals and organizations believe in the need for change and have the capacity to pursue it. | 54.3% | ↑ | 56.3% | ↑ | 70.8% |
| Authentic Leadership and Voice | Parent Leadership & Voice Parents are effective leaders and competent champions for early childhood and represent a knowledgeable, diverse, and visible parent constituency. | 22.9% | ↑ | 31.3% | ↑ | 70.8% |
| | Effective Partnerships Strong, effective ties between the GSC and GSPC, and also with key outside organizations in the community. | 73.1% | ↓ | 56.7% | ↑ | 83.3% |
| Engaged Constituents | Shared Goals A unified vision shared with the GSC and GSPC, including: an aligned understanding of, and agreement upon, problems, possible solutions, and overall goals. | 61.5% | ↓ | 60.0% | ↑ | 87.5% |
| | Active Constituents Active and involved members making valuable contributions to the GSC/GSPC, including: speaking at meetings, holding an office, or advocating for early childhood in the community. | 65.6% | ↑ | 70.7% | ↑ | 79.2% |



COPPER COUNTRY GREAT START COLLABORATIVE EARLY CHILDHOOD ACTION AGENDAS

GOAL 1: Improve the overall physical health and well-being of Copper Country children, focusing on prenatal care through age eight

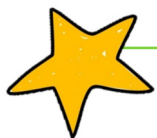
| | |
|---|--|
| <p>Targeting the following early childhood outcomes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input checked="" type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. | <p>Addresses the following early childhood components:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pediatric and Family Health <input type="checkbox"/> Social and Emotional Health <input checked="" type="checkbox"/> Parent Education <input type="checkbox"/> Child Care and Early Learning <input checked="" type="checkbox"/> Family Support |
|---|--|

Data

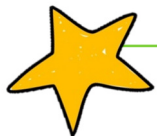
- Percentage of mothers who smoked during pregnancy in 2013: 46.4% in Baraga County, 21.3% in Houghton County, and 25.5% in Keweenaw County
- In 2013, the percentage of children ages 1-4 receiving WIC was 45.9% in Keweenaw County, 63.2% in Houghton County, and 105.6% in Baraga County
- Of all the births in the Copper Country in 2013, 37.8% were paid for by Medicaid in Houghton County, 63% in Baraga County, and 41.2% in Keweenaw County
- Area has a high percentage of births with less than adequate prenatal care: 40.7% in Baraga County, 37.9% in Houghton County, and 35.3% in Keweenaw County, compared to 29.4% in Michigan (2013)
- In 2013, the percentage of fully immunized toddlers ages 19-35 months was 75% in Baraga County, 68.6% in Houghton County, and 56.5% in Keweenaw County, compared to 74.3% in Michigan
 - 98% of Head Start and Early Head Start children are up to date on immunizations
- 89% of parents surveyed indicated they receive child development information from their physicians
- 57% of parents surveyed also indicated that they use the Internet for information on child development

Root Causes

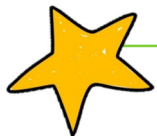
- Lack of adequate prenatal care
- Prevalent prescription and illegal drug abuse
- High percentage of mothers who smoke during pregnancy
- Limited opportunities for active play during winter months for older children
- WIC and other services underutilized
- Limited breastfeeding awareness and support
- High rates of childhood obesity
- Limited outreach and collaboration with physicians
- Limited physician awareness of and referrals to early childhood community resources
- Misconceptions regarding immunizations
- Limited resources for all families to access dental care
- Widespread poverty



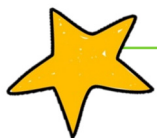
| Objective 1: Provide outreach and education to parents and service providers on childhood health and wellness | | | | |
|--|--|---|---|--------------------------------------|
| Strategy 1: Develop and coordinate training and educational materials for organizational partners | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> • Training opportunities are established and offered to early childhood staff and service providers • Educational materials are developed | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Create 10 tip sheets for distribution at educational events | - CCGSC Director | May 2017 | - Tip sheets | # of tip sheets distributed |
| 2. Offer informational training events for area-wide home visiting staff through monthly breakfast meeting format | - CCGSC Director - LICC Coordinator - Early On staff | October 2015 and ongoing | - Meeting space | # of trainings offered |
| Strategy 2: Partner with the local medical community to increase family health educational opportunities | | Strategy 2 Performance Measures: <ul style="list-style-type: none"> • Increase in medical community’s awareness of resources and opportunities for families with young children • Increase in number of referrals from physicians to community programs | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Reach out to healthcare providers with community resource information on WIC and prenatal drug exposure | - CCGSC Director | January 2016 | - Healthcare provider contact information - Resource information | # of health care providers contacted |
| 2. Provide Welcome Baby bags and outreach to mothers who deliver in two area hospitals | - CCGSC Outreach Coordinator | Ongoing | - Welcome Baby bags - Staff time - Bag content | # of bags distributed |
| 3. Expand the Welcome Baby Program to physicians’ offices in order to target babies born in other communities or at home | - CCGSC Outreach Coordinator - Local physicians | January 2016 | - Welcome Baby bags - Staff time - Bag content | # of physician visits |



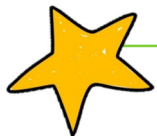
| Strategy 3: Coordinate healthy lifestyle programs and resources that provide parents with the tools to support and guide the development of their children | | Strategy 3 Performance Measures: <ul style="list-style-type: none"> • Development of a community-wide Health Summit and Choose Healthy UP initiative • A World Café style awareness and needs discussion on healthy lifestyle programs is held • Creation of a systemic “Hub of Wellness” for parents to access information on childhood health issues, including prenatal care, immunizations, and breastfeeding | | |
|---|--|---|--|--|
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Organize a Health Summit and community-wide Choose Healthy month | <ul style="list-style-type: none"> - CCGSC Director - Health Committee - Health Department staff | Summit: October 2015 Choose Healthy Month: October 2016 | <ul style="list-style-type: none"> - Meeting space for Summit - Refreshments - Advertising - Funding | Choose Healthy Summit is held Amount of funding acquired |
| 2. Coordinate “Explore the Outdoors” events with community partners | <ul style="list-style-type: none"> - CCGSC Parent Liaison - KFRC staff - CCGSC Outreach Coordinator - GSQRRC staff | June – September 2016, 2017, 2018 | <ul style="list-style-type: none"> - Space - Refreshments - Activities - Staff time | # of events # of families in attendance # of completed satisfaction surveys |
| 3. Support and coordinate a “Hub of Wellness” information center for new and expecting parents with information on: <ul style="list-style-type: none"> • Safe sleep • Car seat safety • Immunizations • Breastfeeding awareness • Prenatal care • Nutrition awareness (WIC) | <ul style="list-style-type: none"> - CCGSC Parent Liaison - Parent Coalition members - Home Visiting staff - Health Department staff - Physicians’ offices - KFRC Director | Ongoing | <ul style="list-style-type: none"> - Collaborative partnership with CCGSC organizations - Tree House Indoor Playground - Resource materials | # of parents accessing information at the KFRC Tree House # of partners providing resources at the Tree House # of community partnerships utilizing the Tree House for family outreach |
| 4. Increase community presentations and sponsorship of parent education events that focus on the whole child | <ul style="list-style-type: none"> - CCGSC Parent Liaison | Ongoing | <ul style="list-style-type: none"> - Space | # of events planned |
| 5. Increase access to parenting information through the distribution of “Parenting the Second and Third Years” newsletters | <ul style="list-style-type: none"> - Kellogg “Watch Me Grow” Project Coordinator - CCGSC Outreach Coordinator | October 2016 then ongoing | <ul style="list-style-type: none"> - Newsletters - Postage | # of parents receiving newsletter |



| Objective 2: Increase parent understanding of health issues impacting young children | | | | |
|---|--|--|--|---|
| Strategy 1: Continue and expand on a dental health awareness and education campaign targeting families with young children | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> Increase in oral health awareness through Parent Coalition sponsored events Increase in parent knowledge of oral health Parent education and socialization events surrounding children’s oral health offered | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Use events, existing partnerships, and “Hub of Wellness” to promote the importance of oral health during pregnancy | - CCGSC Parent Liaison - CCGSC Outreach Coordinator - Home Visiting staff - Health Department staff | Ongoing | - Space - Educational materials | Prenatal oral health information is provided on home visits and through WIC |
| 2. Promote and participate in February is Dental Health Month | - CCGSC Parent Liaison - CCGSC Outreach Coordinator - Home visiting staff | Ongoing | - PR campaign materials | Earned media attention |
| 3. Offer Parent Coalition sponsored dental health awareness events | - CCGSC Parent Liaison - Parent Coalition | Ongoing | - Space - Materials | # of events offered # in attendance |
| 4. Utilize the Welcome Baby Program to distribute dental wheels and toothbrushes | - CCGSC Outreach Coordinator | Ongoing | - Welcome Baby bags | # of Welcome Baby bags distributed |
| 5. Support dental health awareness in Baraga County through the Baraga County Spring Fling | - CCGSC Director - CCGSC Parent Liaison - Baraga County Task Force | April 2016 April 2017 April 2018 | - PR campaign materials - Event space - Participating agencies | # of families attending # of agencies participating |
| Strategy 2: Increase awareness of childhood obesity and the negative effects it has on child development | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> Childhood obesity initiatives and gross motor play opportunities offered Increased childhood obesity awareness | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Increase awareness of WIC services for pregnant women through promotional materials and events focusing on good nutrition | - WIC coordinator - CCGSC Parent Liaison | Ongoing | - Educational materials - WIC partnership | Increase in # of WIC participants |



| | | | | |
|--|--|---|---|---|
| 2. Coordinate and collaborate on a community-wide Health Summit that focuses on obesity and obesity prevention | - CCGSC Director - Health Committee - Health Department staff | Summit: October 2016 Choose Healthy Month: October 2016 | - Funding - Staff time - Space - Refreshments - Community participation | # in attendance Amount of funding acquired |
| 3. Promote active play through social media and Playtime in the Park events | - CCGSC Director - KFRC staff - CCGSC Parent Liaison | Ongoing | - Play space - Local parks - Promotional materials | # of coordinated program efforts |
| 4. Coordinate nutrition-focused playgroups with healthy snacks and educational components for families with young children | - KFRC staff - Parent Coalition - CCGSC Parent Liaison | January 2016, then ongoing | - Play space - Promotional materials - Snacks | # of events offered # attendance |
| Strategy 3: Promote awareness of substance abuse issues, including secondhand smoke, that affect children and families | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> • Increase in service provider access to information on substance abuse • Increased referrals to services for families • Promotion of Strengthening Families and protective factors | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Continue and expand on a prenatal focus regarding the impact smoking and doing drugs has on children | - Health Department staff - Health Committee | Ongoing | - Educational materials | # of materials distributed |
| 2. Partner with agencies that serve high-risk families to provide training and professional development on substance abuse issues in order to promote awareness of community resources | - Local human service agencies - CCGSC Director - HSCB members | April 2016 | - Trainers - PR materials - Referral system coordination | # of training events offered Creation of a coordinated system between substance abuse and early childhood services |
| 3. Use socializations and home-based services to educate parents on protective factors | - EHS Director - KFRC director | Ongoing | - Educational materials | # of parents enrolled in home-based services |



GOAL 2: Build strong families that foster the social-emotional development of children from birth through age eight

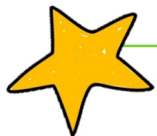
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| <p>Targeting the following early childhood outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input checked="" type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input checked="" type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. | <p>Addresses the following early childhood components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric and Family Health <input checked="" type="checkbox"/> Social and Emotional Health <input checked="" type="checkbox"/> Parent Education <input type="checkbox"/> Child Care and Early Learning <input checked="" type="checkbox"/> Family Support |
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| <p>Data</p> <ul style="list-style-type: none"> • 92 Head Start/Early Head Start children experienced homelessness in 2014 • 57% of preschool children attending BHK programs (Early Head Start, Head Start, GSRP) were identified with a developmental concern • In 2013, the rate of confirmed victims of abuse and/or neglect ages 0-8 in Baraga County was 23 per 1,000 and 12.3 per 1,000 in Houghton County • As of April 2015, unemployment rates in Baraga, Houghton, and Keweenaw counties were 9.3%, 6.4%, and 10%, respectively, compared to 5.4% in Michigan • The percentage of persons living below poverty level from 2009-2013 in Houghton County was 23%, compared to 16.8% in Michigan • Providers completing the System Scan survey indicated the top three issues impacting children in the Copper Country that should be addressed are parents abusing prescription and illegal drugs, the social-emotional health of children, and dealing with challenging childhood behaviors | <p>Root Causes</p> <ul style="list-style-type: none"> • Parents indicate a lack of programs and services • Lack of individual and community awareness of what existing services are available and how to access them • High prevalence of prescription and illegal drug abuse • Limited use of developmental screenings by some providers • Gap in services from Early On to kindergarten for children with behavioral or developmental concerns • Rise in behavioral issues a concern for teachers • Some parents do not understand the importance of social-emotional health • Community mental health services are difficult to access for most families due to funding cuts • Services not accessible to all families due to geographic isolation • No cohesive system for high-risk families • Children in foster care are underserved in early childhood programs |
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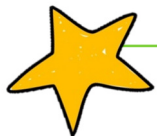
Objective 1:
Increase community awareness of the importance of social-emotional development and available resources

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| <p>Strategy 1: Increase availability of information on social-emotional development among parents, caregivers, health professionals, and other service providers</p> | <p>Strategy 1 Performance Measures:</p> <ul style="list-style-type: none"> • Increased knowledge in community regarding social-emotional development and available resources |
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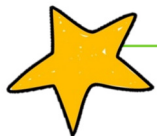
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
|--|--|--------------|---|--|
| 1. Develop and distribute educational materials on social-emotional development through social media and CCGSC website | - CCGSC Director - CCGSC Parent Liaison | Ongoing | - PR materials - Updated website - Staff time | # of materials distributed Social media and website traffic |



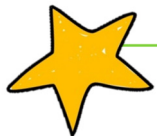
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| 2. Utilize the “Month of the Young Child” in April to launch a social-emotional awareness campaign through media attention, events, and PR in all three counties | - CCGSC Director - CCGSC Parent Liaison - Baraga County Task Force - Executive Committee | April 2016 April 2017 April 2018 | - PR materials - Event supplies - Space - Group planning time | Media attention earned # of events # in attendance |
| 3. Educate public and referral agencies on available community services that support social-emotional development in children | - CCGSC Director - CCGSC members | Ongoing | - Educational materials | # of agencies contacted Increase in # of referrals |
| Objective 2: Empower families to take an active role in supporting the social-emotional well-being of their children | | | | |
| Strategy 1: Offer collaborative socializations, evidence-based programs such as Parents as Teachers, home visiting services, and events for families that foster the social-emotional well-being of children | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> • Collaborative programs and events are offered • Increase in event and program attendance | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Provide parents and children with educational activities and socialization opportunities that facilitate children’s social-emotional development | - CCGSC Parent Liaison - Home Visiting staff | Ongoing | - Space - Activity materials - Early Childhood Funds | # of parents attending # of programs offered |
| 2. Participate in special community events, including: <ul style="list-style-type: none"> • Baraga Spring Fling • Baraga OUT-Fit • GSQRRC training and play opportunities • MTU Preschool Cabin Fever Carnival | - CCGSC Parent Liaison | Ongoing | - Activity materials | # of events and trainings attended |
| Strategy 2: Address parent leadership and engagement through outreach efforts | | Strategy 2 Performance Measures: <ul style="list-style-type: none"> • Parents report taking an active role in their children’s development • Increased knowledge of protective factors | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Increase Parent Coalition membership to represent a diverse group of parents and caregivers | - CCGSC Parent Liaison - CCGSC Outreach Coordinator | Ongoing | - Email Listserv - Outreach materials | # of Parent Coalition members active on different levels # of Core Parents involved with GSC |



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| <p>2. Continue and expand on outreach to parents through existing parent groups and activities, including:</p> <ul style="list-style-type: none"> • MOPS • MTU Preschool Cabin Fever Carnival • Baraga Spring Fling • Playtime in the Park • BHK | <ul style="list-style-type: none"> - CCGSC Parent Liaison - CCGSC Outreach Coordinator | <p>Ongoing</p> | <ul style="list-style-type: none"> - Staff time - Community connection - Parents - Outreach materials | <p># of parent meetings and events attended</p> |
| <p>3. Identify and inform new parents about the Parent Coalition through the Welcome Baby Program and Kellogg “Watch Me Grow” coordination</p> | <ul style="list-style-type: none"> - CCGSC Outreach Coordinator - CCGSC Parent Liaison - Kellogg “Watch Me Grow” Coordinator | <p>Ongoing</p> | <ul style="list-style-type: none"> - Sign-up sheets | <p># of parents signing up for Parent Coalition information</p> |
| <p>Objective 3: Create a seamless system of services for families needing support</p> | | | | |
| <p>Strategy 1: Increase access to developmental screenings and evidence-based programs for all children</p> | | <p>Strategy 1 Performance Measures:</p> <ul style="list-style-type: none"> • Increased physician referrals to socializations and home visiting services • ASQ screening accessible to all children in private childcare centers and home-based daycares • Increase in number of developmental screenings performed | | |
| <p>Activities</p> | <p>Persons/Groups Responsible</p> | <p>Target Dates</p> | <p>Resources Needed</p> | <p>Activity Progress Measures</p> |
| <p>1. Partner with local medical community to increase use of ASQ and Peabody developmental screenings</p> | <ul style="list-style-type: none"> - CCGSC Director | <p>Ongoing</p> | <ul style="list-style-type: none"> - Staff time - Screening materials | <p># of developmental screenings performed</p> |
| <p>2. Partner with local medical community to increase number of referrals to Early On, TRAINS, and evidence-based home visiting services</p> | <ul style="list-style-type: none"> - CCGSC Director - Early On Coordinator | <p>Ongoing</p> | <ul style="list-style-type: none"> - Staff time | <p># of referrals to services</p> |
| <p>3. Partner with GSQRRC to offer family home daycare providers and center-based preschool programs information on and access to ASQ and ASQ:SE assessments</p> | <ul style="list-style-type: none"> - CCGSC Director - GSQRRC staff - Early childhood staff - Home daycare providers - KFRC staff | <p>Ongoing</p> | <ul style="list-style-type: none"> - Staff time - ASQ materials and handouts | <p># of ASQ screenings completed</p> |



| 4. Connect families with risk factors for abuse and neglect, children in foster care, and drug-exposed children to home visiting services and parenting resources through streamlined recruitment and referral processes | - Home visiting staff - Area service providers | Ongoing | - Meeting time - Partnership with area service providers | Increase in home visiting enrollment and referrals Expanded partnerships with local service providers |
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| Strategy 2: Identify and reduce barriers to efficient and effective service provision among agencies that serve young children and their families | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> • Creation and adoption of an updated authorization to share form • Barriers to effective service coordination addressed by Executive Committee | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Review current intake procedures and information-sharing among agencies | - CCGSC Director - Executive Committee | February 2016, then as needed | - Meeting time | Updated intake and authorization to share forms |
| 2. Promote effective interagency service planning and coordination | - CCGSC Director - Executive Committee | February 2016, then ongoing | - Meeting time | Increase in opportunities for interagency service planning |
| Strategy 3: Coordinate professional development opportunities that increase family stability and promote social-emotional competence | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> • Creation of training and professional development opportunities with key agencies • Trainings target the protective factors and social-emotional competence of children | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Promote collaborative, systemic approach to meet the training needs of providers, professionals, and parents | - CCGSC Director - Executive Committee | Ongoing | - Meeting time - Space | # of trainings delivered |
| 2. Offer Part 2 of Strengthening Families | - CCGSC Director - Trainer | October 2015 | - Trainer - Training space | # in attendance |



GOAL 3: Promote quality early learning experiences that support school readiness and later school success

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| <p>Targeting the following early childhood outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input checked="" type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input checked="" type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. | <p>Addresses the following early childhood components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric and Family Health <input checked="" type="checkbox"/> Social and Emotional Health <input checked="" type="checkbox"/> Parent Education <input checked="" type="checkbox"/> Child Care and Early Learning <input checked="" type="checkbox"/> Family Support |
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| <p>Data</p> <ul style="list-style-type: none"> • In 2013, only 53.8% of 3rd grade students in Baraga County and 68.4% of 3rd grade students in Houghton County were proficient in reading according to MEAP test scores • In 2011-2012, 57% of Copper Country kindergarten students were at or above the benchmark for early literacy skills • 88% of parents surveyed in the System Scan believe preschool prepares kids to enter kindergarten • 78% of parents surveyed agree that they play an important role in preparing their kids for kindergarten • The majority of parents reported reading to their children every day (68%) or several times per week (27%) • Most children are allowed 1-2 hours of screen time every day (56%) | <p>Root Causes</p> <ul style="list-style-type: none"> • No shared definition of school readiness in community • Parents do not always understand what school readiness is and how it is affected • No clear bridge or transition planning between preschool and kindergarten • Families and educators have different expectations of what skills are necessary in order to be ready for school • Lack of parent resources and understanding of child development • Limited access to early education programs for families • Increase in young children’s screen time and a decrease in active play • Perception that some parents are unwilling or unable to provide good parenting |
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Objective 1:
Support successful transitions from preschool to kindergarten

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| <p>Strategy 1: Establish common school readiness definition and expectations</p> | <p>Strategy 1 Performance Measures:</p> <ul style="list-style-type: none"> • Creation of a school readiness definition and toolkit |
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| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
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| 1. Align definitions of kindergarten readiness and school expectations | - CCGSC Director - ISD/GSRP staff - School Readiness Workgroup | 2016 | - Workgroup time | Creation of a school readiness toolkit School readiness definition and expectations are aligned |
| 2. Connect with local elementary principals for input and ideas on transitioning to kindergarten and school readiness | - CCGSC Director | Spring 2016 | - Meeting space | Principal’s roundtable meeting attended |



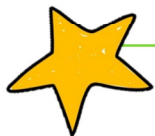
| <p>3. Solicit feedback from parents at Parent Coalition events and from other parent groups regarding kindergarten readiness issues</p> | <ul style="list-style-type: none"> - CCGSC Parent Liaison - Parent Coalition members - Local parent groups | <p>Spring 2016, then ongoing</p> | <ul style="list-style-type: none"> - Feedback sheets - Parent group partnerships - Social media | <p># of parent feedback sheets completed # of parent groups attended</p> |
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| <p>4. Create a school readiness toolkit to promote the aligned definition of school readiness to parents, preschool teachers, and elementary educators, including:</p> <ul style="list-style-type: none"> • Information on what it means to be school ready • School readiness checklist • Parent Guide: What to Expect in Kindergarten • Kindergarten registration information | <ul style="list-style-type: none"> - CCGSC Director - ISD/GSRP staff - School Readiness Workgroup - CCGSC Parent Liaison | <p>2016, then ongoing</p> | <ul style="list-style-type: none"> - Toolkit materials - Staff time | <p>Creation of a school readiness toolkit</p> |
| <p>Strategy 2: Offer educational and networking opportunities to early childhood staff and elementary educators regarding school readiness in order to increase level of transition planning from preschool to kindergarten</p> | | <p>Strategy 2 Performance Measures:</p> <ul style="list-style-type: none"> • Preschool and elementary teachers report smooth transitions to kindergarten • Networking and coordinated training opportunities held for preschool and kindergarten teachers on school readiness | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| <p>1. Meet with kindergarten and preschool teachers to develop a transition plan</p> | <ul style="list-style-type: none"> - CCGSC Director - ISD/GSRP staff - School Readiness Workgroup | <p>Spring 2016, then ongoing</p> | <ul style="list-style-type: none"> - Substitute teacher reimbursement - Meeting room - Refreshments | <p>Transition planning materials developed Transition planning between GRSP/preschool and kindergarten implemented</p> |
| <p>2. Conduct a preschool and kindergarten teacher training on transitioning from preschool and the Kindergarten Entry Assessment (KEA)</p> | <ul style="list-style-type: none"> - School Readiness Workgroup | <p>Spring 2017</p> | <ul style="list-style-type: none"> - Substitute teacher reimbursement - Meeting room - Refreshments - Presenters | <p># of teachers in attendance # of evaluations and feedback surveys completed</p> |
| <p>3. Develop educational and promotional materials to create a “bridge” between local and state preschool assessments</p> | <ul style="list-style-type: none"> - CCGSC Director - ISD/GSRP staff - School Readiness Workgroup | <p>Spring 2016, then ongoing</p> | <ul style="list-style-type: none"> - Local and state assessments - Meeting time | <p>Aligned assessments</p> |



| Strategy 3: Provide parent educational materials and programs on school readiness and school success | | Strategy 3 Performance Measures: <ul style="list-style-type: none"> Parents receive school readiness materials at kindergarten roundup sites Parents have opportunities to learn how child development issues affect school readiness Childcare centers have updated information and resources on school readiness Increase in school readiness messages and preschool enrollment information through social media | | |
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| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Schedule parent education events, such as "Gearing Up For Kindergarten," to coincide with kindergarten roundups. | - CCGSC Parent Liaison - Parent Coalition | March 2016 March 2017 March 2018 | - Meeting room - Childcare - Presenter | # of parents in attendance # of evaluation and satisfaction surveys completed |
| 2. Target hard to reach parents and parents whose children are not in formal preschool settings regarding school readiness through outreach efforts | - CCGSC Director - CCGSC Parent Liaison - CCGSC partner organizations | 2016, then ongoing | - Staff time - Outreach materials | # of parents contacted |
| 3. Distribute school readiness educational materials to childcare centers, family home daycare providers, and libraries | - CCGSC Outreach Coordinator - GSQRRC staff | Ongoing | - School readiness materials and checklist | # of centers receiving materials |
| 4. Utilize social media to promote school readiness topics | - KFRC staff - CCGSC Parent Liaison | Ongoing | - Website - Facebook - Pinterest | # of posts # of "friends" |
| Objective 2: Create community-wide opportunities for all children that increase early literacy competency | | | | |
| Strategy 1: Promote adoption of evidence-based literacy programs and events | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> Literacy subcommittee created Literacy activities implemented Three evidenced-based literary programs reviewed Increase in school readiness through the implementation of evidence-based programming | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Create a literacy subcommittee | - CCGSC Director | 2016 | - Committee members - Meeting space | Creation of a literacy subcommittee |
| 2. Research evidence-based early literacy programs | - CCGSC Director - Local library staff | Spring 2016 | - Staff time | Three evidence-based programs reviewed |



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| <p>3. Implement evidence-based literacy program</p> | <p>- CCGSC Director</p> | <p>January 2017, then ongoing</p> | <p>- Literacy program funds</p> | <p>Funding acquired # of children and families in attendance</p> |
| <p>4. Hold three literacy events to kick off a "Read to Me" Campaign, including:</p> <ul style="list-style-type: none"> • Story hours • "Make it and take it" literacy kits • Puppet literacy bags • Book fair | <p>- CCGSC Parent Liaison - Parent Coalition - Local library - GSQRRC staff</p> | <p>January – May 2016 January – May 2017 January – May 2018</p> | <p>- Social media - Literacy kit and bag materials - Books - Event space - Partnership with library</p> | <p># of events offered # in attendance # of literacy materials distributed</p> |
| <p>5. Partner with evidence-based home visiting programs, libraries, and playgroups to increase parent involvement and create home environments that are supportive of reading</p> | <p>- CCGSC Parent Liaison - Parent Coalition - Home visiting staff - KFRC staff - Local library</p> | <p>Ongoing</p> | <p>- Promotional materials - Local partnerships</p> | <p>Increase in parent involvement in and awareness of early literacy efforts Program implementation is coordinated with local home visiting initiatives</p> |
| <p>6. Partner with local library for literacy events</p> | <p>- CCGSC Director - Library staff</p> | <p>Ongoing</p> | <p>- Library meeting space</p> | <p># of co-sponsored events</p> |
| <p>7. Improve school readiness for children from birth to age five by implementing the Parents as Teachers home visiting model</p> | <p>- CCGSC Director - PAT Program Coordinator</p> | <p>Ongoing</p> | <p>- Funding - Staff training</p> | <p># of families served Evidence of improved school readiness Increased literacy skills</p> |



GOAL 4: Increase access to and quality of early care and education opportunities

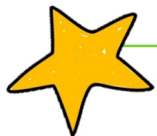
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| <p>Targeting the following early childhood outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input checked="" type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input checked="" type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. | <p>Addresses the following early childhood components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pediatric and Family Health <input type="checkbox"/> Social and Emotional Health <input checked="" type="checkbox"/> Parent Education <input checked="" type="checkbox"/> Child Care and Early Learning <input checked="" type="checkbox"/> Family Support |
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| <p>Data</p> <ul style="list-style-type: none"> • As of May 2015, BHK Child Development Board was serving 275 children in Head Start and 149 in Early Head Start • BHK served 166 children through GSRP during the 2014-2015 school year • 51 licensed childcare providers serve the Copper Country (approximately one provider for every 50 children under the age of five) <ul style="list-style-type: none"> ○ 31 home-based ○ 20 centers <ul style="list-style-type: none"> ▪ Of the 20 childcare centers, 14 are affiliated with BHK ▪ The six remaining childcare centers are all located in Houghton County, and only two accept infants • Some Copper Country counties have as few as 2 home-based providers • 88% of parents surveyed in the System Scan believe preschool prepares kids to enter kindergarten • System Scan revealed that families have difficulty accessing childcare, especially if their income is above the poverty level • 59% of parents surveyed indicated “parent stay home with child” as their primary plan of care | <p>Root Causes</p> <ul style="list-style-type: none"> • Not enough childcare and preschool options in the area • GSRP has turned back slots in past years • Difficulty recruiting for enrollment in Head Start, Early Head Start, and GSRP • Difficult to find qualified staff to fill early childhood teacher roles • Existing care opportunities do not meet parents’ needs • Restrictive eligibility guidelines limit who can access childcare and preschool programs • Scattered information • Cumbersome application process • No respite care • Limited informal networks for people new to the area and for student and international populations • Limited after-hours care • Difficult to find baby-sitters • Providers indicate lack of awareness and knowledge of available child care opportunities |
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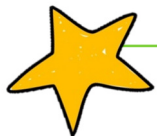
Objective 1:
Increase community coordination and collaborative outreach efforts to families

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| <p>Strategy 1: Develop resources and protocols that promote access to and awareness of early care and education options</p> | <p>Strategy 1 Performance Measures:</p> <ul style="list-style-type: none"> • Development of an early care and preschool guidebook • Increase in medical community’s awareness of resources and opportunities for families with young children |
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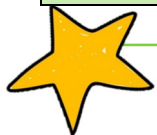
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| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
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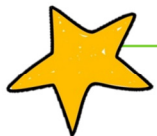
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| 1. Create an ad hoc School Readiness Workgroup that includes parents to address childcare and early education access and awareness issues | - Ad hoc School Readiness Workgroup volunteers - Kellogg "Watch Me Grow" Coordinator | June 2016 | - Meeting time - Meeting space | Creation of an ad hoc School Readiness Workgroup |
| 2. Develop a guidebook that links families to early care and education programs, services, and opportunities | - Ad hoc School Readiness Workgroup - Kellogg "Watch Me Grow" Coordinator | Summer 2016 | - Printing funds - Staff time | Completed guidebook and distribution plan |
| 3. Promote early care opportunities to expecting mothers and new parents through the Welcome Baby Program and Kellogg "Watch Me Grow" grant | - Kellogg "Watch Me Grow" Coordinator - CCGSC Outreach Coordinator | Ongoing | - Welcome Baby bags | # of materials and resource bags distributed to new and expecting parents at hospitals and prenatal doctor visits |
| 4. Develop a universal preschool application and distribution process | - School Readiness Workgroup | March 2016 | - Meeting time - Meeting space | Completed universal preschool application and protocols |
| Strategy 2: Increase outreach and networking activities with early childhood staff | | Strategy 2 Performance Measures: <ul style="list-style-type: none"> Educational outreach, trainings, and resources are shared and streamlined | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Work with the GSQRRC to provide educational outreach for relative care providers, home daycare providers, and child development centers | - CCGSC Director - GSQRRC Director | Ongoing | - Meeting space - Trainers | # of co-sponsored events |
| 2. Assist GSQRRC with the recruitment and engagement of licensed and registered providers to both enter the GSQ network and achieve higher levels of quality | - CCGSC Director - GSQRRC Director - GSQRRC Staff | Ongoing | - Recruitment materials | # of providers expressing interest in the GSQ network # of providers attending trainings |
| 3. Identify training needs across the early child care system | - CCGSC Director - GSQRRC Director | Ongoing | - Survey | Creation and dissemination of a training needs survey |
| Strategy 3: Identify and target new preschool recruitment opportunities | | Strategy 3 Performance Measures: <ul style="list-style-type: none"> Preschool recruitment efforts are expanded to reach diverse groups of parents in the tri-county area | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Host a Principals' Roundtable meeting to promote partnership with schools as an access point for parents to learn about preschool opportunities | - CCGSC Director - CCGSC Parent Liaison - GSRP Staff | Fall of each year | - Meeting space - Refreshments - Recruitment materials | One Principal's Roundtable meeting hosted per year |



| 2. Explore new preschool recruitment opportunities: <ul style="list-style-type: none"> • DHHS • WIC | - CCGSC Director - CCGSC Parent Liaison - GSRP Staff | Ongoing | - Meeting space - Refreshments - Recruitment materials | Increase in service provider knowledge of available childcare and preschool options |
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| Strategy 4: Identify and target the unique childcare needs of all parents | | Strategy 4 Performance Measures: <ul style="list-style-type: none"> • Parents will have access to and information on available childcare options | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Maintain and promote link to GSQ website on CCGSC website and through social media | - CCGSC Director | Ongoing | - Website - Facebook page | # of posts promoting GSQRRC |
| 2. Collect feedback from existing parent groups who have identified unmet childcare needs | - CCGSC Director - CCGSC Parent Liaison | Ongoing | - Survey | # of parent groups visited # of feedback sheets collected |
| 3. Facilitate the coordination of meetings to address the childcare needs of diverse parent groups (school age children, afterschool care, snow days, sick and respite care) | - CCGSC Director - CCGSC Parent Liaison - Parent Coalition members | Ongoing | - Meeting time - Meeting space | # of meetings attended |
| Objective 2: Develop and maintain partnerships that enhance access to early childhood education | | | | |
| Strategy 1: Provide ongoing support, recruitment, and oversight for GSRP | | Strategy 1 Performance Measures: <ul style="list-style-type: none"> • All GSRP components reviewed during the year • CNAA reviewed and recommendations made to the CCISD • GSRP recruitment, enrollment, and eligibility workgroup met throughout the school year | | |
| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
| 1. Review all components of the GSRP program quarterly | - School Readiness Workgroup - CCISD GSRP/Early Childhood contact - GSRP parents - GSRP program partners | Quarterly meetings each year | - Meeting space - Refreshments | Each school readiness workgroup meeting addressed a key component area of GSRP |
| Strategy 2: Coordinate and promote early childhood education programs and resources | | Strategy 2 Performance Measures: <ul style="list-style-type: none"> • Increased awareness of GSQRRC • Met with local library director for input on literacy events • Increased outreach to Head Start and GSRP parent groups | | |



| Activities | Persons/Groups Responsible | Target Dates | Resources Needed | Activity Progress Measures |
|---|---|--------------|---|--|
| 1. Partner with GSQRRC to <ul style="list-style-type: none"> Increase awareness of early childhood education opportunities to parents Increase access to educational resources, trainings, and events for providers | - CCGSC Director - CCGSC Parent Liaison - GSQRRC Director - GSQRRC Staff | Ongoing | - PR materials from GSQRRC - Educational materials for providers | # of parents accessing GSQRRC # of providers checking out lending library materials # of co-sponsored events |
| 2. Meet with local Head Start and GSRP parent groups to provide school readiness information | - CCGSC Director - CCGSC Parent Liaison | Ongoing | - Meeting space - School readiness checklist | # of meetings held |



FINANCING AND FUND DEVELOPMENT

In order to create lasting changes for children, support family needs, facilitate quality early childhood programming, and ensure a high degree of community collaboration, the Copper Country Great Start Collaborative is dedicated to a continuous process of resource development and financial streamlining. New and expanded collaborations between partner agencies and other organizations are consistently pursued. CCGSC members are committed to working together to accomplish items outlined in the Scope of Work, avoid duplication of services, and support activities that promote protective factors in families.

The Early Childhood Fund is one example of these efforts. CCGSC maintains the fund, which has been instrumental in creating preschool opportunities for at-risk preschool aged children over the last five years. It is supported by individual, partner, business, and community donations. The CCGSC Fund Development Committee oversees the dissemination of these funds.

CCGSC's fund development goals and system change targets are aligned with the Office of Great Start's recommendations to use funding efficiently to maximize impact. These recommendations have guided decision making and the strategic planning process and are outlined below.

FUND QUALITY

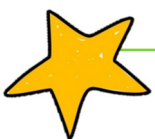
- ★ Early childhood funds support evidence-based practices
- ★ Preschool scholarships support early educational opportunities at centers earning at least a three-star rating by GSQ
- ★ Funds provide training and professional development opportunities for early childhood staff
- ★ Expansion of GSRP partner organizations and centers

FOCUS FIRST ON CHILDREN WITH HIGHEST NEEDS

- ★ Preschool scholarship funding has been provided to at-risk 3- and 4-year-olds in all three counties over the past five years
- ★ Baraga County Spring Fling targets underserved Baraga County families
- ★ Infant Mental Health and evidence-based home visiting services target children with developmental concerns, social isolation, and those with greatest need

SUPPORT COMMON PRIORITIES THROUGH COLLABORATIVE FUNDING STRATEGIES

- ★ A collaborative Kellogg Foundation Grant entitled "Watch Me Grow" was recently funded for \$231,000 for two years beginning in July 2015. The Health Committee will serve in an advisory capacity. Local organizations will implement services to families, and a partner organization will administer program coordination and fiscal responsibilities
- ★ Numerous partner agencies have supported CCGSC early childhood initiatives over the last three years through funding or resources, including: BHK Child Development Board, Aspirus Keweenaw Hospital, UP Health System – Portage, Keweenaw Bay Indian Community, Keweenaw Bay Ojibwa Community College, Baraga Memorial Hospital, Keweenaw Family Resource Center, Western Upper Peninsula Health Department, Little Huskies Child Development Center,



Houghton County Department of Health and Human Services, and Great Start to Quality UP
Regional Resource Center

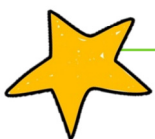
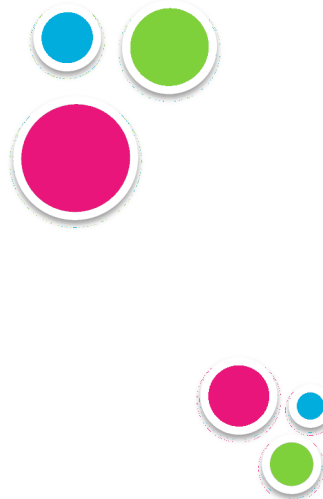
BLEND AND BRAID FUNDING

- ★ Home visiting programs are streamlined to include Early Head Start, CTF grant-funded programs, Infant Mental Health home-based services, Early On, and Parents as Teachers. In addition, training is coordinated, interagency reflective supervision is provided, and some staff are funded through multiple sources
- ★ A common Authorization to Share form is utilized among various agencies
- ★ A common Preschool Interest Form is supported by GSRP, CCISD, Head Start, Little Huskies Child Development Center, and GSQRRC
- ★ WUPHD, KFRC, and the GSPC have partnered for Playtime in the Park activities, refreshments, and nutrition education
- ★ Braided and blended preschool programs (GSRP, Head Start, and private centers) have expanded and enhanced preschool opportunities for at-risk children
- ★ Coordinated training events with Early On, CCISD, GSQRRC, LICC, Keweenaw Bay Indian Community, and BHK Child Development Board

ENGAGE PHILANTHROPIC PARTNERS

- ★ Houghton Rotary and the Keweenaw Community Foundation have supported the Welcome Baby Program by providing funding for Brain Game books
- ★ Superior Health Foundation has funded oral health education
- ★ Baraga Community Foundation provided literacy materials and tote bags for the Baraga County Spring Fling
- ★ CCGSC has supported member organizations' requests for funds on numerous collaborations, including Superior Health Foundation, Children's Trust Fund, and Kellogg Foundation grants

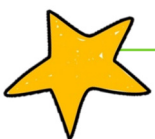
In moving forward, CCGSC plans to expand its organizational membership, philanthropic partnerships, and community outreach, which will help identify and address both systemic needs and the financial resources required to further the 2016 – 2018 Strategic Plan.



APPENDIX A

ACRONYMS

ASQ – Ages and Stages Questionnaire
BHK – Baraga - Houghton - Keweenaw Child Development Board
CCGSC or **GSC** – Copper Country Great Start Collaborative
CCISD or **ISD** – Copper Country Intermediate School District
CCMH – Copper Country Mental Health
CCUW – Copper Country United Way
CTF – Children’s Trust Fund
DHS – Department of Human Services
ECIC – Early Childhood Investment Corporation
ERSEA – Eligibility, Recruitment, Selection, Enrollment, Attendance
GP/GS – Great Parents Great Start
GSQ – Great Start to Quality
GSRP – Great Start Readiness Program
H/HVP – Home/Hospital Visiting Program (home-based)
IMH – Infant Mental Health
ITERS – Infant Toddler Environment Rating Scale
KBIC – Keweenaw Bay Indian Community
KCF – Keweenaw Community Foundation
LICC – Local Interagency Coordinating Councils
MDM – Mommy, Daddy & Me (center-based)
EO – Early On
PAT – Parents As Teachers
SCAPC – Superior Child Abuse Prevention Council (local CTF council)
TANF – Temporary Assistance for Needy Families
TH – Tree House (center-based)
TRAINS – Targeting Reflex development And Improving Neuro-sensory motor Skills
WIC – Women, Infants & Children Supplemental Nutrition Program
WUPDHD – Western Upper Peninsula District Health Department



APPENDIX B

MICHIGAN'S CALL TO ACTION

• The Plan for Early Learning and Development in Michigan •

Michigan's system-building effort to succeed, all partners must incorporate these principles into their work:

- Children and families are the highest priority.
- Parents and communities must have a voice in building and operating the system.
- The children with the greatest need must be served first.
- Invest early.
- Quality matters.
- Efficiencies must be identified and implemented.
- Opportunities to coordinate and collaborate must be identified and implemented.

OGS and its partners must focus on six high-leverage areas to improve opportunities and outcomes for Michigan's young children.

Redesigning a system that serves over one million children a year, invests \$9.4 billion annually, and includes 89 programs and services is a multi-year, multi-pronged effort. These recommendations outline a plan for achieving the four early childhood outcomes through a persistent focus on six high-leverage areas. By focusing on these high-impact areas, OGS and its partners will leverage resources for change in the most efficient manner possible.

1. Build Leadership within the System

- Ensure high-level administration commitment and accountability.
- Clarify the role of the Office of Great Start.
- Formalize early childhood leadership and collaboration among MDE, DCH, and DHS.
- Create an advisory body for OGS to ensure more meaningful state, local, and parent input.
- Identify and share best practices in local early childhood leadership, including exemplary Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs).

2. Support Parents' Critical Role in Their Children's Early Learning and Development

- Seek input from parents regarding their needs for information and parenting education, and strategies to increase parent involvement in their children's early learning and development.
- Strengthen a network for disseminating information to parents and families of young children.
- Expand and coordinate strategies to reach and connect with eligible families and children.

- Provide training and technical assistance on effective approaches for parenting education and strategies to increase parent involvement.

3. Assure Quality and Accountability

- Develop measures of system and program effectiveness tied to the four early childhood outcomes.
- Develop a coordinated early childhood data system.
- Support continuous quality improvement through training and technical assistance.
- Enforce program effectiveness measures.
- Require transparency.
- Disseminate information to parents and families.
- Use data to direct investments.
- Ensure early childhood service provider quality.

4. Ensure Coordination and Collaboration

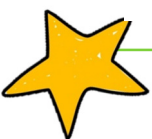
- Foster system coordination and collaboration.
- Demonstrate collaboration by example.
- Promote local collaboration.
- Promote local flexibility.

5. Use Funding Efficiently to Maximize Impact

- Fund quality.
- Focus first on children with highest needs.
- Support common priorities through collaborative funding strategies.
- Blend and braid funding.
- Engage philanthropic partners.

6. Expand Access to Quality Programs

- Expand and enhance GSRP.
- Improve coordination between GSRP and Head Start.
- Increase access to developmental screening and early intervention.
- Increase access to and capacity of Early On®.
- Increase access to evidence-based mental health promotion, prevention, and intervention services.
- Redesign the child care subsidy to ensure access to high-quality providers.
- Increase access to home visiting programs.
- Expand evidence-based medical home initiatives.
- Expand access to Pathways to Potential.
- Improve access to transportation.



Michigan's Vision for Early Childhood



Michigan: The Best State to Raise a Child

Governor Snyder's vision for Michigan includes "a coherent system of health and early learning that aligns, integrates and coordinates Michigan's investments from prenatal to third grade...and a reputation as one of the best states in the country to raise a child." If Michigan is to achieve this goal, what will that mean for young children and their families? In addition to outlining his vision for Michigan's early childhood system, Governor Snyder set his expectations in four outcomes to guide state, local, and private efforts affecting the health and well-being of children from the prenatal period through age 8. They are:

Early Childhood Outcomes

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Guiding Principles

To achieve these four outcomes, the early childhood community must operate on a strong foundation that will support and guide all work across the system. Based on input from stakeholders across Michigan, OGS has defined the following guiding principles for Michigan's early childhood system. These principles can energize the public and private sector, span multiple agencies and service areas, and ensure that future efforts are positioned to meet the needs of Michigan's youngest children.

In every conversation with stakeholders about early childhood, the values that people hold dear were evident. For Michigan's system building effort to succeed, agencies and programs big and small must incorporate these principles into their work.

Guiding Principles

Children and families are the highest priority. Michigan's early childhood system was created to support children and families across the state. All efforts must consider the needs of children and families first and foremost.

Parents and communities must have a voice in building and operating the system. From Detroit to Grand Rapids and Harbor Beach to Iron Mountain, the shape and size of communities vary widely across Michigan and so do their needs. Through purposeful, ongoing parent and community involvement, the early childhood system can target interventions and supports that best meet local needs.

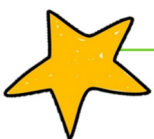
The children with the greatest need must be served first. Interviewees were asked whether Michigan should focus on serving as many children as possible with limited services, or on serving fewer children but with more comprehensive services. Overwhelmingly, interviewees chose the latter option. Children at the greatest risk for not achieving the four early childhood outcomes (based on income, family and home environment, developmental ability, and race or ethnicity) must be a priority across the system.

Invest early. Children's brains are developing fastest when public investment in that growth and development is lowest. The system must be oriented toward prevention and early intervention instead of remediation.

Quality matters. Again and again stakeholders said that high-quality programs and services are the key to improving outcomes for children and families. Without a focus on quality, the early childhood system will fall short.

Efficiencies must be identified and implemented. Both public and private resources must be spent wisely. At a time when there is more work to be done than funding to do it, agencies and programs must identify ways to streamline operations, while also maintaining high-quality services.

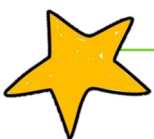
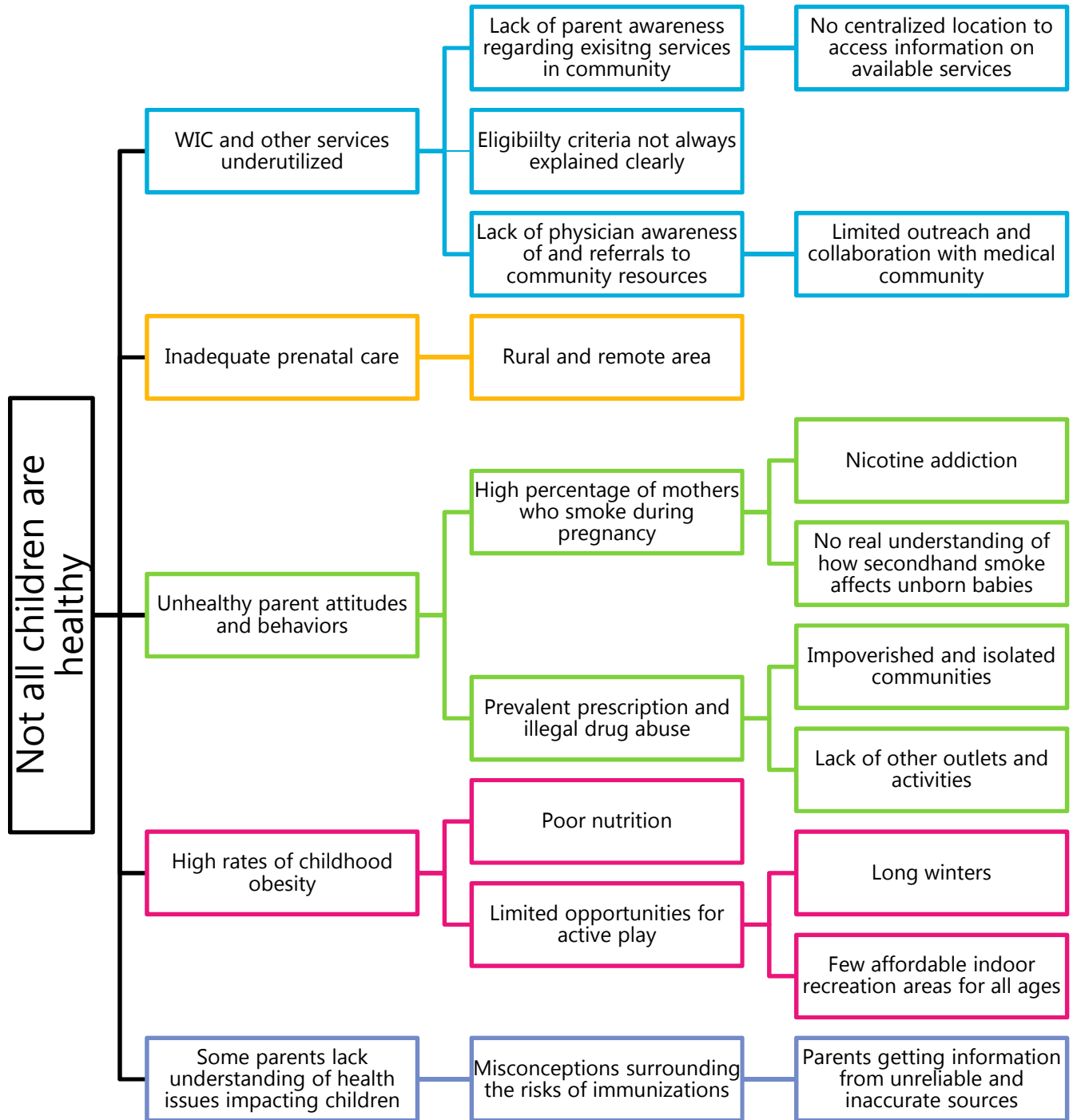
Opportunities to coordinate and collaborate must be identified and implemented. In order to spend resources wisely and improve services for children and families, agencies and programs must identify and implement new ways to coordinate efforts. This will no doubt require a change in current practice, but will pay dividends for children across the state.



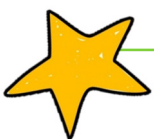
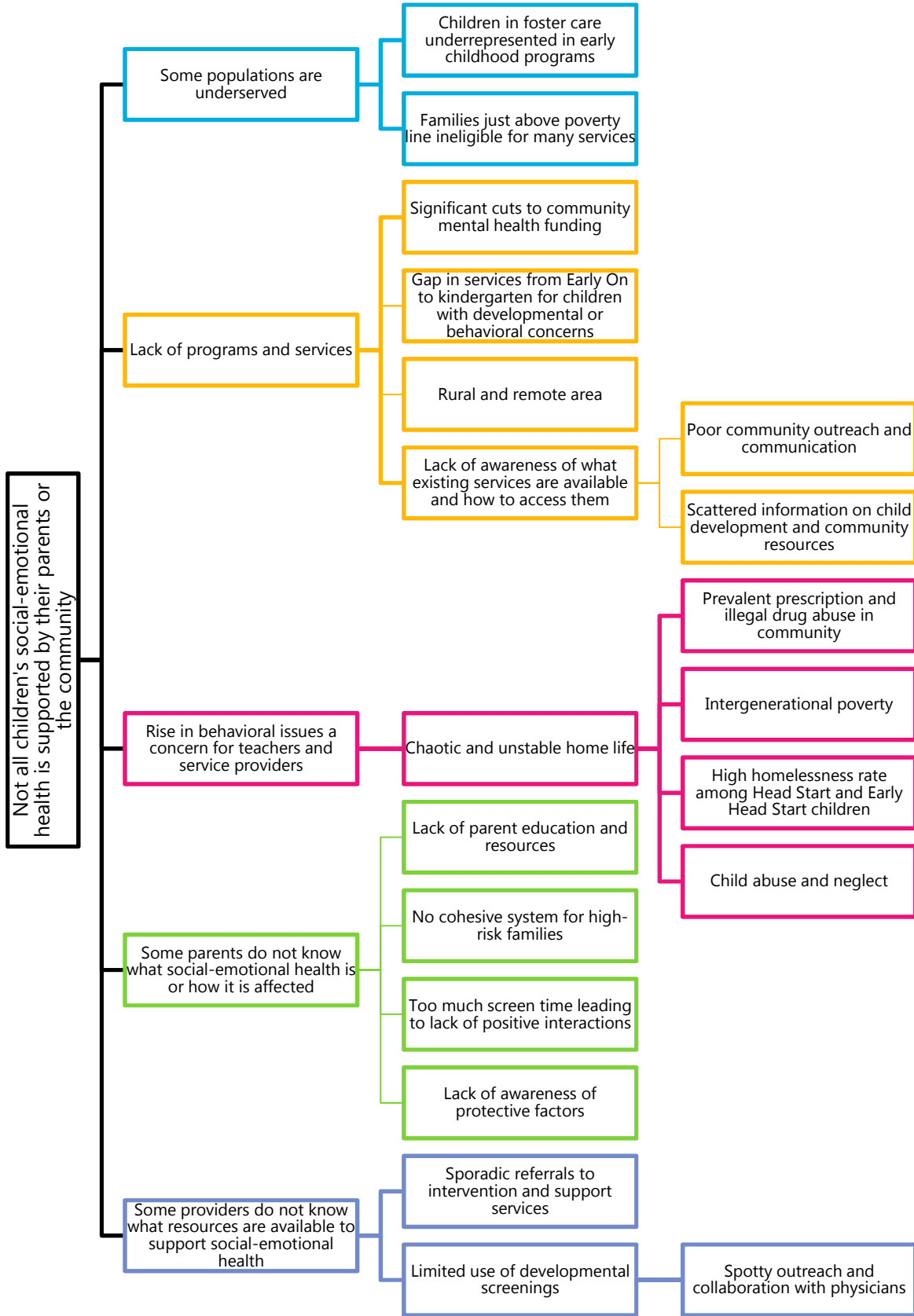
APPENDIX C

ROOT CAUSE FLOWCHARTS

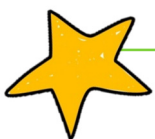
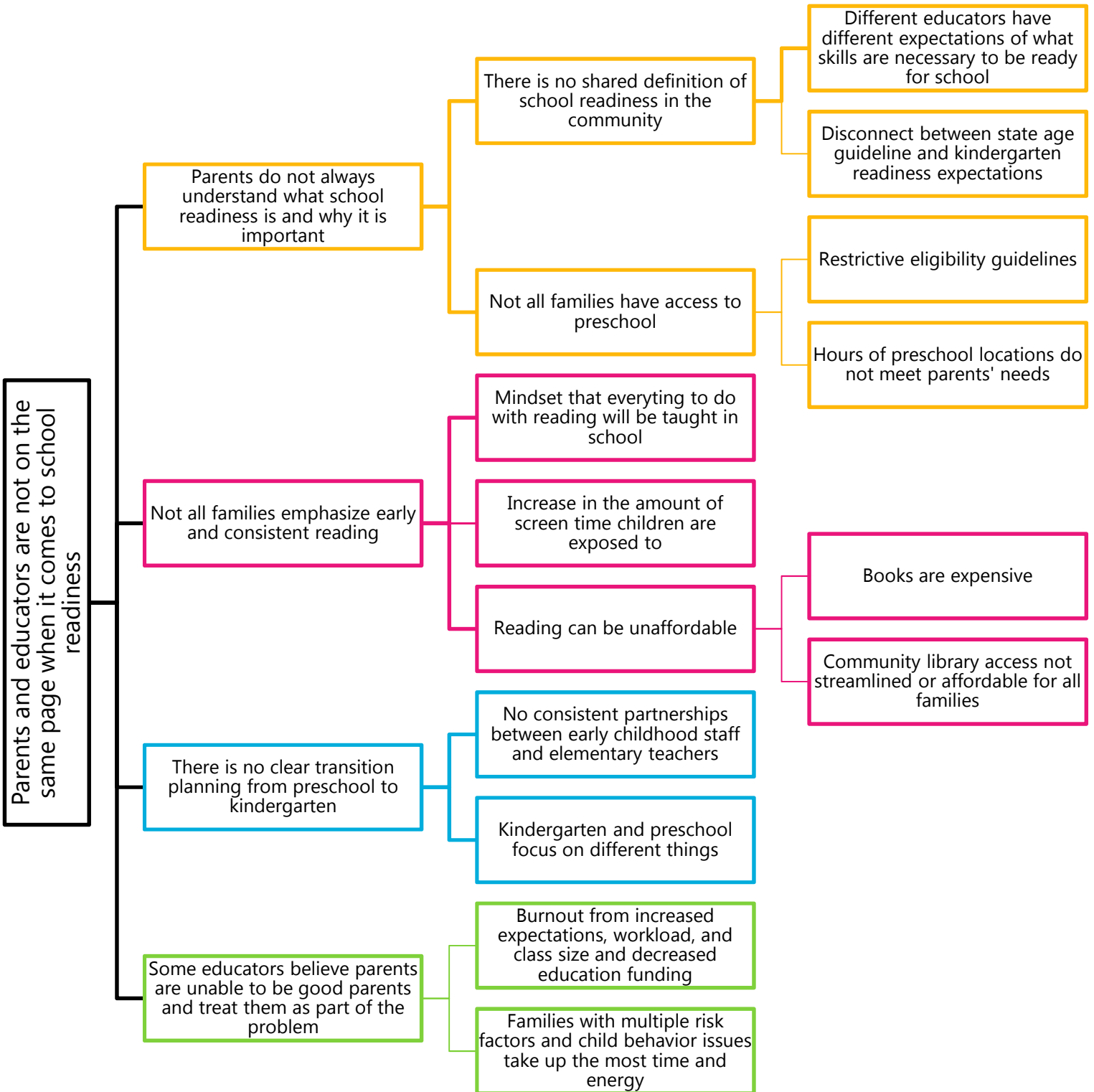
PEDIATRIC AND FAMILY HEALTH



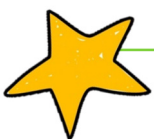
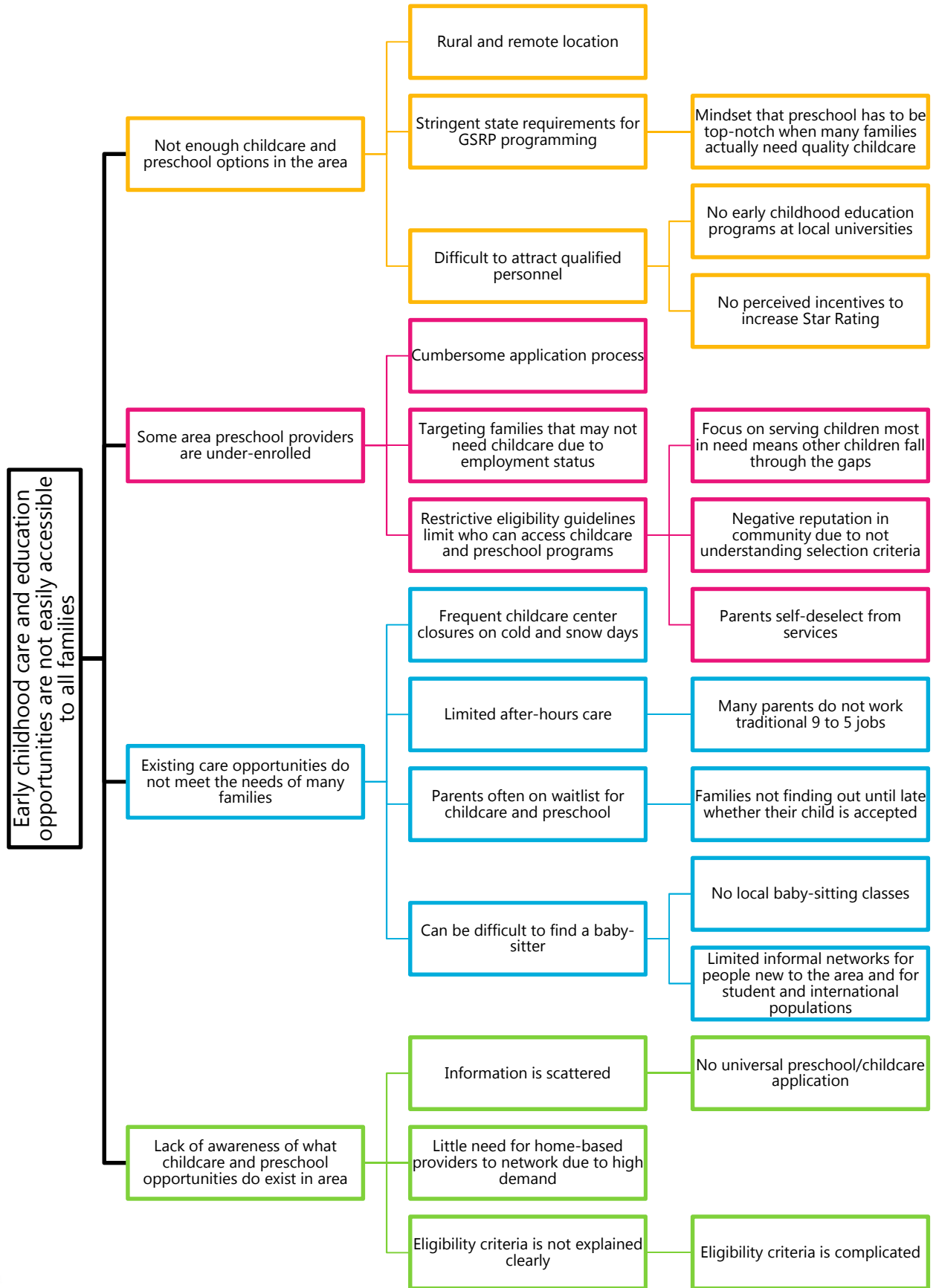
SOCIAL AND EMOTIONAL HEALTH



SCHOOL READINESS



EARLY CARE AND EDUCATION



APPENDIX D

Copper Country Great Start Collaborative Family Survey

For parents of children ages 0-8

The purpose of this questionnaire is to collect information about the experiences of families with young children in Houghton, Keweenaw, and Baraga counties. Results will be used to help inform decisions about how to best meet the needs of local families. Your responses are completely anonymous. If you have already completed one of these surveys, please do not fill out another one.

1. How many children do you have between the ages of 0 and 8? 1 2 3 4 or more

2. Please tell us the age(s) of your child(ren). (Check all that apply)

Under 1 1-2 years old 3-5 years old 6-8 years old I am currently pregnant

3. What is your role in caring for these children?

Biological mother Grandmother Adoptive parent
 Biological father Grandfather Friend of family
 Other relative Foster parent Other _____

4. Do you have reliable transportation? Yes No

5. In the last year has your family had difficulty affording or accessing any of these basic needs? (Check all that apply)

Housing Car seats Formula Utilities (heat, electricity, etc.) My family has not had any difficulty
 Food Diapers Healthcare Other _____ accessing/affording basic needs

6. Has your family ever received any of the following services? (Check all that apply)

Free Preschool (Head Start or Great Start Readiness) Early On (Birth to 3 months intervention services)
 ASQ (Ages and Stages) Developmental Screening WIC or other public health nutrition services
 Special Education Mental Health Services
 DHS (food stamps, cash assistance) Great Explorations (GE)
 Home Visits My family has never received services
 Medicaid/MiChild Other _____

7. I believe services in my county for children ages 0-5 are: Easy to get Not easy to get

8. Overall, how satisfied are you with the services your family has received?

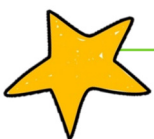
Completely satisfied Satisfied Unsatisfied Completely Unsatisfied

9. Has your family ever attended any of the following programs? (Check all that apply)

Library Story Time School-sponsored events Parent/child community events
 Playgroups Tree House Indoor Playground Other _____
 Playtime in the Park Church-sponsored events

10. Overall, how satisfied are you with the programs your family has attended?

Completely satisfied Satisfied Unsatisfied Completely Unsatisfied



11. What early childhood/family services and programs do you believe SHOULD be offered in the Copper Country that are currently NOT offered? _____

12. Have you had any recent experiences where you needed supports or services for your child but were unable to get them?

- No
 - Yes (please explain) _____
-

13. What, if anything, has prevented you from receiving the supports and/or services you need? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> There was a waiting list | <input type="checkbox"/> The application process was too confusing |
| <input type="checkbox"/> I felt uncomfortable sharing my personal information | <input type="checkbox"/> I applied once and was denied services, so I did not apply again |
| <input type="checkbox"/> I didn't know how to get the services | <input type="checkbox"/> I could not provide all the documentation needed |
| <input type="checkbox"/> We were not eligible for services | <input type="checkbox"/> The cost was too high |
| <input type="checkbox"/> The location was hard to get to | <input type="checkbox"/> They didn't speak my language |
| <input type="checkbox"/> I felt like I was being talked down to | <input type="checkbox"/> I did not have a way to get there (no transportation) |
| <input type="checkbox"/> I did not understand the instructions provided about how to get the service | <input type="checkbox"/> I did not have any difficulty getting the services and supports I needed |
| <input type="checkbox"/> The organization had limited hours | <input type="checkbox"/> Other _____ |

14. What is your primary plan for your child's care? (Check all that apply)

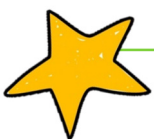
- | | |
|---|--|
| <input type="checkbox"/> Parent stay home with child | <input type="checkbox"/> Home daycare |
| <input type="checkbox"/> Child stay with relative/friend/neighbor | <input type="checkbox"/> Free infant/toddler care (Early Head Start) |
| <input type="checkbox"/> Childcare center | <input type="checkbox"/> School-based program (GE) |
| <input type="checkbox"/> Parent paid/tuition-based program | <input type="checkbox"/> I haven't thought about it yet |
| <input type="checkbox"/> Free preschool (Head Start, GSRP) | |

15. Which of the following statements do you agree with? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Preschool prepares kids to enter kindergarten | <input type="checkbox"/> Some TV programs and apps are as good as preschool |
| <input type="checkbox"/> Children should stay at home or with family instead of going to daycare/preschool | <input type="checkbox"/> Parents play an important role in preparing their kids for kindergarten |
| <input type="checkbox"/> Only kids with disabilities need preschool | <input type="checkbox"/> I don't have transportation to get my child to preschool |
| <input type="checkbox"/> Preschool isn't necessary | <input type="checkbox"/> Preschool is not affordable |
| <input type="checkbox"/> Preschool cannot serve my child's unique needs | <input type="checkbox"/> There are not enough childcare/preschool options where I live |
| <input type="checkbox"/> I don't have the time to take my child to preschool | <input type="checkbox"/> Kids learn what they need to know when they get to school |
| <input type="checkbox"/> You have to be on assistance to go to preschool | <input type="checkbox"/> Childcare hours are not flexible enough to meet my needs |
| <input type="checkbox"/> I didn't go to preschool so I don't see a reason to send my kids | <input type="checkbox"/> I know other parents who have had a bad experience sending their kids to preschool |

16. Please select the response that best describes your experience with prenatal care:

- All of my children received prenatal care
- Some of my children received prenatal care
- None of my children received prenatal care



17. Please select the response that best describes your experience with breastfeeding:

- All of my children were exclusively breastfed
 Some of my children were exclusively breastfed
 All of my children were given formula exclusively
 I began breastfeeding my children and later switched to formula

18. Are your children currently up to date on immunizations?

- Yes
 No (please explain why) _____

19. Do you feel you have access to good healthcare? Yes No**20. When visiting the doctor, do you feel you have enough time to get your questions answered?** Yes No**21. At what age do you believe that learning becomes important?**

- At birth During infancy Toddler age Preschool age When children start kindergarten

22. On average, how often do you look at or read picture books to your child?

- Every day Once a week or less
 Several times per week Never

23. How much screen time is your child allowed each day? (TV, phone, computer, tablet)

- Less than 30 minutes My child is only allowed screen time on weekends
 1-2 hours I do not set limits on screen time
 3-5 hours My child is never allowed any screen time

24. In your opinion, which of the following do children need to know or be able to do in order to be ready for kindergarten? (Check all that apply)

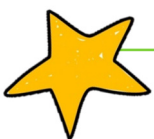
- | | | |
|---|---|--|
| <input type="checkbox"/> Identify 10 letters and their sounds | <input type="checkbox"/> Retell stories s/he has heard | <input type="checkbox"/> Connect numbers with amounts |
| <input type="checkbox"/> Know his/her full name | <input type="checkbox"/> Play "pretend" | <input type="checkbox"/> Use pencils and crayons |
| <input type="checkbox"/> Write his/her name | <input type="checkbox"/> Follow directions | <input type="checkbox"/> Read |
| <input type="checkbox"/> Know where s/he lives | <input type="checkbox"/> Sort colors | <input type="checkbox"/> Ask questions |
| <input type="checkbox"/> Count to 20 | <input type="checkbox"/> Interact well with other children | <input type="checkbox"/> Use many different words correctly |
| <input type="checkbox"/> Sit still and listen for at least 10 minutes | <input type="checkbox"/> Name shapes (circle, square, triangle) | <input type="checkbox"/> Manage emotions (use words to express feelings) |

25. Where do you usually get information and answers about your child's development? (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Family members | <input type="checkbox"/> Child's doctor | <input type="checkbox"/> Social worker | <input type="checkbox"/> Events, like playgroups |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Child's teacher | <input type="checkbox"/> Magazines, newspapers | <input type="checkbox"/> Handouts from events |
| <input type="checkbox"/> Other parents | <input type="checkbox"/> Childcare provider | <input type="checkbox"/> Books | <input type="checkbox"/> TV shows |
| <input type="checkbox"/> Internet (Google, forums) | <input type="checkbox"/> Social media (Facebook) | <input type="checkbox"/> Pastor | <input type="checkbox"/> Other _____ |

26. How do you prefer to communicate/talk with early childhood providers and professionals?

- By phone By email In person I have no preference



27. What are the TOP 3 ISSUES impacting children that you feel our *community* should focus on? (Please choose only three)

- | | |
|--|---|
| <input type="checkbox"/> Childhood health, including dental health | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Social-emotional health of children | <input type="checkbox"/> Dealing with challenging child behaviors |
| <input type="checkbox"/> Expanding access to mental health services for children | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> <i>Parents</i> abusing illegal and prescription drugs | <input type="checkbox"/> Breastfeeding support |
| <input type="checkbox"/> Preparing children for kindergarten | <input type="checkbox"/> Family budgeting |
| <input type="checkbox"/> Educating parents on child development | <input type="checkbox"/> Access to healthcare (insurance, immunizations) |
| <input type="checkbox"/> Family support; meeting basic needs (food, diapers, etc.) | <input type="checkbox"/> Special needs/disabilities |
| <input type="checkbox"/> Help finding quality/affordable childcare | <input type="checkbox"/> Child nutrition and obesity prevention |
| <input type="checkbox"/> Teen pregnancy prevention/support for teen parents | <input type="checkbox"/> Education on quitting smoking for pregnant women |
| <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Other _____ |

28. What can community partners/agencies do to help families learn more about early childhood development? _____

29. As a *parent*, what is your biggest concern about raising a child in this community? _____

30. What county do you live in? Houghton Keweenaw Baraga

31. Which elementary school does/will your child attend? (If you homeschool your child(ren), please write "homeschool")

32. What is your age? Under 18 years old 18-25 years old 26-35 years old 36-45 years old Over 46 years old

33. What is your gender? Female Male

34. What is your race/ethnicity?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Hawaiian or Pacific Islander | <input type="checkbox"/> Biracial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic or Latina/o | <input type="checkbox"/> White/Caucasian | |

35. Please list the language(s) spoken in your home: _____

36. Are you currently employed? Yes, full-time Yes, part-time Seasonal worker No

37. What is your marital status?

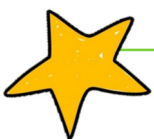
- Single Married Partnered Separated Divorced Widowed

38. Including yourself, how many people live in your household?

- 1 2 3 4 5 6 or more

39. What is your annual household income?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000 to \$64,999 |
| <input type="checkbox"/> \$10,000 to \$24,999 | <input type="checkbox"/> \$65,000 to \$79,999 |
| <input type="checkbox"/> \$25,000 to \$39,999 | <input type="checkbox"/> \$80,000 or more |



40. What is the highest level of education you have completed?

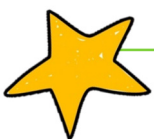
- | | |
|--|--|
| <input type="checkbox"/> Did not graduate from high school | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Technical certification | <input type="checkbox"/> Other _____ |

41. What is your current housing situation? Rent Own Stay with friends Live with parents Homeless

42. Please tell us any other ideas or suggestions you have for improving outcomes for young children in the Copper Country:

Thank you for completing this survey!

The Copper Country Great Start Collaborative utilized tools and processes from the ABL e Change Framework (Foster-Fishman & Watson, 2012) to help guide its strategic plan development. Additional technical assistance and consultation was provided by the Early Childhood Investment Corporation. Funding for the Great Start Collaborative and Great Start Parent Coalition efforts are provided by a grant from the Michigan Department of Education, Office of Great Start.



Copper Country Great Start Collaborative Service Provider Survey

The purpose of this questionnaire is to collect information about services provided to families with young children in Houghton, Keweenaw, and Baraga counties. Results will be used to help inform decisions about how to best meet the needs of local families. Your responses are completely anonymous. Please only complete one service provider survey.

1. I am a... *(Select the response that best represents your position)*

- | | |
|---|---|
| <input type="checkbox"/> Childcare provider/preschool teacher | <input type="checkbox"/> Healthcare provider/professional |
| <input type="checkbox"/> Public school teacher | <input type="checkbox"/> Agency administrator |
| <input type="checkbox"/> Home-based educator | <input type="checkbox"/> Funder |
| <input type="checkbox"/> Case worker (ie, DHS, CCMH) | <input type="checkbox"/> Community business member |
| <input type="checkbox"/> Other direct service staff person | <input type="checkbox"/> Other (please specify) _____ |

2. What type of agency/organization do you work for?

- | | | |
|---|--|---|
| <input type="checkbox"/> Non-profit (private) | <input type="checkbox"/> Public (state, federal, city, county) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Faith-based | |

3. My agency serves the following counties: *(Check all that apply)*

- | | | | |
|-----------------------------------|-----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Houghton | <input type="checkbox"/> Keweenaw | <input type="checkbox"/> Baraga | <input type="checkbox"/> Other (please specify) _____ |
|-----------------------------------|-----------------------------------|---------------------------------|---|

4. Does your agency provide programs or services to children ages 0-8 and their families? Yes No

5. How do participants typically access your programs and services? *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> External referral | <input type="checkbox"/> Court referral | <input type="checkbox"/> I do not know |
| <input type="checkbox"/> Website/advertising | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other (please specify) _____ |

6. What service areas does your agency address? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Family support/parent education |
| <input type="checkbox"/> Basic needs (housing, heat, food, etc.) | <input type="checkbox"/> Children's social-emotional health |
| <input type="checkbox"/> Early childcare/preschool | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Education | |

7. What factors are considered in order for a client to be eligible for your agency's programs or services?

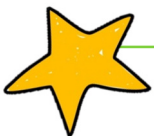
- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Income level | <input type="checkbox"/> Emotional impairment | <input type="checkbox"/> Abuse/neglect |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Geographical location | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Age | <input type="checkbox"/> Homelessness | <input type="checkbox"/> None |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other (please specify) _____ |

8. How do families/consumers pay for your programs or services? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> There is no cost | <input type="checkbox"/> Private insurance |
| <input type="checkbox"/> Set fee | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Sliding scale fee | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Scholarship | |

9. During the last year, approximately how many families at your agency were denied services or did not qualify for services?

- | | |
|--|---|
| <input type="checkbox"/> 1-5 families | <input type="checkbox"/> All families were offered services |
| <input type="checkbox"/> 6-10 families | <input type="checkbox"/> I do not know |
| <input type="checkbox"/> 11 or more families | |



10. What, if anything, prevents families from receiving services/supports at your agency? (Check all that apply)

- There is a waiting list
- Parents feel uncomfortable sharing personal information
- Parents don't know how to get the services
- Parents are not eligible for services
- The agency location is hard to get to
- Parents feel like they are being talked down to
- Parents do not understand the instructions provided about how to get the service
- My organization has limited hours
- The application process is too confusing
- Parents applied once and were denied services, so they do not apply again if circumstances change
- Parents cannot/do not provide all the documentation needed
- The cost is too high
- Language barrier
- Lack of transportation
- Families do not have any difficulty getting the services and supports they need
- Other _____

11. What services for young children and families are currently needed or need to be expanded in the Copper Country?

(Check all that you agree with)

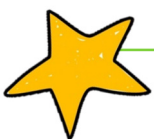
- Prenatal
- Childcare
- Preschool
- Other (please specify) _____
- Children's medical
- Extended hours childcare
- Mental health
- Literacy
- After-school childcare
- Home visiting
- Special education
- Dental
- Family support

12. How could services or programs at your agency be made more accessible to all families, including "hard to reach" parents?

13. Please rate how well the following information is shared between your agency, other organizations, and families.

| | Information is ALWAYS shared well | Information is USUALLY shared well | Information is SOMETIMES shared well | Information is RARELY shared well | Information is NEVER shared well | N/A to my agency |
|--|-----------------------------------|------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|------------------|
| Program criteria/eligibility requirements | _____ | _____ | _____ | _____ | _____ | _____ |
| Program availability (# of open slots) | _____ | _____ | _____ | _____ | _____ | _____ |
| Child behavior or learning issues | _____ | _____ | _____ | _____ | _____ | _____ |
| Social-emotional information about the child or family | _____ | _____ | _____ | _____ | _____ | _____ |
| Child records when they transfer programs or services | _____ | _____ | _____ | _____ | _____ | _____ |
| Upcoming workshops and events | _____ | _____ | _____ | _____ | _____ | _____ |
| Available community resources | _____ | _____ | _____ | _____ | _____ | _____ |

14. What information could your agency better share in order to serve the needs of families?



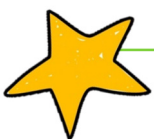
15. For each of the following statements regarding POLICIES and PROCEDURES in your organization, please mark the box that best matches your opinion.

| | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
|--|----------------|-------|------------|----------|-------------------|
| My organization makes decisions without parent input | _____ | _____ | _____ | _____ | _____ |
| State regulations and grant requirements create unrealistic expectations for agencies | _____ | _____ | _____ | _____ | _____ |
| Coordination of services exists between multiple programs to better serve families | _____ | _____ | _____ | _____ | _____ |
| Agency staff who serve on committees are not usually the decision makers | _____ | _____ | _____ | _____ | _____ |
| Decision makers do not understand the needs of local families | _____ | _____ | _____ | _____ | _____ |
| Many parents do not know how to advocate for their child(ren)'s needs | _____ | _____ | _____ | _____ | _____ |
| Parents and staff are asked for input but it is not used in final decisions | _____ | _____ | _____ | _____ | _____ |
| Direct service staff are not included in the decision making process | _____ | _____ | _____ | _____ | _____ |
| State and federal regulations often get in the way of what is best for families and children | _____ | _____ | _____ | _____ | _____ |
| Policies at my agency are difficult to change | _____ | _____ | _____ | _____ | _____ |
| Staff are limited as to what they can share due to confidentiality requirements | _____ | _____ | _____ | _____ | _____ |

16. What policies and procedures are getting in the way of improving services for families in the Copper Country?

17. For this question, please think about barriers to school readiness. Why are ALL young children in the Copper Country NOT ready to succeed in kindergarten at the time of entry? (For each of the following statements, please mark the box that best matches your opinion regarding how serious of a barrier the statement is to school readiness in the Copper Country.)

| | Serious Barrier | Moderate Barrier | Minimal Barrier | Not a Barrier |
|--|-----------------|------------------|-----------------|---------------|
| Not enough preschools in the area | _____ | _____ | _____ | _____ |
| Poor coordination of services among community agencies | _____ | _____ | _____ | _____ |
| Children are not being read to at home | _____ | _____ | _____ | _____ |
| Family poverty/unemployment | _____ | _____ | _____ | _____ |
| Parents do not know what it means to be ready for school | _____ | _____ | _____ | _____ |
| Too much screen time (TV, phone, tablet, computer) | _____ | _____ | _____ | _____ |
| Community poverty/unemployment | _____ | _____ | _____ | _____ |
| Families do not seek out services because of stigma associated with receiving services | _____ | _____ | _____ | _____ |
| Young children have inadequate opportunities to socialize | _____ | _____ | _____ | _____ |
| Parent/family substance abuse | _____ | _____ | _____ | _____ |



18. If there are other barriers to school readiness in the Copper Country that were not listed above and you believe are important, please write them here: _____

19. What beliefs are prevalent among families in the Copper Country about school readiness and literacy? _____

20. For this question, please think about barriers to health and development. Why are ALL young children in the Copper Country NOT healthy and developmentally on-track? (For each of the following statements, please mark the box that best matches your opinion regarding how serious of a barrier the statement is to the health and development of young children in the Copper Country.)

| | Serious Barrier | Moderate Barrier | Minimal Barrier | Not a Barrier |
|---|-----------------|------------------|-----------------|---------------|
| Pregnant women are not receiving prenatal care | _____ | _____ | _____ | _____ |
| Parents are not fully immunizing their children | _____ | _____ | _____ | _____ |
| Parent/family substance abuse | _____ | _____ | _____ | _____ |
| Poor coordination of services among community agencies | _____ | _____ | _____ | _____ |
| Developmental delays are not being identified | _____ | _____ | _____ | _____ |
| Community poverty/unemployment | _____ | _____ | _____ | _____ |
| Families do not seek out health services because of stigma associated with receiving services | _____ | _____ | _____ | _____ |
| Poor nutrition | _____ | _____ | _____ | _____ |
| Family poverty/unemployment | _____ | _____ | _____ | _____ |
| There are inadequate breastfeeding supports in the community | _____ | _____ | _____ | _____ |

21. If there are other barriers to child health and development in the Copper Country that were not listed above and you believe are important, please write them here: _____

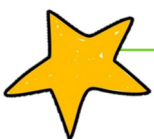
22. What beliefs are prevalent among families in the Copper Country about prenatal and child health? _____

23. What are the TOP 3 ISSUES impacting children that you feel our *community* should focus on? (Please choose only three)

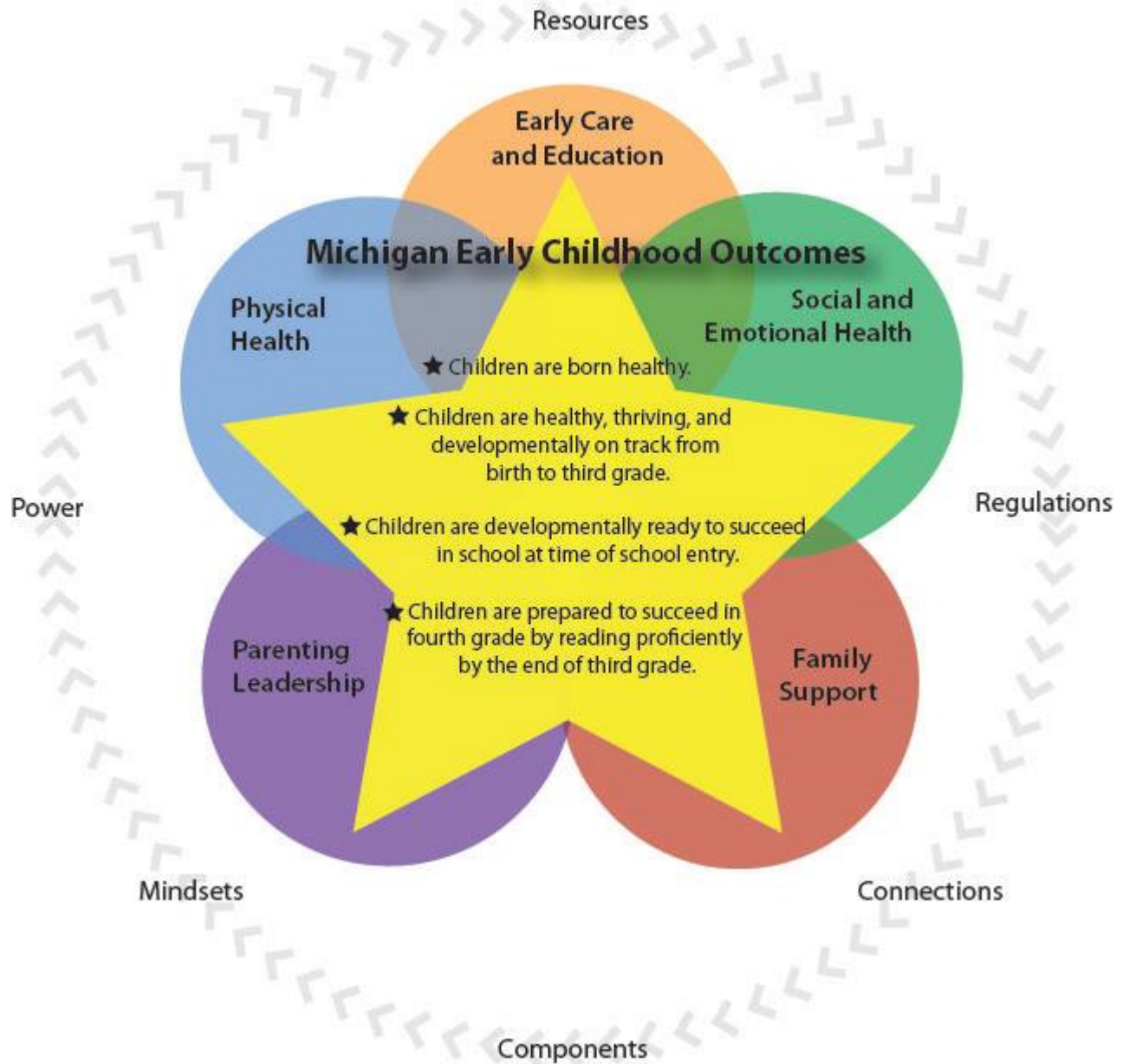
- | | |
|--|---|
| <input type="checkbox"/> Childhood health, including dental health | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Social-emotional health of children | <input type="checkbox"/> Dealing with challenging childhood behaviors |
| <input type="checkbox"/> Expanding access to mental health services for children | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Parents abusing illegal and prescription drugs | <input type="checkbox"/> Breastfeeding support |
| <input type="checkbox"/> Preparing children for kindergarten | <input type="checkbox"/> Family budgeting |
| <input type="checkbox"/> Educating parents on child development | <input type="checkbox"/> Access to healthcare (insurance, immunizations) |
| <input type="checkbox"/> Family support; meeting basic needs (food, diapers, etc.) | <input type="checkbox"/> Special needs/disabilities |
| <input type="checkbox"/> Help finding quality/affordable childcare | <input type="checkbox"/> Childhood nutrition and obesity prevention |
| <input type="checkbox"/> Teen pregnancy prevention/support for teen parents | <input type="checkbox"/> Education on quitting smoking for pregnant mothers |
| <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Other _____ |

Thank you for completing this survey!

The Copper Country Great Start Collaborative utilized tools and processes from the ABLe Change Framework (Foster-Fishman & Watson, 2012) to help guide its strategic plan development. Additional technical assistance and consultation was provided by the Early Childhood Investment Corporation. Funding for the Great Start Collaborative and Great Start Parent Coalition efforts are provided by a grant from the Michigan Department of Education, Office of Great Start.

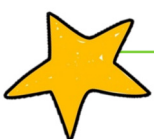


APPENDIX E



Bringing It All Together

This image by ECIC represents how various critical components of the state’s early childhood system relate to one another – Michigan’s four Early Childhood Outcomes are surrounded by key focus areas and the ABL e Change Framework system characteristics. This graphic is a good reminder of what is involved in creating meaningful and lasting systems change.




APPENDIX F

STRENGTHENING FAMILIES™ PROTECTIVE FACTORS FRAMEWORK LOGIC MODEL

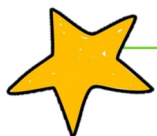
| PROGRAM STRATEGIES THAT: |
|---|
| <p>Facilitate friendships and mutual support <i>Help parents connect with each other and develop social networks</i></p> |
| <p>Strengthen parenting <i>Provide guidance, role modeling, and information on parent and child development, including special support around children's challenging behaviors</i></p> |
| <p>Respond to family crises <i>Notice family stress, listen, make referrals, and help mobilize other parents to provide support as needed</i></p> |
| <p>Link families to services and opportunities <i>Make and follow through on referrals, maintain relationships with service providers, and share community information with families</i></p> |
| <p>Facilitate children's social and emotional development <i>Provide a nurturing and caring environment, use a structured curriculum for social and emotional development, teach parents to support that development and respond to challenges, and observe and respond to signs that development is not on track</i></p> |
| <p>Observe and respond to early warning signs of child abuse or neglect <i>Consistently monitor child health and family stress, provide immediate outreach at signs of stress, establish clear protocols for staff response, and develop trusting relationships with social service and mental health agencies</i></p> |
| <p>Value and support parents <i>Make all family members feel welcome, involve parents and caregivers in decision-making at all levels, and provide many opportunities for participation</i></p> |



| PROTECTIVE FACTORS |
|--|
| <p>Parental resilience <i>The ability of families to get through difficult and challenging circumstances, recover, and even grow from the experience</i></p> |
| <p>Social connections <i>A network of people who care, listen, share parenting values, and offer help</i></p> |
| <p>Concrete support in times of need <i>Access to needed resources, including financial help, housing support</i></p> |
| <p>Social and emotional competence of children <i>The age-appropriate ability of children to understand and cope with feelings such as anger, happiness, and sadness, and relate to others</i></p> |
| <p>Knowledge of parenting and child development <i>A basic understanding of how children develop and what children need from their parents, as well as parenting skills and strategies for guiding children's behavior</i></p> |



| |
|--|
| STRENGTHENED FAMILIES |
| OPTIMAL CHILD DEVELOPMENT |
| REDUCED CHILD ABUSE AND NEGLECT |

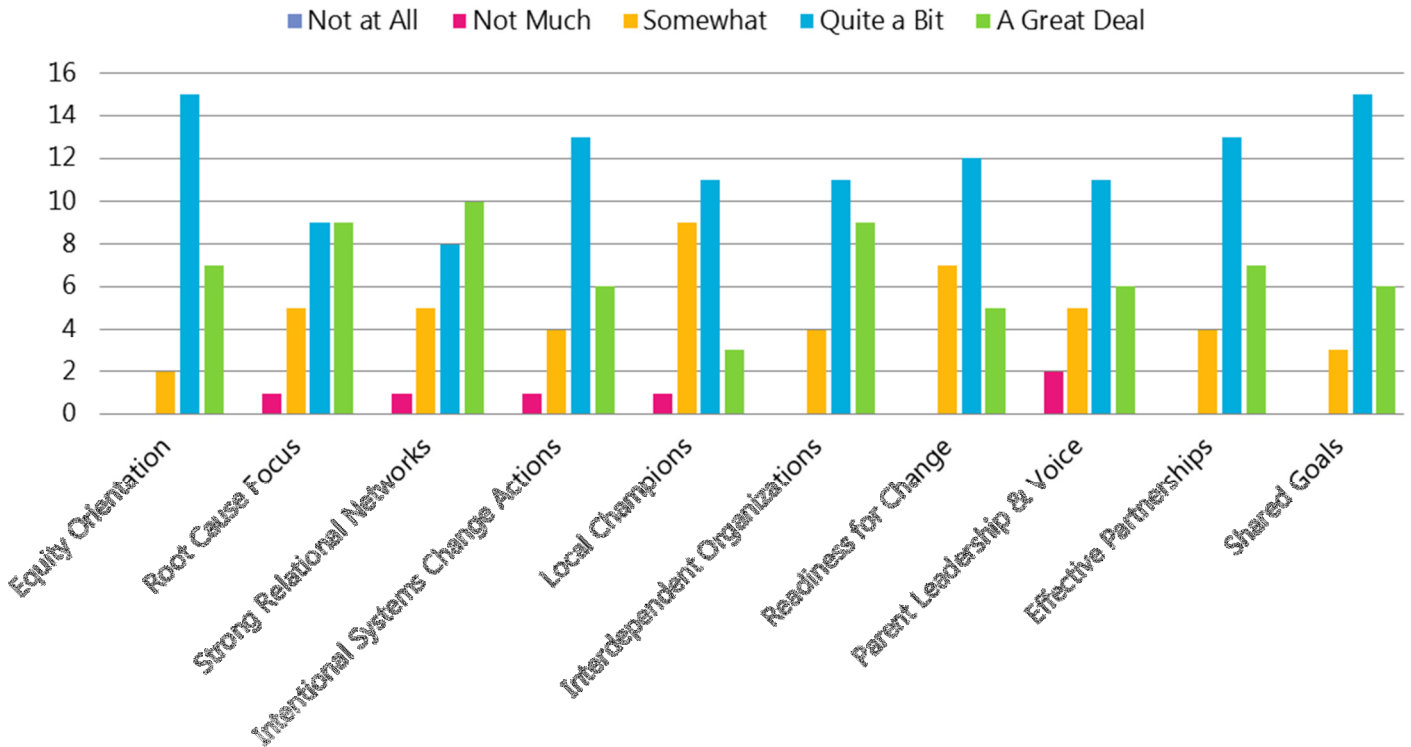


APPENDIX G

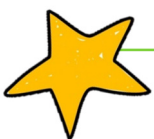
2015 INFRASTRUCTURE REVIEW

Copper Country Great Start Collaborative members were asked to rate how well their GSC practices the Levers for Change. Their responses, along with average ratings, are illustrated in the charts below.

2015 Infrastructure Review



| How well would you say that your GSC practices each of these principles? | |
|--|---------------------------------|
| LEVERS FOR CHANGE | RATING AVERAGES (5-POINT SCALE) |
| Equity Orientation | 4.21 |
| Root Cause Focus | 4.08 |
| Strong Relational Networks | 4.13 |
| Intentional Systems Change Actions | 4.00 |
| Local Champions | 3.67 |
| Interdependent Organizations | 4.21 |
| Readiness for Change | 3.92 |
| Parent Leadership & Voice | 3.88 |
| Effective Partnerships | 4.13 |
| Shared Goals | 4.13 |



APPENDIX H

GSRP INCOME ELIGIBILITY GUIDELINES (2015-2016)

| Effective July 1, 2015 to June 30, 2016 | | | | | | | | | | | | | | | |
|---|----------------------------|-------|------|---------------------------------|-------|------|----------------------------|-------|-------|----------------------------|-------|-------|----------------------------|-------|-------|
| Household Size | Federal Poverty Level 50%* | | | Federal Poverty Level 100%** ** | | | Federal Poverty Level 150% | | | Federal Poverty Level 200% | | | Federal Poverty Level 250% | | |
| | Annual | Month | Week | Annual | Month | Week | Annual | Month | Week | Annual | Month | Week | Annual | Month | Week |
| 48 CONTIGUOUS UNITED STATES, DISTRICT OF COLUMBIA, GUAM AND TERRITORIES | | | | | | | | | | | | | | | |
| 1 | 5,885 | 491 | 114 | 11,770 | 981 | 227 | 17,655 | 1,472 | 340 | 23,540 | 1,962 | 453 | 29,425 | 2,453 | 566 |
| 2 | 7,965 | 664 | 154 | 15,930 | 1,328 | 307 | 23,895 | 1,992 | 460 | 31,860 | 2,655 | 613 | 39,825 | 3,319 | 766 |
| 3 | 10,045 | 838 | 194 | 20,090 | 1,675 | 387 | 30,135 | 2,512 | 580 | 40,180 | 3,349 | 773 | 50,225 | 4,186 | 966 |
| 4 | 12,125 | 1,011 | 234 | 24,250 | 2,021 | 467 | 36,375 | 3,032 | 700 | 48,500 | 4,042 | 933 | 60,625 | 5,053 | 1,166 |
| 5 | 14,205 | 1,184 | 274 | 28,410 | 2,368 | 547 | 42,615 | 3,552 | 820 | 56,820 | 4,735 | 1,093 | 71,025 | 5,919 | 1,366 |
| 6 | 16,285 | 1,358 | 314 | 32,570 | 2,715 | 627 | 48,855 | 4,072 | 940 | 65,140 | 5,429 | 1,253 | 81,425 | 6,786 | 1,566 |
| 7 | 18,365 | 1,531 | 354 | 36,730 | 3,061 | 707 | 55,095 | 4,592 | 1,060 | 73,460 | 6,122 | 1,413 | 91,825 | 7,653 | 1,766 |
| 8 | 20,445 | 1,704 | 394 | 40,890 | 3,408 | 787 | 61,335 | 5,112 | 1,180 | 81,780 | 6,815 | 1,573 | 102,225 | 8,519 | 1,966 |
| For each additional family member add | 2,080 | 173 | 40 | 4,160 | 347 | 80 | 6,240 | 520 | 120 | 8,320 | 693 | 160 | 10,400 | 867 | 200 |

* Families at or below 100% of poverty must be referred to Head Start. Enrollment in GSRP is deferred until the referral process is complete

** Head Start grantees that demonstrate all children at 100% are being served may receive approval to serve up to 35% of their enrolled children from families with incomes up to 130% of the federal poverty level



**FOR MORE INFORMATION ABOUT THE
COPPER COUNTRY GREAT START COLLABORATIVE,
CALL (906) 482-9365**



**OR GO TO
<http://www.ccgreatstart.org/>**



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DEVELOPMENT INFORMATION, AND TRAINING
OPPORTUNITIES**