

An Assessment of Early Childhood

In

Danville and Pittsylvania County, Virginia



Executive Summary

Each year hundreds of children enter kindergarten in Danville and Pittsylvania County. These young children and their families bring anticipation, hope, and excitement as they begin their early experiences in school. They also bring diverse family characteristics that include differences in income, parental education, health care; and prior learning experiences from both the home and out-of-home settings such as family or friend child care, Head Start, private day care, or no out-of-home experience at all. As a result, some children come to school fully prepared to meet the expectations of kindergarten. However, other children arrive at school without some requisite skills and competencies. For many of these unprepared children, kindergarten will mark not a bright beginning, but a gradual descent into school failure.

Addressing these disparities is critical for both the children and for our community. Findings from both brain research and longitudinal studies indicate that communities need to capitalize on the early years preceding school, so that all children who enter school are ready to learn.

The Danville-Pittsylvania County area will need to develop strong coordinated and integrated strategies that address the following:

- Enhanced professional development for early educators to ensure high quality teaching and learning across settings, focusing on curriculum, assessment and best practices to promote early learning and healthy child development
- Parents are able to obtain accurate, culturally appropriate information they seek on child development, parenting, and school readiness, as well as community resources that help to strengthen the family.
- Expansion of the number of young children identified with a disability or developmental delay

- Ensure that young children have access to quality medical care that promotes healthy social, emotional and cognitive development
- Forge innovative partnerships that support an integrated early childhood development system

Introduction

Children are born ready to learn. What takes place between birth and school entry greatly determines whether they will enter school ready for sustained success, or enter with gaps in their cognitive, social/emotional, and physical competencies. A child's early experiences shape the brain's structure and chemistry, thereby affecting a child's learning well into the future.

The link between school readiness and school achievement is well established. Gaps in children's ability not only show up early, but they stay relatively constant after age eight. Researchers now document that half the academic achievement gap evidenced in grade 12 can be attributed to gaps that already existed in first grade. Other research findings show:

- The brain develops more rapidly from birth through age three than at any other time of life – although brain development does continue throughout life
- Children's earliest experiences actually shape the architecture of the brain – the foundation of neural circuits upon which future learning, behavior and health depends; this does not pre-determine a child's future, but creates either a resilient or fragile foundation for learning and health.
- Early childhood interventions produce a \$14 - \$17 return for every dollar invested. The return includes savings from reduced special education and remedial education, welfare, and criminal justice costs, as well as increased tax revenue produced in the workforce.
- A child growing up in poverty who has experienced high quality early education is 40% less likely to require special education or to be held back a grade, 30% more likely to graduate from high school, and twice as likely to go to college.
- Creating an environment that supports healthy development in early childhood is more effective programmatically than treating problems at a later age.

The workplace today's children will enter upon high school or college graduation will demand capabilities that cannot be achieved without strong groundwork laid in early childhood and early school years. When children thrive through their first five years, they are poised to be strong lifelong learners, earners and engaged citizens. In order to thrive in their first five years and be ready for sustained school success they need:

- Families in a strong position to assist their learning and development
- Early education and caregivers of the highest quality
- Pediatric providers and other professionals who can rapidly detect and address problems that threaten their healthy development and ability to learn
- A community that makes children a top priority

The following needs assessment provides fundamental information, collected between May and October, 2009, needed to set priorities, seek supporting funds, and advocate for a high-quality environment for children. The report is based upon surveys of parents (416), physicians (9), and child care providers (32) in Danville and Pittsylvania County, as well as focus groups with parents, child care providers, kindergarten teachers, and mental health and early intervention professionals. Information was also collected from multiple data sources including the U.S. Census, the Virginia Department of Education, Kids Count VA, the Department of Social Services, the Virginia Department of Health, and other state and federal agencies and organizations. (For complete survey results, see Attachment 1.)

This report looks at four fundamental, interrelated areas that impact early childhood development: 1) Family Support and Relationships, 2) Early Childhood Education, 3) Early Intervention, and 4) Health, Mental Health and Nutrition.

Who Are the Children?

- ❖ **An estimated 6,178 children under the age of five (5) live in the Danville/Pittsylvania County area** - 2,783 live in Danville and 3,395 live in Pittsylvania County.
- ❖ **Up to 4,364 young children may need some type of child care.** In Danville more than 75% of the families with children under the age of six have all parents in the labor force. In Pittsylvania County, more than 60% of the families with children under six have both parents working.
- ❖ **Many children are at risk.** Research indicates that a number of factors put children at risk for lower academic achievement, including the following (Huffman et al.,2000):

Low economic status: As they enter school, children in low-income families are significantly behind their more affluent peers – academically, socially, and physically (E. Gershoff, PhD, 2003). In Danville, 37.2% of families with children under the age of five (5) years have incomes below the poverty level. In Pittsylvania County, 9.7% of the families with children under the age of five (5) years live below the poverty level.

Minority Status: Ethnicity, poverty, gender, and household composition have all been associated with school competence among children (Huffman et al.). Children from African American and Hispanic families are more likely to have one or more of these risk factors, compared with children from White families (*The Condition of Education 2000*). In Danville in 2007, 45.9% of the population was Black or African American. In Pittsylvania County in 2007, 22.6% of the population was Black or African American and 1.9% were Hispanic or Latino.

Low birth weight: Children born with an extremely low birth weight have a higher incidence of behavior problems at school entry, poorer cognitive performance (McCormick et al.,1998), and an increased incidence of learning disabilities and academic difficulties (Hack et al., 1992). In Danville and Pittsylvania County during 2007, at least 108 babies were born with low birth weight.

Level of maternal education: Lower levels of maternal education are correlated with children's early school failure, including lack of reading and math achievement (Fowler and Cross, 1986). Between 2005 and 2007, an average of 20% of mothers giving birth in Danville had less than a 12th grade education. During those same years, 18% of mothers giving birth in Pittsylvania County had less than a 12th grade education (U.S. Census).

Abuse and Neglect: Children who are maltreated have higher rates of school problems, including lower test scores in math and English, lower IQ scores, lower social acceptance and more grade repetitions (Eckenrode et al., 1995). In Danville, 51 cases of child abuse and neglect were substantiated in 2006. In Pittsylvania County, 30 cases of child abuse and neglect were substantiated during 2006

Early Childhood Education

A child's early learning experiences are crucial determining factors for emotional and intellectual development and will ultimately affect how well a child will perform in school. Scientists believe that a young child's brain needs certain types of stimulation to develop properly. Without that stimulation, certain types of learning will not be possible when the child enters school. Likewise, with the appropriate stimulation, neural pathways are developed that can enhance a child's emotional, social, and intellectual abilities, making it important that everyone who has contact with infants - including parents, grandparents, and caregivers - provide lots of touching, loving, talking, and singing to help them develop to their full potential.

A 1998 study by the National Institute of Child Health and Human Development, showed that long-term, non-maternal care in the early years of life does not appear to lead to problem behavior in the preschool years. Instead, quality of child care received in the early years, rather than quantity of time spent in child care, was found to predict whether children's behavior was pro-social or antisocial. In fact, children who attend preschool or other early education programs:

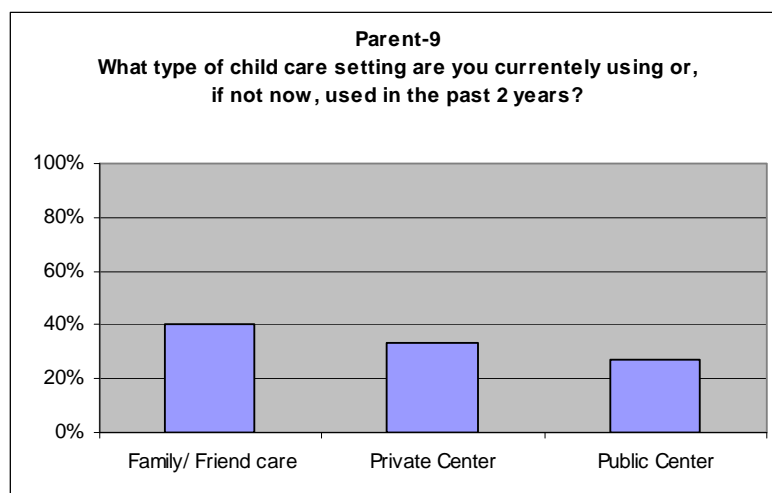
- have enhanced cognitive, verbal, and social development, which is maintained into the first few years of school.
- have significantly higher IQs
- enter school better prepared to learn
- are less likely to exhibit later delinquency and antisocial behavior.
- tend to demonstrate higher levels of school achievement and better social adjustment.
- are less likely to have to repeat a grade or be placed in special education classes.
- are more likely to graduate from high school.

According to U.S. Census Bureau, in 2007 there were a total of 6,178 children under the age of five (5) in the Danville/Pittsylvania County area: 2,783 live in Danville and 3,395 live in Pittsylvania County. Projections are that the number of children will continue to rise over the next several decades. To serve these children, there are a total of 28 licensed day care centers in Danville and 10 in Pittsylvania County. Of these, 12 are Head Start classrooms in

Danville and 5 are Head Start classrooms in the County. Fifteen (15) Day Homes are voluntarily registered in Danville and one (1) in Pittsylvania County. Danville has 10 Licensed Family Day Homes and the County has nine (9). There are 12 Religiously Exempt Centers in Danville and three (3) in Pittsylvania County. Local Public School Programs include two (2) Title 1 programs with 30 students in Pittsylvania County, nine (9) Virginia Pre-School Initiative programs with 146 students, and eight (8) Early Childhood Special Education programs with 50 students in Pittsylvania County. Danville schools operates 11 Virginia Preschool Initiative classrooms and four (4) self-contained ECSE classrooms.

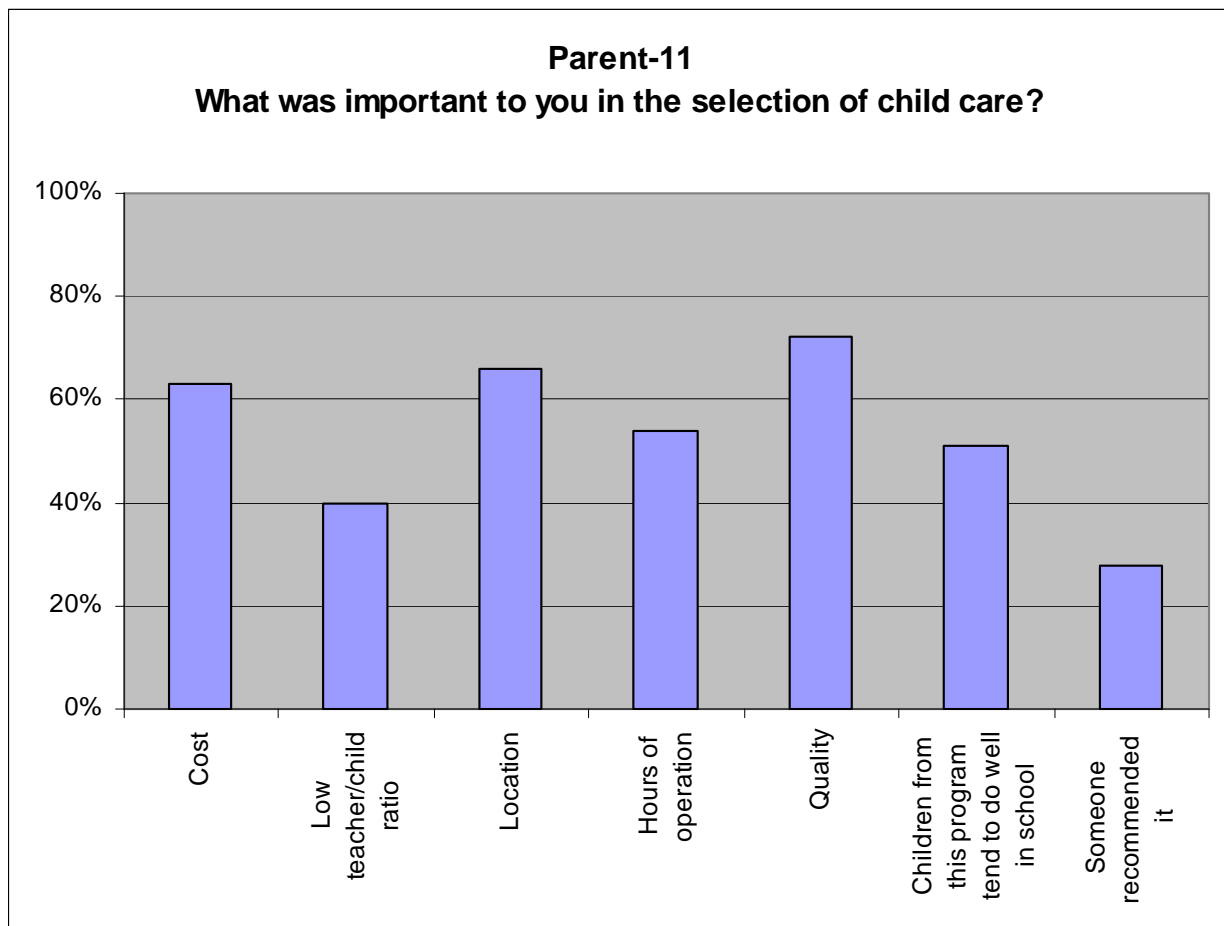
Prior to age 3, the most common arrangement for child care is in another home by either a relative or non-relative. It is particularly difficult to find a placement for children who are under 18 months, so infants and toddlers are more likely to be placed in family child care homes (Hamm et al., 2004). Forty percent (40%) of children under age one and 37 percent of children ages 1-2 whose mothers are employed are in this kind of care arrangement. And, 40% of the parents surveyed indicated they are currently using, or have used in the past two years, family or friends for their child care. Additionally, according to the U.S. Census Bureau, there are 858 grandparents in Pittsylvania County and 1,028 grandparents in Danville who are living with their grandchildren younger than 18 years, and of those in Danville, 427 are responsible for their grandchildren’s care. (Data is not available for Pittsylvania County.)

Other types of child care local parents reported using were: 33% a private center, and 27% public care such as Head Start or a school system pre-K program.



In selecting a child care facility, parents indicated that quality was the most important factor, followed by cost. Other important factors for local parents when selecting a child care facility:

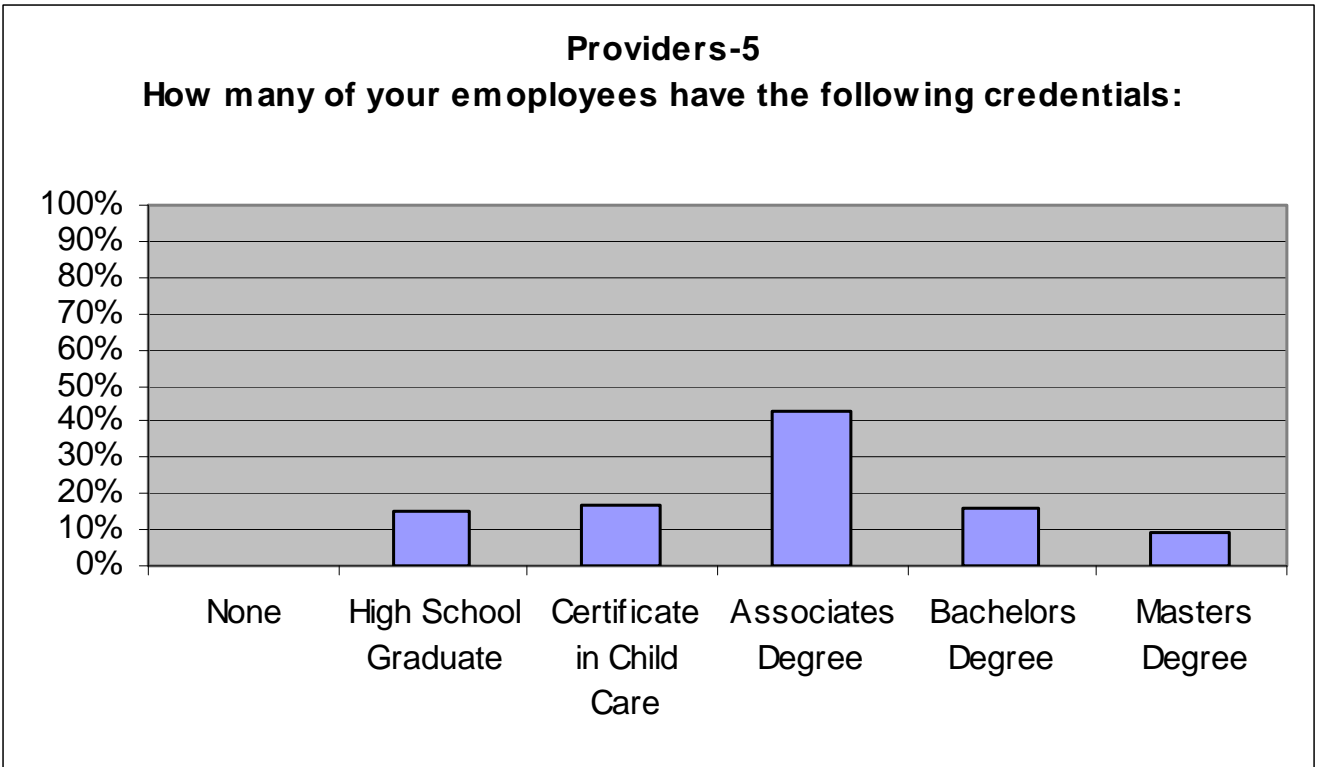
- Location – 66%
- Hours of operation – 54%
- Children from this program tend to do well in school – 51%
- Low teacher/child ratio – 40%
- Someone recommended it – 28%



According to the Virginia Office of Early Childhood Development, the quality of care a child receives during their first five years is critical. Children with access to high quality early learning experiences are more likely to acquire the skills they need to enter kindergarten ready to succeed and adapt to new learning and social environments. High quality care means that children are engaging in meaningful learning and play, guided by qualified caregivers in an enriched educational environment. A 2008 study by the Brookings Institution found that only 20% of the child care facilities in the United States were of “good quality”, while 70% were mediocre and 10% were of poor quality.

The Virginia Star Quality Initiative (VSQI) was created to provide a consistent way to distinguish the level of quality in early education programs, allowing families to make more informed choices and allowing child care providers a way to improve the quality of their services. This voluntary quality rating and improvement system focuses on four key areas: 1) Education, qualifications, and training of staff, 2) Interactions, 3) Structure, and 4) Environment and Instruction. At the time of this writing, 126 child care centers throughout Virginia have been rated. No centers in Danville or Pittsylvania County have participated. When local child care providers were asked if they support the Virginia Star Quality Initiative, 45% responded yes and 55% indicated they were not familiar with the program.

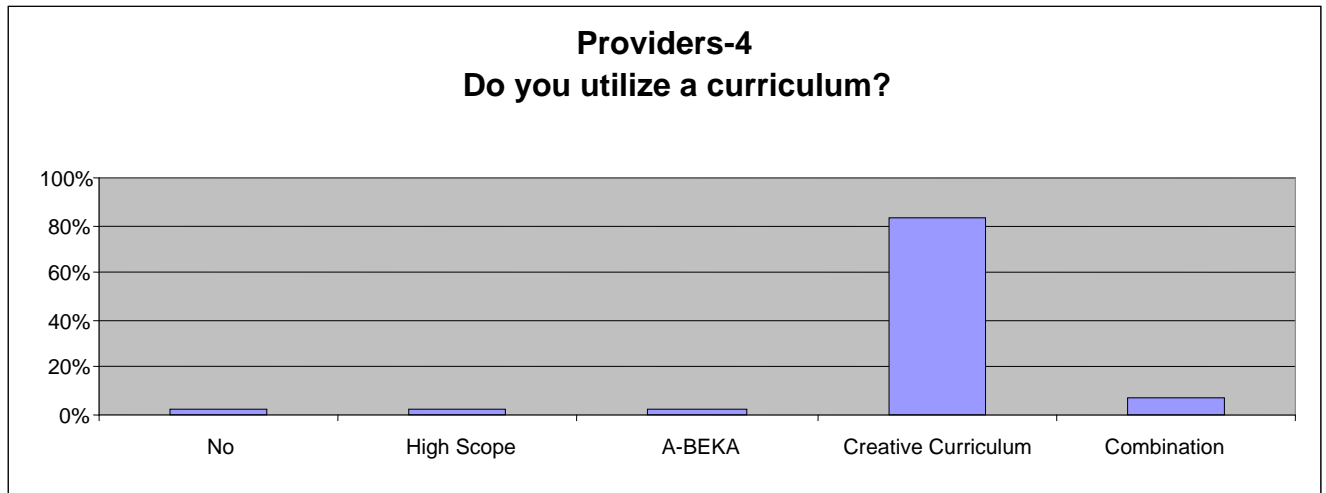
According to the VSQI, effective early childhood professionals need a strong background in education and child development. It has been shown that properly trained teachers promote language and early literacy skills and the social development needed for later academic and professional success. Of the 32 providers who completed our survey, eight (8) indicated their employees have a Masters Degree, 7 of their employees have a Bachelor’s Degrees, 41 have an Associate Degree, and 16 have a Certificate in Child Care. There were 14 employees with no further training beyond high school. Locally, Danville Community College provides an Associate Degree in Early Childhood and Averett University offers a degree in elementary education. Occasionally one-day/part-day workshops are provided to child care providers.



When asked how they could improve the quality of service their center provides, 35% indicated a need for staff training, and 12% indicated assistance for their staff to achieve a higher level of education. However, as noted by Janice Gruendal, the challenge seems to be the incentive for early childhood teachers to “pay \$60,000 for an education to work for \$20,000 a year.” Despite the critical role early education and child care providers play, they are among the lowest paid workers and are often forced to take on second jobs or forgo health insurance. A direct result of low wages is high turnover in the industry. A majority of local providers indicated on average one to two employees per year leave their business

Quality early childhood programs, according to the National Association for the Education of Young Children, have an interconnected system of evidence-based, well-planned curriculum, child assessment, and program evaluation. Tying these together enables teachers to meet children’s developmental needs and also helps to ensure quality teaching appropriate for young children. Local child care providers surveyed were asked if they utilize a curriculum for their

child instruction. Eighty-three percent (83%) indicated they use Creative Curriculum, 8% reported using a combination curriculum, and 3% each reported not using a curriculum, using High Scope or using A-BEKA.



When parents were asked if their current child care facility met their expectations for preparing their child for school, 79% of parents surveyed indicated “yes or extremely so”, 15% said “yes in some areas”, and 7% said “no.” Parents participating in Focus Groups indicated they expect their child care providers to serve as good role models, to treat each child equally, and have no more than 8 – 10 children per teacher and aid. Transportation for children to their child care facility was identified as an important need by many parents.

The cost of quality child care is continuously rising. According to Wrightslaw, in 2007, the average fee for full-time, center-based child care ranged from over \$3,800 to \$14,600 annually, depending on a family's geographic location and children’s ages. Cost, not quality, may therefore be the primary criteria for selecting a provider, which in turn impacts the bottom line of higher quality programs. Locally the cost for private day care facilities range from \$ 90 - \$125 per week for a 6 week to two year old child, \$80 to \$115 per week for a 2 or 3 year old child, and \$80 to \$105 per week for a 3 to 5 year old child. Almost 1/5th of the providers surveyed indicated they never maintain full enrollment and an additional fifth indicated they only sometimes maintain

full enrollment. Eighty-one percent (81%) of the providers reported that a child care stipend would help them to maintain full enrollment.

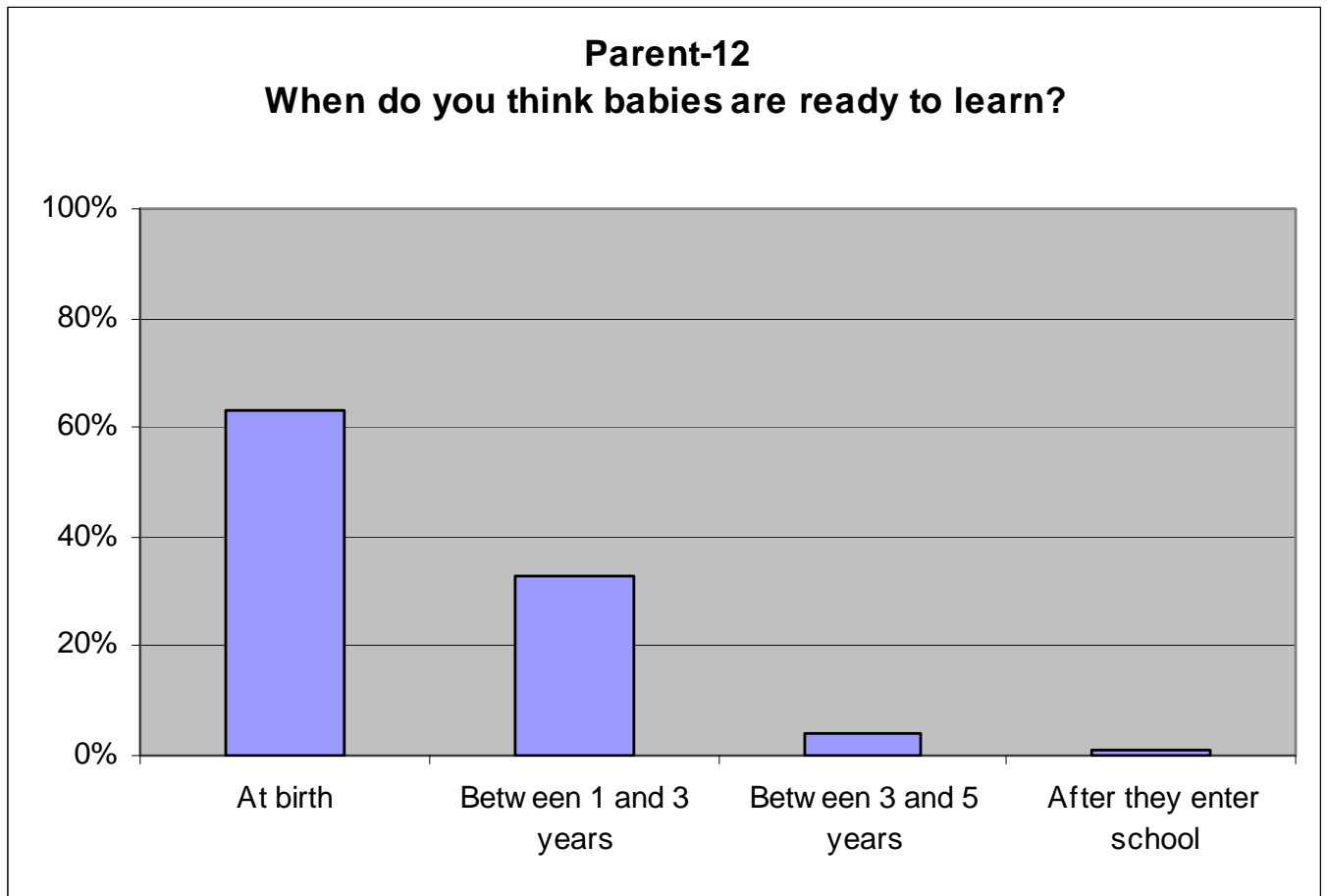
For children with special needs, high quality early child care and education provide an important foundation for future learning. In many cases, early supports reduce the need for special education services later on. A recent study found a 41 percent (41%) lower rate of special education placement than for a similar group of children who did not receive a quality preschool program (Reynolds et al., 2001). Additionally, full integration of children with disabilities in the typical early childhood environment is beneficial to all involved. “Children with special needs require typically developing role models to help them understand where they fit in the world of being a child” (B. Raine, Ph.D.).

Locally 10% of all Head Start children have special needs. Danville Public Schools provides four self-contained ECSE classrooms with inclusion opportunities, and Pittsylvania County provides eight ECSE programs. Private providers accept children with special needs on a case-by-case basis.

Family Support/Relationships

The family plays the most important role in a young child’s life. According to Virginia’s definition of school readiness, “A ready family has adults who understand they are the most important people in the child’s life and take responsibility for the child’s school readiness through direct, frequent, and positive involvement and interest in their child. Adults recognize their role as the child’s first and most important teacher, providing steady and supportive relationships, ensuring safe and consistent environments, promoting good health, and fostering curiosity, excitement about learning, determination, and self-control.”

Children are born learning. When asked when they think babies are ready to learn, 62% of local parents surveyed indicated at birth and 32% indicated between one and three years.



The latest research in literacy development shows that a child's experiences with oral language development and literacy, as early as the first months of life, begin a foundation for later reading success (NGA Center for Best Practices). Local teacher Focus Groups indicated a need for more parents to read to their children. With the adult literacy rate in Pittsylvania County being close to 25% and 31% in Danville (Kids Count 2005), many local young children miss the benefits of being read to daily. Moreover, nationally, parents routinely read to only 50% of infants and toddlers.

Numerous studies have documented the importance of parental involvement in literacy activities with their children and have shown the following disparities:

- Children in two-parent families were more likely to participate in literacy activities than children who live with one or no parent.
- Children in families living above the poverty threshold are much more likely to be engaged in literacy activities on a regular basis than children who live in poverty.
- There are substantial differences in literacy activities by race and ethnicity. White children were more likely to be read to every day (64 percent) than black children (44 percent) or Hispanic children (39 percent).
- Children whose mothers are employed 35 hours or more per week are slightly less likely to engage in literacy activities than children whose mothers are either working part-time or not working.

Since 1997, Virginia has used the Phonological Awareness Literacy Screening (PALS) as the state-provided screening tool for Virginia's Early Intervention Reading Initiative. Beginning in 2000, the PALS instruments were designed for use in kindergarten, PALS-K, and grades one through three, PALS 1-3. The purposes of PALS are to (a) screen and identify children who are relatively behind in their acquisition of important literacy fundamentals, and (b) provide teachers with diagnostic information that allows them to match reading instruction to specific literacy needs. The following table shows the percent of children entering kindergarten during the past four years in Danville and Pittsylvania County who were identified through PALS as being at

risk for reading failure because they are behind grade-level expectations in important literacy fundamentals .

Community	Fall 2006	Fall 2007	Fall 2008	Fall 2009
Danville	31%	30%	31%	33%
Pittsylvania	16%	17%	14%	14%

Positive attitudes on children’s learning have been developed by parents who attend parenting classes at Little Life Pregnancy Medical Center or receive services from Danville-Pittsylvania Community Services’ Healthy Families program. Results have shown that parents have become more involved with their children’s education and literacy efforts right from birth – going from not reading at all to babies, to 83% reading to their babies each week; and 20% reading every day (United Way of Danville-Pittsylvania County).

Research indicates that low-income parents, on average, speak to and talk with their children much less than higher-income parents. The average low-income child has heard 30 million fewer words than his or her higher income peers by the age of four. In one key study, the vocabulary at age three predicted language scores in third grade (Hart, B. and Risely, T.R, 2003). In Danville, 37.2% of families with children under the age of five (5) years have incomes below the poverty level. In Pittsylvania County, 9.7% of the families with children who are under five (5) years live below the poverty level.

The need for parenting classes was a recurring concern during focus groups by educators, physicians and mental health therapists. Parenting classes offered through social services, Head Start, and Danville-Pittsylvania Community Services are targeted at specific populations. Few parenting programs are targeted for parents with children below the age of six years. Healthy Families (Danville-Pittsylvania Community Services) was mentioned by several parents as a good source for early childhood parenting. However, those services are targeted at first-time parents who are at-risk for child abuse and neglect.

According to the Office of Juvenile Justice and Delinquency Prevention, “at least 30 – 40 contact hours are needed for a positive and long lasting impact from family education programs, particularly because high risk families often miss sessions or have difficulty implementing in

their home the skills taught in the class.” Past efforts for general parenting classes open to the community, such as Active Parenting, have resulted in a lack of parents willing to attend multiple session classes.

Home visiting is a strategy for offering information, guidance and support to families in the place in which they are typically most comfortable; their own home. Home visits provide a method for fostering healthy child development, especially during the birth to age six years, when families are unlikely to have contact with the school system. Unlike case management services, home visiting programs are curriculum based, intensive, comprehensive and flexible. Services focus on the parent-child interaction and on the relationship between parents. Effective programs address health and mental health issues and help parents build support networks. Locally the Resource Mothers Program (Health Dept.) and the Healthy Families Program (Danville-Pittsylvania Community Services) are the only comprehensive home visitation programs available. Resource Mothers serves 30 mothers annually, while the Healthy Families program provides services for approximately 60 families each year. Teachers in the Head Start program are mandated to make two home visits a year and other home visitations are made as needed.

Opportunities for parents to acquire resources that can assist them with parenting issues have been shown throughout the country to be effective. Located in places that are easily assessable to parents, such as a shopping mall, resource centers can provide staff to answer questions, distribute written materials, conduct early childhood screenings and assessments, assist with the transition to kindergarten, and many other functions. Neither Danville nor Pittsylvania County provides a parent resource center. When asked if they would like a resource where they could go to obtain information on child development and developmental milestones, 77% of parents surveyed indicated yes. Less than one percent (<1%) of parents surveyed indicated that they use the internet for information when they have concerns about their child’s development.

Parents play a major role in their child’s transition into kindergarten. According to the University of Virginia’s Center for Advanced Study of Teaching and Learning, national data indicates that only about half of the children entering kindergarten are successful, while 32% have some problems and 16% have difficulty. Through family-school connections prior to a child’s first day in kindergarten, family collaborations and involvement with the school and the

transition process are fostered. A project by the National Center for Early Development indicated that multiple transition activities were associated with the following at the beginning of kindergarten:

- Great frustration tolerance
- Better social skills
- Fewer conduct disorders
- Fewer learning problems
- More positive approaches to learning.

Results also showed that children at risk who experience transition activities enter kindergarten with the same level of social competence as their non-risk peers.

Transition activities (prior to first day at school) that families have found useful include:

- Child visited kindergarten classroom
- Parent met with kindergarten teacher
- Parent(s) talked with preschool staff about kindergarten
- Attended a workshop for parents
- Attended an orientation to kindergarten
- Talked with parents of child's new classmates
- Participated in elementary school-wide activities.

In Pittsylvania County Schools, the Virginia Preschool Initiative (VPI) classrooms are housed within elementary schools, making transition activities easily assessable. Danville School's VPI program is housed in a separate school building. Their transitional activities include, 1) a transition to kindergarten meeting with parents that involves kindergarten teachers sharing information, 2) taking the children in the spring to visit the elementary school they are zoned to attend, 3) kindergarten teachers visit the VPI class(es) that are zoned for their school, and 4) one elementary school invites their two classes over for a Thanksgiving program presented by their first graders.

Early Intervention

Early intervention is the process of providing services, education and support to young children who are deemed to have an established condition, those who are evaluated and deemed to have a diagnosed physical or mental condition (with a high probability of resulting in a developmental delay), an existing delay, or special need that may affect their development or impede their education. The purpose of early intervention is to lessen the effects of the disability or delay. (Wrightslaw). "Developmental delay" means a disability affecting a child ages two by September 30 through six, inclusive: (34 CFR 300.8(b);[34 CFR 300.306(b)])

1. (i) Who is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, or (ii) who has an established physical or mental condition that has a high probability of resulting in developmental delay;
2. The delay(s) is not primarily a result of cultural factors, environmental or economic disadvantage, or limited English proficiency; and
3. The presence of one or more documented characteristics of the delay has an adverse affect on educational performance and makes it necessary for the student to have specially designed instruction to access and make progress in the general educational activities for this age group.

Early Childhood Special Education (Part B of IDEA) and Early Intervention (Part C of IDEA), in Virginia, provide services for children from birth to Kindergarten age who qualify according to state and federal law. All localities in the state have services available for children in this age group who are eligible.

Early Intervention services are provided for infants and toddlers with a disability. "Infant and toddler with a disability" means a child, ages birth through two, inclusive, whose birthday falls on or before September 30, or who is eligible to receive services in the Part C early intervention system up to age three, and who:

1. Has delayed functioning;
2. Manifests atypical development or behavior;
3. Has behavioral disorders that interfere with acquisition of developmental skills; or
4. Has a diagnosed physical or mental condition that has a high probability of resulting in delay, even though no current delay exists. *COV § 2.1-760; 34 CFR § 303.16 (a)*

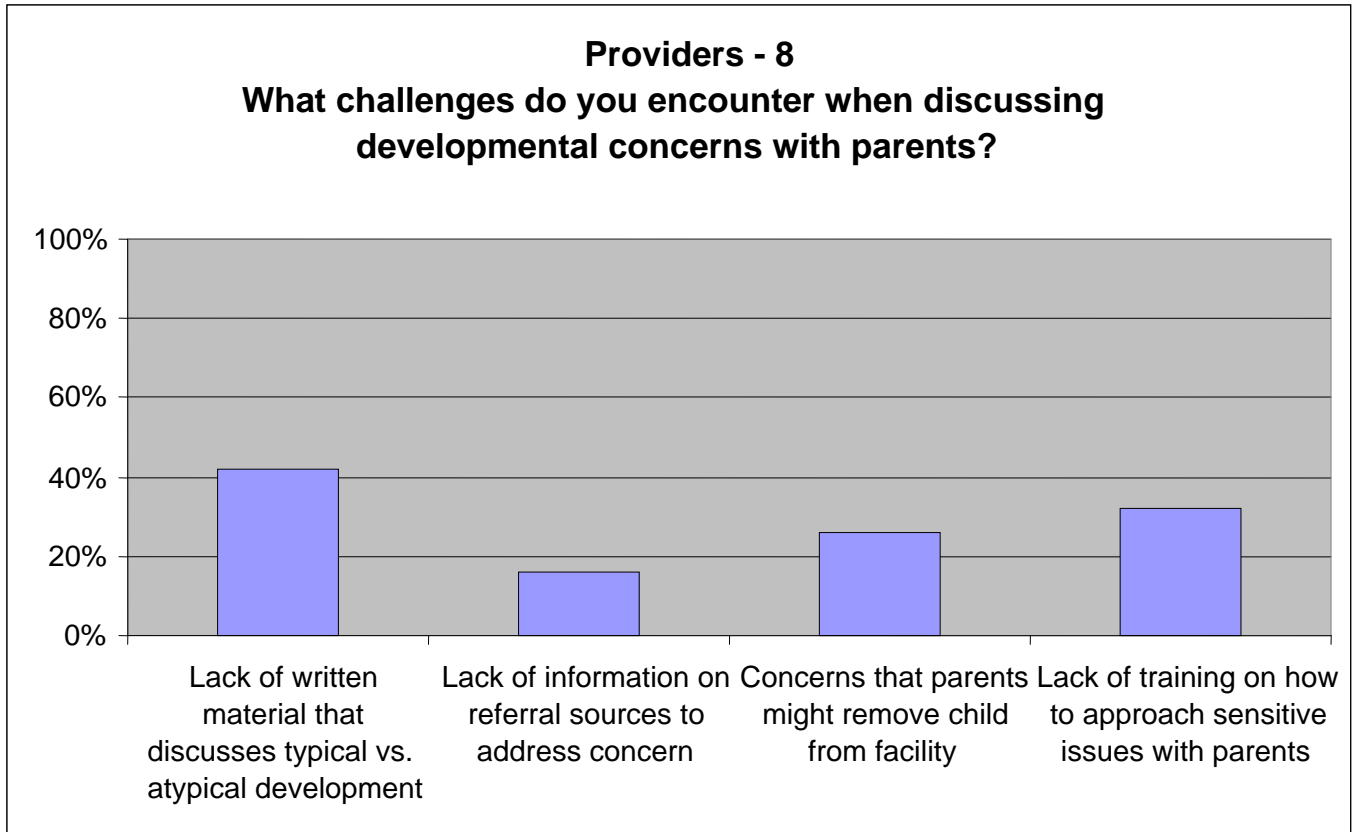
Most statistics indicate that about 16% of children have a disability or developmental delay. In 2004 Virginia funded a cost study that looked at risk factors to help estimate the number of children age birth to 3 that should be served in each locality. This study indicated that 6.2% of the 0-3 population in Pittsylvania County and 13.4% in Danville City would be eligible for Early Intervention (Part C Special Education Programs). On December 1, 2008, 2.42% of infants and toddlers birth to 3 were receiving Part C Special Education Services in Danville and Pittsylvania County as compared to the state rate of 2.01% (Child Count). The percent of children under age 6 receiving special education services in Danville in 2006 was 2.8% and in Pittsylvania County was 2.4% (State 3%) (Kids Count). Local early intervention professionals indicated the need to increase the number of children identified by 25% in order to help ensure that more children are ready to start kindergarten. This would be an additional 55 area children with a disability or developmental delay receiving appropriate programs and access to services.

However, local professionals noted that an increase in the number of children identified for services would place extra strain on the limited number of current programs that provide services for these children. Funding to provide services, space, increase in inclusive settings, provider shortages, training and staffing issues related to providing services to children who need “intensive services” and transportation, could be barriers to providing services to an increased number of identified children. But, in addition to the personal benefits to both the family and child who receive the services, there is a significant cost savings to the community that identifies and serves children at an early age. Studies have indicated that interventions starting at birth resulted in lower costs over the course of childhood. Thirty-seven percent of the infants and toddlers who received early intervention services did not present with a disability or require special education in preschool, resulting in a savings of more than \$1.2 million in one year (Building a Secure and Healthy Start, 2009, Zero to Three).

The earlier children are identified and provided with appropriately designed services and supports, the greater gains a child will make in their educational and social development. In our survey of 9 local family physicians and pediatricians, (there are 6 pediatricians in our area and 12 general practitioners for children under five years) 44% indicated that they use a standardized developmental screening instrument to assist in identifying possible developmental delays in children under six years. The remaining physicians indicated an unfamiliarity with developmental instruments as the main barrier to using a screening tool. Other barriers, in order of highest to lowest number of responses, included lack of non-physician staff to complete screening, time limitations, inability to bill/reimbursement issues, and lack of referral programs. However, 38% of the parents who completed the survey look to their physician when they have concerns about their child's development.

Ninety-five percent (95%) of local parents reported that they feel comfortable themselves determining if their child is doing the developmental things they should be doing for their age. However, area professionals noted an increase in knowledge of developmental stages/appropriate expectations by parents/caregivers is needed for the early identification of children in need of services. Seventy-seven percent (77%) of parents surveyed indicated they would like a resource where they could obtain information on child development and developmental milestones.

The second most common place (17%) parents indicated going when they have concerns about their child's development (after their physician) was their child's teacher/school. In contrast, 45% of child care providers reported they do not feel they have access to enough training on child development and working with children with special needs, and 32% indicated lack of training on how to approach sensitive issues with parents as a challenge they encounter when discussing developmental concerns. Forty-two percent (42%) indicated a lack of written material that discusses typical vs. atypical development as a challenge, and 26% indicated their fear that parents might remove their child from the facility as a challenge in discussing developmental concerns. Sixteen percent (16%) of the child care providers surveyed reported a lack of information on referral sources to address a developmental concern as a challenge.



Other places parents indicated going if they have concerns about their child’s development include: Health Department (6%), Social Services (3%), and the internet (.5%). An additional 24% of the parents responding indicated they did not know where to go. Parents in focus groups indicated the important role of grandparents in helping them to determine child developmental issues. The Healthy Families Program and Early Intervention Services, both provided by Danville-Pittsylvania Community Services, were mentioned by parents and teachers as programs that help families identify developmental delays.

Other early intervention/special needs issues area early intervention/special education professionals identified include:

- The need for a decrease in the stigma involving services and developmental concerns inhibiting access to services.

- Children need to access health insurance that enables them to attend their well child appointments so that identification can be made.
- Transportation barriers need to be resolved.
- A need for the use of standardized screening tools by primary care physicians and other members of the pediatric community who have regular contact with young children.
- Professional development is needed for the early childhood workforce that emphasizes child development and early detection of developmental concerns.
- Access is needed to cultural competent materials and translation services to ensure that children from all cultures and non-English speaking families have easy access to services.
- Increase background and medical history is needed for children in foster care to assist with determining eligibility for services
- Improved information and referral networks
- Funding is needed to assist with personnel and other expenses related to completing effective Child Find related activities.

See Attachment 2 for additional local risk factor data related to Developmental Delay, including:

2007 ranking for Substance Exposed Births

2007 ranking for Births to Mothers who used Tobacco During Pregnancy

Infant Mortality

Low Birth Weight Babies

Births to Teen Girls

Births to Mothers with less than 12th Grade Education

Prenatal Care in the First Trimester

Percent of Children Receiving Special Education Services Under age 6

Percent of Children (up to age 22) Receiving Special Education Services

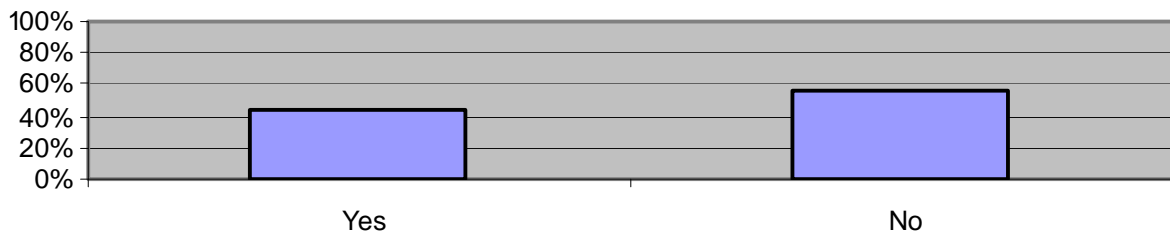
Percent of Infant and Toddlers Birth to 3 Receiving Part C Special Education Services Compared to Local Population

Health, Mental Health and Nutrition

Child health plays a significant role in ensuring that children start school ready to succeed. Children absent from school for chronic health conditions risk falling behind in their schoolwork. Children with untreated vision problems cannot track printed letters and words across a page and learn to read. According to Oral Health America, oral disease in children is responsible for more than 51 million lost school hours each year. Child health care services play a key role in the early identification of developmental, behavioral, social, environmental and biological conditions that affect children's learning ability.

Health, mental health and nutrition is one of the four components of a strong, coordinated and integrated early childhood system for ensuring that children get the services and supports they need. The American Academy of Pediatrics' *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Families* provides comprehensive guidelines for pediatric practices in providing well-child care. The guidelines include regular, age-appropriate developmental screenings of children, guidance to parents to provide an environment that promotes healthy child development, and attention to children's cognitive, social and physical development. In our survey of 9 local family physicians and pediatricians, (there are 6 pediatricians in our area and 12 general practitioners for children under five years) 44% indicated that they use a standardized developmental screening instrument to assist in identifying possible developmental delays in children under six years. Thirty-eight percent (38%) of the parents who completed the survey look to their physician when they have concerns about their child's development. Lack of screenings by pediatricians for autism and other disabilities was cited as a concern by area kindergarten teachers, mental health and early intervention professionals involved in the focus groups.

Physician-2
Do you use any type of developmental screening instruments to assist in identifying children under the age of six with possible developmental delay?



In many respects, child health care providers play the role of “first responder” to a wide variety of issues that affect young children’s healthy development and readiness for school. Collaboration between primary care child health practitioners and other services and supports for children and their families is essential for healthy development. Of the physicians surveyed, 89% reported referring families to early intervention services. Area mental health providers indicated a need for more information sharing from referring physicians in order to obtain maximum benefits from services.

Children without health insurance are less likely to receive primary and preventive health services, less likely to have special needs identified and addressed in a timely fashion, and more likely to experience poorer overall health. Nationally, more than two thirds of uninsured children (67.3%) are eligible for Medicaid/SCHIP. In 2007 there were 900 children in Danville and 1350 children in Pittsylvania County eligible for FAMIS (Family Access to Medical Insurance Security Plan) but not enrolled. When asked how many times they wanted to take their child to the doctor but were unable to do so because of lack of money, 6% of the parents completing the

survey indicated three times or more. More than 50% of the remaining parents indicated they relied upon their Medicaid coverage.

The majority of Virginia's uninsured are low income. People with incomes below the Federal Poverty Level (FPL) are six times more likely to be uninsured as those whose incomes are 300% of the FPL or higher. According to the U.S. Census Bureau, 19.8% of the families in Danville and 10.4% of Pittsylvania County families live below the poverty level. Lack of health insurance has been shown to affect whether or not expecting mothers receive prenatal care, and is a risk factor for low birth weight and infant mortality. In 2007, 31.4% of Danville expectant mothers received no prenatal care or no prenatal care before the third trimester. This is eight times higher than the national average. In Pittsylvania County, 19.7% of expectant mothers received no prenatal care or no prenatal care before the third trimester. The rate of low birth weight during 2007 was also well above the national level of 6%. Danville's rate was 9.9% and Pittsylvania County had a rate of 8.2%. Ten infants died in Danville during 2007, while eight infants died in Pittsylvania County during that year. Danville's infant death rate per 1000 births was more than two times the state rate.

Mental Health services are essential to identifying and addressing young children's behavioral and social issues prior to entering school. "Childhood MH issues left untreated not only affect the quality of life for the child and their family, but can escalate to bigger problems. For example, with children with ODD that are not successfully treated, often you see Conduct Disorder in adolescence. Also, there may be effects on self-esteem, ability to form and maintain meaningful relationships, be successful later in life, etc." says Cindy Lovell, M.Ed., LPC, a local child therapist. Nationally, 5% of parents report that their child has difficulties with emotions, concentration, behavior, and being able to get along with others (Childstats.gov). In 2007, 2.8% of Danville children under age 6 and 2.4% of Pittsylvania County children under six were identified as in need of special education (Kids Count Data Center). However, area mental health services for children are very limited, with only five local organizations or individuals providing those services. Of those five, even fewer take Medicaid as a payment option. According to Lovell, "There are never enough therapists to see children in the community and few therapist take Medicaid. There are even fewer therapists trained to work with younger children who developmentally are not able to engage in 'talk therapy'."

Food and nutrition are at the core of a child's growth and development. Good nutrition is essential for a child's cognitive development. Based on a report from the International Food Policy Research Institute, poorly nourished children often have a delay in motor and cognitive development and are more vulnerable to chronic illness.

Thirty-three percent of local physicians surveyed identified childhood obesity as one of the major health concerns they see in patients 0 – 5 years. Mental health professionals and teachers also expressed concern over the number of obese children. According to WIC Virginia (Women, Infants and Children Nutrition Program), which had an enrollment of 842 children in Danville/Pittsylvania County in 2008, 15% of the children were overweight and an additional 12% were at risk.

Research has shown the importance of parents teaching their children healthy eating habits, especially between the ages of 3 and 5 when experts believe children begin to develop their food preferences, and ability to respond to hunger and satiety. Research also suggests that food eaten away from home (especially fast food), tends to be higher in total fat, saturated fat and sodium, and lower in fiber. In addition, people eating away from home are likely to eat more foods and in larger portions. When local parents were asked how many times their family eats food purchased from a restaurant, fast food outlet or convenience store, approximately 20% indicated more than three times per week.

Lack of physical activity, a major risk factor for obesity, is notably high among certain racial, ethnic and socioeconomic groups. Non-Hispanic black and Hispanic children are significantly less likely than non-Hispanic white children to report involvement in organized physical activity, as are children with parents who have lower incomes and educational levels. (Physical activity levels among children – United States, 2002. MMWR 2003;52[33]:785-8). When asked how many times they spend as a family being physically active, 23% of local parents surveyed indicated less than two times per week. Fifty-three percent indicated between three and five times per week, and 24% indicated more than five times per week.

Other Health, Mental Health and Nutrition Data Impacting Early Childhood-

- Children < 5 have the highest hospitalization rate for asthma, 36.6/10,000 (VDH 2007 Report on Asthma)
- 55% of children with asthma missed at least one day of child care/school (CHIP of Virginia 2008 Annual Report)

- 48% of parents missed one day of school/work due to child's asthma (CHIP of Virginia 2008 Annual Report)
- The Diabetes Mellitus Age Adjusted Rate for Danville is 17.7. The Pittsylvania County rate is 12.5 and the Virginia rate is 7.7 (State Dept. of Health)
- There are no local Pediatric Dentists
- 68% of school children in Danville received free/reduced lunch in 2007 as did 42% of Pittsylvania County school children. (Kids Count Data Center)
- 49% of children who see a health care provider receive medication, 44% receive treatment other than medication. (Childstats.gov)

Conclusion

“The biggest gap we are facing is the gap between what we know and what we do.” (Dr. Jack P. Shonkoff, Director of the Center on the Developing Child at Harvard University)

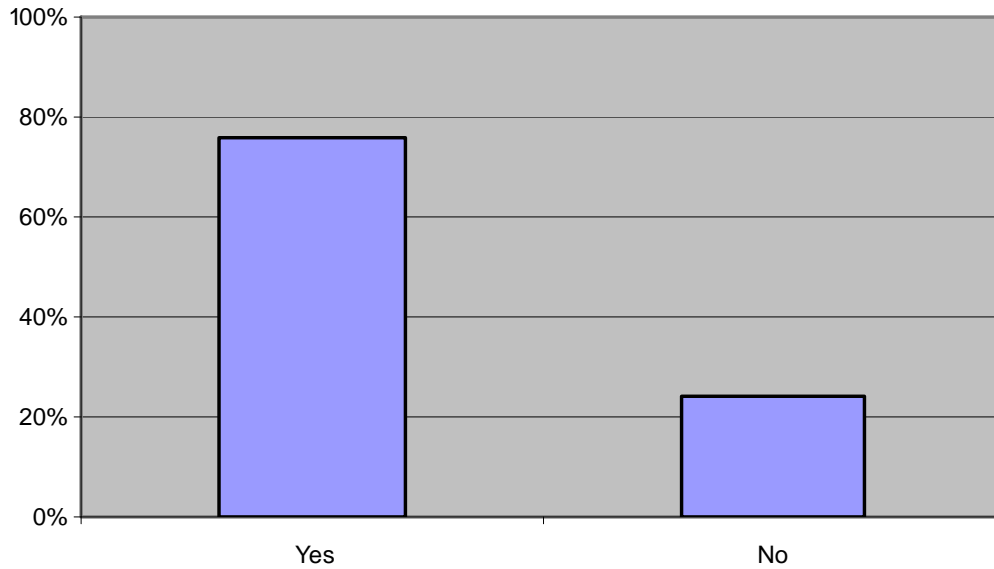
This needs assessment was prepared to help clarify what we know about the early years and the needs and strengths of the children, families, educators and community, to ensure our children are ready to enter school and for sustained school success. The Danville-Pittsylvania County area has a wealth of assets on which to draw. Partnerships will need to be established, existing work will need to be strengthened, systems will need to be revised, and new initiatives and programs will need to be developed as we build a long-term movement on behalf of children that benefits the entire region.

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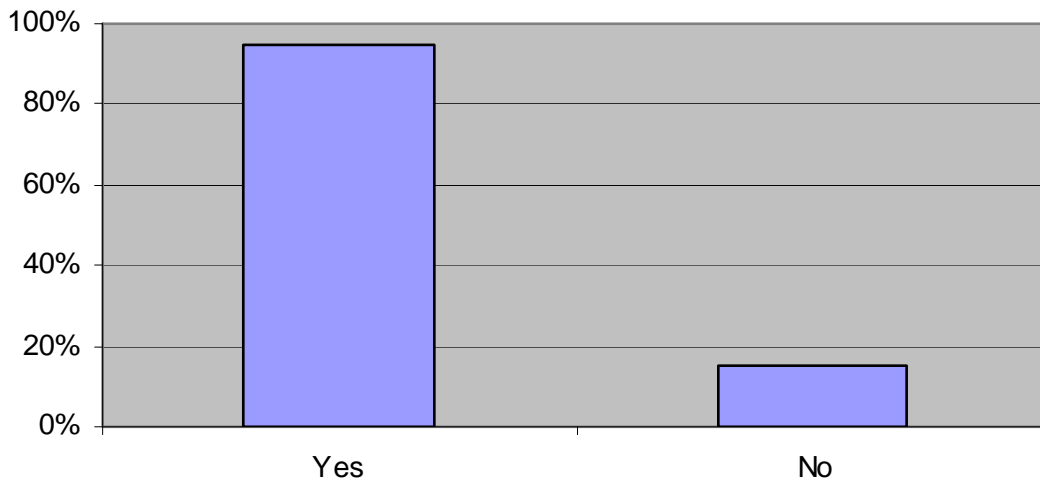
Attachment 1

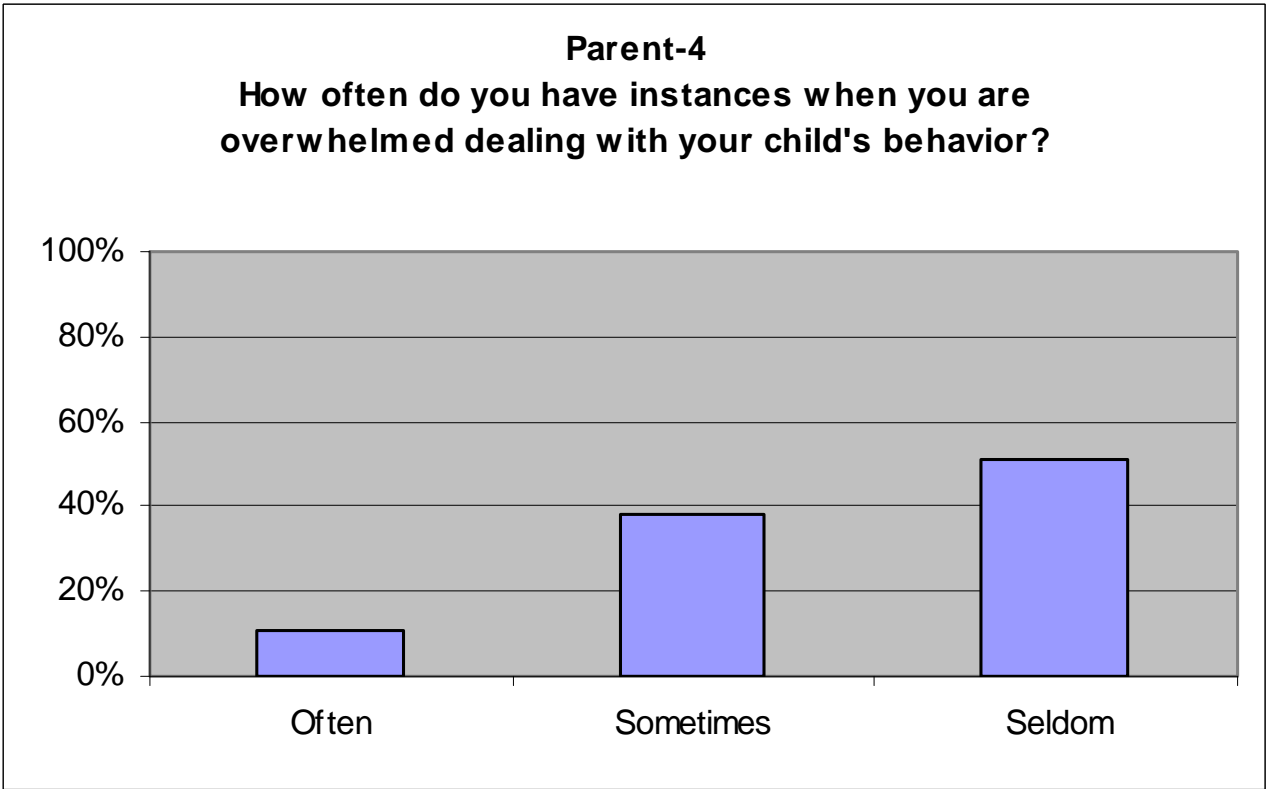
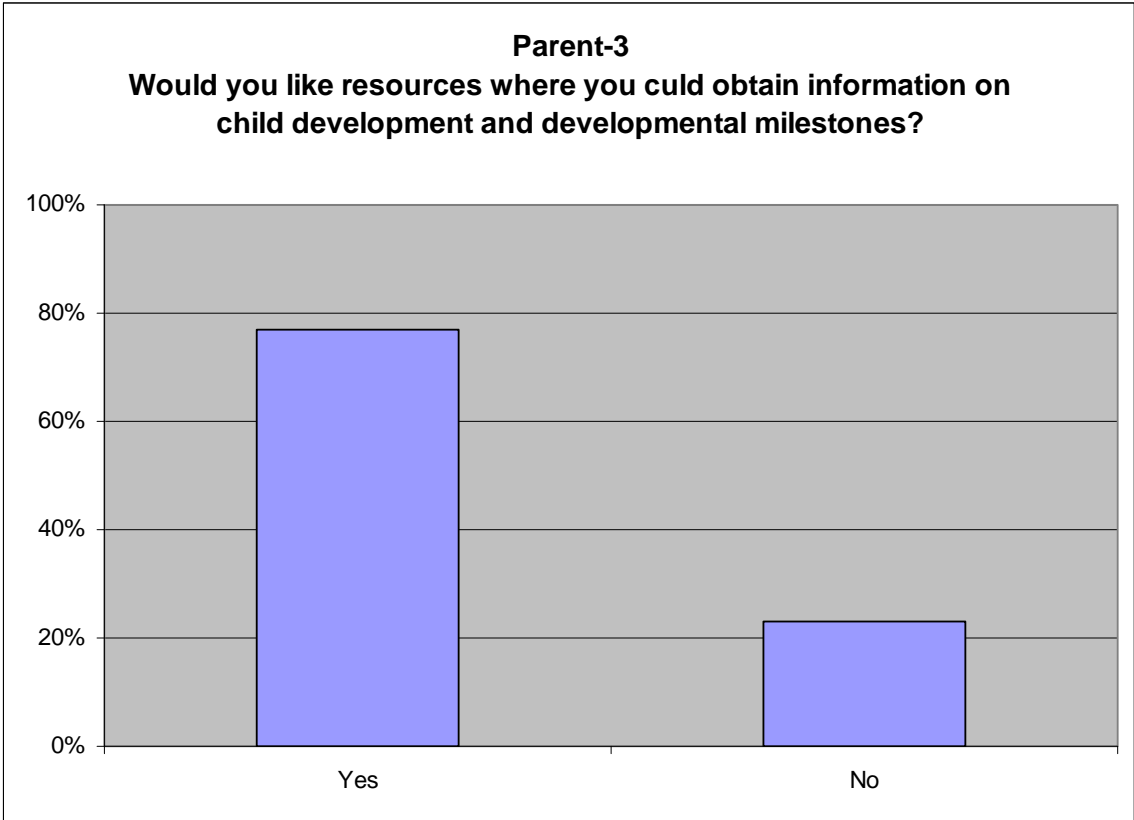
Survey Results

Parent-1
Do you know where to go if you have concerns about your child's development?

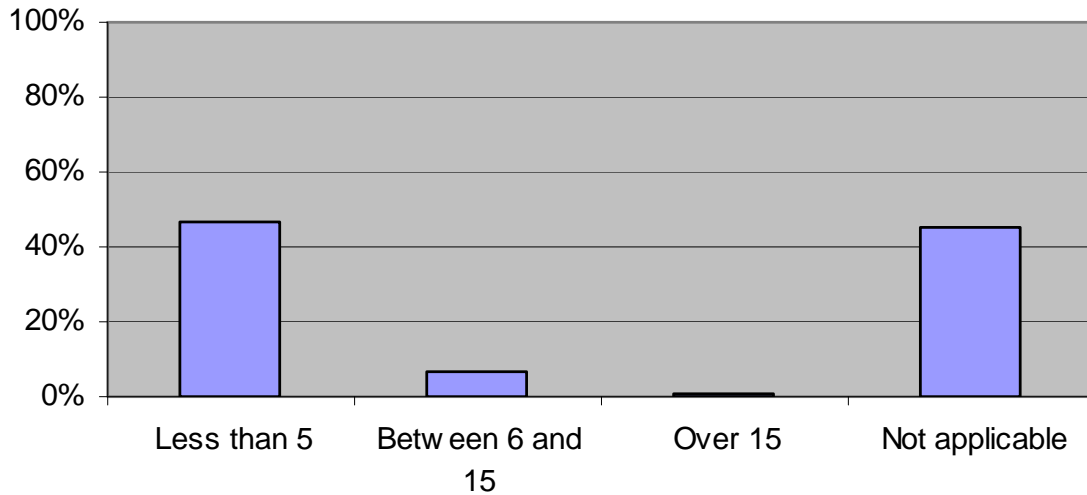


Parent-2
Do you feel comfortable in determining if your child is doing the things he/she should be doing for their age (developmentally)?

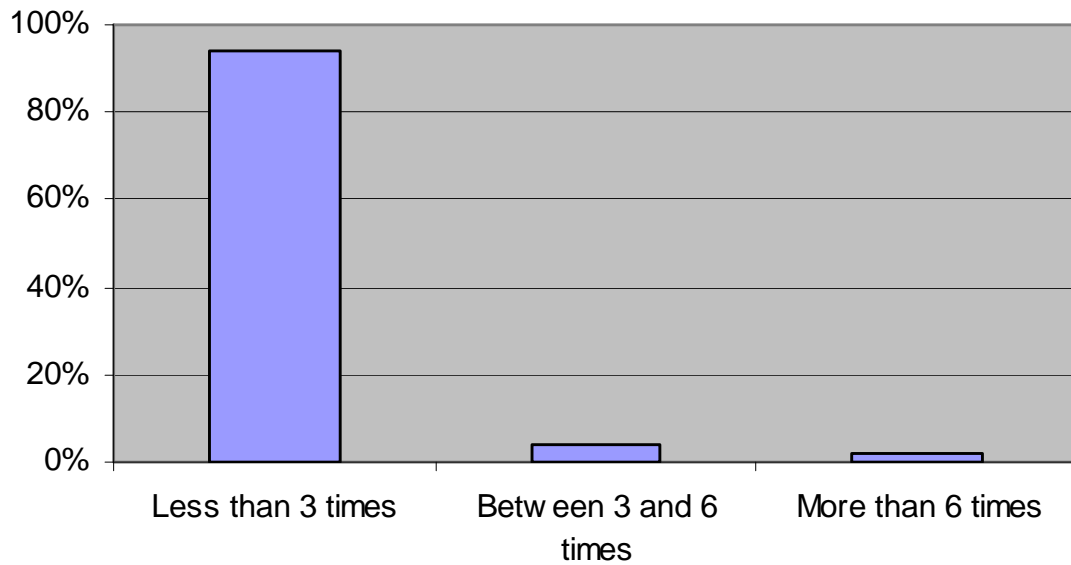




Parent-5
How many days per year do you miss work for child related issues?

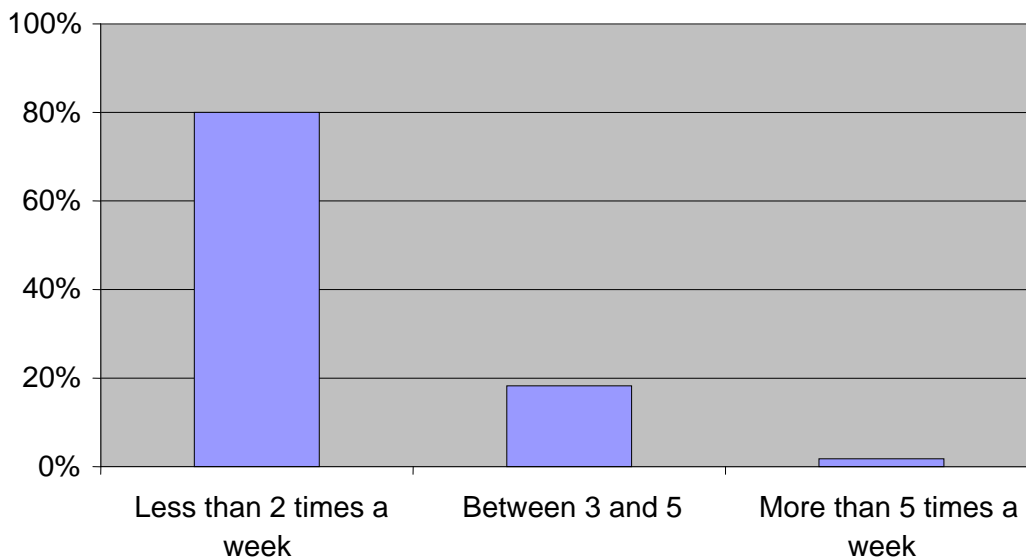


Parent-6
How many times have you wanted to take your child to the Doctor but were unable to do so because you did not have the money?



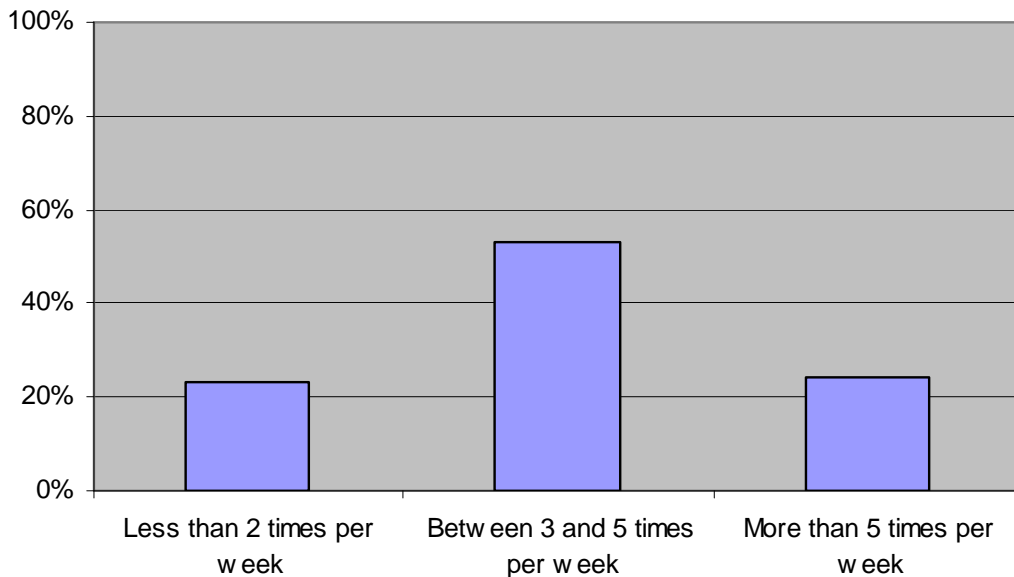
Parent-7

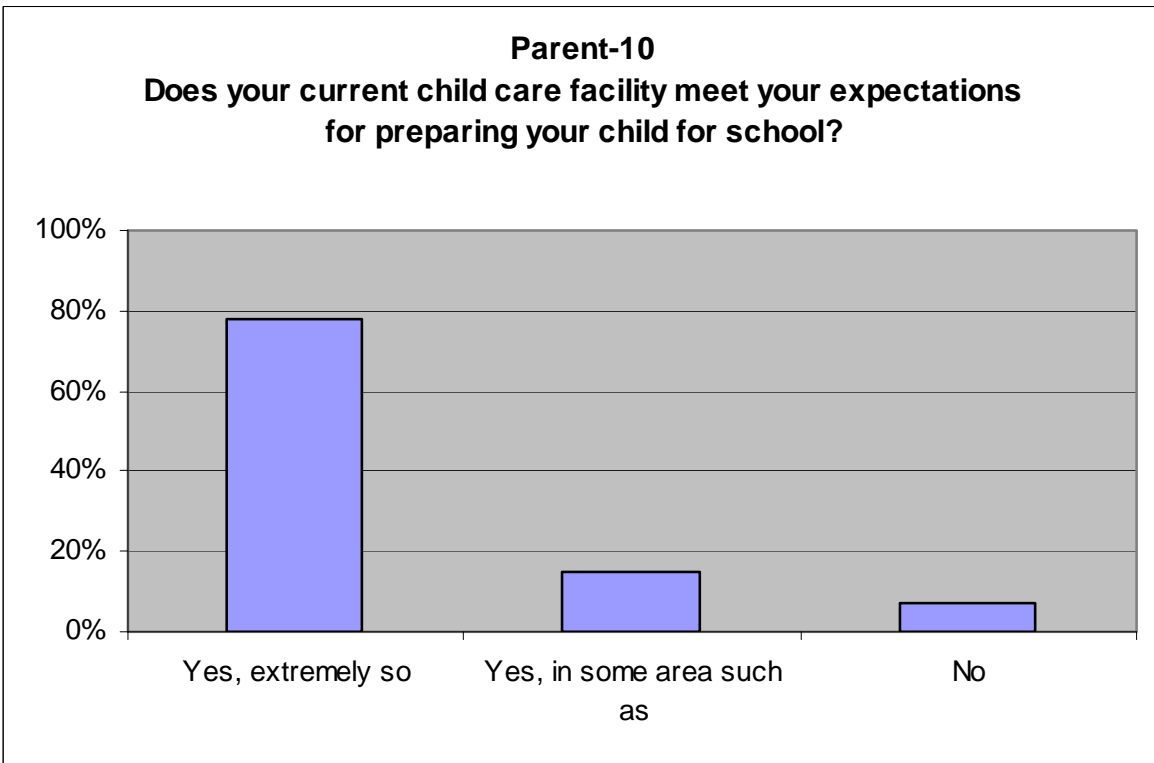
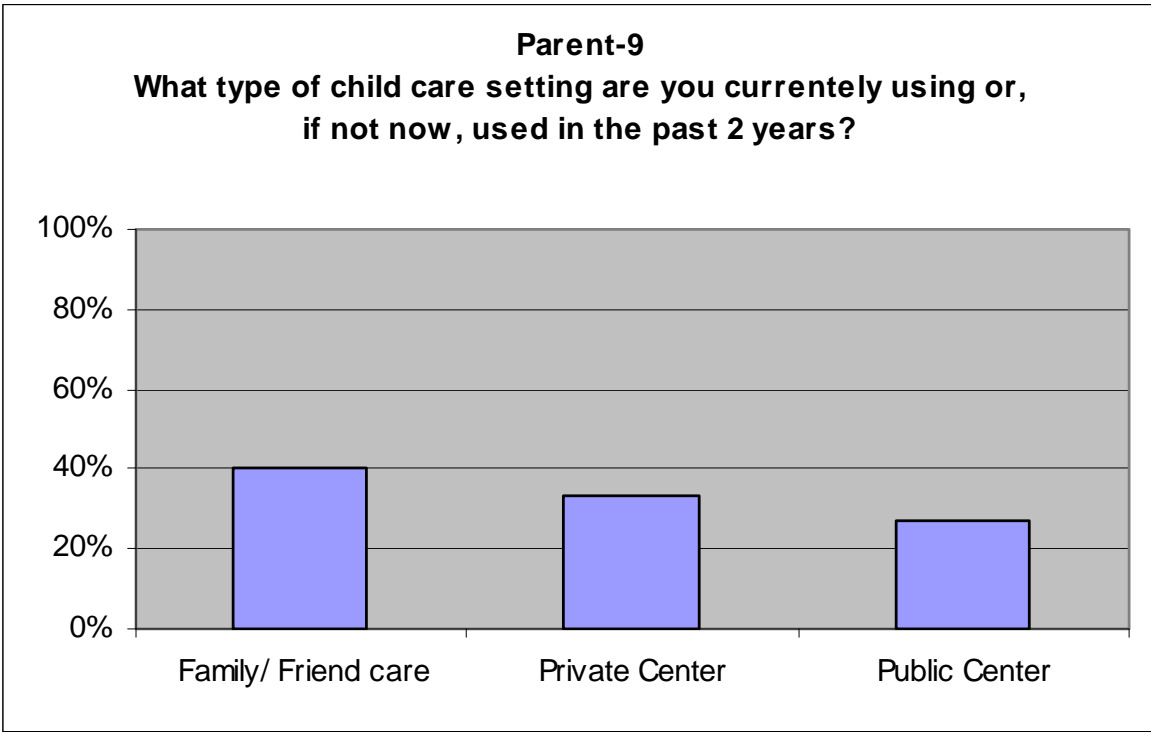
How many times per week does your family eat food purchased from a business such as a restaurant, fast food outlet, deli, or convenience store?



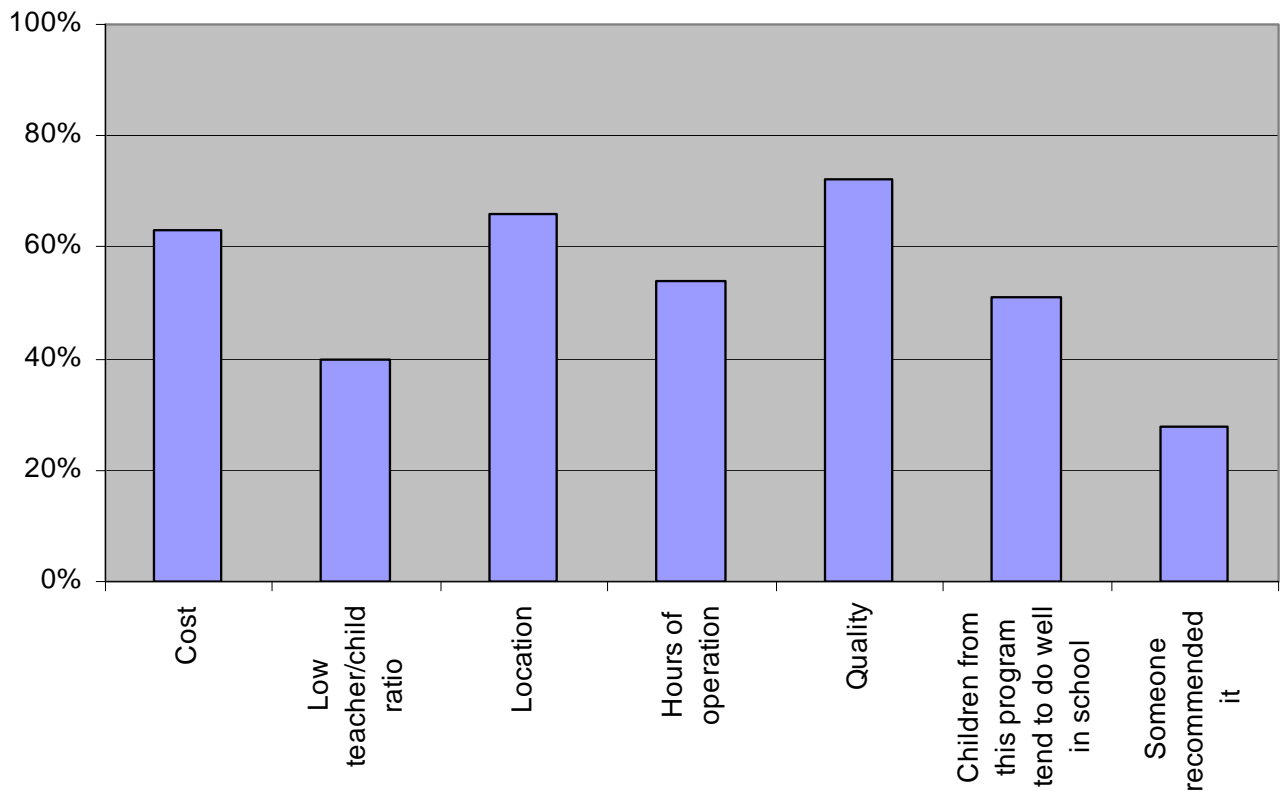
Parent-8

How many times per week do you spend as a family being physically active?

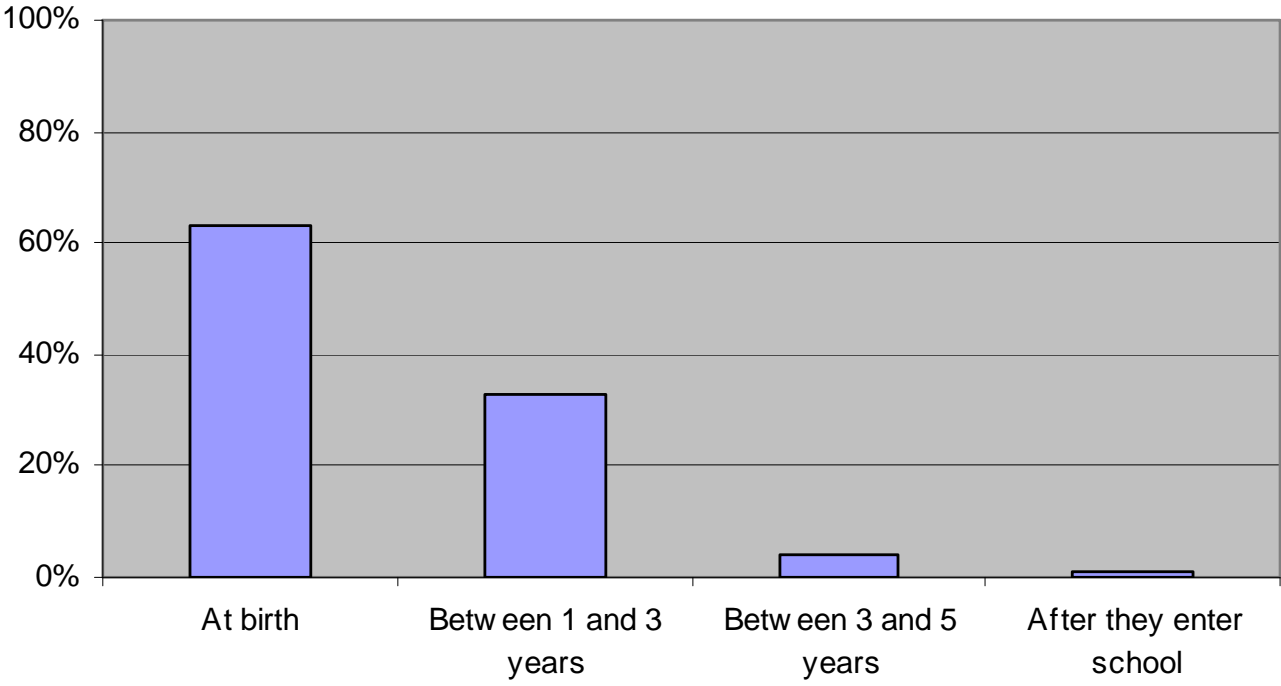




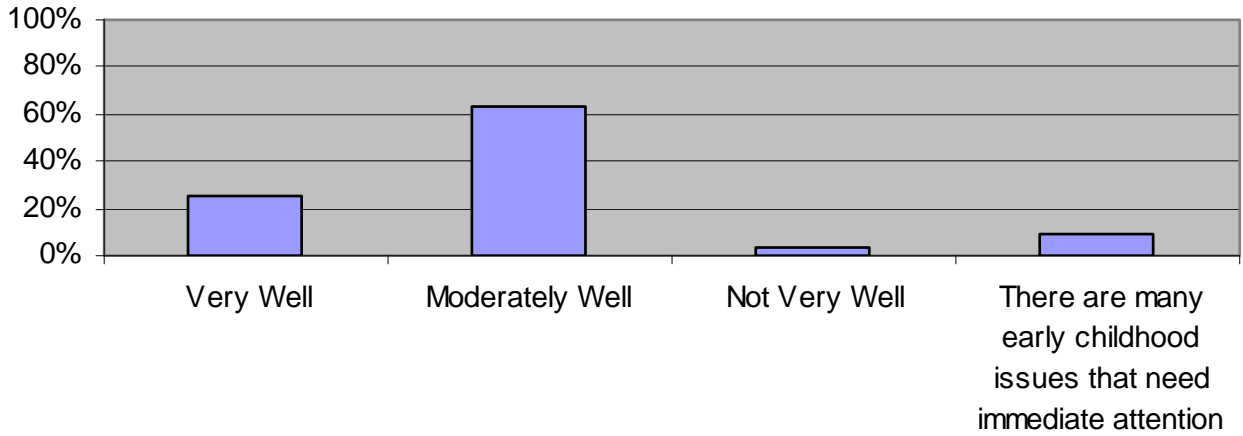
Parent-11
What was important to you in the selection of child care?



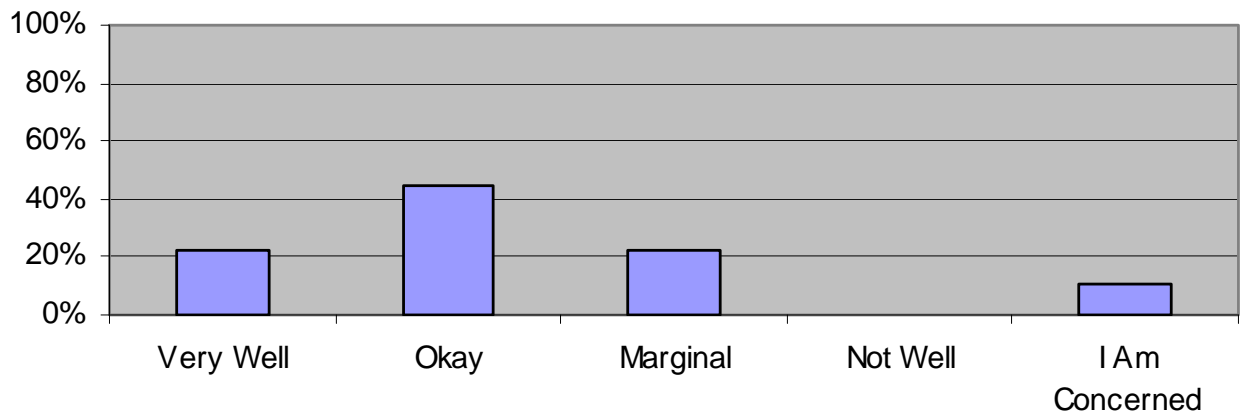
Parent-12
When do you think babies are ready to learn?



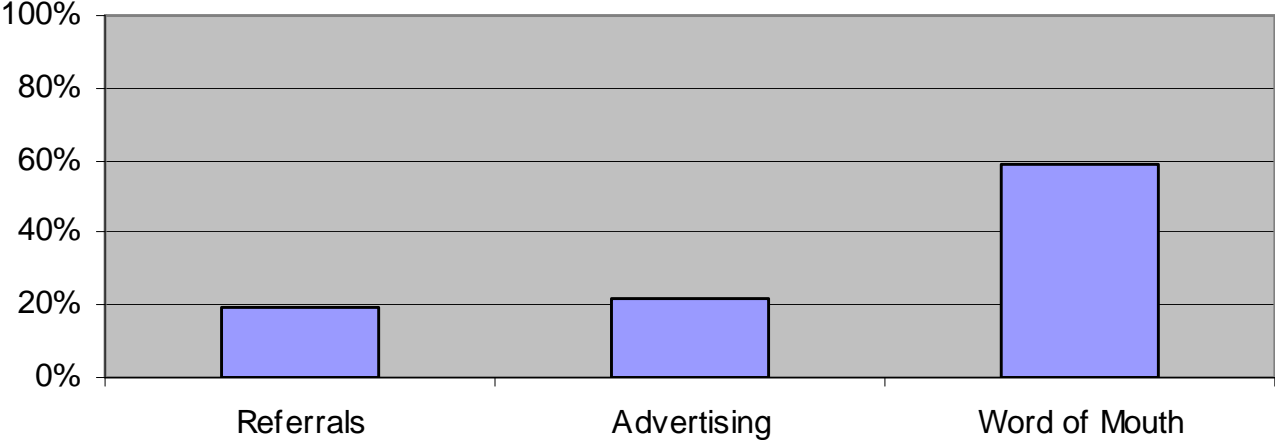
Providers-1
How is our community doing in terms of caring for its children?



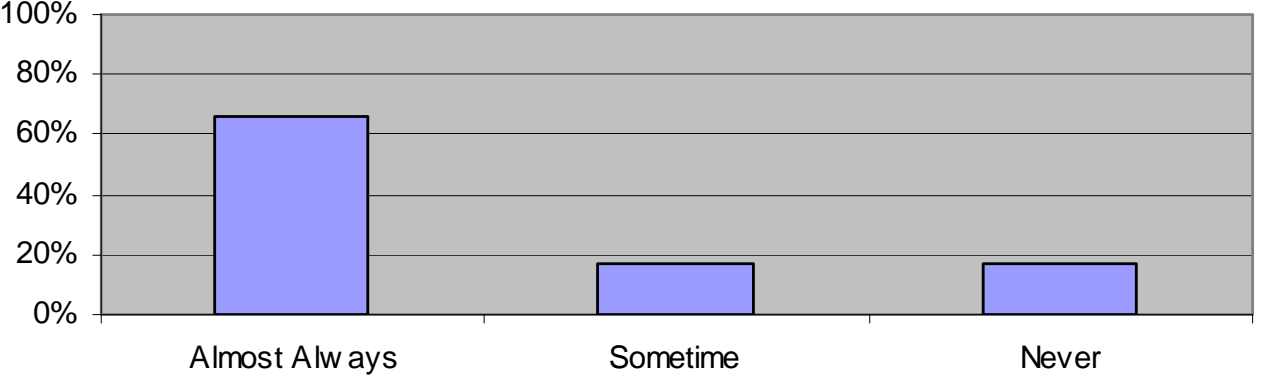
Physician-1
How is our community doing in terms of caring for its children?



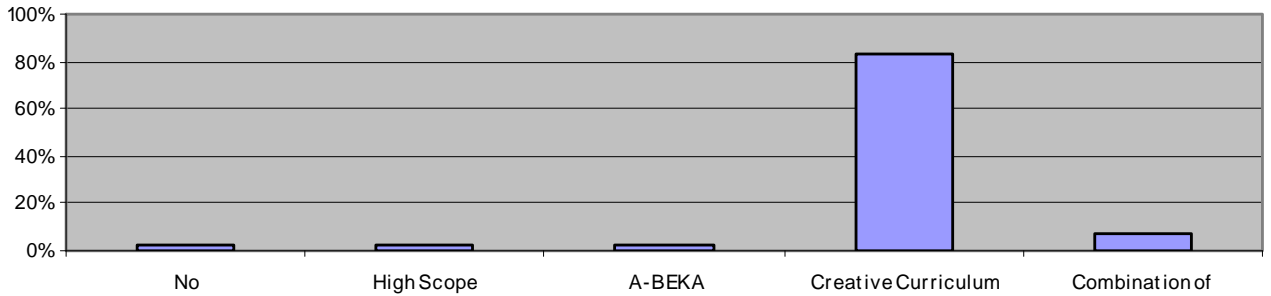
Providers-2
What is your main source of recruitment?



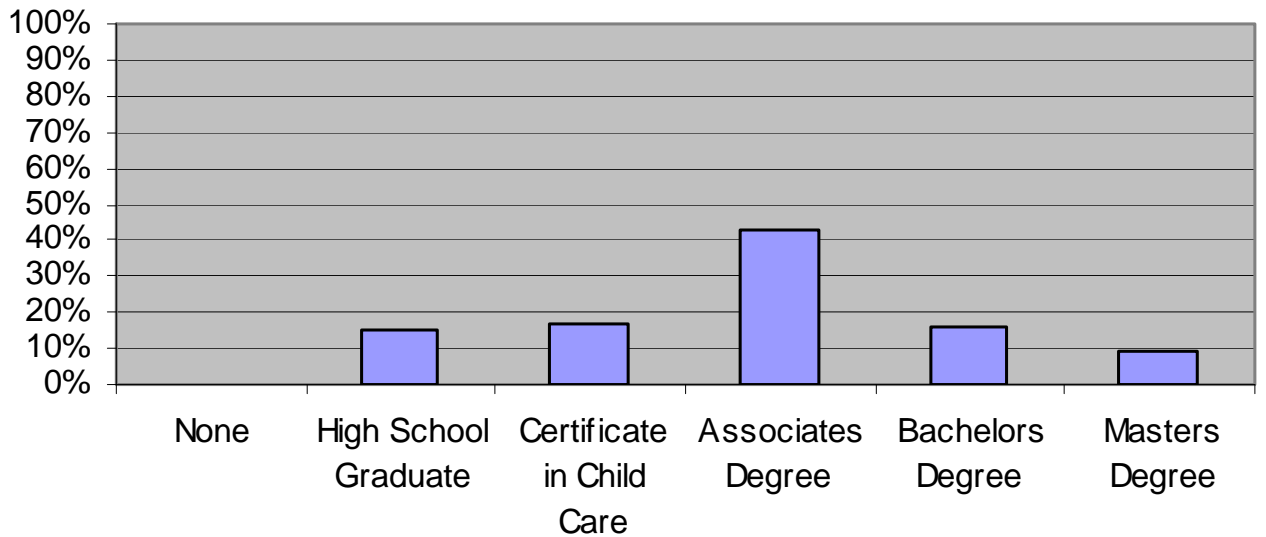
Providers-3
Does your program maintain full enrollment?



Providers-4
Do you utilize curriculum ?

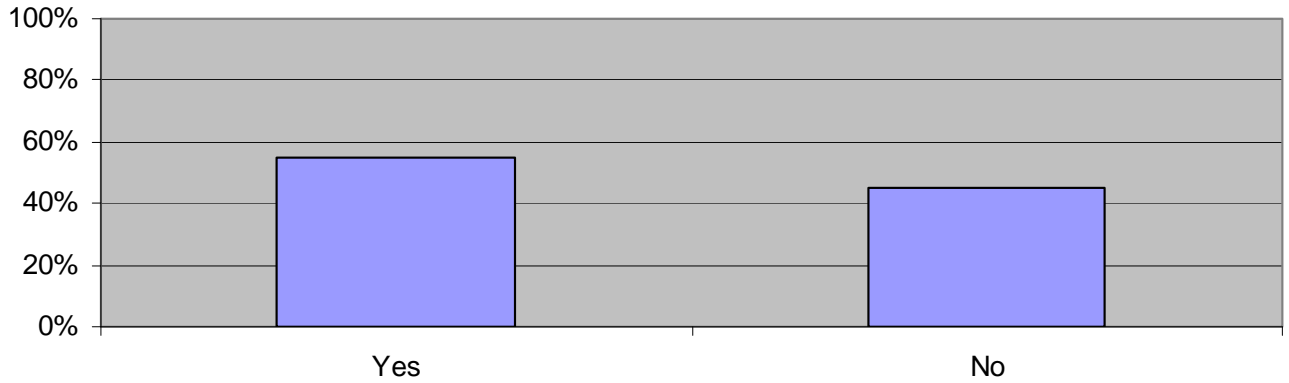


Providers-5
How many of your employees have the following credentials:



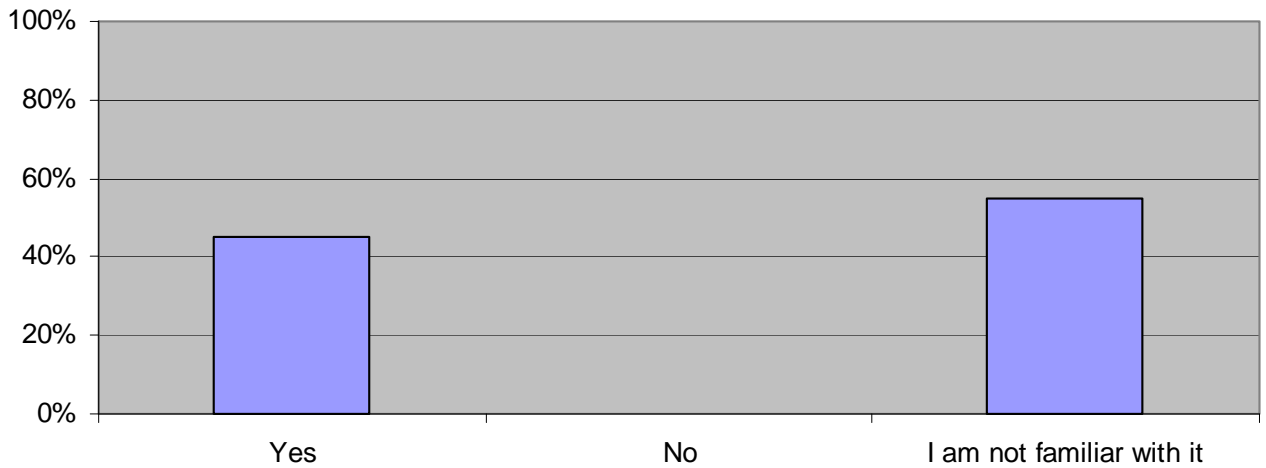
Providers-6

Do you feel that as a Child Care provider you have access to enough training on child development and working with children with special needs?



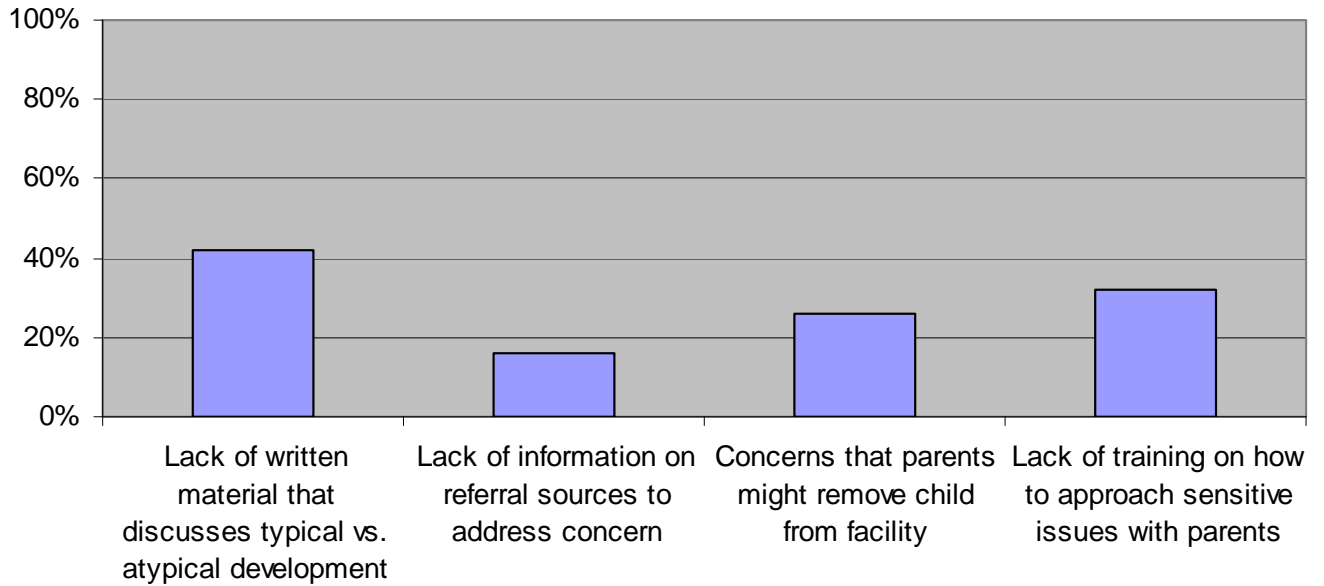
Providers-7

Do you support the Virginia Star Quality Initiative?



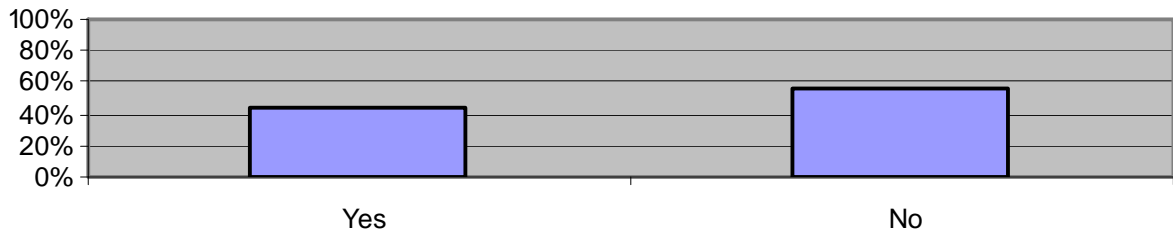
Providers-8

What challenges do you encounter when discussing developmental concerns with parents?



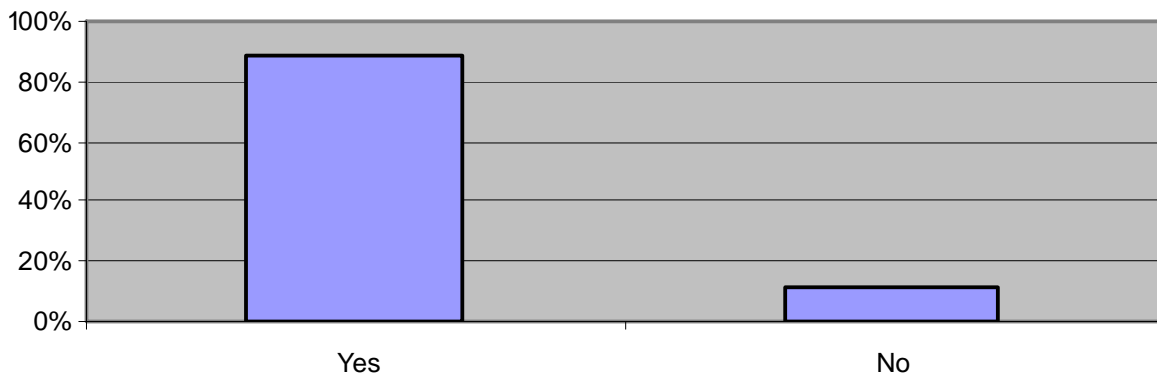
Physician-2

Do you use any type of developmental screening instruments to assist in identifying children under the age of six with possible developmental delay?



Physician-3

Do you refer families to early intervention services?



Attachment 2

Data

Relevant Data

Early Childhood Education

Family Support/Relationships:

- 74.6% of Danville's population 25 years or older are high school graduates. 76% of those 25 or older in Pittsylvania County are high school graduates.
- Danville's high school drop-out rate during the '08-'09 year was 3.5% and Pittsylvania County's was 1.7%
- During 2006 – 2008 the median household income in Danville was \$29,654 while Pittsylvania County's median income was \$37,842
- The percent of individuals receiving cash public assistance benefits in Danville is 3.9% and 2.4% in Pittsylvania County
- 18.4% of Danville individuals received Food Stamp benefits during the past 12 months, while 11.8% received them in the County
- 50 children are living in foster care in Danville and 55 are in foster care in Pittsylvania County

Early Intervention:

- 2007 Births: Substance Exposed Newborns: Danville ranked 20 out of 134 communities with 10 births. Pittsylvania County ranked 25 out of 134 with 9 births. (GOSAP)
- 2007 Births: Mother's Tobacco Use During Pregnancy: Danville ranked 17 out of 134 with 116 mothers. Pittsylvania ranked 10 out of 134 with 136 mothers. (GOSAP)
- Infant Mortality: Danville – 14 in 2006, 10 in 2007. Pittsylvania County – 4 in 2006 and 8 in 2007
- Infant Mortality 5 year average 2001-2005: Danville 12.4, Pittsylvania County 6.9 (State 7.4)
- Low Birth Weight Babies: Danville in 2006 was 12% and in 2007 9.9% (raw number 56). Pittsylvania County in 2006 was 9.9% and in 2007 was 8.2% (raw number 52). State in 2007 was 8.6%
- Births to teen girls per 1,000: Danville: 2006 – 43/2007 – 36. Pittsylvania: 2006 – 15/2007 – 12 (State 2007 – 17)
- Births to mothers with less than 12th grade education: Danville: 2006-29%/2007-22% Pittsylvania: 2006-18%/2007-15% (State 2007-10%)
- Prenatal Care Beginning in the First Trimester: Danville: 2006-70.3%/2007-68.6% Pittsylvania: 2006-82.8%/2007-80.3% (State 2007-83.2%)
- Percentage of Children Receiving Special Education Services under the age of 6: Danville: 2006-2.8% Pittsylvania: 2006-2.4% (State 3%)
- Percentage of Children (up to age 22) Receiving Special Education Services: Danville:2006-14.6% Pittsylvania: 2006-14.5% (State-14.1%)

Profile of Comprehensive Services Act Children as of 06/30/09				
City of Danville				
Age Range	Autism	Emotionally Disturbed	Developmentally Delayed	ADHD & related disorders
0-5	2	0	1	0
6-12	14	5	3	3
Pittsylvania County				
Age Range	Autism	Emotionally Disturbed	Developmentally Delayed	ADHD & Related Disorders
0-5	2	0	3	0
6-12	11	10	14	8

SNAPSHOT OF STATUS OF YOUNG CHILDREN

Pittsylvania County: population 60,940

Danville City: population 43,307

READY CHILDREN

CATEGORY	PITTSYLVANIA COUNTY	DANVILLE CITY
Number of children by age (ACS, 2005-2007) <i>In 2007 Kids Count showed 696 children <1; 2,657 ages 1-4; and 3,556, ages 5-9.</i>	<ul style="list-style-type: none"> ❑ 0-4 = 3,395 (5.6%) ❑ 5-9 = 4,006 (6.6%) ❑ 10-14 = 3,190 (5.2%) ❑ 15-19 = 3,900 (6.4%) 	<ul style="list-style-type: none"> ❑ 0-4 = 2,783 (6.1%) ❑ 5-9 = 2,562 (5.7%) ❑ 10-14 = 2,776 (6.1%) ❑ 15-19 = 2,829 (6.2%)
General population, by race (ACS) <i>*Note: Hispanic may be any race and are included in other races, as well as shown separately.</i>	<ul style="list-style-type: none"> ❑ White: 45,355 (74.8%) ❑ African-American: 13,723 (22.6%) ❑ Native American: 83 (0.1%) ❑ Asian: 153 (0.3%) ❑ Hawaiian/PI: 60 (0.1%) ❑ Other: 1,244 (2.1%) ❑ 2+ races: 322 (0.5%) ❑ Hispanic*: 1,148 (1.9%) 	<ul style="list-style-type: none"> ❑ White: 23,390 (52.0%) ❑ African-American: 20,647 (45.9%) ❑ Native American: 122 (0.3%) ❑ Asian: 107 (0.2%) ❑ Hawaiian/PI: 15 (0.0%) ❑ Other: 708 (1.6%) ❑ 2+ races: 318 (0.7%) ❑ Hispanic*: N/A
Race/ethnicity of children 0-17 in 2007 (Kids Count)	<ul style="list-style-type: none"> ❑ White: 9,647 (74.7%) ❑ African-American: 3,212 (24.9%) ❑ Asian: 32 (0.2%) ❑ Native American: 16 (0.1%) ❑ Hispanic*: 398 (3.1%) 	<ul style="list-style-type: none"> ❑ White: 3,640 (36.9%) ❑ African-American: 6,108 (61.9%) ❑ Asian: 105 (1.1%) ❑ Native American: 16 (0.2%) ❑ Hispanic: 382 (3.9%)
Poverty status of children 0-17 (Kids Count)	<ul style="list-style-type: none"> ❑ 2003: 18% ❑ 2004: 16% ❑ 2005: 19% ❑ 2006: 18% ❑ 2007: 17% 	<ul style="list-style-type: none"> ❑ 2003: 30% ❑ 2004: 28% ❑ 2005: 35% ❑ 2006: 36% ❑ 2007: 37%
Children under age 6 living in poverty in 2000 (Kids Count)	<ul style="list-style-type: none"> ❑ 16% 	<ul style="list-style-type: none"> ❑ 2000: 41%
Children receiving TANF (Kids Count)	<ul style="list-style-type: none"> ❑ 2002: 24/1,000 ❑ 2003: 23/1,000 ❑ 2004: 25/1,000 ❑ 2005: 33/1,000 	<ul style="list-style-type: none"> ❑ 2002: 80/1,000 ❑ 2003: 79/1,000 ❑ 2004: 88/1,000 ❑ 2005: 108/1,000

SNAPSHOT OF STATUS OF YOUNG CHILDREN

	☐ 2006: 32/1,000	☐ 2006: 106/1,000
<p>Poverty status of children by family group and age (ACS)</p> <p><i>Note: The most economically vulnerable group is young children living with a single mother; with young children living with single fathers also struggling to a somewhat lesser degree, and children living with married couples being the least likely to fall below poverty.</i></p>	<p style="text-align: center;">Families below poverty</p> <p>Total: 16.8% of families with children under 18 are below poverty levels. These families under poverty fall in these groups: Married couple families: 8.6% lived below poverty. Single-mother families: 39.3% lived in poverty.</p>	<p style="text-align: center;">Families below poverty</p> <p>Total: 33.2% of families with children under 18 are below poverty levels. These families under poverty fall in these groups: Married couple families: 7.0% of married couples with related children under 18 live below poverty. Single-mother families: 56.6% of families with children under 18 and a female householder, no husband present, live below poverty, while 57.0% of female-headed families with children under 5 were in poverty.</p>
Infant mortality rate (5 years, 2001-2005)	6.9/1000 (5 years, 2001-2005)	☐ 2006 21.5/1000 ☐ 2007 17.7/1000
Low birth weight rates (Kids Count)	☐ 2003: 10.5% ☐ 2004: 10.6% ☐ 2005: 11.0% ☐ 2006: 9.9% ☐ 2007: 8.2%	☐ 2003: 9.1% ☐ 2004: 9.5% ☐ 2005: 9.9% ☐ 2006: 12.0% ☐ 2007: 9.9%
Lead testing rate, children under 6 (Kids Count)	☐ 2002: 5.1% ☐ 2003: 7.4% ☐ 2004: 11.8% ☐ 2005: 10.6% ☐ 2006: 13.6%	
Elevated lead levels (Kids Count)	☐ 2002: 2.3% ☐ 2003: 2.2% ☐ 2004: 1.0% ☐ 2005: 0.0% ☐ 2006: 0.4%	
Children 5-15 with one or more disabilities (ACS)	523 (6.4%) (ACS)	705 (12.4%) (Census, 2006)

**Since Hispanics may fall in any racial group, their numbers are also included in figures for other races.*

SNAPSHOT OF STATUS OF YOUNG CHILDREN

READY FAMILIES

CATEGORY	AVAILABLE DATA FOR PITTSYLVANIA COUNTY	AVAILABLE DATA FOR DANVILLE CITY
Births to adolescent women (Kids Count)	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 20/1,000 <input type="checkbox"/> 2004: 19/1,000 <input type="checkbox"/> 2005: 27/1,000 <input type="checkbox"/> 2006: 15/1,000 <input type="checkbox"/> 2007: 12/1,000 	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 45/1,000 <input type="checkbox"/> 2004: 35/1,000 <input type="checkbox"/> 2005: 24/1,000 <input type="checkbox"/> 2006: 43/1,000 <input type="checkbox"/> 2007: 36/1,000
Births to women with less than a 12 th grade education (Kids Count)	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 20% <input type="checkbox"/> 2004: 17% <input type="checkbox"/> 2005: 18% <input type="checkbox"/> 2006: 18% <input type="checkbox"/> 2007: 18% 	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 28% <input type="checkbox"/> 2004: 32% <input type="checkbox"/> 2005: 28% <input type="checkbox"/> 2006: 29% <input type="checkbox"/> 2007: 26%
Non-marital births (Kids Count)	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 35% <input type="checkbox"/> 2004: 36% <input type="checkbox"/> 2005: 41% <input type="checkbox"/> 2006: 41% <input type="checkbox"/> 2007: 45% 	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 55% <input type="checkbox"/> 2004: 62% <input type="checkbox"/> 2005: 58% <input type="checkbox"/> 2006: 62% <input type="checkbox"/> 2007: 67%
Family structure/households with own children under 18 years (ACS)	<ul style="list-style-type: none"> <input type="checkbox"/> Married-couple families: 5,237 (73.2%) <input type="checkbox"/> Male householder, no wife present: 471 (6.6%) <input type="checkbox"/> Female householder, no husband present: 1,447 (20.2%) 	<ul style="list-style-type: none"> <input type="checkbox"/> 11,951 family households <input type="checkbox"/> 5,251 families with own children under 18 <input type="checkbox"/> Married couple families with children under 18: 2,238 (42.6%) <input type="checkbox"/> Male householder with no wife present, with own children < 18: 273 (5.2%) <input type="checkbox"/> Female householders, no husband present, with own children < 18: 2,740 (52.2%)
Unemployment Rates (Kids Count)	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 7.7% <input type="checkbox"/> 2004: 6.3% <input type="checkbox"/> 2005: 6.3% <input type="checkbox"/> 2006: 5.4% <input type="checkbox"/> 2007: 5.7% 	<ul style="list-style-type: none"> <input type="checkbox"/> 2003: 11.2% <input type="checkbox"/> 2004: 9.4% <input type="checkbox"/> 2005: 10.0% <input type="checkbox"/> 2006: 8.5% <input type="checkbox"/> 2007: 7.3%
Parental work status (ACS, 2006 census)	<ul style="list-style-type: none"> <input type="checkbox"/> Among the families with children under 6, 2,411 (63.3%) had all parents in the labor force. 	<ul style="list-style-type: none"> <input type="checkbox"/> Among the families with children under 6, 2,638 (79.6%) had all parents in the labor force.

SNAPSHOT OF STATUS OF YOUNG CHILDREN

	<ul style="list-style-type: none"> ❑ Among the families with children 6-17 years old, 5,465 (65.6%) had all parents in the labor force. 	<ul style="list-style-type: none"> ❑ Among the families with children 6-17 years old, 4,388 (80.6%) had all parents in the labor force.
<p>Levels of educational attainment <i>75.1% of the population over 25 is a high school graduate or higher.</i></p>	<p style="text-align: center;">Ages 25+: (42,804)</p> <ul style="list-style-type: none"> ❑ Less than 9th grade: 4,300 (10.0%) ❑ 9th-12th, no diploma: 6,366 (14.9%) ❑ High school diploma/GED: 15,997 (37.4%) ❑ Some college, no degree: 6,949 (16.2%) ❑ Associate degree: 3,739 (8.7%) ❑ Bachelor's degree: 3,767 (8.8%) ❑ Graduate/professional degree: 1,686 (3.9%) 	<p style="text-align: center;">Ages 25+: (ACS)</p> <ul style="list-style-type: none"> ❑ Less than 9th grade: 3,107 (9.8%) ❑ 9th-12th, no diploma: 5,388 (17.0%) ❑ High school diploma/GED: 9,841 (31.1%) ❑ Some college, no degree: 6,338 (20.0%) ❑ Associate degree: 2,466 (7.8%) ❑ Bachelor's degree: 2,825 (8.9%) ❑ Graduate/professional degree: 1,716 (5.4%)
Adult literacy rates	<ul style="list-style-type: none"> ❑ 17% of adults lack basic literacy skills 	18%
Family Support services	<ul style="list-style-type: none"> ❑ Resource mothers: 30 mothers served/year ❑ Healthy Families: 60 families per year ❑ No parent resource center 	
Family income levels	<ul style="list-style-type: none"> ❑ 892 (4.9%) <\$10,000 ❑ 958 (5.2%) \$10,000 to \$14,999 ❑ 1,787 (9.8%) \$15,000 to \$24,999 ❑ 2,499 (13.7%) \$25,000 to \$34,999 ❑ 3,727 (20.4%) \$35,000 to \$49,999 ❑ 4,181 (22.9%) \$50,000 to \$74,999 ❑ 2,106 (11.5%) \$75,000 to \$99,999 ❑ 2,106 (11.5%) over \$100,000 	<ul style="list-style-type: none"> ❑ 11,951 family households ❑ 5,251 families with own children under 18 ❑ Married couple families with children under 18: 2,238 (42.6%) ❑ Male householder with no wife present, with own children < 18: 273 (5.2%) ❑ Female householders, no husband present, with own children < 18: 2,740 (52.2%)
Substantiated cases of child abuse (Kids Count)	<ul style="list-style-type: none"> ❑ 2004: 4.1/1,000 ❑ 2006: 3.3/1,000 ❑ 2007: 2.2/1,000 ❑ 2008: 1.1/1,000 ❑ 30 cases in 2006 	<ul style="list-style-type: none"> ❑ 2004: 6.6/1,000 ❑ 2006: 7.4/1,000 ❑ 2007: 3.8/1,000 ❑ 2008: 3.2/1,000 ❑ 51 cases in 2006
Juvenile arrests for violent crime (Kids Count)	Range from a low of 4 in 2005 to a high of 12 in 2003 (6 in 2006)	Low numbers, with a high of 2 in 2004, none in 2006
Children in foster care (Kids Count)	<ul style="list-style-type: none"> ❑ 2003: 1.4/1,000 ❑ 2004: 1.6/1,000 ❑ 2005: 3.1/1,000 (46 children) ❑ 2006: 2.9/1,000 (45 children) 	<ul style="list-style-type: none"> ❑ 2005: 52 (4.5/1,000) ❑ 2006: 48 (4.1/1,000) ❑ 2007: 45 (4.3/1,000)

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	□ 2007: 2.3/1,000 (31 children)	
Grandparents responsible for grandchildren (ACS)	659	427
Travel time to work (ACS)	26.2 minutes	16.1 minutes
Living in same house 1 year ago (ACS)	90.0%	81.0%
Home ownership rate (ACS)	79.7%	55.6%
Rental rate (ACS)	20.3%	44.4%

SNAPSHOT OF STATUS OF YOUNG CHILDREN

READY SERVICES—EARLY CARE AND EDUCATION

CATEGORY	PITTSYLVANIA COUNTY	DANVILLE CITY
Availability of child care: Child care programs had the capacity to serve ____children for the entire district, including ages 0-12.	<ul style="list-style-type: none"> <input type="checkbox"/> 10 licensed child care centers, including 5 Head Start classrooms <input type="checkbox"/> 9 licensed Family Day Homes <input type="checkbox"/> 1 voluntarily registered Day Home <input type="checkbox"/> 3 religiously exempt centers 	<ul style="list-style-type: none"> <input type="checkbox"/> 28 licensed child care centers (including 12 Head Start classrooms) <input type="checkbox"/> 10 licensed Family Day Homes <input type="checkbox"/> 15 voluntarily registered Day Homes <input type="checkbox"/> 12 Religiously Exempt Centers <input type="checkbox"/> 11 VPI classrooms <input type="checkbox"/> 4 EC Special Ed classrooms
Parent report as to child care used (Local survey) <i>Note: Percentages greater than 100% due to reports from various age groupings</i>	<ul style="list-style-type: none"> <input type="checkbox"/> 40% of children under age one in FCC homes <input type="checkbox"/> 37% of children ages 1-2 in FCC homes <input type="checkbox"/> 40% of parents surveyed used family or friends for child care <input type="checkbox"/> 33% used a private child care center <input type="checkbox"/> 27% used Head Start or Public School pre-K 	
Parent report as to factors important in choosing child care (Local Survey)	<ul style="list-style-type: none"> <input type="checkbox"/> Quality <input type="checkbox"/> Cost <input type="checkbox"/> Location <input type="checkbox"/> Hours of operation <input type="checkbox"/> How children served do in school <input type="checkbox"/> Low teacher/child ratio <input type="checkbox"/> Recommendations from others 	
Young children enrolled in school (ACS)	<ul style="list-style-type: none"> <input type="checkbox"/> Preschool: 855 <input type="checkbox"/> Kindergarten: 1,137 	<ul style="list-style-type: none"> <input type="checkbox"/> Preschool: 767 <input type="checkbox"/> Kindergarten: 565
Children in public pre-kindergarten (local assessment)	(local assessment) <ul style="list-style-type: none"> <input type="checkbox"/> 2 Title 2 programs (30 students) <input type="checkbox"/> 9 VPI programs (146 students) <input type="checkbox"/> 8 EC Special Education programs (50 students) 	(2007 Kids County) 119
Weekly cost: of full-time child care (<i>Local survey; figures for both city and county</i>)	<ul style="list-style-type: none"> <input type="checkbox"/> 6 weeks to 2 years: \$90-125 per week <input type="checkbox"/> 2-3 years: \$80-\$115 per week <input type="checkbox"/> 3-5 years: \$80-\$105 per week 	

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Children receiving child care subsidy (Kids Count)	<input type="checkbox"/> 2004: 404 <input type="checkbox"/> 2005: 435 <input type="checkbox"/> 2006: 392 <input type="checkbox"/> 2007: 409 <input type="checkbox"/> 2008: 1,118	<input type="checkbox"/> 2004: 879 <input type="checkbox"/> 2005: 986 <input type="checkbox"/> 2006: 919 <input type="checkbox"/> 2007: 955 <input type="checkbox"/> 2008: 286
Education of Child Care Staff: <i>(correlates with child outcomes)</i> <i>Figures reported are for both Danville and Pittsylvania County and are drawn from local survey</i>	<input type="checkbox"/> 8 have employees with a Masters <input type="checkbox"/> 7 employees have a BA <input type="checkbox"/> 41 employees have an AAS <input type="checkbox"/> 16 have a certificate in Child Care <input type="checkbox"/> 14 employees have no training beyond HS	

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READY SCHOOLS

CATEGORY	AVAILABLE DATA FOR PITTSYLVANIA COUNTY	AVAILABLE DATA FOR DANVILLE CITY
Number of students ages 3-17 enrolled in school (ACS)	13,878 <input type="checkbox"/> 855 in nursery/preschool <input type="checkbox"/> 1,137 in kindergarten	10,559 <input type="checkbox"/> 7.3% in nursery school or preschool <input type="checkbox"/> 5.4% in kindergarten
4-year olds served in VPI (Kids Count)	<input type="checkbox"/> 2003: 43 <input type="checkbox"/> 2004: 42 <input type="checkbox"/> 2005: 80 <input type="checkbox"/> 2006: 96 <input type="checkbox"/> 2007: 112	<input type="checkbox"/> 2003: 42 <input type="checkbox"/> 2004: 41 <input type="checkbox"/> 2005: 99 <input type="checkbox"/> 2006: 105 <input type="checkbox"/> 2007: 119
Standards of Learning, 3 rd grade, 2008	<input type="checkbox"/> English: 83 % <input type="checkbox"/> Math: 88% <input type="checkbox"/> History: 93% <input type="checkbox"/> Science: 90% (2007)	<input type="checkbox"/> Reading: 74% <input type="checkbox"/> Math: 78% <input type="checkbox"/> History: 86% <input type="checkbox"/> Science: 80% (In 2007)
Retention Rate, K-3 (Kids Count)	<input type="checkbox"/> 2002: 5.9% <input type="checkbox"/> 2003: 3.2% <input type="checkbox"/> 2004: 4.7% <input type="checkbox"/> 2005: 3.5% <input type="checkbox"/> 2006: 4.0%	<input type="checkbox"/> 2002: 4.9% <input type="checkbox"/> 2003: 6.0% <input type="checkbox"/> 2004: 4.8% <input type="checkbox"/> 2005: 5.7% <input type="checkbox"/> 2006: 5.2%
K Readiness (% for whom PALS-K indicated need for additional intervention)	<input type="checkbox"/> 2004: 20.2% <input type="checkbox"/> 2005: 18.8% <input type="checkbox"/> 2006: 16.3% <input type="checkbox"/> 2007: 17.0% <input type="checkbox"/> 2008: 13.0%	<input type="checkbox"/> 2004: 25.5% <input type="checkbox"/> 2005: 26.9% <input type="checkbox"/> 2006: 30.9% <input type="checkbox"/> 2007: 30.0% <input type="checkbox"/> 2008: 31.0%
Dropout Rate (Kids Count)	6.2%	<input type="checkbox"/> 1997: 7.5%
Graduation/completion rate (Kids Count)	<input type="checkbox"/> 2003: 76.6% <input type="checkbox"/> 2004: 77.5%	<input type="checkbox"/> 2003: 71.8% <input type="checkbox"/> 2004: 65.1%
On time graduation rate (Kids Count)	<input type="checkbox"/> 2008: 82.0% <input type="checkbox"/> 2009: 83.5%	<input type="checkbox"/> 2008: 74.2% <input type="checkbox"/> 2009: 77.5%
Students receiving free/reduced lunch (Kids Count)	<input type="checkbox"/> 2004: 40% <input type="checkbox"/> 2005: 43% <input type="checkbox"/> 2006: 43% <input type="checkbox"/> 2007: 42%	<input type="checkbox"/> 2004: 62% <input type="checkbox"/> 2005: 63% <input type="checkbox"/> 2006: 67% <input type="checkbox"/> 2007: 68%

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	<input type="checkbox"/> 2008: 45%	<input type="checkbox"/> 2008: 69%
Students receiving special education (Kids Count)	<input type="checkbox"/> 2003: 14.0% <input type="checkbox"/> 2004: 14.2% <input type="checkbox"/> 2005: 14.3% <input type="checkbox"/> 2006: 14.5%	<input type="checkbox"/> 2003: 12.9% <input type="checkbox"/> 2004: 14.1% <input type="checkbox"/> 2005: 14.1% <input type="checkbox"/> 2006: 14.6%
Special education students under 6 (Kids Count)	<input type="checkbox"/> 2003: 1.4% <input type="checkbox"/> 2004: 1.9% <input type="checkbox"/> 2005: 2.5% <input type="checkbox"/> 2006: 2.4%	<input type="checkbox"/> 2003: 1.6% <input type="checkbox"/> 2004: 1.9% <input type="checkbox"/> 2005: 3.8% <input type="checkbox"/> 2006: 2.8%
Transition activities services provided to VPI families (<i>Local survey</i>)	<input type="checkbox"/> VPI classes housed in schools; transition activities are available.	<input type="checkbox"/> Meeting for parents with kindergarten teachers <input type="checkbox"/> Taking children in spring to visit school <input type="checkbox"/> K teachers visiting VPI classes <input type="checkbox"/> Invitation to special Thanksgiving program

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READY SERVICES—HEALTH

CATEGORY	AVAILABLE DATA FOR PITTSYLVANIA COUNTY	AVAILABLE DATA FOR DANVILLE CITY
Women receiving early prenatal care (Kids Count)	<input type="checkbox"/> 2003: 84.4% <input type="checkbox"/> 2004: 84.0% <input type="checkbox"/> 2005: 84.4% <input type="checkbox"/> 2006: 82.8% <input type="checkbox"/> 2007: 80.3%	<input type="checkbox"/> 2003: 61.7% <input type="checkbox"/> 2004: 67.3% <input type="checkbox"/> 2005: 75.3% <input type="checkbox"/> 2006: 70.3% <input type="checkbox"/> 2007: 68.6%
Early Intervention (<i>Local assessment</i>)	<input type="checkbox"/> 2.42% of infants and toddlers, birth to 3 in both city and county (<i>estimate of 13.4% need this service</i>) <input type="checkbox"/> 2.8% of children under six receiving special education <input type="checkbox"/> Need identified to increase # of children identified by 25% (55 additional children)	
Doctors available in the area (<i>Local assessment</i>)	<input type="checkbox"/> 6 pediatricians <input type="checkbox"/> 12 family physicians <input type="checkbox"/> 44% of physicians who took survey reported they use a standardized developmental screening instrument to identify delays <input type="checkbox"/> No pediatric dentists	
Children without health insurance in 2006(Kids Count)	16.2% (8,592 children)	11.2% (4,136 children)
Children served by WIC (Women, Infants and Children)	842 in Danville and Pittsylvania County in 2008 <input type="checkbox"/> 15% of children were overweight <input type="checkbox"/> 12% at risk for obesity	
Eligible children enrolled in public health insurance (Medicaid and SCHIP) (<i>Local assessment</i>)	<input type="checkbox"/> 1350 eligible, but not enrolled <input type="checkbox"/> Medicaid: <input type="checkbox"/> SCHIP <input type="checkbox"/> Remaining eligible not served:	<input type="checkbox"/> Medicaid: <input type="checkbox"/> SCHIP <input type="checkbox"/> Remaining eligible not served: 900 (local assessment)
Childhood obesity (local assessment)	<input type="checkbox"/> 33% of doctors surveyed identified obesity as a health concern for children 0-5 <input type="checkbox"/> 15% of WIC children were overweight; 12% more at risk	
Lead testing (% tested under age 6 – Kids Count)		<input type="checkbox"/> 2002: 6.3% <input type="checkbox"/> 2003: 10.2% <input type="checkbox"/> 2004: 22.6% <input type="checkbox"/> 2005: 22.3% <input type="checkbox"/> 2006: 26.2%

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Elevated lead levels under age 6 (% of those tested – Kids Count)		<ul style="list-style-type: none">❑ 2002: 6.7%❑ 2003: 4.8%❑ 2004: 4.6%❑ 2005: 1.5%❑ 2006: 2.4%
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SOURCES FOR ABOVE DATA

- ❑ US Census, 2000
- ❑ Kids Count (Annie E. Casey Foundation)
- ❑ Census, American Community Survey, 2005-2007
- ❑ Community and State Health Reports
- ❑ Resource and Referral Child Care Data
- ❑ National Accreditation data
- ❑ Local surveys of child care workforce
- ❑ Local and regional Head Start offices
- ❑ Child Care Subsidy records
- ❑ Child Development Centers
- ❑ Home visitation programs and other services to families