

# Creating YOUNG STARS

*A Comprehensive  
Strategic Plan  
for Early  
Childhood  
Development  
in Muskegon  
County*

*November 2007*

Great Starts Here

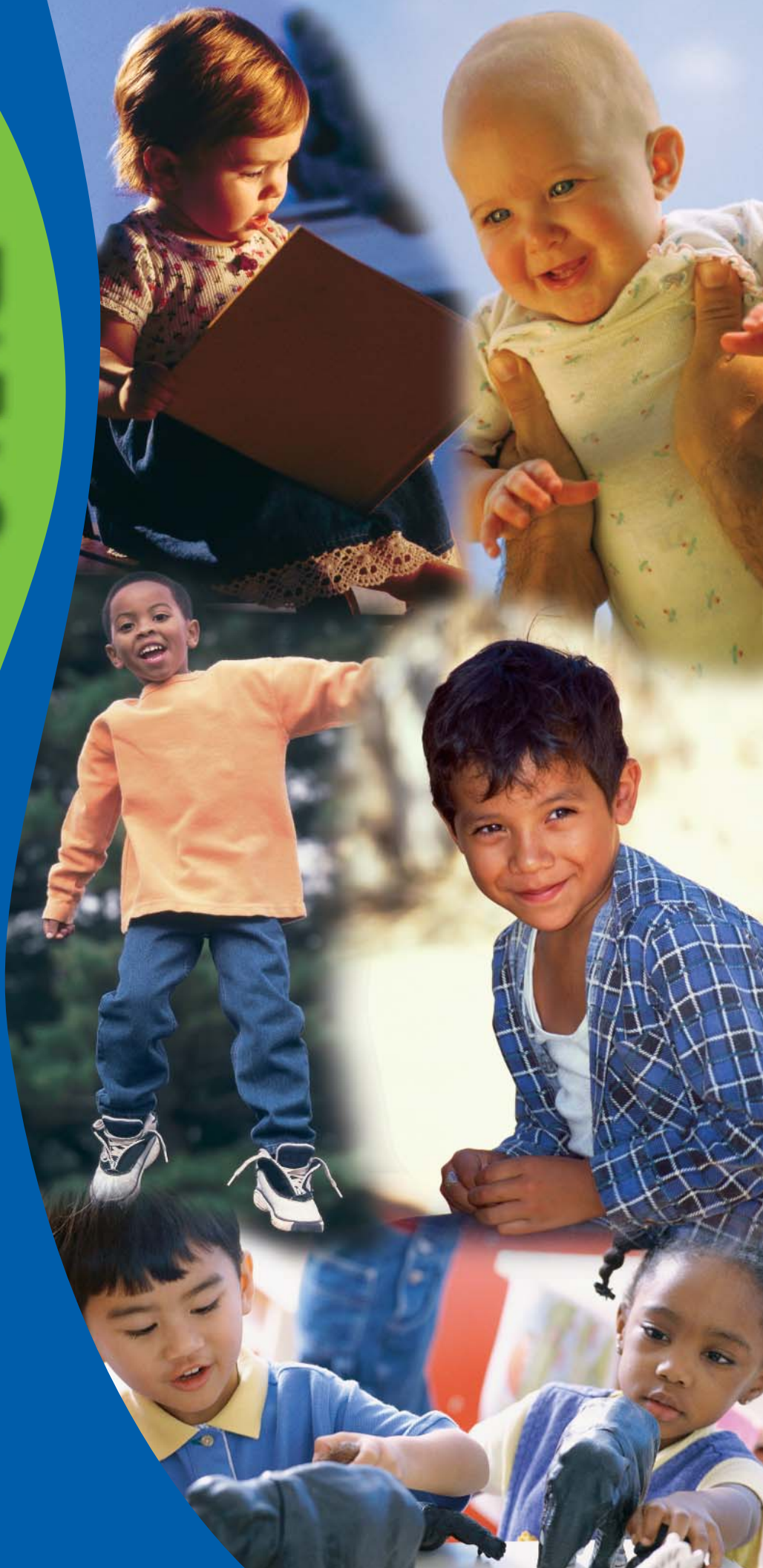


Early Childhood Investment Corporation  
Great Start Collaborative – Muskegon

MAISD



Muskegon Area  
Intermediate  
School District



Everyone has a special role to play in growing Muskegon County's youngest generation into successful and prosperous adults.



## PARENTS: COMMUNITY:

*The future of Muskegon County's children is in our hands—parents and community members working together!*

- ★ Love and nurture your child as your most precious gift.
  - ★ Read to your child **every day** at the earliest age.
  - ★ Choose healthy and nutritious meals and snacks.
  - ★ Build upon your child's natural curiosity to promote a healthy and active lifestyle.
  - ★ Turn the television off more often.
  - ★ Always complete your child's well-child and other health screenings at your doctor's office.
  - ★ Provide a warm, nurturing, and safe home environment.
  - ★ Choose high-quality child care, preschool, and other early learning programs.
  - ★ Seek services as needed – for yourself as well as for your child.
- ★ Ask business owners to support family-friendly initiatives which promote quality child care and early learning opportunities for employees' children.
  - ★ Support public policies which call for comprehensive early childhood development support and services.
  - ★ Become active. Use your talents in community organizations that promote school readiness and success.
  - ★ Stay informed about issues affecting our youngest and most vulnerable generation.

November 2007

To the Citizens of Muskegon County:

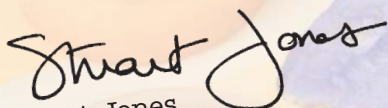
The forty-five members of the Great Start Collaborative of Muskegon County proudly present a call to action on behalf of our youngest children ages birth to five.

It is the collaborative's hope that this plan will promote an understanding of the importance of investing in this generation and provide community-based strategies enabling all of Muskegon County's youngest children to achieve success in school and in life. For Muskegon County to prosper on a long-term basis, our youngest generation needs to develop the essential cognitive and social skills necessary to compete in an increasingly complex world. This critical learning must begin at birth.

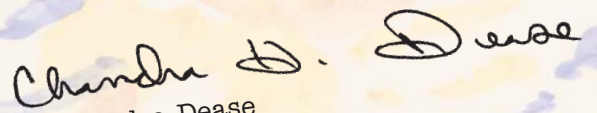
Following more than a year of passionate and dedicated work, the membership of the Great Start Collaborative of Muskegon County has endorsed this strategic plan. On the following pages are numerous goals and objectives which were developed by a variety of community-based workgroups after studying a plethora of community statistics, national research, and local experiences.

It is our collective hope that county leaders, businesses, and residents will respond to this plan of action and help our youngest children reach for the stars and achieve their fullest potential!

Sincerely,



Stuart Jones  
Program Director,  
Head Start of Muskegon/Oceana  
Muskegon Area Intermediate School District  
Chairperson



Chandra Dease  
Parent, Vice-Chairperson



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## EXECUTIVE SUMMARY

**One thousand days.** That is all the time required to build the incredibly powerful yet highly impressionable web of neurons known as the human brain. During this short span of early life, a child learns to think, communicate, and develop socially as the brain becomes permanently “hardwired.” Never again will a child develop at such a rate exceeding that of the first five years of life, and never again will adults have a chance to make such a profound influence on a child’s life. Established during these “**incredible years**” is a set of intellectual and social skills that will form the foundation of learning throughout life.

Well-respected research on early brain and child development proves in no uncertain terms that these incredible years represent a once-in-a-lifetime opportunity that the greater Muskegon community cannot afford to ignore. The foundation for the community’s **future growth and prosperity** rests with the quality of early learning experiences. A 2007 study published by the National Scientific Council’s Center on the Developing Child at Harvard University summarizes the importance of these early years.

The future of any society depends on its ability to foster the health and well-being of the next generation. Stated simply, today’s children will become tomorrow’s citizens, workers and parents. When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. When we fail to provide children with what they need to build a strong foundation for healthy and productive lives, we put our future prosperity and security at risk.<sup>1</sup>



The support and success of children birth to five is now a nationally-recognized economic development initiative. Economists from the Federal Reserve of Minneapolis and Nobel Laureate economist Dr. James Heckman have been engaged in speaking tours around the state and nation to alert community leaders about the economic imperative to support and invest in this population. These children are now recognized by many communities as the foundation of a strong, ongoing, and long-term economic development strategy that has been proven to return up to 17% on a community’s financial investment in them.

Throughout Muskegon County, collaboration among early childhood providers is well established and ongoing. Various formal and informal collaborations exist among agencies, educators, and churches. The Great Start Collaborative will facilitate moving these collaborations in a direction of continued growth and development in accordance with the long-term strategic plan. Analysis of both historical and current data and services relating to early childhood issues has provided a solid baseline from which a plan for the future can take hold. Continued tracking and trending of early childhood data and outcomes will serve as a useful tool for community-wide self assessment and process improvement. The collective goal, then, is to create **a bright and prosperous future for all of the community's children**, even when some of the plan's current findings depict uncomfortable realities.

Based on a year-long analysis of data and services, the Great Start Collaborative of Muskegon County has issued this

comprehensive strategic plan. The goals are organized by five core areas key to promoting healthy development of young children: Basic Needs, Economic Security & Child Safety, Physical Health Care, Social-Emotional Health Care, Parenting Education & Family Support, and Early Care & Education. The collaborative also reviewed the current infrastructure established to serve young children in Muskegon County and its capacity to support issues identified throughout the plan.

This strategic plan is just a beginning. The full community will need to join the effort, embrace the plan, and make a commitment to sustain its effort so that the children of today step into adult life twenty years from now as strong contributors to our community's social fabric and economic prosperity. Ultimately, it is the collaborative's hope to turn these incredible early years of life into those which establish the foundation for all children in Muskegon County to achieve their full promise and potential.



## GREAT START COLLABORATIVE PROFILE/HISTORY

The Great Start Collaborative of Muskegon County's membership established a set of **Core Principles, Vision, and Mission** to guide and support its actions. Each is rooted in the desired outcome of success for all of the community's youngest children.

### OUR CORE PRINCIPLES



- Advocate on behalf of young children with **Passion and Dedication**.
- Parents and other responsible caregivers are children's most important influences in life; systems serving young families and children shall be **Family-Centered, Empowering, Diverse, and Respectful of All**.
- A comprehensive system of prenatal care and support needs to exist for all expectant mothers in order to achieve a healthy start in life for all children.
- All children must have ready access to medical, mental health, and dental care in order to develop and grow into healthy adults.
- Children of poverty face unique challenges; their needs shall be embraced by the whole community in order to ensure **Equal Opportunity** for all.
- All children have the right to live in a safe and secure environment.
- High-quality child care and early education opportunities are universal needs.
- A community that values education and early learning experiences for its children is a community which ultimately grows and prospers.
- Operate with **Wisdom and Creativity** that results in **Excellence**.
- Create **Sustainability** for our work.

### OUR VISION FOR SUCCESSFUL CHILDREN



A Great Start for every child in Muskegon County: **Safe, Healthy, and Eager to Succeed** in school and in life.

### OUR MISSION



The purpose of the Great Start Collaborative of Muskegon County is to assure a coordinated system of community resources and supports that assists all Muskegon County families in providing a **Great Start** for their children from birth through age five.





## WHY THE EARLY YEARS MATTER

The Great Start Collaborative of Muskegon County's strategic plan is rooted in the foundational belief that what happens in a child's earliest years—from birth through age five—is critically important to the lifelong development and success of that child. It has become increasingly apparent that as early as kindergarten a child can either be on or off a successful track in life based on how much has been learned in the first five years of life.

In January 2007, the National Scientific Council's Center on the Developing Child at Harvard University issued a study entitled "*The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do.*"<sup>2</sup> The research paper puts forth the following six core concepts of child development which form the basis of the collaborative's strategic plan.

**1.** Child development is a foundation for community and economic development, as capable children become the foundation of a prosperous and sustainable society.

**2.** Brains are built over time.

**3.** The interactive influences of genes and experience literally shape the architecture of the developing brain. The nature of children's engagement in relationships with their parents and caregivers in their family or community profoundly impact healthy—or unhealthy—early childhood development.

**4.** Both brain architecture and developing abilities are built from the "bottom up," with simple circuits and skills providing the scaffolding for more advanced circuits and skills over time.

**5.** Cognitive, emotional, and social capabilities are inextricably intertwined throughout the life course.

**6.** Toxic stress in early childhood results in negative effects on the nervous system and stress hormone systems that damage developing brain architecture. This may lead to lifelong problems in learning, behavior, and both physical and mental health. Toxic stress may result from environmental factors such as abuse, absence of nurturing, and neglected basic needs.





## THE RAPID DEVELOPMENT OF THE BRAIN

A plethora of early childhood development research during the past decade has led to an enhanced understanding of how the brain develops. Aided by extraordinary advances in such tools as brain imaging technologies, research shows that at no time in life does a brain “learn more” or is more active than in a child’s early years. Research notes that the brain develops in a positive or a negative manner, or in some combination of the two, both in response to a child’s genetics and to his/her external environment. Of course, the child’s environment is enormously dependent upon the actions of adults.

The Family and Works Institute published a landmark study in 1997 entitled “*Rethinking the Brain: New Insights into Early Development.*” The study profoundly influenced public understanding of early brain development—and its critical importance as to the development of a child. The study can be simplistically summarized by noting two major scientific findings:<sup>3</sup>

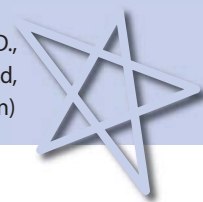
- The first year of life contains the potential of an incredible year of learning for newborns, quickly progressing from the helpless state of a newborn to a child who begins to reason, walk, communicate, form intentions and act upon them, and interact with persons and objects.

- A child’s brain at age two has developed to a point which is as active as an average adult. By age three, this activity level is two and one-half times greater than the average adult and remains at that state through puberty. The study concludes that young children are “biologically primed for learning.”

Research has shown that by age six a child’s brain has developed the largest number of dendrites, or “learning connections,” than will ever be formed again in one’s lifetime. By the teenage years, the brain begins to “prune” unused dendrites, and by adulthood brain development has slowed considerably.

“By the time children enter kindergarten, a great deal of the emotional and intellectual wiring of their brains has been set. Whether children are on a path leading to academic success and positive social behavior or to school failure and violence is determined largely by the manner in which this wiring has occurred.”

—Joan Lessen-Firestone, Ph.D.,  
Director of Early Childhood,  
Oakland Schools (Michigan)



In summary, the research on early brain architecture and development is both consistent and compelling: The brain is rapidly developing during the early years of life; such development is profoundly influenced by the actions of adults caring and interacting with the child; and the stage for success or struggles in life is well-established during these critical years.



## QUALITY EARLY LEARNING EXPERIENCES PROFOUNDLY AFFECT CHILD DEVELOPMENT

The High Scope / Perry Preschool Study, dating back to the 1960's, represents the most famous longitudinal study on the life-long impact of a quality preschool experience. Often cited by politicians and early childhood researchers, the study has profoundly influenced both policy and debate.

The study followed adults through the age of forty who at ages three and four were deemed "at-risk" of school failure due to economic standing. Compared to a control group, the study documented remarkable success throughout the lives of preschool attendees. In fact, the study calculated a benefit-cost ratio of \$17 for every public tax dollar invested. Benefits included higher academic achievement, higher graduation rates, higher wage earnings, lower special education utilization, lower public welfare expenditures, and less criminal activity.

"Early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior, and health."

—National Scientific Council  
on the Developing Child<sup>4</sup>



Similar studies in succeeding years have reiterated the Perry findings. The Carolina Abecedarian Study and the Chicago Parent-Child Centers Study, in particular, are cited nationally by respected sources. These studies' findings support the concept that high-quality early education programs that also entail a parent support component greatly enhance child development and produce enduring societal benefits. In other words, such programs help children achieve their full potential.





## EARLY CHILDHOOD DEVELOPMENT EQUALS ECONOMIC DEVELOPMENT

Quality early childhood development is the first building block in creating a future workforce capable of competing in the new global economy. Without a highly educated and employable workforce, communities and nations competing for jobs in the 21st century will surely be left behind. Research demonstrates that well-focused investments in early childhood development yield high public returns in ensuing years and represent a key element in long-term economic development.

“Although education and the acquisition of skills is a lifelong process, starting early in life is crucial. Recent research has documented the high returns that early childhood programs can pay in terms of subsequent educational attainment and in lower rates of social problems, such as teenage pregnancy and welfare dependency.”<sup>5</sup>

—Ben S. Bernanke, Federal Reserve Chairman, February 2007



Federal Reserve Bank economists Art Rolnick and Rob Grunewald have co-authored exhaustive research on the impact of early childhood development programs and their public return. Their findings support the thesis that early childhood development and future economic development are inextricably connected.

Early childhood development programs are rarely portrayed as economic development initiatives, and we think that is a mistake. Such programs, if they appear at all, are at the bottom of the economic development lists for state and local governments. They should be at the top. Most of the numerous projects and initiatives that state and local governments fund in the name of creating new private businesses and new jobs result in few public benefits. In contrast, studies find that well-focused investments in early childhood development yield high public as well as private returns.<sup>6</sup>



Rolnick and Grunewald argue that research demonstrates investing in quality early childhood programs can yield extraordinary public returns, ranging as high as 17 percent. The Federal Reserve economists believe that such benefits are “low-risk and long-lived.”<sup>7</sup>

Such findings are supported by other national research. Dr. James Heckman, University of Chicago professor and 2000 Nobel Laureate in economics, has authored numerous viewpoints which have examined the research surrounding early childhood development programs. Dr. Heckman focuses on the benefits of early childhood investment particularly toward disadvantaged youth. Arguing that the “remediation for impoverished early environments becomes increasingly more costly the later it is attempted,” Dr. Heckman emphasizes the need for early intervention. He concludes that the public return on such investment is both “quantifiable and large.”<sup>8</sup>

Finally, a 2007 report by the Brookings Institution argues that early investment in children yields great public dividends when analyzed by cost-benefit models.<sup>9</sup> Specifically, the report supports investments in high-quality preschool experiences for three- and four-year old children, services to pregnant women and children that promote healthy development of infants and toddlers, efforts to enhance educational opportunities in high-poverty elementary schools, and programs to reduce teenage pregnancy. The authors conclude, “A course of inaction runs the risk that our society forgoes the chance to help all our children realize their full potential to improve the skills—and consequent competitiveness—of America’s future work force.”<sup>10</sup>



## WHAT THE DATA TELLS US

Numbers tell a story. Much understanding can be gained regarding the status of Muskegon County's youngest children and their readiness for success in school and in life by examining relevant data. The chosen indicators are based on national research conducted by the **School Readiness Indicators Initiative**, which developed a set of school readiness indicators in collaboration with 17 states.<sup>11</sup> Each of these data indicators impacts early childhood development, and collectively they profoundly influence school readiness and success.

This data serves as a snapshot in time; the intent is to utilize this data as a baseline and follow trends over time to analyze the community's progress. By regularly tracking such indicators, community leaders, professionals working in the early childhood arena, parents, and funding sources will be able to identify areas in need of intervention and to measure results.

### CHILD DEMOGRAPHICS

Indicator Population	Muskegon County		% Change	Michigan		% Change
	2000	2005		2000	2005	
Children < 5 Years	11,699	11,903	+1.7%	671,000	650,215	-3.1%
<b>Race/Ethnicity</b>						
White, Non-Hispanic	9,011	9,486	+5.3%	519,861	505,063	-2.8%
Black, Non-Hispanic	2,462	2,307	-6.3%	127,438	122,015	-4.3%
Hispanic	778	660	-15.2%	39,601	38,876	-1.8%

Source: United States Bureau of the Census, 2000 & 2005 ACS

**Did You Know?**

*In 2005, children aged less than five comprised 7.1% of Muskegon County's total population. In 1990, they comprised 8.2%.*

## CHILD HEALTH

Indicator	Muskegon County		% Change	Michigan		% Change
	2000	2006		2000	2006	
Children born at healthy weight (>2,500g)	92.1%	91.9%	-0.2%	92.1%	91.6%	-0.5%
Premature births (<37 weeks)	9.1%	9.6%	+5.5%	N/A	N/A	
Live births in which mother received adequate prenatal care	72.2%	71.6%	-0.8%	75.2%	77.5%	+3.1%
Infant mortality rate (per 1,000 births)	9.3	6.7	-28.0%	8.1	7.6	-6.2%
Infant mortality rate, Caucasians (per 1,000 births)	8.0	4.5	-43.8%	6.1	5.4	-11.5%
Infant mortality rate, African-Americans (per 1,000 births)	12.4	13.4	+8.1%	17.6	16.6	-5.7%
Indicator	Muskegon County		% Change	Michigan		% Change
	2002	2005		2002	2005	
Children < 5 screened with elevated blood lead levels ( $\geq 10$ micrograms/dL)	4.1%	2.3%	-43.9%	4.3%	2.4%	-44.2%
Children 19-36 months fully immunized	72.8%	82.8%	+13.7%	N/A	81.0%	

Source: Michigan Department of Community Health, Muskegon County Public Health Department. Infant mortality rates reflect rolling three-year averages.

*Compared to normal birth-weight siblings, low birth-weight children are 30% less likely to be in excellent or very good health in childhood. They also score significantly lower on reading, passage comprehension, and math achievement tests. Low birth-weight children are roughly one-third more likely to drop out of high school relative to other children.<sup>12</sup>*

*Seventy-one percent of homes in Muskegon County were constructed prior to 1979, the year lead-based paint was banned.*

**Did You Know?**

## ECONOMIC SECURITY

Indicator	Muskegon County		% Change	Michigan		% Change
	2000	2005		2000	2005	
Children < 5 living in poverty	19.1%	28.8%	+50.8%	15.6%	20.6%	+32.1%
Median household income	\$38,787	\$41,911	+8.1%	\$45,202	\$46,039	+1.9%
K-12 students receiving free or reduced meals*	43.4%	51.1%	+17.8%	32.2%	37.1%	+15.2%
Indicator	Muskegon County		% Change	Michigan		% Change
	2002	2006		2002	2006	
Children < 6 receiving food stamps	27.9%	35.9%	+28.7%	18.0%	24.8%	+37.8%

\*Base year = School Year 01/02

Sources: United States Bureau of the Census, 2000 & 2005 ACS, Michigan Department of Education, Michigan Department of Human Services

*Very young children living in poverty are much less likely to recognize the letters of the alphabet, count to twenty or higher, write their name, read or pretend to read.<sup>13</sup>*

*Furthermore, research clearly demonstrates that once a child falls behind in such fundamental skills he or she often fails to catch up.*

*Forty-three percent of the homeless individuals in Muskegon County are children.<sup>14</sup>*



**Did You Know?**

## EARLY CARE & EDUCATION

Indicator	Muskegon County		% Change	Michigan		% Change
	2002	2006		2002	2006	
Children receiving a child-care subsidy	1,955	2,048	+4.8%	79,140	76,904	-2.8%
Children < 6 who have been substantiated cases of abuse or neglect	189	252	+33.3%	9,516	11,319	+18.9%
Indicator	Muskegon County 2005		Michigan 2005			
Children < 3 who could have a developmental delay	7.9%		7.5%			
Children reading at 3rd grade proficiency	83.2%		86.6%			
Indicator	Muskegon County					
	2005	2006	2007			
Head Start waiting list*	204	245	205			
Number of public pre-school slots**	1,563	1,621	1,694			

\* January waiting lists

\*\* Defined as publicly-funded Head Start and MSRP classroom slots for the school year

Sources: Head Start of Muskegon/Oceana, Michigan Department of Education, Michigan Department of Human Services, United States Bureau of the Census, 2000 & 2005 ACS

Did You Know?

*"We live in a world in which we need to share responsibility. It's easy to say, 'It's not my child, not my community, not my world, not my problem.' Then, there are those who see the need and respond. I consider these people my heroes."*

*—Fred Rogers, Legendary PBS Television Actor.*

## PARENTING, FAMILIES

Indicator	Muskegon County 2003			Michigan 2003		
Parents who read to their children every day	N/A			55.4%		
Indicator	Muskegon County 2000	Muskegon County 2005	% Change	Michigan 2000	Michigan 2005	% Change
Mothers lacking high school diplomas with new babies	22.8%	22.7%	-0.4%	17.2%	16.9%	-1.7%
Births to unwed mothers	45.0%	46.1%	+2.4%	33.7%	35.6%	+5.6%
Births to teens (of total births)	17.1%	13.2%	-22.8%	11.1%	9.5%	-14.4%

Sources: NSCH, Michigan Department of Community Health, Michigan League of Human Services

*The number of births to Muskegon County teens declined 26% between 1995 and 2005. In 2005, there were 311 children born to teenage mothers, down from 420 such births in 1995. However, Muskegon County's current rate still significantly exceeds the State of Michigan average.*

*Various research shows that a child's future educational attainment is directly correlated to that of his or her mother's education level.*

*The American Academy of Pediatrics recommends that reading be a fundamental part of a child's daily routine from at least six months of age onward.<sup>15</sup>*



**Did You Know?**



## STRATEGIC REVIEW & GOALS

Comprehensive early childhood development encompasses a broad spectrum of issues; no single concern can account for the myriad of issues which influence the development of a young child. Michigan's Early Childhood Investment Corporation (ECIC) created a community-based "Great Start System" after which Muskegon County's strategic planning process was tailored. **The "Star" model emphasizes five points:** Basic Needs, Economic Security & Child Safety, Physical Health Care, Social-Emotional Health Care, Parenting Education & Family Support, and Early Care & Education.

Throughout the strategic review, work group members repeatedly noted how issues prevalent within the broader community dramatically impact healthy child development. Such issues include adult substance abuse, mental illness, incarceration rates, the increase of single-parent households, and a lack of economic opportunities for some families. These broad-scale community issues weigh greatly on important early childhood outcomes, such as school readiness. Without system changes on the local, state, and federal levels to address such concerns, nurturing our youngest generation into successful adulthood on a community-wide basis will be next to impossible.





## SUMMARY OF GOALS

-  **Goal 1** *A safe environment in which all of Muskegon County's young children will grow and thrive.*
-  **Goal 2** *All families of young children in Muskegon County will attain a standard of living that is indicative of adequate income, employment, food, and shelter.*
-  **Goal 3** *Families shall have ready access to convenient public transportation services in all areas of the county.*
-  **Goal 4** *All young children in Muskegon County shall be able to access affordable medical and oral health care services.*
-  **Goal 5** *Reduce preventable infant mortality cases among Muskegon County newborns with particular focus on eliminating historic racial disparities.*
-  **Goal 6** *All pregnant and new mothers have access to appropriate pre-natal, peri-natal, and post-natal medical, dental, and mental health services in order to birth and raise healthy infants.*
-  **Goal 7** *Social-emotional and mental health services shall be available to all young children in Muskegon County.*
-  **Goal 8** *Increase cultural sensitivity throughout the county as a means of full inclusion of all families and their respective needs for young children.*
-  **Goal 9** *Enhance parenting education and support of young families in Muskegon County, recognizing that strong families comprise a key determinant of healthy child development.*
-  **Goal 10** *Better connect parents of young children to parenting resources, eliminating the current maze of unconnected service providers.*
-  **Goal 11** *Develop a county-wide network of child-care providers offering families affordable, convenient, learning-rich, nurturing and safe environments for young children.*
-  **Goal 12** *Provide an accessible, affordable, and quality preschool option for all of Muskegon County's three- and four-year old children in order to enhance school readiness.*
-  **Goal 13** *Create a passionate community-wide culture that embraces early reading from the first days of life.*
-  **Goal 14** *Establish the Great Start Collaborative of Muskegon County as a permanent convening committee overseeing the promotion of early childhood issues within Muskegon County.*



## BASIC NEEDS, ECONOMIC SECURITY & CHILD SAFETY

Young children need a stable, safe, and secure family environment in order to flourish. A family's economic resources play a significant role in providing such a secure environment. The development of a long-term, sustainable economic plan in Muskegon County must aggressively advance the progress of the community's children in the areas of basic needs and economic security. This will profoundly impact the future economic



### Goal 1 *A safe environment in which all of Muskegon County's young children will grow and thrive.*

**Objective 1.1:** Develop a comprehensive, county-wide child abuse prevention plan, including physical abuse and neglect, emotional abuse, and sexual abuse prevention strategies.

Action Steps:	Performance Indicators:	Timeframe:
1. The Child Abuse Council shall serve as the convening agency to develop a comprehensive child abuse prevention plan with the support of various community partners.	Task force minutes	September 2008
2. Increase the awareness of the community concerning the status of child abuse in Muskegon County.	Communication materials	Ongoing

**Objective 1.2:** Develop a comprehensive early childhood injury prevention education and service program.

Action Steps:	Performance Indicators:	Timeframe:
1. Every Woman's Place shall lead a countywide collaborative effort promoting early childhood safety, community wide awareness and education, legal enforcement, and sources of funding.	Committee minutes	September 2010
a. System issues to be addressed include (but not limited to)	Data Indicators, i.e., reduced incidence of injuries and deaths	
i. Car seats		
ii. Safety helmets	Communication materials	
iii. Gun locks		
iv. Smoke detectors		
v. Water safety		
vi. Crib safety (SIDS)		

## Goal 2 *All families of young children in Muskegon County will attain a standard of living that is indicative of adequate income, employment, food, and shelter.*

**Objective 2.1:** The Great Start Collaborative shall partner with community efforts to build, maintain, and expand the development of a long-term strategic plan for economic growth in Muskegon County, advocating for inclusion of early childhood development programs as an element of the overall strategy.

Action Steps:	Performance Indicators:	Timeframe:
1. Work in coordination with efforts of Chamber of Commerce, Sustainability Coalition, and Prosperity Continuum committees.	Committee Minutes	Ongoing
a. Focus on community growth goals of tourism, medical destination, and technologically rich industry, thus attracting new, high-quality jobs to Muskegon County and creating economic prosperity for families.	Prosperity Index of Muskegon County	
	Communication Materials	
b. Support business/education efforts to enhance job training and workforce development skills.	Ongoing demographic data collection	
c. Support efforts to promote a culture of learning throughout the community and to increase post high school education opportunities for county residents.		
d. Publicize efforts and enlist business and community leaders' support.		

**Objective 2.2:** Ensure that all young children in Muskegon County have a reliable supply of nutritious food in order to sustain a healthy life style.

Action Steps:	Performance Indicators:	Timeframe:
1. Support the efforts of the United Way of the Lakeshore's Emergency Needs Committee to develop and support an ongoing, sustainable, food/fund raising program.	Committee Minutes	Ongoing
2. Coordinate efforts between faith-based and other groups to ensure county-wide accessibility to food.	Number of food distribution programs and amount of food available	Communications: September 2008
3. Support the efforts of the Continuum of Care in addressing transportation and distribution issues so that all citizens have access to food services.	Communications materials	
4. Support MSU Extension, W.I.C. and other agencies to continue to enhance a countywide nutrition education program, including breast feeding.		
5. Develop a communications plan to alert citizens of the need for food services in the county.		

**Objective 2.3:** All young children in Muskegon County shall reside in adequate, safe, and sustainable shelter.

Action Steps:	Performance Indicators:	Timeframe:
1. Support the ongoing work of the Community Coordinating Council and the Continuum of Care, including business, education, and Chamber of Commerce, in identifying needs and expanding the present program county-wide.	Committee Minutes	Ongoing
a. Increase the levels of affordable housing countywide.	Prosperity Index of Muskegon County	
b. Reduce the number of homeless children in the county.	Data Indicators, Continuum of Care data	
c. Secure transportation so that people can receive housing services.		
d. Family Resource Centers assist with identification of families in need of housing.		
e. Support new-home-owner support programs through various community agencies.		
f. Develop a communications plan to assist the Continuum in promoting their work with homeless young families.		

## Goal 3 *Families shall have ready access to convenient public transportation services in all areas of the county.*

**Objective 3.1:** Support the enhancement of public transportation services throughout Muskegon County.

Action Steps:	Performance Indicators:	Timeframe:
1. Partner with community agencies such as MATS, Muskegon Moves, and Geography Club of Muskegon Community College to coordinate efforts and lead the continued development of a countywide transportation system.	Committee minutes	September 2012
2. Examine possibility of specialized transportation services to meet the needs of young families, such as accessing well-child medical appointments, Family Resource Centers, out-of-county specialty medical services, and other critical services.	Increased utilization, routes, stops.	
3. Secure improved funding for the transportation system and its development.		



## PHYSICAL HEALTH CARE

A healthy beginning in life for all children is an essential piece of a healthy community. Healthy children are more able to engage in the full range of life experiences that encourage early learning. Young children who have a consistent health care provider or a “medical home” are much more likely to receive high-quality preventative health care which is needed to identify and address their varied health needs. A lack of health care or delays in treatment, on the other hand, can negatively affect one’s development, sometimes with life-long consequences. There is little doubt that nurturing the physical development of infants and toddlers is critical to a child’s growth and successful development.

### Goal 4 *All young children in Muskegon County shall be able to access affordable medical and oral health care services.*

**Objective 4.1:** Develop a county-wide plan to ensure all children have a medical and dental home that provides comprehensive physical and child development services.

Action Steps:	Performance Indicators:	Timeframe:
1. Create a county-wide task force to develop a comprehensive medical and dental home strategy for all children.	Task force minutes	September 2008–2010
2. Increase community awareness and utilization of public insurance programs for eligible children so that all children have access to affordable health insurance.	Communication materials	
3. Analyze whether racial disparities exist within the early childhood population, re: specific medical conditions, accessing health care services, etc.		

**Objective 4.2:** Increase the number of children under the age of six who receive timely and comprehensive well-child examinations, comprehensive screenings and diagnostic testing services.

Action Steps:	Performance Indicators:	Timeframe:
1. Enhance public/parental awareness of the importance of timely well-child visits and related child health issues.	Communication materials	September 2008–2010
2. Create an ad-hoc committee to develop recommendations to the GSC regarding areas in which Early Periodic Screening, Diagnosis, and Treatment (EPSDT) goals are not met in the county and how to increase uniform compliance rates.	Committee Minutes	
a. Ensure a community immunization rate against childhood disease of at least 90% through increased well-child visit compliance rates and active community vaccination programs.	Childhood Immunization Rate Data, MDCH	
3. Support Muskegon County’s Lead Free NOW Coalition to promote timely lead testing of all at-risk children and to secure resources for remediation of lead sources.	Committee Minutes	Ongoing

**Objective 4.3:** Aid in the establishment of community-wide efforts to promote the prevention and reduction of childhood obesity, creating a community ethic which highly values and actively promotes healthy lifestyles.

Action Steps:	Performance Indicators:	Timeframe:
1. Recruit a “convener” to act as a lead agency in championing a community-wide campaign promoting obesity prevention.	Committee Minutes	September 2010
a. Enhance public/parental awareness of the childhood obesity epidemic and of the importance of early intervention and prevention.	Communication materials	
b. Promote healthy lifestyles for young children, re: exercise and nutrition, to all area providers of early care and education.	Communication materials	
c. Investigate the expansion of recreation opportunities for young children and families.	Committee Minutes	

**Objective 4.4:** Reduce the incidence of early childhood dental decay among children aged less than six years.

Action Steps:	Performance Indicators:	Timeframe:
1. Work in concert with the Dental Coalition to ensure all children have access to a dental home (see Objective 1.1).	Task force minutes	September 2010
2. Support and expand upon current parental and community educational efforts regarding sound nutritional and dental hygiene habits for young children.	Communication materials	

**Objective 4.5:** Increase the number of children under the age of six with developmental delays who receive appropriate child development services.

Action Steps:	Performance Indicators:	Timeframe:
1. Increase Early On and school partnerships to identify and assess potentially-eligible children.	Partner agreements Data, Mi-CIS	September 2010
a. Ensure all children receive an age-appropriate developmental screening in their medical home.	Committee Minutes	
b. Secure funding to provide an increased availability of resources in the community.		
2. Identify funding and programming for those children aged three and above who have indications of developmental delays but no IEP. Current situation: no local public agency services such children.		

**Objective 4.6:** Advocate for state and federal public policy that supports the local health care infrastructure providing care for the uninsured, underserved, and/or lower-income populations within Muskegon County.

Action Steps:	Performance Indicators:	Timeframe:
1. Form a public policy education subcommittee to draft policy recommendations and educate local and legislative leaders regarding issues of importance to the birth to five population and their families.	Committee Minutes	September 2008

## Goal 5 *Reduce preventable infant mortality cases among Muskegon County newborns with particular focus on eliminating historic racial disparities.*

**Objective 5.1:** Support the Muskegon County Fetal Infant Mortality Review (FIMR) Committee's forthcoming recommendations on how to reduce preventable infant deaths.

Action Steps:	Performance Indicators:	Timeframe:
1. Adoption of FIMR committee's findings and strategies and recognize the coalition as the county-wide "convener" of issues related to infant mortality.	Coalition Plan Committee Minutes	September 2008

## Goal 6 *All pregnant and new mothers have access to appropriate pre-natal, peri-natal, and post-natal medical, dental, and mental health services in order to birth and raise healthy infants.*

**Objective 6.1:** Coordinate maternal and breast feeding services throughout the entire county.

Action Steps:	Performance Indicators:	Timeframe:
1. Select "convener" of maternal health issues and services within the county.	Committee Minutes	September 2008-2010
2. Develop plan that would support and expand home visitation programs for all expectant and new mothers wishing to participate.	Committee Minutes/ Plan	
a. Explore concept of "mentor" relationships established for any new mother desiring such a partnership.	Committee Minutes/ Plan	
b. Develop a plan to address maternal depression issues.	Communication Materials	
c. Develop a consistent community-wide communications message in respect to breast feeding.		





## SOCIAL-EMOTIONAL HEALTH CARE

Every young child needs a warm, loving, nurturing, and stable relationship with his or her parent(s) or caregiver to develop into a trusting, curious, and confident individual. Promoting mental health early in life can greatly lessen or completely avoid future developmental and emotional problems later in life, thus setting the stage for success. Research shows that the “executive brain,” which eventually directs adult decision-making and leadership, is nearly fully developed by the age of four. Skills formed through nurturing adult relationships have a tremendous impact on the development and ultimate success of young children.



### **Goal 7** *Social-emotional and mental health services shall be available to all young children in Muskegon County*

**Objective 7.1:** Implement a comprehensive and universal social emotional screening process that includes all children birth to five years of age.

**Action Steps:**

**Performance Indicators:**

**Timeframe:**

1. Identify a “convener” to develop a comprehensive social-emotional support strategy for early childhood. Identified issues to address include 1) a universal screening component, and 2) availability of early childhood mental health specialist services within the community.

Committee minutes

September 2008–2010

**Objective 7.2:** Advocate for state and federal public policy that encourages insurers to provide more comprehensive coverage for mental health interventions.

**Action Steps:**

**Performance Indicators:**

**Timeframe:**

1. Form a public policy education subcommittee to draft policy recommendations and educate local and legislative leaders regarding issues of importance to the birth to five population and their families.

Committee minutes

September 2008

### **Goal 8** *Increase cultural sensitivity throughout the county as a means of full inclusion of all families and their respective needs for young children.*

**Objective 8.1:** Develop a program to promote cultural sensitivity throughout the community and service provider agencies.

**Action Steps:**

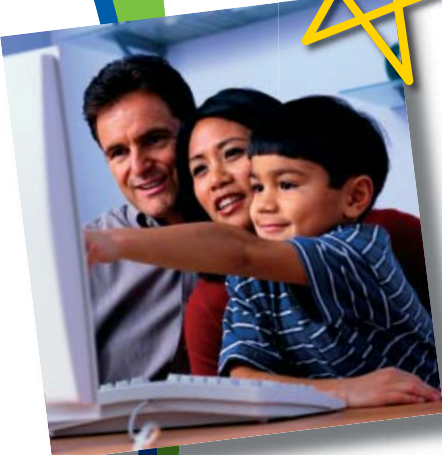
**Performance Indicators:**

**Timeframe:**

1. Identify a “convener” to conduct a comprehensive study of the community’s cultural inclusion, diversity, sensitivity, and needs of all families with young children and make recommendations to ensure that no family encounters cultural barriers in accessing early childhood development services.

Committee minutes

September 2010



## PARENTING EDUCATION & FAMILY SUPPORT

Parents are a child’s primary teacher and represent the core of the future promise of Muskegon County’s youngest generation. Parents and other family members must provide the enriched environment necessary to support the critical early learning of infants and toddlers. Knowing what to do in each of a parent’s many roles can be a difficult and very stressful task. Accessing knowledgeable community resources and supportive services in relation to parenting is important in an ever-increasingly complex world. Muskegon County must construct a system to support parents.

### **Goal 9** *Enhance parenting education and support of young families in Muskegon County, recognizing that strong families comprise a key determinant of healthy child development.*

**Objective 9.1:** Create an oversight team to investigate parent/family support models that would enhance parenting skills throughout the county. Develop a county-wide wraparound support system that includes early support, day care, preschool, and transportation recommendations.

<b>Action Steps:</b>	<b>Performance Indicators:</b>	<b>Timeframe:</b>
<ol style="list-style-type: none"> <li>1. Identify a “convener” to conduct a study and develop a plan that would include (but not be limited to) the following issues:               <ol style="list-style-type: none"> <li>a. Reinforce the concept that a safe, nurturing environment in the home readies young children for learning and success in school and life.</li> <li>b. Develop business awareness and support of the concept that today’s demographic changes require family support.</li> <li>c. Expand parenting skills education, including in-home services, throughout the county with particular focus on underserved areas.</li> <li>d. Seek opportunities to expand teen parenting and pregnancy prevention programming.</li> <li>e. Incorporate common parenting education components into the community infrastructure that serves young children and families.</li> <li>f. Increase public awareness of the importance of enriching parenting skills (i.e.: reading, good touch, engaging father, child care, child development, security, consistency, and the poverty connection).</li> </ol> </li> </ol>	<p>Task force minutes and final recommendations</p>	<p>September 2008–2010</p>

## Goal 10 *Better connect parents of young children to parenting resources, eliminating the current maze of unconnected service providers.*

**Objective 10.1:** Strategically locate Family Resource Center(s) at the pre-k and/or elementary level in every school district by 2010.

Action Steps:	Performance Indicators:	Timeframe:
1. Under the leadership of DHS, develop an action timeline for introducing FRCs into all county school districts.	Completed timeline	September 2008
2. Establish a sustainable funding plan outside of state/federal funds.	Completed proposal	

**Objective 10.2:** Expand utilization of Call 211 by families of young children so that it serves as the centralized information and service referral source in the county.

Action Steps:	Performance Indicators:	Timeframe:
1. Add agency, schools, business visits to inform these groups of the value and need of Call 211 to the county.	Number of referral calls	Ongoing
2. Develop a plan to enhance collection of agency update information to maintain the effectiveness of Call 211.	Number of agencies in database	September 2008
3. Link Call 211 to county agency websites, newsletters, etc.		Ongoing





High-quality, affordable, and accessible child care and preschool are vital early childhood development services. It has been demonstrated through research that children who receive such quality services have stronger early learning, language, and social skills when they enter school than those children who did not receive such attention. Furthermore, for those young children exhibiting developmental delays or disabilities, early identification and intervention is critical. Individualized child and family supports provide crucial developmental guidance for parents in these early years of a child's life.

**Goal 11** *Develop a county-wide network of child-care providers offering families affordable, convenient, learning-rich, nurturing and safe environments for young children.*

**Objective 11.1:** Develop a county-wide infrastructure of quality child-care services.

Action Steps:	Performance Indicators:	Timeframe:
1. Pathways MI shall lead an effort to develop a comprehensive quality child-care model. Examination of the following issues shall include (but not be limited to) the following: <ul style="list-style-type: none"> <li>a. Barriers to providers becoming licensed.</li> <li>b. Business support of child-care services for employees.</li> <li>c. Comprehensive professional development plan for child-care providers.</li> <li>d. Non traditional hours of service (2nd and 3rd shift).</li> <li>e. Diversity of providers.</li> <li>f. Recruitment/supply of providers.</li> <li>g. Related quality needs.</li> </ul>	Committee Minutes	September 2008–2010

**Objective 11.2:** Advocate for state and federal public policy which 1) implements a state-wide quality rating system of all child-care providers, and 2) assists families who earn low wages by providing adequate funding of child-care subsidies.

Action Steps:	Performance Indicators:	Timeframe:
1. Form a public policy education subcommittee to draft policy recommendations and educate local and legislative leaders regarding issues of importance to the birth to five population and their families.	Committee Minutes	September 2008

## Goal 12 *Provide an accessible, affordable, and quality preschool option for all of Muskegon County's three- and four-year-old children in order to enhance school readiness.*

**Objective 12.1:** Develop a communications strategy which enlightens the broad community, including political and business leadership, as to the critical need for universal preschool availability for all three- and four-year old children in Muskegon County. Develop support for eventual public funding, including local sources, to develop a model preschool system that offers placement to all three- and four-year-old children whose parents choose it.

Action Steps:	Performance Indicators:	Timeframe:
1. Develop a communications strategy and materials.	Communication materials	September 2008

**Objective 12.2:** Advocate to state and federal officials for support to 1) expand the supply of publicly-funded preschool openings as an essential component of a school-ready student body by the age of five, and 2) allow for publicly-funded preschool programs to more easily collaborate and act as universal providers of services.

Action Steps:	Performance Indicators:	Timeframe:
1. Form a public policy education subcommittee to draft policy recommendations and educate local and legislative leaders regarding issues of importance to the birth-to-five population and their families.	Committee Minutes	September 2008

**Objective 12.3:** Adoption of the State of Michigan's Pre-K Standards of Quality by all county-wide preschool providers as the basis of early learning curricula.

Action Steps:	Performance Indicators:	Timeframe:
1. Assess current status of early learning curricula throughout the county.	Committee Minutes	September 2008
2. Determine professional assistance needed to aid in the adoption of state standards by all providers of preschool.	Committee Minutes	September 2009
3. Provide professional assistance as needed.	Committee Minutes	September 2010

## Goal 13 *Create a passionate community-wide culture that embraces early reading from the first days of life.*

**Objective 13.1:** Encourage all providers of services to children birth to five to actively support and promote early literacy skills and programming.

Action Steps:	Performance Indicators:	Timeframe:
1. Identify a "convener" to leading a new community initiative encouraging the concept that reading begins at birth.	Committee Minutes	September 2010
a. Assess current programming and financial support and partnerships. Evaluate potential expansion of support.	Committee Minutes	
b. Develop a communications strategy and materials.	Committee Minutes	



## INFRASTRUCTURE DEVELOPMENT

The review of [The Early Childhood Infrastructure](#) of Muskegon County occurred in several ways. Embedded in the work groups' strategic analysis was an examination of various infrastructure components of the early childhood development system in Muskegon County. For example, each of the five committees based on the Great Start System "star" reviewed the current infrastructure in their area of study. Authorities were consulted with research and best practices reviewed by each committee. Focus groups were employed to discuss weaknesses and opportunities. Finally, the committees used the data collected by the Great Start Collaborative as it applied to their research area.

Each committee reported to the full Great Start Collaborative membership indicating strengths, weaknesses, and prioritized areas of recommended focus as part of the long term strategic plan. The Great Start Collaborative then reviewed and prioritized these recommendations. The Great Start Collaborative also created the timeline to be used to address the issues recommended by the committees.



The workgroups found a strong, historical basis of [collaboration within the service provider network](#). Many examples were cited by the workgroups, including the following initiatives:

- The leadership of the [Community Coordinating Council of Muskegon County](#) on a host of family-centered initiatives such as Continuum of Care (homeless initiative), Family Resource Centers, sudden infant death syndrome, lead abatement, and food banks.
- [Family Resource Centers](#) serving as a focal point for accessing a variety of family services.
- Integration of a county-wide [Head Start](#) system into the public school environment providing for seamless pre-k services and smooth transition into elementary school years.
- Common hospital procedures ensuring all newborns have a hearing screening, car safety seat, early literacy materials, and a [Healthy Family program](#) assessment leading to referrals of at-risk infants and families for support services.
- County-wide marketing and enrollment efforts promoting [children's health insurance](#) products.
- The market dominance of the area's two community health centers, [Muskegon Family Care Center](#) and [Hackley Community Care Center](#), in providing a vast array of health, dental, mental health, in-home maternal and infant support visitation, and family support services.

- Support of **Child Haven** as a central service for children awaiting placement outside of their homes.
- Extensive prenatal, family support, and teen parenting programming through **Catholic Social Services**.
- Public health initiatives such as the computerized **immunization registry system** and its heavy county-wide utilization by agencies and schools.
- The **Strengthening Families program** through the court system.
- **CASA** through the **Child Abuse Council of Muskegon County**.
- **Hero Programs** for families through the Great Families/Great Start program.
- The **United Way's Born Learning campaign** integrated into various community programs.

- Muskegon County **MSU Extension's** family support and education programs.
- Muskegon County **Safe Kids Coalition's** efforts to promote child safety.
- **Pathways**, MI professional development coordination for child care providers.
- Muskegon County Health Department **FIMR** (Fetal/Infant Mortality Review) study.
- **Call 2-1-1** emergence as a central referral source.
- **Early On** of Muskegon County's collaborative work with area service and medical providers.
- **KEEP**, the county childcare expulsion prevention program, working in concert with **Community Mental Health**.

There are several **areas of focus for infrastructure improvement** in the early childhood arena. The following common “gap” issues emerged from the reviews conducted by the work groups:

1. A **multiple array of entry points** into the service network and a related lack of linkages between such entry points. This often leads to confused parents and promotes an inefficient utilization of scarce resources.
2. The need for **coordinated communication and public will building** initiatives that market early childhood development services so as to increase public awareness and knowledge of the availability of services for young families.
3. A persistent **lack of public and private resources** set aside for the birth-to-five population and their caregivers.
4. Various **public policy barriers** which make collaboration among early childhood providers difficult, and thus, create inefficiencies in how resources are expended.
5. The need for **parents of Muskegon County to find their “voices”** and develop the skills and confidence to speak up on behalf of young children and families.
6. The need for a **convening organization** within the early childhood community to oversee, publicize, and monitor the long term strategic plan.
7. **Transportation services** are consistently lacking for citizens to readily access available services.



As a result of the infrastructure review and the common “gaps” identified by the work groups, the following “infrastructure” goals and objectives are put forth in an effort to better address and coordinate the needs of young children in Muskegon County.

## Goal 14 *Establish the Great Start Collaborative of Muskegon County as a permanent convening committee overseeing the promotion of early childhood issues within Muskegon County.*

**Objective 14.1:** Consider potential linkages of the GSC to other community collaborative efforts under the goal of increasing capacity to administer early childhood efforts.

Action Steps:	Performance Indicators:	Timeframe:
1. Assess organizational capacities to lead the GSC effort within the community.	Committee Minutes	September 2008–2010

**Objective 14.2:** Establish ongoing communications committee to assist in creating a comprehensive early childhood communications plan.

Action Steps:	Performance Indicators:	Timeframe:
1. GSC shall create communications committee.	Committee Minutes	September 2008
2. Prioritize strategic plan’s priorities in areas of communications.		

**Objective 14.3:** Establish a public advocacy committee to coordinate issues identified throughout the strategic plan requiring education of legislative and other public leaders.

Action Steps:	Performance Indicators:	Timeframe:
1. GSC shall create public advocacy committee.	Committee Minutes	September 2008
2. Prioritize strategic plan’s priorities in areas of advocacy.		

**Objective 14.4:** Create a local financing/fund development plan for early childhood development.

Action Steps:	Performance Indicators:	Timeframe:
1. Investigate local, state, federal, and philanthropic funding sources to support the early childhood system and programs.	Committee Minutes	Ongoing
2. Analyze ways to make more efficient expenditure of current funding of early childhood programming.		

**Objective 14.4:** Organize parents to develop a coalition to support early childhood system endeavors.

Action Steps:	Performance Indicators:	Timeframe:
1. Create circle of parent groups throughout the county.	Number of groups created, active parents participating	Ongoing
2. Provide support and education to participating parents.		







## CHARGE TO THE COMMUNITY

The strategic plan presented on the preceding pages is comprehensive, incorporating the varied and intertwined facets of early childhood development. The collaborative suspects that some may also view it as overwhelming. The complex nature of early childhood development makes it such that there is no one “magic” answer or prescription for producing a community full of school-ready and “successful” five-year-olds.

It is important to recognize the strategic plan is **long-term** in nature. The goals laid out are noble and not intended to be accomplished within twelve months. In fact, many of the goals may take a generation to fully accomplish. As with most things in life, change typically occurs over time and not in dramatic fashion. The collaborative foresees incremental and sustainable change over many years leading to a variety of positive outcomes for our youngest generation.

What the collaborative considers as most important for the community to contemplate are the following indisputable facts, clearly presented throughout this strategic plan.

-  **Research unmistakably demonstrates that the early years are critical to human development, greatly impacting such outcomes as school readiness and success in life.**
-  **Experiences to children early in life—both within the family unit and the community—have a lasting impact on child development.**
-  **Community data intertwined with respected research suggest that a significant number of young children in our community are at-risk for unhealthy adult outcomes.**
-  **Action is needed to nurture our youngest generation to become productive citizens; our community’s future prosperity depends upon it.**

Through long-term and sustainable work using this strategic plan as a guide, it is the Great Start Collaborative of Muskegon County’s firm belief that Muskegon County’s youngest generation will lead this community into an era of prosperity and success. To make this a reality, Muskegon County’s youngest children must become a priority in the decisions and actions of all parents, community leaders, and providers of services throughout the community.

## FOOTNOTES

<sup>1</sup> “The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do,” National Scientific Council’s Center on the Developing Child at Harvard University, January 2007, p. 1. Available online at: [www.developingchild.net](http://www.developingchild.net)

<sup>2</sup> *Ibid.*, pp. 1-2.

<sup>3</sup> Shore, Rima, *Rethinking the Brain: New Insights into Early Development*, New York, NY: Families and Work Institute, 1997.

<sup>4</sup> “A Science-Based Framework for Early Childhood Policy,” National Scientific Council’s Center on the Developing Child at Harvard University, August 2007, p. 2. Available online at: [www.developingchild.net](http://www.developingchild.net)

<sup>5</sup> Bernanke, Ben, “The Level and Distribution of Economic Well-Being” speech, February 6, 2007. Available online at: [www.minneapolisfed.org](http://www.minneapolisfed.org).

<sup>6</sup> Rolnick, Art, and Grunewald, Rob, “Early Childhood Development: Economic Development with a High Public Return,” *FedGazette*, March 2003. Available online at: <http://www.minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>.

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<sup>8</sup> Heckman, James, “Catch ’em Young,” *Wall Street Journal*, January 10, 2006, page A14.

<sup>9</sup> Isaacs, Julia B., “Cost Effective Investments in Children,” The Brookings Institution, Washington, D.C., January 2007.

<sup>10</sup> Kaiser, Emily, “U.S. Group Urges \$40 Billion a Year More for Early Education,” Reuters News Service, February 14, 2007.

<sup>11</sup> Rhode Island KIDS COUNT. “Getting Ready: Findings from the National School Readiness Indicators Initiative, A K-17 State Partnership.” February 2005. Available online at: <http://www.gettingready.org/matriach/>

<sup>12</sup> “Born to Lose: How Birth Weight Affects Adult Health and Success,” *University of Michigan News Service*, June 5, 2007. Available online at: <http://www.ns.umich.edu/htdocs/releases/story.php?id=5882>.

<sup>13</sup> “School Readiness Starts with Economic Security,” National Center for Children in Poverty, Fall 2002, page 1. Available online at: [http://www.nccp.org/printable\\_pub\\_fal02b.html](http://www.nccp.org/printable_pub_fal02b.html)

<sup>14</sup> “2007 Point in Time Survey,” Muskegon County Homeless Continuum of Care Network, page 2.

<sup>15</sup> Press Statement, American Academy of Pediatrics, April 16, 1997 (for additional information, American Academy of Pediatrics, Chicago, IL – 847-981-7131)

*Special thanks to each of the collaborative members for their passionate work and dedication in crafting this strategic plan. Their commitment to the future success of Muskegon County's youngest generation is much appreciated!*

Catholic Charities of the Lakeshore  
Child Abuse Council of Muskegon County  
Christians for Health  
Community Coordinating Council of Muskegon County  
Community Foundation for Muskegon County  
Community Mental Health of Muskegon County  
Early On® Muskegon  
Every Woman's Place / Webster House  
Fruitport Community Schools  
The Gerber Foundation  
Hackley Community Care Center  
Hackley Hospital  
Hackley Life Counseling  
Head Start® of Muskegon/Oceana  
Holton Public Schools  
Love INC  
Mona Shores Public Schools  
Montague Area Public Schools  
Muskegon Area Chamber of Commerce  
Muskegon Area Intermediate School District  
Muskegon Community College  
Muskegon Community Health Project  
Muskegon County Department of Human Services  
Muskegon County Health Department  
Muskegon County MSU Extension  
Muskegon Family Care  
Muskegon Heights Public Schools  
Muskegon Public Schools  
North Muskegon Public Schools  
Oakridge Public Schools  
Orchard View Schools  
Pathways MI  
Ravenna Public Schools  
Reeths-Puffer Schools  
United Way of the Lakeshore  
White Lake Area Community Education  
Whitehall District Schools

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Great Starts Here



Early Childhood Investment Corporation  
Great Start Collaborative – Muskegon

MAISD



Muskegon Area  
Intermediate  
School District