



LOWELL COORDINATED FAMILY AND COMMUNITY ENGAGEMENT NEED ASSESSMENT

Surveying the Landscape of Services for Children and
Families – Birth to Age 8

ABSTRACT

Lowell's early childhood community has a long history of collaboration and strong programs that seek to meet the needs of families in the community. This Need Assessment highlights the communities strengths and has identified areas of opportunity.

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Community Context:

Lowell Public School's Early Childhood Department as part of the Coordinated Family and Community Engagement (CFCE) Grant was charged with conducting a Needs Assessment in order to promote reflection and dialogue between and among community partners, families, and programs serving young children.

Overview of the process:

The Early Childhood Department engaged Lowell's Early Childhood Council in making revisions to two Surveys developed and distributed in 2016 for submission of the Planning Grant for Preschool Expansion. Council members reviewed and provided feedback on surveys. The timelines between final revisions of survey, distribution, and submission to Department of Early Education and Care did not permit time for the council to review or provide feedback prior to submission of this document. The council will receive a copy of the Needs Assessment at the April 2, 2018 meeting. Feedback provided by council will be used to support future planning and identify additional data needed to inform program planning for children in Lowell birth to eight years of age.

The Family Survey revised by Lowell's Early Childhood Advisory Council in the fall 2017. Revision were completed in December 2017. The Family Survey was translated into four languages: English, Spanish, Khmer, and Arabic and posted on Lowell Public School's Early Childhood website and highlighted on the districts home page. Distribution of this survey began January of 2018. Paper surveys were distributed to the Coordinated Family Community Engagement (CFCE) playgroup participants, area center-based and family child care programs and within the public schools. Copies were additionally placed in waiting areas at Family Resource Centers and clinics. **Appendix A Family Survey.**

Program Survey was reviewed and revised by a small group of individuals, were presented twice to the Early Childhood Advisory and distributed in December of 2017. A survey link was electronically sent to early childhood programs including center-based, family child care and public schools. Follow up phone calls were made to personally remind programs to complete the survey. Follow up calls took place in February 2018, to clean the data to ensure accuracy regarding licensed capacity and enrollment by age group. **Appendix B Program Survey**

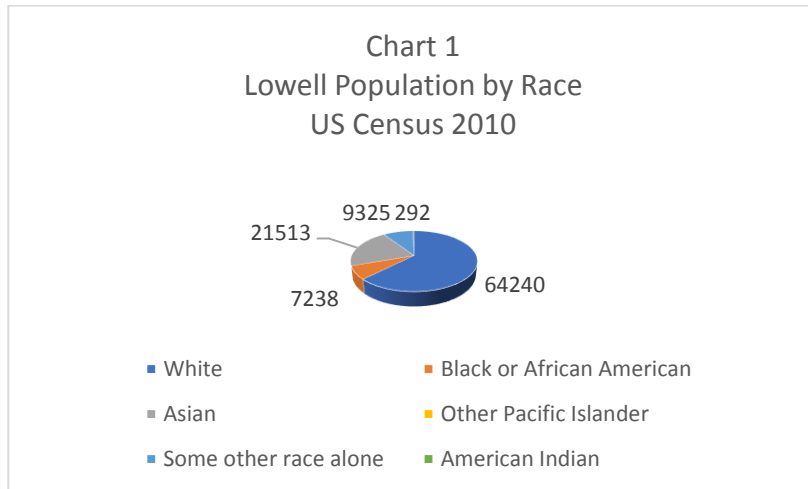
A document review of current Community Needs Assessment and US Census Data was conducted by other community partners in January 2018. **Appendix C Documents Reviewed and Sited.**

Additional data used to inform this report was generated through the Lowell Public School's Early Childhood Data Base which provided data on non-enrolled children birth to 8 years of age. Additional data was generated through the district's Aspen (X2) database which houses information on students enrolled in Lowell Public Schools. This information provides a window into the types of services families of young children birth to eight access, comprehensive services that strengthen families' ability to provide for their child, and families' use of community resources. Finally, CFCE parent satisfaction surveys, attendance logs, and Ages and Stages Questionnaires were used to gather data on CFCE programs offered between September 2017 to February 2018.

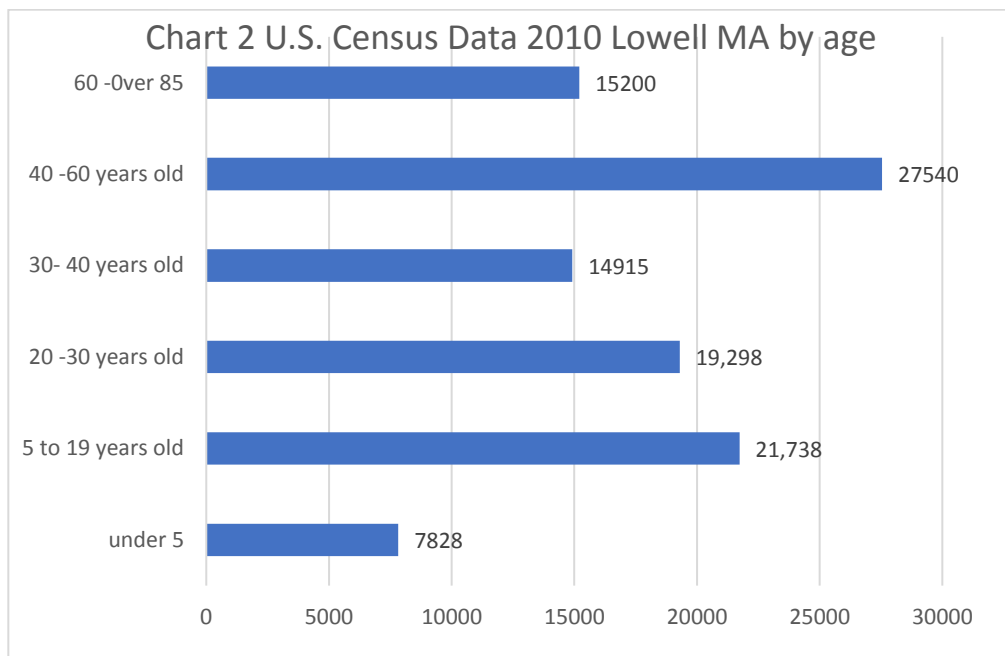
Demographics of Service Area:

Population

In 2010, the US Census reported Lowell's population to be 106,519. The Massachusetts Department of Revenue Division of Local Services Databank reports the population of Lowell in 2014 to be 110,235 an increase in population of 3,716 individuals over a 4-year period.



The Medium age of individual living in Lowell is 32 years old.



According to City's Clerks Office as of January 2018, there are approximately 11,549 children under the age of five living in Lowell. The birth rate between 2013-2017 averages 2,310 per year. Approximately 1,200 to 1,500 students enter Lowell Public School's kindergarten each year.

Overview of Demographic of Service Area

Lowell is an urban city made up of eight neighborhoods; Highlands, South Lowell, Belvidere, Back Central, Centraville, Pawtucketville, and the Acre. It is the fourth largest city in Massachusetts. Lowell began in 1826 as a mill town and holds a place in history as the cradle of American Industrial Revolution. Today the National Park Service is charged with maintaining the Lowell's Heritage State Park consisting of 10 different sites including the Boott Cotton Mill Museum, Pawtucket Gatehouse, and Heritage State park.

Lowell is the second largest home to the Cambodian- American population. Lowell houses two Institutions of Higher Education the University of Massachusetts Lowell and Middlesex Community College which contribute to the fabric of the community through research, culture, sports and other activities. Lowell has two large hospitals: Lowell General Hospital with two campuses (Main Campus in Pawtucketville and Saints Campus located downtown). Hospital staff serve on the board of many community councils including the Early Childhood Advisory Board. Lowell General Hospital offers a plethora of Health and Wellness programs including support groups, parenting classes, online courses, nutrition, well-being workshops and groups to help deal with anxiety and mental health, children and teen programs, prenatal and postnatal course for new parents, fitness and weight management as well as a host of other programs. Lowell Community Health Center provides services to the community through health education, mental health services and school-based programs at Lowell High School and the Stoklosa Middle School.



Availability of Formal and Informal Early Education and Care Opportunities

It is estimated that only one third of all children entering kindergarten in Lowell attended preschool prior to school entry. The Child Care Circuit reports as of February 2018, 236 children are on the waitlist for a voucher in Northeast Region of which 42 are from Lowell.

Anecdotally, preschool and kindergarten families report being frustrated by the fact they are unable to access early education. Addressing the need for early education has become a community priority. Federal Funds through the Preschool Expansion Grant were used to create 156 full-day, full-year preschool slots in the community. Funding ends as of August 2019. Lowell has applied for funding to develop a strategic plan to maintain this program. Community partners have been funded to convene stakeholders to develop a plan to support sustainability of PEG programming in the community and a long term vision for early education in the community.

In December 2017, Lowell's Early Childhood Department distributed a Program Survey to area early education and care providers. Chart 3 and Chart 4 provides an overview of the current landscape of early education and care programming in Lowell.

Chart 3: Capacity of Family Child Care

Program Survey 2017	Capacity of Family Child Care System				Current Enrollment				
	Number of classrooms	Current Enrollment Preschool	Total Capacity	Capacity Utilization	Infant	Toddler	Preschool	School Age	Total
Family Child Care System									
Acre Family Child Care	12-6 24-8 23-10	90	494	66%	67	90	90	81	328
Bethel Child Care Services, Inc.	4	12	27	114.81%	5	8	12	6	31
Clarendon Early Education Service	55	246	360-480	68% to 51%	19	47	83	97	246
CTI FCC		68	71	95.77%	5	8	55	0	68
Total Enrolled in FCC			962-1072		96	153	240	184	673

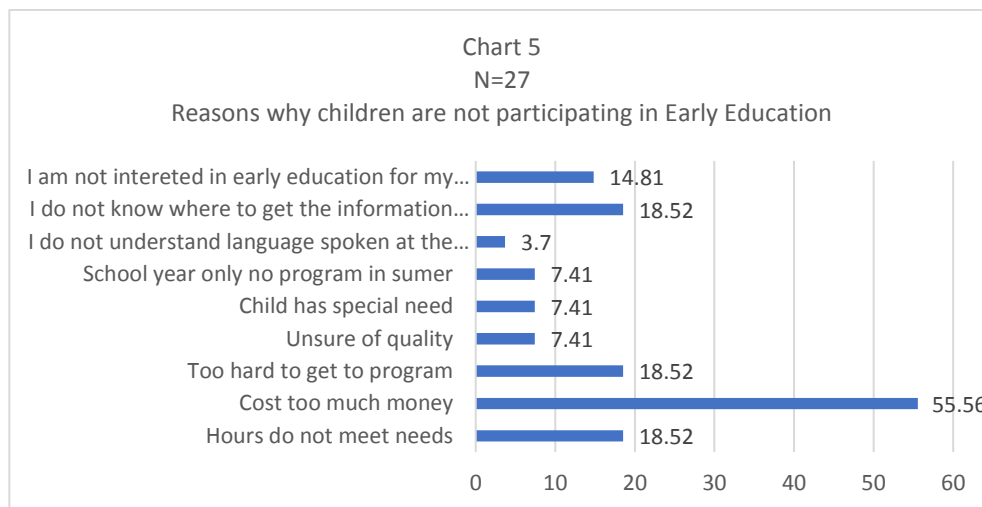
Chart 4: Capacity Center-Based Child Care

Program Survey 2017	Capacity of Program				Current Enrollment					
	Number of	Current Enrollment	Total Preschool Capacity	Capacity Utilization	Infant	Toddler	Mixed	Preschool	School Age	Licensed capacity
Center Based Program										
2Gen Center @ UTEC	3	4	19	21.05%	0	0		4	0	35
Community Teamwork Early Learning Program	34	448	448	100.00%	18	54		448		520
Greater Lowell YMCA (2)		50	50	100.00%	0	0		50	174	224
Little Sprouts	13	82	90	91.1%	15	46		55	27	164
Lowell Collaborative Preschool Academy	8	156	156	100.00%	0	0		156	0	156
Lowell Day Nursery Association	6	72	88	81.1%	0	9		72	4	109
Lowell Public Schools * includes all preschool children	33	643	756	85%	0	0		643	0	643
Merrimack Valley Christian Day School		39	34	111.36%		8		39	10	44
Total Licensed Capacity CB										1894
Total Enrolled in CB				90%	33	117		1463	215	1828
Total capacity preschool			1651	89%				1463		1838

Data collected through the Program Survey found that 2,511 children attended 4 family child care systems and 8 center based early childhood programs. Charts 3 and 4 present the data provided by the 12 programs responding to the Program Survey. Additional data is needed to fully represent the early childhood community in Lowell. Of the 2,511 children birth to 5 years of age enrolled 6% of the children are infants birth to 15 months of age, 12% are toddlers 15 months to 2 years, 9 months of age, and 81% are preschool children 2 years, 9 months to 5 years of age.

There is missing information needed to accurately represent school-age programs and independent family child care providers in the data. If a deeper dive is taken it would be necessary for our council to discern individual family child care providers from those participating in family child care systems. The data presented provides a glimpse into the community’s capacity to serve infants, toddlers, preschool and school-age children.

Families not participating in early childhood programs were asked to indicate why their child was not enrolled. 27 of 71 families completing the survey responded to this sub-set of questions. 55% of the families reported cost being the main reason for their child’s lack of participation in early childhood programming. Three families stated they were on waitlist and one family stated having difficulty finding a programs after exiting Early Intervention.



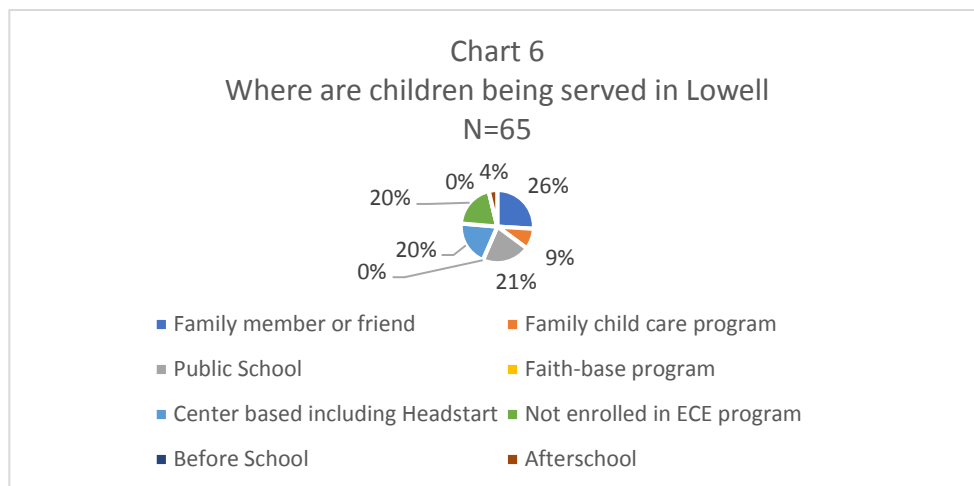
38% of the children according to Family Survey results do not currently participate in any formal early education and care programs. While cost appears to be the largest barrier to access only 25% of the families knew if they were eligible for any financial assistance such as vouchers or scholarships. 57% of the families were not sure and 18% stated they would not qualify for financial assistance. It is apparent that more information is needed to assist families in learning more about how to access financial assistance for early education in the community.

50% of families responding to the survey expressed interest in full-day, full-year early education and care. 15% responded full-day school year meet their needs. 9% responded half-day school year programming sufficed. 11% preferred participation in playgroups and other community programs with their child over enrollment in a formal program.

57 families provided information on their preferences for choosing an early childhood program. **Attachment D What Matters Most to Parents in Choosing an Early Childhood Program** produced astonishing information.

90% of the families stated that the qualification and knowledge of child development of the educators influenced their selection of a program. 87% stated preparation for kindergarten as their reason for choosing a program. 83% prefer programs that engaged families in activities to foster their child’s development. 54 of the 57 respondents provided information on barriers to accessing early education and care. 46% stated cost. Hours, quality, information and transportation were barriers for 20% of the respondents.

Informal early education and care programs - 71 Families responded to the parent survey. We anticipate more data being collected during the early childhood registration period held between March 5th and April 27, 2018. 65 families responded that their children participated in early education outside the home. **Chart 6** illustrates where children receive early childhood services in Lowell. 26% receive care from family or friends and 20% are home with family. The remaining 50% of children receive services through our early childhood program: 9% Family Child Care, 20% Center-based, and 20% Public School. This sample confirms estimates that estimate 50% of all children in Lowell attend an early childhood program prior to kindergarten.



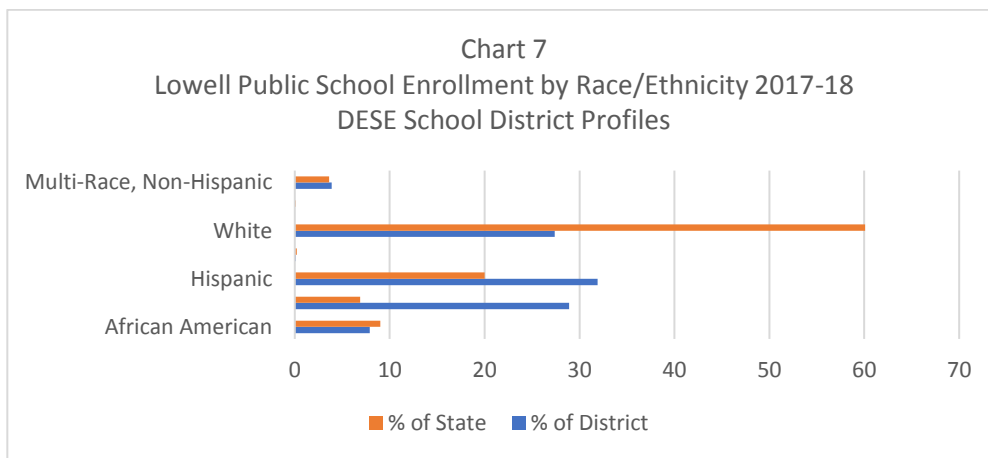
46 families reported participation in informal programs to support children’s language development and peer interactions. 15 families reported attending weekly playgroups, 5 families attended library story hours, 17 families reported playdates with peers, 10 families reported engaging children in day trips to museums and other cultural events, 4 families reported regularly attending Sunday school, and 18 families reported their child was enrolled in an early childhood program and one family participated in Parent Child Home Program.

Public School

The Demographics of the students enrolled in Lowell Public Schools reflect the community as a whole. In 2017-2018, the Lowell Public Schools enrollment as of October 1 was 14,436 of which 556 preschool children were enrolled in half-day preschool programing. All children attending Lowell Public Schools participates in the 2010 Healthy and Hunger Free Kids Act and receive snack and lunch daily.

Currently 58% of kindergarteners are dual language learners of which 36% are English Language Learners (ELL) enrolled in Lowell Public Schools. 1,113 immigrant children are enrolled in the district. It is reported that nearly 90 percent of all current refugees relocating to Massachusetts reside in the following communities: Lynn, Worcester, Greater Springfield or Lowell. Currently, there are 921 refugee children enrolled in Lowell Public Schools.

The most common languages spoken at home in Lowell are Spanish, Khmer, Portuguese, and Arabic. The population of children birth to five is reflective of the general population. There is a need for programs that foster early language and literacy skills as well as adult language & literacy programs. Early education provides young children with exposure to English, but specific instruction to match each students' Zone of Proximal Development has been shown to benefit ELL students. Short and Boyson, 2004, state that thematic curricular units that integrate content and language instruction help ELL children develop Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language and Proficiency (CALP) through play and routines.



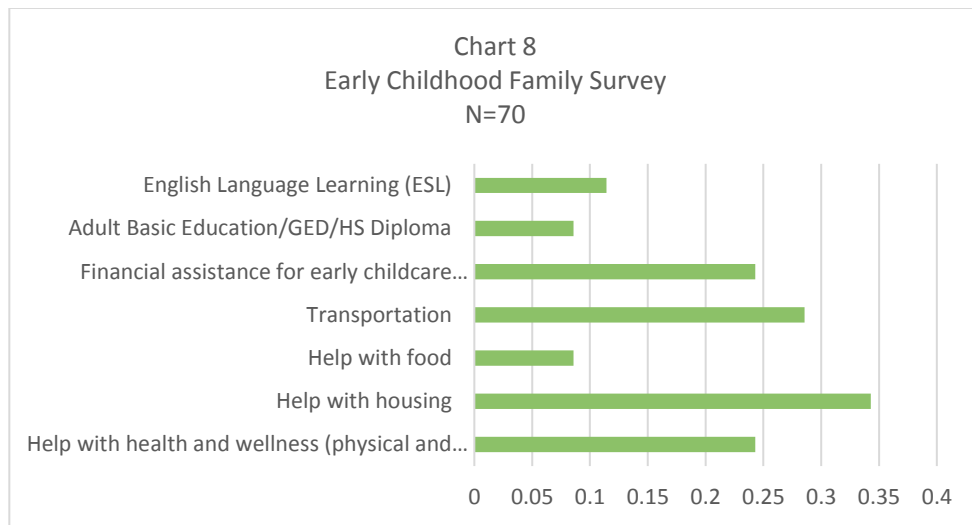
Socioeconomic status and availability of affordable housing: Median Income in Lowell is estimated to be \$46,972 according the 2012 -16 American Community Survey. The poverty rate varied among sources but fell between 19.8% and 21.5%. The 2017, *Community Needs Assessment* conducted by Community Teamwork Inc. identified affordable housing as one the greatest areas of need for Lowell’s families. The report estimates that 46.1% of the households in Lowell are burdened by housing costs that exceeds 30% of a household income. According to HUD’s Metro Fair Market Rent data a two-bedroom apartment in Lowell is \$1,203. The average cost of buying a home in Lowell is estimated to be \$234,100. Community Teamwork reports in 2016 that rental assistance was provided to over 2,852 families in 2016.

The *Community Health Needs Assessment 2016*, reports that when housing is a problem, affording necessities such as food, clothing, medicine, and transportation can be difficult. Half of the housing stock in Lowell was built in 1939 of which impacts children’s health due to an increase in asthma triggers and lead exposure.

A community meeting held by CTI in 2016, attended by 300 community members from the Arce neighborhood found many Lowell residents were concerned that if they were gainfully employed their access to affordable housing would be cut. This is one of many financial cliffs which impact families’ ability to strive toward economic stability. 282 survey respondents were asked, “what they needed to improve their living situation”. Safe, affordable housing, jobs that pay livable wages, child care, job training & education, and transportation were among the top five factors that impeded many families in Lowell’s economic success.

Lack of funds to afford housing often leads to homelessness. When families become homeless they often lose jobs. Currently, there are 75 children birth to 5 and 306 enrolled homeless children in the Lowell Public Schools. Lowell several homeless shelters. This year 821 children in the district have experienced homelessness.

LECAC’s Family Survey revealed similar needs among the families with young children. Housing, transportation, and financial assistance for early care and education.



Access to Health Care - Lowell General Hospital in partnership with Greater Lowell Health Alliance contracted with the University of Massachusetts Lowell Center for Community Research and Engagement to conduct a community needs health assessment. As part 2016 Health Needs Assessment project sixteen focus groups with 167 total participants took place between February 2nd and April 20th, 2016. The data on access to health care included in this report is generated from the *2016 Greater Lowell Community Health Needs Assessment*.

Lack of access to health care in Lowell has been linked to cultural barriers that impact access as well as the understanding of aftercare plans, and socioeconomic status. Families’ access to healthy foods, medicine, and transportation are a struggle for many Lowellians. Participants cited issues such as long working hours, lack of support networks, and translators and translated materials as factors. Many stated insufficient understanding of medication, disease, and following doctor’s orders as factors.

Mental Health was the top health issue identified by professionals as the greatest need in the community. Mental health issues including stress, depression, PTSD and anxiety are often seen, but there is not enough funding for care. Coverage provided through Mass Health and Medicare is insufficient. For the undocumented population access to mental health coverage is very difficult. There is an increase in mental health issues in children and young adults reported. Incidence of substance abuse are leading to an increase in dual diagnosis of patients with both mental health and addiction diagnosis.

Alcohol and opioid addiction remains a top health issue. Several health care providers express concern with the number of babies born with opioid addiction issues. They acknowledge a lack of established programing in the areas to help mothers with substance abuse. These children are at risk and without support from the community. First responders validated these concerns stating they have experienced a rise in the number of drug and mental health issues among the residents of Lowell. Providers and professionals expressed concern for a lack of services, funding, and counseling and care for addiction to drugs and alcohol in the community and the high numbers of no show rate for services available. Youth in Lowell are said to start using alcohol and marijuana between 10-14 years of age.

Cultural Barriers Impacting Family Health

Cambodian Community – Mental health, stroke and diabetes, high blood pressure, autism, stress and seasonal allergies were identified as health concerns. This group discussed a lack of understanding about immunizations and chronic diseases. Participants stated more translated materials and interpreters would be helpful in increasing understanding of health-related issues.

Portuguese Community – High blood pressure, asthma, respiratory disease, obesity, and diabetes as identified health concerns for this population. The majority of Portuguese families in Lowell are concentrated among a low SES community that work long hours and lack access to healthy foods.

Brazilian Community – Mental health, back and shoulder pain, high blood pressure, asthma, obesity and diabetes, thyroid disorder, cancer and lack of exercise were health concerns identified by this community. Low SES, long working hours, lack of insurance or inability to qualify for Mass Health Plans are factors impacting this groups use of the health care system. This population stated that information sent home with school age children was most valuable. Some members of this community return to Brazil to access health care as they cannot afford services in the U.S. Access to fresh food was also listed as a need due to the fact it was cheaper to eat processed foods.

African community – Many lack access to health insurance. Many refugees are non-English speakers, many men are affected with substance abuse, many women are school drop outs. Many Africans are intimidated by doctors. There is a perception of racism that many carry with them into the community. There is a lack of interpreters for some of the less common African languages. Low SES, lack of education around access to care and support to navigate this system is needed for this population.

The Community Health Needs Assessment 2016 documents the need for outreach to families as well as the need for interpreters and translated information. Lowell's hospitals sit on the early childhood council and continue to be a rich source of information. Coordinator of Family and Community Engagement support dissemination of information on vaccine clinics, health fairs, and other programs offer to support healthy development for children and adults.

Some examples of health information shared with families this year include:

- Vaccine clinic the second Monday of every month from 5:00 to 7:00 P.M. for tetanus, diphtheria and pertussis TDAP vaccines.
- Resource Manual for Lowell (2014) which provide contact information to 41 area health professional as well as contacts for food resources, fuel, housing legal and other services to aid new and immigrant families in connecting to resources.
- Mill City Grows provides families with access to healthy affordable fresh foods in Lowell. The mobile market has 10 stops a week at various locations throughout Lowell. The Farm Market is held year-round indoor at Mill No. 5. Every Sunday from 11:00 am – 3:00 pm.
- The Massachusetts Healthy Incentive Program (HIP) which matches SNAP recipients' purchases of local fruits and vegetables helps families afford fresh food. Families using their snap card can earn between \$40.00 To \$80.00 per month toward purchases of freshly grown produce if they use their SNAP card

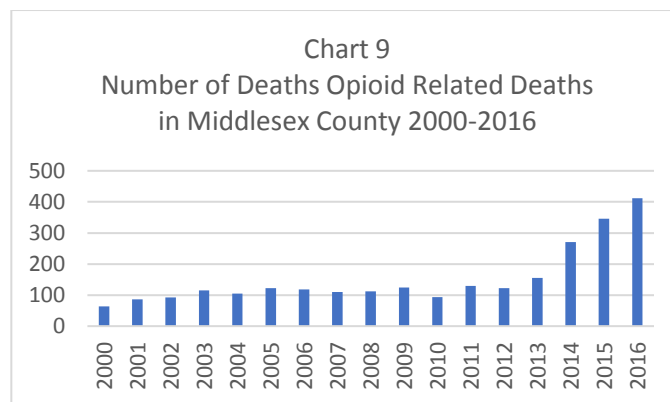
Risk Factors:

Access to nutritious food: Women, Infant, and Children (WIC) Food and Nutrition Services reports serving 5,232 clients of which 70% or 3,663 are Lowell residents. There are six food banks in Lowell. The Open Pantry of Greater Lowell provides short term food assistance to 1,500 people in Lowell monthly. Lowell Public Schools participates in 2010 Healthy and Hunger-Free Kids Act which provides universal access to breakfast and lunch for all enrolled without stigma.

Teen birth rate information: According to the Department of Public Health (DPH) in 2015, 1,568 births were recorded in Lowell of which 84 were born to teenagers. The birth rate for teens 15 to 19 years of age has dramatically decreased over the last decade by 41%. Nationally teen birth rates are down 42% for first time for parents under the age of 20. The U.S. Department of Health and Human Services reports the median age of a first-time mother has risen to by 28% for women age 30-34 between 2000-2014. Postponing the birth of a first child cuts across all races with Asian mothers on average delaying the birth the longest until 29.5 years of age. Given the age of Lowell’s population between the ages of 20 and 49 year of age we expect the birth rate to remain steady with 32% in the proximal zone for parenthood and continue to see a decline in teen parenting.

Substance use data: Alcohol and drug addiction is high in Lowell and there is a need for more programming. Many individuals need both addiction and mental health services. According to the Massachusetts Health Policy Commission, there has been a 201% increase in heroin-related hospital visits between 2000-2014 in Massachusetts. Men 25-30 and residents of low income communities are most likely to experience an opioid related admission. The city of Lowell has experienced a drastic rise in overdose deaths and opioid usage. Sobey 2016, reports in 2015 there was a 180 percent increase in overdose deaths compared to the previous year. 22% of the 185 drug-related deaths in Middlesex County in 2015 were among Lowell residents (Middlesex County Fatal Overdose Stats, 2016).

According to the Massachusetts Department of Public Health February 2018 reported there have been a total number of 2,578 opioid related deaths in Lowell since 2000. This represents 18% of all statewide opioid related deaths have occurred in Middlesex County.



Lowell House provides services and housing for individuals recovering from dependence of drugs. According to their website outpatient programs have a wait list of one to two weeks to see a therapist, The Recovery Home has a wait time of two to four months and the Sheehan Program six to eight weeks. Lowell House has two long term residencies Saving Grace – for women and the Hanover House – for men residents receive long term care and housing. This program is for individuals who are able to remain sober for 6 months or more.

Lead Poisoning data - Lowell is considered 1 of 8 High-Risk Community for childhood lead poisoning in Massachusetts according to the Department of Public Health Childhood Lead Poisoning Prevention Program. Public health data of children who were screened within Lowell between 2011 to 2015, 4.9 per 1,000 children screened between 9-48 months of age had elevated blood lead levels. The cases of elevated blood lead levels in children in Lowell are double the state wide average in Massachusetts 2.8 per 1,000 children screened between 9-48 months of age. Although the long-term trend is downward, elevated blood lead levels in Lowell are predominantly caused by exposure to lead-based paint in homes built before 1979. About 85% of the housing stock in Lowell was built before 1979. It is important for children in Lowell to be screened annually for lead levels. This is especially important for younger children whom are more likely to engage in hand-to-mouth activities. All children must be screened prior to school entry but only 1/2 of children entering kindergarten attend a program prior to entry. Outreach and information on lead screening through playgroup and other events is vital. Lowell's 2016 Childhood Lead Screening Progress Report documents that 74% of all children in Lowell are screened for lead.

High school dropout rates -In 2016-17 the state average for high school dropout was, 5,172 or 1.8 percent of students in grades nine through twelve dropped out of school. The dropout rate in Massachusetts is slowly declining form 11,436 or 3.8% in 2006.

In Lowell, dropout rates have declined over the last eight years. In the 2016 -17 school year there were 3,257 students enrolled in Lowell High School and 40 students are reported as dropping out. according to Massachusetts Department of Elementary and Secondary Education Statistical Reports: Dropout Rates in Massachusetts 2016-17.

Number of children currently on financial assistance waitlist in your service area - Child Care Circuit reports 42 children in Lowell were on the waitlist for vouchers. These families completed applications for subsidies between January 3rd and December 29, 2017. Jennifer Louis, from the Department of Early Education and Care ran a report to provide data on the number of children receiving vouchers to access child care in Lowell. As of December 2017, 2,134 children in Lowell received subsidies from Massachusetts state funds to gain access to early education.

200 Family Child Care providers serve more than half of all of Lowell's children on vouchers or 1,164 children: 146 infants, 308 toddlers, 385 preschoolers and 325 school age children. 18 Center based programs provide services to 970 children on vouchers; 22 infants, 85 toddlers, 304 preschoolers and 559 school age children. It is estimated that more than half of the children enrolled in family or center-based programs in Lowell receive vouchers.

Child abuse and neglect statistics -The Department of Children and Families FY 2017 Area 3rd Quarterly Profile reports 5,990 51A filed in the Northern Region of which 20% or 1,202 occurred in Lowell. In March of 2017, there were 392 children living in Lowell that were placed in Foster Care. 26% were living with kinship and 27% were placed in unrestricted foster care an individual licensed by the Department to provide foster/preadoption care. 41% of the children in placements within Lowell were under the age of 5 years old. Of those placed in foster care 42% of the children were in placements with the goal of reunification. **Appendix D Department of Children and Families Area Profile 2017**

Many of DCF families enroll in our Positive Solutions for Parenting Series offered twice a year through our Coordinated Family and Community Engagement Grant. This group has identified the need for a parenting

support groups targeting families with children in foster care with a goal of reunification. This group needs session that include dealing with trauma, mental health issues, addiction as well as parenting.

Crime rate – Lowell’s crime rate is overall on a downward trend. The city’s crime rate in 2016 was lower than the national violent crime rate by 13.8% and lower than the violent crime rate in Massachusetts by 9.2%

Chart 10
Crime Rates in Lowell MA by Year

<http://www.city-data.com/crime/crime-Lowell-Massachusetts.html>

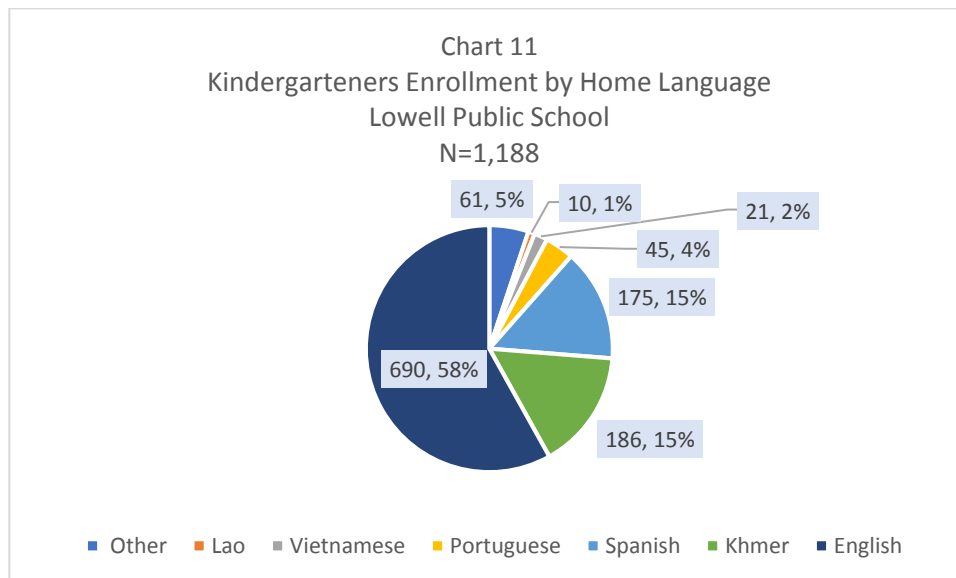
Type	2013	2014	2015	2016
Murder	4	6	0	0
(per 100,000)	-3.7	-5.5	0	0
Rape	40	40	32	21
(per 100,000)	-36.5	-36.5	-28.9	-18.9
Robberies	192	181	141	127
(per 100,000)	-175.4	-165	-127.2	-114.4
Assaults	389	371	309	232
(per 100,000)	-355.4	-338.1	-278.8	-209
Burglaries	759	638	489	407
(per 100,000)	-693.5	-581.4	-441.3	-366.6
Thefts	2,300	1,832	1,685	1,391
(per 100,000)	-2,101.40	-1,669.60	-1,520.50	-1,252.80
Auto theft	320	322	200	401
(per 100,000)	-2,101.40	-1,669.60	-1,520.50	-1,252.80
Arson	18	17	12	13
(per 100,000)	-16.4	-15.5	-10.8	-11.7
	316.2	288.2	223.2	195.9

City-data.com crime index (higher means more crime, U.S. average = 280.5)

Unemployment and Employment – Lowell’s unemployment rate is at 3.70%, compared to 3.90% last month and 3.60% last year. Lowell’s unemployment rate is considered to be moderate. It is slightly higher than the state and national average over the last year. The Lowell Career Center works with individuals to assist them in finding a local job. Health care and education are among the largest employers in Lowell it is estimated that roughly 5,388 are employed by 38 employers. **Attachment G: Top Employers in Lowell.** U Mass Lowell has just completed construction on the Emerging Technology and Innovation Center which will house several programs such as engineering, biomedicine and nanotechnology that will bring new jobs to the area.

School readiness upon entering kindergarten - Families were asked to rate the types of information educators in formal or informal programs shared with them. 79% of families stated that educators share information on child development and 61% shared information on how parents can support school readiness. 50% of the families reported early educators supply information that fosters parent involvement in daily activities with their child and their community. There is a need in Lowell for funding to translate documents into other languages, however, there is currently no line item for translation. Given the number of language spoken in Lowell it is only possible for us to translate documents in four languages.

Currently, there are 1,188 children enrolled in Kindergarten. There were 33 different languages spoken by children’s families in their home. 61 children speak a language that is familiar to few members of the community such as: Bahasa, Bengali, Burmese, Dari Persian, Farsi, Greek, Haitian, Indonesian, Kurdish, Papiamento, Persian, Telugu, Twi, Urdu, Yordu, Chinese, Creole, Gujarati, Kikuyu, Mandarin, Karen, French, Lugand, Nepalese, Swahili, and Arabic. Roughly, 50% of children entering kindergarten in Lowell have not attended preschool. Many come from homes where English is not spoken in the home.



This year in accordance with State and Federal laws all students in the district are required to be assessed for language proficiency. All students whose home language is not English or who are exposed to another language (including preschoolers) will be assessed. Lowell started accessing preschool students in March of 2018 using the Pre-IPT as an initial language assessment. All children found eligible will receive support for additional services under Title III. Children found eligible will be reassessed in May or June using the WIDA to determine eligibility for English Language Supports in Kindergarten. WIDA, 2013 states that until a student reaches a high level of proficiency in academic English, test of content knowledge can be skewed by a student’s developing linguistic ability to process and express academic concepts in English.

The 2017, MCAS results for Lowell illustrate the need to close the achievement gap in Lowell. 56% of all third graders in Lowell performed below grade level in reading by the end of third grade. The story is similar in mathematics where at the end of third grade 55% of Lowell’s students do not meet grade level expectations. Many of these difficulties can be linked to a lack of vocabulary and understanding of words meaning that contribute to issues related to comprehension and understanding that impact reading and mathematics achievement.

What specific needs surfaced in this process?

Provide Information to Support Families' in accessing early education and care programs - More than half of families stated they were not sure or did not have enough information to support access to early education and care programs. Gaps in access are linked to income. Many families in Lowell are faced with a financial cliff and are unable to access full or part-time programs for their preschool age children prior to kindergarten. Affordable access to early education increases a families' ability to seek employment. The Early Childhood Department in collaboration with community members will develop a strategic plan through the Commonwealth Preschool Partnership Initiative Planning/Sustainability Grant.

Offer English for Speakers of Other Language (ESOL) to support parent - Immigrant families often have a difficult time locating a translator. Learning English strengthens families for communication and understanding increasing their ability to support their child's education, health, or social and emotional development. Additional support to families wanting to learn to speak English increase immigrants' social connections within the community. Families report being unable to obtain care for their child so they can attend ESOL classes. The Family Literacy Program at the Rogers STEM School was dismantled in spring of 2017. There is a need for the Early Childhood Department to collaborate with the Lowell's Adult Basic Education Center to consider alternative way to continue our collaboration to provide this programming in the community.

Outreach to support families in accessing health and other community services - Interpreters that speak the home language of community members available as well as funds to translate documents.

Provide information on lead screening - Brochures in English, Portuguese, Spanish and other languages to help families learn about de-leading their homes and Understanding Lead Poisoning: A guide for parents of children with high lead levels and Protect Your Family. Stay Ahead of the Lead! Could be distribute to family through playgroups and other community events.

Develop one-page child development information sheets - Easy to read information on child development that is accessible to families using pictures and video to support families. Families attending playgroups should receive access to child development information. Ideas for supporting child development at home should be shared at the end of each playgroup. Translate child development sheets into various languages.

Build stronger partnerships with mental health and addiction specialists - Support families with young children. Support families engaging in recovery in establishing positive interactions with their child to reduce families drug use in the home in collaboration with other Lowell Early Childhood Advisory Council Agencies.

Explore options for transportation to reduce barrier to participation -Generate potential solutions such as taxi vouchers or bus passes to families to enable participation in playgroups or other parenting events through CFCE grant funds fund with help from community organizations or businesses.

Comprehensive services and supports available

Lowell Public Schools, Early Childhood Department collaborates with many community partners to provide comprehensive services to children and families. The Early Childhood database has tracked 518 referrals to the Early Childhood Department since September 1, 2018. The Chart below summarizes the number of referrals by various agencies.

Chart 12
Referrals received from Comprehensive Service Partners
N=518

Agency	Referrals	Agency	Referrals	Agency	Referrals	Agency	Referrals
Anne Sullivan EI	43	Building Blocks	1	Lowell Community Health	198	Lowell High School	4
Family Child Care Acre, Clarendon	10	Center-based community programs CTI, Little Sprouts, YMCA, Lowell Day Nursery	19	WIC	2	Special Education	11
Public Schools	37	South Bay	46	Parent Child Home Program	2	Parents and others	10
DCF	38	Greater Lowell Pediatrics	32	MSPCC	2	NFI	3

All referrals made to the Early Childhood Department receive follow-up and case management from our Social-Worker. 88 families receive enhanced referral services to follow-up or support in accessing additional programs or services. Common enhanced referrals included helping families access basic needs such as food, housing and health care.

Women, Infant, and Children (WIC Food and Nutrition Services) reports that they serve 5,232 clients of which 70% or 3,663 are Lowell residents. Families are encouraged to sign up for the Open Pantry of Greater Lowell that provides for short term food assistance. Mill City Grows provides families with access to healthy affordable fresh foods in Lowell. The mobile market has 10 stops a week at various locations throughout Lowell. The Farm Market is held year-round indoor at Mill No. 5. every Sunday from 11:00 am – 3:00 pm. This information is shared with families during playgroups. The Massachusetts Healthy Incentive Program (HIP) matches SNAP recipients’ purchases of local fruits and vegetables helps families afford fresh food. Families can use their snap card and spend between \$40.00 to \$80.00 per month toward purchases of freshly grown produce.

LPS offers monthly developmental screenings for children of Lowell residents. Parents, early education providers, and medical professionals are the majority of referral sources for the monthly screening. LPS utilizes the DIAL-4 as the screening tool. This valid and reliable tool is composed of 3 sections that assess children in the area of language, cognitive and motor development. Parent and teacher questionnaires are included in the overall DIAL-4 total and scoring system. Parents are provided the results of the screening within 10 school days. Recommendation for referrals for Special Education testing, rescreening in a determined time, or no further action is presented to parents.

Along with DIAL-4 results parents receive age appropriate activities to share with their child across all developmental domains. All children referred to the monthly Community Screenings are provided information on playgroups, family events and resources within the community. LPS preschool registration information is provided when appropriate.

When children are referred for a screening from a community partner such as Early Intervention, Lowell Community Health Center, WIC, local doctors' offices, or local early education programs through the Early Childhood Social Worker, results are provided to the Social Worker as well as the referring agency. If a child is found to be within functional limits and ineligible for Special Education Services, the referral reverts back to the social worker, who will assess the family in accessing programs to support their needs through enhanced referrals to playgroups, parent training sessions, fiscal assistance and access to local early childhood programming or agencies.

Since September 2017, 64 children have been screened by the Early Childhood Department, led by the Early Childhood Specialist whom oversees a team of developmental screeners, coordinates with families, and makes referral to special education. Of the 64 children screened, 28 children were referred to special education. A total of 243, referral have been made to Special Education this year for evaluations of young children 3-5 year of age since July 1, 2017.

The Early Childhood Department's Coordinator and Early Childhood Specialist meet monthly with South Bay Early Intervention and Anne Sullivan Early Intervention for transition meeting. Since July 2017, 158 transition meeting occurred between Early Intervention partners and Lowell Public Schools. These referrals are not counted in comprehensive referral service data base.

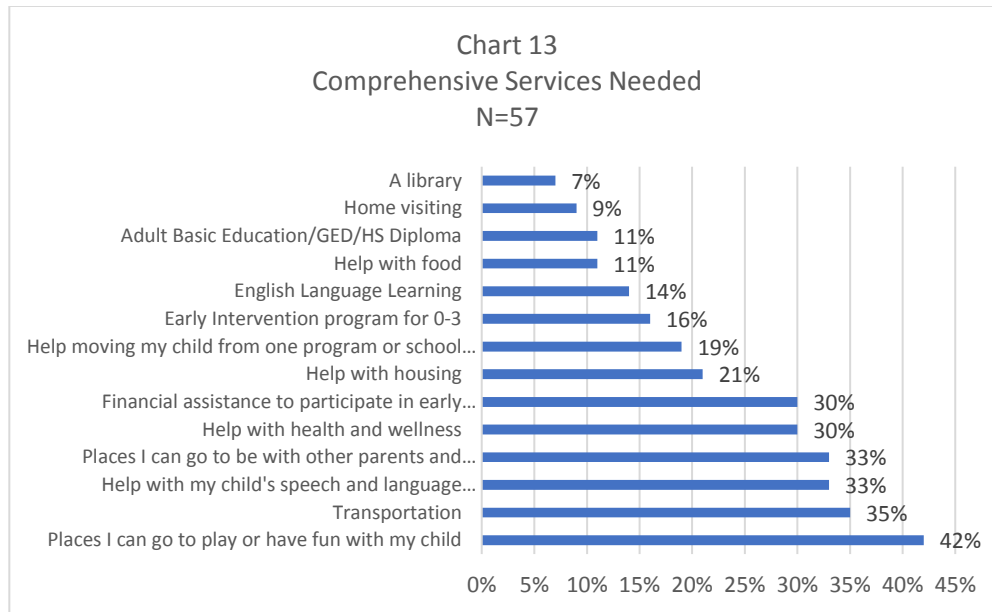
Access and Gaps in Comprehensive Services

Financial Assistance to participate in child care, places to go to meet other parents, supporting children and families access early language and literacy activities, transportation and place to go that are child friendly have been identified as needs in the community. Perhaps the Planning/Sustainability Grant will produce some agreed upon short and long term strategies to close the gap in access to early education.

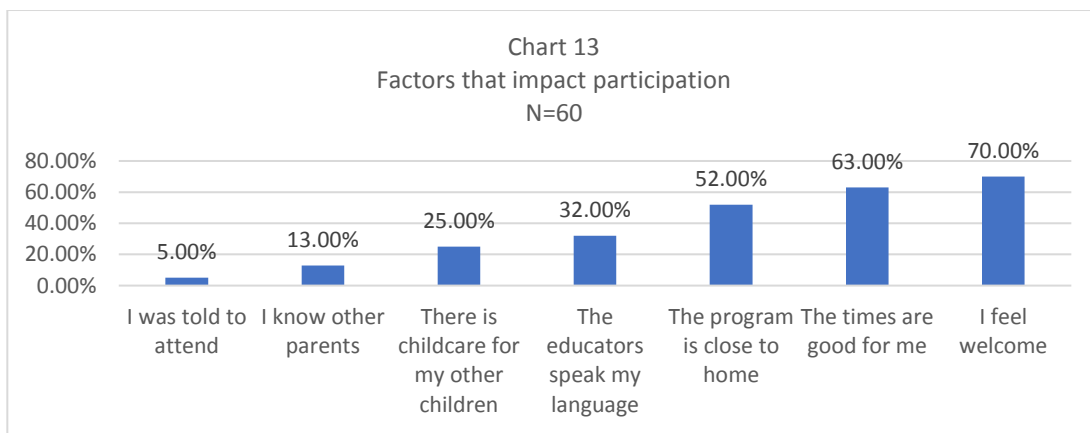
Finding safe, free, family friendly space in the city for many CFCE and early childhood programs is difficult. Our elementary schools are strap for space. There is limited availability for programs to be offered the library, churches and other community agencies. CFCE playgroups are held in churches, community agencies, and the library but transportation is difficult for many families to access services. Ideally, finding a space for playgroups in neighborhoods or along bus routes is needed. As we move forward to plan future CFCE activities eliciting ideas from Lowell's Early Childhood Advisory Council and School District Leaders to assist in generating ideas for obtaining free, accessible space in the community to hold developmental screening and playgroups is important.

Playgroups at the Boys and Girls Club and Cambodian Mutual Assistance have been poorly attended this year. These locations were chosen to outreach to the Cambodian Community. Next year it might be better to relocate some resources set aside for community playgroups to partner with Lowell's Adult Education Center to support ESOL classes for parents. Working Cities and the Lowell Housing Authority mentioned potential space for playgroups in the upcoming year and following up on this would place us in area where children and families live. There been some conversations around establishing an early childhood center in Lowell Public Schools to relocate our current PK programs making room for playgroups and developmental screenings to have a permanent home. **Attachment H – Lowell Public Schools by grade level** served illustrates how preschool programs in the districts are spread across 14 elementary schools which making professional development and opportunities for Professional Learning Community difficult to maintain throughout the school year. Currently there is one or two preschool classroom(s) in a school. NFI has hosted our developmental screenings for the last several years at no cost. The space is difficult to find and many families

find it hard to park but we are truly grateful to for collaboration and continued support to accommodate our needs.



When families were asked what factors contributed to their participation in early childhood programming 70% stated feeling welcome was the most important factor to participation. Time and distance from home followed. 32% of the respondents preferred participation in programs where educators spoke their language. 5% of the respondents stated they were told to attend.



There is a need to develop a cadre of Early Childhood Parent Ambassadors that speak various languages of families in Lowell. While our CFCE team consists of Spanish speakers and two individuals that speak Khmer, we need to be able to translate and speak in multiple languages. EOSL, translators, and families willing to collaborate may assist our team in outreach efforts. Our CFCE programs would benefit from recruiting more families from the community to co-lead playgroups, serve as translators, and help us understand cultural differences.

Our Parent Ambassador program has not been as successful as planned. We have one parent that attends multiple community meetings and regularly attends playgroups as a facilitator. Three individuals expressed interest in the program in fall of 2017. All three were disappointed to learn the position was unpaid. One of

the three found an alternative part time position and the others were unable to commit due family obligations. Perhaps offering a small token of appreciation should be considered in moving forward.

Over the last several years many families have been asked to join playgroups or attend a Positive Solutions for Parenting trainings or playgroups in our community by either the Department of Children and Families, the court, or early learning programs.

There is a small group of community partners who have been collaborating over the last 1 ½ years to expand offerings of Positive Parenting in the community. This year the group doubled the number of offerings. A shorten 3-week series was offered to families of children with autism this fall. This spring a Positive Solution series will be offered in Spanish during the day. A fall and spring 6-week series continues to be offered by Lowell Public School's CFCE grant in collaboration with Community Teamwork Inc. This program historically enrolls 25 parents and graduates 15.

In April 2018, this group will formally become a subgroup of the Lowell's Advisory Council. The group led by Darcie Coleman, Social Worker, Early Childhood Lowell Public School has been able to engage Anne Sullivan, South Bay, Community Teamwork Inc., DCF, NFI, and others agencies in initial discussions to develop a plan for supporting families. The group plans to develop a Positive Parenting series appropriate for families not living with their children to gain the parenting skills needed for a successful reunification. In addition, the group plans to develop ASD and Spanish Sessions. LECAC members are working with others to consider bringing Boston Basics to Lowell.

Our CFCE grant will explore how LECAC can partner with DCF/NFI to offer a Parenting series for families with open cases that strive to achieve their goal for reunification. For this series to be successful more collaborative planning between and among DCF, local hospitals, mental health professional, and CFCE Parent Engagement Taskforce must occur. The group needs to identify how Positive Solution content to be modified and relevant to DCF involved families.

Families responding to the Family Survey expressed interested in attending workshops on early childhood development. Evening offering have been poorly attended. We will explore how early childhood workshops could be coupled with playgroups to increase attendance. Families in Lowell prefer to attend events in which families are actively engaged with their child. Attendance at events such as pumpkin painting is more than double attendance at an event such as Mind in the Making. Consider ways to embed parent education in parent child-events.

Parents want information on parenting and child development, but do not attend lectures or workshops, in general. During one parent advisory board meeting, a parent stated, "She was happy to participate in playgroups as it helped her learn to speak English and make friends." During the Mind and Making Workshop one parent stated, "Many families respond to the flyer because they don't want to miss anything but don't understand the information." Many families lack the linguistic capability, financial resources, or access to transportation to participate in workshops to gain information on child development, but when possible will attend parent/child events were model and information can be provided.

Data support interest in both the Family Advisory Council and Parent to Parent support groups. Both have been poorly attended this year. The Family Advisory Council has had 2-3 parents attending quarterly. One parent regularly attends LECAC, Positive Solution Planning meetings, and playgroup. Parent to Parent Support Groups held in the fall in collaboration with Parents Helping Parents and Community Teamwork were poorly attended. While parents express interest many lack time or transportation to participate. Linking workshops

for parents on a monthly basis with playgroups where space is available for parent to meet will be explored as plans for 2018-19.

How can CFCE funds be used to supported programming and services identified?

CFCE funds can be used to increase access to playgroups and other family events for children with special needs and their families. The Early Childhood Department will work with District administration this year to seek a designated space for playgroups and developmental screening in the community. Having our own space will enhance our ability to provide programming by decreasing the time needed to pack, unload materials, travel, and set up.

The Early Childhood Coordinator will reach out to Lowell General Hospital and others in the community to enhance vision and lead screening and access to other health clinics in collaboration with playgroups and other community events.

The Early Childhood Department will work to create a fact sheet to share with community leaders to develop a fact sheet articulating how the work of the CFCE grant supports families and the community. This sheet can be shared with community partners and used to garner financial support from business leaders to develop a fund to assist in accessing transportation or bus passes.

Explore options for developing a full-day preschool to expand options for children with disabilities. Develop a list of providers willing to provide wrap around care and education to children with autism and other disabilities. Collaborate to build the capacity of community partners to meet the needs of this population outside of school hours through joint professional development opportunities.

CFCE Strengths and Opportunities

Appendix I Ages and Stages Assessment Data- 36 children participating in the Parent Child Home Program and 27 children attending playgroups through CFCE completed Ages and Stages Questionnaires (ASQ). Data reveals strengthens in gross motor and problem solving. There is a need to support fine motor and personal social development. This information will be used to inform the purchase of VISMS and materials for playgroup in the upcoming school year. Two opportunities for growth emerge relevant to Ages and Stages data. First parent liaisons need to be reminded to collect informed consents and secondly there is a need to expand our capacity to support families in completing ASQ’s with support from early childhood staff.

Chart 15
Ages and Stages Data as of March 2018
N=63

	Communication	Gross Motor	Fine Motor	Problem Solving	Personal-Social
Above	85.71%	90.48%	76.19%	92.06%	77.78%
Monitoring	7.94%	7.94%	15.87%	1.59%	15.87%
Below	6.35%	1.59%	7.94%	6.35%	6.35%

Strengthening Families Self-assessment

In August of 2017 the Strengthening Families resilience self-assessment survey was completed. The following information emerged from the information that was gathered. The Early Childhood Coordinator along with two district preschool teacher attended Strengthening Families training in August of 2017.

Lowell has several specific strengths that were documented in the parental resilience self-assessment. First, families felt that they received communication about their child's development. 6 of 7 items were answered in the affirmative about if families had regular communication with their child's program. We have translated our preschool orientation packet into 3 languages and plan to have it translated into more languages in the future. This sets the stage for solid communication as students begin their program careers.

In addition, 9 of 9 items were answered "agree/strongly agree" for parents feeling that educators consulted them before making decision that impact their child. Families are recognized as crucial members of their child's learning team in our community. They are included in the process from registration, enrollment and then as their child participates in their program. Families are in communication and in decision making roles and seen as their child's first teacher in Lowell.

Another strength highlighted in the self-assessment is families who have children with special needs (developmental, behavioral, ASD, etc) being supported in their parenting (items 3.16 in the survey). All items were answered in the affirmative for items about families with special needs. We have a strong, collaborative system of family supports, which is consolidated in our CFCE Parent Task Force sub-committee. Parenting programs and supports (such as Positive Solution series, ASD positive solutions, monthly support group, etc) are all shared and gaps in services are discussed. In addition, a new ASD task force has been created with LPS, UML, NFI, and the 2 EI programs to give families with a child with ASD additional support. We are also participating in the Building Inclusive Communities initiative to continue to support strong collaboration between families and programs serving kids with special needs. We have collaborative meetings with EI programs, International Institute, LCHC and GLP, and WIC to support families/children who need additional support.

The Strengthening Families survey highlighted some areas of need for our community. One area that was mentioned was the need for safe, free, and developmentally appropriate space for families and their children. Having this type of space identified would allow families access to regular playgroups, parenting groups, dad's groups (with bathrooms with diapering areas for both moms and dads), developmental screenings, and private/crisis meeting rooms for families who are struggling. Currently we have to rely on donated spaces (churches, the library, Boys and Girls Club, NFI family resource, etc) to allow us to use their space which impacts families' experiences. This type of identified space would help us offer some of the programs that the survey highlighted we need, like stress reduction programs and parent-only activities.

Another need the survey highlighted was developing our families as leaders (item 1.22). Currently, we have a small group of families who are participating in our Parenting Task Force that meets every other month before the CFCE meeting. We plan to solidify and expand this group of parents to empower them not only in their parenting of their children, but as leaders within the Early Childhood community. Leadership roles would be to have their ideas heard at CFCE meetings, to have families participating in the creating and planning of programs, co-leading playgroups and Positive Solutions parenting series and other ideas that the families generate. In the Spring of 2018 we will survey families to see what topics they would be interested in learning about for the coming school year.

Also, a need discussed in the survey is outreach to "reluctant" families (2.7.3). There are opportunities through enhanced referrals and follow up to playgroup families that don't continue about what their needs and experiences are, which can inform our programs and connection efforts.

A final need identified in the self-assessment is educating the community about child development. Many of the items in 3.1 of the survey were "neither agree nor disagree" in relation to staff and families understanding of best practices and young child development. It is an area of need to create information that can be presented to families, staff, and school leaders (administrators and principals) about this unique age-group of children.

Family Satisfaction and Impact

Data analyzed from the most recent playgroups surveyed showed the Early Childhood Department is providing well rounded playgroups that support families and children. The survey results allowed the department to recognize some improvements that can be made to better suit the needs of families. All families' felt the overall experience of the playgroups were high quality for both their child(ren) and themselves. Families' rated the materials, facilitators, and information as excellent or good. Parents reported feeling satisfied that their child was able to engage with peers and made friends. Overall, it was reported that parents and child benefited in the area of socialization, following routines and more positive peer interactions as a result of participating in the playgroups. Activities presented during the playgroups have contributed to their child's development.

Impact: Parents reported noticing an increase in children's English language skills and an expanded vocabulary. Parents recognized that storybooks and songs learned in playgroups fostered expressive language and built vocabulary. The playgroups proved to be a valuable forum in providing information on community resources as a high percentage of families responded that awareness of service was made available through playgroups. Some resources and support to families initiated during playgroups includes referrals for developmental screenings, early intervention, special education, and family resource centers within the city.

As a result of **Winter playgroup surveys, Appendix J** families identified areas of improvement. An overwhelming amount of families expressed interest in extending the length of time for the playgroups. Families stated more time is needed to enable participation in all learning experiences offered during playgroups as well as time to listen to a story, sing songs, and have snack. Preference is for playgroups to last longer than 1 hour. Another factor is transportation and parking. They would prefer a location that was convenient but that had free parking so they did not have to incur parking expense. The Early Childhood Department presents a well-rounded playgroup with varied opportunities to develop social and school readiness skills. Planning for the next fiscal year should include consideration for lengthening the playgroups and securing consistent locations that is accessible to public transportation and has plenty of parking.

Various outreach efforts

The Lowell Public Schools Early Childhood Department conducts community outreach on many different levels. Every quarter a mass-mailing is sent out to community families via the Early Childhood database of referred families, the playgroup sign-in sheets, and the EEC waitlist contact information. In addition to mailings, flyers of all programs are delivered to community programs which include Lowell Community Health Center, Greater Lowell Pediatrics, the Department of Children and Families, WIC, Early Intervention programs, center-based and family childcare, NFI family resource center, CTI programs, and the LPS Family Resource Center. Also, program outreach is conducted through the various collaborative teams that LPS Early Childhood is involved in; CFCE, the International Institute Collaboration, LCHC and GLP pediatric collaboration

meetings, Coalition for Mental Health agencies, Child and Maternal Task Force of Greater Lowell Health Alliance, and EI/Special Education transition meetings. Lastly, all programs are marketed for LPS preschool and Kindergarten teachers, school-based Social Workers and principals. The LPS EC team understands that outreach to our community partners is crucial in connecting to families who are most in need of supports and programs for their young children. Chart 16 on the following page provides data on the number of children and families that have participated in CFCE funded programs since July 1, 2017.

Chart 16
CFCE Funded Programs: Participation
N=281 Children
N=352 Families

	Fall Playgroup September 17 to November 22, 2017	September ASD Positive Solutions	Quality Child Care October 2018	Pumpkin Painting October 2017	Mind in the Making November 2017	Imagine That Event January 2018	Quality Child Care February 2018	Winter Playgroup December 4, 2017 to March 23, 2018	Positive Solutions Fall 2017
Number of Families	127	8		15	7	3	8	98	15
Number of Children	146	12		20		3		125	19

Reflection

During the CFCE grant report process our Lowell team had the opportunity to conduct a documentation review. This assisted us in learning more about our community partners, their programs and the families served in Lowell. This process educated our team on what other Lowell agencies have researched and learned about the community, families and children that we serve together. Specifically, it was helpful to have the data to help us know how many families with young children are homeless or have recently been homeless in our community. In addition, during the CFCE report process the review of Lowell General Hospital’s needs assessment was an important learning opportunity for our CFCE Council. It is crucial for us to have information about families’ needs around mental health, and substance use highlighted by the hospital’s needs assessment. Now we can collectively focus on these areas of need. There clearly are many ways that early childhood department can collaborate with the hospital and other partners to better understand and serve families.

Planning for the needs assessment gave us the opportunity to have discussions within our Council. Both the family and program surveys were fully vetted by our community council’s members. Some of these initial discussions led to additional discussions over time which have helped us as a Council to clarify common needs and common priorities. We are hopeful that this process will aid us as a Council to increase our communication together and commitment to work together in supporting our community’s youngest learners and their families.

The CFCE Needs Assessment process began July 1, 2017. Since we are a public school most of our staff are not working or available in the summer months. Summer can be a difficult time for collaboration with our Council members. The reality of this timeframe meant that the bulk of the work on the CFCE Needs Assessment (survey, data collection, analysis, review, research and writing) was consolidated into the fall months of 2017. It was very difficult to fit the amount of work this task took into a timeframe of hours assigned to the CFCE grant. In order to complete the Needs Assessment in a timely fashion, it was necessary for the coordinator to

work on it during evening and weekend hours. Thus an in-kind donation of personal time as well as an in-kind donation of administrative hours from the district was assigned to other tasks. This Needs Assessment process far exceeded the administrative time that is allocated or allowed through this funding.

Due to the short time frames the Council was only able to receive 70 returned family surveys before needing to aggregate the data for review in order to write the report by the due date. We continue to receive completed surveys to inform our work and will utilize other funding sources to assist in analyzing and reporting on a larger sample.

The CFCE Need Assessment process has been the impetus for starting important discussions during our Council meetings and between community partners. While engaged in the process our Council members participated in conversations that help us reflect on our collective mission.

Members shared thoughts around quality, professional development, and families' needs. Issues around career ladders, joint trainings and supports to teachers/providers were discussed. The Parent Engagement group has identified needs/gaps in parent education that will guide us into the future. The Council's awareness of the capacity of early childhood options that currently exist in Lowell has been broadened to include full time, part time, family childcare, center-based care across a mixed delivery system. This process highlighted the need for childcare for families who have a child with a special need, whether that need is behavioral, special education, social/emotional or developmental. Many community partners on our Council shared their concerns around this gap in support for children and families in our community.

The process of the Needs Assessment has been a fruitful one for Lowell. Together with our Council we have learned a lot about our strengths as a community, our specific population of families with children birth to 8 years old, and our needs as we move forward. We are confident that this process has helped us solidify the things that we are doing well in addition to areas of opportunity. Together with our partners we will work to close the gaps to support families and our Council members in the coming year(s). For the future, it will be helpful to allow our community and Council a full year of time to prepare for this process so that the time/tasks are more spread out over time. Allowing more time will assist us in delving deeper into the data to get information and be as thorough as possible. Additionally, more time is needed to be collaborative with our partners. Feedback from the Council prior to submission with time to make changes would have been a valuable step in this process.

Appendix A Family Survey

1. If your child is in an early education program or child care, who provides care for your child?

- | | |
|---------------------------------|--------------------------------------------------------------------------------|
| Family member or friend | Center-based program, including Headstart |
| A family childcare program | Not applicable because my child was not enrolled in an early education program |
| A program in the public schools | Before school program |
| A faith-based program | After school program |

Other (please specify)

2. If you do not currently use an early education or care program, please indicate why. Choose all that apply.

- The hours do not meet my needs
- It costs too much money
- Too hard to get to the program
- I am unsure of the quality
- I cannot find services for my child's special needs
- The program is only open during the school year, not in summer
- I do not understand the language spoken at the school
- I do not know where to get the information about programs
- I am not interested in early education or care for my child

Other (please specify)

3. If you do not use an early education or care program, do you participate regularly in other programs that support language development or peer interactions? Choose all that apply.

- | | |
|---------------------|------------------------------------|
| Weekly playgroups | Play dates with peers or relatives |
| Library story hours | |

Day trips to museums, library, or other cultural events

N/A, my child is enrolled in an early childhood or care program

Sunday school

Other (please specify)

4. Do you have enough information to support you in accessing early education and care programs to meet your family's preference and needs?

Yes

No

Not Sure

5. I am interested in participating in the following types of activities. (check all that apply)

participating in workshops around early childhood development

parent to parent support groups

participation in Family Advisory Council

parenting education such as Positive Solutions for Parenting

volunteering time to support community engagement for young children and their families

child and family joint activities - interactive events to do with children

Other (please specify)

The remaining questions pertain to parents who have a child currently participating in an early childhood program.

6. Which of the following best describes the amount of early education and care you would like to access for your child?

Full day for the whole year (12 months)

Full day for the school year (September-June)

Half day for the whole year (12 months)

Half day for the school year (September-June)

Regular participation in playgroup and other community programming with my child

I do not/would not wish to enroll my child in an early education program

After school care

Before school care

7. If you could have access to free, full day, high-quality early education and care in Lowell, would you use it?

Yes

No

Not Sure

8. What matters the most to you when choosing a program or child care? Please check the best answer on each line:

	Very Important	Somewhat Important	Not Important
The center or family childcare program is free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can afford it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The center or family childcare program is at a cost affordable to my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The center or family childcare program is close to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours meet my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have friends or family who are in the program or have been in it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The childcare space is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The center or family child care program engages my child in activities that foster my child's development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program serves lunch/other meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program provides transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educators are qualified and have knowledge of child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educators teach English to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educators speak my home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This program will prepare my child for kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What makes it difficult to get the early education or childcare you need? Check all that apply.

- | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The hours do not meet my needs | <input type="checkbox"/> The program is only open during the school year, not in summer. |
| <input type="checkbox"/> It costs too much money | <input type="checkbox"/> I do not understand the language spoken at the school |
| <input type="checkbox"/> Too hard to get to the program | <input type="checkbox"/> I do not know where to get the information about programs |
| <input type="checkbox"/> I am unsure of the quality | <input type="checkbox"/> I am not interested in childcare for my child |
| <input type="checkbox"/> I cannot find services for my child's special needs | <input type="checkbox"/> I do not have any problems |

Other (please specify)

10. Please check all the services you need.

- | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Help with health and wellness (physical and behavioral) | <input type="checkbox"/> Financial assistance to participate in an early childcare program or home |
| <input type="checkbox"/> Help with housing | <input type="checkbox"/> Adult Basic Education/GED/HS Diploma |
| <input type="checkbox"/> Help with food | <input type="checkbox"/> English Language Learning (ESL) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> A library |
| <input type="checkbox"/> Help with my child's speech and language development | <input type="checkbox"/> Home visiting |
| <input type="checkbox"/> Places I can go to play or have fun with my child | <input type="checkbox"/> Early Intervention (ages 0 to 3) |
| <input type="checkbox"/> Places I can go to be with other parents and children around my child's age | <input type="checkbox"/> Help moving my child from one program, family child care, or school to another |

Other (please specify)

11. What factors make your participation in activities at your child's early education and care more likely? Check all that apply.

- The educators speak my language
- I feel welcome
- I know other parents
- The times are good for me
- There is childcare for my other children
- The program is close to my home
- I was told that I had to attend

Other (please specify)

12. What kinds of information has your child's program or early educator shared with you? Check all that apply:

- Tells me ways I can be involved in the program or community
- Tells me how I can help my child succeed in school
- Shares information on my child's development
- Shares daily activities

Other (please specify)

13. Are you eligible for any financial assistance (for example, a voucher or scholarship) to send your child to a program or child care?

- Yes
- No
- Not Sure

14. If not eligible for financial assistance, did the cost of early education and care limit your ability to access a program for your child.

- Yes
- No
- Not Sure

15. If not eligible for financial assistance, were you able to afford and find access to a program for your child?

- Yes
- No
- Not Applicable

16. Are you on a waitlist for a program or child care? Check one.

- Yes
- No
- Not Sure

17. What is your zip code?

18. Please check the ages of all your children:

0 to 2 years old

7 to 8 years old

3 to 4 years old

9 to 13 years old

5 to 6 years old

Over 13 years old

19. If your family wanted information on early childhood programs and services, how would you prefer to receive it?



Not interested



Mail/letter



Email



Text message



Facebook



Phone



Lowell Public Schools Early Childhood Education website

Other (please specify)

Thank you!

Thank you for completing this survey!

If you would like to be entered for a chance to win one of TWO GIFT BASKETS of children's books, materials, and activities valued at

\$50.00, please provide us with your name and contact information. This information will be used for the Raffle only.

20. Please enter your information below for entry into our raffle. All information gathered below will be used

only for raffle purposes and not to for identification of survey respondents.

Name

Address

Best phone
number to
reach you

Email (if applicable)

Appendix B Program Survey

Enrollment Information

1. Program Name (optional)

2. Ages served (check all that apply)

Infants

Toddlers

Preschoolers

School age

3. Total Enrollment:

4. Licensed capacity to serve (Check all that apply):

Infants

Toddlers

Preschoolers

School age

5. Total number of families enrolled:

6. Total number of children enrolled as of October 1, 2017:

7. Total number of children enrolled by age group as of October 1, 2017 (This number may be higher than licensed capacity if you serve children on a part-time basis):

Infants

Toddlers

Preschoolers

School age

8. Type of Program

Center-Based (Public schools or Headstart)

Family Child Care

Family Child Care System

School Age Child Care

For Family Childcare Systems:

9. How many providers are in the system total?

10. Of the total number of providers how many have reached each of the following QRIS levels:

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

For Early Childhood Programs:

- 11. How many sites are in your program total?
- 12. Of the total number of sites in your program how many have reached each of the following QRIS levels:

- Levels 1
- Level 2
- Level 3
- Level 4
- Level 5

Program Information

- 13. Hours of operations:

Opens:

Closes:

- 14. Length of day (check all that apply)

Full-day more than 8 hours

Full day up to 6-8 hours

Full day up to 5-6 hours

Part day 4-5 hours

Part day 2-4 hours

- 15. Transportation:

Provided for all children

Provided for children/families in need

Provided only for specific populations (please explain in comments)

Does not provide transportation

Specify populations being served if applicable (Option 3.)

- 16. Participates in Quality Rating and Improvement System (QRIS)

True

False

Funding

- 17. Check all funding sources used to cover student tuition:

Voucher

Basics

Homeless

Supportive (DCF) slot

Teen parents (source)

Fees (fixed rate)

Fees (sliding scale)

Grant(s)

18. For each of the following funding sources, please enter the percentage of the total budget accounted for:

Voucher

Basics

Homeless

Supportive (DCF) slot

Teen parents (source)

Fees (fixed rate)

Fees (sliding scale)

Grant(s)

19. Estimate number of child slots for each source of funding below:

Voucher

Basics

Homeless

Supportive (DCF) slot

Teen Parents (source)

Fees (fixed rate)

Fees (sliding scale)

Grant(s)

20. For each of the following sources of funding, what is the weekly rate in dollars (rounded to the nearest dollar)?

Voucher

Basics

Homeless

Supportive (DCF) slot

Teen parents (source)

Fees (fixed rate)

Fees (sliding scale)

Grant(s)

21. Sources of funding: Choose all that apply.

Child Care Circuit

Contracted slot through state

Parent work/School 30 hours

Department of Children and Family (DCF)

Parent fees (fixed rate)

Parent fees (based on sliding fee scale)

Preschool Expansion Grant (PEG)

Inclusive Preschool Learning Environment, Universal Preschool (UPK)

Head Start Grant

Other (please specify)

Food Provision

22. How are meals provided for your program? Check all that apply.

Universal food program

Reimbursement by food program

Covered by tuition or fee

Children bring own

23. What meals do you provide? Check all that apply

Breakfast

Lunch

Dinner

AM Snack

PM Snack

24. If your program provides meals, does the menu meet the USDA daily guidelines?

Yes

No

N/A

Workforce

25. Number of educators/caregivers:

26. Of the number of educators/caregivers list the highest level of education for ALL staff providing education or care for part or all of the day.

Degree

Master's Degree

Bachelor's degree

Associate's Degree

Child Developmental Credential

Four Courses in Early Childhood Education

Three Courses in Early Childhood Education

Two Courses in Early Childhood Education

One Course in Early Childhood Education

High School Diploma/GED

No High School Degree

Number of Staff

27. Early childhood coursework

Yes

No

28. Languages spoken by staff (please list):

29. Teacher-Student ratios (Please fill out the teacher-student ratio using the drop-down menus to fill in the number for each respective age group.)

30. Benefits (Check all that apply):

dental

health

sick days

Teacher Student

Infants

Toddlers

Preschool

Afterschool

vacation

tuition reimbursement

others

31. Professional development offered:

Coaching available

Paid professional development day during work hours

Paid professional development after hours

Professional development for comp time

Program Tools:

32. Curriculum:

Infants

Toddler

Preschool

List Standardized Curriculum:

Progress monitoring tool

Screening tool

Use Standardized Curriculum (If so comment what)

33. Are there any other curriculum or extracurricular activities you would like to highlight that are unique to your program?

34. Comprehensive Services provided (Check all that apply):

Social work

Vision screening

Hear screening

Developmental screening

Food program

Other(s) (please specify)

Family:

35. Languages Spoken:

36. Which community zones does your program draw families from?

Impact:

37. Have you seen a decrease in 4 year old enrollment since September 2015? Yes or no, if yes why?

Yes

No

If yes, please describe why:

Appendix C Documents Review and Sited

	<i>Name Of Document</i>	Web Links
1	<i>2017 Community Needs Assessment</i> Community Teamwork Inc.	http://www.commteam.org/wp-content/uploads/2017/06/2017-Community-Needs-Assessment.pdf
2	<i>2017 Community Teamwork Building Community Changing Lives</i>	https://macdc.org/sites/default/files/user14/Community_Teamwork_CIP_2017-2019.pdf
3	Census Quickfacts	https://www.census.gov/quickfacts
4	CFCE Service Area w/Data Elements	http://www.towncharts.com/Massachusetts/Demographics/Lowell-city-MA-Demographics-data.html
5	Crime rate still going down in Lowell Robert Mills, Lowell Sun 7/13/2015	http://www.lowellsun.com/portlet/article/html/imageDisplay.jsp?contentItemRelationshipId=6942819
6	Department of Public Health, December 2014, <i>Massachusetts Births 2013</i>	http://www.mass.gov/eohhs/docs/dph/research-epi/birth-report-2013.pdf
7	Department of Public Health, March 2016. <i>Birth Data and Statistics for 2015</i>	http://www.mass.gov/eohhs/docs/dph/vital-records/birth-report-2015.pdf
8	Early Childhood Departments Data Base, Lowell Public Schools	
9	Homefacts	https://www.homefacts.com/unemployment/Massachusetts/Middlesex-County/Lowell.html

10	Lowell Collaborative Preschool Academy's Comprehensive Service Report	
11	Lowell Police Department 2015 Annual Report	https://www.lowellma.gov/documentcenter/view/286
12	Massachusetts Department of Early Education and Care	Received email from Jennifer Louis with report on number of children in Lowell on vouchers by type of care and age group.
13	Massachusetts Department of Elementary and Secondary Education District Profiles	http://profiles.doe.mass.edu/
14	Massachusetts Department of Elementary and Secondary Education Information Services - Statistical Reports Dropout Rates in Massachusetts Public Schools: 2016-17	http://www.doe.mass.edu/infoservices/reports/dropout/2016-2017/
15	Massachusetts Department of Health and Human Services	http://www.mass.gov/eohhs/researcher/family-services/dcf/
16	Massachusetts Department of Public Health	https://www.mass.gov/lists/current-opioid-statistics
17	Massachusetts Economy at Glance	https://www.bls.gov/regions/new-england/massachusetts.htm#eag
18	Matthews, T., & Hamilton, B., 2016. <i>Mean Age of Mothers is on the Rise: United State, 2000-2014</i> . U.S. Department of Health and Huma Services. NCHS Data Brief No. 232.	https://www.cdc.gov/nchs/data/databriefs/db232.pdf
19	Middlesex County Fatal Overdose Statistics. (2016, June 8). Middlesex County District Attorney	

20	Short, D. J., & Boyson, B. A. (2012). Helping newcomer students succeed in secondary school and beyond. Washington, D.C.: Center for Applied Linguistics.	
21	Sobey, R. (2016, March 9). Lowell partnership aids children caught in opioid crisis.	The Lowell Sun. Retrieved from http://www.lowellsun.com/news/
22	Turcotte, D., Chaves, E., Ross, M., and Adejumo, K., 2016. <i>Greater Lowell Community Health Needs Assessment 2016</i> . University of Massachusetts Lowell	https://www.lowellgeneral.org/news-and-media/publications/greater-lowell-community-health-needs-assessment/2016-greater-lowell-community-health-needs-assessment
23	WIDA 2013, RtI2: Developing a Culturally and Linguistically Responsive Approach to Response to Instruction and Intervention for English Language Learners. Board of Regents at University of Wisconsin System.	www.wida.us/get.aspx?id=601
24	WIDA 2015, SLIFE: Student with Limited or Interrupted Services Formal Education, WCER, University of Wisconsin-Madison.	www.wida.us
25	YCharts	https://ycharts.com/indicators/lowell_ma_unemployment_rate

Attachment D

What matters most to parents in choosing an early childhood program

N=57

	Very Important	Somewhat Important	Not Important	Total
The childcare space is clean	95.08	4.92	0	61
Educators are qualified and have knowledge of child development	90.16	8.2	1.64	61
This program will prepare my child for kindergarten	87.1	8.06	4.84	62
The center or family child care program engages my child in activities that foster my child's development.	83.33	4.92	0	61
The hours meet my needs	78.69	14.75	6.56	61
The center or family child care program is at a cost affordable to my family.	75.41	21.31	3.28	61
Educators teach English to my child	70.97	12.9	16.13	62
I can afford it.	67.8	23.31	3.28	59
The center or family child care program is free.	61.67	26.67	11.67	60
The program serves lunch/meals	60.66	29.51	9.84	61
The center or family child care is close to my home.	53.33	41.67	5	60
The program provides transportation	52.46	16.39	31.15	61
Educators speak my home language	29.03	32.26	38.71	62
I have friend or family in the program or have been in it.	21.31	24.59	54.1	61

Attachment D

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Attachment F

Department of Children and Families Area Profile 2017

DCF Region: Northern		Lowell	
51A Reports (Q3, FY'2017)	1,202	Children <18 Pending Response (03/31/2017)	242
% Screened-In for Response (Q3, FY'2017)	58%	Children Under 18 in Caseload (03/31/2017)	2,082
		Children Under 18 in Placement (03/31/2017)	392
		0	
Responses (Q3, FY'2017) (includes Hotline)	581	% of Child Caseload in Placement	19%
% Supported Responses (Q3, FY'2017)	24%	Clinical Cases (03/31/2017)	1,079
		Adoption Cases (03/31/2017)	86
Substantiated Concern (Q3, FY'2017)	78	Clinical Cases w/Child <18 in Plcme (03/31/2017)	182
		% Clinical Cases that are Placement Cases	17%
Ave. Clinical Cases Opened per Month (Jan - Mar 2017)	90	Adoptions Legalized (Q3, FY'2017)	16
Ave. Clinical Cases Closed Per Month (Jan - Mar 2017)	76	Guardianships Legalized (Q3, FY'2017)	18

All DCF Consumers (Adults and Children)

Race (03/31/2017)			Primary Language (03/31/2017)		
White ⁽¹⁾	1,848	44%	Spanish	141	3%
Hispanic/Latino ⁽²⁾	1,106	26%	Khmer (Cambodian)	63	1%
Black ⁽¹⁾	226	5%	Portuguese	19	*
Asian ⁽¹⁾	257	6%	Haitian Creole	4	*
Native American ⁽¹⁾	5	*	Cape Verdean Creole	0	*
Pacific Islander ⁽¹⁾	0	*	Vietnamese	5	*
Multi-Racial ^{(1) (3)}	96	2%	Chinese	3	*
Unable to Determine	215	5%	Lao	6	*
Missing	462	11%	American Sign Language	4	*
Total Consumers	4,215	100%	Other	56	1%
<small>(1) Excluding Hispanic/Latino</small>			English/Unspecified	3,914	93%
<small>(2) Hispanic/Latino includes all races, (3) Multi-racial = two or more races</small>			Total Consumers	4,215	100%

Children Less than 18 Years Old in Placement

Most Recent Intake (03/31/2017)			Age Groups (03/31/2017)		
Protective	359	92%	0 - 2 Years Old	76	19%
Alternative Response	3	*	3 - 5 Years Old	87	22%
Voluntary Request	3	*	6 - 11 Years Old	105	27%
CRA Referral (Children Requiring Assistance)	15	4%	12 - 17 Years Old	124	32%
Court Referral	11	3%	Total Children in Placement	392	100%
Other/Unspecified	1	*			
Total Children in Placement	392	100%			

Placement Type (03/31/2017)

Placement Type (03/31/2017)			Continuous Time in Placement (03/31/2017)		
Foster Care - Kinship	102	26%	.5 Years or Less	126	32%
Foster Care - Child-Specific	32	8%	>.5 Years - 1 Year	61	16%
Foster Care - Unrestricted	104	27%	>1 Year - 2 Years	101	26%
Foster Care - Pre-adoptive	19	5%	>2 Years - 4 Years	78	20%
Foster Care - Independent Living	0	*	>4 Years	26	7%
Foster Care - IFC (Contracted)	48	12%	Total Children in Placement	392	100%

Congregate Care - Group Home	34	9%
Congregate Care - Continuum	0	*
Congregate Care - Residential	21	5%
Congregate Care - STARR (short-term residential)	26	7%
Congregate Care - Teen Parenting	0	*
Non-Referral Location	6	2%
"On Run" from Placement	0	*
Total Children in Placement	392	100%

Gender (03/31/2017)

Male	209	53%
Female	183	47%
Intersex	0	*
Total Children in Placement	392	100%

Service Plan Goal (03/31/2017)

Family Reunification	165	42%
Adoption	106	27%
Guardianship	28	7%
APPLA ⁽¹⁾	10	3%
Permanent Care with Kin	10	3%
Stabilize Intact Family	30	8%
Unspecified as of run-date	43	11%
Total Children in Placement	392	100%

(1) Alternative Planned Permanent Living Arrangement

Race (03/31/2017)

White ⁽¹⁾	164	42%
Hispanic/Latino ⁽²⁾	148	38%
Black ⁽¹⁾	16	4%
Asian ⁽¹⁾	12	3%
Native American ⁽¹⁾	0	*
Pacific Islander ⁽¹⁾	0	*
Multi-Racial ^{(1) (3)}	20	5%
Unable to Determine	32	8%
Total Children in Placement	392	100%

(1) Excluding Hispanic/Latino

(2) Hispanic/Latino includes all races, (3) Multi-racial = two or more races

Summation of percentages may not equal 100% due to rounding-off.

* = less than 1% after rounding-off

Children Less than 18 Years Old Not in Placement

Most Recent Intake (03/31/2017)

Protective	1,637	97%
Alternative Response	11	*
Voluntary Request	5	*
CRA Referral (Children Requiring Assistance)	21	1%
Court Referral	16	*
Other/Unspecified	0	*
Total Children Not in Placement	1,690	100%

Age Groups (03/31/2017)

0 - 2 Years Old	350	21%
3 - 5 Years Old	281	17%
6 - 11 Years Old	618	37%
12 - 17 Years Old	440	26%
Unspecified	1	*
Total Children Not in Placement	1,690	100%

Attachment G
Top Employers in Lowell

Business Name	Nature of Business	Employee # 2016
Lowell General Hospital	Healthcare	3,621
University of Massachusetts, Lowell	Education	2,071
Verizon	Telecommunications	1,500
DeMoulas Market Basket	Supermarket	700
Middlesex Community College	Education	600*
D'Youville Senior Care Center	Healthcare	533
Enterprise Bank and Trust Co.	Financial Services	460
Community Teamwork (CTI)	Social Services	439
Aramark	Hospitality/Food Services	425
Lowell Community Health Center	Healthcare	390
M/A COM Technology Solutions	Electronics	375
Plum Choice	Computer Software	350*
Motorola, Inc. (Arris)	Electronics	350
Genesis HealthCare (Heritage and Willow Manor)	Healthcare	245
Vantiv (former Litle & Co.)	Financial Services	220
AutoLiv	Electronics	220
DS Graphics	Printing	210
Evoqua Water Technologies Corp. (former Siemens)	Electronics	200
UnWrapped Inc.	Manufacturing	200
Fairhaven Rehabilitation	Healthcare	200
Target	Retail	190
Northwood Rehabilitation	Healthcare	162
TRC Solutions	Environmental	160
Trinity EMS	Healthcare	160*
Jeanne D'Arc Credit Union	Financial Services	153
Lowe's Home Improvement	Retail	142
Circle Home (formerly) Visiting Nurses Association of Lowell	Healthcare	140
Hannaford	Supermarket	130
Town and Country Nursing Home	Healthcare	125*
Microsemi Corporation	Manufacturing	120*
Lowell Five	Financial Services	117
Wingate	Healthcare	112
Interstate Containers Co.	Corrugated Manufacturing	110
WinnCompanies	Property Management	105
Jabra	Electronics	100
F5 Networks	Computer Software	100
Scheidt and Backman	Manufacturing	100

Attachment I – Lowell Public School Enrollment
Yellow are Elementary Schools with Preschool

Enrollment by Grade (2017-18)																
	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	SP	Total
Abraham Lincoln	49	85	90	75	96	92	0	0	0	0	0	0	0	0	0	487
B.F. Butler Middle School	0	0	0	0	0	0	130	137	127	140	0	0	0	0	0	534
Bartlett Community Partnership	49	46	52	41	53	52	52	61	55	60	0	0	0	0	0	521
Charles W Morey	49	89	94	92	98	93	0	0	0	0	0	0	0	0	0	515
Charlotte M Murkland Elementary	43	86	93	86	97	96	0	0	0	0	0	0	0	0	0	501
Dr An Wang School	0	0	0	0	0	0	172	197	150	173	0	0	0	0	0	692
Dr Gertrude Bailey	26	91	94	93	97	87	0	0	0	0	0	0	0	0	0	488
Greenhalge	61	83	85	92	92	89	0	0	0	0	0	0	0	0	0	502
Henry J Robinson Middle	0	0	0	0	0	0	179	161	156	170	0	0	0	0	0	666
James S Daley Middle School	0	0	0	0	0	0	179	186	173	162	0	0	0	0	0	700
James Sullivan Middle School	0	0	0	0	0	0	160	170	144	169	0	0	0	0	0	643
John J Shaughnessy	28	81	86	88	90	89	0	0	0	0	0	0	0	0	0	462
Joseph McAvinnue	29	88	95	81	103	91	0	0	0	0	0	0	0	0	0	487
Kathryn P. Stoklosa Middle School	0	0	0	0	0	0	160	175	168	181	0	0	0	0	0	684
Laura Lee Therapeutic Day School	0	1	1	0	0	2	5	4	5	5	0	0	0	0	0	23
Leblanc Therapeutic Day School	0	0	0	0	0	0	0	0	0	0	6	10	14	6	0	36
Lowell Day School on Broadway	4	6	5	4	2	1	3	1	0	0	0	0	0	0	0	26
Lowell High	0	0	0	0	0	0	0	0	0	0	822	780	780	742	30	3,154
Moody Elementary	27	43	46	40	40	47	0	0	0	0	0	0	0	0	0	243
Pawtucketville Memorial	31	84	99	94	102	101	0	0	0	0	0	0	0	0	0	511
Peter W Reilly	0	97	100	109	120	116	0	0	0	0	0	0	0	0	0	542
Pyne Arts	28	48	48	48	50	51	50	61	56	50	0	0	0	0	0	490
Rogers STEM Academy	54	87	82	97	109	95	108	53	0	0	0	0	0	0	0	685
S Christa McAuliffe Elementary	45	81	84	89	96	88	0	0	0	0	0	0	0	0	0	483
The Career Academy	0	0	0	0	0	0	0	0	0	0	28	21	22	40	2	113
Washington	33	42	40	40	42	51	0	0	0	0	0	0	0	0	0	248
District	556	1,138	1,194	1,169	1,287	1,241	1,198	1,206	1,034	1,110	856	811	816	788	32	14,436

Attachment H
Ages and Stages Report 3/14/18

Child DOB	Gender	City	Medical Risk Factors	Environmental Risk Factors	Medical Conditions	Other Agencies Involved	Caregiver consent on file	Interval (mo.)	Screening Date	Communication	Gross Motor	Fine Motor	Problem Solving	Personal-Social	Overall Concern
2/19/2015	Female	Lowell	No	No	No	No	No	30 Month	10/6/2017	Above	Above	Above	Above	Above	0
10/1/2014	Female	Lowell	No	No	No	No	Yes	36 Month	10/10/2017	Above	Above	Above	Above	Above	0
5/29/2014	Male	Lowell	No	No	No	No	No	42 Month	10/10/2017	Above	Above	Monitoring	Above	Monitoring	0
7/23/2015	Male	Lowell	No	No	No	No	No	27 Month	10/10/2017	Above	Above	Above	Above	Above	1
5/2/2015	Female	Lowell	No	No	No	No	No	30 Month	10/10/2017	Below	Above	Monitoring	Below	Below	5
3/15/2014	Male	Lowell	No	No	No	No	No	42 Month	10/12/2017	Above	Above	Above	Above	Above	0
9/17/2016	Male	Lowell	No	No	No	No	Yes	12 Month	10/13/2017	Above	Above	Above	Above	Above	1
9/17/2016	Male	Lowell	No	No	No	No	Yes	12 Month	10/13/2017	Above	Above	Above	Above	Above	0
9/13/2013	Female	Lowell	No	No	No	No	No	48 Month	10/17/2017	Above	Above	Above	Above	Above	4
7/22/2014	Male	Lowell	No	No	No	No	Yes	42 Month	10/17/2017	Above	Above	Above	Above	Above	1
10/3/2014	Male	Lowell	No	No	No	No	No	36 Month	10/18/2017	Above	Above	Above	Above	Above	0
7/21/2015	Female	lowell	No	No	No	No	No	27 Month	10/18/2017	Monitoring	Below	Below	Below	Below	5
12/11/2014	Female	lowell	No	No	No	No	No	33 Month	10/18/2017	Monitoring	Above	Above	Above	Above	0
12/14/2013	Male	Lowell	No	No	No	No	No	48 Month	10/18/2017	Above	Above	Above	Above	Monitoring	0
1/20/2013	Female	lowell	No	No	No	No	No	54 Month	10/19/2017	Above	Above	Above	Above	Above	3
11/28/2015	Female	Lowell	No	No	No	No	No	22 Month	10/19/2017	Above	Above	Above	Above	Above	0
6/21/2013	Male	Lowell	No	No	No	No	No	54 Month	10/19/2017	Above	Above	Above	Above	Above	0
7/14/2015	Female	Lowell	No	No	No	No	Yes	27 Month	10/20/2017	Above	Above	Below	Above	Above	2
7/1/2014	Female	Lowell	No	No	No	No	Yes	42 Month	10/20/2017	Above	Above	Monitoring	Below	Monitoring	4
3/6/2013	Female	Lowell	No	No	No	No	No	54 Month	10/20/2017	Above	Above	Monitoring	Above	Below	5
11/29/2013	Female	Lowell	No	No	No	No	No	48 Month	10/20/2017	Above	Above	Above	Above	Above	0

Child DOB	Gender	City	Medic al Risk Factor s	Environm ental Risk Factors	Medical Condition s	Other Agencies Involved	Caregiver consent on file	Interval (mo.)	Screening Date	Communi cation	Gross Motor	Fine Motor	Problem Solving	Personal- Social	Overall Concern
6/1/2014	Female	Lowell	No	No	No	No	No	42 Month	10/21/2017	Above	Above	Above	Above	Above	3
1/26/2014	Male	Lowell	No	No	No	No	No	42 Month	10/25/2017	Monitorin g	Monitorin g	Below	Above	Monitoring	2
5/26/2013	Male	lowell	No	No	No	No	No	54 Month	10/25/2017	Above	Above	Above	Above	Above	0
10/4/2014	Female	lowell	No	No	No	No	No	36 Month	10/25/2017	Above	Above	Above	Above	Above	1
6/12/2015	Male	Tewksbury	No	No	No	No	No	27 Month	10/26/2017	Above	Above	Above	Above	Above	1
4/20/2015	Male	Lowell	No	No	No	No	Yes	30 Month	10/26/2017	Above	Above	Above	Above	Above	0
9/29/2015	Female	Chelmsford	No	No	No	No	Yes	24 Month	10/29/2017	Above	Above	Above	Above	Above	0
9/29/2015	Female	Chelmsford	No	No	No	No	Yes	24 Month	10/29/2017	Above	Above	Above	Above	Above	0
6/27/2016	Male	Lowell	No	No	No	No	Yes	16 Month	10/29/2017	Monitorin g	Above	Above	Above	Above	0
2/16/2016	Male	Lowell	No	No	No	No	No	20 Month	11/1/2017	Above	Above	Above	Above	Above	0
10/2/2014	Female	Lowell	No	No	No	No	No	36 Month	11/2/2017	Above	Above	Above	Above	Above	1
11/2/2015	Female	Lowell	No	No	No	No	No	24 Month	11/2/2017	Above	Above	Above	Above	Above	0
6/17/2014	Male	Lowell	No	No	No	No	No	42 Month	11/2/2017	Above	N/A	Above	Above	Monitoring	2
5/7/2013	Female	Lowell	No	No	No	No	No	48 Month	11/6/2017	Above	Above	Above	Above	Above	1
1/9/2015	Female	Lowell	No	No	No	No	Yes	33 Month	11/6/2017	Above	Above	Above	Above	Above	1
6/22/2015	Female	Lowell	No	No	No	No	Yes	27 Month	11/6/2017	Above	Above	Above	Above	Above	0
1/25/2017	Male	Lowell	No	No	No	No	Yes	8 Month	11/6/2017	Below	Above	Above	Above	Monitoring	0
12/8/2014	Male	Lowell	No	No	No	No	No	36 Month	11/6/2017	Above	Above	Above	Above	Above	0
2/2/2014	Male	Lowell	No	No	No	No	No	48 Month	11/6/2017	Above	Above	Above	Above	Above	0
6/22/2014	Female	Lowell	No	No	No	No	Yes	42 Month	11/6/2017	Above	Above	Above	Above	Monitoring	1
1/12/2016	Male	Lowell	No	No	No	No	No	22 Month	11/6/2017	Monitorin g	Above	Above	Above	Above	0
6/1/2015	Female	Lowell	No	No	No	No	No	30 Month	11/8/2017	Above	Monitorin g	Monitorin g	Above	Above	0
3/10/2015	Female	Lowell	No	No	No	No	No	33 Month	11/8/2017	Above	Above	Monitorin g	Above	Above	0

Child DOB	Gender	City	Medic al Risk Factor s	Environ mental Risk Factors	Medical Condition s	Other Agencies Involved	Caregiver consent on file	Interval (mo.)	Screening Date	Communi cation	Gross Motor	Fine Motor	Problem Solving	Personal- Social	Overall Concern
7/15/2017	Female	Dracut	No	No	No	No	Yes	2 Month	11/8/2017	Above	Above	Above	Above	Above	0
11/26/2013	Male	Dracut	No	No	No	No	Yes	48 Month	11/8/2017	Above	Above	Monitorin g	Above	Above	0
7/3/2014	Female	Lowell	No	No	No	No	No	42 Month	11/9/2017	Above	Monitorin g	Above	Above	Above	2
5/10/2015	Female	Lowell	No	No	No	No	No	30 Month	11/10/2017	Above	Above	Above	Above	Above	0
12/15/2013	Female	Lowell	No	No	No	No	No	48 Month	11/10/2017	Above	Above	Above	Monitoring	Above	0
12/11/2014	Female	Lowell	No	No	No	No	No	36 Month	11/12/2017	Above	Above	Above	Above	Above	1
1/4/2014	Male	Lowell	No	No	No	No	No	48 Month	11/13/2017	Above	Above	Above	Above	Above	0
10/16/2014	Male	Lowell	No	No	No	No	No	36 Month	11/13/2017	Above	Above	Above	Above	Above	1
6/23/2015	Female	Lowell	No	No	No	No	No	30 Month	11/13/2017	Above	Above	Below	Above	Monitoring	0
7/30/2014	Male	Lowell	No	No	No	No	No	42 Month	11/19/2017	Below	Above	Above	Above	Below	4
4/26/2015	Male	Lowell	No	No	No	No	No	30 Month	11/20/2017	Below	Above	Above	Below	Monitoring	4
2/19/2015	Female	Lowell	No	No	No	No	No	33 Month	12/7/2017	Above	Above	Above	Above	Above	0
10/8/2014	Male	Lowell	No	No	No	No	No	36 Month	12/14/2017	Above	Above	Monitorin g	Above	Above	5
7/14/2015	Female	Lowell	No	No	No	No	No	30 Month	12/19/2017	Above	Above	Monitorin g	Above	Above	1
4/17/2015	Male	Lowell	No	No	No	No	No	33 Month	12/19/2017	Above	Above	Below	Above	Above	1
6/1/2015	Male	Lowell	No	No	No	Yes	No	30 Month	1/9/2018	Above	Above	Monitorin g	Above	Above	1
2/2/2015	Female	Lowell	No	No	No	No	No	36 Month	1/9/2018	Above	Monitorin g	Above	Above	Above	0
1/8/2014	Female	Lowell	No	No	No	No	No	48 Month	1/30/2018	Above	Above	Above	Above	Monitoring	1

Attachment J

Winter Playgroup Satisfaction Survey

Playgroup Family Evaluation

Winter Session 2017

Check the location of all playgroups you attend: 42

4 Boys and Girls Club

__10_ Reilly School

9 St. Patrick Church

3 CMAA

6 Pollard Library (Drop In)

8 Methodist Church

__6_ Pollard Library (Spanish Support)

	Excellent	Good	Fair	Needs Improvements
How would you rate your child's experience in playgroup?	38	5		
How would you rate your own experience in playgroup?	34	9		
How useful was the family information shared at playgroup?	38	5		
How useful were the activities and materials presented in playgroup?	32	11		
How effective was the playgroup facilitation team?	37	7		

Have you or your child made friends with other families as a result of attending playgroups?

38 Families responded their child made friend as a result of attending playgroups.

3 Families responded no

2 No response

Has participation in playgroup increased your knowledge of the community resources available for families in Lowell?

45 families report their child has increased their knowledge of community resource as a result of participation.

How could we improve playgroups?

Lengthen groups

Different books on Tuesday and Thursday

No ideas 2

It Great

We love playgroup

No suggestions 2

How could we improve playgroups?

Maybe incorporate more toddler toys

Expanding the hours

Making it longer it is great

More parking ha, ha

Making it longer

Different books on Tuesday and Thursday would be great

You are doing great.

Have playgroup longer 1 hours seems to crammed to have everything.

The hour goes by very quickly.

I think it is nice the way it is starting out the group by saying good morning to all children

Everything is very good.

Have assistants during playgroup; I think that would be better.

No. Everything is good.

All good.

Yes.

No.

Yes.

Yes

More variety of activities

Do you have any suggestions for us as we begin planning for 2017-18 calendar?

Please increase the time.

Tell us what you liked best about playgroup? What would you like to see change?

Amount of snack and variety of food choices

Playgroup team helps me with my concerns about my child's development

Help me get my child screened, appointment, learning about early childhood and sped

It good to be with playgroup team that speaks my language and explain to me about different programs in the community

I enjoy being with other families and spending time with them.

I like coming to playgroup so I meet other people.

Playgroup team informs me about different programs in the public school and community

I like when the playgroup team shares information with me

Meeting other families

The participation of my child with others

Making friends

We love the art and sensory area

Love the circle time activities and social support

Tell us what you liked best about playgroup? What would you like to see change?

Excellent team please increase the amount of the snack provided.

I like that Noah get to make friends and play with kinds his age

Everyone is so friendly and the instructors are welcoming the children seem happy to be here

The songs stories and play time are great

Hours plus classes work out much better for kids

Everything is very good.

My suggestion is if you can give more time. I think with more time the children have more activities.

No. Everything is ok.

All good

No.

No.

No.

No.

Everything is good.

Everything I like. I just like to change the group have more time.

All the activities.

All good.

I like the playgroup because my child can learn to interact with other children. My child pays attention during the time of reading and he likes to participate.

Songs.

The toys and songs.

Songs.

Everything is good.

Best that it went from one hour to 1.5

Songs and activities

My son loves the singing and activities

Structure change of activities weekly and nothing much

We love going to playgroup it great for my girls to interact with other kids hear a story and do crafts

It is great for multiple age groups

A structure, change of activities weekly

Nothing much

Can you give two examples of something you or your child learned through playgroup?

My Child is learning to get ready to go playgroup

Learning to be in a group

Getting along with others

Get along

Singing

routines My child likes story time, singing snack and activities.

She is learning sharing and how to interact with other children her age.

Patience

Learning to participate and share with friends

She is sharing better and using her listening ears.

How to sit in circle

Socializing skills, sharing and listening to teacher

The child learned routines of playgroups

The child learned how to interact around other kids.

My child learned to interact with other children

My child learned to do art and crafts

My child participates in story time.

Learning to get along with other children

Learning different information in community

ES2 Registration information.

We can speak English and make progress because it not our first language. Child learning to share.

English listening to Friends

My child learns a lot. we like the stories.

She lost her shyness; she is more social; my daughter has more vocabulary.

The colors my child is learning and story time.

Read stories, play.

She learned how to roll playdough into strips and circles

She learned how to use a paintbrush to color with paints and paper

Many songs such as icky sticky bubble gum

Playing with the parachute

Painting skills and playing with others

She learned how to roll play dough into strips and circles

She learned how to use a paint brush to color with paints and paper

Sharing

New songs to sing at home

We can speak English and make progress because it is not our first language.

She has become more comfortable speaking and participating in a group setting

Waiting and raising hand

Attachment J – Lowell Public School Enrollment
Yellow are Elementary Schools with Preschool

Enrollment by Grade (2017-18)																
	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	SP	Total
Abraham Lincoln	49	85	90	75	96	92	0	0	0	0	0	0	0	0	0	487
B.F. Butler Middle School	0	0	0	0	0	0	130	137	127	140	0	0	0	0	0	534
Bartlett Community Partnership	49	46	52	41	53	52	52	61	55	60	0	0	0	0	0	521
Charles W. Morey	49	89	94	92	98	93	0	0	0	0	0	0	0	0	0	515
Charlotte M. Murkland Elementary	43	86	93	86	97	96	0	0	0	0	0	0	0	0	0	501
Dr. An Wang School	0	0	0	0	0	0	172	197	150	173	0	0	0	0	0	692
Dr. Gertrude Bailey	26	91	94	93	97	87	0	0	0	0	0	0	0	0	0	488
Greenhalge	61	83	85	92	92	89	0	0	0	0	0	0	0	0	0	502
Henry J. Robinson Middle	0	0	0	0	0	0	179	161	156	170	0	0	0	0	0	666
James S. Daley Middle School	0	0	0	0	0	0	179	186	173	162	0	0	0	0	0	700
James Sullivan Middle School	0	0	0	0	0	0	160	170	144	169	0	0	0	0	0	643
John J. Shaughnessy	28	81	86	88	90	89	0	0	0	0	0	0	0	0	0	462
Joseph McAvinue	29	88	95	81	103	91	0	0	0	0	0	0	0	0	0	487
Kathryn P. Stoklosa Middle School	0	0	0	0	0	0	160	175	168	181	0	0	0	0	0	684
Laura Lee Therapeutic Day School	0	1	1	0	0	2	5	4	5	5	0	0	0	0	0	23
Leblanc Therapeutic Day School	0	0	0	0	0	0	0	0	0	0	6	10	14	6	0	36
Lowell Day School on Broadway	4	6	5	4	2	1	3	1	0	0	0	0	0	0	0	26
Lowell High	0	0	0	0	0	0	0	0	0	0	822	780	780	742	30	3,154
Moody Elementary	27	43	46	40	40	47	0	0	0	0	0	0	0	0	0	243
Pawtucketville Memorial	31	84	99	94	102	101	0	0	0	0	0	0	0	0	0	511
Peter W. Reilly	0	97	100	109	120	116	0	0	0	0	0	0	0	0	0	542
Pyne Arts	28	48	48	48	50	51	50	61	56	50	0	0	0	0	0	490
Rogers STEM Academy	54	87	82	97	109	95	108	53	0	0	0	0	0	0	0	685
S. Christa McAuliffe Elementary	45	81	84	89	96	88	0	0	0	0	0	0	0	0	0	483
The Career Academy	0	0	0	0	0	0	0	0	0	0	28	21	22	40	2	113
Washington	33	42	40	40	42	51	0	0	0	0	0	0	0	0	0	248
District	556	1,138	1,194	1,169	1,287	1,241	1,198	1,206	1,034	1,110	856	811	816	788	32	14,436

