ILLINOIS EARLY CHILDHOOD PREVENTION INITIATIVE PROGRAM FY 2006 EVALUATION REPORT

ILLINOIS STATE BOARD OF EDUCATION Data Analysis and Progress Reporting Division

April 2006

Jesse H. Ruiz, Chairman State Board of Education Randy J. Dunn State Superintendent of Education This report is being provided to fulfill Section 2-3.89 of the School Code (105 ILCS 5/2-3.89). The interpretations and conclusions expressed in this report have been prepared by staff and do not necessarily reflect the position or the policy of the Illinois State Board of Education.

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Program Highlights

Section 2-3.89 of the School Code (105 ILCS 5/2-3.89) provides for grants to establish programs which offer coordinated services to at-risk infants, toddlers, and their families. The aim of the prevention initiative is to create a partnership to support the development of infants and children from birth to age three years, by focusing on the child and family through a network of child and family service providers.

General findings for FY 06 from this program are as follows:

- A total of 96 projects were funded for this initiative, serving 9,554 parents with 10,051 children, with a total of 331 professional employed staff, and 105 contractual personnel.
- A total of 5,978 workshops covering a variety of parenting skills and parent education topics, were offered from August 2005 to January 2006. In addition, 4,754 parents participated in 4,652 play groups with parent-child interaction activities.
- About 5,141 parents also received instructions at home. Most of the families (75%) received an average of one to two visits in a month.
- About 25,093 parents received the Early Childhood educational newsletter from 74
 Prevention Initiative Projects. Nearly half of them were distributed at least once a month
 or more.
- 5,961 families were referred to other community services and resources.
- Collaboration and coordination were high with Department of Public Health, the Department of Children and Family Services, the Department of Human Services, local hospitals and clinics, public school districts, Head Start, libraries, and the Early Intervention Program.
- Almost half of the projects used Parent As Teachers as a program model/curriculum.
 Baby Talk was another frequently used model. Some projects used multiple models and curriculum.
- A total of 72% of the participants responded to the demographic questionnaire.

Almost all (91%) of the participants were mothers. About one-fourth (23%) of participants were teen-age parents. Almost 59% of the participants were minorities (27% black, 30% Hispanic, and 2% Asian/Pacific Islander). Another 2% reported their ethnicity as multiracial. See Table 6 for more detailed information on participant characteristics.

- Parents were asked to evaluate the programs by asking about the changes that occurred in their knowledge and behavior as a result of participation. Nearly half of the participants responded to the parent evaluation survey. 95% of parents increased their knowledge and awareness of the importance of parent-child relationships. 88% of parents also said that because of their program participation, they now have knowledge of appropriate parenting skills, a better understanding of a child's physical and developmental growth, and age appropriate activities. For more data on the Parental Participation Survey, see Table 7.
- Even with increased funding, the demand for services is continually increasing. There were 1,858 parents on the waiting list, with 50% of projects reporting unmet services for their participants.

Prevention Initiative Program

Introduction

The Prevention Initiative Program was initiated by the governor in 1989 to establish community initiatives to reduce school failure by coordinating and expanding services to family and children less than three years of age living in high risk areas.

In 1989, four pilot projects were funded with a one million dollar appropriation. From FY 90 through FY 97, two million dollars were appropriated each year. The number of programs funded increased to 14 in FY 93, and 16 from FY 94 to FY 97. In FY 98, 31 programs were funded with \$4.3 million in appropriations. From FY 99, the fund was part of an Early Childhood Block Grant appropriation. The number of programs funded increased from 31 to 56, and to 67 in FY 2003 with a \$9.3 million dollar expenditure. In FY 04, 91 projects were funded; in FY 06, this number increased to 96.

The number of children served increased from 1,604 in FY 93 to 4,707 in FY 2000, and 7,837 in FY 03 to 8,733 in FY 04. In ten years, the number of children served increased nearly 444%. In FY 06, 9,554 parents and 10,051 children were served. In eighteen years, the Prevention Initiative Program has grown from one million dollars and four projects to almost ten million dollars to about 100 projects serving 10,000 children.

Data Limitations

Limitations in the evaluation of this program are related to the short period of time given to the projects for data collection. To fulfill the legislative deadline, the data were collected in the middle of the school year (February 2006), instead of by the end of the school year. It should also be noted that all data used in this report are self-reported by the projects funded.

Cost

The expenditure data are not available yet for FY 06 because, as mentioned earlier, the data were collected in the middle of the school year to fulfill the legislative deadline for the report.

Program Characteristics

Projects were asked to provide the data on program models, service populations, home visits, workshops, other services provided, staffing, collaborations, and other programmatic information.

Model

The majority of projects (50%) used Parent As Teachers (PAT) as their model/curriculum. Baby Talk was used by 16 projects as the next most used model. Healthy Families and Doula were other models used. Some 15 projects used the different combination of PAT, Baby Talk, and Healthy Families as their model. About 19 projects used other models such as Ages and Stages, MELD, and Portage.

Participation

As Table 1 shows, in FY 06, 28,222 parents were directly contacted to participate in the program. A total of 9,554 parents and 10,051 children received direct services. Out of 9,554 parents, 1,321 were teenage pregnant parents and 319 were first-time pregnant women. There were 1,858 parents still on a waiting list.

Table 1: Prevention Initiative Participation - FY 2006			
Families Contacted	28222		
Parents Served	9554		
Children Served	10051		
Teenage Pregnant Served	1321		
Parents on Waiting List	1858		
Parents Exiting the Program	1757		
Parents Served at Home	5141		
Parents Participating in Play Group	4754		

Workshops/Playgroups/Home Visits

As part of the services, projects do home visits to provide comprehensive, integrated, need based services. The home visits also provide continuous support to the family and children to foster independence and make them knowledgeable of other services available in order to lead healthy and productive lives. About 5,141 families received on the average one visit per month. About 34% of the programs offered once-a-month visits and another 40% offered twice-a-month visits.

In addition to the home visits, projects also provide workshops/classes or training sessions on a variety of topics such as skills and knowledge of parenting and the developmental needs of their children. Table 2 shows the number of workshops offered by different topics. Parenting skill development, child growth and development, and language-literacy development were the most frequent topics of the workshops.

Table 2: Number of Workshops Offered - FY 2006				
	<u>Total</u>	<u>Total</u>		
	<u>Number</u>	<u>Hours</u>		
Child Growth and Development	1709	1803		
Child Birth and Child Care	625	787		
Prenatal and Postnatal Care	556	780		
Prevention of Child Abuse/Violence	959	740		
Family Structure, Function and Management	1138	1158		
Family Relationship	1166	1036		
Parenting Skill Development	1811	1959		
Language-Literacy Development	1582	1506		
Health and Safety	825	799		
Nutrition	796	765		
Substance and Other Addiction	289	1176		
Discipline and Anger Management	875	785		
Social and Family Fun Activities	629	1462		

Projects also provide parent-child activities to teach parents new ways of supporting and enhancing their children's development. About 4,652 play groups were offered and 4,754 parents participated in it.

Individual Services

Research shows that children's health plays a major role in their mental development. The Prevention Initiative Program also offers health screenings as well as vision and hearing services, either at the site or in collaboration with the Department of Public Health. Almost 2,200 children received vision and hearing screening, and almost 2,500 children received health screening services. Staff also performed developmental screenings on 6,823 children to help develop individual family plans and better monitor their progress. About 4,600 children received developmental monitoring.

Other children, although not reported as receiving services, may have already received services directly through the Department of Public Health as coordinated or referred services by these projects.

Table 3: Other Preventive and Advocative Services					
Number					
	of	Number of			
	Programs				
Services	Offering	served			
Health Screening	37	2,448			
Vision and Hearing					
Screening	42	2,194			
Developmental					
Screening	88	6,823			
Service					
Coordination/Case					
Management	79	4,741			
Development of					
Individual Family					
Service Plan	82	474			
Developmental					
Monitoring	73	4,564			
Family Advocacy	68	3,740			
Referral to					
Community					
Services/Resources	92	5,961			

Case Management/Family Advocacy

Under the Prevention Initiative Program, families receive comprehensive, integrated, continuous support services. The program helps families increase their awareness of opportunities and activities to strengthen their role as parents. About 4,740 (50%) parents received case management services. Case management services coordinates existing services available in the region and/or local community for parents.

About 5,961 families were also referred to other community services, and 3,740 families also received advocacy services. Family advocacy not only refers and coordinates services for families, but the program also keeps in touch with other social service agencies to ensure services to the families. Eighty-two projects had individual family service plans (IFSP) for 474 parents.

Other Services

In addition to the basic required services, many projects also provided additional services to assist needy families. The variety of services, shown in Table 4, enhance the parents' lives and help them to become more independent and successfully advance to the next phase in their children's lives. Household items, parent education, and crisis intervention were other major services provided by the projects.

Table 4: Other Services Provided	# of Programs Offering Services
Food Pantry	15
Clothing Boutique	23
Donated Household Items	41
Utility Assistance	16
Housing Assistance	15
Male Involvement	50
Continuing Education for Parent	40
Bilingual Education	29
Vocational Training	14
Even Start	17
Employment Services	15
Transportation Assistance	41
Counseling and Crisis Intervention	47
Transition to Pre-kindergarten/Head Start	81
Early Head Start	15
Child Care	52
Toy/book Lending Library	90
Open Resource Center	65
Hot Line	30
Parent Support Group	61
Parent Advisory Board	45
Other	25

Seventy-four projects also send educational newsletters to 25,093 parents. The majority of these newsletters were mailed to the family at least once a month (50%). Fifty projects also encouraged and provided services to involve males in their children's lives because they are an important part of the family structure.

Collaboration and Coordination of Services

One of the main goals of this program is to provide needed services through a seamless and unduplicated system of collaboration and coordination of different services and agencies. Each project provides these collaborative partnerships according to local needs and resources. In addition to the social services, each project has a referral system to place three-year-old children in other early childhood education programs after leaving the Prevention Initiative Program to ensure the continuation of support needed for families and children. Table 5 reflects the number of projects providing these collaboration and coordinated services.

Table 5: Collaboration and Coordination of Services	Number of Services
Public Health	82
Department of Children and Family Services	73
Department of Human Services	74
Local Hospitals and Clinics	81
Churches	67
Local Charity and Non-Profit Organization	62
Vocational Schools	26
United Way	33
Red Cross	23
Salvation Army and Other Shelter	45
Shelter for Abused Women	64
Food Pantry	63
Libraries	78
University/Community College	65
Park District	44
YMCA/YWCA	26
Public School District	84
Women Infant Children (WIC)	82
Early Intervention System	81
Even Start	36
Healthy Family	44
Head Start	72
Parent Teacher Organization	32
Television/Radio	22
Other	39
Other	19

Almost 85% of the projects collaborate with the Department of Public Health, local hospitals, and clinics that provide health related services. Also, the majority of projects (76%) coordinate with the Department of Children and Family Services, the Department of Human Services, and programs like WIC (Women, Infants, Children) to meet any other needs of families.

Most of the projects have collaborative services with local libraries to encourage early literacy development. Parents are taught and encouraged to read to their children at an early age in an effort to prepare their children for better success at school.

For transition to early childhood education, most projects (84 out of 96) also collaborate with public school districts, Even Start, Head Start, and Early Intervention Systems for special needs children.

Unmet Services

Transportation assistance and mental health services were major concerns of projects (41), as services the parents need but were unable to provide. Dental, vision screening, housing, and child care were some of the other major services that were not met by some projects.

Staff

A total of 446 professional personnel (330.9 FTE) were employed by 96 projects. These personnel include, but are not limited to, early childhood teachers, counselors, psychiatrists, psychologists, and social workers.

Another 181 personnel (75.2 FTE) were employed as nonprofessionals, clerical, or administrative support, or childcare staff. Additionally, 105 professional personnel were involved in providing services to parents and children as contractual staff.

Participant Characteristics

Additionally, projects reported the demographic characteristics of the parents they served. Demographic and other social information was reported on 5,626 parents. Table 6 shows the data of the participants' characteristics.

Participant	Total	%	Family Information:	Total	%
Mother	6241	90.6	Teen age parent	1242	18.0
Father	462	6.7	Pregnant expecting first child	396	5.7
Grandmother	92	1.3	Non-English speaking family	1257	18.2
O 16 11	•		Receives TANF (Temporary	4400	4-0
Grandfather	8	0.1	Assistance to Needy Families) Receives WIC (Women,	1169	17.0
Other relative	23	0.3	Infants, Children)	3754	54.5
Land Cuardian	40	0.0	Has family member involved	400	5 0
Legal Guardian	12	0.2	with judicial system Has family member	402	5.8
Foster parent	31	0.4	incarcerated	291	4.2
			Has family member with a		
Other	22	0.3	disability	607	8.8
			Homeless	97	1.4
Age of Participant Served:			None of the above	1087	15.8
17 years and under	658	9.5	Parent(s) deceased	73	1.1
18 to 19 years old	935	13.6			
20 to 29 years old	2870	41.6	Child Information:		
30 to 39 years old	1576	22.9	Enrolled in Kid Care	1255	18.2
40 years and older	369	5.4	Enrolled in Medicaid	3393	49.2
•			High risk birth	549	8.0
Participant's Racial/Ethnic			Dovolonmentally Deleved	460	c 7
Background:	04.00	04.7	Developmentally Delayed	463	6.7
White, Non-Hispanic	2182	31.7	Enrolled in Early Head Start Involved with Social Service	322	4.7
Black, Non-Hispanic	1836	26.6	Agency/ies	1333	19.3
	. 500	_0.0	Receiving Early Intervention		
Hispanic	2094	30.4	Services	773	11.2
Asian/Pacific Islander	161	2.3	None of the above	1258	18.3
American Indian/Alaskan		0		00	. 0.0
Native	9	0.1			
Multiracial/Ethnic	166	2.4			

Table 6: Participant Demograp	ohic Inforr	nation (co	ntinued)		
3		, , ,	,		
Educational Background of Mother:	Total	%	Family Structure of the Child:	Total	%
8th grade or less	877	12.7	Two parent home	3330	48.3
Current high school student	703	10.2	Single parent home	1833	26.6
Some high school, no diploma	1111	16.1	Living with Grandparents	470	6.8
High school diploma/GED	1790	26.0	Living in an extended family	457	6.6
Vocational school training	220	3.2	Living with other relative	103	1.5
Associate degree	236	3.4	Living with guardian	57	0.8
Some college	771	11.2	Living with foster parent	48	0.7
Bachelor degree	373	5.4	Other	91	1.3
Other	170	2.5			
			Total Number of		
Current Employment Status:			Respondents	6891	100.0
Unemployed, not seeking employment (Includes full-time homemaker)	2653	38.5	·		
Unemployed, seeking employment	1032	15.0			
Unemployed, enrolled in job training	92	1.3			
Employed, less than 20 hours per week	671	9.7			
Employed 20 hours or more	1000	00.7			
per week Self-employed	1839	26.7			
	73	1.1			

A majority (91%) of the participants were mothers. Nearly half (48%) were from two-parent homes and almost 59% were minorities. More than half (54%) were unemployed or not seeking employment, and another 10% were employed for less than 20 hours per week.

Almost two-thirds of the participants have no education beyond high school, with 26% having a high school diploma, and 39% with no high school or GED diploma. Almost half (49%) are enrolled in Medicaid programs. About 18% in Kid Care, and 55% receive WIC (Women, Infants, Children). About one-fourth (23%) of participants were teenage parents.

The data reflect that parents served were in need of services. The assistance from the program increases the chances of the children's success in school.

Parent Participation Survey/Outcome

Each project was required to ask the parents to complete a questionnaire to evaluate the changes in parents' attitudes and knowledge as a result of participation in the program. Table 7 shows the positive impact the program has had on parents.

Table 7: Parent Evaluation		
	TOTAL	%
1. Knowledge and awareness of importance of parent-child relationship.	4360	91.8
2. Knowledge of appropriate parenting skills.	4175	87.9
3. Knowledge of prenatal and postnatal care.	2522	53.1
4. Awareness of child's health/nutritional needs.	3838	80.8
5. Awareness and better understanding of child's physical and developmental growth.	4214	88.7
6. Knowledge of age appropriate activities for my child.	4220	88.8
7. Knowledge of my rights and responsibilities as parents.	3665	77.1
8. Awareness of parent advocacy/support groups.	3298	69.4
9. Knowledge of existing community/government services.	3612	76.0
10. Knowledge of family function and management.	3363	70.8
11. I am more responsive to my child's needs.	3906	82.2
12. I spent time interacting with my child.	4153	87.4
13. I encourage my child more often.	3967	83.5
14. I read to my child more often.	3695	77.8
15. Language/literacy activities used with children.	3473	73.1

Table 7: Parent Evaluation (continued)				
	TOTAL	%		
16. Setting appropriate limits with young children (how to discipline).	3406	71.7		
17. Knowledge of dealing with guilt, anger, and frustration.	3088	65.0		
18. Providing immunization at the appropriate age.	3365	70.8		
19. I feel better about myself as a parent.	3800	80.0		
20. I am more confident in my role as my child's most important teacher.	3741	78.7		
21. My attitudes toward school and parent-school partnership have improved.	2961	62.3		
22. Increase in self-esteem.	3101	65.3		
23. Enrolled in Bilingual Education program.	512	10.8		
24. Enrolled in Adult Education class.	601	12.6		
25. Enrolled in Vocational Education class.	241	5.1		
26. Enrolled in High School.	497	10.5		
27. Enrolled in GED class.	364	7.7		
28. Enrolled in a college.	337	7.1		
29. Acquired GED.	179	3.8		
30. Acquired high school diploma.	423	8.9		
31. Awareness of alcohol/drug abuse programs.	1118	23.5		
32. Enrollment in alcohol/drug abuse programs.	159	3.3		
33. Acquired better housing.	909	19.1		
34. Actively looking for a job.	870	18.3		
35. Acquired a job.	758	16.0		
36. Other (specify).	233	4.9		
Total Respondents	4751	100.0		

Out of 9,554 participants, about half (4,751), responded to the parent evaluation survey. Approximately 95% of the parents reported gaining the knowledge and awareness of the importance of parent-child relationships. Almost 88 to 89% of parents also reported that because of their program participation, they now have knowledge of appropriate parenting skills, a better understanding of a child's physical and developmental growth, and age appropriate activities.

Some 78% of parents reported that they now read to their children more often, and 75% use more language and literacy activities with their children.

Almost two-thirds of the parents say their self-esteem has increased. Some 11 to 13% enrolled in bilingual education and adult education classes. Almost 500 parents enrolled in high school, and 364 parents enrolled in GED classes. Additionally, 179 parents acquired their GED, and 423 parents acquired their high school diplomas. Through prevention initiative staff intervention and encouragement, 909 parents acquired better housing, and 758 (16%) acquired a job.

The program will have a lasting effect on these parents and children, making their future brighter and successful.

Conclusions and Recommendations

Much attention is being given to early childhood education, with a growing emphasis on the importance of the first five years of life. Research has shown that an extraordinary amount of learning occurs during the first years of life. Research also shows that early environments are very important, and nurturing relationships are essential.

The Illinois Early Childhood Program was established acknowledging that children enter the world trying to make sense of communication systems, rules of social interaction, and how things work. Early childhood educators would ensure that young children receive enriched, cognitive, linguistic, and social-emotional stimulation even prior to the traditional age of compulsory education.

The Illinois State Board of Education also emphasizes collaboration and coordination with existing services to prevent duplicated services and to maximize the benefits of the resources.

ISBE should continue to provide professional development to early childhood educators to cope with ever increasing and complicated demands of the disadvantaged parents and families.

Illinois has continued to increase the funding for the Early Childhood Prevention Initiative, but the need is far greater in today's society. Additional resources will enhance the ability to provide extensive, comprehensive services and serve more at-risk families. Almost 1,900 parents are already on waiting lists, but there are many, many more families who need help. This program not only helps young children, it helps families to be independent and successful in life.

According to Mr. James Heckman, Nobel laureate in economics in 2000 and a professor at the University of Chicago,

There are many reasons why investing in disadvantaged young children has a high economic return. Early interventions for disadvantaged children promote schooling, raise the quality of the work force, enhance the productivity of schools, and reduce crime, teenage pregnancy and welfare dependency. They raise earning and promote social attachment. Focusing soley on earnings gains, returns to dollars invested are as high as 15% to 17%.

Studies of the dynamics of human skill formation show that later compensation for deficient early family environment is very costly. A lack of early skill and motivation begets a lack of future skill and motivation. If society waits too long to compensate for the accident of birth, it is economically inefficient to invest in the skills of the disadvantaged. A serious trade-off exists between equity and efficiency for skill policies directed toward adolescents and young adults. There is no such trade off for policies targeted toward disadvantaged young children. (James J. Heckman, "Catch 'em Young," *The Wall Street Journal*, January 10, 2006, OPINION.)

APPENDIX A

Parents' Comments

"How much fun we have had both in class and on our wonderful field trips, and how nice it has been to be able to talk with other adults and help each other with valuable suggestions and information to better help our children learn more and be able to help them on their growth and special needs, both inside and outside of school and home and use many other resources."

"I have found this Early Childhood program to be an invaluable tool in helping my child to learn and grow in numerous aspects of development. It's also provided a lot of new ideas for us as parents, about how learning takes place and in what different forms. I think we have been able to further our child's development by learning to supplement and further class lessons."

"Great opportunity to socialize with others, has helped increase her participation in one on one therapy. My child has grown as an individual and her self-esteem has increased."

"The program has helped my children learn more, to recognize their body parts, to learn to play with other children, to use their five senses and body movement and especially to express themselves. To me as a mother it has helped me to be the better teacher to my children and how to be able to help them and to set limits and I have learned more about our community resources and the education."

"A program that provides lots of support to the parents and that links us to the different agencies in our community."

"I think the home visits are very nice, because they help us better understand our children's development and helps us be better parents."

"It is a very complete program that has helped me a lot."

"It is a very good program because it helps us to have a very good relationship between parent and child. It helps children to better develop skills."

- "Personal visits help me learn how I can help my child learn."
- "Personal visits -- that I can talk about the concerns I have with my baby."
- "Personal visits helps me understand behavior and help my children be the best developmentally."
- "Personal visits -- I never thought this program could be so helpful."
- "Personal visits helps us ...in going back to school, finding a stable home for us, educating me on my kids' development."
- "Personal visits -- I like the way you teach me about being a mom."
- "Personal visits -- Asking questions and getting real answers."
- "Screenings -- finding out their level (child's) and what we can work on."
- "Screenings -- Just seeing some of them doing things I didn't know they could do."

- "Screenings -- the first bridge between being a baby and a kid at school."
- "Screenings -- it shows me where my children should be developmentally."
- "Screenings -- that my child can hear and communicate well."
- "Screenings -- It helps me keep my expectations of my son normal."
- "Resource Network -- shows me different resources such as education and developmental programs."
- "Resource Network -- Knowing the resources helps to choose which ones are best for our family."
- "Resource Network -- Being connected with other parents and having support."
- "Resource Network -- Knowing if I need help, there are places to help. It's nice to know there's help.
- "Resource Network -- It can be intimidating being a teen parent and PAT helped to take that intimidation away."
- "Resource Network -- Helping me get ready for my GED."

"Good Beginning is a program not like no other. It's a family and friends in all one. It's a face to look at, someone to talk to. It's a arm to hold you when you want to cry or just a hug when you need a pick me up. In the program you learn how to raise yourself and your babies, and you learn how to survive in the real world. The workers and ladies are helpful, understanding, trustworthy, and always there when needed. It's a place to speak of your problems and feel like you are wanted there by others. In the program you get to meet speakers and special people who take their time out for the girls. Your life changes when you join the group and when three years go by and you graduate from the program you walk away from the group knowing more about healthier eating to raising your kids right and facing what demons you have, and fall in love with the program and workers. The program is so good that after three years you don't want to leave the girls or workers."

"The Early Years has impacted me by helping me out when I need something and helping with achieving my GED. And when you need something they are there to help in any way possible."

"The Early Years Program has changed my life and my son's life greatly. For me, I am grateful for the chance to get my GED, which I am taking on May 9th, and I am quite excited about it. My son is in child care, with Early Years, before he started going there he didn't really interact with other children his age and now he does. I appreciate Early Years giving my son and I a chance for a better life. My teacher, Miss Nancy, comes to my home to play with my child, and he tried to play, he is shy around her. But I want to Thank You all for the opportunity to better our lives."

"Early Years has helped me a lot. A big help with school for my GED. Helped with my children in Pre-K. They respect my kids and myself. They help us when we need their services. I plan to work with them again next year. They help with my baby by getting special services for him."