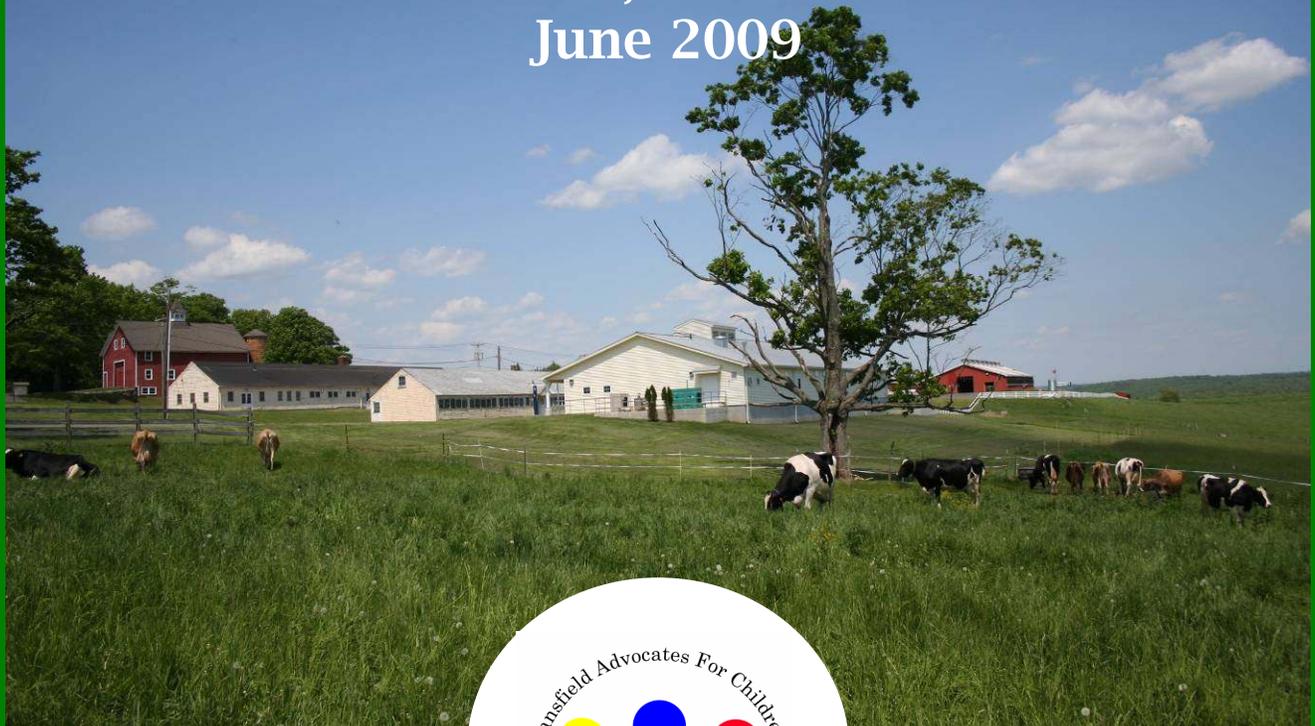


# Mansfield's Plan for Young Children

## Mansfield, Connecticut

### June 2009



Cover photo of Mansfield barn courtesy of Art Kostapapas

# “A person's a person No matter how small”

- Dr. Seuss

**Abstract.** This is a plan, developed by the Mansfield community, to improve the lives of our children ages birth to eight and their families. After eleven months of in-depth data analysis, community input from more than 527 residents, passionate conversations, and creative thinking, the plan has begun to take shape.

The plan begins with the overarching desired result, that **Mansfield's children from birth through eight years old are healthy, successful learners, and connected to the community.** The plan then identifies three strategic areas on which to focus its efforts: (1) health; (2) successful learners; and (3) community connectedness.

In each of these three areas, the community has selected headline indicators which contain the major data points from which results will be measured. For health, the headline indicators are the percent of mothers with at least adequate prenatal care, the percent of children with healthy BMI scores, and the percent of children passing all four physical fitness tests in Grade 4. For successful learners, the headline indicators are the percent of children scoring at Level 3 on the Kindergarten Inventory and the percent of third graders reading at or above the State goal level on the Connecticut Mastery Tests. For community connectedness, all agreed that the indicator should be the percent of community members feeling connected to the community. Because this data point does not currently exist, the first strategy is to begin to collect this information.

The data for each headline indicator – as well as secondary indicators and additional details behind some of the data points – are included to paint the picture of what the current status is in Mansfield. From this information, strategies and activity ideas were generated to move the plan toward action. A list of partners, a financing plan, and performance measure examples that correlate with each of the strategies are included in this plan.

It is proposed that Mansfield Advocates for Children (MAC), who is the governance group for early childhood initiatives in Mansfield, assume responsibility for implementing this plan. This will require expanding MAC membership to include some members of the Leadership Work Group and additional partners. Further, it is proposed that this plan be presented to the Town Council as a demonstration project for the Early Care and Education component of the Mansfield 2020 Plan.

Of utmost importance, though, is the recognition that this plan is a work in progress. It is a concrete beginning to initiatives and efforts that are vital for our young children's success. We look forward to working with all of our community partners to collectively deepen our planning efforts, take on actions that will turn the curve for our children, and hold ourselves accountable for the progress that we make.

# Acknowledgements

We would like to extend our warmest acknowledgements to the following individuals and organizations that contributed to this plan for Mansfield's youngest children.

## *Leadership*

This plan was developed with the leadership and support of both the Town of Mansfield and the Mansfield Board of Education.

## *Funding*

This planning was funded by the Governor's Early Childhood Education Cabinet through the State Department of Education and the William C. Graustein Memorial Fund. The Town of Mansfield provided additional in-kind support to make this plan happen.

## *Leadership Work Group*

A Leadership Work Group was formed to develop this plan. The following individuals served on the Leadership Work Group and contributed their time, talents, expertise, and leadership at various points to help develop this plan for Mansfield's children:

Maura Baker, Mansfield Family Practice  
Marianne Barton, University of Connecticut Psychological Services  
Fred Baruzzi, Superintendent of Mansfield Public Schools  
Sandy Baxter, School Readiness Coordinator  
Gloria Bent, United Church of Christ, First Church of Christ -Mansfield  
Terry Berthelot, Parent and Center for Medicare Advocacy\* (Co-Chair)  
Liz Buczynski, Windham Region United Way  
Maria Capriola, Assistant to Town Manager  
Kathleen Dorgan, Dorgan Architecture & Planning  
Mary Feathers, Board of Education  
Rebecca Fields, Mansfield Housing  
Jane Goldman, University of Connecticut Professor of Early Childhood  
Jim Greene, Parent  
Cindy Guerreri, William C. Graustein Memorial Fund  
Kevin Grunwald, Town of Mansfield Director of Human Services  
Joe McLaughlin, Birth to 3 Services  
Robert Miller, Director Eastern Highland Health Services  
Raluca Mocanu, Parent\* (Co-Chair)  
Jeffrey Osleeb, UConn Geography Department  
Chris Paulhus, Mansfield Town Council  
Katherine Paulhus, Parent & Board of Education  
Melinda Perkins, WRTD Bus  
Sonya Renfro, Sylvan Learning Center  
Kimberley Russo, Windham Region United Way  
Judith Stoughton, Mansfield Public Library Children's Librarian  
Becky Tanner, Girl Scouts of Connecticut  
Lisa Young, Mansfield Discovery Depot  
Sue Zacharie, Natchaug Hospital

## *Community Members*

A special appreciation is extended to the more than 500 members of the community who provided their input into this plan by completing input surveys, participating in focus groups, engaging in conversations with the Leadership Work Group, and contributing ideas to improve the plan.

## *Photographs*

A special thanks to Art Kostapapas, of the ERA Covenant Realty Group, and Karen Taylor who contributed Mansfield photographs to this publication.



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# I. About this Plan

In June 2008, Mansfield was provided with the opportunity to come together to develop a plan that would improve the lives of its young children and their families. The Mansfield community received a grant jointly funded by the Connecticut Early Childhood Education Cabinet through the State Department of Education and the William C. Graustein Memorial Fund to develop a community plan to improve the success of Mansfield's young children – from birth to age eight – and their families.

Through this process, we set out to create a comprehensive plan to address the needs of our young children and their families. It would not focus on any discrete program or school, but instead would be a community-wide and system-wide approach. Further, when Mansfield took on this planning effort, we committed to extensive and representative involvement of community members. We also agreed to using concrete data as a starting point for decisions and using Results-Based Accountability (RBA) which is a planning process that intensively focuses on results and accountability. Finally, we committed to building in no- or low-cost activities for at least two years, in recognition of our economic climate.

**Through this process, we set out to create a comprehensive plan to address the needs of our young children and their families.**

In addition, this plan would be developed to align with the Mansfield 2020 Plan, which is a strategic planning effort led by the Mansfield Mayor and Town Council to define a strategic direction for the future of the Town and to establish the basis for decision-making and resource allocation until the year 2020.

Mansfield Advocates for Children (MAC), who is the governance group for early childhood initiatives in Mansfield, swiftly formed a Leadership Work Group to guide this planning process. The Leadership Work Group was formed in June 2008 and was intended to be as representative as possible of the field – including parents, early care and education professionals, community programs and services representatives, and other interested citizens.

In order to make sure that the blueprint plan corresponds to the most significant challenges in the community, we collected as much relevant quantitative data to identify these needs, including information about the community context, information about early care and education efforts, and the supports that exist for our families with young children. Community input was sought through a wide variety of means – including presentations, one-on-one interviews, and focus groups with relevant organizations community-wide, and surveys from 527 Mansfield residents and stakeholders.

This plan is a work in progress. It is a concrete beginning to initiatives and efforts that are vital for our young children's success. We look forward to working with all of our community partners to collectively deepen our planning efforts, take on actions that genuinely will turn the curve for our children, and hold ourselves accountable for the progress that we make.

## 2. About Our Process

When Mansfield took on this planning effort, it also took on the opportunity to use a Results-Based Accountability (RBA) community planning framework. RBA is a disciplined way of taking action to improve the quality of life in communities and show results. The intent of RBA is to help communities bring public and private sectors together to turn around conditions that are “not okay.” The process begins by identifying what result we want to achieve and then works backwards to arrive at the specific actions that will achieve that result. The RBA process is as follows:

### **Step 1: What is our desired result?**

The first step of an RBA plan identifies what quality-of-life condition we want to achieve for our families with young children. RBA results are stated in plain language, in a way that every taxpayer and voter can understand the issue and see its importance. Examples include “a prosperous economy” or “a safe community.”

### **Step 2: What would these conditions look like if we could see them?**

The second step is to identify the possible indicators that will quantify whether we have achieved our result. For example, the unemployment rate helps quantify our local economic prosperity and crime rate helps quantify the safety of our community.

### **Step 3: How can we measure these conditions?**

The third step reduces the list of possible indicators down into those that are the most representative of the result we seek to achieve.

### **Step 4: How are we doing and what is the story behind the curve?**

The fourth step analyzes current data and recent trends for these top indicators and asks how the community is currently performing on them. During this step, we also work hard to identify the story behind the curve – including the root causes of these current trends.

### **Step 5: Who are the partners who have a role in doing better?**

The fifth step identifies all of the potential partners who can contribute to making the numbers better.

### **Step 6: What strategies will turn the curve?**

The sixth step develops our strategies and actions to improve these conditions. These strategies are based on what we know works (from research and best practices) and common-sense approaches.

### **Step 7: What do we propose to do?**

The seventh step lays out the precise actions that will bring the results that are desired. These actions include no-cost and low-cost efforts.

### **Performance Measures**

After developing our plan, we collectively work with our partners to select the most important measures that we all agree to track and to which we hold ourselves accountable.

For more information on RBA, see Mark Friedman’s book [\*Trying Hard Is Not Good Enough\*](#) or websites ([www.raguide.org](http://www.raguide.org) / [www.resultsaccountability.com](http://www.resultsaccountability.com)).

## 3. About Mansfield

**Mansfield, Connecticut** is a rural town in Tolland County with a population of approximately 25,000 in 5,620 households.<sup>1</sup> However, it tends to feel like a smaller town than the numbers suggest because the population figures include both UConn students and the prison population that reside in town. The town is approximately 4 miles north of Willimantic, 25 miles east of Hartford, and 33 miles north of New London. Major access to the town is made by Interstate 84, via Route 44 and Route 6.

**History:** The town of Mansfield was incorporated in 1702. It was originally part of a land tract acquired from the Mohegans by a group of Norwich settlers. Mansfield remained a predominantly rural town. The rivers powered saw mills and grist mills, and the town was influenced by nearby Willimantic's role in the thread and textile industries. In 1810, the first silk mill in the United States was built at Hanks Hill and for many years Mansfield led the country in silk production. Today, Mansfield is home to the University of Connecticut's main campus in Storrs, which fosters a vibrant culture of education in the town.

**Government:** Mansfield operates with a Council-Manager form of government.

**Economic base:** The median household income is \$62,064, just below the State average of \$67,236. The top five major employers are strong institutional players, including the University of Connecticut, Mansfield Public Schools, Regional School District #19, Bergin Correctional Institute, and Natchaug Hospital.<sup>2</sup>

**Young children:** In 2008, Mansfield had 883 children under the age of five and 1,998 school-aged children ages 5-17.<sup>3</sup> Mansfield has three elementary schools: Dorothy C. Goodwin School, the Southeast School, and the Annie E. Vinton School.

**District Reference Group:** In Connecticut, the State Department of Education groups school districts into District Reference Groups (DRGs), which are groups of school districts with similar socioeconomic characteristics. The groupings were established to compare achievement and expenditures among districts based upon socioeconomic status, indicators of need and student enrollment data. Indicators such as median family income, education level of parents, parents' occupation, family structure and home language are used to group

**“There is always one moment in childhood when the door opens and lets the future in.”**

~ Deepak Chopra

Photo courtesy of Art Kostapapas



<sup>1</sup> CERC Town Profile 2009 (2008 Population data)

<sup>2</sup> CERC Town Profile 2009 (2008 Population data)

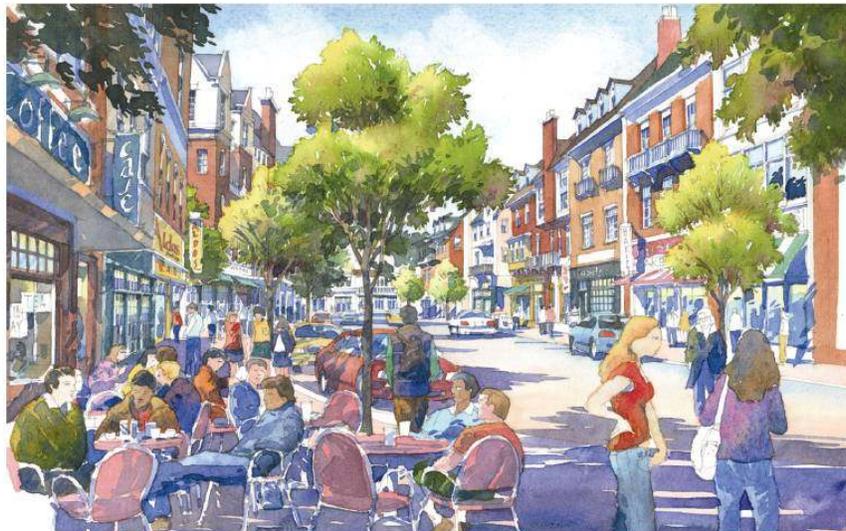
<sup>3</sup> CERC Town Profile 2009 (2008 Population data)

the districts. School districts were then compared with others in their DRG. The most affluent and low-need districts are grouped into DRG A, while the poorest and highest need districts are grouped into ERG I. Mansfield is in DRG Group C, along with Andover, Barkhamsted, Bethany, Bethlehem, Bolton, Bridgewater, Burlington, Canton, Columbia, Cornwall, Durham, Ellington, Essex, Haddam, Harwinton, Hebron, Killingworth, Lyme, Marlborough, Middlefield, New Hartford, Old Lyme, Oxford, Pomfret, Roxbury, Salem, Sherman, Somers, Suffield, Tolland, Washington, and Woodbury.

**Quality of life:** Mansfield residents enjoy certain amenities in town that contribute to their quality of life. UConn’s main campus in town provides a highly educational environment with lectures, exhibits, and cultural events throughout the year in addition to Division I College Athletics. In addition, though, the town enjoys a lot of protected open space for outdoor recreational activities, including Mansfield Hollow State Park, eight town parks and preserves, numerous Joshua’s Trust properties, and university holdings. Mansfield as a community has experienced slow but stable residential growth. The town’s commercial and industrial sectors are limited, and no town center exists to serve as a nexus for community activities. However, in partnership with the university, local business and its residents, the town has established a non-profit corporation (the Mansfield Downtown Partnership, Inc.) that is charged with facilitating the development of a \$220 million project to construct a mixed-use village center that will offer many additional amenities to the community.



VILLAGE STREET



*Image provided courtesy of Leyland Alliance and Urban Design Associates*

## 4. Our Blueprint



Barn, kayak, and husky photos courtesy of Art Kostapapas



**“We could never have loved the earth so well if we had no childhood in it.”**

**~ George Eliot**

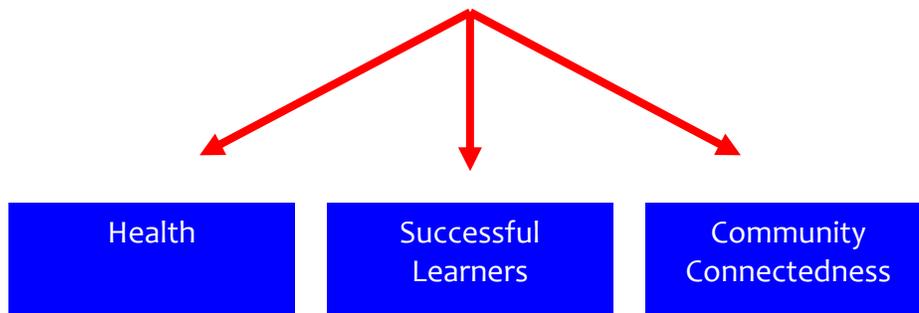
# A. Population Result

**Definition:** Our population result is our end goal. It is what we want for our children ages birth to eight. It answers the questions: What are the most important hopes for our children, families, and community? What do we want for this population? How do we want our children to be? How do we want our families to be? In what type of community do we want to live? By discussing these questions, our community collectively developed our population result statement.

## Mansfield Population Result:

“Mansfield’s children from birth through eight years old are healthy, successful learners and connected to the community.”

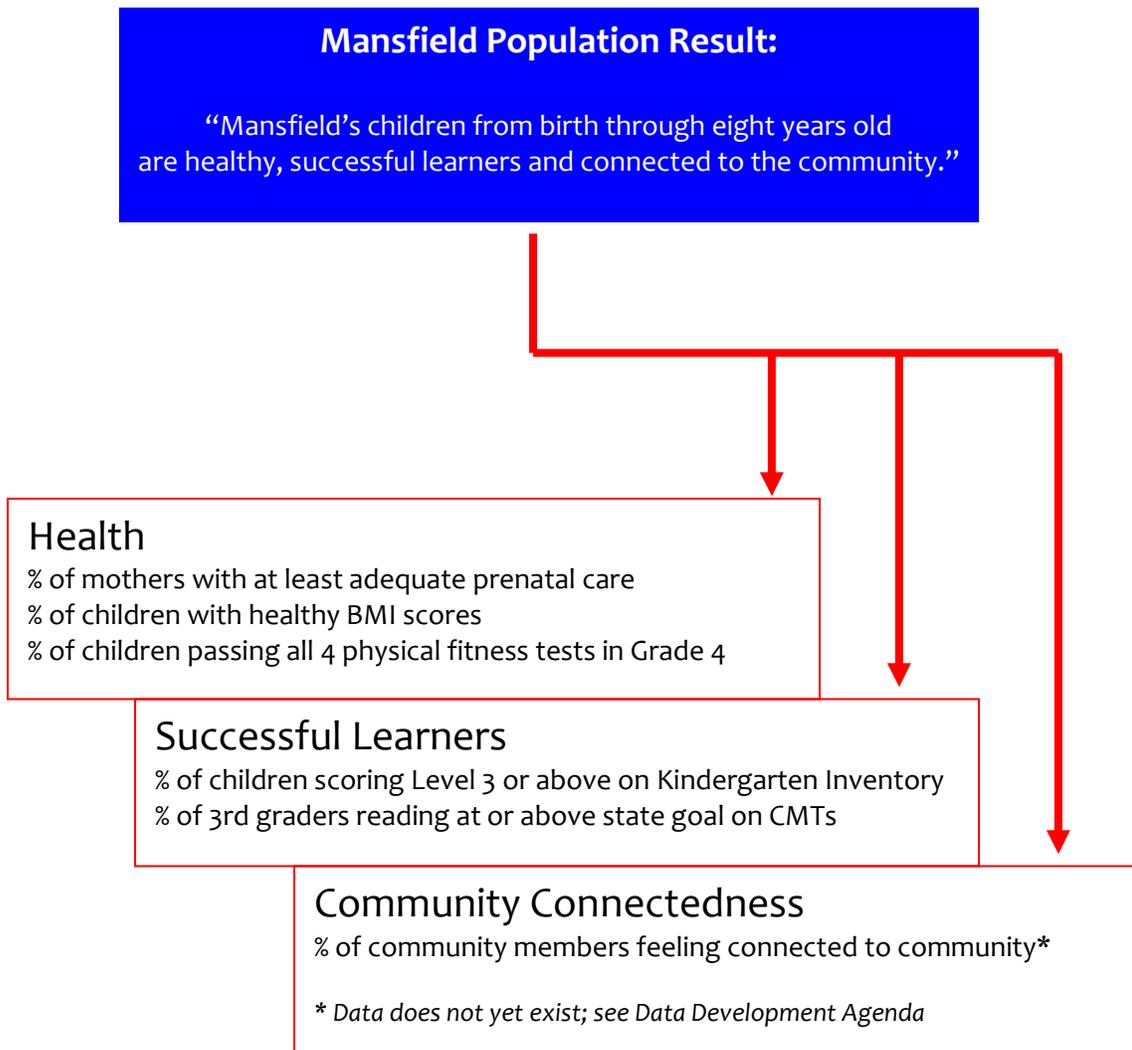
**Strategic Areas:** Strategic areas are distinct areas of focus within an RBA plan. In essence, they are large “buckets” to collect strategies that are all related to each other. Usually, there is a one-to-one correlation between the results statement and the strategic areas. Given our results statement, we chose three strategic areas to help organize our efforts. Each area is identified below, and is described in much greater detail on the following pages.



## B. Headline Indicators

**Definition:** Indicators are measures that tells us if we are getting our results or not. The best indicators are those that are extremely well-connected with the result (representative power), can be communicated to a broad audience (communication power), and for which there is quality data available on a timely basis (data power).

**Our “small number” challenge:** Because the population in Mansfield is so small, the availability of data poses a significant challenge and the meaningfulness of such small numbers makes interpretation difficult. With approximately 100 children in each cohort, a swing of only three children can cause a swing of 3%. The Blueprint Committee spent many long conversations developing Mansfield’s indicators based on the data that is available in this town and most meaningful.



# C. Health

**About this strategic area:** Children’s health is a requirement for their success. It impacts a child’s development, self-esteem, relationships, absenteeism, as well as a child’s ability to pay attention, focus, and learn. Significant research articulate the ties between a child’s physical and mental health and school attendance rates – including showing that children who are sick are more often likely to be absent, and children with chronic health conditions such as asthma can tie into reduced school attendance, school performance, and parental work attendance.<sup>4</sup>

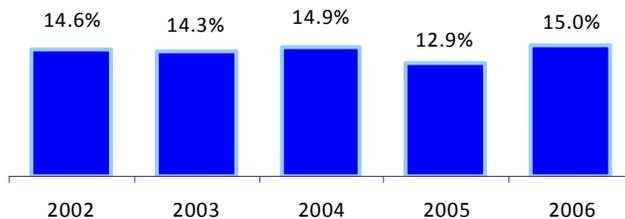
## Headline indicators:

*Non-adequate prenatal care* is rated based on the Adequacy of Prenatal Care Utilization (APNCU) Index. Non-adequate care is defined as prenatal care begun after the 4th month or less than 50% of recommended visits received or prenatal care begun by the 4th month and 50%-79% of recommended visits received.

*Body Mass Index (BMI)* is used as a screening tool to identify possible weight problems for children. The CDC and American Academy of Pediatrics recommend the use of BMI to screen for overweight and obesity in children beginning at 2 years old.

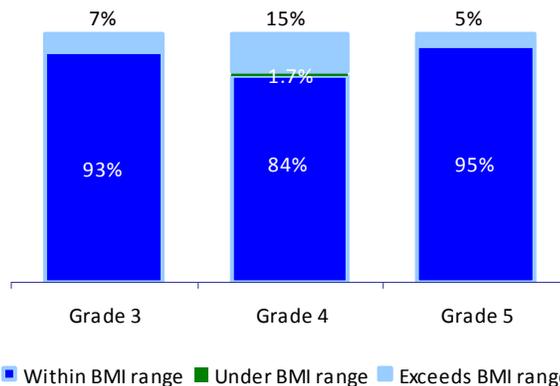
### PERCENT OF MANSFIELD BIRTHS WITH NON-ADEQUATE PRENATAL CARE

Source: Connecticut Department of Public Health Registration Reports



### PERCENT OF MANSFIELD STUDENTS IN GRADES 3-5 WITH BMI MEASUREMENTS WITHIN AND OUTSIDE OF HEALTHY BMI STANDARD

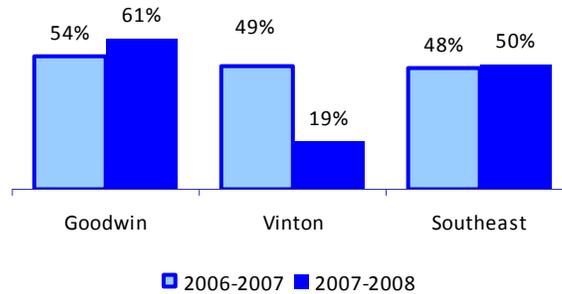
Source: Mansfield Public Schools 2009



<sup>4</sup> Diette, MD, Gregory B. et al. “Nocturnal Asthma in Children Affects School Attendance, School Performance, and Parents’ Work Attendance” in ARCH PEDIATR ADOLESC MED/VOL 154, SEP 2000.  
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## PERCENT OF MANSFIELD STUDENTS PASSING ALL FOUR PHYSICAL FITNESS TESTS IN GRADE 4

Source: Mansfield Strategic School Profiles 2006-2007, 2007-2008



**Story behind the health curves:** We took a hard look at additional factors behind each of these data points to help us understand why these trends are occurring and to start to develop the most appropriate strategies to turn the curve. The Mansfield story behind these data points includes:

- Billions of brain cells are developed during the first months of fetal life. The very first step to healthy children is adequate prenatal care. Access to medical care during this time can help prevent threats to healthy development and can provide early diagnosis and appropriate management if problems emerge.
- While the percentage of births with non-adequate care seems to be rising from the percentages, it is important to remember that the numbers are small in Mansfield, with only about 100 births per year. Indeed, this increase from 12.9% to 15% is caused by three more mothers who did not receive adequate prenatal care in 2006 (from 13 to 16). While it may indicate an emerging trend, it also could be the result of normal variations on a year-to-year basis.
- The steadiness or slight increase in non-adequate prenatal care does not tie with an increase in teenage births, since the rate of teenage births fell during this time period.
- The same time period also saw a slight increase in the number of children who were born with very low and low birth weight.
- Possible factors related to the lack of adequate prenatal care may be parental choice, lack of access to services, lack of health insurance, and/or lack of information about the importance of prenatal care.
- Given that 1 of every 7 Mansfield children are born without adequate prenatal care, work needs to be done to ensure that these children have adequate healthcare after they are born to provide opportunities for early identification of any health or development problems.
- While the BMI data is not particularly alarming, the fitness numbers reflect concern in the community that while obesity may not be the most pressing concern, physical fitness is a pressing concern. Community members are expressing interest in recreational activities to counteract obesity trends. As one survey respondent said, "With childhood obesity becoming a significant problem nationally and its profound effects on health and development, it is worthwhile to explore and/or maintain activities that promote life-long interest in outdoors, team or individual sports, hobbies, etc. The health benefits are indisputable along with the opportunities for building strong social skills, an appreciation for our surroundings, and a decreased reliance on videos, iPods, and other socially isolating phenomena."

**Our Strategies to turn the curve:** After sifting through the data and the stories behind the curve, we developed major strategies and sub-strategy ideas to undertake in order to turn the curve.

### **Strategy #1: Improve information about & access to medical, dental, & mental health services in children 0-8 and their families**

#### Sub-strategy ideas:

- ▶ Learn why some women are not receiving adequate prenatal care
- ▶ Increase access to information about prenatal care
- ▶ Increase access to information about well-child care
- ▶ Increase access to information about developmental screenings
- ▶ Connect families with young children to appropriate health insurance coverage
- ▶ Connect families with young children to appropriate social services and supports
- ▶ Improve Dial-a-Ride and rideshare services and explore supplementing these programs with a volunteer driver program

### **Strategy #2: Promote wellness & prevent illness in children 0-8 and their families**

#### Sub-strategy ideas:

- ▶ Widely publicize information about nutrition, exercise, and healthy lifestyles
- ▶ Create cooking shows on public TV showing healthy options and bagged lunch ideas
- ▶ Create ideas for healthy bagged lunches at grocery stores in the community
- ▶ Expand programs for young families through Parks & Recreation (e.g., Saturday morning hike)
- ▶ Promote organized sports programs
- ▶ Encourage sports programs to waive fees for financially challenged families
- ▶ Make better use of community facilities to promote physical activity after school and on the weekends
- ▶ Add sidewalks & bike paths that are oriented toward community and recreational facilities

# D. Successful Learners

**About this strategic area:** In order for children to be successful in life, we need them to be successful learners – both inside and outside of school.

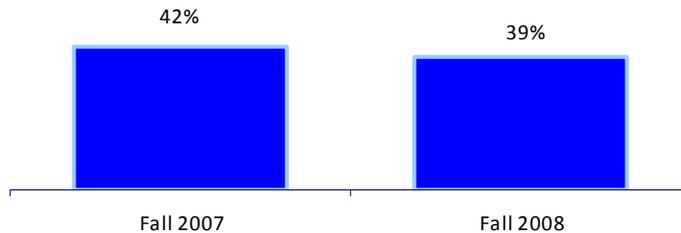
**Headline indicators:** These two indicators were chosen as the best representations of successful learners in the community.

*Connecticut Entry to Kindergarten Inventory* is based on six skill domains that reflect a set of skills expected of children entering kindergarten. These skills are: language, literacy, numeracy, physical/motor, creative/aesthetic, and personal/social skills. Students are graded on three performance levels. Students at Level 1 demonstrate emerging skills in the specified area and require a large degree of instructional support. Students at Level 2 inconsistently demonstrate the skills in the specified area and require some instructional support. Students at Level 3 consistently demonstrate the skills in the area and require minimal instructional support. The use of the Inventory was piloted in 2006.

*The Connecticut Mastery Test (CMT)* is a test administered to students in grades 3 through 8 in mathematics, reading, writing, and science (science was administered for the first time in March 2008 for fifth and eighth grade). The CMT is graded on a scale from 1 to 5 in each area tested. On this scale, 5 is considered "advanced," 4 is considered "goal," 3 is considered "proficient," 2 is considered "basic," and 1 is considered "below basic."

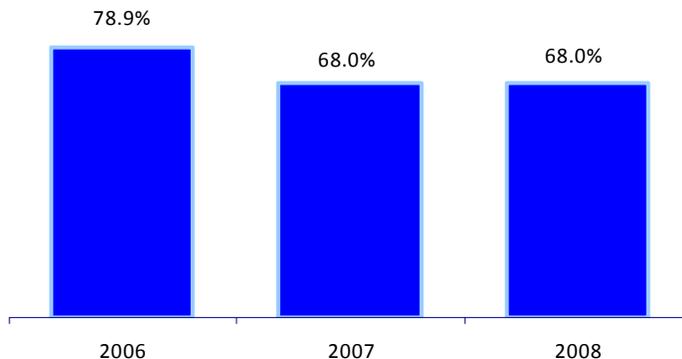
## AVERAGE PERCENT OF MANSFIELD CHILDREN SCORING LEVEL 3 (CONSISTENT SKILLS) ON KINDERGARTEN INVENTORY

Source: Mansfield Public Schools



## PERCENT OF MANSFIELD CHILDREN SCORING AT LEAST GOAL ON THIRD GRADE READING CMT

Source: State Department of Education



**Story behind the successful learning curves:** We took a hard look at additional factors behind each of these data points to help us understand why these trends are occurring and to start to develop the most appropriate strategies to turn the curve. The Mansfield story behind these data points includes:

- Although the Kindergarten Inventory appears to be decreasing slightly, it is a very short trend with only two years of data and could be attributable to changes in only two or three students, given the small numbers in Mansfield.
- Further, of the Kindergarten Inventory scores, the highest readiness is found within creative/ aesthetic skills and personal/ social skills. The lowest readiness areas are language and numeracy skills. In general, Mansfield students perform slightly better than the State overall. The numbers point to a possible focus on kindergarten transition and overall training on the pre-kindergarten benchmarks.

<b>Kindergarten Inventory Scores</b>						
Source: Mansfield Public Schools						
<b>K Inventory</b>	<b>Fall 2007</b>			<b>Fall 2008</b>		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Language skills	14%	42%	44%	19%	44%	37%
Literacy skills	18%	43%	39%	16%	46%	38%
Numeracy skills	16%	46%	38%	10%	53%	37%
Physical/Motor skills	10%	43%	47%	7%	55%	38%
Creative/Aesthetic skills	11%	47%	42%	9%	51%	40%
Personal/Social skills	13%	47%	40%	9%	49%	42%
Average	14%	45%	42%	12%	50%	39%
<b>STATE SCORES</b>						
	<b>Fall 2007</b>			<b>Fall 2008</b>		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Language skills	25%	40%	35%	23%	40%	37%
Literacy skills	29%	42%	29%	25%	41%	34%
Numeracy skills	24%	44%	32%	20%	44%	36%
Physical/Motor skills	13%	44%	43%	12%	42%	46%
Creative/Aesthetic skills	14%	42%	44%	12%	41%	47%
Personal/Social skills	19%	43%	38%	17%	43%	40%

- The percent of students with at least some pre-kindergarten experience is growing in Mansfield. In 2003, 76.5% of children entered kindergarten with some pre-school experiences, compared with 81.1% in 2007. However, it is important to note that no systematic way exists in Mansfield to gauge unmet need for pre-school experiences, and – even further – no information exists yet about the quality or depth of these pre-school experiences. No statewide quality standard exists.

<b>% of children entering Kindergarten with preschool experience</b>					
Source: Strategic District Profiles					
	2003	2004	2005	2006	2007
Percent	76.5%	79.4%	81.2%	79.7%	81.1%

- Further, no information exists about why 20% do not participate in preschool experiences. As one parent said, “I am uncomfortable with the prevailing belief (which I realize comes down from state and federal funding guidelines) that the best way to educate and nurture a young child is to have them placed in a preschool or daycare setting. More part-time options need to be explored and supported for those of us who are interested/able to spend more time at home with our children.”
- Decreased reading scores on the CMTs suggest a greater need in the community for greater focus on early literacy and reading. Boys have outperformed girls on CMT test for

the past two years. The children receiving free & reduced price meals have been improving in performance over the two-year period for which data is available.

<b>3<sup>rd</sup> Grade Reading CMT Scores – Subpopulation Analysis</b>			
Source: www.cmtreports.org			
Subpopulations	2006	2007	2008
Male	77.8%	77.8%	68.8%
Female	80.8%	60.8%	67.2%
F/R Meals	--	52%	61.9%
Full Price	81%	71.8%	69.3%

- Very little information exists on infant & toddler needs and parent satisfaction of the available care. Efforts in connection with UConn are needed to identify and quantify the needs and develop ways to meet the needs that exist.

### **Strategy #3: Identify and meet the demand for quality infant, toddler, and preschool slots**

#### Sub-strategy ideas:

- ▶ Establish a systematic way to determine unmet need for early care & education including infant and toddler slots
- ▶ Support legislative advocacy around increasing the number of quality and affordable slots
- ▶ Increase awareness of what makes a quality program

### **Strategy #4: Raise and improve literacy skills in the community**

#### Sub-strategy ideas:

- ▶ Inventory and publicize existing literacy programs and activities(e.g., library bus)
- ▶ Create additional literacy-building programs in the community

# E. Community Connectedness

**About this strategic area:** Throughout this entire process, anecdotal information kept rising up in conversation about the quality of life for families with young children in Mansfield, and how it is different from other towns in Connecticut. The rural nature of the town, the lack of a designated town center, lack of sidewalks and easy transportation, a partially disconnected population of graduate students with young children caused the group to look hard – really hard – at the concept of community connectedness and the role of having a connected community in the lives of Mansfield’s young children.

**Headline indicators:** After long conversations and searching for appropriate existing measures, Mansfield has concluded that no measurement of community connectedness is currently being collected in Mansfield. In fact, the first strategy for this focus area is to develop a way to measure a baseline for community connectedness.

*Mansfield Community Connectedness Survey* will be developed to identify the extent to which Mansfield residents feel connected with their community. The first strategy is to develop a way to measure a baseline for community connectedness.

**Story behind community connectedness:** Good secondary data does exist to help round out the community connectedness piece in Mansfield. The Mansfield story behind these data points includes:

- Mansfield has a significant student population. The median age for the Town of Mansfield is 23 years, compared with the State median age of 40 years. As one graduate student survey respondent noted, it can be challenging to connect this population in with the rest of the towns events, saying “I am not familiar with some of these events. I don't know if it's because I am a graduate student and don't receive local papers.”
- Some of Mansfield’s families experience a sense of isolation, in part because of the more transient student population combined with the rural surrounding geography. According to the 2000 Census, one-quarter of the population (26.1%) had moved to Mansfield in the past year and 52.1% had moved to Mansfield in the past five years. These numbers are high compared with the entire State, in which 17% had moved to the State in the past year and 44.2% had moved to the State in the past five years.
- Because of the rural nature of Mansfield, transportation is an issue for residents. Data from the Willimantic-Storrs bus shows steadily increasing ridership with 63,586 rides in FY2008. Bus service routes do not always connect with key “connection” places in town.

Willimantic-Storrs Bus Ridership					
Fiscal Year	FY '04	FY '05	FY '06	FY '07	FY '08
Total Ridership	34,579	36,583	49,173	56,833	63,586

- Mansfield does not have any central point for information about the resources that exist for its families with young children.
- Mansfield has an asset map of spaces that are important to the community (see Appendix). Mansfield does not know how much these spaces are used, or if there are enough spaces.
- Some parents report having a tough time getting connected with other parents of young children. One survey respondent said, “The low social density of housing in Mansfield discourages interaction among parents.” Another said, “New moms can feel very isolated in Mansfield... There could be a place (physical place or online) where get-togethers can be posted without the moms going through "official" organizations/clubs.”

- The town’s limited sidewalk infrastructure and limited public transportation seems to contribute to the feeling of isolation. As one respondent to the survey said, “The roads are dangerous to walk on. We don’t have sidewalks through most of town. Children cannot safely go to neighbors houses without being driven for the most part, or ride their bikes safely to important places in town like the community center and the library. Families would be healthier and happier with more ways simply to get around town together, slower, in community, in harmony with the beauty of this town.” Another said, “I would really, really, really appreciate it if there were a bus stop at the library. My kids and I don’t feel safe walking up 89, but we would really like to utilize the public transportation system.”

### **Strategy #5: Develop a baseline understanding of and measurement of community connectedness in Mansfield**

#### Sub-strategy ideas:

- ▶ Develop a survey to measure community connectedness. This survey would also function to identify the places where connections occur and the types of improvements that people suggest to improve connectedness (e.g., installation of park benches)

### **Strategy #6: Improve communications with Mansfield families with young children to raise awareness about community resources for families with young children**

#### Sub-strategy ideas:

- ▶ Develop the Town of Mansfield’s website as a virtual resource center
- ▶ Create a public awareness campaign to promote the website as the ideal home page for every computer in Mansfield
- ▶ Coordinate communication efforts with UConn
- ▶ Improve the ability of Mansfield residents to connect to the internet
- ▶ Explore community-building opportunities (e.g., playground in new downtown, benches in key community-building sites, picnic tables, social connection activities)

### **Strategy #7: Improve transportation options to make key community locations accessible**

#### Sub-strategy ideas:

- ▶ Establish bus stops at key locations in the community
- ▶ Extend bus service routes and schedules to improve connections to key community locations
- ▶ Refine the current Ride Share program to address the needs of families with young children

# 5. Implementation Considerations



Oriole bird and dam photos courtesy of Art Kostapapas

# A. Key Partners

The success of this plan will rely on our community and our partners pulling together to work collaboratively to achieve these results. The table below identifies partners that are relevant to each strategy of this plan. We anticipate reaching out to each of these partners to open dialogue and identify avenues for involvement in the plan. We also anticipate working collectively with our partners to develop a common set of performance measures. These measures will help us understand how much we did, how well we did it, and if anyone is better of as a result of our efforts.

Strategy →	1	2	3	4	5	6	7
	Access to health services	Promote wellness	Early Education Slots	Literacy Skills	Measure Connectedness	Communication	Transportation
<b>↓ Partners</b>							
<b>Town Partners</b>							
Town Council			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Social Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Youth Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
School nurses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
MAC IT Group			<input checked="" type="checkbox"/>				
Parks & Recreation		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MCC		<input checked="" type="checkbox"/>					
<b>Board of Ed Partners</b>							
Board of Education			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Superintendent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
School administrators			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
School support staff				<input checked="" type="checkbox"/>			
Enrichment teachers				<input checked="" type="checkbox"/>			
ELL coordinator				<input checked="" type="checkbox"/>			
Teachers			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Literacy Coaches				<input checked="" type="checkbox"/>			
Special education coordinators				<input checked="" type="checkbox"/>			
School nurses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Speech pathologists				<input checked="" type="checkbox"/>			
School Readiness / MAC			<input checked="" type="checkbox"/>				
<b>UConn Related</b>							
UConn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
UConn Work Life			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UConn Human Development Services			<input checked="" type="checkbox"/>				
UConn Transportation Pool						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UConn Departments (mapping)						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UConn Grad Student Council						<input checked="" type="checkbox"/>	
UConn clinics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<b>Regional Entities</b>							
Windham Region Community Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Region 19						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Windham Regional Transit District						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
United Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
EastConn				<input checked="" type="checkbox"/>			
Eastern CT Reading Council				<input checked="" type="checkbox"/>			

Strategy →	1	2	3	4	5	6	7
	Access to health services	Promote wellness	Early Education Slots	Literacy Skills	Measure Connectedness	Communication	Transportation
<b>↓ Partners</b>							
<b>Community Organizations &amp; Members</b>							
Library				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Childcare centers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Home care providers			<input checked="" type="checkbox"/>				
Local businesses						<input checked="" type="checkbox"/>	
Generations Health Clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Local midwives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Family practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Pediatricians	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Mental health clinicians	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Hospital social workers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
OB/GYNs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Naturopaths	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
4H (The Extension Service)		<input checked="" type="checkbox"/>					
Faith-based communities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Camps		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Girl Scouts/Boy Scouts		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Jump Start				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Parent groups		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
iParent Network						<input checked="" type="checkbox"/>	
Parent Planner						<input checked="" type="checkbox"/>	
Museums						<input checked="" type="checkbox"/>	
Dial-A-Ride						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Charter						<input checked="" type="checkbox"/>	
WAM Horizon						<input checked="" type="checkbox"/>	
KYT Fair						<input checked="" type="checkbox"/>	
INDP						<input checked="" type="checkbox"/>	
Festival on the Green						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>State &amp; National Entities</b>							
Infoline 211	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
WIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
American Cancer Society / American Heart Association		<input checked="" type="checkbox"/>					
NAEYC/CTAEYC/HAYEAC			<input checked="" type="checkbox"/>				
Literacy Volunteers				<input checked="" type="checkbox"/>			
America Reads				<input checked="" type="checkbox"/>			
CT Reading Council				<input checked="" type="checkbox"/>			
State SDE			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
State DEP						<input checked="" type="checkbox"/>	
State DCF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
State Husky Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
State DMHAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Birth to Three	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Governor's Cabinet on ECE			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Funders of children's initiatives			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Council for Exceptional Children				<input checked="" type="checkbox"/>			
<b>Media</b>							
Channel 13 & 17						<input checked="" type="checkbox"/>	
WCMH, WHUS, WILI						<input checked="" type="checkbox"/>	
Reminder & Chronicle						<input checked="" type="checkbox"/>	

## B. Financing Plan

In recognition of the challenging economic times and the strain on everyone's budgets, the plan that was developed focused on strategies that are no-cost and low-cost for the first two years. The following chart details the anticipated costs associated with each of the activities. A \$0 base investment means that the activity is not currently occurring. A base investment marked with a line (---) indicates that activities are occurring, but it is extremely difficult to estimate. A \$0 cost item means that the cost of the item is negligible, if not free. A summary of the financing plan is below, and additional detail is provided on the following pages. The financing plan provides detail that focuses on Years 1 and 2, since the activities for Years 3-5 will depend significantly on the results achieved and lessons learned from Years 1 and 2 implementation.

Strategies	Base Investment	YEAR 1	Year 2
		Jul 2009- Jun 2010	Jul 2010- Jun 2011
1. Improve information about & access to medical, dental, & mental health services in children 0-8 and their families	\$70,000	\$1,500	\$8,000
STRATEGY 2: Promote wellness & prevent illness in children 0-8 and their families	\$87,000	\$1,472,500 (already committed)	\$5,000
STRATEGY 3: Identify and meet the demand for quality infant, toddler, and preschool slots	\$0	\$1,000	\$5,000
STRATEGY 4: Raise and improve literacy skills in the community	\$0	\$250	\$1,000
STRATEGY 5: Develop a baseline understanding of and measurement of community connectedness in Mansfield	\$0	\$5,000	TBD
STRATEGY 6: Improve communications with Mansfield families with young children to raise awareness about community resources for families with young children	\$0	\$22,250	\$5,000
STRATEGY 7: Improve transportation options to make key community locations accessible	\$0	\$250	TBD
<b>TOTAL</b>	<b>\$157,000</b>	<b>\$1,502,750</b>	<b>\$29,000</b>
Committed	\$157,000	\$1,472,000	\$0
Funding Still Needed	\$0	\$30,250	\$29,000

## ADDITIONAL FINANCE PLAN DETAIL (STRATEGY 1)

STRATEGY 1: Improve information about & access to medical, dental, & mental health services in children 0-8 and their families	Base Investment	Jul 2009- Jun 2010	Jul 2010- Jun 2011	Jul 2011- Jun 2012	Jul 2012- Jun 2013	Additional Detail
1. Learn why some women are not receiving adequate prenatal care	\$0	\$250 (In kind)	TBD	TBD	TBD	Year 1 will start with interviews with discharge planners; Year 2 is TBD – can do survey & home births and other hospital systems if needed
2. Increase access to information about prenatal care	-----	\$250 (printing)	TBD	TBD	TBD	Baseline includes current providers, health clinics, Mansfield OB/GYN, insurance companies, high school education; Year 1 includes printing for fliers; Year 2 is TBD depending on what is found in Year 1
3. Learn about how many Mansfield children are regularly accessing well-child care	-----	\$0	TBD	TBD	TBD	Year 1 will start by working with Mansfield Public Schools to incorporate this question onto Kindergarten entry information request; In Year 2, consider building this into a Transition Institute and consider meeting to obtain information from homeschooled population
4. Improve access to information about developmental milestones	-----	\$500	\$500	\$500	\$500	Baseline includes pediatricians, schools, UConn, health clinics, online, infoline; Annual budget includes distribution of information (e.g., Ages & Stages) to families
5. Connect families with young children to appropriate health insurance coverage	-----	\$50 (rental for booth, very limited printing)	\$ (in kind DSS)	TBD	TBD	Baseline includes daycares, public schools, Infoline, emergency rooms, Mansfield family information packet; Year 1 includes using existing service providers to distribute DSS fliers; Year 2 includes enrollment assistance at fairs, on book bus, location-based strategies; Years 3-5 includes funding to transport
6. Learn about the local providers (medical & dental) that accept HUSKY	-----	\$0	TBD	TBD	TBD	Year 1 includes MAC asking this question when they develop the list of medical & dental providers and will include it in the Mansfield Family Information Packet
7. Connect families with young children to appropriate social services and supports	-----	\$150 (food for 2 meetings)	TBD based on results of meeting	TBD	TBD	Baseline includes word of mouth, Healthcare system, library, information packet, website, infoline; Year 1 includes research really good information, connect providers, consolidation of information – formalized results
8. Improve Dial-a-Ride and rideshare services and explore supplementing these programs with a volunteer driver program	\$70,000	\$300 subsidy	\$7500	TBD	TBD	Baseline includes the Town's contribution to Dial-A-Ride; Year 1 includes publicity in diff. languages, subsidize cost of rides, volunteer translation, in kind by town for printing costs; Year 2 includes expansion to Windham Hospital (\$50/hr for approx. 1 trip a week)

## ADDITIONAL FINANCE PLAN DETAIL (STRATEGY 2)

STRATEGY 2: Promote wellness & prevent illness in children 0-8 and their families	Base Investment	Jul 2009- Jun 2010	Jul 2010- Jun 2011	Jul 2011- Jun 2012	Jul 2012- Jun 2013	Additional Detail
9. Widely publicize information about nutrition, exercise, and healthy lifestyles	-----	\$0 (meeting included above)		TBD	TBD	Baseline includes schools, health district, Be well programs, local healthcare providers, farmers markets; Year 2 includes compiling information that exists, use provider meeting; publications, website, include in monthly newsletter, farmers' market
10. Create cooking shows on public TV showing healthy options and bagged lunch ideas	\$0	\$0 (in kind, student)	\$0 (in kind, student)	TBD	TBD	Baseline includes public TV; Years 1 and 2 include a student project where student would coordinate & produce shows, including possible donated produce from local farms, UConn nutrition extension, E.O. Smith culinary programs, incorporation of kids, including in-kind coordination from the Health Department
11. Create ideas for healthy bagged lunches at grocery stores in the community	\$0	\$0 (coordination)	TBD based on partnerships	TBD	TBD	Baseline includes gathering information & ideas & in kind partners; Years 1 and 2 include coordination, perhaps by a family consumer science unit or student project, including partnership with local grocery stores and publicizing ideas in newsletters
12. Expand programs for young families through Parks & Rec (e.g., Saturday morning hike)	-----	\$500	TBD	TBD	TBD	Baseline includes all places in Mansfield for recreation; Year 1 includes program expansion with space provided by partners (e.g., churches, library) with possible subsidized organized weekly program at the community center not just for members for very young children
13. Promote non-competitive sports programs	-----	\$0 (student intern)	TBD	TBD	TBD	Baseline includes all existing non-competitive sports programs (dance, swim, open gym, skating, etc.); Year 1 includes research of what non-competitive options exist; Years 2-5 will be developed based on research findings
14. Educate public about available fee waivers for sports/camp programs	\$87,000	\$0	\$5000	TBD	TBD	Baseline includes current fee waivers; Year 1 anticipates no additional fee waivers, but Year 2 includes activities to educate about fee waivers, with anticipated increased fee waivers of \$5000 through schools, medical offices
15. Make better use of community facilities to promote physical activity after school and on the weekends	-----	\$0	TBD	TBD	TBD	Baseline includes schools, fields, playgrounds, parks, community center, UConn; Year 1 includes working with partners to explore ways to better use facilities and advertising places available in town for different ages; Years 3-5 include fencing for the library
16. Add sidewalks & bike paths oriented toward community and recreational facilities	-----	\$1.472 million	TBD	TBD	TBD	Baseline includes existing sidewalk network; Year 1 includes the \$1.17 million in federal funds and \$302,000 in local bond financing for sidewalks, both of which are approved

**ADDITIONAL FINANCE PLAN DETAIL (STRATEGIES 3, 4, & 5)**

STRATEGY 3: Identify and meet the demand for quality infant, toddler, and preschool slots	Base Investment	Jul 2009- Jun 2010	Jul 2010- Jun 2011	Jul 2011- Jun 2012	Jul 2012- Jun 2013	Additional Detail
17. Establish a systematic way to determine unmet need for early care & education including infant and toddler slots	-----	\$0 ( in kind collaboration)	TBD	TBD	TBD	Limited baseline exists in waitlists & Infoline calls requesting information; Year 1 includes working with providers to identify a way to collect unmet need information including possibly a survey at K level of what need parents experienced to date; Years 2-5 will include implementation
18. Support legislative advocacy around increasing the number of quality and affordable slots	-----	\$500	\$4500	\$500	\$500	Baseline includes advocacy on a statewide basis; Year 1 includes budget for advocacy efforts (e.g., transportation to capital, letter-writing campaign); Year 2 includes a possible parent advocacy program (e.g. PEP, PLTI)
19. Increase awareness of what makes a quality program	-----	\$500	\$500	\$500	\$500	Baseline includes a multitude of materials that already exist to educate aspects of quality programs as well as info already distributed in Mansfield Family Information Packet; annual budget includes printed materials & posters (e.g., Born Learning) for distribution
STRATEGY 4: Raise and improve literacy skills in the community	Base Investment	Jul 2009- Jun 2010	Jul 2010- Jun 2011	Jul 2011- Jun 2012	Jul 2012- Jun 2013	Additional Detail
20. Inventory and publicize existing literacy programs and activities(e.g., library bus)	-----	\$250	\$0	\$0	\$0	No existing inventory of all literacy activities exist; Year 1 includes developing this list as an intern project and limited printing; Future years will require minimal updating
21. Create additional literacy-building programs in the community	Inventory (#20 above)	\$0	\$1000	TBD	TBD	Baseline includes all literacy activities (which will be listed in the inventory). Year 1 will focus on creating the inventory; Year 2 includes \$1000 for program expansion (e.g., MotherRead/FatherRead, library program expansion, school program expansion, story hours at housing sites, pediatricians 'prescribing' books).
STRATEGY 5: Develop a baseline understanding of and measurement of community connectedness in Mansfield	Base Investment	Jul 2009- Jun 2010	Jul 2010- Jun 2011	Jul 2011- Jun 2012	Jul 2012- Jun 2013	Additional Detail
22. Develop a survey to measure community connectedness.	\$0	\$5000	TBD	TBD	TBD	No baseline exists except other surveys created by others, the Asset Map, and one-on-one community conversations; Year 1 includes time, paper, and postage/online survey costs.

## ADDITIONAL FINANCE PLAN DETAIL (STRATEGIES 6 & 7)

STRATEGY 6: Improve communications with Mansfield families with young children to raise awareness about community resources for families with young children	Base Investment	Jul 2009- Jun 2010	Jul 2010- Jun 2011	Jul 2011- Jun 2012	Jul 2012- Jun 2013	Additional Detail
23. Develop the Town of Mansfield's website as a virtual resource center	Existing town website	\$10,000	TBD	TBD	TBD	Baseline includes current town website and IT staff. Also, Mansfield is currently interviewing a team for website improvements, so the \$10,000 allocation in Year 1 is to incorporate specific elements into this website overhaul effort that is already underway
24. Create a public awareness campaign to promote website as the ideal home page for every computer in Mansfield	\$0	\$0	\$5000	TBD	TBD	No baseline exists, as no public awareness campaign exists about the website. After website is developed in Year 1, Year 2 budget includes public awareness paraphernalia (e.g., posters, t-shirts, shopping bags)
25. Coordinate communication efforts with UConn	----	\$250	TBD	TBD	TBD	Year 1 includes creating links between UConn and Town websites and sharing information
26. Improve the ability of Mansfield residents to connect to the internet	----	\$10,000	TBD	TBD	TBD	Baseline includes wireless internet at Town Hall & internet connections at the Library & Community Center; Year 1 includes making the library wireless and adding four new computers to other locations in town
27. Explore community-building opportunities (e.g., playground in new downtown, benches in key community-building sites, picnic tables, social connection activities)	----	\$2,000	TBD	TBD	TBD	Year 1 includes holding a community conversation (League of Women Voters) about what community-building sites are most needed and advocating for child-friendly spaces in the downtown area; Year 2 activities will depend on results of community conversation (e.g., benches built by Boy Scouts, new picnic areas)
STRATEGY 7: Improve transportation options to make key community locations accessible	Base Investment	Jul 2009- Jun 2010	Jul 2010- Jun 2011	Jul 2011- Jun 2012	Jul 2012- Jun 2013	Additional Detail
28. Establish bus stops at key locations in the community	----	Included in other line items	TBD	TBD	TBD	Baseline: Current transit operations & bus shelters; Year 1 includes research on where expansion should occur; Year 2 includes changes as a result of the research
29. Extend bus routes and schedules to improve connections to key community locations	----	Included in other line items	TBD	TBD	TBD	Baseline: Current transit operations & bus shelters; Year 1 includes research on where expansion should occur through community connectedness research; Year 2 includes changes as a result of the research
30. Refine the current Ride Share program to address needs of families with young children	----	\$250	TBD	TBD	TBD	Baseline: Current Rideshare online bulletin board; Year 1 includes \$250 for publicizing & raising awareness of the resource that already exists

# C. Data Development Agenda

A **data development agenda** is a list of areas where additional data is needed. While it is nearly impossible to have all the data needed, a data development agenda identifies the highest priority areas for new data collection. Below are the areas where additional data would be useful during implementation of the plan.

## Health

- ▶ 15% of the Mansfield births have non-adequate prenatal care; what are the primary reasons why these mothers are not achieving adequate prenatal care?

## Successful Learners

- ▶ Longer trend for Kindergarten Inventory data
- ▶ 80% of the population entering kindergarten has pre-k experience, as reported by their parents (nursery school, pre-school, or Head Start); what level of quality were these experiences?
- ▶ 20% of the population entering kindergarten does not have pre-k experience, as reported by their parents; what are the primary reasons?
- ▶ What is the unmet need for early care and education services?

## Community Connectedness

- ▶ % of community members feeling connected to community
- ▶ Utilization rate of community locations
- ▶ Effectiveness of community locations for building sense of connectedness

“There is no greater power than a community discovering what it cares about.”

~ Margaret J. Wheatley

Photo courtesy of Karen Taylor



# D. Possible Performance Measures

As part of this plan, the community of Mansfield committed to establishing performance measures. Performance measures are established to evaluate how well a program, agency, or service system is working. These measures help us understand how much we did, how well we did it, and if anyone is better off as a result of our efforts. While we know that we need to develop a full set of performance measures as part of this initiative, we would like to establish our partnerships and have those agreements in place before finalizing the performance measures, so our partners have an opportunity to help us develop this collective set of measures that we all agree to use. In this section, then, we have developed possible performance measures for certain strategies, to provide a starting point for our conversation.

**How will we know if anyone is better off as a result of this plan?**

## Strategy #1: Improve information about & access to medical, dental, & mental health services in children 0-8 and their families

Sub-Strategy Ideas	How much did we do?	How well did we do it?	Is anyone better off?
<ul style="list-style-type: none"> <li>▶ Increase access to information about prenatal care</li> <li>▶ Increase access to information about well-child care</li> <li>▶ Increase access to information about developmental screenings</li> <li>▶ Connect families with young children to appropriate health insurance coverage</li> <li>▶ Connect families with young children to appropriate social services and supports</li> <li>▶ Improve Dial-a-Ride and rideshare services and explore supplementing these programs with a volunteer driver program</li> </ul>	<p># newly pregnant women receiving education about value of prenatal care</p> <p># families with young children receiving information about social services &amp; supports</p> <p># families with uninsured children receiving information about enrollment assistance efforts</p>	<p>% of newly pregnant women with a new understanding of the value of prenatal care</p> <p>% of families receiving insurance enrollment that completed an insurance application</p> <p>% of families receiving information about services that used these services within 3 months</p>	<p># / % of newly pregnant women receiving adequate or better prenatal care</p> <p># / % of children with new health insurance</p>

## Strategy #4: Raise and improve literacy skills in the community

Sub-Strategy Ideas	How much did we do?	How well did we do it?	Is anyone better off?
<ul style="list-style-type: none"> <li>▶ Inventory and publicize existing literacy programs and activities(e.g., library bus)</li> <li>▶ Create additional literacy-building programs in the community</li> </ul>	<p># events held to build library awareness</p> <p># library bus runs</p>	<p>% of families attending event that signed up for a library card</p> <p>% of children using library bus at least once over the summer</p>	<p># / % of families who signed up for a library card and used it within two months</p> <p># / % of children maintaining literacy skills over the summer</p>

**Strategy #6: Raise and Improve communications with Mansfield families with young children about opportunities for recreation & socialization**

Sub-Strategy Ideas	How much did we do?	How well did we do it?	Is anyone better off?
<ul style="list-style-type: none"> <li>▶ Develop the Town of Mansfield’s website as a virtual resource center</li> <li>▶ Create a public awareness campaign to promote the website as the ideal home page for every computer in Mansfield</li> <li>▶ Coordinate communication efforts with UConn</li> <li>▶ Improve the ability of Mansfield residents to connect to the internet</li> <li>▶ Explore community-building opportunities</li> </ul>	<p># events posted on town website</p> <p># resources listed in a central location</p>	<p>% increase in hits to events page on website</p> <p># of people who look at this resource list</p>	<p># / % of families with young children aware of community events</p> <p># / % of people who are aware of community resources</p>

**Strategy #7: Improve transportation options to make key community locations accessible**

Sub-Strategy Ideas	How much did we do?	How well did we do it?	Is anyone better off?
<ul style="list-style-type: none"> <li>▶ Establish bus stops at key locations in the community</li> <li>▶ Extend bus service routes and schedules to improve connections to key community locations</li> <li>▶ Refine the current Ride Share program to address the needs of families with young children</li> </ul>	<p># new or expanded routes</p>	<p>% increase in ridership</p>	<p># / % of families with new access to transportation</p>

# E. Governance & Accountability

**Definition:** Governance means oversight. Governing bodies have the responsibility to oversee, provide direction, and coordinate implementation of certain activities. Governing bodies also have a responsibility to verify whether and to what extent results have been achieved. In most cases, the governing body is straightforward. For example, for non-profits, the Board of Directors has a governing responsibility for the initiatives of that organization. In the case of community planning, though, the governing entity is not always clear. It is difficult to identify because the plan includes cross-sector initiatives from a wide variety of agencies, institutions, and interests within the community. No one agency can achieve the outcomes on its own. Therefore, this plan requires a governance structure that will provide the most efficient and effective shepherd for this community-wide plan.

**Who will own the plan? Who will coordinate the partners? Who will see it through? Who will report back to the public at regular intervals to explain what results have been achieved? What governance structure is best for this community plan?**

**MAC Governance:** Typically, the governance structure can be formed three different ways: (1) through a connection to local government, operating as an agency of that authority; (2) as a separately-standing legal entity with the ability to accept funds; or (3) as an informal organization without explicit legal standing, where a collaborative group accepts responsibility for oversight of the plan. However, in Mansfield, there is a hybrid group that already exists – called the Mansfield Advocates for Children (MAC). The MAC is a hybrid group because it serves as an advisory body for the Town Council and its members are appointed by the Mayor and the Town Council, but it does function independently as a collaborative group, and often with a separate non-profit fiscal agent. The MAC is the right group to shepherd and guide the implementation of this plan because: (a) it is a pre-existing group; (b) it is recognized by and has productive ties with the local government; (c) it could be easily connected with implementation of the Mansfield 2020 Plan; and (d) it retains some of the flexibility of an informal structure; and (e) it has a ready fiscal agent.

When MAC assumes responsibility for this plan, the responsibilities will include:

- ▶ Convening partners
- ▶ Coordinating agreement on a set of outcomes
- ▶ Coordinating implementation
- ▶ Providing direction
- ▶ Measuring progress in meeting set of results
- ▶ Engage, educate, and regularly inform the community about progress being made to improve results
- ▶ Providing ongoing reports to the public on an annual basis to regularly provide information about the performance, results, and continuously seek input and feedback on this community-wide effort to improve the health, learning success, and connectedness of children and their families

In order to be successful, though, MAC will need enhanced active membership from Leadership Work Group members who participated in developing this plan and from other partners who are vital to successful implementation.

**Demonstration Project for Mansfield 2020 Plan:** Throughout the planning process, the planning group has recognized that Early Childhood is one component of the Mansfield 2020 Plan. As such, the group has taken care to closely coordinate with the Town to ensure that efforts between these two planning initiatives are synchronized. At this point in time, this community planning process has moved at a slightly quicker pace than the Mansfield 2020 Plan. As a result, it is suggested that this plan could be connected to the Mansfield 2020 Plan for the Early Childhood vision point. Further, this plan could serve as a demonstration project for implementing the different vision points within the Mansfield 2020 Plan, serving as a guide for the other vision points within the town's strategic plan.

## F. Conclusion & Next Steps

While this plan represents our community's work to date, it remains a work in progress. It is a concrete beginning to initiatives and efforts that are vital for our young children's success. We look forward to working with all of our community partners to collectively deepen our planning efforts, take on actions that genuinely will turn the curve for our children, and hold ourselves accountable for the progress that we make.

In order to move from the planning to the implementation phase – from talk to action – we first need to bring together the partners that will be vital to carrying out implementation and make the transition from our planning body to our implementation body. In order to do so, the following next steps are needed to put this plan into motion and progress toward improved results:

- ▶ MAC accepts responsibility for the plan's governance
- ▶ MAC and LWG collectively identify all partners needed for implementation, approach potential partners and determine where common interests may lie and where commitments exist
- ▶ MAC adds new membership to support the plan's oversight and implementation
- ▶ With partners, finalize our performance measures and develop specific action plans
- ▶ All partners begin to implement their portion of the action plans, collecting performance measures and reporting to governing body as agreed upon

# Appendix I

## CHRONICLE ARTICLE ABOUT THE LIBRARY BOOK BUS

CHRONICLE, THE (WILLIMANTIC, CT)

STUDENTS OFFERED BOOKS ON A BUS

By: Caitlin M. Dineen, Chronicle Staff Writer

Published: May 18, 2009

\*MANSFIELD\* - Just because \*Mansfield\* students will be on summer vacation at the end of June does not mean they can avoid books during the break.

Mansfield Board of Education officials are working to make sure library books can be easily accessed throughout the summer. Currently, education officials are hashing out the details for "Books on a Bus." With funding provided through the American Recovery and Reinvestment Act, two school buses will be loaded with books and driven around town so pupils from the three elementary schools can check out books without heading to the library.

"It kind of matches the governor's reading program," said Superintendent Frederick Baruzzi. "It makes it more reachable for students." Baruzzi said not all students have access to the public library during the summer and this program caters to them.

According to Baruzzi, routes will begin following the July 4 weekend and will run until the week before school. Pupils from Goodwin, Annie Vinton and Southeast Schools will each have one day a week when a bus will drive on a route designed to supply that school zone with books.

A library assistant from each school will be on the bus during their school's specific day. Baruzzi said each day the buses will follow a specific route and make several stops. Each stop will be approximately 10 to 15 minutes long. He said he anticipates students will check out one or two books at a time, but expects more avid readers will check out four or five.

According to Baruzzi, only one bus will run at a time, but a second bus will be pre-filled with books to replenish the operating bus if book levels become low. He said no limits would be set for the number of books pupils can check out. "We don't want to take away the enthusiasm for reading," he said. As the program will be funded through stimulus grants, Baruzzi said the board has enough funding to operate the program for two summers.

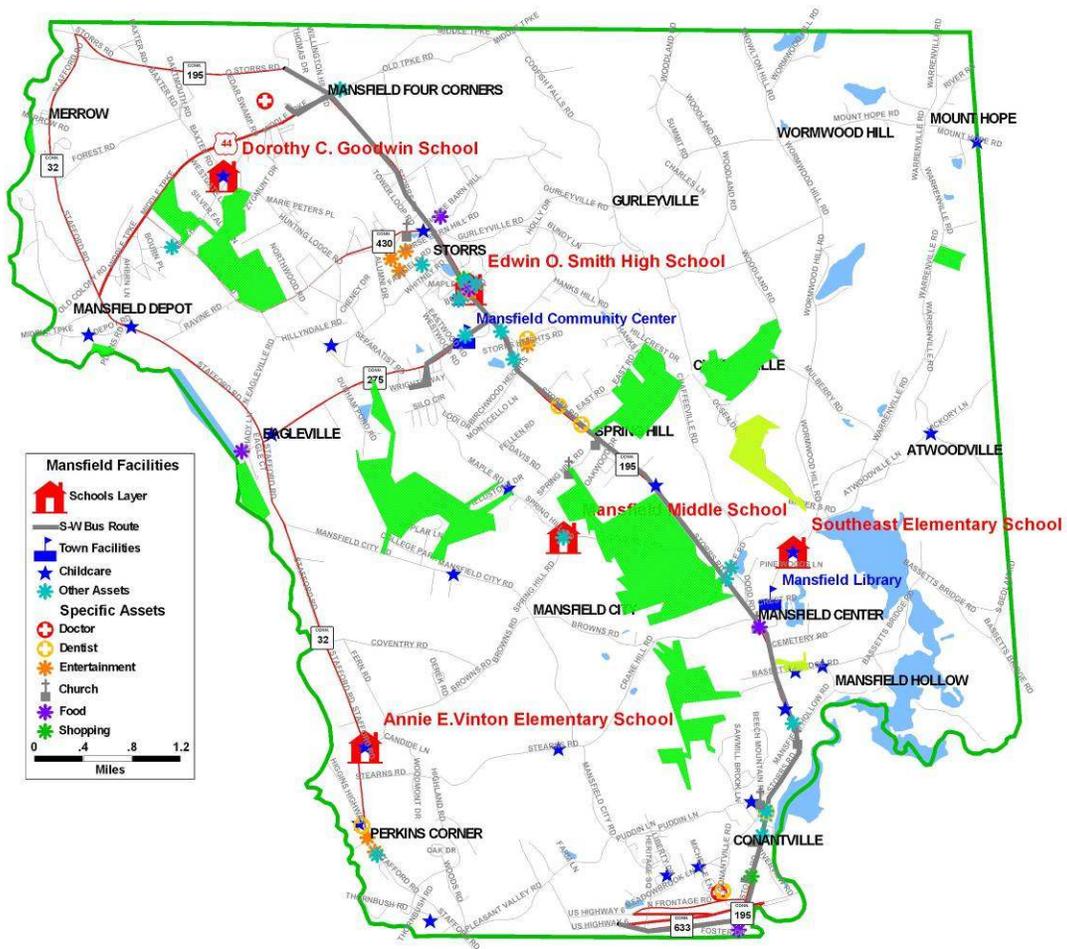
Costs incurred from the program include paying an hourly rate for bus drivers and the library assistants. Each route is expected to take five hours. Although funding will end before the summer of 2011, Baruzzi said if the program is successful the board would look to add funding for it in the town's education budget.

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# Appendix 2

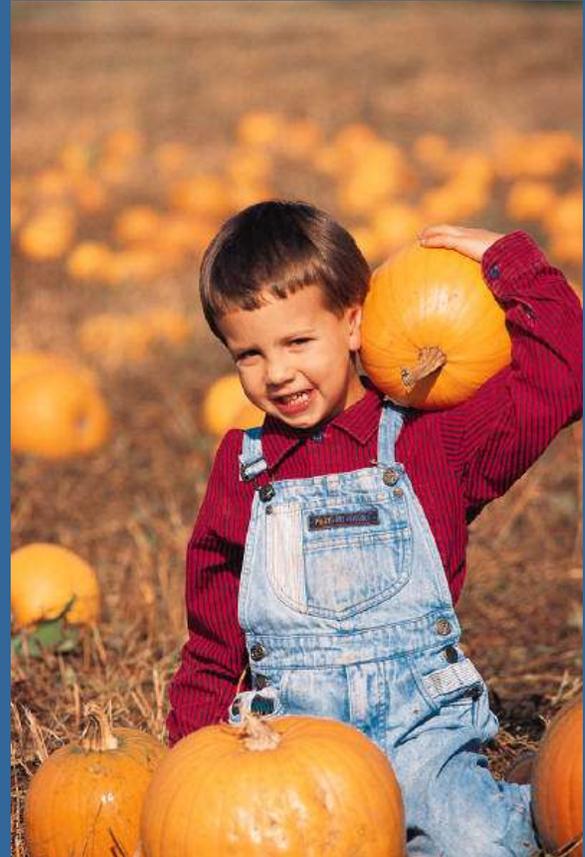
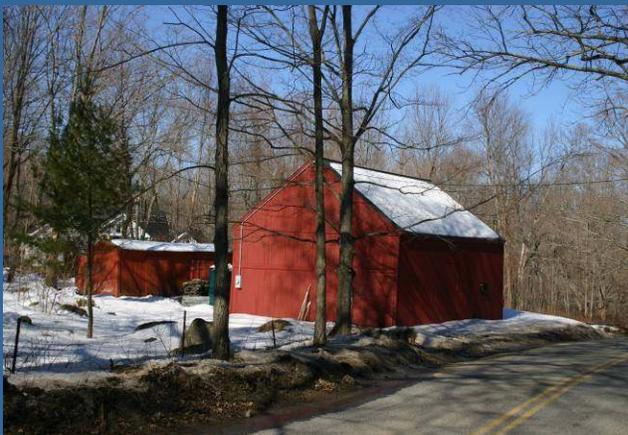
## TOWN OF MANSFIELD ASSET MAP

The following map was developed to pinpoint the location of Mansfield's most precious assets. By no means is the map complete, but it provides a starting point for the conversation about how to build a strong community.



“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

- Margaret Mead



UConn Farm and Barn photos courtesy of Art Kostapapas