

2011-2012 Cross-School Resource Infusion Plan

As of 5/9/2011 Approved at 4/27/2011 Board Meeting

"A student living in poverty who can't read on grade level by 3rd grade is 13 times less likely to graduate on time than his or her proficient, wealthier peer."

– Annie E. Casey Foundation, April 2011

The amount of time a child spends on academic learning during the day is one of the strongest predictors of grade-level proficiency.



Our Partner Schools



Our Year 1 Targets





CHALLENGES AND OPPORTUNITIES

During a time when the achievement gap and low educational achievement continue to plague public education, school readiness has never been more important. Poor children at nine months are already behind their higher income peers in cognitive development; the gap is even wider by 24 months. By kindergarten, it is almost impossible for poor children to catch up.

-- Children's Defense Fund, 2010

Children who most need early childhood education are the least likely to receive it.



Challenge	Opportunity	Near- and Long-Term Benefits
Very few affordable daycare options exist in the CPN	Expand high quality affordable daycare options	Near Term Early identification and/or reduction in developmental delays Children meet or exceed developmental milestones Children are kindergarten ready
Only 32 children in the CPN are currently served by Early Head Start programs	Expand funding and availability of high quality free and affordable birth- to-three programs.	Less need for intensive intervention in elementary schools. Long Term Reduced dropout rates Increased graduation rates
Only 155 CPN children are served in 4K Head Start programs, with demand far exceeding supply	Expand funding and availability of free and affordable high quality 4K programs.	Reduction in crime Increased employment, income and tax levels Decrease in healthcare, welfare, and childcare expense

Sick children can't learn.



Challenge	Opportunity	Benefits
Limited transportation options	School-based clinics – meet children where they already gather	Accessible, on-site primary care by a qualified pediatrician Sibling/family care Draws parents to school
Medically "Homeless"	Consistent provider relationship	Early Dx and Tx of chronic health conditions (e.g. asthma, ADD) Case management and care coordination
Little-to-no community-based preventive care	Regular vision, dental, hearing checks	Dx and Tx of acute conditions that impede learning Positive attitude toward preventive health
Reliance on Medicaid & limited provider pool	MUSC Outreach partnership	Expedited referrals and system navigation Reaches uninsured children Billing mechanism in place
Hunger, poor nutrition, obesity	Comprehensive wellness program	Brain functioning improves Lifestyle modifications continue into adulthood

"Student achievement is more heavily influenced by teacher quality than by students' race, class, prior academic record, or school a student attends."

-Center for Public Education, 2011

South Carolina's Score for Delivering Well-Prepared Teachers = D+



Challenge	Opportunity	Benefits
Inexperience teachers without literacy and math instruction skills.	High-quality induction and professional development for emerging teachers	Teaching quality improves
Difficult to remove poor and "burnout" teachers	Incentives tied, in part, to value- added student achievement	Retention of high quality teachers, Self-selection out for low- performing teachers
Existing achievement gap: 73% of CPN students score below the national average in reading and 69.3% score below it in math.	Master teachers, coaches, and trained volunteers provide intensive interventions for "fragile learners"	Children read at grade level

Until we expect children to learn, they won't.



Challenge	Opportunity	Benefits
Leadership and faculty set the bar too low.	Support and reward high expectations.	Teaching quality improves Student motivation increases
Parents involvement and support for academic achievement is low.	Targeted parent involvement initiatives focused on academic achievement.	Parent support for academic learning improves Student motivation increases
Schools don't have a college- bound culture.	Create college-bound culture and climate at every school.	Teaching quality improves Students motivation increases Parent support for academic learning improves Student achievement increases Partnership opportunities with local higher ed

THE PRELIMINARY PLAN

School-based healthcare and early childhood education is a smart investment.



CPN's Year 1 Action Plan	Outcomes
Launch: Work with MUSC and schools to launch pediatric medical clinics.	 ↓ Trips to Emergency Room ↓ Medicaid costs
Expedite: Create a referral pipeline between school office staff (attendance), nurse (assessment), clinic (Dx) to expedite treatment.	 ↓ Absences and ↑ "seat-time" ↑ Increased specialist referrals for chronic conditions
Supplement: Develop relationships with community-based partners for prevention, nutrition and wellness programs.	 ↓ Self-reports of hunger ↓ Obesity ↑ Activity levels
Expand: Work with CCSD to expand funding for day care and early childhood education within CPN, with the intent of additional slots and programs coming online in Year 2.	↑ Availability of high-quality ECE and day care within the Neighborhood.

We <u>must</u> recruit, train, reward and retain high quality teachers.



CPN's Year 1 Action Plan	Outcomes
Attract: Work with CCSD to design a unique job description for CCSD schools.	 个 Recruitment of high-quality teachers 个 Academic achievement for students
Support: Work with Principals to create and support a cross-school evidence-based professional development plan.	 ↑ Performance of existing teachers ↑ Academic achievement for students
Reward/Retain: Develop individual and team-based incentives tied to value-added academic achievement.	 ↑ Retention of high-performing teachers ↑ Academic achievement for students
Supplement: Fill existing literacy and numeracy gaps w/evidence-based programs. Use real-time evaluation tools for frequent progress monitoring.	↑ Individual academic growth for "fragile learners"

A college-bound culture is evidence-based, cost-effective, and risk-free.



CPN's Year 1 Action Plan	Outcomes
Design : Integrate a college-bound culture in every aspect of the education process.	 ↑ Expectations for students ↑ Academic achievement for students
Partner: Leverage existing partnerships with C of C, The Citadel, and MUSC. Expand to CSU, Trident Tech, other local college and college-prep programs.	 ↑ Exposure to college-track for students ↑ Desire to learn ↑ Academic achievement for students
Reward: In addition to value-added achievement, tie reward/incentives to college-bound culture initiatives.	 ↑ Retention of high-performing teachers ↑ Academic achievement for students
Re-evaluate: Assess parent involvement programs and re-vamp as needed to emphasize academic involvement focus.	 ↑ Parent involvement in academics ↑ Desire to learn ↑ Academic achievement for students

APPENDIX



Recommendations for Preventive Pediatric Health Care

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Bright Futures/American Academy of Pediatrics

	NFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD								
AGE'	PRENATAL ²	NEWBORN [®]	3–5 ď	By1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3у	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS Length/Height and Weight Head Circumference Weight for Length Body Mass Index Blood Pressure*		•	• • • • •	•••	•••	• • • • • • •	• • • • • •	••• *	••••	• • • • • • • •	•	•••	• • *	•	•	•	•	•	•	•	• • •	•	•	•
SENSORY SCREENING Vision Hearing		*	*	*	*	*	*	*	*	*	*	*	*	•° ★	•	•	•	*	•	*	•	* *	•	*
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT Developmental Screening* Autism Screening* Developmental Surveillance* Psychosocial/Behavioral Assessment Alcohol and Drug Use Assessment		:	•	:	•	•	•	•	:	•	•	•	•	•	••	:	•	•	•	:	••	• • *	• • *	• • *
PHYSICAL EXAMINATION ¹⁰		•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	•	•	•	•	•	•	•
PROCEDURES ¹¹ Newborn Metabolic/Hemoglobin Screening ¹² Immunization ¹³ Hematocrit or Hemoglobin ¹⁴ Lead Screening ¹⁶ Tuberculin Test ¹⁷ Dyslipidemia Screening ¹⁶ STI Screening ¹⁶ Cervical Dysplasia Screening ¹⁶		•	•	•	•	• *	• * *	• *	● ●or★'' ★	•	• * *	• •or*" *	•	• * * *	• * * *	• * * *	• * * *	• * *	• * **	• * *	• * **	•* ****	• * * * * *	• * * * *
ORAL HEALTH ²¹							*	*	•or★2		●or★"	•or★*	●or★"	•12			●22							
ANTICIPATORY GUIDANCE ²³	•	•	•	•	٠	٠	٠	•	•	•	•	•	•	•	•	•	•	•	٠	•	•	•	•	•

Fall 2010 MAP Score (CPN Baseline)

Measures of Academic Progress (MAP) are a series of tests that measure a child's general knowledge in reading, language use, and math. Students take MAP as early as 2nd grade and continue to take MAP each year through grade 10. 50% is the national average of all students who have taken the test nationwide.

MAP ELA FALL 2010	Chic	ora	James S	Simons	Mary	Ford	Sanders	s-Clyde	TOTALS			
Quartile	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent		
Q1 (0-25th percentile)	150	48.5%	55	38.2%	120	0 47.8% 173 44.2%		498	45.5%			
Q2 (26th-50th percentile)	90	29.1%	52	36.1%	52	20.7%	110	28.1%	304	27.8%		
Q3 (51st-75th percentile)	42	13.6%	26	18.1%	47	18.7%	73	18.7%	188	17.2%		
Q4 (76th-99th percentile)	27	8.7%	11	7.6%	32	12.7%	35	9.0%	105	9.6%		
TOTALS	309	100.0%	144	100.0%	251	100.0%	391	100.0%	1,095	100.0%		
MAP MATH FALL 2010												
	Chicora		James Simons		Mary Ford		Sanders	s-Clyde	TOTALS			
Quartile	Count	Percent	Count	Percent	Count	Percent	ercent Count		Count Percent		Count	Percent
Q1 (0-25th percentile)	121	39.5%	60	41.7%	83	33.6%	153	39.0%	417	38.3%		
Q2 (26th-50th percentile)	101	33.0%	45	31.3%	79	32.0%	113	28.8%	338	31.0%		
Q3 (51st-75th percentile)	57	18.6%	25	17.4%	56	22.7%	84	21.4%	222	20.4%		
Q4 (76th-99th percentile)	27	8.8%	14	9.7%	29	11.7%	42	10.7%	112	10.3%		
TOTALS	306	100.0%	144	100.0%	247	100.0%	392	100.0%	1,089	100.0%		