



# Bright Steps

## Action Plan

Taking Action for High-Quality  
Early Care and Education  
for All Children  
in Knoxville-Knox County

## FORWARD TO KNOXVILLE-KNOX COUNTY

### **To the People of Knoxville-Knox County,**

We have a lot to celebrate in our collective communities across Knox County and there has never been a more urgent opportunity to catalyze the growth, innovation, and resources of Knoxville-Knox County into building the strongest foundations possible for our youngest citizens!

United Way of Greater Knoxville (UWGK) is excited to share Knoxville-Knox County's first ever Early Care and Education (ECE) action plan. This plan was developed over several months in partnership with hundreds of individuals across the ECE System and, of course, parents and caregivers of young children birth through age 8. We additionally utilized local, state, and national research to inform our planning. The recommendations put forth were developed collaboratively with an intentional focus on equity, preventing and mitigating the impact of adverse childhood experiences (ACES), and on reasonable, measurable outcomes.

UWGK recognizes that to achieve real, long-term success for children and the families and communities that care for them, that we must consider and engage the systems at play—particularly if we want to address disparities of access to critical resources based on household income, race, or unique characteristics of the individual. The Bright Steps collective impact process, supported by TQEE and the Bright Start TN Network, has helped our team determine key strategies informed by the community that aligns our ECE system toward goals that will help young children in Knoxville-Knox County thrive academically, mentally, socially, physically, and in life.

We are committed to the effective implementation planning and execution of the recommendations advanced in this action plan and to the ongoing assessment of its impact across our communities.

Nelson Mandela said, “There can be no keener revelation of a society’s soul than the way in which it treats its children.” Thank you for joining us in to in taking bright steps forward for every child in Knoxville-Knox County.

Sincerely,

**United Way of Greater Knoxville and the Bright Steps Advisory Committee**

*In consultation with the Bright Steps steering committee and powered by Tennesseans for Quality Early Education and the Bright Start Network, this plan was written by Ellie Kittrell, Director of Early Care and Education for United Way of Greater Knoxville.*

*Kittrell, E. (2023 February). Bright Steps Early Care and Education Action Plan. United Way of Greater Knoxville.*

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There is an urgent need for high-quality early care and education in Knoxville-Knox County. Access to affordable, accomplished learning environments contributes to the social, emotional, and cognitive growth of children during the most formative time for brain development. Additionally, this allows parents and caregivers to stay in the workforce, which empowers them and helps businesses thrive.

We express our support for the recommendations set forth in the Bright Steps Action Plan and recognize the importance of investing in a high-quality continuum of early care and education for the success of our children and the future of our community. Children who participate are more likely to become productive and engaged residents, contributing to our economy and social fabric.

We believe that every child deserves access to such care and education regardless of their family's income or background, and we are committed to working with our community partners to make this happen.

We are proud of the efforts already underway in our community to support children and families, and we look forward to continuing to work together to ensure that every child in Knoxville and Knox County has the opportunity to thrive academically, mentally, socially, physically, and in life.

Sincerely,



Glenn Jacobs  
Mayor of Knox County



Indya Kincannon  
Mayor of Knoxville



I want to commend the Bright Steps Advisory Committee for their commitment to the children of Knox County and for their service to this community-wide planning process. The United Way of Greater Knoxville has been a longstanding advocate for education, and this work is yet another testament to UWGK's mission to improve the lives of children and families throughout Knox County.

It is the responsibility of Knox County Schools to prepare every student for a bright future in a high-wage, high-demand career of their choosing, but academic success begins long before kindergarten. By engaging children and families before they enter the classroom, we can go a long way toward equipping students for success throughout their academic career and beyond.

This plan will undoubtedly make a difference in the lives of children across Knox County and will lay the foundation for a thriving community for us all. I look forward to seeing the impact of this work for years to come!

Sincerely,

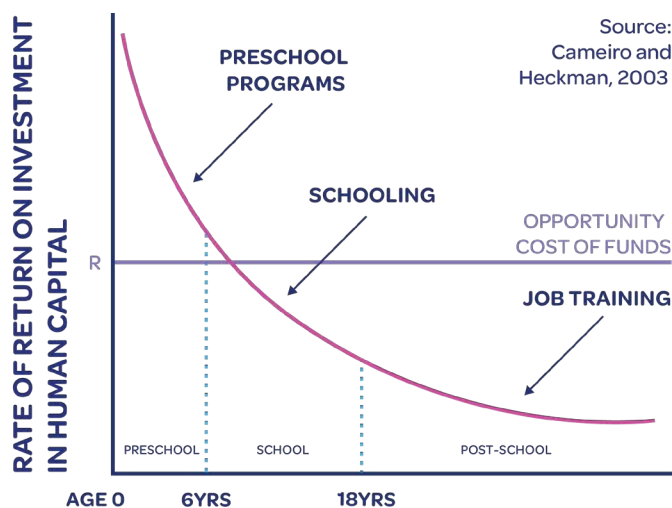


Dr. Jon Rysewyk  
Superintendent  
Knox County Schools

# Why Does Early Childhood Matter?

Children are born with great potential for development and learning and positive early childhood experiences make a difference.

While our K-12 learning environments are critical to a child's lifelong learning and success, 90% of brain development happens by age 5. In fact, the brain develops more in the first five years of life than any other time. Over 1 million new neural connections are made every 30 seconds between birth and age 4.<sup>1</sup> Regardless of who the caregiver is, what's going on in a young child's brain when playing, reading, and interacting with the adults in their world determines whether a child's developing brain provides a weak or strong foundation for future learning and development. Positive, healthy experiences in early childhood set the foundation for thriving academically, socially, and in life. Adverse Childhood Experiences (ACEs) on the other hand, can be linked to a variety of negative adult outcomes.



**Fig. 1** Nobel prize-winning economist James Heckman's graph depicts what he calls "the economics of human potential."



**90% of brain development happens by age 5.**

And yet, there is a very real mismatch between spending on programs to change the brain and the brain's actual capacity for change. Nobel prize-winning economist James Heckman's graph (Fig. 1) depicts what he calls the "economics of human potential".

For example, for every \$1 invested in high quality intervention and educational programming for a child that is living in poverty, we will see a \$13 return on investment.<sup>2</sup> That ROI decreases to less than 2 to 1 in the high school years and beyond. **It's not that our brains can't change, it's that they become more inefficient in being able to do so.**





Economists Art Rolnick and Rob Grunewald at the Federal Reserve Bank of Minneapolis also found that investments in early childhood result in better academic outcomes; improved public health; less crime; and more educated, skilled workers. In calculating the economic impact of those societal benefits, they found a public return of up to 16 percent per year.

**For young children to thrive, families must have the resources and support they need.**

To capture those returns, child care environments in the home and outside the home must be high quality. In fact, child care, is early childhood education. Roughly two-thirds of Knox County children may spend a substantial amount of this critical developmental time—the first five years—in some form of child care outside the home. During COVID-19 parents quickly realized the important work of early care professionals, and our business owners realized how important child care is in supporting our workforce. COVID-19 additionally magnified disparities of access to healthcare and mental health services—while also ramping up those needs across the board.

And now, that we are slowly making our way back to our new normal, we are seeing the long-term impacts that have been made in the isolation that occurred during this critical stage in development for our young children.

**Not all children and families have equal access to positive early childhood experiences.**

United Way of Greater Knoxville is leading an inclusive strategy to transform the Early Care and Education System in Knoxville-Knox County. We are strengthened by our state-wide partnership with Tennesseans for Quality Early Education and the Bright Start TN Network in the development, implementation, and advocacy of the Bright Steps Action Plan.

We are laser-focused on creating a continuum of high-quality early care and education from cradle to career for our children and the families and systems that support them. We need your advocacy, talents, and engagement to drive support for Bright Steps implementation for our youngest citizens and the adults that love and serve them.

# Statement of Need

Less than 2 out of every 5 Knoxville-Knox County third grade students are on grade level in reading or math.

Our economically disadvantaged students are even further behind with only 15% on grade level in reading and 11% in math.<sup>3</sup> We cannot ignore this disparity with 40% of Knoxville-Knox County children ages 0-5 living at or near federal poverty guidelines.<sup>4</sup> Children who do not read proficiently by the end of third grade are four times more likely to not graduate from high school, a factor that can lead to a variety of long-term negative outcomes.<sup>5</sup>

## Percent of Economically Disadvantaged Children Ages 0-5 by Race in Knox County

*Economically Disadvantaged includes populations living in or near poverty. This is defined as having 200% of federal poverty guidelines for income or less.*

	Population under 5		Population Under 5 Below Poverty (<100%)		
	Pop. Count By Race	Percentage of Pop. Under 5	Count Below Poverty	Percentage Below Poverty (Count Poverty/Total Poverty)	Percentage of Race Below Poverty (Count Poverty/Total Poverty)
<b>Knox County</b>	26,669		5,868		
Asian	465	2%	13	<1%	3%
Black/African American	2,917	11%	1,091	19%	37%
Hispanic/Latino	2,224	8%	1,331	23%	60%
White	19,006	71%	2,956	50%	16%
Other	2,057	8%	477	8%	23%

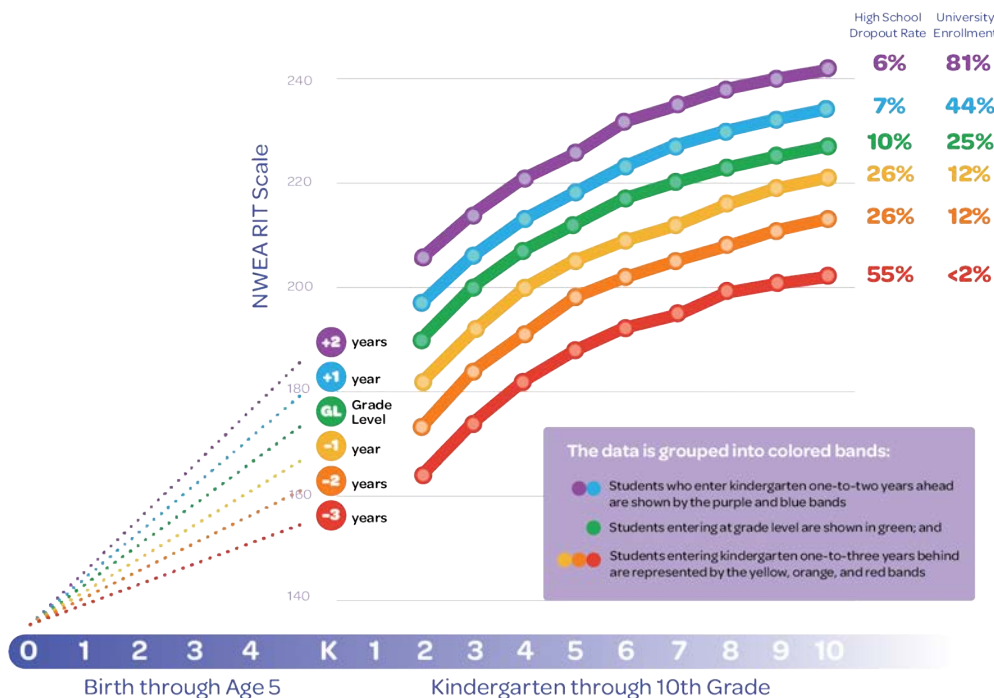
Source: U.S. Census, American Community Survey (2019).

## A thriving Knoxville-Knox County depends on a well prepared and flourishing workforce.

Too many families do not have access to the critical resources needed to support a young child’s development during the most formative years of life creating a long-term detrimental impact on our local economy. The lack of quality, affordable, accessible childcare in 2022 led to over a \$108 million-dollar economic loss in Knox County.<sup>6</sup> While our youngest citizens need high-quality care, our current workforce also depends on having reliable access to high-quality care for children, creating an essential need for intervention. Nationally, the child care sector has lost nearly 10 percent of its workforce compared to pre-pandemic levels. This labor shortage has created accessibility challenges in Knox County and low-wages for child care professionals can result in low-quality care.

**The evidence and opportunity are clear. Children are born with incredible potential for development and learning.**

Research has shown that the quality of care and education during children’s early years will significantly influence their life outcomes. However, we know that high-quality early care and learning environments are inaccessible for far too many families—particularly those that are economically disadvantaged. A robust body of research shows that children who participate in high-quality early care programs have better health, social-emotional, and cognitive outcomes than those who do not participate. The gains are particularly powerful for children from low-income families and those at risk for academic failure who, on average, start kindergarten 12 to 14 months behind their peers in pre-literacy and language skills.<sup>7</sup> This gap is overwhelmingly difficult for even the highest-performing elementary schools to close by grade three.



**40% of Kindergartners across the US are not entering Kindergarten ready to learn.**

*This percentage is not yet tracked for Knox County.*

**Bright starts need bright steps forward.**

The time is now to take action to improve the life outcomes of economically disadvantaged children living in Knoxville-Knox County. Advancing equity in early care and learning means undoing the conditions that have historically prevented many children from reaching their full potential based on income, race, and other social factors. **Evidence shows that investments in early childhood education for economically disadvantaged children is one of the most, if not the most, cost-effective solutions to many of the challenges facing our community; yielding a 13 to 1 return on every dollar spent.**<sup>2</sup> Strategic investments made in early childhood will have lasting, long-term effects, creating the foundation for lifelong learning, earning, and career success.

# Defining 'High-Quality' Early Care Environments

Adapted from the NAEYC Accreditation of Early Learning Programs

## **Standard 1: Relationships**

The program promotes positive relationships between all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member.

## **Standard 2: Curriculum**

The program implements a curriculum that is consistent with its goals for children and that promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive.

## **Standard 3: Teaching**

The program uses a variety of developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the program's curriculum goals.

## **Standard 4: Assessment of Child Progress**

The program uses a variety of formal and informal assessment approaches to provide information on children's learning and development. These assessments occur in the context of reciprocal communications between teachers and families, and with sensitivity to the cultural contexts in which children are developing. The program uses assessment results to inform decisions about the children in their care, to improve teaching practices, and to drive program improvement.

## **Standard 5: Health**

The program promotes the nutrition and health of children and protects children and staff from illness.

## **Standard 6: Staff Competencies, Preparation, and Support**

The program employs and supports a teaching and administrative staff that have the qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.

## **Standard 7: Families**

The program establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition, language, and culture.

## **Standard 8: Community Relationships**

The program establishes relationships with and uses the resources of the children's communities to support the achievement of program goals.

## **Standard 9: Physical Environment**

The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development.

## **Standard 10: Leadership and Management**

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, fiscal, and program management so all children, families, and staff have high-quality experiences.



# Bright Start TN



## Bright Steps

***“United Way of Greater Knoxville is honored to be part of this first-of-its-kind initiative that strongly aligns with our mission to improve education systems and outcomes in our community. Early childhood care and education is critical to future academic and career success, and the need for change is urgent. It’s time to align our community around a regional early childhood plan.”***

**Matt Ryerson**

CEO UNITED WAY OF GREATER KNOXVILLE

In 2021, Bright Start TN, powered by Tennesseans for Quality Early Education (TQEE), was introduced to bring together a statewide network of community partnerships dedicated to accelerating early learning outcomes and closing achievement and opportunity gaps for Tennessee children birth through third grade. The mission of Bright Start TN is to tap the power of communities across the state to collaboratively design, implement and scale high-quality early care and education (ECE) systems locally while informing and advocating supportive state policies. United Way of Greater Knoxville was selected as one of six inaugural communities to join the Bright Start TN Network.

Adapted from the North Carolina Pathways to Grade-Level Reading framework, TQEE provided technical assistance to the communities as they identified current assets, barriers, and disparities within three early childhood domains. Each community has selected potential strategies to mitigate barriers that were identified and to increase access to quality early childhood services within their local context.

Research has repeatedly shown that the first eight years of a child’s life are a critical development period, and third grade is widely acknowledged as a benchmark year that determines future academic success. Yet with more than two-thirds of Tennessee’s third graders not proficient in reading or in math, our state is facing a crisis that Bright Start TN will help fix.



# The Process

In Knoxville-Knox County there are many organizations, advocates, and programs that are working to ensure that children and families have the resources that they need to thrive academically, mentally, socially, physically, and in life.

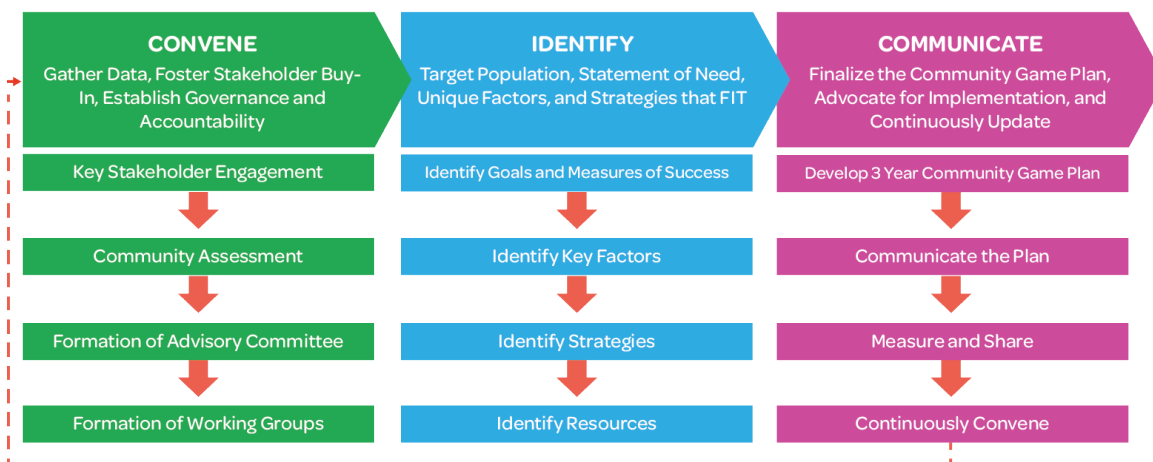
The United Way of Greater Knoxville, through the Bright Steps initiative and in partnership with the Bright Start TN Network, Bright Steps Advisory Committee and Working Groups, intentionally sought to identify these existing programs, listen to various stakeholders and community groups, and collect meaningful local data so that we could begin to understand where we have gaps and needs not being addressed as well as programs that are achieving important outcomes, but need stronger advocacy and resource support to scale.

After learning of the barriers, needs, critical assets, and root-cause factors, the Bright Steps Working Groups and Advisory Committee identified evidence-based strategies from the Bright Start TN Network Clearinghouse and from other local recommendations <https://tqee.org/bright-start/clearinghouse>.

The groups then assessed the identified strategies for their community “ripeness” and engaged with key stakeholders to identify the final set of prioritized strategies described on page 89.

*\*See appendix for detailed planning process timeline.*

## Our System Planning Framework





# Vision, Goals, and Target Population

## Bright Start TN Network Vision

A continuum of high-quality early care and education for all Tennessee children ages birth through age 8 that is available to all, with opportunity gaps by race and income eliminated.

## Bright Steps Growth Goals

*Our over-arching goal is to ensure that every child has the individualized support they need to thrive academically, mentally, socially, physically, and in life.*

Identifying measures to track whether a child is thriving in any of these areas can be difficult, but we know that test scores are not fully indicative of whether a child is thriving. Below is a summary of outcomes that we believe will indicate that progress is being made through our action plan that support the three early childhood domains put forth by the Bright Start TN Network.

### HIGH-QUALITY BIRTH TO AGE 8 LEARNING ENVIRONMENTS.

A 5% increase in the number of economically disadvantaged children birth through 3rd grade receiving high quality early care and education outside of the home by June 30, 2025. (Baseline to be established Fall 2023.)

By the end of the 2024-2025 school year the number of economically disadvantaged\*\* 3rd grade students scoring on-track or mastered in ELA and MATH on the State of TN's TCAP assessments will have increased by 15 percentage points in Knox County Schools.

Current	SY22-23 GOAL	SY23-24 GOAL	SY24-25 GOAL
ELA 18% (811)	23% (1,035)	28% (1,261)	33% (1,486)
MATH 15% (676)	20% (900)	25% (1,126)	30% (1,351)

*\*totals in parenthesis represent the estimated number of students needed to meet proficiency goal percentage.*

*\*\*Note: The current TCAP scores listed are from the subcategory 'Economically Disadvantaged' which represents all Knox County Schools 3rd graders that are living in households with household incomes of 200% or less of Federal Poverty Guidelines.*

### SUPPORTED AND SUPPORTIVE FAMILIES AND COMMUNITIES

A 25% increase of economically disadvantaged families with children ages 0-8 years old reporting that they have sufficient access to community resources, parenting knowledge and skills to meet their family's basic needs by June 30, 2025.

(Baseline to be established Fall 2023.)

By the start of the 2025-2026 school year, Knox County Schools will see a 10% increase in the number of economically disadvantaged public-school students regarded as having been equipped with the skills necessary to be successful in Kindergarten.

(Baseline to be established Fall 2023.)

### HEALTH, MENTAL HEALTH, AND DEVELOPMENT ON TRACK BEGINNING AT BIRTH

Increase of 5% the percentage of economically disadvantaged children birth through 3rd grade who get developmental screenings, early intervention services, and health and wellness screenings and services as needed by June 30, 2025. (Baseline to be established Fall 2023.)



## Bright Steps Target Population

*The Bright Steps Advisory Committee has chosen to target evidence-based interventions for Knoxville-Knox County children and families that are economically disadvantaged (ED) and the organizations, providers, and practitioners that serve them.*

The category of economically disadvantaged includes children who are identified as homeless, migrants, or runaways as well as students in foster care. Students who are directly certified are those whose families are participating in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) program, and Head Start.

To select this target population, the advisory committee reviewed and discussed disaggregated data sets such as third-grade ELA and Math proficiency from the TN State Report Card, U.S. Census demographic data on income and health, Knox County Health Rankings, Tennessee Commission on Children and Youth's Knox County Profile, and the Annie E. Casey Foundation's Kids Count Data Center.

**In almost every goal and measure of success we outline, it is children who fall in the category of economically disadvantaged that are farthest behind their peers.**

# Knoxville-Knox County Snapshot

**26,281** Children Under the Age of 5 in Knoxville-Knox County

**53,503** Children Under the Age of 9 in Knoxville-Knox County

**65%** of Children under the age of 6 with all available parents in the labor force in Tennessee

**66%** of Children ages 6 to 12 with all available parents in the labor force in Tennessee

## Health, Mental Health & Development

**42,130** CHILDREN (0-18) ON MEDICAID

**2,836** ELIGIBLE BUT UNINSURED

TN EARLY INTERVENTION SERVICES PARTICIPATION **32%**

**82/1000** NEONATAL ABSTINENCES

**16%** CHILDREN THAT ARE FOOD-INSECURE

**47%** OF CHILDREN UNDER AGE 6 WHOSE FAMILY MEMBERS READ TO THEM LESS THAN 4 DAYS PER WEEK IN TENNESSEE

**39%** OF CHILDREN AGES 9 MONTHS TO 35 MONTHS WHO RECEIVED A DEVELOPMENTAL SCREENING IN TENNESSEE

## Learning Environments

**580** Voluntary Pre-K Seats

**54** Title-1 3 Year Old Pre-K Seats

**734** Head Start/Early Head Start Seats

**53** Knox County Public Elementary Schools

### Knox County Schools

#### 21-22 3rd Grade ELA Proficiency

(On Track or Mastered)

All Students (39%)

Economically Disadvantaged (18%)

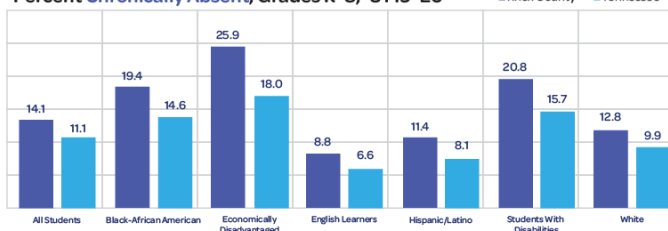
#### 21-22 3rd Grade Math Proficiency

(On Track or Mastered)

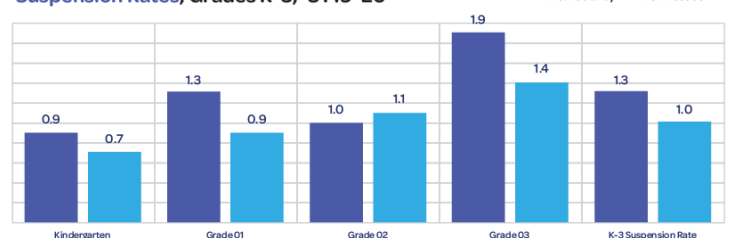
All Students (35%)

Economically Disadvantaged (15%)

Percent Chronically Absent, Grades K-8, SY19-20



Suspension Rates, Grades K-3, SY19-20





# Knoxville-Knox County Snapshot

## Parents and Caregivers

### POVERTY AND INCOME

**\$60,316** Median Household Budget in Knox County

**BLACK MHI \$29,154** **WHITE MHI \$62,071**

Children Receiving SNAP | 21,288 (21.6%)

Children 0-5 Receiving WIC | 5,944 (22.4%)

Children Receiving TANF | 2,702 (2.7%)

**40%** of Children Ages 0-5 Living in Low-Income Households (200% Poverty Rate or Less)

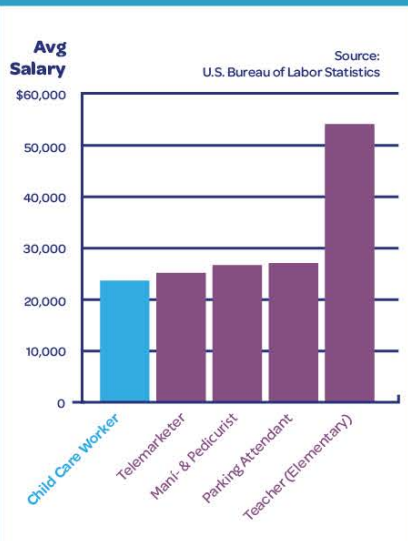
1/3 of Tennessee children under age 6 live in families with household incomes below \$40,000 and nearly half with incomes less than \$60,000 annually.

United Way's ALICE report calculates \$65,040 as a basic survival budget for a working family of two parents with an infant and a preschooler.

### Poverty rate for early childhood educators in Tennessee: 22.9%

Much higher than for Tennessee workers in general (10.5%) and 10.2 times as high as for K-8 teachers (2.35%)

Average annual salary for child care professionals in Tennessee is **\$23,780** (less than that of parking attendants) and in most cases without benefits.



In TN the average annual price for center-based care, irrespective of quality, is **\$11,068** and **\$10,184** for infants and toddlers respectively.

For care in a home setting, the prices is **\$7,194** for infants and **\$6,749** for toddlers.

These costs represent approximately:

**18%** of median household income in Knoxville-Knox County

**72%** of income for a single parent earning minimum wage

### Child Care Cost Burden in Knox County, TN

**23%** of household income required for childcare expenses<sup>10</sup>

For families with an infant and a child in Pre-K, child care costs rise to:

**32%** of the median household income in Knoxville-Knox County

**73%** of the income for a single parent earning minimum wage

**The Business of Child Care is a Broken Model. The tension between child care workforce compensation and affordability of high-quality child care for parents and caregivers means that accessible, affordable, high-quality childcare must be subsidized for most families.**

### Child Care in Crisis

**39%** of working parents reported employment disruptions due to inadequate child care

**73%** of Knox County parents reported they cannot afford not to work

**\$69.2M** annual reduced earnings of Knox County working parents due to inadequate child care

Parents' most significant challenge finding child care:

**73%** Access

**55%** Affordability

**44%** Quality



# Early Care and Education Survey Takeaways

## Parent / Caregiver



## Most cited concerns about preparing kids for kindergarten



# Early Care and Education Survey Takeaways

**“Our community has a responsibility to prepare all our children for Kindergarten and not just the individuals who are able to pay for it.”**

**“There is a desperate need for autism education and inclusion awareness.”**

## Educator/Practitioner

---

Only **34%** report that early child care and education programs are of high quality in the geographic area they work in.

Only **13%** report that there are enough resources in the community to meet the needs of families and children (housing, food, medical, and supplemental services)

**35%** of child care providers are interested in developing an off-site child care center at a local business (also known as a micro-center)

**2/3**

of early care educators/practitioners report that they are not aware of Evidence-Based Home Visiting Programs in their community

**40%** of child care providers indicate that they would be interested in dedicating a certain # of child care spots for a local business for a premium rate



# Whole Child and Building Resilience in Children

The Bright Steps Action Plan focuses on the whole-child needs of our communities' children and students, rather than those that are purely academic. The whole child approach acknowledges that developing and preparing students for life and career requires a focus on ensuring that every child, in every school, is healthy, safe, engaged, supported, and challenged.<sup>14</sup>



## Healthy

Enter schools healthy and learn about and practice a healthy lifestyle.



## Safe

Learn in a physically and emotionally safe environment for students and adults.



## Engaged

Actively engage in learning and connect to the school and broader community.



## Support

Access personalized learning and be supported by qualified, caring adults.



## Challenge

Be challenged academically for career pursuits to be critical thinkers in a global environment.

The target audience for this plan is economically disadvantaged children who we know will face more adversity than their peers. These children are more likely to experience ACES+ (Adverse Childhood Experiences and Adverse Community Experiences). Reducing the effects of significant adversity on children's healthy development is crucial if they are to thrive academically, mentally, socially, physically, and in life.

Protective experiences and coping skills are required to counterbalance significant adversity in a child's most formative years and build their resilience. Positive childhood experiences (PCEs) buffer ACEs and promote adult health. Overall, research demonstrates that Positive Childhood Experiences (PCEs) lead to better mental health and relationships in adulthood.



**Positive Childhood Experiences are circumstances and influences that can be recalled before the age of 18 and include the following:**

- Felt free to speak to their family about feelings
- Felt family support during difficult times
- The presence of at least two nonparent adults who took genuine interest in them
- Felt safe and protected by an adult in their home
- Felt supported by friends
- Felt a sense of belonging in high school
- Participated in their community

**However, the single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult.**

**Research also shows that to optimize resilience across multiple contexts, the following factors can predispose children to positive outcomes in the face of significant adversity:**

- Facilitating supportive adult-child relationships
- Building a sense of self-efficacy and perceived control
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities
- Mobilizing sources of faith, hope, and cultural traditions

**From families, to teachers, service providers, faith leaders, and elected officials – we can all play a role in fostering resilience in Knoxville-Knox County’s children.**

# Preventing and Mitigating Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) and Adverse Community Environments (ACEs+) are found to have a direct link to adult onset of chronic disease, incarceration, and employment challenges. The higher the number of ACEs, the greater incidence of negative outcomes.<sup>15</sup>



**ACEs are common.**

About 61% of adults surveyed across 25 states reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

**Preventing ACEs could potentially reduce many health conditions.**

For example, by preventing ACEs, up to 1.9 million heart disease cases and 21 million depression cases could have been potentially avoided.

**Some children are at greater risk than others.**

Women and several racial/ethnic minority groups were at greater risk for experiencing four or more types of ACEs.

**ACEs are costly.**

The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year. A 10% reduction in ACEs in North America could equate to an annual savings of \$56 billion.

### Ace Score Prevalence for Participants Completing the ACE Module on the 2010 BRFSS

Number of Adverse Childhood Experiences (ACE Score)	Women Percent	Men Percent	Total Percent
0	37.6%	39.3%	38.5%
1	22.7%	24.5%	23.5%
2	12.9%	13.9%	13.4%
3	9.0%	8.6%	8.8%
4 or more	17.8%	13.7%	15.8%

### What are the consequences?

ACEs can have lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

ACEs and associated social determinants of health, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can negatively affect children’s brain development, immune systems, and stress-response systems. These changes can affect children’s attention, decision-making, and learning.

Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

**Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.**

# Supporting The Early Childhood Educators, Workforce And Parent/Caregivers

It is critical that we recognize the impact that trauma on the adult caregiver has on the child in their care and provide access to programming and services that address and help heal this trauma.

## WHO IS AN EARLY CHILDHOOD EDUCATOR?

PreK-3rd Grade Teachers  
Child Care Providers (Center-Based and Home-Based)  
Early Head Start and Head Start Teachers  
PreK-3rd  
After-School and Summer Camp Teachers  
Other Professionals Providing Care to Young Children

## WHO ARE PARENT/CAREGIVERS?

Mothers  
Fathers  
Stepparents  
Grandparents  
Foster Parents  
Any one that qualifies as a child's legal guardian  
And at times... direct service providers

## WHO IS THE EARLY CARE AND EDUCATION WORKFORCE?

Early Childhood Educators  
Behavioral and Mental Health Providers  
Early Interventionists  
Home Visitors  
Higher Education Faculty and Researchers  
Pediatricians  
OB/GYNS  
Nurses  
Dentists  
Dental Hygienists  
Child Welfare Workers  
Program and Policy Leaders  
Anyone working with or on behalf of Pregnant Women, Infants, Young Children and Families



# Community Engagement

UWGK has convened several non profit organizations and focus groups throughout the Bright Steps Action planning process. Here are some highlights:



## TRANSFORMING HURT INTO HEALING WITH PELLISSIPPI STATE COMMUNITY COLLEGE

This free, all day conference for early care and education educators, parents, and caregivers was convened to support those who have experienced trauma or are caring for children that have experienced trauma. Goals for the conference were to:

- LEARN ABOUT TRAUMA AND WHAT CAN BE DONE TO PROMOTE HEALING
- GAIN TECHNIQUES FOR HELPING CHILDREN FEEL SAFE
- UNDERSTAND THE CONNECTIONS BETWEEN THOUGHTS, FEELINGS, AND BEHAVIORS
- LEARN HOW A CHILD'S TRAUMA CAN AFFECT CAREGIVERS AND THE IMPORTANCE OF SELF-CARE

Program highlights included a keynote address from the Early Childhood Specialist and National Trainer from the Devereux Center for Resilience, Nefertiti Poyner and a variety of trauma-informed curriculum training sessions. Each educator received a \$100 stipend for participation and received over \$200 in classroom tools and resources.





## EARLY RELATIONAL HEALTH SYMPOSIUM

Early relational health is a framework that explores the role of early relationships and experiences in healthy development across a child’s lifetime. Relationships, especially in the early years, are biological necessities to build a foundation for lifelong growth and development.

United Way of Greater Knoxville as part of its Early Care and Education gathered community leaders on Friday, September 23rd to hear from early childhood experts about what is happening in East TN and around the country in the lives of young children and the adults that care for them. Attendees gained a better understanding of why early relational health is critical to supporting a child’s social, emotional, and physical health and well-being and how COVID-19 has impacted children’s development in this key area. This symposium was designed to bring together pediatric healthcare professionals, early childcare providers, community and family partners, government leaders, and policy advocates for a collaborative day of learning and innovation.

### HIGHLIGHTS OF THE EVENT:

- **WELCOME REMARKS WITH MAYOR INDYA KINCANNON**
- **KEYNOTE SPEAKER, DARNESHIA ALLEN, DIRECTOR OF FIELD PRACTICE AND OPERATIONS, NATIONAL INFANT-TODDLER COURT PROGRAM AT ZERO TO THREE**
- **PANEL DISCUSSION: STATE OF THE CHILD IN KNOXVILLE-KNOX COUNTY**
- **BREAKOUT DISCUSSION: CREATING A COLLABORATIVE CALL TO ACTION ACROSS A VARIETY OF TOPICS**
- **CLOSING REMARKS AND CALL TO ACTION WITH MAYOR GLENN JACOBS**
- **SOCIAL HACKATHON ANNOUNCEMENT**



### EARLY CARE AND EDUCATION SOCIAL HACKATHON

The Hackathon for Early Care and Education, sponsored by the United Way of Greater Knoxville, brought creators, planners, developers, logisticians, marketers, agencies, and others together to find solutions to the question:

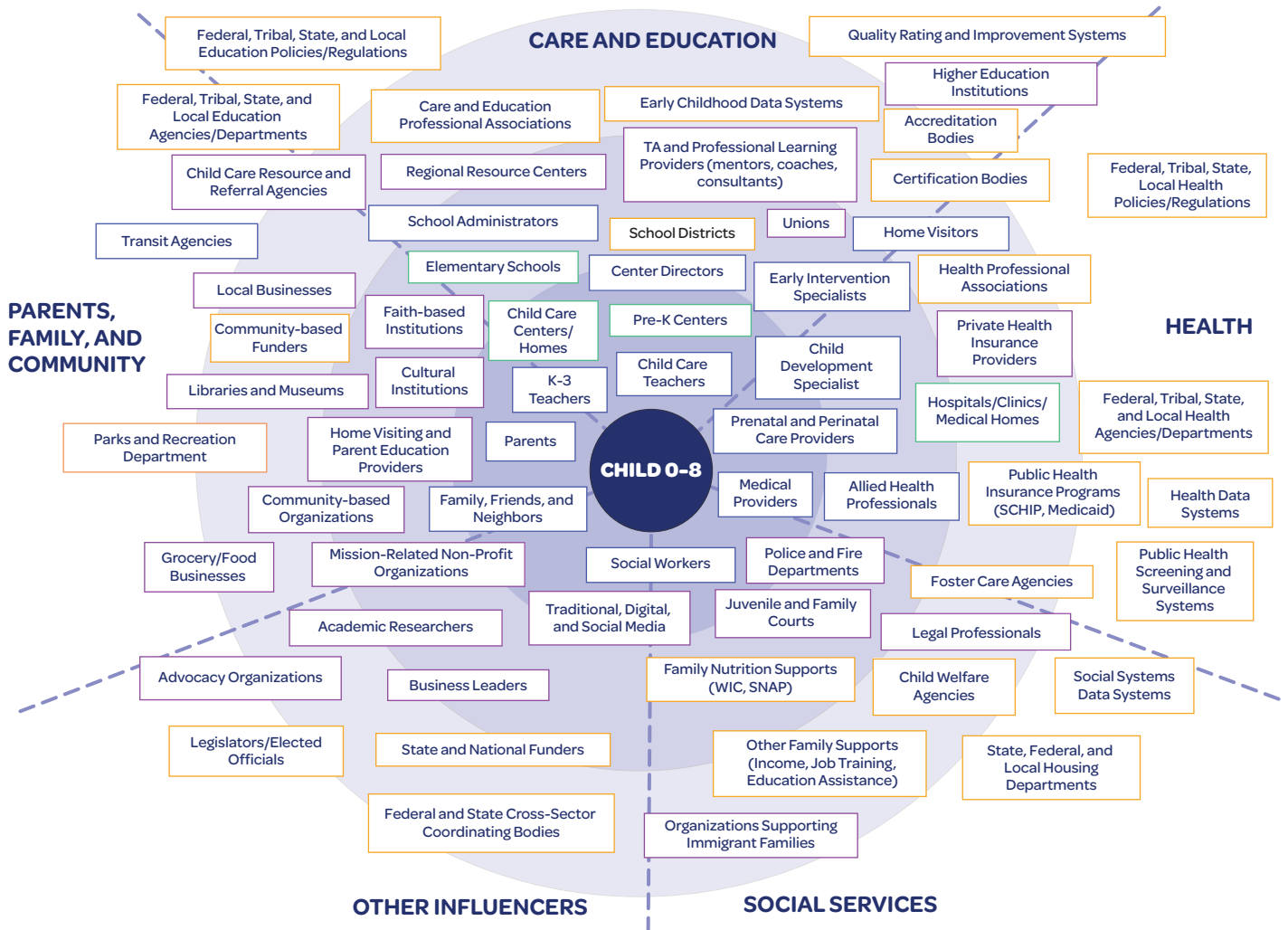
**“What will it take to increase access to mental health support for young children and the adults that care for them?”**

The event was part of the Unite for Change initiative and offers a new approach for bringing our community together to solve big social issues.

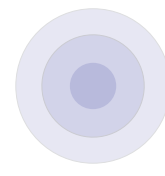
The winning collaborative led by Muse Knoxville took home the \$20,000 grant for their winning pitch, “Playing Our Way to Peace of Mind.” In partnership with Centro Hispano, East Tennessee Freedom Schools, and Friends of Literacy, the pitch emphasized community connections and the “power of play” in improving mental health for underserved families in the area. The team will center the importance of social emotional learning for both children and their caregivers through play-based exhibit programming at the museum, take-home social-emotional learning kits in both English and Spanish, partner playgroups and more.



## How do YOU make an impact on a young child's lived experience?



- PRACTITIONERS
- SETTINGS
- SUPPORT ROLES/ORGANIZATIONS
- POLICY/FUNDING/GOVERNANCE

 Concentric circles represent levels of proximity to the child's lived experience

We heard from over 700 local residents during the creation of this Action Plan

ORGANIZATIONS REPRESENTED IN WORKING GROUPS AND ADVISORY COMMITTEE

- AIMHITN
- CAC
- CATHOLIC CHARITIES
- CENTRO HISPANO
- CITY OF KNOXVILLE
- COKESBURY UMC
- EAST TN CHILDREN’S HOSPITAL
- EAST TN FREEDOM SCHOOLS
- EAST TN PBS
- EMORY VALLEY CENTER
- FIRST HORIZON BANK
- HARMONY FAMILY CENTER
- HELEN ROSS MCNABB
- KNOX COUNTY CHILD FIND
- KNOX COUNTY GOVERNMENT
- KNOX COUNTY HEALTH DEPARTMENT
- KNOX COUNTY IMAGINATION LIBRARY
- KNOX COUNTY PARKS AND RECREATION
- KNOX EDUCATION FOUNDATION
- KNOXVILLE ASSOCIATION OF CHILDCARE AND EARLY EDUCATION
- KNOXVILLE CHAMBER
- KNOXVILLE HEAD START
- MENTAL HEALTH ASSOCIATION OF EAST TN
- MUSE KNOXVILLE
- PARENTS AS TEACHERS
- PELLISSIPPI STATE
- RESTORATION HOUSE
- STOWERS MACHINERY
- TN CHILDCARE RESOURCE AND REFERRAL
- TN CHILDREN BELONG
- TN QUALITY EARLY EDUCATION
- UNITED WAY OF GREATER KNOXVILLE
- UNIVERSITY OF TENNESSEE
- UT ASSISTED COMMUNITY SCHOOLS
- UT MEDICAL CENTER
- UUNIK ACADEMY
- WESLEY HOUSE

**265** OF SURVEY TAKERS—PARENT/CAREGIVERS OF A CHILD AGE 8 AND UNDER

**144** OF SURVEY TAKERS—EDUCATORS/PRACTITIONERS

## EAST KNOX FOCUS GROUP

### SCHOOL BOARD PRESENTATION

### OVER 60 ONE ON ONE INTERVIEWS

#### CITY OF KNOXVILLE

MAYOR INDYA KINCANNON  
CHIEF OF ECONOMIC AND COMMUNITY DEVELOPMENT  
COMMUNITY ENGAGEMENT MANAGER

#### KNOX COUNTY

MAYOR GLENN JACOBS  
DIRECTOR OF COMMUNITY ENGAGEMENT  
DIRECTOR OF KC LIBRARY  
DIRECTOR OF IMAGINATION LIBRARY  
DIRECTOR OF READ CITY USA

#### SCHOOLS

SUPERINTENDENT  
DIRECTOR OF CURRICULUM AND INSTRUCTION  
DIRECTOR OF VOLUNTARY PREK  
SUPERVISOR OF READING  
CHIEF OF STAFF

#### SCHOOL BOARD

DANIEL WATSON  
BETSY HENDERSON  
EVETTY SATTERFIELD

#### HEALTH DEPARTMENT

DIRECTOR PARENTS AS TEACHERS  
DIRECTOR OF HEALTH PROMOTION  
COMMUNITY HEALTH EDUCATOR (PARENT AND INFANT)  
DIRECTOR OF HEAD START (+VARIOUS TEAM)

#### STATE

CHIEF ACADEMIC OFFICER, DEPARTMENT OF EDUCATION  
PROGRAM EVALUATOR, DHS  
COMMUNITY ENGAGEMENT COORDINATOR, TN CAN  
EDDIE MANNIS, HOUSE REPRESENTATIVE, STATE OF TN

#### UNIVERSITY OF TENNESSEE

DIRECTOR OF EARLY LEARNING CENTER  
DIRECTOR OF EAST TN CCR&R  
DIRECTOR OF ENGAGEMENT AND OUTREACH, ASSOC. VICE  
CHANCELLOR  
DIRECTOR OF COMMUNITY SCHOOLS  
DIRECTOR OF SWORPS

## BRIGHT START CONFERENCE

### KACEE CONFERENCE

#### KNOX ED FOUNDATION

CEO  
ED OF COMMUNITY SCHOOLS  
COMMUNITY SCHOOL COORDINATOR, LONSDALE  
COMMUNITY SCHOOL COORDINATOR, SPRING HILL

#### HOSPITALS

UT MEDICAL, REGIONAL DIRECTOR OF PERINATAL  
PROGRAM  
UT MEDICAL, NURSE PRACTITIONER, DEVELOPMENTAL  
CLINIC  
UT MEDICAL, NURSE PRACTITIONER, PERINATAL  
SUBSTANCE ABUSE CLINIC

#### BUSINESS/CORPORATE

DIRECTOR OF COMMUNITY ENGAGEMENT, ORNL  
PRIME CONTRACT ADMINISTRATOR, ORNL  
GM OF MARKETING AND STRATEGY, STOWERS MACHINERY  
EVP, STOWERS MACHINERY  
DIRECTOR OF PHILANTHROPY, CLAYTON HOMES  
DIRECTOR OF PHILANTHROPY, CLAYTON FAMILY FOUNDATION  
CFO, CLAYTON FAMILY FOUNDATION  
CEO, EAST REGION FIRST HORIZON BANK  
MANAGING DIRECTOR OF OPERATIONS, CHENMED  
MARKETING DIRECTOR, HILLCREST HEALTHCARE FOUNDATION  
DIRECTOR OF HR, HILLCREST HEALTHCARE FOUNDATION

#### OTHER

RESOURCE CENTER PROGRAM MANAGER, HARMONY  
FAMILY CENTER  
DIRECTOR BOYS AND GIRLS CLUBS TN  
DIRECTOR BOYS AND GIRLS CLUBS TN VALLEY  
DIRECTOR WESLEY HOUSE  
DIRECTOR OF STRATEGIC PARTNERSHIPS AND POLICY, KCDC  
DIRECTOR OF REGIONAL ADVANCEMENT, KNOXVILLE CHAMBER  
PRESIDENT, KACEE  
DIRECTOR OF UNITED WAY TENNESSEE  
EXECUTIVE DIRECTOR, YOKE YOUTH  
EARLY CHILDHOOD EDUCATION PROGRAM DIRECTOR, PSCC  
EXECUTIVE DIRECTOR, CHATTANOOGA 2.0 EARLY MATTERS  
EXECUTIVE DIRECTOR, SEEDING FOR SUCCESS  
EACH BRIGHT START TN NETWORK FELLOW  
NEW CHILDCARE CENTER OWNER, WELLSRING EARLY  
LEARNING CENTER  
CEO NEBRASKA EARLY CHILDHOOD COLLABORATIVE

# Digging Deeper

To understand work already happening in Knoxville-Knox County we listened to focus groups, stakeholder interviews, and enlisted volunteers to take part in Bright Steps Working Groups.

These efforts help us begin mapping existing programs, initiatives, coalitions, etc. against five measures of success within each Bright Start TN early childhood domain.

As part of our planning process, we utilized the 'Systems Iceberg' metaphor to help convey what we were trying to uncover...the real assets, critical success factors, root causes to barriers, and gaps in services for children and the adults that care for and serve them. We asked our Working Groups to think about the following factors with intentional focus on how Equity and ACES+ play their part:

- **TRANSACTIONAL FACTORS—PATTERNS OF BEHAVIOR OF INDIVIDUALS**
- **STRUCTURAL FACTORS—ECONOMIC, SOCIAL, POLICY, AND ORGANIZATIONAL**
- **ATTITUDINAL FACTORS—MENTAL MODELS, VALUES, AND CULTURAL BELIEFS**

The following pages show what we have learned from the members of the community and highlight what we still need to dig even deeper into.

**As we explore each of the three early care and education domains, we will share the following:**

- **DOMAIN OVERVIEW**
- **DOMAIN MEASURES OF SUCCESS**
- **DOMAIN ROOT FACTORS**
- **DOMAIN PROGRAMS AND INITIATIVES**
- **DOMAIN ASSETS**
- **DOMAIN CHALLENGES**
- **WHAT CAN YOU DO?\***



*\*Bright Steps and United Way of Greater Knoxville recognizes that there is a wide spectrum of opportunities and ways to support Early Care and Education in Knoxville-Knox County. We also recognize that there is a continuum of access, awareness, advocacy and action that can and must be taken and that access must first be addressed before we can be successful in increasing awareness, inspiring advocacy or empowering action to be taken.*



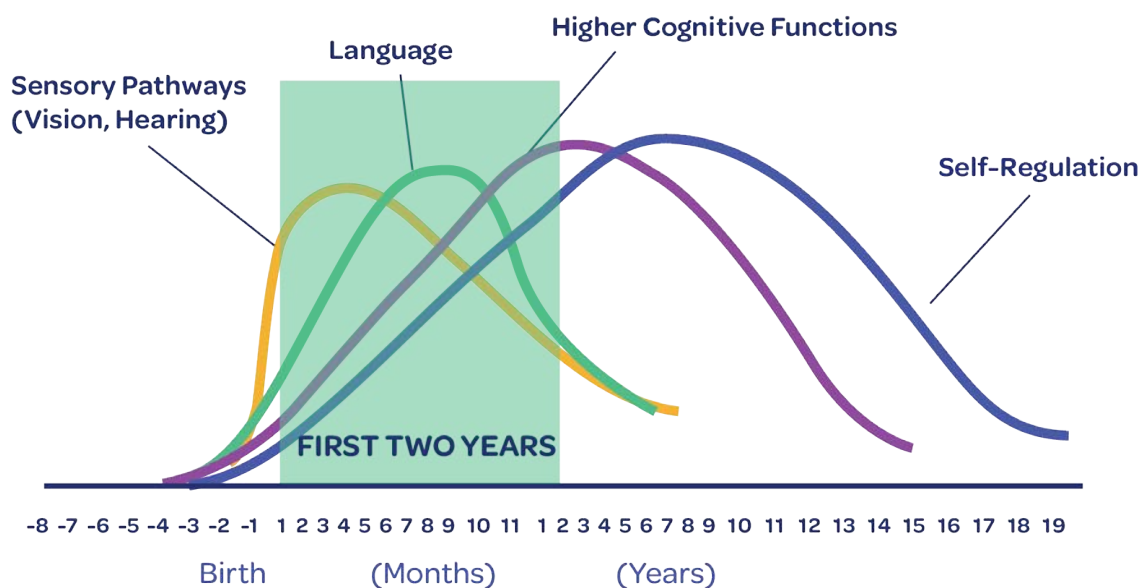


# 01 Early Childhood Domain

High-Quality Birth to Age 8  
Learning Environments

The early years of life matter because early experiences affect the architecture of the maturing brain. As it emerges, the quality of that architecture establishes either a sturdy or a fragile foundation for all the development and behavior that follows.

**Getting things right the first time is easier than trying to fix them later.**



This conceptual graph shows how different sets of skills develop at different times in the brain, and how more complex skills build on the more basic skills that came before. Circuits build on circuits, and skills produce skills. Note that the prenatal period and first year of life are extended in this graph to show how much growth occurs more clearly in this time frame. Note that the rapid proliferation of neural connections is followed by a drop-off. That's the natural process of pruning, which helps the brain become more efficient by eliminating connections not being used. When caregivers are sensitive and responsive to a young child's signals and needs, they provide an environment rich in serve and return experiences. Caring adults play a critical role teaching children new skills and making skill learning so fun and rewarding that children do the activities over and over again – building strong brain circuits for each skill.

The critical need for high-quality learning environments continues once a child enters Kindergarten, with developmental peaks in higher cognitive functions and self-regulation by age 8. Research shows that a positive school climate increases attendance rates and academic achievement, promotes student mental and physical wellbeing and teacher retention, and reduces violence.<sup>20</sup>

**The environments where this critical brain development occur matter.**





# Bright Start TN Measures of Success

These five measures, which will be tracked annually at the local and state level by the Bright Start TN Network, are indicators by which we can tell if a child has access to high-quality birth to age 8 learning environments outside of the home.



## High Quality Care and Education (Birth-Age 5)

### MEASURE OF SUCCESS

Percent of children birth to age 5 with access to high quality early care and education when not with their parents/caregivers.

Total Children under 6 years (Knox County) **30,782**

Both parents or single parent in labor force **20,181**

Percentage with parents in the labor force **65.6%**

Percentage of licensed child care slots with capacity with a 3-Star Rating **48.8%**

Percentage of supply for children with parents in the labor force: Under 6 years old **58%**

Total Child Care Capacity for children: 5 years and younger only **11,663**



## Positive Early Care and Education Climate

### MEASURE OF SUCCESS

Percent of early care and education programs and schools integrating social-emotional (whole-child) strategies

*Baseline Data to be Established as Part of the Bright Steps Action Plan*



## Regular School Attendance:

### MEASURE OF SUCCESS

## Percent of children with regular attendance/not chronically absent (K-3)

### PERCENTAGE OF CHILDREN (PRE-K TO 3RD GRADE) MISSING 10% OR MORE SCHEDULED SCHOOL DAYS

ALL STUDENTS (PRE-K-3RD GRADE):

Student # **18,424**

Percent Chronically Absent **13.8%**

ALL ECONOMICALLY DISADVANTAGED STUDENTS (PRE-K-3RD GRADE)

Student # **5,264**

Percent Chronically Absent **29.5%**



## Grade Level Proficiency (PreK to 2nd Grade)

### MEASURE OF SUCCESS

## Percent of children PreK-2nd grade on-track in reading, math, and social-emotional competencies/self-regulation, and good interpersonal skills

### TENNESSEE UNIVERSAL READING SCREENER PROFICIENCY RATE (> = 41ST PERCENTILE)

PreK: Not Tracked

Kindergarten: **41.58%**

1st Grade: **43.30%**

2nd Grade: **55%**





## Summer Learning

### MEASURE OF SUCCESS

Percent of children who maintain reading and math gains over the summer.

Baseline Data to be Established as Part of the Bright Steps Action Plan



## High Quality Care and Education (Birth–Age 5)

### MEASURE OF SUCCESS

***% of children birth through age five receiving high-quality early care and education outside the home***

### ROOT FACTORS

#### TRANSACTIONAL

Families need care that meets their needs for location, cost, and hours of care

Skill set of Administration of Center (Business, People Skills, Early Ed)—often one area but not all

Addiction of parent/caregiver

Disparity of pay for early childhood educators

Lack of reliable transportation

## ROOT FACTORS

CONTINUED

## STRUCTURAL

Families need care that meets their needs for location, cost and hours of care

Lack of infant slots

Knox County is a child care desert

Child care providers choosing to not accept certificates. Private and faith based centers often do not

Disparity of employment that allows flexibility needed from families

Perception of Early Childhood education as a professional, highly valued role (both in recruiting teachers into field) and for community

Qualifications and professional development of early childhood educators

Lack of professional development for supporting children with developmental and behavioral needs

Varying inconsistencies for pediatricians' awareness/training/knowledge of early childhood development

Access to resources and information about high quality early care

Lack of programs accepting certificates creates a barrier for economically disadvantaged families

Undocumented families do not qualify for services or subsidies

Dual language learners- communication with pediatricians, communicating with and access to child care providers, communication with and access to services

## ATTITUDINAL

Lack of value of early childhood education

Cultural barrier in understanding the milestones, developmentally appropriate practice, and quality care for young children

Involvement of pediatrician in identifying need for care

Cultural competency and training of educators

Cultural lack of trust

Fear of judgement by providers/educators



## Positive Early Care and Education Climate

## MEASURE OF SUCCESS

**% of early care and education programs and schools integrating social-emotional (whole-child) strategies**

## ROOT FACTORS

### TRANSACTIONAL

Educators understanding and training about personal triggers  
 Educators prioritizing self-care and trauma healing

### STRUCTURAL

Push of academic learning over social and emotional learning  
 School/state policy that allows for recess and/or other socio/emotional, gross motor needs to be skipped  
 Lack of training in social-emotional for substitute teachers  
 Keeping up with current research, effective strategies, and information  
 Educators understanding and training about personal triggers

### ATTITUDINAL

Misperception and training on the importance of social and emotional strategies for educators, admins, districts, families, and policy makers  
 Practices that are harmful to social and emotional health supported  
 Parents are unaware of their right to advocate for their child  
 Unconscious and implicit bias

## Regular School Attendance

### MEASURE OF SUCCESS

***% of children with regular attendance/not  
 chronically absent (K-3)***

## ROOT FACTORS

### TRANSACTIONAL

Addiction & mental health challenges of parent/caregiver  
 Addiction & mental health challenges of child  
 Child independently getting themselves to school  
 Housing instability  
 Lack of resources of family

## ROOT FACTORS

CONTINUED

**STRUCTURAL**

Transportation

Work schedules of parent/caregiver

Housing instability

Quality of housing

Lack of resources of school

Lack of access to health, specialty, and dental care

Hours of medical practitioners during school hours

**ATTITUDINAL**

Child anxiety

School culture and educator competency and training as it relates to mental health

Awareness of family around the importance of attendance

 **Grade Level Proficiency (PreK to 2nd Grade)**

## MEASURE OF SUCCESS

***% of children PreK-2nd grade on-track in reading, math, and social-emotional competencies/self-regulation, and good interpersonal skills***

## ROOT FACTORS

**TRANSACTIONAL**

Quality of 0-5 environment as it relates to brain development

Quality serve and return experiences from birth

ACES impact on parent/caregiver, educators, and children

Children being overscheduled/under scheduled

Overuse of technology

## ROOT FACTORS

CONTINUED

## STRUCTURAL

Consistency and understanding around what is developmentally appropriate behavior

Need for social & emotional skill development

Children being overscheduled/under scheduled

Consistent understanding of scope and sequence of skills, developmentally appropriate practice, and early learning standards

Access to high quality after school programs

Dependency on technology

Impact of COVID (learning loss, virtual learning, increased absences)

## ATTITUDINAL

Cultural beliefs around reading from birth

Language exchange (serve and return) from birth

Access to homework support

Access to knowledge and resources to understand grade-level appropriate math and literacy skills

Families that are economically in the middle do not qualify for DOE PreK or Head Start but may not have access or affordability to other quality programs



## Summer Learning

## MEASURE OF SUCCESS

***% of children who maintain reading and math gains over the summer.***

## ROOT FACTORS

## TRANSACTIONAL

Parent knowledge of what's available to support summer learning

Parent knowledge of what is considered high quality programming

Children not ready to learn because of trauma experienced

Summer programs needed for basic needs services (food, supervision, etc.)

Where a child is living not always aligned with school (divorce, staying with grandparents, etc.)



## ROOT FACTORS

CONTINUED

## STRUCTURAL

- Shift in focus/need changing because of COVID impacts
- Transportation access related to summer learning opportunities
- Disproportionate access to high quality summer learning programs/activities
- Affordability of summer learning programs
- Parent access to information about programs
- Inconsistency of programming/quality of programming—some curriculum based, some supervision and activity based
- Differences of scheduling between public and private schools for summer
- Need qualified educators for summer learning
- Not a shared understanding of what students should be learning
- Lack of consistent training/professional development across all the programs (related to quality of instruction)
- Knowledge of standards around kindergarten readiness
- Lack of special needs focused summer programming services
- Lack of ELL summer programming services
- Increase of diversity in educators in out of school programs
- Many support services in KCS not available during the summer (EX: school counselor/PBIS)

## ATTITUDINAL

- Summer school is for fun/break—not for learning-- Diversity of opinion of what 'summer' should be
- Student burn-out—mental health impacts
- Educator burn-out—mental health impacts
- Expectations around attendance for summer programs

 **High Quality Care and Education (Birth–Age 5)**

## MEASURE OF SUCCESS

***% of children birth through age five receiving high-quality early care and education outside the home***

EXISTING PROGRAMS/INITIATIVES

Knox County Schools Blended PreK, Voluntary PreK, and Title-1 Three and Four Year Old PreK

Head Stat and Early Head Start

STAR Quality Rating and Improvement System

5 NAEYC accredited programs in Knox County

Smart Steps Child Care Assistance Fund

East TN Child Care Resource and Referral

Training, consultation to improve quality care; educates parents on quality care, refers families

Tennessee Early Childhood Training Alliance (TECTA)

Tuition and textbook support for ECEd students working/volunteering in field;

Helps educators obtain Child Development Associate (CDA)



**Positive Early Care and Education Climate**

MEASURE OF SUCCESS

**% of early care and education programs and schools integrating social-emotional (whole-child) strategies**

EXISTING PROGRAMS/INITIATIVES

All KCS preschool teachers, TA's and other staff trained in ACES and participate in follow up training each year

Connect 4 learning curriculum has weekly SEL lessons

Child care educators must complete training on adverse childhood experiences every 5 years (*minimum*)

TNVoices offers training, consultations, and coaching to help educators birth-8 year old children



**Regular School Attendance**

MEASURE OF SUCCESS

**% of children with regular attendance/not chronically absent (K-3)**

EXISTING PROGRAMS/INITIATIVES

Collaboration with school social workers and whole child support teams to monitor attendance and work with families regarding attendance

Community Schools strategic planning

## Grade Level Proficiency (PreK to 2nd Grade)

### MEASURE OF SUCCESS

**% of children PreK-2nd grade on-track in reading, math, and social-emotional competencies/self-regulation, and good interpersonal skills**

### EXISTING PROGRAMS/INITIATIVES

Child care educators must complete 3 hours of training on pre-literacy and literacy skills and education implementation annually

21st Century Community Center Learning Programs  
(variety of places in Knox)

LEAP

TN All Corps Tutoring  
(KCS and Community Partners)



# Domain Assets

## What Helps Children And Families Thrive In This Domain?

In 2022, Tennessee lawmakers passed historic legislation providing for an additional \$1B in new, recurring dollars for Tennessee students. TN Public School Districts will now transition to a student-based funding formula beginning in the 2023-2024 school year. Funding is set at a rate of \$6,860 per student and additional funding is distributed to districts for students who are from economically disadvantaged households, have unique learning needs, or live in rural or impoverished communities. The spending of these funds will be up to each school district, however, and we urge KCS to equitably allocate these increased funds to benefit students falling in the economically disadvantaged category to provide them the support and quality learning they need to thrive.

CCR&R Services provide referrals, resources, and a variety of trainings for early educators at DHS licensed centers and to families. The Knoxville Association for Child Care and Early Education has grown to include 110 organizations and provides year-round educational opportunities and an annual conference providing additional professional development and cohort relationship building.

Children in foster care automatically qualify for Head Start eligibility and the income of the foster parent does not impact eligibility.

Head Start and Voluntary Pre-K accept children with varying disabilities into their programs. Each program helps address systemic barriers such as transportation, access to subsidies and basic need accommodations.

The TN Department of Human Services is offering training and funding to child care providers who will modify their classrooms and accept children with disabilities in an effort to increase the number of inclusion classrooms.

Community Schools is an initiative that uses public-school facilities as a hub to bring together and align community partners to support the needs of the community. Resource coordinators work with a diverse network of over 275 organizations, businesses, and individuals to provide a range of services based on the needs and assets of each school, with the goal of removing barriers to student learning and optimizing health and well-being. The initiative focuses on creating a supportive environment for students, families, schools, and neighborhoods.

Parent/Caregiver participants in our Early Care and Education Survey ranked Quality and Rating of Child Care Facility the #1 factor when choosing child care options for their child

Families who qualify for a federal child care tuition certificate must pay a 'co-pay' for accessing child care. The TN Department of Human Services has waived this copay through December 2022.

# What's Right with Literacy?

## Tennessee's "Sounds First" Approach

The State of Tennessee's comprehensive and evidence-based vision for literacy, Reading 360 and KCS's Benchmark curriculum, prioritizes the science of reading, foundational literacy training for educators, and screening and interventions for students who are falling their peers. The Tennessee Literacy Success Act, passed in January 2021, strengthens this vision, requiring all teachers, including those in prep programs, be trained on foundational literacy skills, and all school districts adopt high-quality instructional materials.

## High-Dosage, Low-Ratio Tutoring

Children in Knoxville-Knox County now have access to more free tutoring opportunities than ever before, made possible by the TN Department of Education's ALL CORPS grants. The tutoring programs are administered by United Way of Greater Knoxville and Knox Education Foundation and provided by Boys and Girls Clubs of TN Valley and YMCA of East Tennessee.

## Voluntary Pre-K

Approximately one in four 4-year-olds are enrolled in the Knox County Schools Voluntary PreK program.

## Dolly Parton Imagination Library

72% (19,591) of eligible children in Knox County are enrolled in the Dolly Parton Imagination Library monthly mailing book program.

## Public Libraries

Adults and children alike can benefit from the XX public library branches in Knox County. Knox County Libraries has a robust offering of early literacy programs including the recently opened Story Book Trails that are installed along accessible paths in local parks, each unique story and setting encourages a love of reading, imagination, movement, and the outdoors as readers move from panel to panel (like a page in a book) as they read and talk about a story.

## Knox Area Afterschool Network

Afterschool and summer program providers participate in the Knox Area Afterschool Network which will provide training opportunities in foundational literacy skills so that they can understand how to better incorporate these skills into their programs.

## Bright Steps Activity Packs

Over 150 child care educators in Knox County have received UWGK's Bright Step Activity Packs, available in both English and Spanish, that provide high-quality social-emotional and early literacy developmental activities.

## Friends of Literacy

Friends of Literacy's mission is to improve lives through literacy and foster a love of reading. The program helps adults and children gain the literacy skills they need to achieve their goals and decrease literacy disparities between low-income children and those from more affluent homes.

## Read City USA

Led by Knox County Mayor Glenn Jacobs, Read City USA is a collaborative program of the Knox County Public Library, Knox County Schools, Knoxville Education Foundation and many community organizations to illustrate our community's commitment to literacy as a core value. By promoting literacy and a love of learning, Read City USA is working to build a stronger, more resilient community that prepares the next generation for success.

## One Book Knox County

One Book Read City is a community-wide reading initiative aimed at promoting literacy and fostering a sense of unity through the shared experience of reading a single book. The initiative is led by Read City USA and is open to residents of all ages, with a focus on encouraging students and staff from all 53 Knox county elementary schools to participate in related events, discussions, and activities.



# Domain Challenges

## What Is Not Working As Well As It Should?

Knoxville-Knox County, like most communities across the United States, is facing a child care crisis. Child care and preschool are necessities for working families, but the high price of care puts them out of reach for many, particularly working families in our target population. Parent/caregivers are faced with impossible choices and are left weaving together a patchwork of care or making career sacrifices that affect their families' overall economic security and ability to build wealth that could translate into later post-secondary educational investment for their children. And while child care remains unaffordable, our early educators are paid some of the lowest wages in the nation.

The 'business' of child care is not a profitable one. To address this crisis, the United States and the State of Tennessee needs to increase public investment to make affordable, high-quality child care and preschool a reality for families and providers. In Knoxville-Knox County, 20,181 children under the age of 6 have all available parent/caregivers working outside the home. Employers depend on child care to support their workforce, and many early educators who are responsible for critical brain-building hours in a young-child's life are paid barely enough to cover basic bills. Addressing the child care crisis has the potential to improve families' economic security and well-being, accelerate economic growth, and improve health and educational outcomes for children. The time is now to make high-quality childcare affordable and accessible for every child in Knoxville-Knox County.

***United Way of Greater Knoxville and YMCA of East TN are in the planning stages to launch Knoxville-Knox County's first Micro-Center Network with Hillcrest Healthcare, Knox County Schools and Pellissippi State Community College.***

A micro-center is a network of one classroom child care 'centers' located in an existing school, hospital, office building, or community center with funding support from business investors, grants, and public subsidies. Micro-centers are staffed by highly qualified early childhood educators who may be facing barriers in operating out of their homes or lacking the capital to open their own center; businesses with employees who struggle to find high quality affordable childcare may consider partnering with businesses located in a similar area with like needs.

Micro-Centers are generally managed by a "Hub" that has experience managing child care centers of varying sizes. These "Hubs" are responsible for hiring qualified teachers, training, enrollment, fee collection and grant management, and meeting licensing standards, among other responsibilities. This model can help keep initial costs down by using multiple funding streams, donated space and supplies, and by partnering with an existing organization that is well versed in managing early childhood education center.

Micro-centers are an excellent option for businesses whose employees have a need for childcare but do not want to foot the entire bill themselves; partnerships formed with the local school district, building owners, and other like-minded business owners will help get a project like this off the ground. Businesses can get involved with the opening of a micro-center by opening up space in their commercial buildings, collaborating with other local business owners to pool funding, and advocating for change at the local and state level.

According to the U.S. Department of Health and Human Services, child care is affordable if it costs not more than 7% of a family’s household income. **By this standard, only 14% of Tennessee families can afford infant care. In Knox County, the child care burden for a household with two children equates to 32% of median household income.**

**SURVEY**

**How often are the following a challenge for you and your family?**

	NEVER	RARELY	SOMETIMES	ALWAYS
Access to affordable high quality child care	14.36%	8.13%	33.13%	<b>41.25%</b>
Availability of high quality child care near home or work	17.61%	7.55%	28.30%	<b>41.51%</b>
Availability of high quality child care when I need it	15%	8.13%	24.38%	<b>47.5%</b>

High turnover in conjunction with the lack of substitute child care teachers means that implementation supports like coaching, planning, and technical assistance are not happening regularly for those teachers in the field. High turnover also means that children are not receiving the continuity of care that is so important for brain development.

# Why is Child Care so Costly?

Providing high-quality child care requires low staff ratios and small group sizes. Additional expenses necessary for maintaining safe and healthy learning environments go far beyond the traditional K-12 classroom. Teacher pay and benefits are typically the only area to cut when inflationary prices rise for child care programs that are trying to keep child care tuition affordable for parent/caregivers. The formula rarely works effectively without additional state and federal investments.

## \$10,800 A YEAR

The typical cost of center-based care for an infant in TN.

18% of the median household income for Knox County.

37% of the Black median household income for Knox County.

72% of the income for a single parent earning minimum wage.

## \$19,301 A YEAR

The typical cost of one infant and one child in PreK for center-based care in TN.

32% of the median household income for Knox County.

66% of the Black median household income for Knox County.

129% of the income for a single parent earning minimum wage.

Approximately 25% of Knox County's 4-year olds attend the free Pre-K programs in our public schools or as part of the Federal Head Start program, even though 40% of 4-year olds are living in economically disadvantaged households. While all children benefit from high-quality early learning environments, economically disadvantaged children show the most gains when participating in high-quality Pre-K programs such as Voluntary Pre-K and Head Start. We must increase our 4-year old Pre-K capacity by an additional 1,200 seats (60 classrooms) to cover this gap.

When asked, "If you could wave a magic wand and fix anything in the K-12 school system, what would you fix?", a small focus group of Knox County Community leaders reported simply being able to provide a whole-child assessment to every student entering Kindergarten at a Knox County School. Currently, we do not have any consistent methodology across the district that helps teachers know the health, mental health, and developmental needs of Kindergartners entering the school system. Many developmental delays are not caught until the students enter Kindergarten and it can take between 6-8 months to complete district evaluations and assessments needed to provide an Individualized Education Plan (IEP) for that student. To better understand how schools can prepare themselves to be ready for the students coming to them, Knox County must consider implementing a whole-child screener the summer before the student enters Kindergarten. This would also provide parent/caregivers critical information about their child's developmental needs to help them get ready for Kindergarten.

## 20% of parent/caregiver participants in our ECE survey indicated they do not understand what their child needs to be ready for Kindergarten

### Some of the following concerns were listed in the survey about raising their child and preparing them for Kindergarten:

- Making sure they are emotionally ready and they can interact appropriately with their teacher and fellow students
- Attention span to do classwork
- Getting the help she needs for her genetic syndrome conditions
- He isn't socially ready. Because of COVID I haven't enrolled him into a full-time program, only a MDO program. Also, the availability of quality affordable childcare is awful in Knoxville
- I use workbooks, but I feel like we should be starting to prep for Kindergarten. Her daycare has not really started yet. I worry about them not being mentally or emotionally ready
- Focusing too much on academics and not enough on play
- Their personal safety
- No violence or abuse
- That their disabilities are taken into consideration and they are protected from harm
- Kindergarten is a lot harder these days
- That they have to sit so long in a Kindergarten classroom
- Whether they will be killed in a school shooting once they get there
- I can't teach what I don't know to teach
- Preparing them myself from home as a single mom of 5
- The teacher is psychologically healthy, the teacher will not hurt my child
- I'm afraid Kindergarten will slow down my child

Numerous research studies have shown that students who participated in high-quality pre-kindergarten programs are less likely to repeat a grade, require remedial education, or be placed in special education; score higher on achievement tests; are more likely to graduate from high school and go on to college; get higher paying salaries as adults; and are more likely to stay out of prison and off welfare.

### **The Alabama Office of School Readiness defines “school readiness”<sup>21</sup> as a condition whereby children enter school with:**

An enthusiasm for learning;

An ability to function in a social setting;

Age-appropriate communication and problem-solving skills; and

Optimal health





# Other Systemic Barriers

## Early Childhood Domain #1: High-Quality Birth to Age 8 Learning Environments

- There are not any licensed child care providers that provide night shift child care.
- There are few licensed child care providers that provide child care on a sliding fee scale.
- There is no dedicated stream of funding to support the unbalanced early childhood system. The majority of Knox County families cannot afford to pay the true costs of quality care and for economically disadvantaged families, the costs are absolutely unaffordable.
- The TN Department of Human Services child care certificates, which is funded by the Child Care Block Development Grant, does not cover the true cost to provide high-quality child care or pay child care educators a thriving wage.
- Many working families, especially those who fall in the United Way A.L.I.C.E category (Asset Limited Income Constrained Employed) are on a benefits cliff, meaning they make too much to qualify for child care tuition assistance, but too little to be able to afford the high cost of care.
- During the pandemic, an unintended negative consequence of federal relief in the form of free school lunches was that many students families did not submit their free and reduced lunch applications. The State of TN's Title 1 funding that is given to high-priority schools is based on the number of free and reduced lunch applications at this time.

# What Can You Do?

## INDIVIDUALS

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### ACCESS

### AWARENESS

Learn which candidates support improving early childhood and vote in local, state, and federal elections.

#### Caregiver

Engage with child care or school teachers to learn how to support your child's learning at home.

### ADVOCACY

Advocate for quality education for all by contacting your school board representative and telling them you want new funding generated by students in subgroups to go towards schools where those students are enrolled.

### ACTION

Volunteer at your local child care or school.

Donate to [donorschoose.org](https://donorschoose.org) and help teachers stock their classrooms with items that economically disadvantaged families may not be able to contribute.

Donate to local 501c3 child care providers like the Children's Center of Knoxville, Olive Tree Academy and Little Oaks Academy who serve economically disadvantaged children.

## ORGANIZATIONS

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### ACCESS

### AWARENESS

### ADVOCACY

### ACTION

Implement family-friendly business policies related to family leave, or offering flexible work schedules for staff with young children.

Consider whether your business site might be a good candidate for a Micro Center (*see inset on page 48*).

## ELECTED OFFICIALS

### ACCESS

### AWARENESS

Support families in providing enriching early learning and literacy activities at home by:

- Providing parents information and resources to engage in early learning activities at home
- Increasing public awareness of the benefits babies derive from hearing language and engaging in close contact reading activities.

Work with public financing managers to better understand the amount of money being spent on children—where it is coming from and where it is going.

### ADVOCACY

### ACTION

Ensure all families access to quality early childhood programs by:

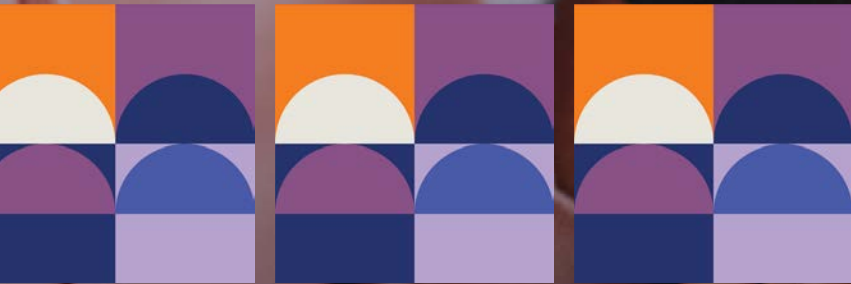
- Stabilizing and sustaining the child care system and workforce now, while building a system that recognizes child care as the public good it is, funded to ensure all families have access to high-quality affordable child care that meets their children’s developmental needs, while ensuring early educators are supported and compensated in line with the critical importance of the work they do;

- Intentionally investing high-quality care in communities where families with infants and toddlers have the least access to it; and

- Recognizing and supporting the range of family preferences in types of care and increasing the availability of mechanisms, (e.g., staffed family child care networks, shared services models, resource and referral agencies, Infant-Toddler Specialist networks) that can support and stabilize all provider types.

Expand early intervention as an essential part of the early care and learning system by:

- Increasing federal funding of Part C IDEA from 1990’s levels to enable states to fully meet the developmental needs of infants (e.g., helping families navigate the system, expanding the early intervention workforce, ensuring adequate reimbursement);
- Ensuring coverage for more children who are at risk or could benefit from services; and
- Incorporating more IECMH expertise and services into early intervention



# 02 Early Childhood Domain

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Supported and Supportive Families  
and Communities



## Healthy caregivers who are equipped with the resources and skills necessary to care for their children are likely to engage in higher quality interactions with their children.

Healthy attachment starts in the womb when an expectant mother takes care of herself physically, avoids chronic stress situations and stays away from harmful toxins allowing for optimal brain development in utero.<sup>22</sup>



When small children are brought home, they are basically aliens to this world. They do not know what is safe and not safe; they have not acquired language, etc. They came from an environment where they were always warm, constantly fed and heard the rhythmic sounds of mom's heartbeat and breathing. They then enter a world where they feel cold, hungry and experience other, sometimes overwhelming, sensations. When the baby cries, s/he is "serving" communication to the caregiver. When the caregiver goes through the laundry list of what could be wrong and tries to fulfill the need, s/he is "returning." These early serve and return interactions are teaching babies many things. Language acquisition is also happening through these serve and return interactions. The baby is learning they can trust their needs will be met, forms attachment with a caregiver, learns to feel safe, etc. As this cycle repeats in various settings, the infant is growing and forming important neural connections around these serve and return interactions. The repetitive behavior of needs-expression and needs-met develops a strong foundation for continued learning and brain development. This cycle happens repetitively throughout a day and, as needs are met, a child's ability to trust is increased and a positive world view is formed. As the child continues to grow, s/he is better able to articulate and express needs in effort to have those needs met appropriately.

When families face poverty and economic instability, the associated chronic stress can affect the quality of relationships between caregivers and the children in their care, the safety of home environments for children, and longer-term child development.<sup>23</sup>





# Bright Start TN Measures of Success

These five measures, which will be tracked annually at the local and state level by the Bright Start TN Network, are indicators by which we can tell if families are being supportive of their child's development and communities are supporting the needs of the families.



## Safe at Home

### MEASURE OF SUCCESS

Rate of investigated/assessed child abuse or neglect.

Rate of investigations - unique count (per 1,000 children in gen pop) **66.93%**



## Positive Parent and Caregiver/Child Interactions

### MEASURE OF SUCCESS

Average number of minutes per day that parents or caregivers talk or play with their children

Baseline Data to be Established as Part of the Bright Steps Action Plan



## Reading with Children

### MEASURE OF SUCCESS

Percent of families that reported reading to their children every day during a typical week

**23%**



## Supports for Families

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### MEASURE OF SUCCESS

Percent of parents/caregivers reporting access to sufficient social supports and no difficulty paying for usual household expenses

**48%**



## Skilled and Knowledgeable Parents and Caregivers:

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### MEASURE OF SUCCESS

Percent of parents and caregivers reporting sufficient knowledge of child development and parenting skills

**89.36%**

 **Safe at Home**
**MEASURE OF SUCCESS*****Rate of investigated/assessed child abuse or neglect*****ROOT FACTORS****TRANSACTIONAL**

Increased levels of addiction

Domestic violence

Tyranny of the moment

Caregivers are isolating or are isolated

Grandparents as parents

**STRUCTURAL**

Lack of stable and affordable housing—housing instability and quality of housing

Lack of peers/ “people that look or speak like me”

Lack of culturally competent information, communication, assessment, and intervention

Increased homelessness and transient/ couch homelessness

Limited ‘eye on kids’ related to pandemic limitations (e.g. grandparents, neighbors, church, friends)

Transportation is limited (e.g. families paying neighbors, etc. To make appointments); to be able to afford housing many in rural areas or areas with limited public transit so there is reliance on others; they are paying more than typical transit costs.

Mental health systems are not equipped/have capacity to meet the need

Isolation and access of parent/caregiver from systems needed for support

**ATTITUDINAL**

Added stressors from job loss/instability, access to childcare due to quarantine

Untreated trauma (related factors: refusing to seek treatment or comply with medication, stigma, fearful because of negative past association with school system, trust issues, from seeking asylum or migrating, traumatic death in family, maternal depression,

Need for personal/in-home and culturally aware/competent intervention and access to knowledge and resourced related to early childhood development and family needs

Domestic violence

Many of these abuses and neglects are considered the norm for many families. Individuals may not see or identify any problems. So the question would be how to educate the community on abuse and maybe not assume that it is universal knowledge.



## Positive Parent and Caregiver/Child Interactions

### MEASURE OF SUCCESS

***Average number of minutes per day that parents or caregivers talk or play with their children***

### ROOT FACTORS

#### TRANSACTIONAL

Dependance, we have on screens and technology in home; constant distraction.

Lack of family meals times

Transition time between settings (shared parenting, grandparents, extended school hour settings)

How technology is/can be utilized (focus on smart phone for this target population); how to build positive interaction; encouraging learning apps and virtual field trips; improve parent/teacher communication

#### STRUCTURAL

Shift-work and multiple jobs can minimize the one-to-one time that can interact

Safety and quality of the parks in lower income communities verses higher income communities

Number of people living within the home environment

Impact of shared custody or divorce

If the parent has additional caregiving responsibilities with other children, disabled family member, senior

Some families are staying with other people which can limit positive parent interactions—because they are not trying to rock the boat

Schools not sending chrome books home daily and our families not prepared

Access or resources to know about or have access to places for unstructured physical play

Safety of public play spaces and outdoor spaces

Play spaces that are designed for PLAY and not all metal bars and plastic; natural play grounds; green spaces.

#### ATTITUDINAL

Many people may not know the benefits of this so community education could help (value to talking to child and playing with child); was this modeled or valued in their home generationally; gender related to perception of play; not understanding the difference between electronic play vs. Manipulative, sensory, somatic based, unstructured physical play

Fatigue when get home from work

Idea that “free-time is a privilege.”

Idea that “this is MY time” now that I am home

Perspective of education/literacy as a family effort from infancy verses something that happens once they start school

Lack of model for how to play





## Reading with Children

### MEASURE OF SUCCESS

***Families that reported reading to their children every day during a typical week***

## ROOT FACTORS

### TRANSACTIONAL

Teaching parents that do not have to read the words verbatim, does not have to be linear, kids can run around and play, books can be repaired/ teaching book care

Tyranny of the moment

Reading - and singing - is a rhythmic, repetitive, relational activity that promotes attachment and positive neural wiring

Literacy levels of caregiver/parent

### STRUCTURAL

Access to culturally relevant books

Access to multi-lingual books

Access to books with varied family structure, skin color, and family heritage

Reading to children not just on parent/caregiver—can community support/center-based/home-based care support

Community promotion and advocacy of reading (note story trails/times)

Accessibility to resources/activities around reading (story times for working parents)

Access to books due to cost and time/transportation to get books (use online library catalog, use smart phones, Yoto App, videos or live feed of other people reading books in order to get more literature into the homes; use of environmental print—signs, billboards)

### ATTITUDINAL

Idea that it will take too much time to read to child

Parent/caregiver knowledge and what that looks like per stage of development

The perspective that learning/literacy starts at kindergarten with teachers rather than at infancy/at home

Misconception that cannot read to kids until they can interact; not important to read to young children

Reading can only be at bedtime (teaching that can happen anytime)

“We don’t have books” (teaching parents that you can read boxes, recipes, other alternatives to books such as oral storytelling, singing and using sign language)

“Reading is a luxury”

Parents may have had really unpleasant experiences and feeling associated with literacy/learning to read leftover from their own personal experience and struggles with reading

Unconscious and implicit bias embedded into resource referrals around early literacy



## Supports for Families

### MEASURE OF SUCCESS

***Percent of parents/caregivers reporting access to sufficient social supports and no difficulty paying for usual household expenses***

### ROOT FACTORS

#### TRANSACTIONAL

Age of mother

Substance Misuse/Addiction

Social capital to know where to access supports or that supports can/should be made available

Male caregivers often not engaged in same expectation as female caregivers

#### STRUCTURAL

Time to access supports

Social capital to know where to access supports or that supports can/should be made available

Transportation...access to car or bus passes

Lack of childcare; Childcare at appointments so mother can focus on one child at a time or information being shared at appointment

Lack of network of other mothers to share with

Healthcare access (lack of insurance, no Dr. Visit in past 12 months)

Appointments/referrals requiring in-person vs. virtual sessions

Lack of kinship model

Implicit bias of practitioners

Non-traditional families excluded from care/supports

Changes in economic status

Choosing between X and paying the bills

Healthcare literacy and not understanding the importance of preventative care vs. Treatment or crisis care (e.g. prenatal care)

Discrimination

Negative prior experience with one program within the agency's many programs

#### ATTITUDINAL

Relationship and trust with medical professionals

Generational model for care and support; How does your family perceive care (e.g breastfeeding; generational knowledge)

Mental model

Trauma associated with assault; impact of sexual abuse and correlation to seeking care

Idea of "we do not talk to other people about our business."

Negative childhood experiences with "the system"

Changes in economic status: Shame to ask for help

Recognize that they need care but do not feel confident, strong enough, or capable of communicating their needs

Cultural differences in perception of need for prenatal care

Fear of being deported if they were to seek services

Socio-economic status of families in how they look for information/support: i.e. looking horizontal among peers vs. generational or multicultural looking vertically to family members

## Skilled and Knowledgeable Parents and Caregivers

### MEASURE OF SUCCESS

***Parents and caregivers reporting sufficient knowledge of child development and parenting skills***

### ROOT FACTORS

#### TRANSACTIONAL

Influence of Parents in your peer group on your parenting style/behaviors

Seeking information horizontally vs. vertically

Information better received from a foundation of trust/relationship

Consider how we can address/prevent shame-based interaction and messaging—messaging with compassion

#### STRUCTURAL

Social capital/knowing where to find resources

Messaging and dosing—distilling information in a more manageable way—consistency of information over a variety of settings

Consider all the places parents get information/influence by culture: Libraries, churches, faith communities, schools, childcare, pediatric services, Facebook, Parent workshops, community events, family units, internet/social media, small support groups, peers

Regulatory messaging from Federal/State/Local EX: Co-Sleeping

Consider impact of aftercare providers in discovery

How Childcare/school policies can create a sense of judgement on parenting approaches or that they do not support your style—lack of problem solving

#### ATTITUDINAL

The assumption that we “should” have knowledge to be a good parent vs. acknowledging we have work/knowledge to obtain

How parenting knowledge/modeling is passed down culturally

Parent as you were parented

Influence of Parents in your peer group on your parenting style/behaviors

Bias of how an individual seeks information about parenting (generationally and culturally (vertical) vs. peer and society (horizontally))

Respect of cultural influence on decision making

Shouldn't make assumptions about who is influencing child in early childhood development (consider all interactions)

Perception of being judged by those giving information

Implicit bias in how outcomes and behavior are assessed and/or communicated to the parent

 **Safe at Home**

MEASURE OF SUCCESS

***Rate of investigated/assessed child abuse or neglect***

## EXISTING PROGRAMS/INITIATIVES

Close Partnership With DCS and Family Justice Center

Nurturing The Next: Prevent Child Abuse

Stewards Of Children (Darkness To Light) Training – The Mcnabb Center

 **Positive Parent and Caregiver/Child Interactions**

MEASURE OF SUCCESS

***Average number of minutes per day that parents or caregivers talk or play with their children***

## EXISTING PROGRAMS/INITIATIVES

Parents as Teachers

Monthly Free Family Nights at Muse Knoxville

Muse for All Discounted Membership at Muse Knoxville

Knox County Public Libraries Story Time Programs

Dolly Parton's Imagination Library

 **Reading with Children**

MEASURE OF SUCCESS

***Number of days per week that parents read to their children***

## EXISTING PROGRAMS/INITIATIVES

Read City USA Program, Knox County Mayor

Dolly Parton's Imagination Library

Friends of Literacy

Parents as Teachers



## Supports for Families

### MEASURE OF SUCCESS

***Parents/caregivers reporting access to sufficient social supports and no difficulty paying for usual household expenses***

### EXISTING PROGRAMS/INITIATIVES

#### Parents as Teachers

#### Healthy Families

McNabb Center offers education, supports, and resources services to new and expecting families.

#### Welcome Baby Packets

#### Help Us Grow Successfully (HUGS)

Offers home-based interventions to expecting families through families with children aged 5 (Knox County Health Department)



## Skilled and Knowledgeable Parents and Caregivers

### MEASURE OF SUCCESS

***Parents and caregivers reporting sufficient knowledge of child development and parenting skills***

### EXISTING PROGRAMS/INITIATIVES

#### Nurture the Next offers Nurturing Parenting

8-12 week parenting classes focusing “on fostering nurturing, protective adult behaviors and safe environments for children in order to promote healthy coping skills and resiliency in children.” The McNabb Center offers these in Knoxville.

#### Healthy Families

McNabb Center offers education, supports, and resources services to new and expecting families.

#### ETCH-Grow with Me Clinic

#### UTMC-Infant Developmental Follow Up Clinic

#### Help Us Grow Successfully (HUGS)

Offers home-based interventions to expecting families through families with children aged 5 (Knox County Health Department)

#### Strengthening Families (ages 6-17)

#### Regional Intervention Program (RIP)

McNabb Center – ages 6 and under



# Domain Assets

## What Helps Children And Families Thrive In This Domain?

Knox County has 17 Community Schools which have site coordinators that focus on 4 Pillars: Integrated Student Supports, Expanded Enrichment Activities, Family and Community Engagement, and Collaborative Shared Leadership Practices.

Parents as Teachers and other evidence-based home visiting programs like Tennessee Early Intervention Systems and Helen Ross McNabb's Health Families programs provide critical early intervention resources, referrals, and caregiver training on important developmental needs of their children.

Knoxville is also home to the fully accredited Childhelp Children's Center of East Tennessee which serves victims of child abuse and neglect through advocacy, treatment and investigation services. Community members and agencies recognize the crisis of child abuse and united through partnerships to heal victims and fight abuse. The partnerships that allow children to heal while keeping them safe from perpetrators at the center are: Tennessee Department of Children's Services, The East Tennessee Children's Hospital, Knoxville Police Department, Knox County District Attorney's Office, Knox County Juvenile Court and Knox County Sheriff's Department.

Free Monthly Family Nights at local children's museum, Muse Knoxville provides high-quality educational experiences and parent/caregiver engagement opportunities that help them understand just how critical their role is in their child's development.

Nurture the Next offers Nurturing Parenting Classes at the McNabb Center are an 8-12 week parenting classes focused on fostering nurturing, protective adult behaviors and safe environments for children in order to promote healthy coping skills and resiliency in children.

# Domain Challenges

## What is Not Working as Well as it Should?

Parent/caregivers are their child's first and best teacher. They are also their child's best advocate and care coordinators. Unfortunately, there are many caregivers in Knoxville-Knox County that are struggling to meet their family's basic needs, much less being able to access or afford other services or programs that enhance the child's development. We have heard repeatedly from stakeholders and parent/caregivers that most caregivers have a strong desire to see their child thrive academically, physically, socially, emotionally in life and want to do what's best to support their child's development. **However, we know that parent/caregivers are struggling to access resources and supports needed to make this happen.**

# Other Systemic Barriers

## Early Childhood Domain #2 : Supported and Supportive Families and Communities

**In our Early Care and Education Survey, we asked parent/caregivers to share about the challenges their families face across a wide range of topics. Here are some areas that we consider high-priority:**

- 63% of parent/caregivers report having difficulty finding help and information on topics like child development, brain development, and emotional development.
- 28% report experiencing discrimination
- 18% report crime and safety issues
- 33% report access to affordable housing
- 25% report access to reliable transportation
- 34% report access to healthy food
- 12% report hunger (food shortage)
- 35% report access to affordable medical care
- 33% report access to affordable dental care
- 33% report access to mental health services

Funding for early intervention services has been cut and all existing programs are experiencing significant waiting lists. Now, more than ever before, we need to expand financial resources for evidence-based home visiting programs so that every child and family has access should they want it.

TN now has over 9,000 children in foster-care, however the number of foster care homes is insufficient to meet the demand and the grim reality is that some children are still forced to sleep in the office of their caseworker.

Employees who work for Department of Children’s Services or a foster care contractor are not allowed to become foster parents themselves, ruling out many willing and available homes for children.

Language barriers between service providers and Latino families impact how often and how early children are being referred for a variety of developmental needs.



# What Can You Do?

## INDIVIDUALS

### ACCESS

### AWARENESS

Work with community groups to bring education and awareness to economically disadvantaged families about informal education or career exploration opportunities.

### ADVOCACY

### ACTION

## ORGANIZATIONS

### ACCESS

### AWARENESS

### ADVOCACY

### ACTION

When hosting events that focus on families, consider providing a meal and childcare options so that the parent/caregiver can truly engage in your program.

When hosting events that ask economically disadvantaged family members to participate, consider providing a financial stipend equivalent to a thriving wage for their time committed.

## ELECTED OFFICIALS

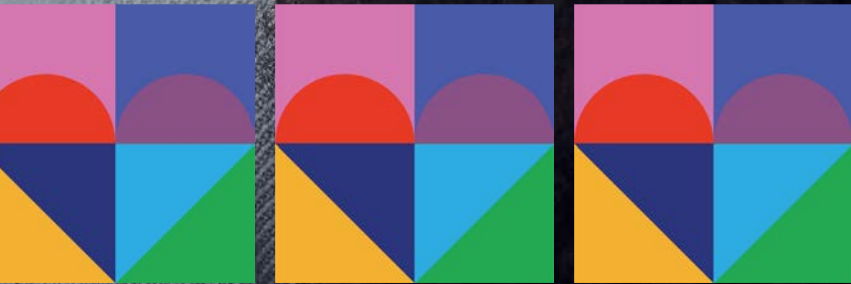
### ACCESS

### AWARENESS

Examine policies and procedures to ensure they do not disproportionately impact families with young children.

### ADVOCACY

### ACTION



# 03 Early Childhood Domain

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Health, Mental Health, and  
Development





**Healthy child development encompasses physical, social-emotional, behavioral, cognitive, and language development.**

**Thus, frequent assessment to track all these areas of child development is essential during the earliest years of life.**

Research also shows that the prenatal health and mental health of the mother is critical to brain development. In fact, early exposure to stressful and adverse life events at fetal and neonatal stages is one of the crucial risk factors for mood disorders such as anxiety and depressive disorder in adulthood.<sup>16</sup> The second year of life is the period for the fastest language acquisition as the child's brain develops, and research has shown that differences in language skills based on socioeconomic status are already evident in children at 18 months of age. Identifying and treating early indications of disability or developmental delay during a child's early years can improve childhood outcomes, increasing the likelihood of long-term benefits.<sup>17</sup>





# Bright Start TN Measures of Success

These five measures, which will be tracked annually at the local and state level by the Bright Start TN Network, are indicators by which we can tell if a child's health, mental health, and development are on track beginning at birth.



**Healthy Birth Weight**

MEASURE OF SUCCESS

% of babies born weighing 2500 grams (5.5 lbs.) or more

**KNOX COUNTY DATA**

**TOTAL NUMBER OF LIVE BIRTHS BY RACE (2020)**  
**5,078**

Low BTWT # **431**

Low BTWT Percent **8.5%**

**WHITE LIVE BIRTHS**  
**4239**

Low BTWT # **323**

Low BTWT Percent **7.6%**

**BLACK LIVE BIRTHS**  
**544**

Low BTWT # **81**

Low BTWT Percent **14.9%**

**TOTAL NUMBER OF LIVE BIRTHS BY ETHNICITY (2020)**  
**5,078**

Low BTWT #: **431**

Low BTWT Percent **8.5%**

**HISPANIC LIVE BIRTHS**  
**455**

Low BTWT # **45**

Low BTWT Percent **9.9%**

**NON HISPANIC LIVE BIRTHS** **4608**

Low BTWT # **383**

Low BTWT Percent **8.3%**



**Physical Health**

MEASURE OF SUCCESS

% of parents or caregivers reporting their child’s health is excellent or good

**96%** (For children 3-8 years old)



## Social and Emotional Health

### MEASURE OF SUCCESS

% of children exhibiting developmentally appropriate behavior, self-regulation, and interpersonal skills

**48%**



## Oral Health

### MEASURE OF SUCCESS

% of children with access to dental screenings and care

Participants with untreated decay total **427**

# TennCare **299**

The number of licensed, practicing dentists by county of practice. Rate is per 100,000 resident population (2021) **51**



## Early Intervention Services

### MEASURE OF SUCCESS

% of children improving with early intervention services

**1a. Percentage of children 0-3 who made substantial development progress on social emotional skills by the time they exited TEIS (2020-2021)**East TN Percent **79.63%**State Target Percent **59%****1b. Percentage of children who were functioning within age expectations on social skills:**East TN Percent **58.95%**State Target Percent **52%****2a. Percentage of children who made substantial development progress on acquisition and use of knowledge and skills by the time they exited TEIS (2020-2021):**East TN Percent **53.84%**State Target Percent **58%****2b. Percentage of children who were functioning within age expectations on acquisition and use of knowledge and skills:**East TN Percent **44.27%**State Target Percent **34%****3a. Percentage of children who made substantial development progress on use of appropriate behaviors to meet their needs by the time they exited TEIS (2020-2021):**East TN Percent **73.35%**State Target Percent **67.5%****3b. Percentage of children who were functioning within age expectations on use of appropriate behaviors to meet their needs:**East TN Percent **68.41%**State Target Percent **53%****Healthy Birth Weight**

MEASURE OF SUCCESS

***% of babies born weighing 2500 grams (5.5 lbs.) or more*****ROOT FACTORS****TRANSACTIONAL**

Addiction and/or mental health as it relates to seeking prenatal support and services

History of domestic violence/abuse (can lead to lack of trust, avoidance in seeking care)

Tobacco use

MAT impact on infant growth

Planned or unplanned pregnancy



## ROOT FACTORS

CONTINUED

Number of pregnancies  
 Length of time between pregnancies  
 Maternal age (under 17, over 35)  
 History of chronic disease  
 Birth of multiples

## STRUCTURAL

Access to healthy foods/nutrition  
 Access to prenatal care, family planning, and support  
 Access= transportation, proximity, language, insurance, etc.  
 WIC participation  
 Family and social support  
 Maternal safety from interpersonal and community violence  
 Environmental stressors (disability, exposure to pollutants, etc.)  
 Genetic factors  
 Experience of racism  
 Mom's experience with adversity

## ATTITUDINAL

Attitude towards healthy foods  
 Value placed on prenatal care (awareness, modeling, etc.)  
 Fear associated with accessing care (uninsured, language barriers)  
 Lack of trust in support systems/medical professionals  
 Family and social support  
 Maternal age (under 17, over 35)  
 Number of pregnancies/length of time between pregnancies  
 Shame  
 Implicit and unconscious bias



## Physical Health

## MEASURE OF SUCCESS

**% of parents or caregivers reporting their child's health is excellent or good**

## ROOT FACTORS

### TRANSACTIONAL

- Shame and guilt may lead to behaviors of misrepresenting child's health status
- Modeling physically healthy behaviors via caregiver/parent
- Comfort with sharing private health information, especially as it relates to children
- Gaps in medical records due to changes in caregivers, providers, etc.
- Degree to which children are meeting dietary and physical activity guidelines
- Parents experience (ACEs, bias, etc.) that would impact how they engage with the health system

### STRUCTURAL

- Access to effective assessment tools (health, mental health, development) for parents/caregivers to measure "good health"
- Access to one-on-one time with medical providers (well child visits, early intervention, etc.)
- Time to utilize public health programs or seek medical care
- Lack of knowledge and resources to information about a child's health, mental health, and developmental needs
- Effective communication channels
- Inconsistency in guidance, who is considered the authority
- Cultural competency of providers gathering this information from parents/caregivers
- Network of opportunities for parents/caregivers to report this information
- Access to healthy foods
- Access to safe environments where families feel comfortable engaging in physical activity

### ATTITUDINAL

- Caregiver understanding of benchmarks of good health
- Lack of consensus regarding definition of "good health"
- Variation in good health markers from child to child
- Shame and guilt
- Self-efficacy of parent caregiver in advocating for needs of child
- Parent/caregiver's ACEs, experience with racism, bias, etc.



## Social and Emotional Health

### MEASURE OF SUCCESS

***% of children exhibiting developmentally appropriate behavior, self-regulation, and interpersonal skills***

## ROOT FACTORS

### TRANSACTIONAL

- History of family addiction
- Generational trauma
- Mental health of caregiver
- Mental health of child
- Limitations of parents/caregivers in expressing these skills themselves
- Lack of caregiver knowledge around appropriate behaviors and skills
- Institutional systems that create adverse experiences for children and families
- Caregiving style (attuned, attentive) impact on ability to self-regulate

### STRUCTURAL

- Consistency of caregivers
- Access to assessment and resources (early intervention)
- Age resources can be accessed
- Early identification and diagnosis
- Lack of training/resources in diagnosing social/behavior
- Lack of pediatric mental health practitioners, leads to delay in care
- Practitioners not reimbursed at the same rate for medical/social/behavior
- Discipline practices in early care settings (0-5 expulsion)
- Institutional racism
- Consideration of adjusted age based on non-neurotypical brain structure in assessments
- Access to knowledge and resources that explain what developmentally appropriate behavior, self-regulation, and interpersonal skills (child development) is
- Appropriate early caregiving
- Toxic environment
- Misdiagnosis from lack of cultural competency of providers

### ATTITUDINAL

- Stigma around seeking psychosocial evaluation
- Resistance to diagnosis
- Lack of cultural agreement on social and emotional health norms
- Misdiagnosis from lack of cultural competency of providers
- Bias and lack of trust
- Difference in accepted behaviors and expectations by gender
- Impact of racism on daily lived experiences
- Implicit bias of practitioner
- Bias in discipline by race, gender, etc.

 **Oral Health**

## MEASURE OF SUCCESS

***% of children with access to dental screenings and care***

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**ROOT FACTORS**
**TRANSACTIONAL**

Lack of understanding how to take care of dental hygiene

Diet/nutrition choices and behaviors affecting dental health

Juice/sugary beverages in bottles at night

Pacifier use beyond 12 M (verify with data)—anything that goes into mouth

Pacifier cleaning (Mom's mouth transfer of bacteria)

Time - extraction happens instantly vs. root canal/crown can take up to three visits if all goes well and this causes work days to be taken off

Lack of teeth contributes to other health problems such as digestive health

**STRUCTURAL**

Lack of knowledge about oral health needs

Cost of oral care (preventative, etc.)—Snap benefits cover?

Lack of quality of dental care based on insurance access/coverage

Affordability of dental care coverage/insurance—including copays (what insurance is not covering)

Dental care hours of operations not conducive to working family's schedules

Lack of access to pediatric providers who accept TennCare

Parent/caregiver knowledge of developmental needs related to oral care: pacifiers, dental care, etc.

Pediatric dental knowledge of how to work with young children-- And lack of training in working with kids with special needs.

**ATTITUDINAL**

Differences in cultural prioritization of oral health care

Diet/nutrition choices and behaviors affecting dental health

Perception that extraction is better vs root canal/crown due to poor insurance coverage and cost



## Early Intervention Services

### MEASURE OF SUCCESS

***% of children improving with early intervention services***

## ROOT FACTORS

### TRANSACTIONAL

Parent/caregiver resistance to having outside services into the home

Multi-families living inside the home increases resistance to home visiting

Lack of understanding of the need for early intervention services

Denial, embarrassment, fear—other responses creating barriers

Communication and referral process of what's available—struggle to keep up with all the programs and follow-up—breakdowns in communication

### STRUCTURAL

Eligibility standards changed (decreased) due to funding cuts

Language barriers of practitioners delivering services

Transportation barriers to access site-based/clinic services

Time barriers to access site-based/clinic services

Tech/Phone barriers

Access to information about Early Intervention

Lack of accessible/continuum of care

Access to Interpretation and translation services for all languages needed

Some early intervention programs do not have regular access to interpreter and translation services—concerns that interpreter services not fully representing the conversation to families

Cost of services is higher than others but return on investment is higher

### ATTITUDINAL

Fear of authority figures coming into their space—fear of punitive consequences

Male dominant decision making of the household creating resistance to programming—related to lack of understanding of importance of early intervention

Focus on the Relationship with family over 'process'—for family feeling like they are starting over

New legislation introduced and in budget proposal to increase this age to 4, but ideally should be 5 to go through Kindergarten transition

Lack of trust in the continuum of care—too many transitions before Kindergarten not well communicated





## Healthy Birth Weight

### MEASURE OF SUCCESS

**% of babies born weighing 2500 grams (5.5 lbs.) or more**

### EXISTING PROGRAMS/INITIATIVES

Knox County Health Department

WIC

Designated Breastfeeding Expert (WIC and KCHD)

Strong Baby (KCHD)



## Physical Health

### MEASURE OF SUCCESS

**% of parents or caregivers reporting their child's health is excellent or good**

### EXISTING PROGRAMS/INITIATIVES

Knox County Health Department-Strong Baby

Vine Clinic

Parks And Recreation Dept- Play Spaces Available Throughout The County

Gold Sneaker Initiative (Currently Being Restructured But Offered Through Child Care Centers)



## Social and Emotional Health

### MEASURE OF SUCCESS

***% of children exhibiting developmentally appropriate behavior, self-regulation, and interpersonal skills***

### EXISTING PROGRAMS/INITIATIVES

Community Schools partnership with Helen Ross McNabb

Therapeutic Preschool Programs at HRM

Parents as Teachers

Behavior Liaisons in schools (access is available for preschoolers)

Child find

Mental Health 101

Screen NOW!

KCS / McNabb clinicians at 33 schools



## Oral Health

### MEASURE OF SUCCESS

***% of children with access to dental screenings and care***

### EXISTING PROGRAMS/INITIATIVES

Western Heights Dental

KCS and Community Schools Partnership with Elgin Foundation

Dental Sealants provided by Health Department (in schools)

**🧠 Social and Emotional Health**

**MEASURE OF SUCCESS**

**% of children exhibiting developmentally appropriate behavior, self-regulation, and interpersonal skills**

**EXISTING PROGRAMS/INITIATIVES**

- Child Find
- TEIS
- Parents as Teachers
- Early Head Start
- Voluntary Pre K / Title 1 Prek
- Speech/Language services in schools starting at age 3
- Blended Preschool Programming
- School level hearing and vision screenings for preschoolers
- Child Find

**SOCIAL DETERMINANTS OF HEALTH FOR INFANTS AND TODDLERS FROM ZERO TO THREE**



Source : <https://zerotothree.wpenginepowered.com/wp-content/uploads/2022/10/ZTT-SDoH-Brief-2022-FINAL-11-2-22.pdf>

# Domain Assets

## What Helps Children And Families Thrive In This Domain?

- Knoxville-Knox County boasts a local children's hospital, East TN Children's Hospital (additional details)
- UT Medical Center has a Level III Neonatal Intensive Care Unit (NICU) for infants born prematurely, critically ill, or in need of special care
- In the Early Care and Education Survey, 97% of parent/caregivers responded that their child sees a pediatrician. Most respondents also reported that they trust their pediatrician to provide advice on their child's emotional development, brain development, and mental health needs
- Referrals to Child Find may be made by caregivers, Tennessee Early Intervention System (TEIS), Head Start Programs, Parents as Teachers, Voluntary Pre-K and more. A child is assessed and provided an Individual Education Plan (IEP) that follows their child throughout school until services are no longer needed
- Starting in October 2022, families of children who are eligible for IDEA Part B services will have the choice to continue with TEIS services until the start of the school year following the child's 4th birthday. This critical extension offers families an additional option to consider as they help their children develop and prepare for school.
- Helen Ross McNabb runs a Therapeutic Preschool that provides 10 weeks of intensive group treatment to children ages 4-6 who have suffered abuse neglect, or other adverse childhood experiences.
- Knox County has a Blue-Ribbon Parents as Teachers affiliate that is a prenatal to Kindergarten program that helps parents know how to be their child's first and most influential teacher. This evidence-based home visiting model is designed to ensure young children are healthy, safe, and ready to learn.
- The UTMC Developmental Follow-Up Clinic and ETCH Grow with Me Clinic both serve at-risk children who have experienced intrauterine drug exposure or were diagnosed and treated for Neonatal Abstinence Syndrome (NAS). The focus of these programs is to address the medical, developmental, and emotional needs of a child during the first five years of life.
- Helen Ross McNabb and East TN Children's Hospital opened a children's crisis and stabilization unit in 2022. The first of its kind in Tennessee, this pediatric CSU serves children in need of behavioral health treatments, including therapy, medication, and other services to help them work through a mental health crisis.

# Domain Challenges

## What Is Not Working as Well as it Should?

Access to and awareness of what is available to support the health, mental health, and development of young children is a real challenge for many Knoxville-Knox County parent/caregivers. Affordability of services is also a significant challenge. Insurance companies that do not reimburse providers for the true cost of care have led to provider shortages, particularly in specialty, pediatric and maternal care where liability insurance rates are very high for practitioners. When caregivers suspect a developmental delay in their young child, it can often take the better part of a year prior to being evaluated, and insurance will not cover critical early intervention services until these evaluations are completed and an official diagnosis obtained.

- In the Early Care and Education Survey, 33% of parent/caregivers reported having challenges to accessing mental health services, 35% reported having challenges to accessing affordable medical care, and 33% reported having challenges to affordable dental care
- 63% of parent/caregivers find it difficult to find help and information on children's developmental needs
- 27% of parent/caregivers believe or unsure that a child's brain development benefits equally from TV or a real person

According to the Mental Health Association of East Tennessee's most recent State of Mental Health Report, less than 10% of private practicing professionals in Knox County are taking new patients.<sup>19</sup> Additionally the report highlighted accessibility challenges directly affecting Bright Step's target population:

## SPECIAL POPULATION ACCESS

\*ADAPTED FROM THE MHAET STATE OF MENTAL HEALTH REPORT

### DIVERSITY OF PROFESSIONALS

Few black mental health professionals  
 Few Spanish-Language mental health professionals  
 Hispanic, Black, and Multi-Racial populations have experienced highest rates of symptoms since the COVID-19 pandemic began

### CHILD PSYCHIATRY DESERT

Knox County is a 'Child Psychiatry Desert'  
 KCS contracted students to social worker ratio is 1 social worker per middle and high school  
 No contract social workers at KCS elementary schools



During several community conversations with parent/caregivers and pediatric practitioners alike, we found a lack of knowledge of developmental milestones and health, mental health, and development needs. Access to culturally appropriate resources and access to updated research and findings are significant needs in Knoxville-Knox County.

Transportation, and access to services outside of Monday-Friday 8 AM to 5 PM hours are additional barriers that significantly impact parent/caregivers in our target population.



# Other Systemic Barriers

## Early Childhood Domain #3: Health, Mental Health, and Development

- While KCS is legally required to provide education for all children, most undocumented children are not eligible for insurance. Lack of insurance eligibility and familial fear of medical institutions can make it very difficult for children to receive the health, mental health, dental health, and developmental health services they need to thrive in school.
- While the Department of Children's Services (DCS) is legally obligated to provide for all health needs of undocumented children while in their care, if those children are not on TennCare, DCS must pay providers directly. However, due to slow payment processing by DCS, many providers will not serve children in foster care whose bill will be paid by DCS.
- Due to insufficient reimbursement rates for clinical psychologists to diagnose autism spectrum disorders, there are few medical professionals in Knoxville-Knox County willing to do so. The backlog for TennCare families waiting to have their child evaluated is almost one year, removing opportunity for early intervention at a critical stage in brain development, particularly for children that will ultimately be diagnosed on the autism spectrum.

# What Can You Do?

## INDIVIDUALS

### ACCESS

### AWARENESS

Learn the developmental milestones for children

### ADVOCACY

### ACTION

Do simple activities like those found in the Bright Steps Activity Packs every day with children to promote brain development and social emotional bonding

Read to children every day

Ensure the young children in your life attend well-visits

## ORGANIZATIONS

### ACCESS

### AWARENESS

Consider family-friendly, and early childhood friendly benefits such as expanding Employee Savings Accounts to include child care fees, choosing health care packages with early intervention coverage and lowered co-pays, etc.

Offer implicit bias, cultural competence, Trauma-Informed Practice, and poverty simulation trainings for staff

### ADVOCACY

### ACTION

Commit to waiting rooms and business practices that are trauma informed and considerate of children and adults who might be overstimulated

**ELECTED OFFICIALS**

**ACCESS**

**AWARENESS**

Require agency staff to go through Adverse Childhood Experience and Trauma-Informed customer service training

**ADVOCACY**

Work with legislative delegation to craft legislation tying TennCare Behavioral Health provider rates automatically to increases in medical inflation to ensure compensation rates are competitive

Work with legislative delegation, chamber and employers to pass Mental Health Parity legislation requiring all health insurers to have an adequate provider network requiring 75% of paneled providers to take new patients (increase # providers on panels) to insure improved access to care

Expand insurance coverage for pregnant women by:

- Increasing the eligibility limit for pregnant women to 200% of FPL or higher;
- Mandating Medicaid coverage for women through 12 months postpartum; and
- Promoting coverage of approaches such as doulas.

Ensure infants and toddlers have access to preventive and other essential health care by:

- Mandating Medicaid coverage for all children until they are 3 years old: and
- Requiring a certain percentage of Medicaid funding to be used for health promotion and prevention, including addressing the social determinants of health.

Ensure access to behavioral health services by:

- Requiring coverage of IECMH services that include multi-generational therapies for babies and caregivers
- Ensure infants and toddlers with developmental delays receive intervention services by:
- Promoting use of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to monitor and address developmental needs.

**ACTION**



# Evidence Based Strategies & Implementation

After learning of the barriers, needs, critical assets, and root-cause factors, the Bright Steps Working Groups and Advisory Committee identified evidence-based strategies from the Bright Start TN Network Clearinghouse and from other local recommendations.

<https://tqee.org/bright-start/clearinghouse>

The groups then assessed the identified strategies for their community fit, impact, capacity and resources, and existing partnerships. The working groups and Bright Steps Advisory committee then engaged with key stakeholders to identify the final set of prioritized strategies described in the following section.

### How do we know if a strategy is right for Knoxville–Knox County?

#### Fit

Does this strategy directly fit or align with Knoxville–Knox County’s priorities?

**Impact:** Is this strategy likely to have a significant impact in advancing the Bright Steps growth goals and early childhood domains?

#### Capacity and Resources

Does Knoxville–Knox County have near-term capacity to advance this strategy in terms of funding, local expertise, and cultural commitment?

#### Partners

Are community partners available to help support the implementation of this strategy?

For each strategy we will share which implementation partners have agreed to implement or scale the evidence-based strategy and provide continuous feedback on the progress to the Bright Steps Advisory Committee.

Note: Some strategies do not yet have an implementation partner identified. If you or an organization you are connected to might have an interest in getting involved, please contact [ellie@theunitedwayknox.org](mailto:ellie@theunitedwayknox.org)

The strategies we have prioritized are at various stages of implementation. The implementation stages are identified as the following:

#### STAGE 1

An implementation timeline will be established among partners by Fall 2023. For this reason, measures and scale of the strategy may not yet be known.

#### STAGE 2

Strategy is currently in the planning phase and will launch in 2023.

#### STAGE 3

Strategy is already in motion.





## Early Childhood Domain #1 High-Quality Birth To Age 8 Learning Environments

### Bright Steps Growth Goals

A 5% increase in the number of economically disadvantaged children birth through 3rd grade receiving high quality early care and education outside of the home by June 30, 2025. (Baseline to be established Fall 2023.)

By the end of the 2024-2025 school year the number of economically disadvantaged\* 3rd grade students scoring on-track or mastered in ELA and MATH on the State of TN’s TCAP assessments will have increased by 15 percentage points in Knox County Schools.

CURRENT	SY22-23 GOAL	SY23-24 GOAL	SY24-25 GOAL
ELA 18% (811)	23% (1,035)	28% (1,261)	33% (1,486)
MATH 15% (676)	20% (900)	25% (1,126)	30% (1,351)

\*Note: The current TCAP scores listed are from the subcategory ‘Economically Disadvantaged’ which represents all Knox County Schools 3rd graders that are living in households with household incomes of 200% or less of Federal Poverty Guidelines.

### STRATEGIES AND PROGRAMS OVERVIEW

**Expand TN All Corps Tutoring support for K-3rd graders in out of school environments to provide high-dosage, low-ratio reading tutoring through out of school community partnerships.**

**Development of an Early Care and Education Workforce Development System**

**Development of Early Care Shared Services Networks**

- Micro Center
- Family Care
- Child Care Center
- Black-Led
- Spanish Language Led
- Childcare Finder
- Substitute Pool
- Quality Matters Fund

### POLICY CHANGES REQUIRED TO INCREASE ACCESS TO HIGH-QUALITY BIRTH TO AGE 8 LEARNING ENVIRONMENTS.

- Increase the number of child care providers who provide extended hours child care
- Increase funding for the early childhood system including PreK

- Reduce age requirement for Voluntary PreK classroom teaching assistants to age 16 to support CTE and paid apprenticeships in high school and post-secondary certificate programs
- DHS child care tuition reimbursement rates that reflect the true cost of delivering high quality child care
- Expansion of child care tuition reimbursement certificate eligibility to support families on the benefits cliff
- Allow a one-month proof-of-employment grace period for child care tuition certificates so that single parent/caregivers can apply and interview for jobs
- Increase staff capacity for DHS child care licensure division
- Create a separate licensure pathway for legacy child care providers to decrease licensure approval timelines
- Create a state-level birth to 18 personal identification database that would allow child care and school districts to input information about a child (like PEIMS in TX)

## Prioritized Strategy

Expand TN All Corps Tutoring support for K-3rd graders in out of school environments to provide high-dosage, low-ratio reading tutoring through out of school community partnerships.

### IMPLEMENTATION PARTNER(S)

KNOX EDUCATION FOUNDATION

KNOX COUNTY SCHOOLS

BOYS AND GIRLS CLUBS OF TN VALLEY

YMCA OF EAST TN

UNITED WAY OF GREATER KNOXVILLE

#### Action Step 1: (COMPLETE)

Develop shared Tutor job descriptions and pay scale across all partners by July 2022

#### Action Step 2: (COMPLETE)

Develop tutor training plan with KCS and KEF by July 2022

#### Action Step 3: (COMPLETE)

Define PILOT KCS Student/School Targets by August 2022

#### Action Step 4: (COMPLETE)

Purchase tutoring kits by September 2022

#### Action Step 5: (COMPLETE)

Develop student tracking procedure by September 2022

#### Action Step 6: (COMPLETE)

Develop grant reporting procedure by September 2022

#### Action Step 7: (COMPLETE)

Launch pilot tutoring for KCS students by September 2022

#### Action Step 8: (COMPLETE)

Define KCS Student/School Targets by January 2023

#### Action Step 9:

Define Surrounding Counties Student/School Targets by February 2023

#### Action Step 10:

Develop parent and family engagement plan with KCS and KEF and delivery partners by February 2023

## Prioritized Strategy

### Development of an Early Care and Education Workforce Development System

#### IMPLEMENTATION PARTNER(S)

##### TBD

##### RECOMMENDATIONS

UTK

PSCC

KCS

CENTRO HISPANO

AIMHITN

KNOX COUNTY

CITY OF KNOXVILLE

KAUL

UWGK

A system designed to increase well-prepared, highly qualified educators who reflect the racial, ethnic, cultural, and linguistic diversity of young children and their families; central to this is a professional development system that includes training, technical assistance, and education. Additionally, this work will coordinate incentives to pull students into early care careers and will address low compensation typically tied to early care education. Where possible work to amplify existing educator development programs in coordination with KCS and post-secondary programs

#### Action Step 1:

Develop focus group topics for the following stakeholder groups by April 2023:

- K-3rd Grade Educators
- Child Care Professionals
- Knox County Schools Administration
- Post-Secondary Institution Educators and Administration

#### Action Step 2:

Develop Career Pathways and Targets-November 2023

#### Action Step 3:

Develop Action Plan with Tactics-December 2023

*Address at a minimum: recruitment, financing, persistence and success, compensation, benefits, job matching, retention, certifications, business incentives*

## Action Step 4:

Develop budget and potential funding sources through June 2025 by January 15, 2024

## Action Step 5:

Pilot of a Bilingual Learning Academy for PreK through Grade 3 Educators to Increase interpretation and translation services for children and families.

## Action Step 6:

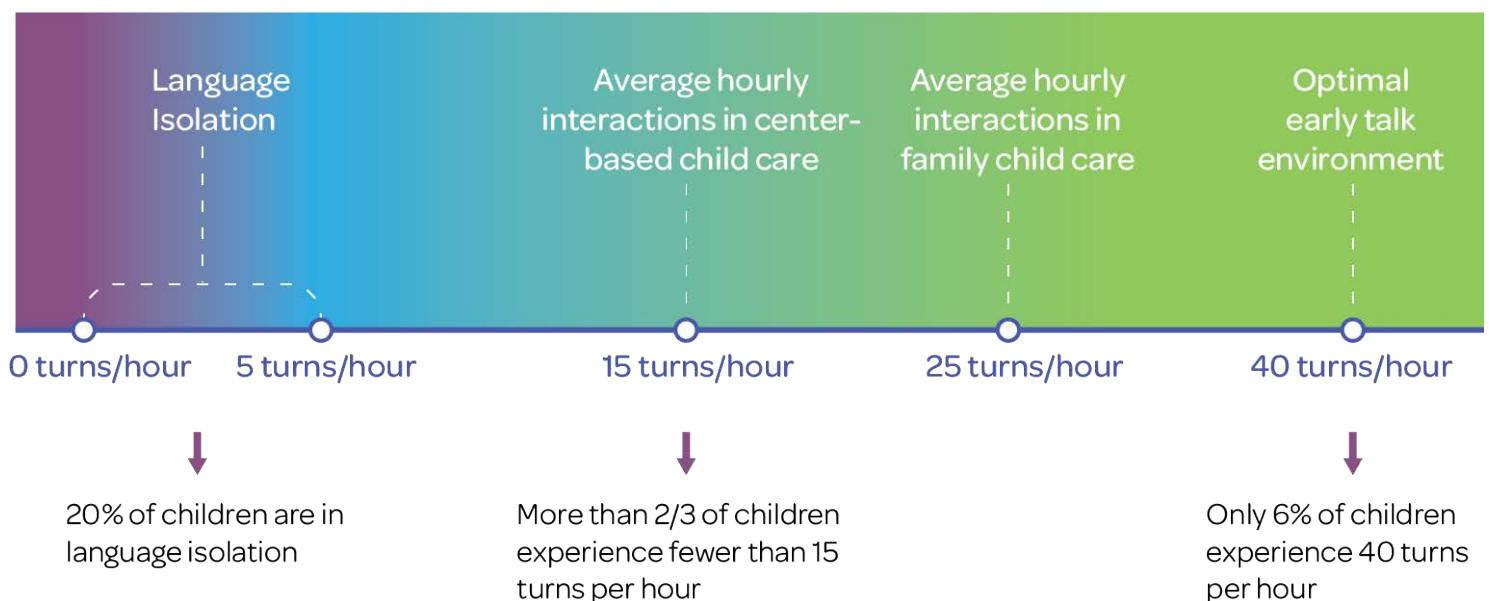
Pilot Early Care and Education Workforce Development Center and ECE Center of Excellence to act as a regional hub and backbone support for aligning workforce pipeline development efforts.

## Action Step 7:

Pilot LENA Grow 3.0 in partnership with Knox County Head Start or Micro-Center Shared Services Network.

## Inside Early Talk report

**Key Finding:** There are large disparities in the language environments children are experiencing in child care.





## Prioritized Strategy

# Development of an Early Care Shared Services Network

### IMPLEMENTATION PARTNER(S)

UNITED WAY OF GREATER KNOXVILLE

YMCA OF EAST TN

TQEE

TN DHS

OPPORTUNITIES EXCHANGE

OTHERS TBD

### Action Step 1: (COMPLETE)

Develop pilot implementation plan and budget for Year1-Year 3 Micro-Center Network.

'Micro-Center' Network : Establish 180 new high-quality slots for 0-5 year olds in 15 satellite classrooms of up to 12 children at host locations donated by schools, hospitals, government, churches, nonprofits, business offices, etc. that accommodate the work hours of working parents. Priority focus of 75% of these slots focused on children ages 0-3 and 50% of children living in households that qualify for child care subsidies.

### Action Step 2:

Identify funding to support Micro-Center Pilot, March 2023

### Action Step 3:

Develop Child Care Provider Focus Group Topics, May 2023

### Action Step 4:

Define pilot groups for Child Care, Family Care, and Spanish-Language Shared Services Networks, September 2023

### Action Step 5:

Develop pilot implementation plans for each shared services network, December 2023

### CHILD CARE CENTER NETWORK

Establish additional high-quality slots for 0-5 year olds in existing and new centers with an average of 60 children. A central network will offer a variety of shared services to local child care centers will help reduce operational costs and provide for predictable, budget-friendly expense planning. Service could include:

- Finance/Accounting
- Human Resources

- Substitute Services
- Vendor Purchasing (Including Bulk Discounts)
- Grant Writing
- Drug Testing and Fingerprinting
- Non-Profit Banking and Financial Tools
- Business Consulting
- Lease Negotiation Support
- Software purchasing and consultation
- Food Preparation

### **FAMILY CARE NETWORK**

Establish 120 new high-quality slots for 0-5 year olds in 30 family child care homes that serve economically-disadvantaged families. A central network will offer a variety of shared services to family care providers that will help reduce operational costs and provide for predictable, budget-friendly expense planning. Service could include:

- Finance/Accounting
- Human Resources
- Substitute Services
- Vendor Purchasing (Including Bulk Discounts)
- Grant Writing
- Drug Testing and Fingerprinting
- Non-Profit Banking and Financial Tools
- Business Consulting
- Lease Negotiation Support
- Software purchasing and consultation
- Food Preparation

### **SPANISH LANGUAGE FAMILY CARE NETWORK**

Establish 20 new high-quality slots for 0-5 year olds in 5 Spanish Language family child care homes that serve economically-disadvantaged families. A central network will offer a variety of shared services to family care providers that will help reduce operational costs and provide for predictable, budget-friendly expense planning. Possible model to adopt: Luna:Latinas Unidas por los Ninos y Ninas de America.

Service could include:

- Finance/Accounting
- Human Resources
- Substitute Services
- Vendor Purchasing (Including Bulk Discounts)

- Grant Writing
- Drug Testing and Fingerprinting
- Non-Profit Banking and Financial Tools
- Business Consulting
- Lease Negotiation Support
- Software purchasing and consultation
- Food Preparation

### POTENTIAL POLICY CHANGES TO SUPPORT

- DHS Subsidy Reimbursement Rates
- Licensure for Micro-Centers
- Age-Requirement for PreK Workers and KCS Teaching Assistants



# Early Childhood Domain #2 Supported and Supportive Families and Communities

## Bright Steps Growth Goals

A 25% increase of economically disadvantaged families with children ages 0-3rd grade reporting that they have sufficient access to community resources, parenting knowledge and skills to meet their family's basic needs by June 30, 2025. (Baseline to be established Fall 2023.)

By the start of the 2025-2026 school year, Knox County Schools will see a 10% increase in the number of economically disadvantaged public-school students regarded as having been equipped with the skills necessary to be successful in Kindergarten. (Baseline to be established Fall 2023.)

## STRATEGIES AND PROGRAMS OVERVIEW

- **Development of an Early Care and Education Resource Hub and Supporting Awareness Campaign for the Knoxville-Knox County ECE System**
- **Activating an Early Care and Education Coalition to Better Align System Partners Toward Shared Outcomes and Goals of the Bright Steps Action Plan**
- **Development of a Transition Plan from PreK to Kindergarten**

## POLICY CHANGES REQUIRED TO INCREASE ACCESS TO HIGH-QUALITY BIRTH TO AGE 8 LEARNING ENVIRONMENTS.

- Create a state-level birth to 18 personal identification database that would allow child care and school districts to input information about a child (like PEIMS in TX)
- Allow employees that work for DCS or foster care contractors to become foster parents themselves.
- Increase staff capacity of TN Department of Children's Services social worker division

## Prioritized Strategy

### Development of an Early Care and Education Resource Hub and Supporting Awareness Campaign for the Knoxville-Knox County ECE System

#### IMPLEMENTATION PARTNER(S)

TBD

#### RECOMMENDATIONS

TN CCR&R

CHILDCARE TENNESSEE

KID CENTRAL TN

TN DHS

KNOX COUNTY HEALTH DEPARTMENT

TQEE

CITY OF KNOXVILLE

KNOX COUNTY

KNOX COUNTY SCHOOLS

HOSPITALS

HARMONY FAMILY CENTER

HELEN ROSS MCNABB

CAC

KNOX COUNTY SAFE BABY COURT

MDC

AIMHITN

KACEE,

PARENT/CAREGIVERS

UNITED WAY OF GREATER KNOXVILLE

This resource hub will serve as a central point of information for everyone that interacts with a young child (parent/caregivers, educators, clinicians, providers, community, etc.)

The Hub will include practical messaging that will involve the system in better understanding the developmental needs of young children and how they can support these needs.

The Hub will offer valuable tools such as a childcare finder, newsletter sign-ups, sign-up for text delivered developmental milestones and resources, provider resource guide, classes, and parent/caregiver skill development opportunities.

#### Action Step 1:

Complete Knox County Child Care Provider Asset Mapping to create a database of existing child care providers (licensed and unlicensed) and their corresponding capacities and list of services.

#### Action Step 2:

Update the Knox County Child Care Finder with updated child care listings.



### **Action Step 3:**

Conduct needs assessment with economically disadvantaged parent/caregivers and practitioners that serve economically disadvantaged households with children under the age of 8 for the purposes of understanding what resources are needed and what barriers exist in accessing resources, April 2023

### **Action Step 4:**

Create a Bright Steps Resource Hub Planning Committee, June 2023

### **Action Step 5:**

Develop a strategic plan/vision for the Bright Steps resource hub, August 2023

### **Action Step 6:**

Develop an implementation plan for the Bright Steps resource hub, December 2023

### **Action Step 7:**

Launch Bright Steps Resource Hub, February 2024

### **Action Step 8:**

Develop pilot plan for Bright Steps Brain Bags

### **Action Step 9:**

Develop pilot plan for Bright Steps Activity Packs

### **Action Step 10:**

As part of the Early Care and Education Resource Hub, the Bright Steps Brain Builders campaign will promote high-quality brain development activities to parent/caregivers and the early care and education workforce including Bright Steps Activity Packs, Bright Steps Brain Builder Bags for new mothers, and a centralized resource guide and listing all promoted through an integrated marketing and communications campaign.

### **Action Step 11:**

Launch of a Prenatal Education, Resource, and Awareness Public Health Campaign to engage the community in a conversation about the changing conditions that can lead to healthier babies, such as culturally appropriate early prenatal care, adequate nutrition, and smoking cessation.

## Prioritized Strategy

# Activating an Early Care and Education Coalition to Better Align System Partners Toward Shared Outcomes and Goals of the Bright Steps Action Plan

### IMPLEMENTATION PARTNER(S)

UNITED WAY OF GREATER KNOXVILLE

KACEE

CCR&R

TQEE

The Bright Steps coalition will offer the following: annual conference, quarterly convening around key aspects of the Bright Steps Action Plan, regularly scheduled professional development opportunities coordinated with system partners and promoted through the ECE Resource Hub, and grant funding opportunities to support implementation of strategies.

#### **Action Step 1:**

Define Stakeholder Focus Group Topics, March 2023

#### **Action Step 2:**

Define vision, mission, values and goals of the Bright Start Coalition, April 2023

#### **Actions Step 3:**

Define Y1-Y3 scope of efforts, May 2023

#### **Action Step 4:**

Develop budget and potential funding sources through June 2025 by January 15, 2023

## Prioritized Strategy

### Development of a Transition Plan from PreK to Kindergarten

#### IMPLEMENTATION PARTNER(S)

KCS KINDERGARTEN EDUCATORS

KCS STUDENT SUCCESS TEAM

UNITED WAY OF GREATER KNOXVILLE

TN CCR&R

TNDOE

TNDHS

KNOX COUNTY HEALTH DEPARTMENT

TQEE

HARMONY FAMILY CENTER

HELEN ROSS MCNABB

HEAD START AND EARLY HEAD START KNOX COUNTY

CITY OF KNOXVILLE

AIMHIT

KACEE

PARENT/CAREGIVERS

KCS KINDERGARTEN EDUCATORS

KCS STUDENT SUCCESS TEAM

Supported transitions and alignment between preschool and kindergarten refers to intentional programs and practices that support children and their families as they adjust to new settings and situation, and an alignment of standards, curricula, instruction, and assessments that supports a coherent continuum of learning from preschool through the early grades.

Additional importance will be placed on including whole-child development considerations in a kindergarten readiness assessment such as early relational health, gross-motor ability, fine-motor ability, and screening for developmental delay.

PreK transition plan elements will tie to year-end assessment and data metrics at the end of K, 1st, 2nd, and 3rd to better track potential gaps that could impact academic proficiency.

### **Action Step 1:**

Define Key Stakeholder Focus Groups, September 2023

- Parent/Caregiver
- Child Care Provider
- KCS Stakeholder

### **Action Step 2:**

Research and catalog existing Kindergarten Readiness efforts and curricula standards in Knox County, October 2023

### **Action Step 3:**

Research best practice Kindergarten Transition Plans, November 2023

### **Action Step 4:**

Define potential scope of PreK screener to include academic and whole-child development, December 2023

### **Action Step 5:**

Develop pilot of 'June School' summer camp model that targets the development of Kindergarten Readiness habits, behaviors, and expectations for VPK students to include the PreK to K transition screener

### **Action Step 6:**

Develop development, adoption, training, and implementation timeline for KCS PreK pilot and June School Camp, January 2024

### **Action Step 7:**

Present KCS PreK Pilot and June School to School Board for Approval, February 2024

### **Action Step 8:**

Develop budget and potential funding sources through June 2025 by April 2024

### **Action Step 9:**

Develop roll-out timeline through June 2025 to ultimately include all KCS Preschool sites, April 2024

### **Action Step 10:**

Launch Pilot Kindergarten Readiness Screener, April/May 2024

### **Action Step 11:**

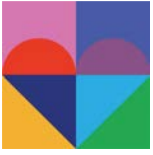
Launch June School pilot, June 2024

### **Action Step 12:**

Conduct assessment to understand effectiveness of Kindergarten Readiness Screener and June School intervention, June 2024–November 2024

### **POTENTIAL POLICY CHANGES TO SUPPORT:**

- School-Board and KCS Approval of PreK screening for each student entering Kindergarten in Knox County Schools



# Early Childhood Domain #3 Health, Mental Health, and Development

## Bright Steps Growth Goals

Increase of 5% in the percentage of economically disadvantaged children birth through 3rd grade who get developmental screenings, early intervention services, and health and wellness screenings and services as needed by June 30, 2025. (Baseline to be established Fall 2023.)

## STRATEGIES AND PROGRAMS OVERVIEW

- **Expanded Support and Awareness of Evidence Based Early Intervention Services (Home-Based and Clinic-Based)**
- **Expansion of Family-Centered Mental Health Services**
- **Expanded Support of the Community Schools Strategy and Additional Community School Place-Based Strategies that Support Early Childhood Development**
- **Assess Pediatric Provider Awareness of Early Childhood Developmental Needs**

## POLICY CHANGES REQUIRED TO INCREASE ACCESS TO HIGH-QUALITY BIRTH TO AGE 8 LEARNING ENVIRONMENTS.

- **Eliminate co-pays on medical services for all families, including undocumented families, below 200% of the federal poverty level.**
- **Adequate insurance reimbursement for cost of care for clinical psychologists to diagnose autism spectrum disorders.**
- **Increase access to mental health supports for children and families by increased public funding supports and broadened eligibility criteria.**
- **Ensuring support of parity in telehealth reimbursement for mental and physical health visits.**



## Prioritized Strategy

### Expanded Support and Awareness of Evidence Based Early Intervention Services (Home-Based and Clinic-Based)

#### IMPLEMENTATION PARTNER(S)

PARENTS AS TEACHERS  
EAST TN CHILDREN'S HOSPITAL  
UTMC

HELEN ROSS MCNABB  
UNITED WAY OF GREATER KNOXVILLE  
KNOX COUNTY PUBLIC LIBRARIES

#### Action Step 1:

Develop a baseline measurement of the percentage of economically disadvantaged children birth through 3rd grade who get developmental screenings, early intervention services, and health and wellness screenings and services as needed by September 2023.

#### Action Step 2:

Use Bright Steps Hub and Bright Steps Coalition to increase awareness of need for Serve and Return and language sharing is for children birth through age 5. The following programs are identified for prioritized focus:

- LENA
- Bright Steps Brain Bags
- Bright Steps Activity Packs
- Knox County Library
- Dolly Parton's Imagination Library

#### Action Step 3:

Increase funding support for PAT, ETCH Grow with Me, UTMC Developmental Follow-Up Clinic, and HRM Healthy Families evidence-based early intervention programs to allow for a 25% increase in capacity. These are voluntary programs that match parents with trained professionals to provide information and support during pregnancy and throughout their child's first years. They combine parenting and health care education, child abuse prevention, and early intervention and education services for young children and their families.

#### Action Step 4:

Use the Bright Steps Hub and Bright Steps Coalition to increase awareness of Evidence-Based Early Intervention Services among economically disadvantaged families.

## Prioritized Strategy

# Expansion of Family-Centered Mental Health Services

### IMPLEMENTATION PARTNER(S)

AIMHITN

HELEN ROSS MCNABB

EAST TN FOUNDATION

MHAET

THREE CUBED

UNITED WAY OF GREATER KNOXVILLE

Family Centered Mental Health Services is an evidence-based treatment and trauma treatment model of home-based family therapy, the premise of this treatment model is changing the emotional tone and interactional patterns amongst family members.

#### Action Step 1: (COMPLETED)

Conduct 'State of the Child: Early Relational Health' Symposium with key stakeholders and decision makers in the early care and education system of Knox County. Focus of the event will be to increase general awareness of what Early Relational Health is and the urgent need to support programming that fosters safe, stable, and nurturing relationships in a young child's life.

#### Action Step 2:

Conduct Early Relational Health Community Mapping session to identify interactions that promote ERH, who is being reached by those efforts, and where there are gaps and opportunities across the following sectors/nodes by May 2023:

- Early Care and Education
- Home Visiting
- Informal Supports
- Mental Health
- Parenting Education
- Health Care
- Family Support
- Child Welfare

#### Action Step 3:

Conduct Family Centered Mental Health Needs Assessment to determine full scope of resources needed to support Knox County families including staffing, facility, and funding needs by August 2023.

#### Action Step 4:

Develop a funding and implementation plan that supports the expansion of Family-Centered Mental Health Services by September 2023.

## Prioritized Strategy

# Expanded Support of the Community Schools Strategy and Additional Community School Place-Based Strategies that Support Early Childhood Development

### IMPLEMENTATION PARTNER(S)

KNOX EDUCATION FOUNDATION  
PARENTS AS TEACHERS  
UNITED WAY OF GREATER KNOXVILLE

UT ASSISTED COMMUNITY SCHOOLS  
KNOX COUNTY SCHOOLS  
CHEROKEE HEALTH

#### Action Step 1:

Confirm SY23-24 Community School strategy at Knox County Schools with updated strategic plan and transition of operations from Knox Education Foundation to United Way of Greater Knoxville by June 2023.

#### Action Step 2:

Secure funding in support of strategy improvements, including strategy evaluation, early-warning system software evaluation, parent-communications software evaluation, and school-based health clinic pilot planning by June 2023.

#### Action Step 3:

Develop pilot plan to integrate TANF Mobility Mentors into the Community Schools model at both UWGK and UT Assisted Community Schools by June 2023.

#### Action Step 4:

Develop pilot plan for a School-Based Community Health Center at one Knox County School by December 2023. SBHCs provide medical and behavioral health professionals at the school site (and where appropriate, via telehealth), creating unique access for PreK-12 students as well as school personnel and other community members. They also provide other valuable services including developmental screening, dental health exams, vision exams, immunizations, sports physicals, and classroom health education.

#### Action Step 5:

Identify and secure funding to support the School-Based Community Health Center pilot by May 2024.

#### Action Step 6:

Launch SBHC Pilot by school year 2024-2025.

**Action Step 7:**

Develop pilot plan to extend Parents as Teachers programming into Kindergarten at a Community School by January 2024.

**Action Step 8:**

Identify and secure funding to support the Parents as Teachers Kindergarten extension by May 2024.

**Action Step 9:**

Launch PAT Kindergarten extension pilot by school year 2024-2025.



# Anticipated Cost & Funding Plan

## Anticipated Cost & Funding Plan

The total anticipated cost to implement the strategies and initiatives prioritized in the Bright Steps Action Plan for Knoxville-Knox County is estimated to be \$26,000,000+ through June 30, 2025.

It is important to note that these are only estimates intended to convey the scope of the investments needed to meet the Goals set forth in the plan.

### Anticipated Cost and Funding Plan

#### DOMAIN 1: HIGH-QUALITY BIRTH TO AGE 8 LEARNING ENVIRONMENTS

STRATEGY OR SUBSTRATEGY	ANTICIPATED COST	FUNDING SECURED?	FUNDER OR POTENTIAL FUNDER
Expand TN All Corps Tutoring support for K-3rd graders in out of school environments to provide high-dosage, low-ratio reading tutoring through out of school community partnerships.	\$4.5 M	Yes	State of TN Department of Education
Development of an Early Care and Education Workforce Development System	Not enough information at this time		
Development of Early Care Shared Services Networks	Child Care Finder and Sub Pool \$40K+	Y1 Funding, Verizon	Verizon City of Knoxville Knox County State of TN
	Micro-Center Network Pilot Hub \$1.2 M	No	State of TN
	Child Care Center Shared-Services	No	DHS UWGK
	Family Care Shared-Services	No	
	Spanish Language Led Family and Group Care Shared Services	No	State of TN City of Knoxville Knox County Corporate Sponsors
			State of TN City of Knoxville Knox County Corporate Sponsors
			State of TN City of Knoxville Knox County Corporate Sponsors



## Anticipated Cost and Funding Plan

### DOMAIN 2: SUPPORTED AND SUPPORTIVE FAMILIES AND COMMUNITIES

STRATEGY OR SUBSTRATEGY	ANTICIPATED COST	FUNDING SECURED?	FUNDER OR POTENTIAL FUNDER
Development of an Early Care and Education Resource Hub and Supporting Awareness Campaign for the Knoxville-Knox County ECE System	\$150,000	No	Explore Grant Opportunities   Voices for Healthy Kids
Activating an Early Care and Education Coalition to Better Align System Partners Toward Shared Outcomes and Goals of the Bright Start Strategic Plan	\$75,000	No	United Way of Greater Knoxville Local Foundations Corporate Sponsors
Development of a Transition Plan from PreK to Kindergarten	Not enough information at this time		

## Anticipated Cost and Funding Plan

### DOMAIN 3: HEALTH, MENTAL HEALTH, AND DEVELOPMENT ON TRACK BEGINNING AT BIRTH

STRATEGY OR SUBSTRATEGY	ANTICIPATED COST	FUNDING SECURED?	FUNDER OR POTENTIAL FUNDER
Expanded Support and Awareness of Evidence Based Early Intervention Services (Home-Based and Clinic-Based)	ANTICIPATED COST \$3.5 M  *Note, this is the anticipated cost of increasing the capacity of the following programs by 25% through June 2025	No	TANF-Families First Grants Local Foundations
Expansion of Family-Centered Mental Health Services	\$50,000	No	Local Foundations State Federal
Expanded Support of the Community Schools Strategy and Additional Community School Place-Based Strategies that Support Early Childhood Development	\$15M	Partial funding secured from Knox County (\$1M) and City of Knoxville (\$400K) annually.	Federal Full-Service Community School Grant Local Foundations Corporate Sponsors



# **Communications Campaigns Needed to Support Bright Steps Action Plan**

**The Bright Steps Action Plan presents a multi-faceted approach to improving the lives of children birth through age 8 and for those that care for them. It is critical to note that in many areas, we must first address access to knowledge and resources as a critical success factor. A significant focus area for United Way of Greater Knoxville through its Bright Steps initiative will be to educate, advocate on behalf of, and to equip families with the skills and resources they need to ensure their child has the best foundation for lifelong learning, earning, and thriving.**

Clear and consistent Knoxville-Knox County wide communication is needed for the strategies set forth in the Bright Steps Action Plan to be optimally effective and sustaining. Below are the campaigns that we recommend will best equip families and the community with the access to information and resources they need:

### **BRIGHT STEPS BRAIN BUILDERS**

80% of brain growth happens within the first three years of life.

As part of the Early Care and Education Resource Hub, the Bright Steps Brain Builders campaign will promote high-quality brain development activities to parent/caregivers and the early care and education workforce including Bright Steps Activity Packs, Bright Steps Brain Builder Bags for new mothers, and a centralized resource guide and listing all promoted through an integrated marketing and communications campaign.

Additional Launch of a Prenatal Education, Resource, and Awareness Public Health Campaign to engage the community in a conversation about the changing conditions that can lead to healthier babies, such as culturally appropriate early prenatal care, adequate nutrition, and smoking cessation.

### **KINDERGARTEN READY IN KNOX COUNTY—BRIGHT STEPS TOWARD A BRIGHT BEGINNING**

20% of parent/caregivers surveyed feel that they do not understand what their child needs to be ready for Kindergarten and 63% of parent/caregivers reported that it is difficult to find help and information on their child's brain and emotional developmental needs.

A child's academic success begins before their first year of formal education, however, each child enters the K-12 school system with varying levels of early childhood experiences, family backgrounds, capabilities, and overall preparedness. It is critical for schools to get a 'developmental picture' of each child to help guide placement and assess need for additional services, interventions, and instruction. Without a universal PreK-to K transition assessment across Kindergarten, we cannot meaningfully track whether or not Knox County children are ready to begin school or if our schools are ready to receive them.

Once a PreK-K Transition Plan is developed for Knox County that includes a consensus on the profile of what it means to be 'Kindergarten Ready', a targeted marketing and communications campaign will be developed to equip Knox County families with access awareness of the steps they can take to ensure their child is school-ready. Elements in this campaign will include website resources, social media posts, and partnership with PreK providers, child care providers, Knox County Schools, and other family-serving providers to disseminate this critical information. The Community Schools strategy will additionally support Pre-K to K parent/caregiver engagement events.

### **CHILD CARE IN CRISIS: A CALL TO ACTION**

Over 10% of the child care sector has left the workforce.

In order to increase high-quality early care and education capacity in Knox County, we must aggressively attract, recruit, and retain individuals to strengthen the child care workforce. The Bright Steps Action Plan will develop strategic recommendations to support this pipeline, but a targeted messaging campaign should be developed to make sure individuals are aware of improvements being made and just how critical this workforce is to the future of Knox County.



# Continued Learning & Assessment

**The Bright Steps action team at United Way Greater Knoxville must continually engage in needs assessment, root factor analysis, and asset mapping to understand the ever-changing needs of children and families in the communities we serve.**

### KNOX COUNTY CHILD CARE PROVIDER ASSET MAPPING

Complete Knox County Child Care Provider Asset Mapping to create a database of existing child care providers (licensed and unlicensed) and their corresponding capacities and list of services.

### EARLY RELATIONAL HEALTH NEEDS ASSESSMENT

Conduct Early Relational Health Community Mapping session to identify interactions that promote ERH, who is being reached by those efforts, and where there are gaps and opportunities across the following sectors/nodes by May 2023:

- Early Care and Education
- Home Visiting
- Informal Supports
- Mental Health
- Parenting Education
- Health Care
- Family Support
- Child Welfare

### FAMILY CENTERED MENTAL HEALTH NEEDS ASSESSMENT

Conduct Family Centered Mental Health Needs Assessment to determine full scope of resources needed to support Knox County families including staffing, facility, and funding needs by August 2023.

### COMMUNICATION WITH ECONOMICALLY DISADVANTAGED FAMILY'S NEEDS ASSESSMENT

Conduct needs assessment with economically disadvantaged parent/caregivers and practitioners that serve economically disadvantaged households with children under the age of 8 for the purposes of understanding what resources are needed and what barriers exist in accessing resources, April 2023

### KINDERGARTEN READINESS ASSESSMENT

Conduct assessment to understand baseline Kindergarten Readiness in Knox County. Additional assessment to understand effectiveness of Kindergarten Readiness Screener and June School intervention, June 2024-November 2024

### BASELINE DATA NEEDS ASSESSMENTS

Percentage of economically disadvantaged children birth through 3rd grade who get developmental screenings, early intervention services, and health and wellness screenings and services as needed

Number of economically disadvantaged children birth through 3rd grade receiving high quality early care and education outside of the home

Economically disadvantaged families with children ages 0-3rd grade reporting that they have sufficient access to community resources, parenting knowledge and skills to meet their family's basic needs

The number of economically disadvantaged public-school students regarded as having been equipped with the skills necessary to be successful in kindergarten

Measures of Success:

- Oral Health: % of children with access to dental screenings and care
- Positive Early Care and Education Climate: Percent of early care and education programs and schools integrating social-emotional (whole-child) strategies
- Grade Level Proficiency (PreK to 2nd Grade): Percent of children PreK-2nd grade on-track in reading, math, and social-emotional competencies/self-regulation, and good interpersonal skills
- Summer Learning: Percent of children who maintain reading and math gains over the summer.
- Positive Parent and Caregiver/Child Interactions: Average number of minutes per day that parents or caregivers talk or play with their children



# Strategy Matrix



# Strategy Matrix

	HIGH-QUALITY LEARNING ENVIRONMENTS				SUPPORTED AND SUPPORTIVE FAMILIES AND COMMUNITIES					HEALTH, MENTAL HEALTH AND DEVELOPMENT ON TRACK					
	Summer Learning	Grade-Level Proficiency PreK-2nd	Regular School Attendance	Positive Early Care and Education Climate	High-Quality Early Care and Education 0-5	Skilled and Knowledgeable Parent/Caregivers	Supports for Families	Reading with Children	Positive Parent/Child Interactions	Safe at Home	Early Intervention Screening and Services	Oral Health	Social and Emotional Health	Physical Health	Healthy Birthweight

## MEASURES OF SUCCESS

STRATEGIES & PROGRAMS															
Expanded Support and Awareness of Evidence Based Early Intervention Services				●	●	●	●	●	●	●	●	●	●	●	
Expansion of Family-Centered Mental Health Services						●	●	●	●	●	●		●		
Expanded Support of the Community Schools	●	●	●	●		●	●	●	●	●	●	●	●	●	
Bright Steps Brain Bags					●	●	●	●	●	●	●	●	●	●	●
Bright Steps Activity Packs					●	●		●	●				●		
LENA Grow Pilot		●	●		●	●		●	●				●		
Parents as Teachers Kindergarten Extension	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Expand TN All Corps Tutoring	●	●	●	●		●	●	●	●						
Early Care and Education Workforce Development		●		●	●						●		●		
Micro Center Shared Services Network				●	●	●	●	●			●		●		
Center Based Shared Services Network				●	●	●	●	●			●		●		
Family Care Shared Services Network				●	●	●	●	●	●		●		●		
Spanish-Language Care Shared Services Network				●	●	●	●	●	●		●		●		
Child Care Finder					●	●	●								
Substitute Pool					●										
Knox Quality Matters Fund				●	●		●								
AimHiTN Endorsement Expansion				●	●		●		●	●	●		●		
ECE Resource Hub				●	●	●	●	●	●	●	●	●	●	●	●
Bright Steps Coalition	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PreK to K Transition Plan		●	●	●	●	●	●	●	●		●		●		
June School Pilot	●	●	●	●	●	●	●	●	●		●		●		

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	Summer Learning	Grade-Level Proficiency PreK-2nd	Regular School Attendance	Positive Early Care and Education Climate	High-Quality Early Care and Education 0-5	Skilled and Knowledgeable Parent/Caregivers	Supports for Families	Reading with Children	Positive Parent/Child Interactions	Safe at Home	Early Intervention Screening and Services	Oral Health	Social and Emotional Health	Physical Health	Healthy Birthweight
<b>MEASURES OF SUCCESS</b>															
<b>COMMUNICATION CAMPAIGNS</b>															
Bright Steps Brain Builders					●	●	●	●	●	●	●	●	●	●	●
Kindergarten Ready in Knox County—Bright Steps Toward a Bright Beginning	●	●	●	●		●	●	●	●		●		●		
Child Care Crisis				●	●	●	●	●			●		●		

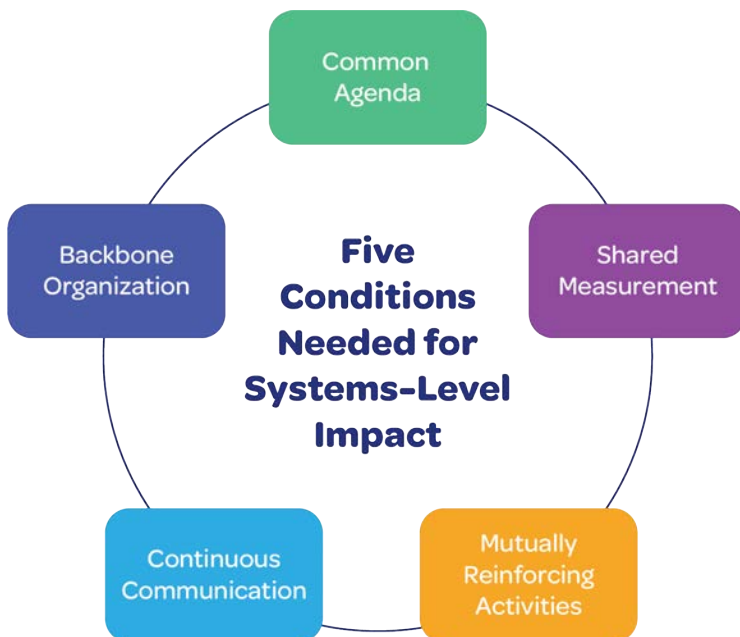


# Measurement & Evaluation

**The Bright Steps Action Plan was developed using a collective impact process. To fully understand the impact and consequences of the actions taken in response to this plan, the Bright Steps Action Team will continuously measure, evaluate, and share data transparently. United Way of Greater Knoxville will invest in internal data and evaluation assets as well as partner with the external research and evaluation experts. A variety of measures will be used to include but not limited to surveys, focus-groups, participatory action research, community convenings, interviews, and asset and needs assessments and mapping. Funding estimates for this evaluation is included in the anticipated costs for each strategy.**

Tennesseans for Quality Early Education (TQEE) adapted the North Carolina Pathways to Grade-Level Measures of Success Framework to help guide the work of the Bright Start TN Network partnerships and measure progress toward 3rd grade reading and math proficiency for all children. There are 15 research-based measures (5 per domain) that will be tracked at the state and community level that will be updated at least annually on a statewide Data Dashboard. The dashboard (<https://tqee.org/data-dashboard>) will:

- Enable policymakers to use the data to track trends at the local and state level to identify areas of need where policymakers could focus their efforts to improve the lives of their constituents.
- Support Bright Start Partnerships to use the data to think critically about how best to support children in their community, through direct services and policy change.
- Empower practitioners to use the data to identify areas of needs and make informed decisions that support the financial, social-emotional, and physical health of their community.



Collective impact is not a straight line from strategy to results. We must be flexible and adaptable to the realities of working with dynamic people, policy, and environments.

The Bright Steps Advisory Committee and Action Team are committed to the five principles of Collective Impact to ensure that the people of Knoxville-Knox County are the leading voice of what is needed and what is working (or not working) in our Action Plan.

### PLANNING PROCESS TIMELINE

#### July of 2021

UWGK entered a partnership with TQEE to develop a local ECE strategic plan for Knoxville-Knox County as the backbone organization that would help engage ECE stakeholders across the system, develop a common agenda for the ECE system, create a shared set of measurements, establish mutually reinforcing activities, and would commit to a plan for continuous communication that engages ECE stakeholders to the implementation of the strategic plan.

During the first phase of this work, we engaged in one-on-one interviews across the ECE system and developed an initial data profile for Knoxville-Knox County.

#### August 2021

Our next step was to develop the Bright Start Greater Knoxville Advisory Committee to serve as a governing body that would ensure that every step of the way, that UWGK engaged in a consensus building process in the development of the strategic plan.

#### September 21, 2021

Bright Start Greater Knoxville hosted its first Advisory Committee meeting to kick off the strategic planning process. During this meeting, we shared the vision and goals for the Bright Start TN Network, established agreement on consensus building, and adopted the structure for our working groups.

#### October 21, 2021

During our first strategic planning session with the Advisory Committee, we reviewed the Bright Start TN Logic Model, Knox County Data Profile, additional data sets, and discussed what characteristics should define the Target Population focus for the plan.

#### November 1, 2021

Advisory Committee officially adopted the three Bright Start TN Goals and Measures of Success.

Initial draft of the Statement of Need and Target Population developed and shared with the Advisory Committee.

#### December 2021

UWGK releases the Child Care and Early Education Survey to both parent/caregivers and ECE providers. See Appendix for Survey Details.

Three Working Groups: Early Development, Early Education, and Family and Community Engagement officially kick off with introductory meetings reviewing the vision for Bright Start TN Network, the three goals and measures of success adopted by the Advisory Committee, and the Knox County Data Profile. See Appendix for Working Group Team Members.

Advisory Committee approves final draft of the Statement of Need and Target Population.

#### January 2022

Working Groups meet to discuss Root Factor Analysis for each Measure of Success, helping unlock root causes, critical success factors, and barriers tied to systems and structures, mental models, and transactions within the ECE system.

#### February 2022

Working Groups meet to discuss Bright Start TN Network Clearinghouse of Strategies and ranks potential solutions that would help address root factors that impact our success in meeting the planned goals and measures of success.

Additional meetings held to narrow down key strategies and solution recommended by each Working Group for the Bright Start Greater Knoxville ECE strategic plan.

### **March 26, 2022**

The first-ever Bright Start Greater Knoxville conference is held. Working Groups, the Advisory Committee, and additional community stakeholders met to finalize each Working Groups' recommended key strategies and to hear a presentation by each group on why the strategies were recommended. Each person in attendance was asked to evaluate the strategies presented to help inform which strategies would be most effective and would achieve consensus in support of their implementation. Below is a copy of the evaluation tool that was used at the conference:

### **May 2022**

The top strategies presented at the Bright Start Conference are presented to the Advisory Committee ranked by the evaluations submitted by conference attendees. The Advisory Committee, using a consensus building process, adopts the following strategies to be included in the Bright Start Greater Knoxville strategic plan:

- Development of an Early Care and Education Resource Hub and Awareness Campaign for the Knoxville-Knox County ECE System
- Development of an Early and Education Workforce Development System
- Development of an Early Care Shared Services Network
- Development of a Transition Plan from PreK to Kindergarten
- Expanded Support and Awareness of Evidence Based Early Intervention Services
- Expansion of Family-Centered Mental Health Services
- Expanded Support of the Community Schools Strategy and Place-Based Services Such as a School Based Health Clinic at Each School Site
- Activating an Early Care and Education Coalition to Better Align System Partners Toward Shared Outcomes and Goals of the Bright Start Strategic Plan

### **May through June 2022**

The UWGK Director of Early Care and Education presents key Bright Start Greater Knoxville strategies to the Knox County Board of Education as part of an effort to receive key stakeholder feedback on the recommendations prior to beginning the implementation planning phase.

Additional key stakeholders engaged to provide feedback on the recommendations:

- Mayor Indya Kincannon, City of Knoxville
- Mayor Glenn Jacobs, Knox County
- Staff Directors of Boys and Girls Clubs of TN Valley
- Tennesseans for Quality Early Education-Bright Start TN Network
- Knoxville Association for Children's Early Education Conference
- UWGK Transformation Investment Plan Committee
- Knox County Schools Leadership

UWGK awarded \$4.5 M in TN All Corps tutoring to support area partners Boys and Girls Clubs of TN Valley and YMCA of East TN in providing high-dosage, low-ratio tutoring for students that are not currently on-track or mastering ELA or Math K-3rd grade.



UWGK submits collaborative grant application with TQEE to the TN Department of Human Services that would help fund a pilot for Knoxville-Knox County's first microcenter shared services network with YMCA East TN as the child care provider.

UWGK secures sponsorship from Verizon to fund a Knoxville-Knox County child care finder website and substitute pool shared services website to benefit local child care providers and parent/caregivers.

### **July 2022**

UWGK enters formal discussions with Knox Education Foundation to transition the existing Community School strategy operations over to UWGK beginning SY23-24.

Final draft of the Bright Start Greater Knoxville strategic plan submitted to TQEE for inclusion in the Bright Start TN Network strategic plan for 2022-2025.

### **August-October 2022**

Kick-Off of Early Care and Education Impact Focus Quarter as part of the UWGK Centennial Year campaign—highlights included:

- Promotion of the Loud Voices for Little Kids Policy and Advocacy Campaign presented by TQEE
- Distribution of Bright Steps Activity Packs that provide useful tips on early childhood development and activities and prompts for adult engagement with children birth-Age 4
- State of the Child: Early Relational Health Symposium, September 23rd, 2022
- ECE Social Hackathon, October 2022

### **September 2022**

Application for Full Service Community Grant submitted in partnership with UT Assisted Community Schools, Knox Education Foundation and Knox County Schools. (INCLUDE SUMMARY)

### **December 2022**

Bright Start Greater Knoxville transitions to Bright Steps branding.

### **January 2023**

Bright Steps Advisory Committee adopts the Bright Steps 2023-2025 Action Plan.

Final implementation plans submitted for budgeting.

### **February 28th, 2023**

Official Public Launch of Bright Steps Action Plan and Bright Steps Coalition.

# Sources

- 1- Brain Architecture. Center on the Developing Child at Harvard University. (2019, August 20). Retrieved from <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
- 2- Heckman JJ. Skill formation and the economics of investing in disadvantaged children. *Science*. 2006;312:1900–1902
- 3-Knox County Schools 3rd Grade TCAP Data 2021
- 4-Knox County Profile-TQEE Summary of 2020 U.S. Census, Summary File 3; 2010 U.S. Census Summary File 1; 2009-2013 U.S. Census American Community Survey (ACS); 2015-2019 U.S. Census American Community Survey (ACS) as displayed in Policy Map.
- 5- Fiester, L., & Smith, R. (2010, January 2). Early Warning! Why Reading by the End of Third Grade Matters. The Annie E. Casey Foundation. Retrieved from <https://www.aecf.org/resources/early-warning-why-reading-by-the-end-of-third-grade-matters>
- 6- Tennesseans for Quality Early Education. (2022, December). Workforce of Today and Tomorrow: The Economics of Tennessee’s Child Care Crisis- Knox County Edition. Retrieved from <https://tqee.org/wp-content/uploads/2022/12/Regional-Knox-2022-TQEE-Child-Care-Study.pdf>
- 7- Committee on Integrating the Science of Early Childhood Development. From Neurons to Neighborhoods: The Science of Early Childhood Development. (2000). Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press
- 8-Study by The Children’s Reading Foundation, January 2019. Analysis of Northwest Evaluation Association (NWEA) student test data by Lynn Fielding, Jay Maidment, and Christian Anderson. The Northwest Evaluation Association provides standardized testing tools for more than 9,500 school districts and educational agencies throughout 145 countries.
- 9- Permaul, B. (2021, August 17). Determining Child Care Market Rates in the State of Tennessee. Retrieved from <https://www.tn.gov/content/dam/tn/human-services/documents/2020-2021%20Market%20Rate%20Survey.pdf>
- 10-Child Care Cost Burden in Knox County: <https://www.countyhealthrankings.org/explore-health-rankings/tennessee?year=2022&measure=Child+Care+Cost+Burden>
- 11- Rolnick, A. J., & Grunewald, R. (2005, June 1). Early Childhood Development on a Large Scale. Federal Reserve Bank of Minneapolis. Retrieved from <https://www.minneapolisfed.org/article/2005/early-childhood-development-on-a-large-scale>
- 12- Hoopes, S. (2019). Alice in Tennessee: A Financial Hardship Study . United Ways of Tennessee. Retrieved from [https://www.unitedforalice.org/Attachments/AllReports/19UW\\_ALICE\\_Report\\_TN\\_Full\\_Report\\_10\\_28\\_19\\_Lowres.pdf](https://www.unitedforalice.org/Attachments/AllReports/19UW_ALICE_Report_TN_Full_Report_10_28_19_Lowres.pdf)
- 13- U.S. Bureau of Labor Statistics, Standard Occupational Classification Codes, May 2021. Retrieved on Oct 23, 2022, [https:// data.bls.gov/oes/#/geoOcc/Multiple%20occupations%20for%20one%20geographical%20area](https://data.bls.gov/oes/#/geoOcc/Multiple%20occupations%20for%20one%20geographical%20area)
- 14- The ASCD Whole Child Approach to Education. ASCD. (n.d.). Retrieved from <https://www.ascd.org/whole-child>

# Sources

15- U.S. Department of Health & Human Services. (n.d.). The Original Ace Study. Adverse Childhood Experiences | National Human Trafficking Training and Technical Assistance Center. Retrieved from [https://nhttac.acf.hhs.gov/soar/eguide/stop/adverse\\_childhood\\_experiences](https://nhttac.acf.hhs.gov/soar/eguide/stop/adverse_childhood_experiences)

16- Zhang Z, Li N, Chen R, Lee T, Gao Y, Yuan Z, Nie Y, Sun T. Prenatal stress leads to deficits in brain development, mood related behaviors and gut microbiota in offspring. *Neurobiol Stress*. 2021 May 3;15:100333. doi: 10.1016/j.ynstr.2021.100333. PMID: 34036126; PMCID: PMC8135039.

17 - Serve and Return. Center on the Developing Child at Harvard University. (2020, January 27). Retrieved from <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

18 - Keating, K., Ekyalongo, Y., Sapp, A., Heinemeier, S., & Cole, P. (n.d.). Using the State of Babies Yearbook to Illuminate the Social Determinants of Health for Infants and Toddlers. Think Babies™. Retrieved from <https://zerotothree.wpenginepowered.com/wp-content/uploads/2022/10/ZTT-SDoH-Brief-2022-FINAL-11-2-22.pdf>

19 - Harrington, B. (2022, March 22). Mayoral Briefing State of Mental Health Report. Retrieved from <https://www.mhaet.com/wp-content/uploads/2022/03/Knox-County-State-of-Mental-Health-Report-with-notes.pdf>

20 - The Effects of a Positive School Environment. Council for Children’s Rights. (2019, July 18). Retrieved December 30, 2022, from <https://www.cfcrights.org/the-effects-of-a-positive-school-environment>

21 – Department of Early Childhood Education. (n.d.). First Class Pre-K. Early Childhood Education. Retrieved from <https://children.alabama.gov/for-families/first-class-pre-k/>

22- The Voice for Traumatized Children and Families. Attachment and Trauma Network. (2022, October 27). Retrieved from <https://www.attachmenttraumanetwork.org/>

23 - Knox, Tennessee. County Health Rankings & Roadmaps. (n.d.). Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/tennessee/knox?year=2022>