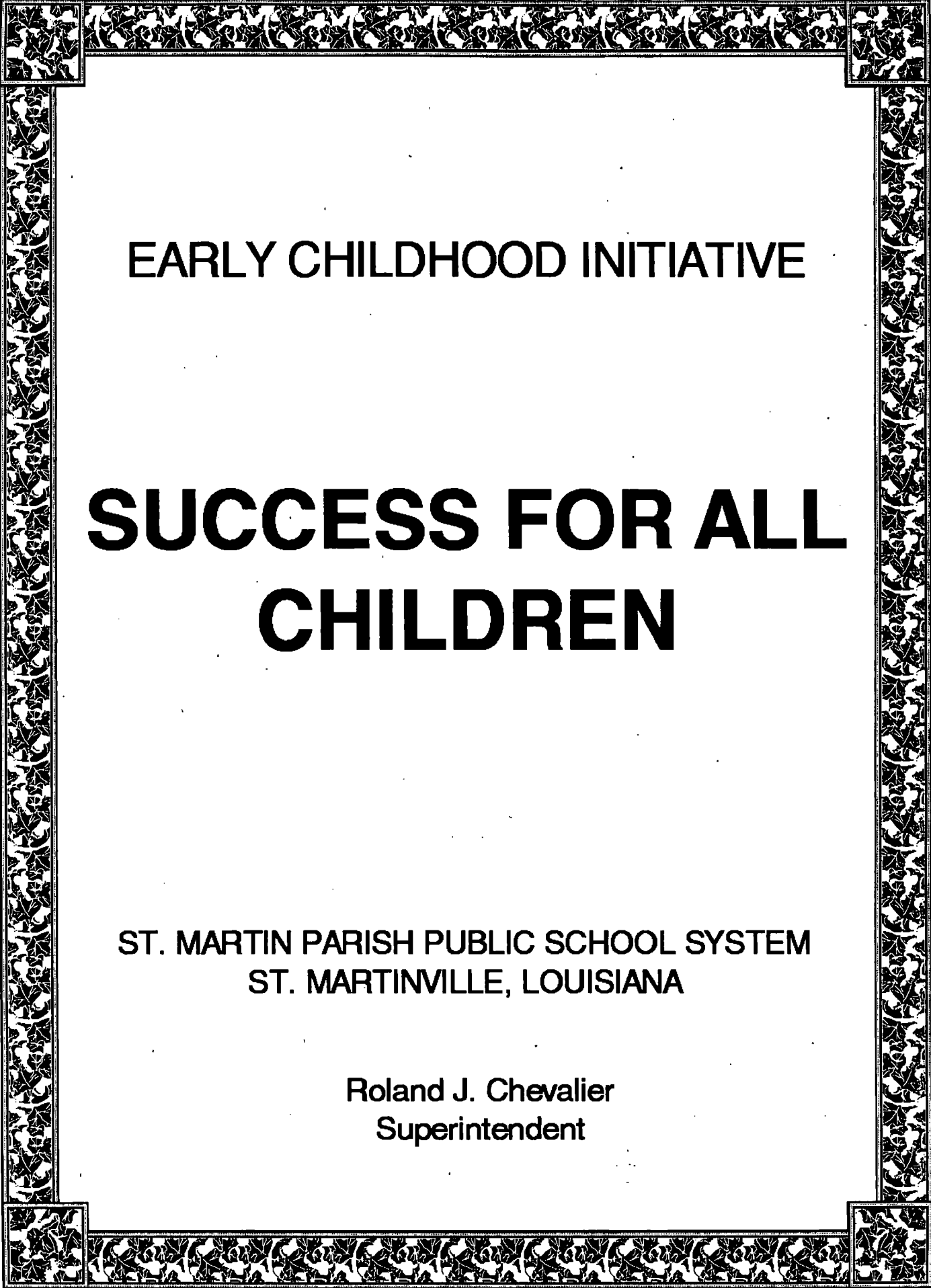


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EARLY CHILDHOOD INITIATIVE

SUCCESS FOR ALL CHILDREN

ST. MARTIN PARISH PUBLIC SCHOOL SYSTEM
ST. MARTINVILLE, LOUISIANA

Roland J. Chevalier
Superintendent

Success For All Children Early Childhood Initiative

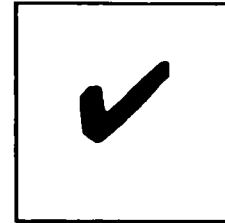
Danforth Foundation



Forum for the American
School Superintendent
November 11-13, 1993
(Effective Education
for all Children)
School Superintendent
Community's Advocate
For All Children



Board Approved



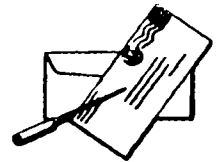
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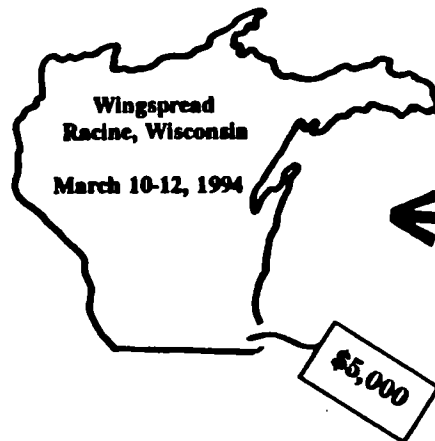
Core Team

Roland J. Chevalier
Elizabeth Judice
Janice Decou
Earl Dundas
Susan Carpenter
Freda Harrison

December 1993



Letter of Interest
to Develop
Early Childhood
Initiative
(Birth to 9)
December 27, 1993

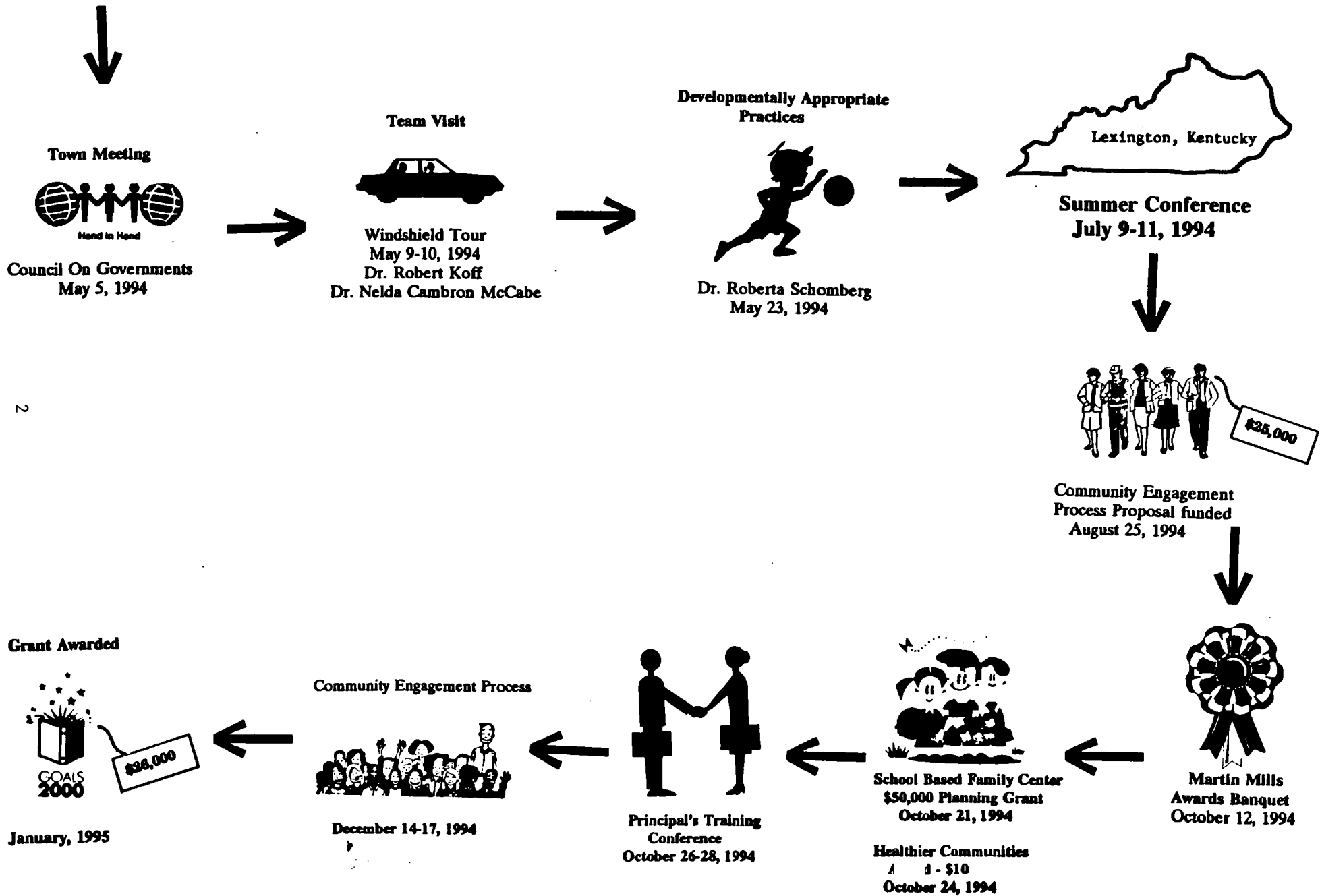


Expanded Team

Edmae Dejean
Glenda McGee
Brenda Courville
Gayle Blanchard
Don Watts
Thelma Alex



Success For All Children Early Childhood Initiative



S . MAR N PAR SH

POPULATION – 44,380

White:	28,806	Asian:	321
Black:	14,432	Native Am.:	78
Hispanic:	502	Other:	241

AREA OF DISTRICT –

***817 SQUARE MILES**

***69% LIVE IN RURAL AREAS**

INCOME LEVEL –

***27% OF POPULATION LIVE BELOW THE POVERTY LEVEL**

***33% OF CHILDREN LIVE BELOW THE POVERTY LEVEL**

***66% OF FEMALE HEADED HOUSEHOLDS WITH CHILDREN
UNDER AGE 5 LIVE BELOW THE POVERTY LEVEL**

***69% OF STUDENTS QUALIFY FOR FREE OR REDUCED LUNCH**

EDUCATION/EMPLOYMENT –

***10.1% UNEMPLOYMENT RATE**

***20% ILLITERACY RATE**

***54% OF ADULT POPULATION ARE HIGH SCHOOL
GRADUATES**

***27% HAVE LESS THAN NINTH GRADE EDUCATION**

***6.7% RESIDENTS WITH BACHELOR'S DEGREE OR HIGHER**

SCHOOL SYSTEM –

Student Enrollment	9,160
Number of Certified Staff	635
Total Staff	1,031
Budget	\$38,000,000

SCHOOLS:

Primary	5
Elementary	6
Junior High	3
High School	<u>3</u>
Total	17

HEALTH –

- *ADOLESCENT PREGNANCY RATE IS 77 PER 1,000**
- *35% OF BABIES ARE BORN TO UNWED MOTHERS**
- *29% OF WOMEN DO NOT RECEIVE ADEQUATE PRENATAL CARE**
- *16% OF YOUNG CHILDREN ARE NOT IMMUNIZED ON SCHEDULE**
- *10% OF BABIES BORN ARE OF LOW BIRTH WEIGHT**
- *LACK OF HEALTH CARE FACILITIES IN SOME AREAS**

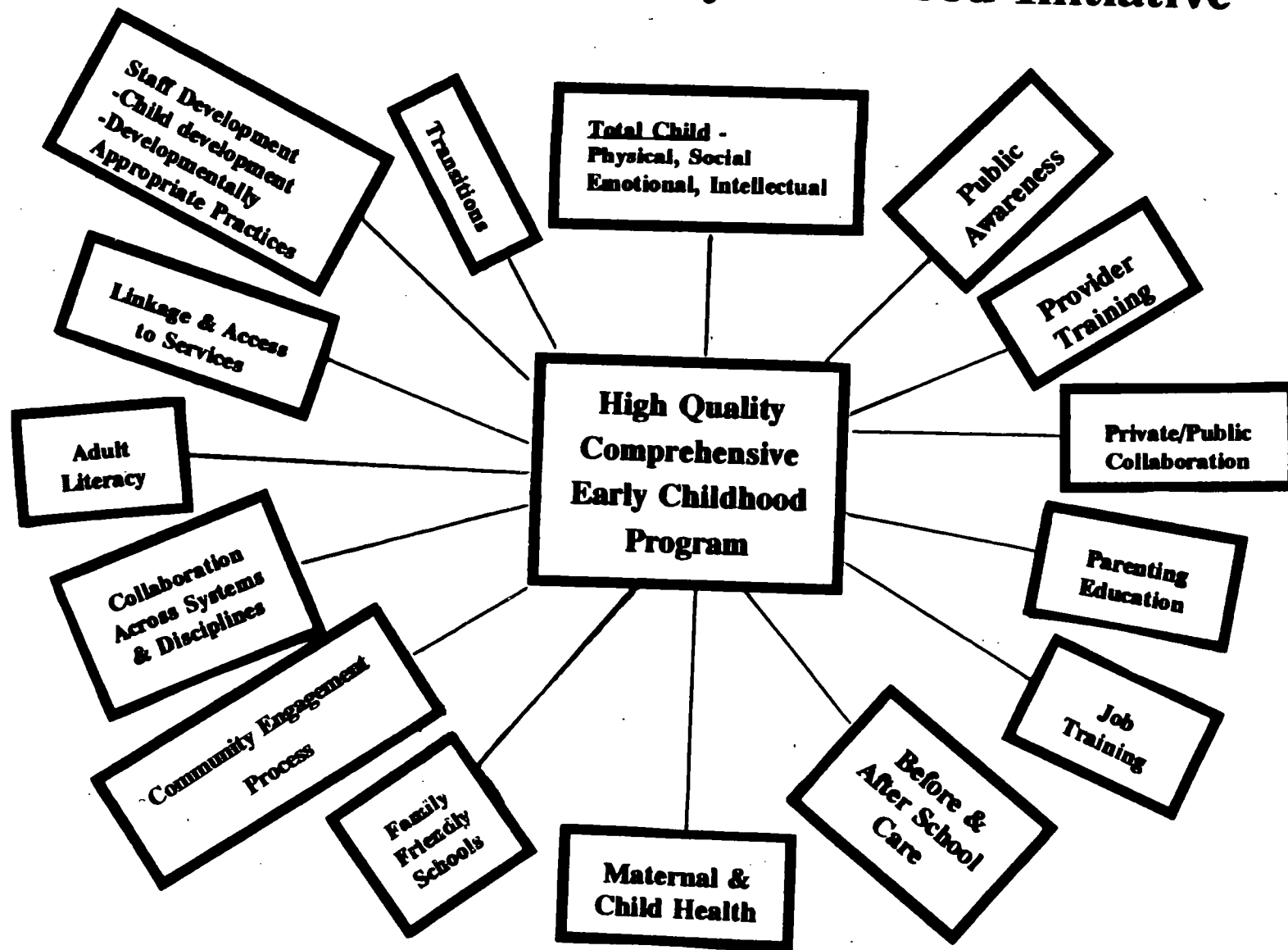
WORKING MOTHERS –

- *60% OF WOMEN WITH CHILDREN UNDER AGE 6 ARE IN LABOR FORCE**
- *65% OF WOMEN WITH CHILDREN AGES 6-17 ARE IN LABOR FORCE**

EDUCATION –

- *60% OF THE 4,000 CHILDREN UNDER AGE 5 DO NOT RECEIVE EARLY CHILDHOOD SERVICES**
- *80% OF FOUR YEAR OLDS DO NOT PARTICIPATE IN A PRESCHOOL PROGRAM**
- *OVER 70% OF ENTERING KINDERGARTEN STUDENTS SCORE BELOW THE TWENTY-FIFTH PERCENTILE ON A DEVELOPMENTAL SCREENING INSTRUMENT**

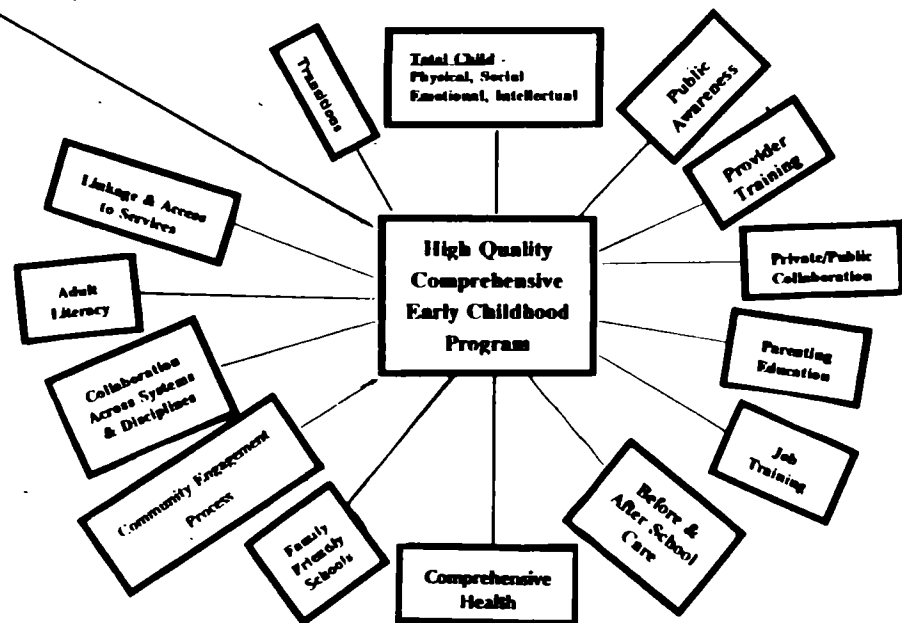
St. Martin Parish Early Childhood Initiative



ST. MARTIN PARISH EARLY CHILDHOOD INITIATIVE

STAFF DEVELOPMENT

- Child development
- Developmentally Appropriate Practices



Integrated Components of APPROPRIATE and INAPPROPRIATE Practice for 4- AND 5-YEAR-OLD CHILDREN

<u>Component</u>	<u>APPROPRIATE Practice</u>	<u>INAPPROPRIATE Practice</u>
Curriculum goals	● Experiences are provided that meet children's needs and stimulate learning in all developmental areas—physical, social, emotional, and intellectual. ● Each child is viewed as a unique person with an individual pattern and timing of growth and development. The curriculum and adults' interaction are responsive to individual differences in ability and interests. Different levels of ability, development, and learning styles are expected, accepted, and used to design appropriate activities. ● Interactions and activities are designed to develop children's self-esteem and positive feelings toward learning.	● Experiences are narrowly focused on the child's intellectual development without recognition that all areas of a child's development are interrelated. ● Children are evaluated only against a predetermined measure, such as a standardized group norm or adult standard of behavior. All are expected to perform the same tasks and achieve the same narrowly defined, easily measured skills. ● Children's worth is measured by how well they conform to rigid expectations and perform on standardized tests.
Teaching strategies	● Teachers prepare the environment for children to learn through active exploration and interaction with adults, other children, and materials. ● Children select many of their own activities from among a variety of learning areas the teacher prepares, including dramatic play, blocks, science, math, games and puzzles, books, recordings, art, and music. ● Children are expected to be physically and mentally active. Children choose from among activities the teacher has set up or the children spontaneously initiate. ● Children work individually or in small, informal groups most of the time. ● Children are provided concrete learning activities with materials and people relevant to their own life experiences.	● Teachers use highly structured, teacher-directed lessons almost exclusively. ● The teacher directs all the activity, deciding what children will do and when. The teacher does most of the activity for the children, such as cutting shapes, performing steps in an experiment. ● Children are expected to sit down, watch, be quiet, and listen, or do paper-and-pencil tasks for inappropriately long periods of time. A major portion of time is spent passively sitting, listening, and waiting. ● Large group, teacher-directed instruction is used most of the time. ● Workbooks, ditto sheets, flashcards, and other similarly structured abstract materials dominate the curriculum.

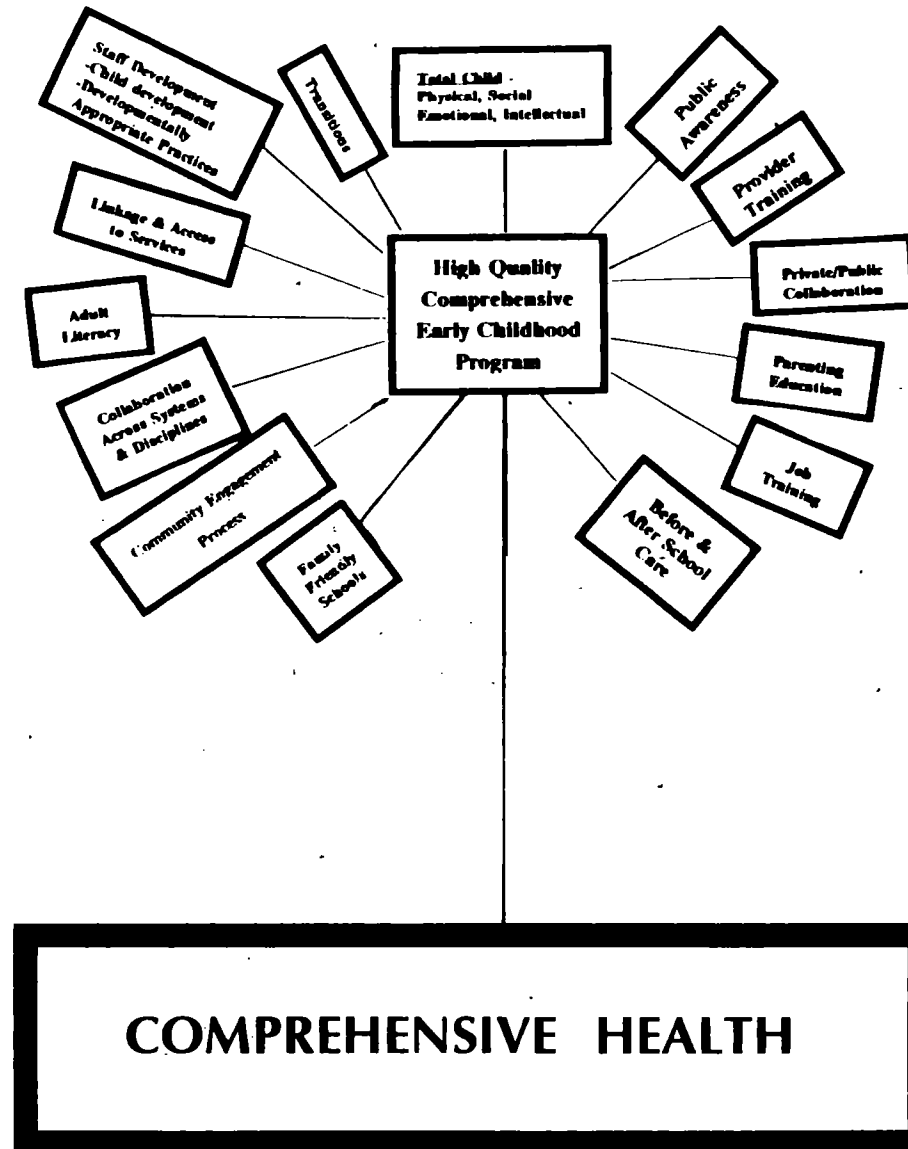
Taken from a position paper by the National Association for the Education
of Young Children, *Developmentally Appropriate Practice in Early
Childhood Programs Serving Children From Birth Through Age 8*

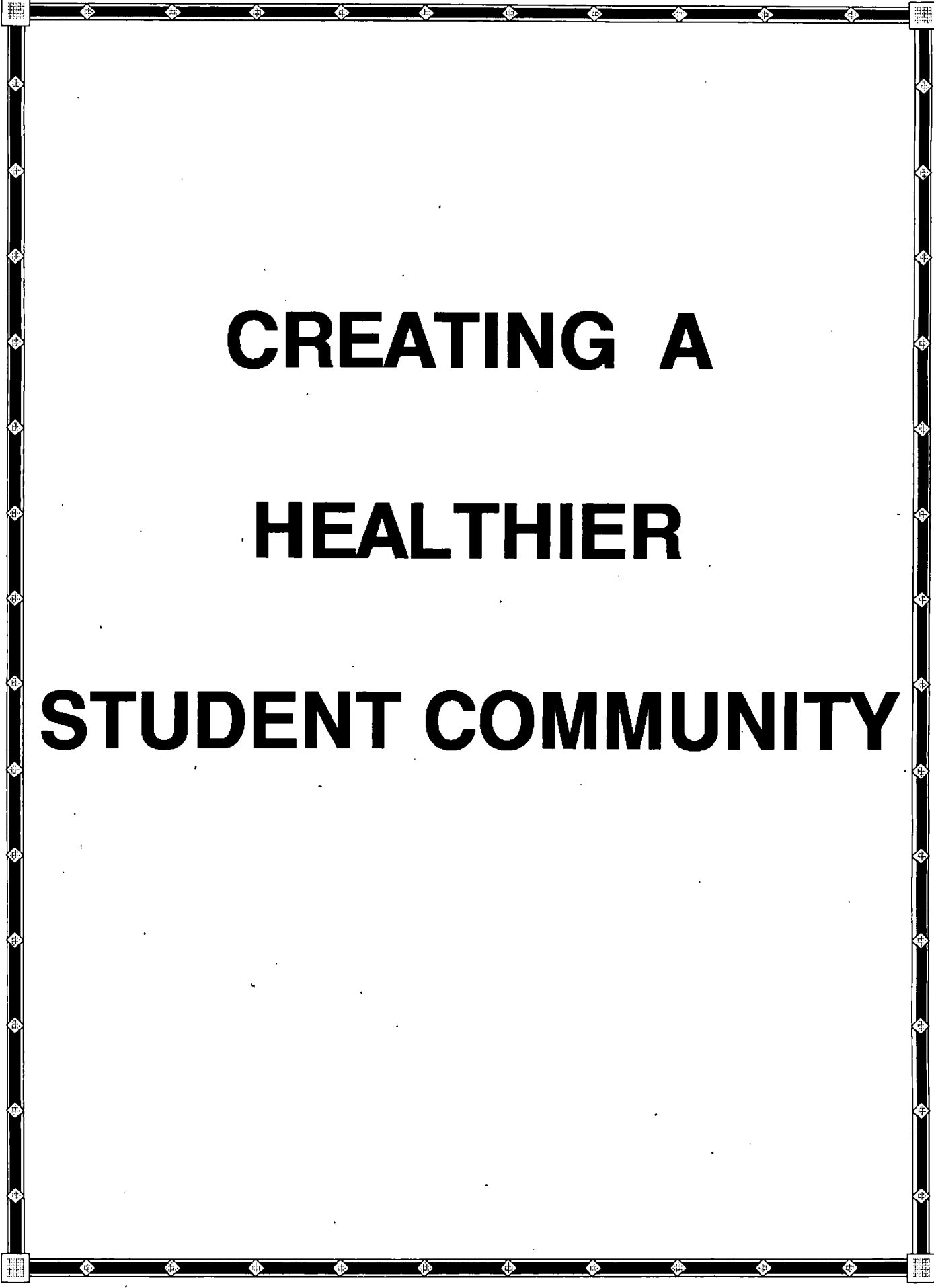
INTEGRATED COMPONENTS OF APPROPRIATE AND INAPPROPRIATE PRACTICE IN *THE PRIMARY GRADES*

<u>Component</u>	<u>APPROPRIATE Practice</u>	<u>INAPPROPRIATE Practice</u>
Curriculum goals	● Curriculum is designed to develop children's knowledge and skills in all developmental areas—physical, social, emotional, and intellectual—and to help children learn how to learn—to establish a foundation for lifelong learning. ● Curriculum and instruction are designed to develop children's self-esteem, sense of competence, and positive feelings toward learning. ● Each child is viewed as a unique person with an individual pattern and timing of growth. Curriculum and instruction are responsive to individual differences in ability and interests. Different levels of ability, development, and learning styles are expected, accepted, and used to design curriculum. Children are allowed to move at their own pace in acquiring important skills including those of writing, reading, spelling, math, social studies, science, art, music, health, and physical activity. For example, it is accepted that not every child will learn how to read at age 6; most will learn to read by 7; and some will need intensive exposure to appropriate literacy experiences to learn to read by age 8 or 9.	● Curriculum is narrowly focused on the intellectual domain with intellectual development narrowly defined as acquisition of discrete, technical academic skills, without recognition that all areas of children's development are interrelated. ● Children's worth is measured by how well they conform to group expectations, such as their ability to read at grade level and their performance on standardized tests. ● Children are evaluated against a standardized group norm. All are expected to achieve the same narrowly defined, easily measured academic skills by the same predetermined time schedule typically determined by chronological age and grade level expectations.
Teaching strategies	● The curriculum is integrated so that children's learning in all traditional subject areas occurs primarily through projects and learning centers that teachers plan and that reflect children's interests and suggestions. Teachers guide children's involvement in projects and enrich the learning experience by extending children's ideas, responding to their questions, engaging them in conversation, and challenging their thinking.	● Curriculum is divided into separate subjects and time is carefully allotted for each with primary emphasis given each day to reading and secondary emphasis to math. Other subjects such as social studies, science, and health are covered if time permits. Art, music, and physical education are taught only once a week and only by teachers who are specialists in those areas.

Taken from a position paper by the National Association for the Education
of Young Children, *Developmentally Appropriate Practice in Early
Childhood Programs Serving Children From Birth Through Age 8*

ST. MARTIN PARISH EARLY CHILDHOOD INITIATIVE





CREATING A HEALTHIER STUDENT COMMUNITY

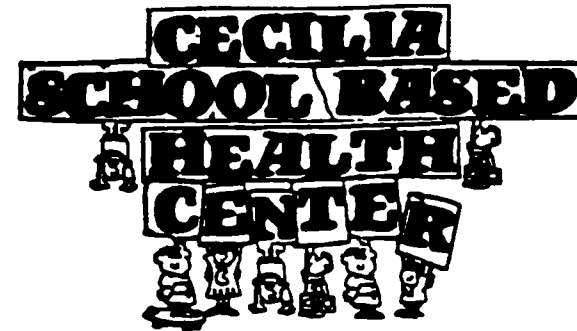
HEALTH CENTER SERVICES

- TREATMENT OF MINOR ILLNESSES AND INJURIES
- HEALTH EDUCATION FOR INDIVIDUALS AND GROUPS
- ATHLETIC AND ROUTINE PHYSICAL EXAMINATIONS
- IMMUNIZATIONS
- TREATMENT OF SKIN PROBLEMS
- TREATMENT, EDUCATION, AND REFERRAL FOR VENEREAL DISEASES
- ROUTINE DIAGNOSTIC LAB AND PREGNANCY TESTING
- REFERRALS TO ALCOHOL AND DRUG ABUSE PREVENTION PROGRAMS
- DENTAL HYGIENE EDUCATION
- MENTAL HEALTH SERVICES, INCLUDING, BUT NOT LIMITED TO CRISIS COUNSELING, INDIVIDUAL, FAMILY, AND/OR GROUP THERAPY
- PARTICIPATION IN HEALTH RISK SURVEYS AND QUESTIONNAIRES
- HEARING, VISION, SCOLIOSIS SCREENING
- MEDICAID ENROLLMENT CENTER
- KIDMED SERVICES
- REFERRAL TO OTHER AGENCIES FOR SERVICES NOT PROVIDED BY THE HEALTH CENTER



(31) 667-7227
(318) 667-7228

C CILIA SCHOOL-BASED
HEALTH CENTER
P. O. BOX 24
1 17 SCHOOL STREET
CECILIA, LA 70521

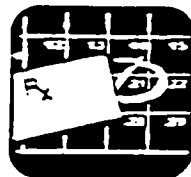


A
Comprehensive
Health Care
Facility



ST. MARTIN PARISH
SCHOOL BOARD PROJECT

FUNDING MADE POSSIBLE BY:
LOUISIANA STATE DEPARTMENT
OF HEALTH AND HOSPITALS



PURPOSE OF THE HEALTH CENTER

THE HEALTH CENTER BELIEVES THAT THE WORD HEALTH MEANS PHYSICAL, MENTAL, AND SOCIAL WELL BEING. WE BELIEVE IN THE PROMOTION OF A HEALTHY LIFE THAT INCLUDES:

- * THINKING ABOUT YOURSELF IN A POSITIVE MANNER
- * COMMUNICATING IN A POSITIVE MANNER WITH THOSE IMPORTANT TO YOUR LIFE
- * ROUTINE PHYSICAL AND DENTAL EXAMS AND IMMUNIZATIONS
- * EATING A HEALTHY, BALANCED DIET
- * LEARNING TO MAKE RESPONSIBLE DECISIONS ABOUT DRUGS, ALCOHOL AND TOBACCO
- * LEARNING TO USE EXISTING HEALTH CARE SERVICES

WE BELIEVE THE PREVENTION OF POSSIBLE HEALTH PROBLEMS IS PREFERABLE, MORE EFFECTIVE AND LESS COSTLY THAN TREATMENT.



DEAR PARENTS/LEGAL GUARDIANS,

THE ST. MARTIN PARISH SCHOOL BOARD IS COMMITTED TO PROVIDING THE **BEST FOR THE CHILDREN IT SERVES**. IT IS THE PHILOSOPHY OF THE SCHOOL SYSTEM THAT THE CECILIA SCHOOL-BASED HEALTH CENTER, WHICH IS LOCATED IN THE OLD PUBLIC LIBRARY BUILDING IN THE REAR OF CECILIA JUNIOR HIGH SCHOOL, WILL ASSIST IN REDUCING ABSENTEEISM, DROPOUTS, AT-RISK BEHAVIORS, ILLNESSES, ALCOHOL/DRUG PROBLEMS, MENTAL HEALTH NEEDS AND WILL PROVIDE A NEEDED WELLNESS PROGRAM FOR STUDENTS IN THE CECILIA PUBLIC SCHOOLS. **ALL OF THESE SERVICES WILL BE PROVIDED AT NO COST TO YOU.**

THERE IS A FULL-TIME STAFF CONSISTING OF A SOCIAL WORKER, REGISTERED NURSE, LICENSED PRACTICAL NURSE, AND SECRETARY TO ASSIST EVERY STUDENT FROM 7:45 A.M. TO 3:45 P.M. WHEN SCHOOL IS IN SESSION. ONCE A WEEK, A MEDICAL DOCTOR WILL ALSO BE AVAILABLE TO THE STUDENTS. BUT TRANSPORTATION WILL BE PROVIDED FOUR DAYS A WEEK FOR STUDENTS ATTENDING CECILIA PRIMARY, TECHE ELEMENTARY, AND CECILIA SENIOR HIGH SCHOOLS. STUDENTS ATTENDING CECILIA JUNIOR HIGH SCHOOL WILL BE ABLE TO WALK TO THE CENTER.

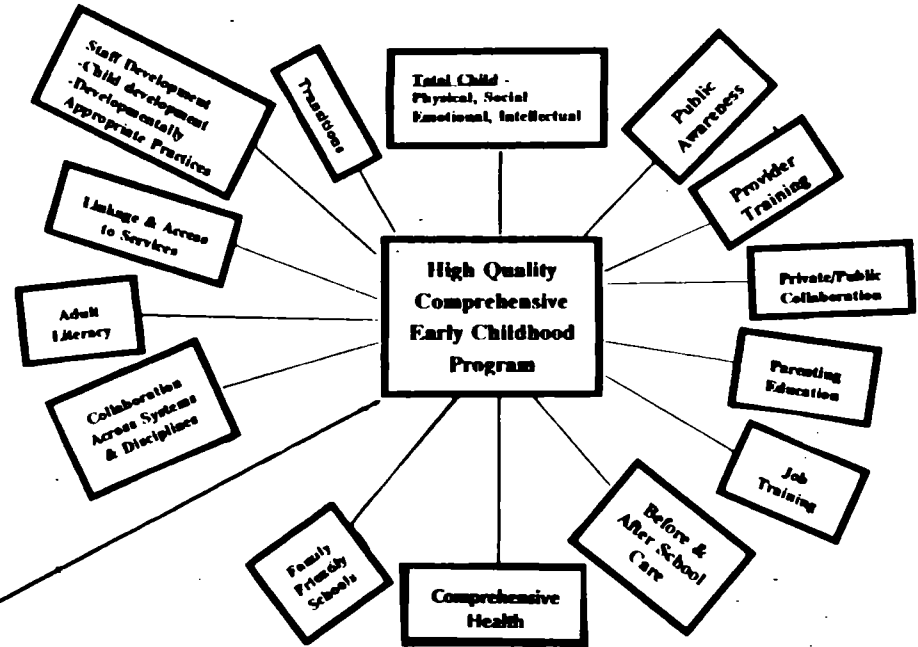
RARELY DOES AN IDEA COME ALONG THAT SOLVES SEVERAL LONGSTANDING HEALTH PROBLEMS AT ONCE AS DOES THE CECILIA SCHOOL-BASED HEALTH CENTER. IT IS A COMPREHENSIVE PROGRAM THAT BRINGS TOGETHER MENTAL AND MEDICAL SERVICES, THUS PROVIDING A DIRECT RESPONSE TO THE HEALTH NEEDS OF THE CECILIA YOUNG PEOPLE. IT IS ONE OF EIGHT HEALTH CENTERS IN THE STATE. IT IS THE ONLY HEALTH CENTER IN THE STATE THAT SERVICES STUDENTS FROM GRADES PREK-12.

DELIVERING HEALTH SERVICES IN SCHOOLS IS NOT A NEW IDEA. WHAT IS NEW IS DELIVERING COMPREHENSIVE CARE ON-SITE. IT IS OPERATED BY PROFESSIONALS THAT OFFER ON-SITE CARE, REFERRAL AND FOLLOW-UP. THE CENTER CAN PROVIDE LONG-TERM SOLUTIONS TO SERIOUS PROBLEMS. IT IS FUNDED BY A GRANT FROM THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS COMPOSED OF FEDERAL AND STATE MONIES. THE SCHOOL'S TRADITIONAL HEALTH-RELATED SERVICES, SUCH AS COUNSELING, SCHOOL NURSING AND ALCOHOL/DRUG PREVENTION PROGRAMS HAVE BEEN INTEGRATED WITH THE HEALTH CENTER, THUS WE HAVE ENHANCED THEIR EFFECTIVENESS BY THIS CONNECTION TO A COMPREHENSIVE SYSTEM OF HEALTH.

WE ENCOURAGE AND INVITE YOU TO STOP BY THE HEALTH CENTER FOR A TOUR OF THIS ONE-OF-A-KIND FACILITY IN ACADIANA. BY ASSISTING THE YOUTH OF TODAY, WE KNOW THAT WE ARE BUILDING A GREAT AMERICA FOR TOMORROW.

CECILIA SCHOOL-BASED HEALTH CENTER STAFF
ST. MARTIN PARISH SCHOOL BOARD

ST. MARTIN PARISH EARLY CHILDHOOD INITIATIVE



**COMMUNITY ENGAGEMENT
PROCESS**

ST. MARTIN PARISH SCHOOL DISTRICT

RETENTION RATES

KINDERGARTEN	8%
GRADE 1	18%
GRADE 2	7%
GRADE 3	6%
GRADE 4	8%
GRADE 5	8%
GRADE 6	8%
GRADE 7	21%
GRADE 8	15%

ST. MARTIN PARISH GRADUATION RATES

(on schedule)

9th Grade Enrollment		Graduates Receiving Diplomas (4 years later)		% Graduating
1988-89	625	1992	381	61%
1989-90	629	1993	367	58%
1990-91	653	1994	381	58%

ST. MARTIN PARISH PUBLIC SCHOOL SYSTEM

DANFORTH FOUNDATION EARLY CHILDHOOD INITIATIVE: SUCCESS FOR ALL CHILDREN

THE COMMUNITY ENGAGEMENT PROCESS

The focus of the St. Martin Parish Early Childhood Initiative is children from birth through age nine. Part of the process will be to determine what services are available for young children, what is needed, and what the school system can do to improve the chances of all children being successful when they start school. In order to make these determinations, input from the community, and parents in particular, is vital. To gain this input, the school system will work with two national consulting firms, Phillaber Associates of New York, and Edwards and Company of Houston in conducting a Community Engagement Process. St. Martin Parish has been fortunate to receive the funding for this process through a grant from the Danforth Foundation.

THE PROCESS

Significant goals of the Success for All Children initiative are to develop community-wide support and to increase family participation in early childhood education and school based programs. To achieve these goals, successful initiatives must actively and meaningfully involve communities, neighbors and families in the assessment of need and in deciding how best to meet those needs.

The Community Engagement Process (CEP) is designed to provide relevant information to program planners and community residents about existing conditions in an area, usually the size of a neighborhood. While surveys have already shown themselves to be powerful tools for charting public opinion and behavior, their use by community residents themselves, to quickly, efficiently and inexpensively yield information about a community is new and unique. The entire process, facilitated by research/evaluation professionals, is designed and implemented by community residents. Decisions ranging from survey design, to creating incentives to encourage a high level of community participation are made by a committee largely comprised of residents—parents and neighbors. Through the process data about people living in a certain place become richer, more accurate, and the collection and review process are tools for mobilizing community advocacy and action.

In order to initiate the process, a broad based subcommittee was formed which includes various segments of the educational and social services communities as well as key community leaders from across the parish (county). The committee's task was to reach a consensus as to what information was needed and how to best obtain that information from the community. Over a period of several months, the committee met and, with the assistance of a consultant, began the process of engaging the community in this initiative.

A consensus was soon reached that school retention would serve as a focal point for the process. Because of the negative impact of school retention on future success in school, the committee decided that the community and parents would be engaged in a dialogue concerning school retention as an early indicator of likely school failure and what could be done to improve each child's chance of success.

In an effort to narrow the focus of this project, information pertaining to students retained during the 1993-94 school session was compiled. Although the project will center on early childhood (through grade four), the list included all students retained in kindergarten through grade eight. This information was plotted on a map and the geographical areas of the parish in which the largest number of students are being retained were identified. Since the parish has three large communities, it was decided that the area of greatest need in each of these three communities would be targeted.

Through further discussion and assistance from consultants, the committee then determined the areas to be addressed in the survey. These include:

1. how parents view their role in relation to the school;
2. what characteristics define successful school participation;
3. what kinds of community support exists or are needed to aid families in ensuring their children succeed; and
4. what changes do parents feel are needed in the schools in order to better serve their children.

The survey will be conducted by members of each local community. Both house-to-house and fixed site techniques will be used. An attempt will be made to create a targeted sample of approximately 3,000 adults parishwide. Interviewers will be trained and assistance will be provided throughout the process. It is estimated that the training and surveying will take three to four days.

PROJECTED OUTCOMES

The purpose of the process is not only to receive input, but to "engage" the community in a dialogue and to initiate action to effect needed change. Results will be shared at community meetings and action plans to address identified areas will include both community individuals and representatives of community agencies as well as school system personnel.

As a result of the process, issues related to the school system, child care, and community services available for young children will become clear. Areas of both strength and weakness in the school system and in the community will be identified, and direction for the Success for All Children Early Childhood Initiative will be clarified. Through the process, connections will be made and alliances will be forged through which collaboration and coordination of services for young children can begin.

Although the process has just begun, barriers have already started to be removed between agencies. The school system and the local Headstart Program have opened a dialogue and are working together to gather information in order to identify and monitor those school children who attended Headstart. Information relative to student performance will be shared with Headstart teachers.

The largest employer in the parish, a major manufacturing company, has representatives on the Community Engagement Process committee, and is working cooperatively to involve its employees in the survey. Already the issue of daycare for company workers has been raised along with the need for technical assistance in this area.

Daycare providers, meeting as a subcommittee to address other issues, have expressed an interest in the survey and how the results can be used to assist them in better serving children. A representative serves on the CEP Committee.

The local vocational technical school is also represented on the CEP Committee. Initiation of a class on child development has been discussed.

As this communication with parents and community adults is initiated, it is anticipated that in-depth community involvement with the school system will truly result for the first time.

COMMUNITY ENGAGEMENT PROCESS SOLUTIONS ASSESSMENT TEAM

BUSINESS REPRESENTATIVES:

Tim Willis, Fruit of the Loom, Plant Manager
Faye Tucker, Fruit of the Loom, Personnel Director
Freda Harrison, Businesswoman, Garrett Pies
Donald Thibodeaux, Home Health Care
Thelma Alex, Daycare Provider
Joe Gregory, Public Housing
Mary Lynn Thibodeaux, Public Housing

COMMUNITY REPRESENTATIVES:

Mildred Patin, Community Leader
Delores Dupuis, Community Leader
Brenda Berard, Community Leader
Lawrence Jacobs, Community Leader
Mary Jane Thomas, Community Leader
Vanessa Griffin, Community Leader
Sylvia Eglund, PTO Representative
Lisa Louviere, PTO Representative
Judy Poirier, PTO Representative
Sandra Blanchard, PTO Representative

GOVERNMENT AGENCIES:

Susan Carpenter, Child Protection Investigator
Kervin Fontenette, Sheriff's Department, Juvenile Division
Mike Hayes, Sheriff's Department, DARE Officer
Margaret Richard, Vocational Technical School, Counselor
Earl Dundas, Health Coordinator, Head Start

SCHOOL SYSTEM PERSONNEL:

Roland Chevalier, Superintendent
Elizabeth Judice, Curriculum Director
Janice Decou, Chapter I Early Childhood Supervisor
Junelle Segura, Secondary Teacher
Fannie Paul, Elementary Teacher
Ranella Jones, School Based Health Center
Edmee Dejean, Drug Free School Coordinator

SUCCESS FOR ALL CHILDREN

A Community Survey

How can our children get the best start in school? How can we work together in this community to help our children achieve their highest potential? These are the subjects of this survey and your opinion is very important to us. Please notice that the survey will not have your name on it and your comments will never be associated with your name. Please take a few minutes now to let your voice be heard on these important issues.

THANK YOU FOR YOUR HELP!

SUCCESS FOR ALL CHILDREN

Teacher Survey

How can our children get the best start in school? How can we work together in this community to help our children achieve their highest potential? These are the subjects of this survey and your opinion is very important to us. Please notice that the survey will not have your name on it and your comments will never be associated with your name. Please take a few minutes now to let your voice be heard on these important issues.

THANK YOU FOR YOUR HELP!

TELL US A LITTLE ABOUT YOU-