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EARLY CHILDHOOD ALLIANCE

**Uniting for young children.....the heart of our community
Framingham, MA**

Early Childhood Community Needs Assessment Summary Report

The Early Childhood Alliance of Framingham

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INTRODUCTION

This needs assessment was initiated by the Early Childhood Alliance of Framingham (ECAF) to understand more deeply the current needs of families with children under the age of six. ECAF is dedicated to promoting and supporting the healthy growth and development of young children, from birth to age 5, by strengthening families and advocating for high quality learning experiences.

What We Do:

- Resources and Services
- Professional Development for Early Childhood Educators
- Family Support and Education
- Kindergarten and Special Education Transition Activities
- Resource Center with Internet Access
- Community Advocacy Efforts
- Early Childhood Enrichment Activities
- Cross Community Partnerships

ASSESSMENT METHODS

With initial consultation from the existing Leadership Council and an early snapshot of the community (**Appendix A**), a small planning group developed the methods for gathering further information. The planning group included Anna Carollo Cross, Jane Cohen DeHaven, Joanne DeOliveira and Sharon Kerr; from Framingham Public Schools, with consultation from Dodi Swope; Independent Public Health Consultant. Methods included a parent survey, a community provider survey, community stakeholder interview questions, and a list of community stakeholders (Appendix B). For the complete slide show of the assessment results, please visit: http://www.framingham.k12.ma.us/ecaf_home.cfm

The Parent Survey

The Parent Survey was provided in English, Spanish and Portuguese and disseminated both online and in paper. The survey was sent to all early childhood programs and identified parent referral sources. Hard copies were made available to program sites such as the pediatric clinic of MWMC and community and faith based organizations. In total, 248 surveys were returned. For a sense of the coverage of the survey, there are approximately 7600 families with children under 18 in Framingham. This shows a return rate of 3.5% for all ages. We surmise a much higher rate considering the survey engaged only parents with children under six. Of the respondents:

- 27 identified as Single Parent Family, working
- 16 were Single Parent Family, unemployed
- 100 were Two Parent Family, both working
- 69 were Two Parent Family, at least one unemployed
- One identified as a Teen Parent
- 15 as Parent with Special Needs Child
- 2 as a Parent with Special Needs

When asked the primary language spoken at home, 175 said English, 51 Spanish and 35 Portuguese. The majority of families responding had one to two children, aged 3-5.

The Community Provider Survey

A Community Providers Survey was sent to a broad range of community providers and stakeholders and had a response rate very close to 100% with a total of 57 respondents. Of the respondents; 22 identified as Early Childhood Providers, 14 FPS providers, 7 town or government providers, 12 community providers, 5 medical providers, 7 advocacy organizations, 3 funding organizations, and 7 organizations self defined under the ‘other’ category.

Community Stakeholder Interviews

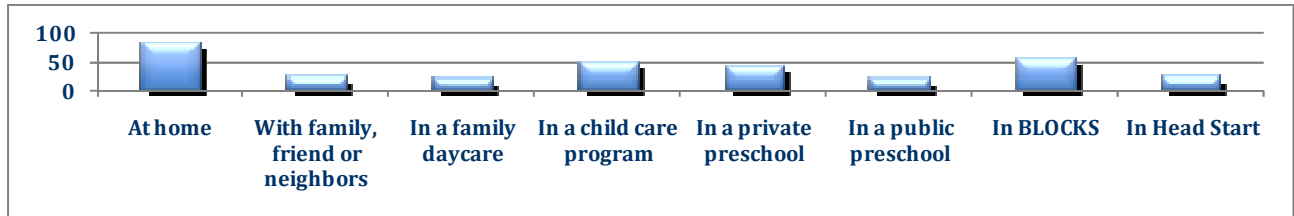
A comprehensive set of interviews, with representatives from Early Childhood Care and Education, Faith Communities, Health Care and Referral Resources all across Framingham were completed over the past three months. Seventeen Community Leaders were interviewed, including; 3 Child Care Providers, 1 Early Intervention Director, 2 Social Workers (BLOCKS/Potter Road School Brazilian), 1 community based Mental Health Counselor, 1 Pediatrician, 1 FCHC Case Manager, MWMC Community Benefits Director, 2 Faith Community Leaders, 1 low cost Housing Coordinator, and 4 community referral specialists. For a complete list of interviewees, see **Appendix B**.

RESULTS

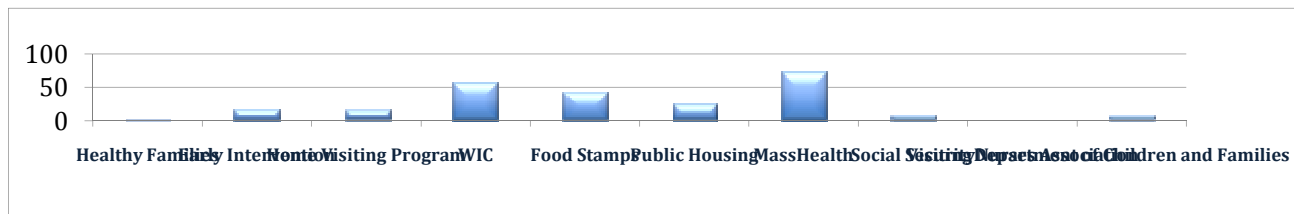
Parent Survey Results

The following charts and descriptions give a brief summary of the information collected.

Where are your children during the day?



What services are you receiving?



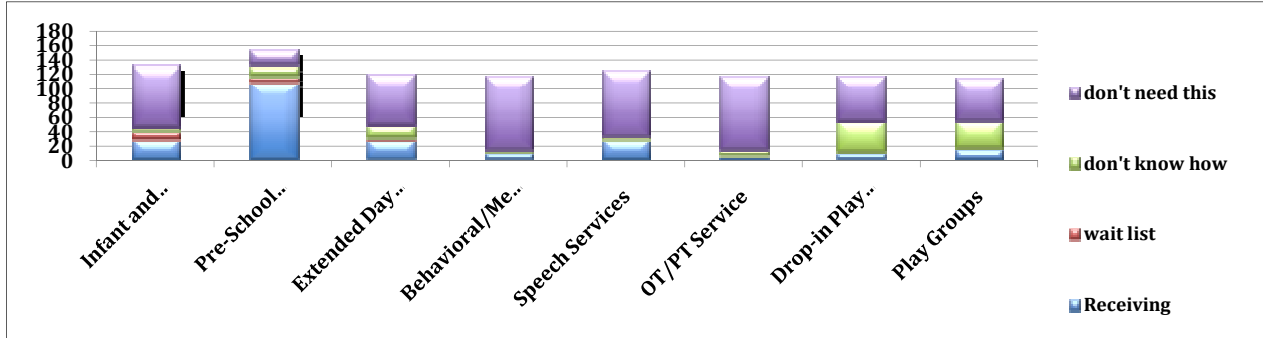
Need for Playgroups, Informal Play Spaces



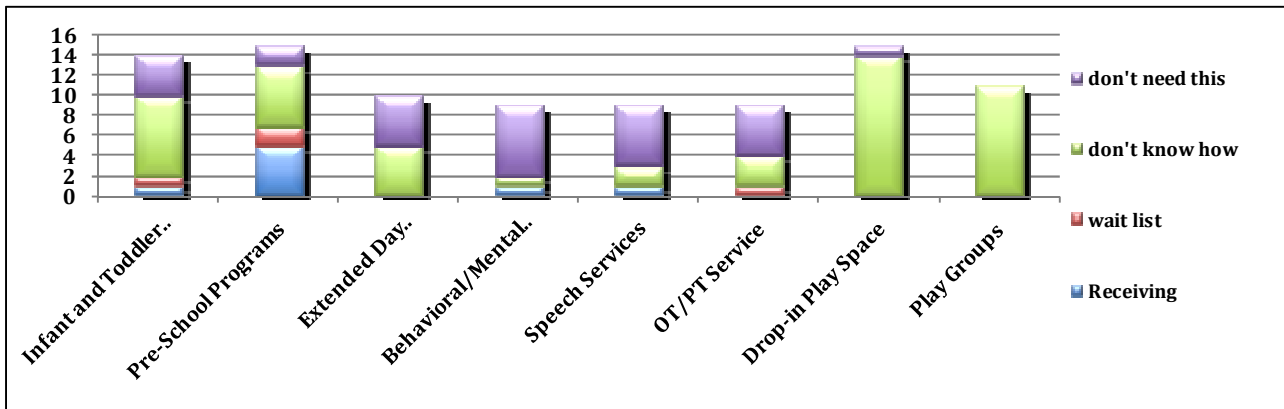
Comparing Cultural Accessibility to Referral and Resource Information:

One of the more striking results from the survey was the disparity across English, Portuguese and Spanish Parent Surveys in knowledge about how to access services. In the charts below, note the bright green areas representing the “don’t know how to access” responses. These represent a clear need to assure referral and resource information are available in Portuguese and Spanish languages.

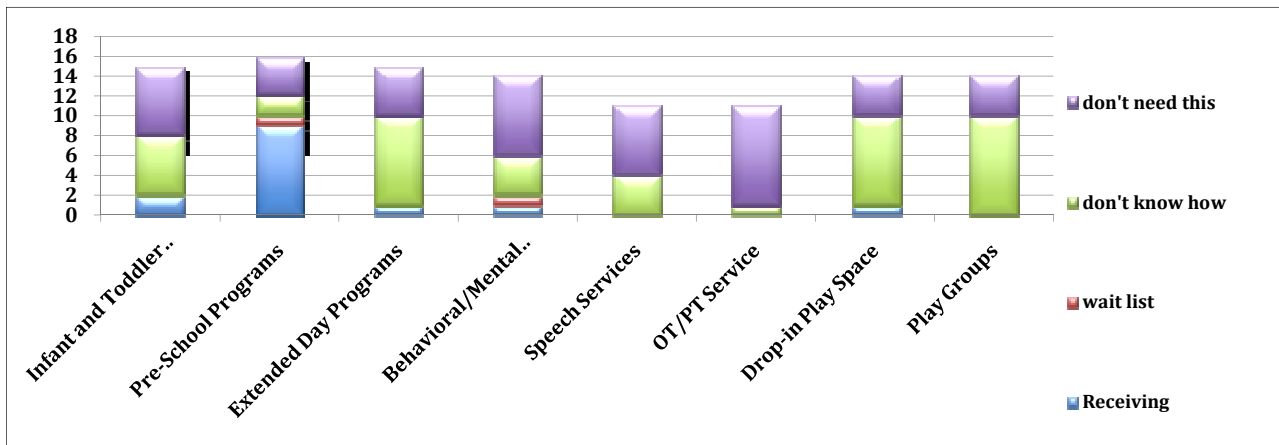
English Survey



Portuguese Survey



Spanish Survey



Parents were asked to respond to a series of open ended questions. Their responses are summarized here:

What would improve your quality of life?

105 parents responded to this write in question.

- 53 responded increased available free or affordable informal places to take children under six for social, educational and recreational activities
- 33 responded access to quality affordable child care; including pre-school education, extended day care and after school programs
- Time and money also figured prominently in comments; more time to spend as a family and more financial resources to support quality family life.

What should the Early Childhood Alliance of Framingham focus on?

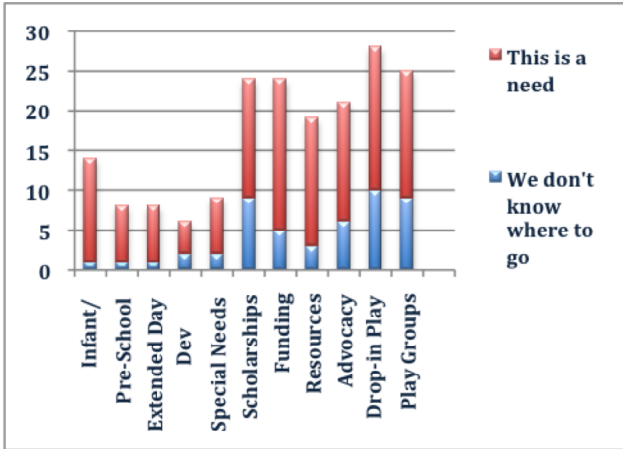
76 parents responded to this write in question.

- 29 parents said more free informal and affordable community recreation for their families with young children
- 17 parents identified the need for quality affordable child care and early childhood education
- 15 parents identified community safety concerns, especially in shared community spaces such as parks
- 14 combined responses identified basic needs such as housing, transportation, employment and food and nutrition support
- 8 expressed concerns about the quality of education
- 7 identified parent education as a needed area of focus
- 7 said knowledge of and coordination of services
- Additional concerns included access to mental health services, particularly bi-lingual psychiatrists. Transportation, family support and SPED support, as well as continuing training and support for providers were also mentioned in the responses.

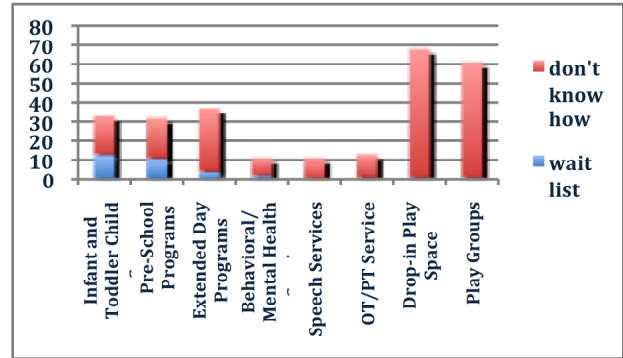
Comparing Needs; Providers and Parents Combined Survey Results

EARLY CHILDHOOD SERVICES

Providers



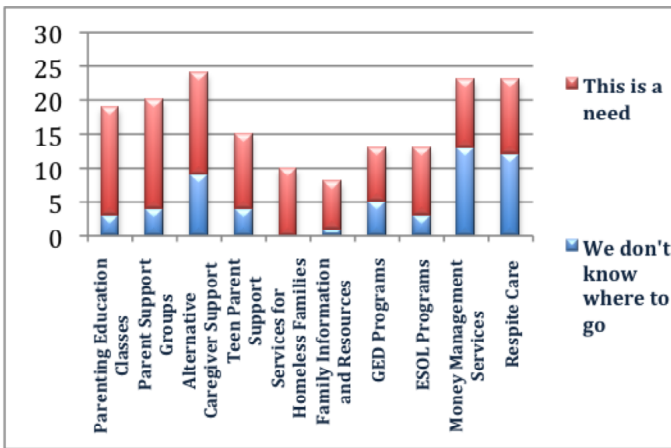
Parents



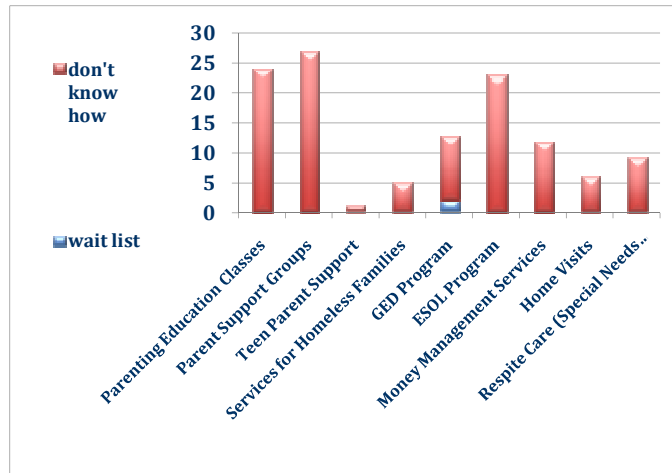
Both providers and parents identified some of the same gaps in Early Childhood Services, particularly informal play spaces and play groups. Both groups also identified the need for more availability of early childhood programs; childcare, pre-school and extended day programs. Providers also identified a need for more professional development opportunities.

FAMILY SUPPORT

Providers



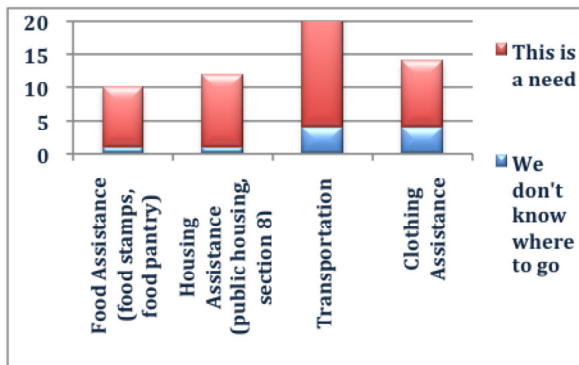
Parents



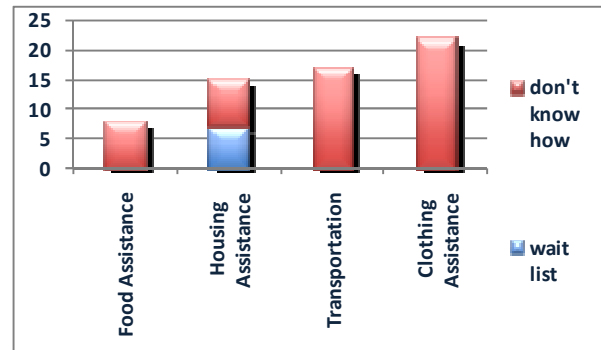
Both parents and providers identify the need for greater access to parent education and support. ESOL classes and GED programs were also identified as needs that would help to support parents.

BASIC NEEDS

Providers



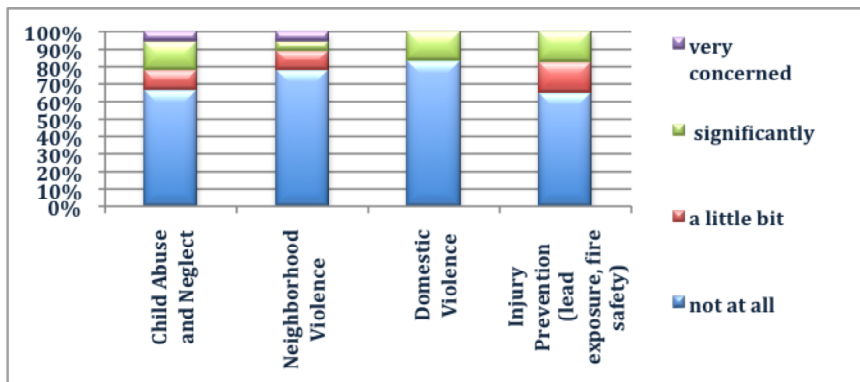
Parents



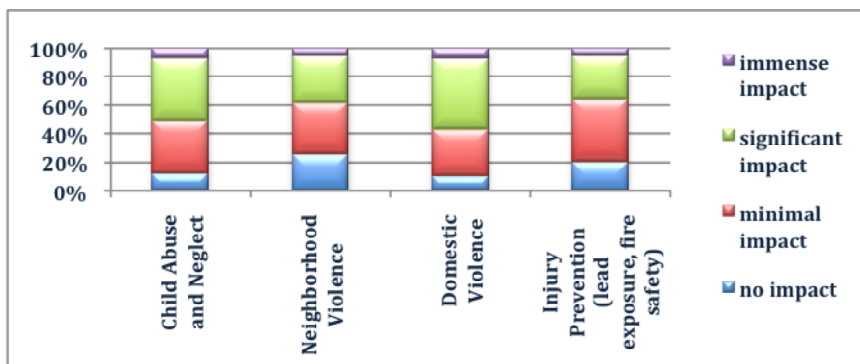
Both groups identified transportation, food, housing and clothing assistance, as areas of need. Clothing assistance was the primary need identified by parents. Providers identified transportation as the greatest need for the families they serve.

PERCEPTIONS OF SAFETY

In the following two charts comparing parent perceptions of safety issues with provider perceptions, there are some interesting differences between how parents and providers view the safety of environments for children under six. Parents in general reported little concern with the identified categories, but rated child abuse and injury prevention with the greatest amount of concern, followed by domestic violence. Providers on the other hand, reported greater concern in all the categories, with domestic violence the category of greatest concern.



Parents: How concerned are you about the following issues?



Providers: How much do the following impact the families you serve?

Community Provider Survey Results

Community providers identified an overall lack of sufficient resources to meet the needs they see in the community, with most reporting having a waitlist for services, needing to refer out when their services are at full capacity and trying to keep ahead of 6 to 10 requests for services each week.

Community Providers offered the following as the top three areas the ECAF should focus on:

1. Increasing availability of affordable quality childcare was mentioned 17 times; with two specifying bilingual services
2. Resource Coordination; one place to go to network for all services families need was mentioned 10 times
3. Financial assistance for families, parent education and community playgroups and informal play spaces followed

Community Stakeholder Interviews

During the assessment period, Jane DeHaven and Dodi Swope completed 17 community stakeholder interviews. For a full list of who was interviewed, see **Appendix B**. A few groups we hoped to reach but did not have the opportunity to interview during this time were, the Teen Parents Group at Framingham High School, the town ESL provider, and a representative from the Department of Children and Families (DCF). The interview responses are summarized here.

What's working in our community to meet the needs of families with children under six?

“When families are able to make a good connection, it works” ~Local Health Care Provider

Framingham has a strong history of collaboration between providers, built on many long term relationships between consistent staff at various programs. Early Childhood professionals in the community have a real commitment to working together to solve common problems, particularly when it comes to helping each other connect to needed resources. Providers reported that the health care environment is improving with the advent of health reform in the state, and cited MassHealth and Child Safety Net as providing increased access to primary care as well as better communication between pediatricians and providers. A few programs were highlighted as being real community assets including; the BU Dental Program, the Child Mental Health Access Program, and the Kids Care Connection. These programs provided increased access and links to health resources and were identified as very valuable. The Early Intervention Transitional Planning Conference model, though very new, shows promise for assisting in the transition from EI to early childhood programming, and is having a positive impact on the participating families. Time and provider availability are issues. Finding time for all transition providers to visit the family together is an ongoing challenge. Ideally, this conference happens in the family home, but that is not always possible. While many providers said the communication between pediatricians and providers is improving, this is inconsistent. It appears to happen more within public clinics, but not so consistently with private providers.

What are the challenges you face in your role as a service provider?

“We are all building our own paths” ~Early Childhood Social Worker

The most frequent answer, by far, was the challenge of finding affordable quality child care and early childhood education for the families they serve. Many noted that families are increasingly stressed, have real time challenges, and limited resources. Several providers noted that many of the families aren't eligible for reduced cost early childhood services, but right on the edge in terms of financial need. This produces a gap for families who simply don't have the financial resources to afford structured child care, leaving them to search for less formal and often less consistent solutions, such as family, friends and neighbors.

Many providers also noted a lack of parent understanding of early childhood development; leading to unrealistic expectations and increased parental stress. Other challenges mentioned were, the difficulty of working with isolated families; often due to work requirements, culture and language and a lack of basic needs; including transportation, food and nutrition. One provider asked; “how do we make the system work for *all* our families?”

Providers reported an increase in the need to understand mental health issues in young children and the lack of immediate access to mental health providers that have this expertise. Those programs that have participated in the Child Mental Health Access Program point to its efficacy, and worry what will happen when funding ends. Continued access to mental health consultation is highly recommended by these programs. Continued professional development opportunities that bring together early childhood educators and clinicians are recommended as a way to sustain gains made by the programs.

Overall, providers reported challenges in connecting the pieces of the system together, managing transitions and referrals, and the need for one centralized resource and referral network to avoid duplication of effort. In concert with the parents; providers also noted the community need for greater access to free or low cost community based playgroups and play spaces for the families they serve.

What are the barriers to engagement for the families you see?

“Well, you can't blame the parents; they need food, a home and safety before they can think about other things, like getting their young child ready for school in the next two years.”

~ K-2 Social Worker

Affordability of Early Childhood Services was the most prevalent barrier mentioned, with lack of enough tuition support/vouchers available, as the largest contributing factor. Several providers also noted that many families still don't know how to access needed services, due to too many complex doors to navigate. Many also noted that more and more families are on the financial edge due to the economic down turn. This was evident in more mobility, as families moved to find affordable housing, as well as, an increase in parents' priorities in meeting basic family needs, such as food and shelter.

Providers also reported that many families lack trust in the system, or perceive stigma in accessing services. For families with undocumented status; legal concerns, feeling judged, and system stereotypes were noted, as barriers to engagement. Many providers, identifying a need for deeper cultural competence and cultural responsiveness in parent and early childhood programming, described a lack of minority representation in existing programs and concurrent lack of understanding of minority cultures. One parent expressed this very well; “I want to send my child to a school where the other students and staff look like me, and where our family values are understood.”

What assets and resources do you engage in your work?

The biggest issue, for providers, is that resources tend to be spread out across the community and it’s hard to keep an up-to-date network for referral and resource. On the positive side, the Boys and Girls Club, for children over 6, was noted as a great affordable community resource and again, the BU Dental Program and the Child Mental Health Access Program were reported as community assets. Medical provider interviewees noted that the Shaken Baby Syndrome outreach is really working, and has made a real difference in the number of cases of shaken baby. All the safety net programs, including CHIP, MassHealth, WIC, and Head Start, were identified as being key resources to underserved families. The Framingham Community Health Center is seen as a great resource and collaborator among many providers, who noted their expertise in understanding early childhood mental health and behavioral issues. Several outreach and resource connection initiatives were also noted, including; Latino Health Outreach, Legal Assistance, Kids Care Connection, and Voices against Violence. Providers noted that they sometimes referred families to the area’s free Medical Clinics, while the families they served were waiting for enrollment in primary health care, and felt these clinics met an important need. While lack of free and affordable play groups was often mentioned, a few pockets were noted among the assets; Title 1 playgroup at Juniper Hill, Mom’s and More, Jewish Family Services of Metrowest, and Bethany Hill. However, many of these groups have limited accessibility.

Where else in the community do you connect to network with other providers?

Providers mentioned the following coalitions and groups as places to network with other providers:

- Teen Pregnancy Coalition
- Stand for Children
- MWMC Children’s Health Fair
- Advisory Councils for Head Start
- Families First-Bethany Hill
- Child Access Project
- FPS Meetings with Psychologists, Guidance Counselors and Nurses
- Mental Health Substance Abuse Disparities Project (MCHCF)
- Early Childhood Director’s Meetings
- Faith Community Leaders Summit

Framingham Community Partners Meetings were not mentioned in interviews but was noted by the planning group as another key place where people network.

If you could change one thing in providing for families with children under six, what would it be?

“It shouldn’t be so hard” ~ Early Childhood Provider

The most commonly heard response to this question was the entreaty to **“fix the broken voucher system!”** While a core issue is the need for more vouchers, there is also a strong need to manage the existing program more effectively.

Additional responses to this question were:

- An overall consensus that we should be working towards better coordination between programs
- A desire for one central place to connect people to services
- Pooling resources and knowledge across programs to ensure the highest priority families have access to the services they need
- Pooling local professional development for early childhood programs to ensure consistent quality across programs, reduce the burden on each center and share resources
- In order to sustain progress made in responding to the mental health needs of young families, integration of behavioral health services into natural environments wherever possible

At the community level, suggestions were also made to strengthen legislative advocacy efforts by clearly expressing, to elected officials, the value of quality early childhood programs. Stakeholders expressed the desire for a simplified referral system, the development of a local connector, or one common door, to reduce barriers for families seeking assistance. It was noted that across the community, there is a need for increased partnership development, particularly across programs bridging transitions for families. At the same time, advocacy focused on demonstrating how greater coordination reduces the cost burden over time by averting need for more costly crisis intervention by provider agencies, was also recommended.

PRELIMINARY RECOMMENDATIONS

As a result of this comprehensive assessment of early childhood needs in Framingham gathered from surveys and interviews, the following preliminary recommendations are offered:

- ***Build on Informal Supports:***
 - Pool Child Care Scholarships
 - Map the available community play spaces to increase options and build on existing resources
- ***Help Families Navigate:***
 - Engage elderly and other community volunteers to help research resources
 - Pool resource guides, have one family friendly, updated, easily accessible on-line guide

- **Assist in Managing Transitions:**
 - Build bridges of support across transitions, from home to program, Pediatrician to provider, EI to pre-school, from pre-school to Kindergarten
 - Use informal support networks, build parent to parent empowerment network
 - Work through culturally responsive brokers to build connections and outreach to isolated, underserved families
- **Share Professional Development Resources:**
 - Coordinate calendar of trainings across all providers and allow for cross training among staff
 - Reach out to informal providers

LEADERSHIP COUNCIL DEVELOPMENT

Over the past year, we have brought together existing and new potential members of the Leadership Council to support our ongoing development. In our Kick-Off meeting, on October 29, 2009, ECAF members reviewed preliminary Framingham Early Childhood data (see **Appendix A**) and provided input on the development of our early childhood needs assessment process.

On March 18, 2010, the preliminary results were shared with the Leadership Council and community stakeholders. Following a review of the findings, the group was asked: **“What are some practical, short term solutions, activities or initiatives the Early Childhood Alliance could engage in to address the issues raised in the Needs Assessment?”** The group responses to this process can be found in **Appendix C**. This initial planning will inform the continued development of the Leadership Council and assist in the development strategies designed to improve services to families with children under six. Next steps identified at this meeting were:

- Re-application to EEC for continued CFCE Funding
- Continued development of an active engaged Leadership Council
- Supporting the development of a centrally located site to coordinate resources and referrals for the Framingham community
- Continue advocacy efforts to increase affordable quality child care/early childhood education

A follow up meeting for the Leadership Council was held on April 28, 2010 to develop the best structure and membership to move the Alliance forward. The proposed structure is represented graphically in **Appendix D**. Next steps identified were; outreach to engage new council members, updating council by-laws to reflect new structure and continued strategic planning to improve early childhood services for families of young children in Framingham.

CONCLUSION

Framingham has the resources to improve services to families of young children. Among the assets we bring to bear on the issues presented in this report, are a broad group of committed providers and educators and community leaders who care about the challenges facing young families in Framingham. Their willingness to work toward continued improvement was evident throughout this past year's needs assessment process. We are deeply grateful for the time, contributions and cooperation of all those we engaged in the process. Identifying the gaps and needs has been an important first step, but is only the beginning of the work we have to do together. We look forward to the continued growth and development of the Early Childhood Alliance of Framingham, and hope you will join our ongoing efforts.

For more information about the Early Childhood Alliance of Framingham, please contact us:

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Appendices

Appendix A: Early Childhood Snapshot

October 29, 2009

Overview

In order to begin our work under the Coordinated Family and Community Engagement (CFCE) grant, we provide this initial snapshot of some of the trends and data affecting our system of early childhood care here in Framingham, the region, the state and nation. As CFCE grantees, we are charged with the following aims:

- To build on a local infrastructure of supports and services to ensure that all families with young children, especially those with the greatest educational need and experiencing multiple risk factors, have access to the resources they need to support optimal development of their children.
- To identify resources and supports available in the community to support promotion of children's health, social and emotional well being, family self-sufficiency and economic stability, education, and assistance with meeting basic needs.
- To coordinate locally available resources to provide comprehensive services at early education and care programs.

Our initial step in achieving the above involves engaging in a needs and assets assessment of our community and identifying gaps, redundancies and efficiencies. In order to begin the process; we offer the following information:

National Trends

In the **National Early Childhood Longitudinal Study**¹, the following trends were identified nationally. The percentage of pre-primary children ages 3–5 who attended center-based programs (Center-based early childhood care and education programs include day care centers, Head Start programs, preschool, nursery school, pre-kindergarten, and other early childhood programs) increased from 53 percent in 1991 to 60 percent in 1999, before decreasing to 57 percent in 2005. Some groups of young children had higher rates of participation in center-based programs than others during this period. For example, in each of the years observed, a greater percentage of non-poor children ages 3–5 participated in center-based programs than did poor children. The difference in rates of participation between children from poor and non-poor families was 13 percentage points in 2005 (47 vs. 60 percent). In addition, for all years observed, a greater percentage of Black and White children than Hispanic children participated in center-based programs. In 2005, some 66 percent of Black children and 59 percent of White children participated in such programs, compared with 43 percent of Hispanic children. White and Hispanic non-poor children were more likely than their poor peers to participate in center-based programs in 2005, while no measurable difference was found between poor and non-poor Black children. For all years observed, a greater percentage of children whose mothers had a bachelor's or higher degree participated in center-based programs than did children whose mothers had some college, a high school diploma, or less than a high school diploma.

¹ <http://nces.ed.gov/fastfacts/display.asp?id=78>, accessed 10/22/09

In Massachusetts, Some Concerning State Trends

National Center for Children in Poverty provides some key findings on the demographics of young poor children in the state; identifying 17% at less than 100% of the Federal Poverty Level. Of these; 52% have at least one parent unemployed, 32% have at least one parent working part time. 39% have parents with a high school degree but no college, and 74% come from a single parent family. 47% of young Hispanic children live in poor families. The problem of stable housing is also seen as disproportionate in poor families, with 26% moving in the last year, and only 23% in owner occupied housing.²

Child Abuse Crisis in MA: **Children's Trust Fund** reports MA has the highest rate of confirmed cases of child abuse in the country; the rate here is twice that of the national average and increasing.³

The Metrowest Region

From the **MW Community Health Care Foundation's Health Data Book and Atlas, 2005**, the following information describes relevant birth and prenatal care data on who is entering early childhood in our region;

While MW is less ethnically diverse than the state, we are becoming increasingly diverse, particularly in Latino and Brazilian population growth. Health disparities regarding the Hispanic/Latino population are noted in higher teen birth rates and less prenatal care. It appears that African American women in MW also receive less prenatal care than their White counterparts. A need for more finely tuned race, ethnicity and ancestry categories is called for in the report, to assist in a better understanding of the causes of these disparities.

A Closer Look; Community Profile of Framingham

According to the 2000 Census, the population of the town is 66,910⁴. Demographic breakdown shows; 79% are white, 5% African American, 5% Asian and 11% Hispanic. A growing Brazilian population may not be accurately captured here due to the lack of appropriate categories and the age of the census data. Of the whole population, 6.5% or 4,324 are under the age of five. Families with children under 18 years make up 29% of the population. There are 1,505 families with children under 18, with a single female head of household representing almost 6% of the town's households.

Framingham has a higher median income than the state (\$54,288 vs. \$50,502⁵), but still contains many families living in poverty. As reported in the 2000 Census, 13% of families with young children aged 0-5yrs. were living in poverty (higher than the state's 12% in 2000). At the same time, Framingham had a lower number of families receiving food stamps than the state (12% vs. 17%).

² National Center for Children and Poverty, Demographics of young poor children in MA 2009

³ <http://www.mctf.org/sp.aspx?id=86>, accessed 10/21/09

⁴ Town Community Profile using census data 2000

⁵ From EEC Community Profile

Framingham Public Schools District Data⁶:

For students enrolled in the Framingham Public Schools, 34% report their first language is not English compared to 15% across the state. 14% have limited English proficiency, compared to the state's 6%. While less are low income, 27% vs. 31% statewide, we do have a higher rate of students receiving reduced lunches in school (8% vs. 6%). Our special needs population is higher than the state as well: 21% vs. 17%

Languages Spoken at Home in Framingham⁷

Scale: 0 - 79,861

Speak only English at Home	5,905	■
Speak Spanish at Home	1,103	■
Speak other Indo-European Language at Home	1,304	■
Speak Asian/Pacific Islander Language at Home	243	
Speak Other Language at Home	118	

Birth Stats⁸:

Of 1,017 births reported in Framingham in 2007; 64% were White, non-Hispanic, 8% Black non-Hispanic, 16% Hispanic, and 10% Asian (only Hispanic and Asian are higher than the State). Framingham rates for Adequate Prenatal Care (across all race categories) are higher than the state's. Use of publicly financed pre-natal care in Framingham is higher than the state rate at 42% vs. 37%.

Teen births represent 42 of the total number of births in 2007. 20 were births to Hispanic mothers, 17 to White non-Hispanic mothers and 5 to Black non-Hispanic mothers, with similarly higher prenatal care rates as all Framingham mothers. Our Teen Mothers have less education than their counterparts in the state; with 28% vs. 22% having less than a high school education. Framingham has higher rates, than the state, in mothers who are not US born as well. White non-Hispanic are 39% vs. the state rate of 12%, Black non-Hispanic at a rate of 66% vs. the state's 49% and Hispanic at 60% vs. the state's 49%. Asian foreign-born mothers in Framingham are also very slightly higher at 89% vs. 88%.⁹

⁶ Framingham District Profile

⁷ <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MA&ind=4280&dtm=9395>, accessed 10/20/09.

⁸ MASSCHIP Framingham Health Status Indicators accessed 10/19/09

⁹ Ibid

Resources and Needs for Families with Children 0-5:

Early Education and Care Resources ¹⁰; EEC licensed programs and capacity

Type	# of Programs	Capacity
Center based preschool	23	1227
Center based infant toddler	17	507
Family Child Care	87	571
PS preschool	1	257
Total	139 (22 accredited)	3328

EEC Funded Programs

Type	# of funded programs	Funded Children	EEC Waitlisted
Center based preschool	5	125	143
Center based infant toddler	5	49	139
Family Child Care	16	48	
School Aged	10	276	53
Exempt	2	5	5
Total	38	503	340

¹⁰ From EEC Community Profile

Needs Assessment - Data from EECMIS Wait List 10-13-2009

Child Priority Status	All Ages from 0 to 6 years		Infant- Toddler- Age 0 to 2.9 years		Preschool - Age 2.10 to 6 years	
	# of Families	# of Children	# of Families	# of Children	# of Families	# of Children
General	267	321	121	130	177	191
Teen Parent	1	1	1	Under 1	0	0
Child w/ Special Needs	9	13	5	8	5	5
Parent w/ Special Needs	6	9	2	3	5	6
Grandparent/Guardian	4	4	0	0	4	4
Homeless	0	0	0	0	0	0
Military	0	0	0	0	0	0
Foster Care	0	0	0	0	0	0
By Zip Code						
01701	56	73	26	30	37	42
01702	211	248	95	100	137	145
Language						
English	99	---	48	---	51	---
Portuguese	90	---	30	---	60	---
Spanish	66	---	29	---	37	---
French	3	---	1	---	2	---
Chinese	1	---	1	---	0	---
Other	3	---	0	---	3	---
Unknown	32	---	0	---	32	---

Workforce Capacity Training Needs

The field of early childhood care and education continues to grow and evolve and requirements for child care professionals continue to increase. In 2013, Bachelor's level degrees will be mandated for child care providers. Providing an informal sample, a recent survey of ten local providers found the following professional credentials:

- Out of 150 staff in 10 programs in Framingham, 29 have ECE degrees, 55 have college degrees and 22 have CDAs. Of the rest, 14 have associates degrees, and 35 have HS degrees. 3 are in the process of getting certified, 21 are seeking degrees (including 3 CDA's), and 11 are seeking college course work.

We can clearly see the emerging need for greater professional development opportunities, most importantly, ECE degree programs. Attendant to this degree mandate are increased regulations stressing implementation of best practice standards, formalized assessment and curriculum and increased documentation requirements, pointing to a need for increased peer support, supervision and time for quality program planning.

Appendix B: Community Stakeholder Interviews

Jerry M Wortzman, M.D.
MWMC, Pedi Clinic

Beth Donnelly
MWMC Community Benefits

Reverend Anthony Lloyd
Greater Framingham Community Church

Heidi Kaufman
MW YMCA

Lesley Kinney
Suburban Child

Kelly Short
Criterion Child

Karin Agte
Brazilian Social Worker
Framingham Public Schools
Potter Road School

Donna Jaworek
Children's Creative Learning Center (TJX)

Beverly Peacock-Barge
BLOCKs Social Worker

Sarah Trongone
Advocates Inc

Maria Nascimento
Framingham Community Health Center

Sister Denise Kelly
Bethany Hill

Cris Sciaba
Kids Care Connection

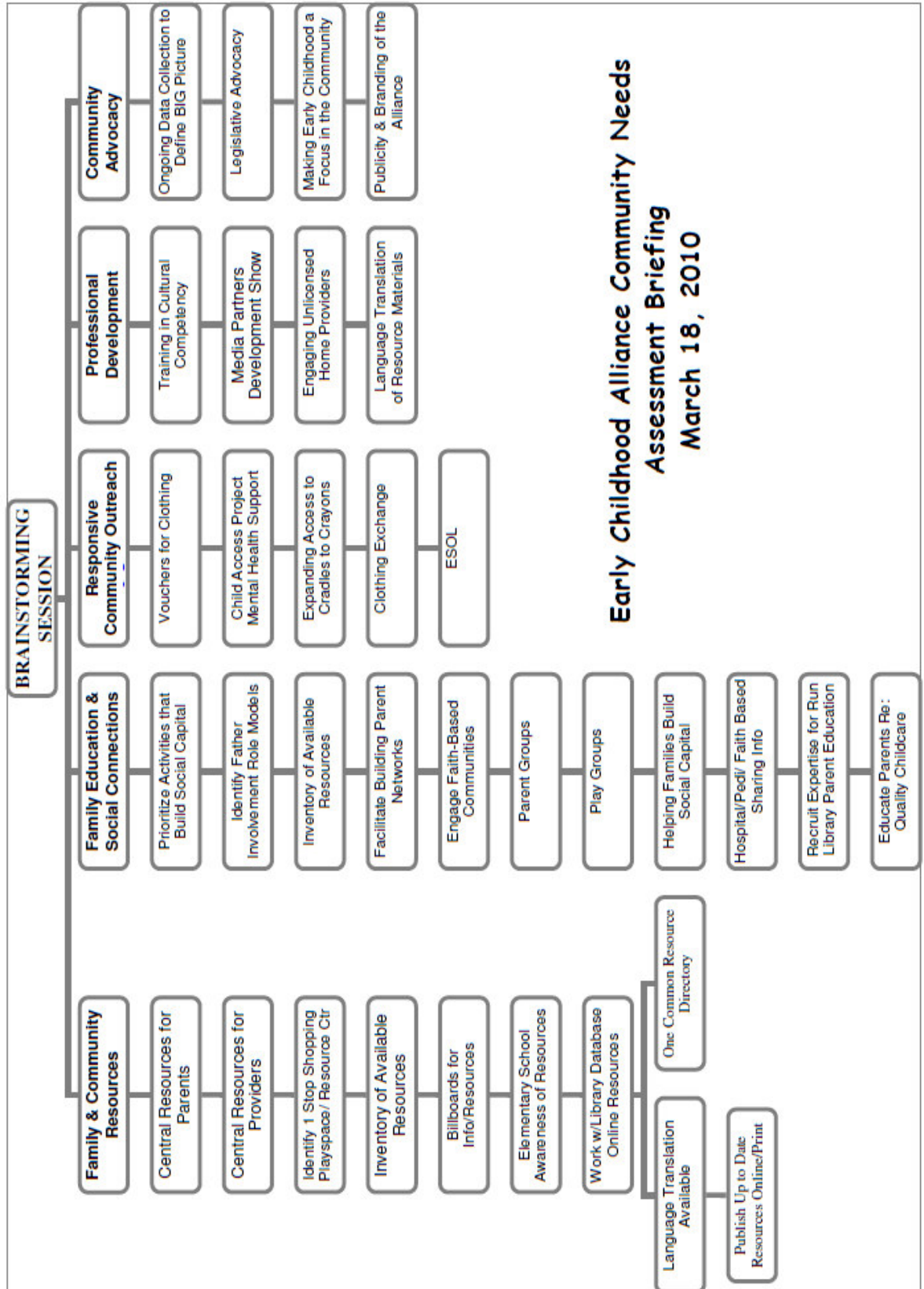
Alexis Silver
Human Services Coordinator
Town of Framingham

Lucy Loveridge
Children's Librarian
Framingham Public Library

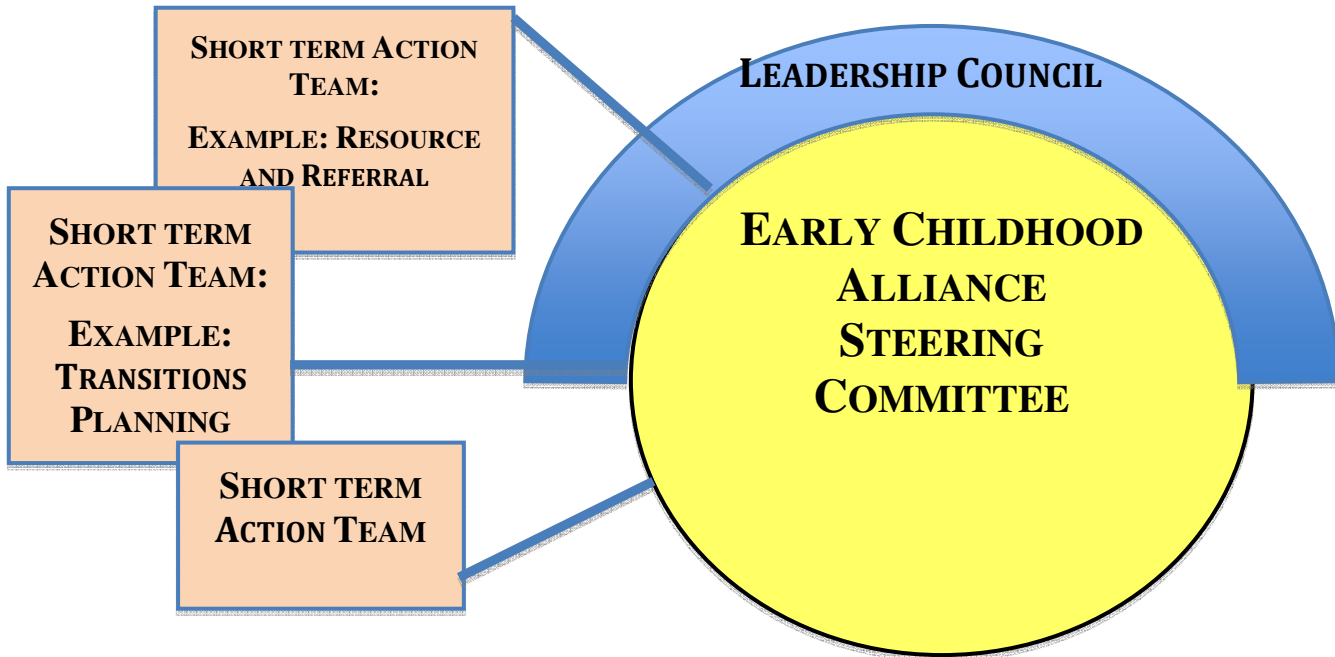
Reverend Elias Monteiro
Community Christian Church

United Way of Tri County
211

Appendix C: Needs Assessment Brainstorming Matrix



Appendix D: Proposed Structure for Early Childhood Alliance of Framingham Leadership Council



LEADERSHIP COUNCIL

- Meets 2x a year
- Work on Policy and Systems Levels
- Have the power to get things done
- Community Leaders and Decision Makers

STEERING COMMITTEE

- Meets at least 4x a year
- Bridge to local organizations and programs
- Lead Action Teams and Mobilize Support

SHORT TERM ACTION TEAMS

- Meets as often and as long as needed
- Have hands on expertise, understand the problem on the ground level
- Have the ability to give time for short term work to get a task done