Board of Directors / Committee Member Manual

Fiscal Year 2020-2021

Ayesha Neal, Chair
Dr. Meredith Gronski, Vice-Chair
Steve Terry, Treasurer
Terrasine Gardner, Secretary

Partnership FOR CHILDREN
OF CUMBERLAND COUNTY

Board-Committee Orientation

FY 20/21

SECTION 1

FY 20/21 Board and Committee Calendar

Partnership for Children of Cumberland County
Board & Committee Meeting Calendar (with Professional Conferences) FY 2020/2021
All meetings to be held at the Partnership for Children Resource Center unless otherwise noted

	PED	CCR&R	Planning & Evaluation	Human Resource	Facility & Tenant	Finance	Board Development	Executive	Board of Directors	North Carolina Pre-Kindergarten
Support Staff	*Danielle Fennern*	*Tamiko Colvin*	*Cali Simchuk*	*Anthony Ramos*	*V. Baker-Johnson*	*Belinda Gainey*	*Belinda Gainey*	*Belinda Gainey*	*Belinda Gainey*	*Belinda Gainey*
Chair	*Brian Jones*	*Wanda Wesley*	*Amy Cannon*	*Karen McDonald*	*Ebone Williams*	*Stephen Terry*	*Dr. Meredith Gronski*	*Ayesha Neal*	*Ayesha Neal*	*Alana Hix*
Frequency	1st Thursday Bi-Monthly	September November February June	2nd Tuesday Bi-Monthly	3rd Tuesday Bi-Monthly	3rd Monday Monthly	3rd Tuesday Bi-Monthly	2nd Wednesday Bi-Monthly	Last Thursday Bi-Monthly Opposite Board	Last Thursday Bi-Monthly	Last Thursday Bi-Monthly after Board Mtg (Includes PFC Board)
Time	9:00am-11:00am	9:00am-11:00am	2:00pm-4:00pm	8:00am-9:15am	11:30am-1:00pm	3:00pm-5:00pm	9:30am-11:00am	9:00am-11:00am	12:30pm-2:00pm	12:00pm – 12:30pm
July 2020					7/20/20				7/30/20	7/30/20
August	8/6/20		8/11/20		8/17/20	8/18/20		8/27/20		
September		9/17/20		9/15/20	9/21/20		9/9/20		9/24/20	9/24/20
October	10/1/20		10/13/20		10/19/20	10/20/20		10/29/20		
November		11/12/20*		11/17/20	11/16/20		11/18/20*		11/19/20*	11/19/20*
December			12/8/20	12/15/20	12/21/20			12/17/20*		
January 2020	1/7/21				1/19/21*	1/19/21	1/13/21		1/28/21	1/28/21
February		2/18/21	2/9/21	2/16/21	2/15/21			2/25/21		
March	3/4/21				3/15/21	3/16/21	3/10/21		3/25/21	3/25/21
April			4/13/21	4/20/21	4/19/21			4/29/21		
May	5/6/21				5/17/21	5/18/21	5/12/21		5/20/21*	5/20/21*
June		6/17/21	6/8/21	6/15/21	6/21/21			6/24/21		
	*Denotes not on a regular scheduled date									

SECTION 2

Liaison / Board / Staff Contact Information

Liaison Staff for Board and Committees

Liaison	Contact Information	Support Committee
Belinda Gainey **Executive Specialist** **Administrative Operations** **Backup –**	bgainey@ccpfc.org 826-3110	Board of Directors Board Development Executive North Carolina Pre-Kindergarten
Sharon Moyer **Community Engagement** **Administrator** **Community Engagement** **Backup –**	smoyer@ccpfc.org 826-3072	Public Engagement and Development (PED)
Tamiko Colvin **Program Coordinator** **CCR&R** **Backup –**	tcolvin@ccpfc.org 826-3117	Child Care Resource and Referral (CCR&R)
Cali Simchuk **Administrative Specialist** **P&E** **Backup –**	csimchuk@ccpfc.org 826-3035	Planning & Evaluation
Anthony Ramos **Human Resources Manager** **Administrative Operations** **Backup –**	aramos@ccpfc.org 826-3014	Human Resource
Violet Baker-Johnson **IRA** **Planning and Evaluation** **Backup –**	vbaker-johnson@ccpfc.org 867-9700	Facility & Tenant
Belinda Gainey **Executive Specialist** **Administrative Operations** **Backup – Marie Lilly**	bgainey@ccpfc.org 826-310	Finance

Partnership for Children of Cumberland County, Inc.
FY 2020-2021 Board of Directors Contact Information

NAME & AGENCY	CONTACT INFO
Dr. Pamela Adams-Watkins Cumberland County Schools Executive Director or Exceptional Children	pamelaadams@ccs.k12.nc.us W: 910-678-2440 C: 910-824-0041
Lonnie Ballard Action Pathways CEO	lonnie.ballard@actionpathways.ngo W: 910-485-6131
Amy Cannon Cumberland County County Manager	acannon@co.cumberland.nc.us W: 910-678-7723 C: 910-624-0364
Lisa Childers NC Cooperative Extension Director	lisa.childers@ncsu.edu W: 910-321-6880 C: 910-489-5199
Dr. Marvin Connelly, Jr. Cumberland County Schools Superintendent	marvinconnelly@ccs.k12.nc.us 910-678-2312
Angela T. Crosby Cozy Corner Child Development Center/ Jump Start University Early Learning Center	crosbycozyjsu@aol.com W: 910-487-4578 C: 910-322-5062
Patricia Crouch Department of Social Services Program Manager Designee for Brenda Jackson	patriciacrouch@ccdssnc.com W: 910-677-2510
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Dr. Phyllis Dunham Alpha Academy	dunhamphyllis@gmail.com C: 910-261-0455
Terrasine Gardner Alliance Behavioral Healthcare	tegardner@alliancehealthplan.org W: 910-491-4816 C: 910-536-3886
James Grafstrom Global Spectrum	jim.grafstrom@spectraxp.com W: 910-438-4101 C: 910-824-1250
Sandee Gronowski Relationship Manager PNC Bank	Sandee.gronowski@pnc.com W: 910-867-5384 C: 910-257-6772
Dr. Meredith Gronski Program Director and Chair Assistant Professor Doctor of Occupational Therapy Progam Methodist University	mgronski@methodist.edu W: 910-480-8594 C: 314-922-8481
Alana Hix CC Schools Designee for Dr. Marvin Connelly, Jr.	alanahix@ccs.k12.nc.us W: 910-678-2637 C: 910-527-1750

NAME & AGENCY	CONTACT INFO
Brenda Reid Jackson Social Services Director Designee: Patricia Crouch	brendajackson@ccdssnc.com W: 910-677-2035 C: 910-489-7415
Brian Jones Fayetteville Urban Ministry	bjones@fayurbmin.org W: 910-483-5944 C: 910-578-2468
Cotina Jones Cumberland County Public Library and Information Center	cjones@cumberland.lib.nc.us W: 910-483-7727 ext. 1302 C: 336-213-8262
Angie Malave The Wine Café	angie@thewinecafeus.com C: 910-964-3976
Karen McDonald Attorney City of Fayetteville	kmcdonald@ci.fay.nc.us W: 910-433-1985 C: 910-624-5514
Jami McLaughlin Fayetteville Area Mom on the Go; Community Blogger for Fayetteville Observer	faymomonthego@gmail.com C: 910-391-4870
Tre'vone McNeill Truevine Ministries	Trevone@truevinenc.com H: 910-364-2693
Perry Melton Building Blocks Early Education Centers, Inc.	pmelton@bbeec.com W: 910-703-8714 C: 910-476-1260
Ayesha Neal Gateway Communications, PLLC	therapy@gatewayspeech.com W: 910-447-9555 C: 910-987-9129
Tawnya Rayman Children's Developmental Services Agency	Tawnya.Rayman@dhhs.nc.gov W: 910-486-1605 ext. 257 C: 910-988-5334
Chas Sampson Seven Principles Consulting Group	info@sevenprinciplescorp.com W: 202-999-6310 C: 571-289-0476
Stephen (Steve) Terry Haigh, Byrd & Lambert, LLP Partner	steve@hbl-cpa.com W: 910-483-1437 C: 910-476-1512
Wanda Wesley Cumberland County Schools Even Start Coordinator	wandawesley@ccs.k12.nc.us W: 910-483-7370 C: 910-261-7743
Ebone Williams Affinity Therapy Services, PLLC	wandawesley@ccs.k12.nc.us W: 910-864-9232 C: 410-776-9408

Last Name	First Name	Extension	Title	Unit
Adams	Dorothy	2524	Accounting Manager	Accounting
Anders	Mary	2488	Regional Early Childhood Consultant	CCR&R Region 5
Bailey	Michelle	2239	Early Childhood Coordinator	CCR&R (TA)
Baker-Johnson	Violet	2221	Information Referral Assistant	C&E
Beck	Rebecca	2519	VP of Information Technology	IT
Blue	Genelle	2234	Quality Assurance Specialist	P&E
Capps	Bobbi	2517	Resource Services Consultant	Family Support
Vacant		2553	FRC Counseling Manager	P&E
Chambers	Elizabeth	2233	Region 5 Healthy Social Behavior Specialist	CCR&R Region 5
Clark	Chalondra	2227	CCR&R Admin. Specialist	CCR&R & NCPK
Colvin	Tamiko	2238	Program Coordinator	CCR&R-Region 5
Davis	Ar'Nita	2245	NC Pre-K Manager	NC Pre-K
Drogos	Ming	2280	PreK Data Specialist	NC Pre-K
Evans	Ilene	2236	Early Childhood Consultant	CCR&R (TA)
Federline	Pamela	2230	Vice President Of Planning & Evaluation	P & E
Fennern	Danielle	2257	Community Engagement Liason	C & E
Fitzgerald	James	2254	NC Pre-K Program Specialist	NC Pre-K
Gainey	Belinda	2231	Executive Specialist	Administration
Graham	Shakera	2486	Early Childhood Consultant	CCR&R
Gross	Toni	2271	Early Childhood Consultant	CCR&R
Hall	Anna Marie	2226	Contracts Coordinator	Contracts
Vacant		2233	Infant Toddler Specialist	CCR&R Region 5
Hanner	Janice	2554	FRC Counselor	P&E
Harris	Jasmine	2315	Family Support Caseworker	Family Services
Hearon	Michelle	2279	Program Administrator	CCR&R-Region 5
IT Help Desk		2264	Information Technology	IT
Jackson	Stephany	2496	Resource Manager	Family Services
Jett	Julanda	2533	Professional Development Manager	CCR&R (PD)
Johnson	LeKeisha	2514	Accounting Coordinator	Accounting
Jones	Sheila	2270	Early Childhood Consultant	CCR&R (TA)
Julch	Jeremy	2525	IT Engineer	IT
Lewis	Wanda	2263	Purchasing Specialist	Accounting
Lilly	Marie	2225	Vice President of Finance	Accounting
Malvesti	Daniele	2509	Community Engagement Liaison	C & E
Mangum	Carole	2260	Grants Manager	Accounting
McCall	Tonya	2233	Infant Toddler Specialist	CCR&R Region 5
Metz	Andrew	2525	IT Technician	IT
Miller	Valerie	2487	Early Childhood Consultant	CCR&R (TA)
Morton	Rose	2285	NCPK Subsidy Consultant	NCPK
Moyer	Sharon	2278	Community Engagement Administrator	C & E
Mumford	Chianta'	2275	MAC Coordinator	Accounting
Vacant		2520	HSB Specialist	CCR&R
Paige	Sylvia	2528	Continuing Education Program Consultant	CCR&R (PD)
Parker	Kimberly	2273	Early Childhood Consultant	CCR&R
Ramos	Anthony	2281	Human Resources Manager	Accounting
Riley	Steve	2242	Information Technology Administrator	Information Technology
Rowe	Sheila	2537	PDCC Training Specialist	CCR&R (PD)
Scott	Candy	2256	VP 0f Childcare Resource & Referral Director	CCR&R
Shaw	Kimberly	2493	Lead Family Support Caseworker	Family Support
Simchuk	Cali	2507	P&E Admin Assistant	P&E
Simms	Amber	2521	Temp Front Desk	P & E
Simpler	Elizabeth	2265	Community Alignment Specialist	C&E
Sonnenberg	Mary	2223	President	Administration
Thames	Melissa	2478	Accounting Specialist	Accounting
Simpler	Elizabeth	2265	Community Alignment Specialist	C&E
Sims	Amber	2497	IRA/Part Time	Family Support
Walker	Karen	2520	Healthy Social Behavior Specialist	CCR&R Region 5
Welch	Mary	2538	PD Consultant	CCR&R (PD)
Wiles	Lydia	2508*	Data Management Technician	P&E
Wilkerson	Tavares	2552	FRC Counselor	P&E
Williams	Barbie	2512	Family Support Caseworker	Family Support
Williams	Angela	2511	Family Support Caseworker	Family Support
Yeager	Mike	2534	Facility Operations Manager	P&E
	Subsidy Hotline	2489	Family Support (Ste 170)	Family Support
*Working Remotely			Charles Morris Conference Room 860-2277	2248

SECTION

3

Simple Rules /

PFC Information

SIMPLE RULES

Smart Start
Each Child. Every Community.

"Simple Rules" are basic principles, guidelines, or understandings to which all agree and commit to when leading and working in complex environments. Using Simple Rules allows for the creativity, innovation, flexibility and empowerment that is often needed by teams and networks to work effectively and/or strengthen culture.

Foster a Culture of Leadership and Growth.

Encourage innovation, excellence, and leadership by intentionally learning from and sharing with others, internally, externally, and across the Smart Start network.

Stay Mission Focused.

Our "why" centers around children and families: each child, every community. Their needs should come first, and as a result, we should make as many decisions locally as possible, even when it challenges our current context or understanding of our work.

Always Assume Positive Intent.

The complexity of our work requires us to assume the best in others, seek clarity in all interactions, and be open to finding solutions, especially when there are differences in opinion, interpretation, or priorities.

Acknowledge the Collective Power of Our Network.

Be consistent and intentional in the promotion and leveraging of our strengths, knowledge, and talent while also acknowledging that building stronger alliances is all of our responsibilities.
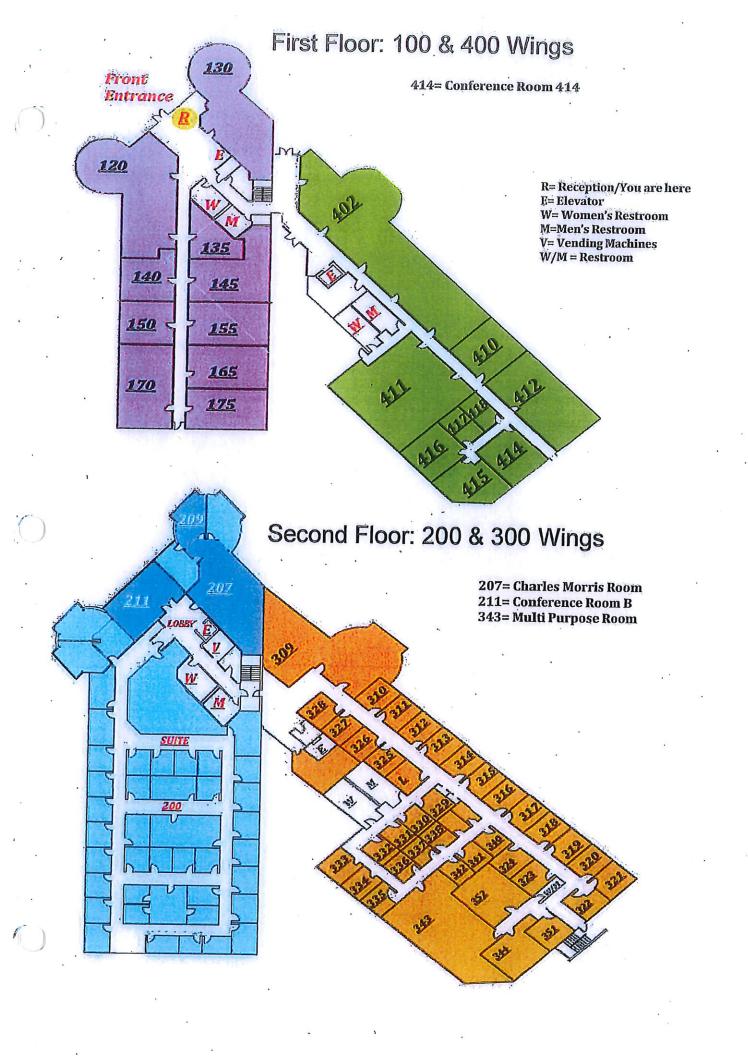
Embrace Our Diversity as a Strength.

Commit to an equitable approach to decision making by recognizing and valuing the differences that exist across counties and Local Partnerships.

Create Space for Courageous Conversations.

Seek multiple and diverse perspectives and be respectful and clear in all communication, especially in times of change.

— *COMPLEXITY CREATES FOG. SIMPLICITY CLEARS IT.* —

First Floor: 100 & 400 Wings

414= Conference Room 414

Front Entrance

R

130

120

E

W
M

135

140   145

150   155

165

170   175

402

E

W   M

411   410   412

412418

416   414

415

R= Reception/You are here
E= Elevator
W= Women's Restroom
M=Men's Restroom
V= Vending Machines
W/M = Restroom

Second Floor: 200 & 300 Wings

207= Charles Morris Room
211= Conference Room B
343= Multi Purpose Room

209

211   207

LOBBY   E
V

W

M

SUITE

200

309

328
327
326
325

310
311
312
313

314

E

M

315

316

317   318

319   320

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331
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333   332

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341   340

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About PFC

Overview

The Partnership for Children (PFC) of Cumberland County is a nonprofit organization with a successful record of making a difference for Cumberland County's children. We are the local administrator for **Smart Start**, North Carolina's early childhood initiative, and the **NC Pre-Kindergarten Program**. The central goal of PFC is that **all children arrive at Kindergarten ready for success in school.** This goal has been consistent over the 23 plus years of operation, and all its supporting goals are intended to drive toward that result.

Inequities at the Starting Gate

PFC recognizes that children neither begin nor end their education on an equal footing. PFC invests in services for those identified in greatest need and those at risk of poor academic and long-term life outcomes. *Inequities . . .*
- At the starting gate
- In who attends preschool
- In the quality of the facility
- In who teaches young children
- In the infrastructure that supports early childhood education
- In funding streams

Our Role

PFC serves in the role as "the great equalizer" by leveling the playing field so all children start school with an equal chance of doing well. PFC serves as a community change agent, catalyst, investor, and capacity builder — in whatever combination is required to advance our mission.

Our Vision

Successful children ensure a thriving community and long-term economic prosperity.

Our Mission

Be the driving force to engage partners to achieve lasting positive outcomes for all children, beginning at birth.

Our Philosophy

The health and wellness of children from birth to five years of age sets the stage for future success. Between birth and kindergarten, infants, toddlers and preschoolers spend more time in early care and education (ECE) programs than any other setting or institution in the state.

Therefore, ECE programs are critical for giving many children, especially low income and minority children, the best possible start in life.

Our Values & Principles

1. **Accountable:** We believe that results matter and that a focus on TRANSPARENCY and EXCELLENCE yields improved OUTCOMES and STEWARDSHIP of resources.
2. **Innovative:** We believe we should never accept STATUS QUO in a CHANGING WORLD.
3. **Child & Family-Focused:** We believe in a system of care that is CHILD-CENTERED and FAMILY-FOCUSED, with services and supports that are STRENGTHS-BASED and COMMUNITY-BASED.
4. **Collaborative:** We believe in JOINT EFFORT toward COMMON GOALS across all sectors to support families.
5. **Inclusive:** We advocate for policies, practices, and systems that promote FULL and INCLUSIVE participation of children, families, and early childhood professionals.
6. **Respectful:** We ensure that each person who seeks our services is treated with personal RESPECT, COURTESY, COMPASSION and SENSITIVITY.

Our Goals

Fulfilling our vision and mission requires progress in four focus areas, across all programming:

- Organizational Development: Internal Capacity To Realize Its Mission And Achieve Greater Impact
- Engagement: Families and Communities Play a Leading Role
- Strengthening Partnerships: An Innovative and Connected System
- Programs: High-Quality Opportunities for All Children.

Our Theory of Change

If . . .
- Stakeholders learn about early childhood issues and efforts to influence early childhood planning and practice throughout the community;
- Collaboration across governmental jurisdictions and across the public, private, and nonprofit sectors reinforce one another's work and investments;
- Existing programs, services, and funding streams are integrated into a flexible and comprehensive system of supports;
- Service providers have knowledge and skills to implement evidenced informed practices to children and their families;
- Customers, partners, & supporters learn about and access the resources of Partnership for Children.

Then . . . ALL CHILDREN ARRIVE AT KINDERGARTEN READY FOR SUCCESS IN SCHOOL

Improving Outcomes for Cumberland County's Children with Evidence-Based Programs and Services

PFC strategically fund evidence-based/evidence-informed activities and programs that are most likely to have positive outcomes for young children and their families.

Our approach:

- **Invest in Outcomes** – The *Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices* provides local partnerships with evidence on program outcomes to support informed budget choices that produce targeted results for communities.
- **Monitor Effectiveness** – A Quality Assurance process examines local partnership activities to review implementation of programs, data collection and reporting, and effectiveness.
- **Ensure Innovation** – Continuous assessment of emerging research identifies other innovative strategies. If strategies are found effective, they are added to the resource guide to promote shared learning and innovation across the statewide network.

The outcomes for Cumberland County:

Raise the quality of early care & education	Increase the percentage of children in 4 and 5 star child care from 27% in 2001 to 72% in 2016.
Advance child well-being	61% of children ages birth-5 with developmental concerns who have been referred for further assessment
Empower families	Of those participating in parent education groups, all parents demonstrated increased in positive parenting practices.
Strengthen the Early Childhood System	94% of targets met by Direct Service Partners.

Our History and Timeline

PFC began as a pioneer SMART START partnership in 1993, and has matured into a respected and viable organization providing the community with clear visionary leadership and a successful, proven track record. PFC is a "social entrepreneur" combining the passion of a social mission with accountability, innovation and disciplined business practices. PFC channeled the power of shared services fostering collaboration among multiple organizations which increases the purchasing power and operating efficiency while extending excellent business practices. As a result of PFC's culture and values-driven tradition, PFC was recognized with the 2011 Nonprofit Sector Stewardship Award by NC Center for Nonprofits.

2020-21: Be the Driving Force

1. Governance
   o Chair: Ayesha Neal
   o Vice Chair: Dr. Meredith Gronski
   o Treasurer: Stephen Terry
   o Secretary: Terrasine Gardner
   o President: Mary Sonnenberg

2019-20: Be the Driving Force

2. Governance
   o Chair: Chas Sampson
   o Vice Chair: Ayesha Neal
   o Treasurer: Sandee Gronowski
   o Secretary: Dr. Meredith Gronski
   o President: Mary Sonnenberg

2018-19: Be the Driving Force

3. Governance
   o Chair: Jim Grafstrom
   o Vice Chair: Chas Sampson
   o Treasurer: Sandee Gronowski
   o Secretary: Dr. Meredith Gronski
   o President: Mary Sonnenberg

2017-18: Be the Driving Force

4. Governance
   o Chair: Mayor Chris Rey
   o Vice Chair: Jim Grafstrom
   o Treasurer: Marcus Hedgepeth
   o Secretary: Van W. Gunter, III
   o President: Mary Sonnenberg

2016-17: Be the Driving Force

1. Governance
   - Chair: Van W. Gunter, III
   - Vice Chair: Mayor Chris Rey
   - Treasurer: Marcus Hedgepeth
   - Secretary: Wendy Lowery
   - President: Mary Sonnenberg
2. Invested $18.0 million in ECE community services

2015-16: Together We Can

1. Governance
   - Chair: Sharon Moyer
   - Vice Chair: Van W. Gunter, III
   - Treasurer: Judge Talmage Baggett
   - Secretary: Mayor Chris Rey
   - President: Eva Hansen
2. Invested $18.0 million in ECE community services
3. PFC Board and Leadership Team Retreat.
4. Vision, mission and value statements refreshed.
5. Eva L Hansen retires after 20 years of community service.

2014-15: S.C.O.R.E (Successful Children: Our Responsibility Everyday

1. Governance
   - Chair: Buck Wilson
   - Vice Chair: Sharon Moyer
   - Treasurer: Jody Risacher
   - Secretary: Van W. Gunter, III
   - President: Eva Hansen
2. Invested $18.0 million in ECE community services.
3. The scientifically proven Reach Out and Read early literacy program is provided for Cumberland's most disadvantaged children through the generous funding and/or in-kind from Walmart State Grant, Cumberland Community Foundation Women's Giving Circle, Barnes and Nobles, PNC Bank, Kohl's Cares for Kids.
4. With funding from the Race to the Top – Early Learning Challenge grant, Assuring Better Child Health and Development (ABCD) increased provider capacity and prioritization of Developmental and Behavior Screening and Surveillance in 12 Primary Care Practices with a total of 28 medical providers reaching 13,500 total children age birth-5 (66% of these children received Medicaid).
5. PFC's integrated data system, GEMS Lite, was featured in The Playbook for Becoming an Early Learning Community – released by the White House.
6. 44 individuals representing PFC and 10 other organizations were certified in the evidenced-based Nurturing Parenting Community Based Training.
7. A staff member became one of 80 Strengthening Families Framework Certified Trainer throughout in the US and the first in NC.
8. PFC provides shared services to 36 local partnerships and 8 nonprofits in 46 additional counties leveraging resources for excellence.

9. PFC continued its rich history of giving back by contributing over $14, 181 to the 2014 United Way campaign and serving in the community. 72% of PFC staff serves on community boards/workgroups/committee/events. PFC staff, family and friends collectively raised $1,680 to support the March of Dimes mission. Team PFC was recognized as the 3rd highest fundraising Corporate Team at the walk.
10. At the May Board Meeting, PFC's Board of Directors decided to undertake a governance and leadership capacity building initiative to strengthen the board and leadership team and plan for the future.

2013-14: Celebrating 20 Years / Championing Children's First 2000 Days

1. Governance
   - o Chair: Buck Wilson
   - o Vice Chair: Lorna Ricotta
   - o Secretary: Cathy Blackwell
   - o Treasurer: Jody Risacher
   - o President: Eva Hansen
2. $14.6 million.
3. Held in conjunction with the North Carolina Partnership for Children, the First 2,000 Days Faith Summit on October 1 at Snyder Memorial Baptist Church. The Faith Summit brought together faith and community professionals from throughout Cumberland and surrounding counties to educate the faith community of the importance of the "first 2,000 days" of a child's life, and the importance of early childhood education.
4. PFC offered services in 27 additional counties to ensure success for all children and to enable PFC to be sustainable
5. PFC CCR&R Department acts as the Region 5 CCR&R Lead Agency. Region 5 consists of the following agencies: Anson County, Cumberland County, Hoke County, Montgomery County, Moore County, Richmond County, Robeson County, and Scotland County.
6. More than 1,600 families joined PFC for the PFC's Fourth Pumpkin Patch Party on October 26.
7. The Soirée Unveiling Party held on November 12, 2013 at Embassy Suites.
8. The 4th Annual Forward March Conference, held November 14 and 15 at Snyder Memorial Baptist Church, is a collaboration between the Partnership for Children of Cumberland County (PFC), Snyder Memorial Baptist Church, Southern Regional Area Health Education Center in affiliation with Duke University Medical Center, and other sponsors, which promotes empowerment by building and continuing to strengthen and support ties amongst the "helping professionals" that serve military families throughout the region.
9. The Soirée Unveiling Party held on November 12, 2013 at Embassy Suites.
10. The Partnership for Children teamed up with Barnes and Noble for the 3rd year Barnes and Noble Holiday Book Drive. 1,379 books were collected and will be donated to 90 different child care facilities and nonprofits.

2012-13: Children begin their educational journey at birth… What are you willing to do to ensure their path to success?

1. Governance
   o Chair: Kim Nagowski
   o Vice Chair: Buck Wilson
   o Secretary: Robert Hines
   o Treasurer: Sondra McMillan
   o President: Eva Hansen
2. $18.6 million budget
3. The International Association for Continuing Education and Training (IACET) awarded PFC the prestigious Authorized Provider accreditation.
4. PFC received a $65,000 Walmart Grant and partnered with Harnett County Partnership for Children and Hoke County Partnership for Children and Families to provide parents and caregivers a tri-county Family Focus Resource Directory.
5. The 10th Annual Partnership's KidStuff was the 1st year KidStuff was fully funded with private and in-kind contributions.
6. The 1st annual Soiree fundraiser brought in more than $100,000 in cash and in-kind contributions. Proceeds benefitted two priority projects: Partnership's KidStuff and Government and Military Affairs.
7. PFC received its 5th United Way Spirit of North Carolina award.
8. General Mark Graham (RET) & Mrs. Carol Graham tell their story to open the 3rd Annual Forward March Conference.
9. Rooms to Go gave a $10,000 sponsorship to PFC as part of their grand opening.
10. 64% of children in early care and education attended 4- and 5-star programs (compared to 27% in 2002).

2011-12: The Time to Invest in the Future Is Now

1. Governance
   o Chair: Jeff Hylland
   o Vice Chair: Kim Nagowski
   o Secretary: Robert Hines
   o Treasurer: Sondra McMillan
   o President: Eva Hansen
2. $18.9 million budget
3. Eva Hansen was selected to participate in the first Smart Start Leaders' Collaborative. The "Collaborative" included a $5000 grant, which provided funding for Eva to attend meetings with colleagues in Raleigh to reengineer Smart Start and to "Raise the Bar" in Leadership.
4. PFC won the United Way Spirit of North Carolina Award for the 4th
5. PFC received the Nonprofit Sector Stewardship Award, the state's highest honor for nonprofits, from the N.C. Center for Nonprofits.
6. Fayetteville's Up & Coming Magazine presented PFC with the "Best of Fayetteville 2011 – Best Non-Profit" award.
7. PFC received a contract with Hoke County to provide consumer education to providers and the community regarding the services available.
8. The CCR&R Department is the Region 5 CCR&R Lead Agency.

9. A local behavioral health professionals association with quarterly meetings among military and civilian counselors was created to discuss the unique challenges faced by military families.
10. The PFC endowment fund was created.

2010-11: Invest In Our Future
1. Governance
   - Chair: Karen McDonald
   - Vice Chair: Jeff Hylland
   - Secretary: Robert Hines
   - Treasurer: Sondra McMillan
   - President: Eva Hansen
2. $21.9 million budget
3. The PFC Resource Center loan was paid in full.
4. PFC launched a new interactive and customer focused website.
5. PFC, Jr. League of Fayetteville, and Fayetteville Young Professionals co-hosted the NC House and Senate Candidates Forum.
6. The National Military Family Association sponsored a "Wall of Support" to show our countries appreciation for the sacrifices of military kids; PFC participated in this important effort to show that we "Stand Behind Military Kids.
7. The Mansfield Family sponsored PFC's First Pumpkin Patch Party.
8. PFC teamed up with Barnes and Noble for the 1st Annual Barnes and Noble Holiday Book Drive.
9. The 8th Annual Partnership's KidStuff featured an expanded Toddler Zone.
10. PFC hosted the 1st Annual Forward March Conference.

2009-10: Jump on Board
1. Governance
   - Chair: Donna Mansfield
   - Vice Chair: Karen McDonald
   - Secretary: Dr. Ernest Johnson
   - Treasurer: Erica Little
   - President: Eva Hansen
2. $22.9 million budget
3. Sustainable Sandhills presented the Green Business Award to PFC.
4. The PFC website was re-engineered.
5. The Fayetteville City Council adopted PFC's Early Childhood Task Force's first set of recommendations for policy changes.
6. Eva Hansen was one of two Smart Start Executive Directors asked to present to the Consolidation Task Force.
7. Congressman Etheridge visited PFC.
8. Charlene Austin, wife of Lt. General Lloyd Austin, received the first annual Military Child and Family Leadership Award.
9. The 7th Annual Partnership's KidStuff featured Pirates of the Sky.
10. A diverse Cumberland County Delegation participated in the state-wide Smart Investing Forums.

2008-09: The Support You Need to Help Children Succeed

1. Governance
   - Chair: Donna Mansfield
   - Vice Chair: Karen McDonald
   - Secretary: Dr. Ernest Johnson
   - Treasurer: Erica Little
   - President: Eva Hansen
2. $21.2 million budget.
3. The Partnership was the beneficiary of the annual Evening with the Stars Oscar Party; the event raised over $30,000.
4. Board Treasurer Erica Little and Eva Hansen represented PFC at First Lady Michelle Obama's visit to Fayetteville.
5. Past Board President, Charles Morris, was the first recipient of the Ashley Thrift Volunteer Award (an award honoring leadership, commitment, passion for children, and tireless advocacy on behalf of Smart Start).
6. The Board of Directors established a unique staff position, Military & Government Affairs Liaison.
7. PFC deployed Mosaic's GEMS.
8. Board Chair Donna Mansfield and her family hosted a holiday gathering for the Cumberland County legislative delegation.
9. The 6th Annual Partnership's KidStuff featured the Two by Two Zoo – the Zoo with the Roo.
10. Staff and family members participated in the March of Dimes' March for Babies to honor George Wyatt, the great nephew of a PFC employee.

2007-08: Exploring Unlimited Possibilities

1. Governance
   - President: Dr. Bishop Kenneth Hill
   - Vice President: Donna Mansfield
   - Secretary: Jerome Scott
   - Treasurer: William Lambert
   - Executive Director: Eva Hansen
2. $19.0 million budget.
3. PFC officially opened the Professional Development Career Center with a ribbon cutting ceremony with the Cumberland County Business Council.
4. The More at Four Pre-Kindergarten Program expanded by 1,000 children becoming the largest program in the state.
5. Received 2 awards from the United Way: Paul T Hodul Award for the most improved employee campaign under 50 employees and the Employee Spirit Award Not-for-Profit Agency 51-200 employees.
6. Eva Hansen was the first recipient of the Karen Ponder Award.
7. The Donor Wall was unveiled.
8. A Military Spouse Leave policy was established
9. A Board Director Emeriti position was established

2006-07: Operation Families First

1. Governance
   - President – Steven Moore
   - Vice President/President Elect – Dr. Bishop Kenneth Hill
   - Secretary – Donna Mansfield
   - Treasurer – William Lambert
   - Executive Director: Eva Hansen
2. $15.2 million budget.
3. The first Motor Cycle Fundraiser Ride supported by military members.
4. PFC was awarded the Air Force Quality Family Child Care Grant. It was offered to 13 Child Care Resource and Referral Agencies throughout the U.S.
5. PFC was awarded the Army Sponsored Quality Child Care Grant. It was offered to 10 Child Care Resource and Referral Agencies throughout the U.S.
6. Established a Literacy Connection of Cumberland County.
7. The More at Four Pre-K Program hosted a float in the Christmas Parade.
8. PFC hosted a Star Rated Licensing System Forum for Child Care Professionals as part of the transition to the new North Carolina Star Rated License.
9. The PFC Strategy Map was developed.

2005-06: Not By Chance

1. Governance
   - President: Amy Perko
   - Vice President: Steven Moore
   - Secretary: Dr. Bishop Kenneth Hill
   - Treasurer: William Lambert
   - Executive Director: Eva Hansen
2. $13.3 million budget.
3. Received a $50,000 grant from the Cannon Foundation for the capital campaign.
4. The Early Childhood System Report Card was added to the Annual Report.
5. Long-range planning efforts represented significant board involvement and resulted in major improvements to include additions of the Planning Assumptions and the Strategic Focus/Priorities.
6. The second wing, Omni II, of the Omni Family Resource Center was purchased
7. A Tile Wall was designed by famous local artist Greg Hathaway.
8. PFC provided management services to Lee County PFC resulting in administrative and program independence
9. PFC won the United Way Spirit of North Carolina Campaigning for Excellence Award.

2004-05: A Future Full of Promise . . .From a History of Commitment

1. Governance
   - President: Erik Wells
   - Vice President: Amy Perko
   - Secretary: Mildred Braxton
   - Treasurer: Betty Hunnicutt
   - Executive Director: Eva Hansen
2. $12 million budget.
3. The third edition of the *Family Focus Guide* was printed.

4. *One Building, One Focus* Capital Campaign began.
5. Congressman Robin Hayes visited PFC to speak in support of the Omni Family Resource Center.
6. PFC received a $205,000 Air Force Quality Family Child Care Program Grant.
7. The Early Childhood System Mapping project began – the foundation for the strategic planning process.
8. The *Fayetteville*–Cumberland County *Chamber of Commerce presented* Eva Hansen the Athena Award – given to a business leader who has advanced the role of women in the workplace
9. 3 Panther Loyalty Ride for Kids benefitted military families through expansion of the Omni Family Resource Center.

2003-04: A Decade of Services
1. Governance
   o President: Dr. W.T. Brown
   o Vice President: Erik Wells
   o Secretary: Helen Pierce
   o Treasurer: Ann Crane
   o Executive Director: Eva Hansen
2. $11.4 million budget.
3. More families received subsidy financial aid, allowing more parents to seek and maintain employment. A family of four earning $3,237 a month can get help. Ten years ago, few subsidies existed for the working poor to receive assistance with child care payment. A family of four earning more than 1,500 a month did not qualify.
4. The quality of child care in the county has significantly increased. Working parents have five levels of licensing standards to better choose the quality of child care programs. Ten years ago parents had only two level of quality to rate child care, and child care standards were among the poorest in the country.
5. 84% of licensed centers were rated 3-stars or higher. There are 9 nationally accredited child care centers and 11 nationally accredited family child care homes. Ten years ago, only 20% of the child care centers in the county had an AA license
6. There are now child care resource and referral (CCR&R) services; 10 years ago no child care resource and referral (CCR&R) services were available.
7. The turnover rate for early childhood workers is 27%. Ten years ago, there was a 40% turnover rate among child care workers.
8. The average salary for a child care center worker is $8.53/hour. Ten years ago, the average salary for child care center workers was $5.96/hour.
9. Cumberland County has the most diversified More at Four Pre-Kindergarten program in the state, serving 536 children in child care facilities, Head Start, and the public school system. Ten years ago, there were very few preschool programs for children at risk of school failure
10. PFC hosted the 1st Annual Partnership's KidStuff partnering with McDonalds to celebrate 10 years of service.

2002-03: Expanding Frontiers
1. Governance
   o President: Dr. W.T. Brown
   o Vice President: Ann Crane
   o Secretary: Dr. Marion Gillis-Olion

- o   Treasurer: Cheryl Thomas
- o   Executive Director: Eva Hansen
2. $10.8 million budget.
3. PFC created a new vision and a revised mission statement.
4. Multi-partnership accounting and contracting (MAC) services were provided by PFC for 3 other partnerships.
5. PFC's Research and Development provided evaluation services for 2 partnerships and 1 local organization.
6. ITSC provided information technology services to 70 child care centers and supported 3 partnerships and 8 local non-profit and faith-based organizations.
7. PFC provided management services to Bladen County PFC resulting in administrative and program independence.
8. The More at Four Pre-Kindergarten Program expanded from $352,000 to $608,000 to serve 163 four year olds at-risk for school failure.
9. A feasibility study for expanding the Omni Family Resource Center showed strong community support.
10. Cumberland County was one of a few communities to receive approval from NCPC to operate a Child Care Subsidy System outside of the DSS.

2001-02: Improving Children's Readiness For School
1. Governance
   - o   President: Dr. W.T. Brown
   - o   Vice President: Ann Crane
   - o   Secretary: Dr. Marion Gillis-Olion
   - o   Treasurer: Cheryl Thomas
   - o   Executive Director: Eva Hansen
2. $11.5 million budget.
3. Cumberland County was a pilot site for the state in the Pre-K Licensing Project with the Division of Child Development.
4. Out of 25 fast track applicants, Cumberland County was 1 of 12 communities selected to implement the More at Four Pre-Kindergarten Program.
5. Child Care Solutions became an accredited CCR&R service.
6. Professional Development Counseling Center is offered through Child Care Solutions to increase the number of Early Childhood teachers with Associate and Bachelor of Science degrees.
7. Nine states (Alabama, California, Colorado, Florida, Iowa, Kansas, South Carolina, Tennessee, and Vermont) built on PFC's success through consultation, technical assistance, and site visits.
8. Cumberland is the first and only county to replicate the NC Kindergarten Readiness Assessment.
9. The Rainbow Ride, a Smart Start funded Health Department activity is recycled into the Evaluation Station, a Smart Start funded CDSA activity, resulting in an 81% increase in developmental evaluation services.
10. The Frank Porter Graham Child Development Institute of the University of NC at Chapel Hill conducted the Cumberland County School Readiness Assessment (CCSRA); the first county level assessment in the State.

2000-01: A Proud Tradition Continues

1. Governance
   - President: Charles Morris
   - Vice President: Dr. W.T. Brown
   - Secretary: Winona Humphrey
   - Treasurer: Betsy Bradshaw
   - Executive Director: Eva Hansen
2. $15 million budget.
3. The Board of Directors adopted the NC School Readiness Goal Team's definition, acknowledging school readiness as both the condition of children entering kindergarten and the condition of schools attended by kindergartners.
4. Cumberland County was rated as one of the top ten counties in NC for the most rapid improvement from 0 to 3 Star Ratings for child care facilities.
5. PFC acted as a catalyst with others to focus on six system changes: Birth to Kindergarten Education Coordination, Health Coordination Plan, Transportation, Family Resource Centers in Low Wealth Communities, the Unified Subsidy System, and the State of the Child and Family Electronic Community.
6. Hosted the Omni Family Resource Center Open House; Congressmen Hayes and McIntyre joined the celebration.
7. A collaborative project between FTCC and PFC resulted in a model early childhood center supporting the education of teachers.
8. North Carolina strengthened licensing standards through the star rated license system.
9. PFC sought to increase the visibility of early care and education with a "branding" campaign.
10. PFC was selected as a pilot county for Newborn Hearing Screening and the Local Interagency Coordinating Council (ICC) of the NC Division of Health and Human Services (DHHS) Division of Public Health.

1999-2000: A Partner of Choice

1. Governance
   - President: Charles Morris
   - Vice President: Dr. W.T. Brown
   - Secretary: Winona Humphrey
   - Treasurer: Betsy Bradshaw
   - Executive Director: Eva Hansen
2. $12.8 million budget.
3. Partnering with the media, United Way, and Bank of America resulted in an effective Success by Six Public Awareness and Engagement Campaign.
4. Over 350 community residents attended the Early Childhood Summit, *Invest in the New Millennium*, hosted by PFC in collaboration with United Way and Bank of America.
5. The 1st edition of the *Family Focus Guide* was printed.
6. PFC received a National Videographer Award for "The Early Years Are Important: Make Them Count."
7. Cumberland County hosted the First School Readiness Symposium in conjunction with the Cumberland County Schools, drawing on the work done by the statewide Ready For School Goal Team who released a report defining school readiness.

8. The Information Technology Service Center was created to assist service providers and child care providers effectively use technology to increase the impact of their work.
9. Suite 100 of the Omni Family Resource Center was purchased; again leveraging Smart Start funds previously used for rent.
10. PFC partnered with Cumberland Community Action Program – Head Start resulting in a successful Early Head Start grant proposal and community collaboration.

1998-99: Testing New Ideas & Approaches
1. Governance
   o President: Charles Morris
   o Vice President: Dr. W.T. Brown
   o Secretary: Winona Humphrey
   o Treasurer: Betsy Bradshaw
   o Executive Director: Eva Hansen
2. $10.8 million budget.
3. Bertha Gorham of the Research Triangle Institute conducted the county's first comprehensive community early childhood needs assessment.
4. Suite 200 of the Omni Family Resource Center was purchased leveraging the funds previously used for rent.
5. The Healthy Families of Cumberland County (HFCC) began services.
6. Kim Johnson, noted local children's author and strong Smart Start advocate donated a portion of royalties to early literacy.
7. The Bank of America/United Way of America's Success by Six program awarded PFC $70,000 for implementation of a Public Awareness and Engagement Campaign.
8. The Early Childhood Electronic Community began.
9. Customizable, dynamic, web-based accountability tracking system developed.
10. Computer-based training/education course around family violence and child abuse developed.

1997-98: Growth Through R&D (Research and Development)
1. Governance
   o President: Charles Morris
   o Vice President: Dr. W.T. Brown
   o Secretary: Winona Humphrey
   o Treasurer: Betsy Bradshaw
   o Executive Director: Eva Hansen
2. $8.8 million budget.
3. The Omni Family Resource Center, now known as the Partnership Resource Center, was established. Along with PFC, Easter Seal Society – Cumberland County Division; Family Support Network of Cumberland County (Families F.I.R.S.T); Autism Society of Cumberland County; and Head Start co-locate in the building.
4. PFC was the first Partnership for Children in the state as well as the first non-profit in Cumberland County to invest in Research and Development; R&D used the terms and strategies of business to do what the creators of Smart Start intended by creating collaborative public-private systems working to develop and strengthen early care and education to ensure all children are ready to succeed in school.

5. The NC Early Childhood Institute selected PFC as one of the five sites for a visit by 25 institute participants from other parts of the country.
6. The Cumberland County Child Care Work Force Study was conducted.
7. NC Secretary of Commerce, Rick Carlisle, visited PFC recognizing the economic impact of the child care industry.
8. Sprint championed PFC's efforts through the Charlie Moser Sprint Grant for $35,000.
9. 1st Smart Start Day chaired by Lucy Jones, the first Public Awareness Committee Chair.
10. Applebee's supports early childhood education through a grand opening fundraiser for PFC.

1996-97: A Future Full of Promise
1. Governance
   o President: Mark Kendrick
   o Vice President: Dr. W.T. Brown
   o Secretary: Winona Humphrey
   o Treasurer: Charles Morris
   o Executive Director: Rosemarie (Bullard) Allen/Eva Hansen
2. $4.4 million budget
3. Child Care Solutions expanded Quality Improvement Services to include technical assistance in addition to grants.
4. BRIDGES recognized statewide for first SMART START Family Support Award.
5. Rosemarie (Bullard) Allen was the Executive Director the first half of the year. PFC's second Executive Director, Eva Hansen, took office in November.

1995-96: Improving the Quality, Affordability and Accessibility of Child Care
1. Governance
   o President: Mark Kendrick
   o Vice President: Dr. W.T. Brown
   o Secretary: Sara McDonald
   o Treasurer: Charles Morris
   o Executive Director: Rosemarie (Bullard) Allen
2. $3.4 million budget.
3. Child Care Solutions, a new department of PFC, was established to serve as the child care resource and referral for Cumberland County.
4. Coopers and Lybrand noted that the Cumberland County Local Evaluation is the most comprehensive and had the greatest chance to produce useful information.
5. The NC Partnership adopted and implemented a seven-point accountability plan to ensure the fiscal integrity and accountability for all Smart Start funds and programs.

1994-95: A Comprehensive Blueprint For Improving the Early Childhood System
1. Governance
   o President: Linda Rivers
   o Vice President: Rev. Lawrence Johnson
   o Secretary: Sara McDonald
   o Treasurer: Carol Hayner
   o Executive Director: Rosemarie (Bullard) Allen

2. PFC received a $3.6 million Smart Start appropriation; this was the first full year of funding and services.
3. Child care subsidy waiting list was eliminated.
4. A community task force confirmed the need for CCR&R services resulting in hiring a Planning Coordinator for a seven-month planning process to establish CCR&R services.
5. Cumberland County is one of 4 counties to participate in piloting the NC Smart Start House Calls Project under the Principal Investigator, Robin Jenkins, PhD.

1993-94: A Pioneering Spirit
1. Governance
   o President: Louis Hanemann
   o Vice President: Linda Rivers
   o Secretary: Sara McDonald
   o Treasurer: Carol Hayner
   o Executive Director: Rosemarie (Bullard) Allen
2. PFC received a $1.8 million appropriation (1/94 to 6/94).
3. Smart Start's authorizing legislation was ratified on July 9. Gov. Hunt announcee selection of Cumberland County as one of 12 "pioneer" partnerships representing 18 counties.
4. A diverse United Way community planning team incorporated local non-profit, Cumberland County Partnership for Children.
5. Rosemarie (Bullard) Allen was selected as the first Executive Director of PFC.

SECTION

4

Unit / Department Information

Administrative Operations

ENSURING MAXIMUM RETURN ON INVESTMENT IN EARLY CARE AND EDUCATION THROUGH...

administering sound business practices

ensuring sustainability

engaging supporters and developing partnerships

coordinating the system of services

OPERATIONAL & FINANCIAL MANAGEMENT

ACCOUNTING

CONTRACTS/ MONITORING

BOARD OF GOVERNANCE & ADMINISTRATION

HUMAN RESOURCES

Which Support...

INVESTING IN EARLY CARE AND EDUCATION

PREPARING CHILDREN FOR SUCCESS

In Order to Achieve...

ADVANCING CHILDREN'S WELL-BEING
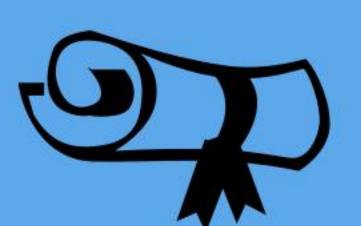
Ensuring children are healthy and prepared to succeed in school.

STRENGTHENING FAMILIES

Supporting families to effectively fulfill their role as primary providers.

RAISING THE QUALITY OF EARLY CARE AND EDUCATION

Increasing access to high quality, affordable early care and education services.

STRENGTHENING PARTNERSHIPS

Collaborating to build a stronger early childhood system.

Family Support

Eva L. Hansen Learning Library

Story & Art Time

Subsidy & Scholarships

Child Care Resource & Referral

Grandparents Raising Grandchildren
Support Group

NC Pre-K

Car Seat Program

Truckload of Hope
Diaper Bank of North Carolina
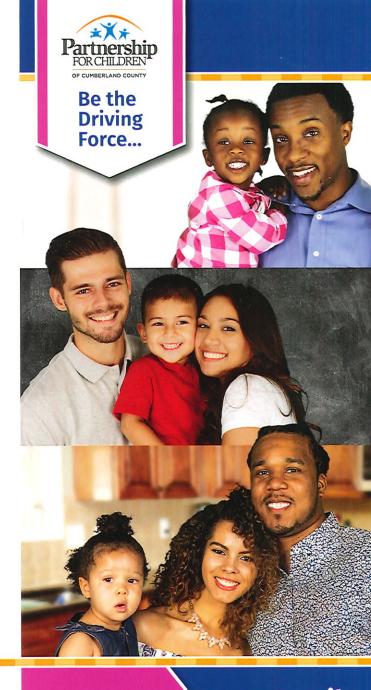
**Be the Driving Force ...
to grow a community of
creative, innovative and
critical thinkers.**

**Partnership
FOR CHILDREN**
OF CUMBERLAND COUNTY
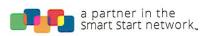
**351 Wagoner Drive, Suite 200
Fayetteville, NC 28303
910-867-9700 / ccpfc.org**

Monday-Thursday 8:00am to 5:00pm
Friday 8:00am to noon
Appointments available after hours

**Partnership
FOR CHILDREN**
OF CUMBERLAND COUNTY

**Be the
Driving
Force...**

NORTH CAROLINA
NC Pre-K
Prekindergarten Program

a partner in the
Smart Start network.

PFC is a 501(c)(3) non-profit organization supported
by public and private funds through Smart Start,
NC Pre-K, tax-deductible donations, and grants.

**Family
Support
Programs**

Eva L. Hansen Learning Library

$5 annual membership.

The library programs educational events for children birth to five. Events require pre-registration and include Play Dates and Story and Art Time. We also offer more than 7,000 items for lending to parents, grandparents and caregivers. Items include:

- Educational Toys
- Educational Books
- Parenting books, CDs and DVDs

Education Express

The Education Express visits child care facilities and children's programs throughout the community bringing supplies from the Eva L. Hansen Learning Library.

Car Seat Program

Ensure your child is safe while traveling on the road. This program provides:

- Infant and toddler child safety seats to eligible families for reduced rate
- Learn proper installation of safety seat
- Learn how to properly harness your child into the safety seat

Registration is required, $20 car seat fee.

Truckload of Hope
Diaper Bank of North Carolina

Partnership for Children has partnered with the Diaper Bank of North Carolina to provide FREE diapers to families in need within Cumberland County and surrounding areas.

The event is held monthly. Registration is required and posted monthly at ccpfc.org and on our Facebook page.

Like us! Facebook.com/CCPFC.ORG/

Child Care Resource & Referral

Family Support Caseworkers assist parents to find high-quality child care and community resources to meet their specific needs.

NC Pre-K

NC Pre-K is a high-quality, pre-kindergarten program designed to provide 4-year-old children with valuable educational experiences to prepare them for success in Kindergarten. This program is state and federally funded at no cost to parents.

Applications are available on our website, in our office, and at NC Pre-K sites.

Subsidy & Scholarships

Child care subsidy is temporary financial assistance available to families that might not otherwise be able to afford the cost of high-quality child care.

Grandparents Raising Grandchildren Support Group

If you are a grandparent raising your grandchildren, you are not alone. This group:

- Meets monthly
- Helps build friendships of support
- Educates about community resources

Look and Listen
High Quality Child Care Checklist

YES	NO	
☐	☐	Do you see the Division of Child Development Star Rated License posted in a visible location?
☐	☐	Is the overall atmosphere bright, cheerful, and child focused, without being overwhelming?
☐	☐	Do you notice caregivers/teachers really listening to children and families?
☐	☐	Does the child care program encourage you to drop in and visit at any time?
☐	☐	Is the schedule of daily activities posted and current?
☐	☐	Are learning materials and toys sufficient, safe, clean, and within reach of all children?
☐	☐	Are there enough appropriate developmental toys for the number of children?
☐	☐	Is there a fenced area for outdoor play?
☐	☐	Can the caregivers/teachers see the entire play area at all times?
☐	☐	Do learning materials, books, and pictures reflect diversity, including children with special needs?
☐	☐	Are events and information shared regularly with families?
☐	☐	If you were a child, would you want to spend time here?

Need Quality Child Care or After School Care?

Call 1-877-230-3024 today!

Need additional resources?
Call or visit the Partnership for Children in your county.

Partnership FOR CHILDREN OF CUMBERLAND COUNTY
351 Wagoner Dr., Suite 200
Fayetteville, NC 28303
910-867-9700
www.ccpfc.org

Anson County Partnership for Children
117 South Greene Street
Wadesboro, NC 28170
704-694-4036
www.ansonsmartstart.org

Montgomery County Partnership for Children
404-A North Main St.
Troy, NC 27371
910-576-2363
www.brighterfutures.org

RICHMOND COUNTY Partnership for Children
315 S. Lawrence St., PO Box 1944
Rockingham, NC 27380
910-997-3773
www.richmondsmartstart.org

The future success of our nation relies on how we ensure the health and well-being of children today. When children have nurturing, responsive relationships with key adults in all areas of their lives they are more likely to grow up to become successful, contributing members of their communities. Scientific research has shown that the most important components of high quality child care programs are the staff educational levels and the daily activities children engage in while they are in child care. The North Carolina Star Rated License includes both of these key components.

What is High Quality Child Care?

Staff Development

Child care providers with more early childhood education and experience can provide a child with a more enriching child care experience and are more sensitive in the relationships they establish with children.

Program Standards

The daily environment for a child is impacted by many things such as:

- the number of children with each child care provider,
- age appropriate activities to participate in each day,
- rooms that are big enough for the children to easily move around in, and
- good health practices for both teachers and children, like frequent hand washing.

Asking questions and observing will provide more information about the program's daily routine.

For additional information on licensing requirements please contact the Division of Child Development at 1-800-859-0829 or www.ncchildcare.net

Getting Started

Start Early

Start looking as far in advance as you can. No matter what type of care you are considering - a child care center or family child care home - finding the right child care option can take some time.

Make a Call

Begin your search by calling your local experts - your child care resource and referral organization (CCR&R) at 1-877-230-3024. The Partnership for Children's Family Support Caseworker can give you the facts about child care and a list of child care options in your area that will meet your needs.

Visit and Ask Questions

Make sure you visit the child care sites you are considering. This brochure has sample questions to ask during your visit.

Make a Choice

Think about what you saw at each visit, and make the best choice for your child and family.

Stay Involved

The work isn't over when you find good care for your child. You and your child's caregiver are now partners in your child's care. Ask the teacher how things are going and how your child is doing.

Some Questions to Ask

Staff Education:

- What kind of education does your staff have?
- Does your staff participate in ongoing education? If so, what type?

Program Standards:

- How do you handle nap time?
- What kind of flexibility do you have to accommodaté a baby's natural schedule regarding eating habits and diapering needs?
- How do you discipline children?
- How do you handle homework for school-age children?
- How will you communicate with me about my child's day?
- What is your policy for caring for children's medical needs?

Tuition and Fees:

- When are the fees due?
- Is there a charge if you pick your child up late?
- Do you accept child care subsidy?
- Do you provide discounts?

Partnering with your child's provider:

- Offer to volunteer when needed.
- Visit your child and read a book aloud.
- Join in special events, like field trips, Career Day, Black History Month, or other holidays. Even if you can't get time off from work during the day, you can still check in at drop-off and pick-up times. *Visiting and participating in events sends a strong message. It tells your child and their caregiver that you think what your child is doing and learning is important.*

FREE Pre-K

for children turning four (4) on or before Aug. 31, 2020

Partnership FOR CHILDREN
OF CUMBERLAND COUNTY

Be the Driving Force...

The NC Pre-K program provides FREE high-quality pre-kindergarten education for families who qualify.

Family must meet financial eligibility requirements or ...

• Child has a diagnosed developmental disability

• Child is a military dependent of an active duty service member or a military service member who has been seriously injured or killed while on active duty

• Child has limited English proficiency

• Child has an educational need or a chronic health condition

*Although a child may meet one or more eligibility factors, placement is not guaranteed in a NC Pre-K classroom. Placement in your preferred location is also not guaranteed.

Now taking applications for the 2020/2021 school year

Apply online at ccpfc.org/ncprek

For assistance, email us at ncprek@ccpfc.org or call us at 910-826-6444.

Smart Start

Partnership FOR CHILDREN
OF CUMBERLAND COUNTY

NORTH CAROLINA
NC Pre-K
Prekindergarten Program

910-867-9700 • 351 Wagoner Drive, Suite 200, Fayetteville, NC 28303

Partnership for Children is a 501(c)(3) non-profit organization supported by public and private funds through Smart Start, NC Pre-K, tax-deductible donations and grants.

The Information Technology Service Center

Partnership FOR CHILDREN OF CUMBERLAND COUNTY

Be the Driving Force...
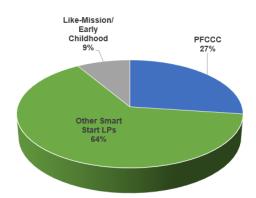
What do we do?

IT Service Center is the *driving force* for innovative technology solutions that ensure the delivery of <u>reliable</u> and <u>effective</u> early childhood services to all children, beginning at birth.

Who do we serve?

ITSC provides technology services and support to the Partnership for Children of Cumberland County, PFC Family Resource Center tenants, statewide Smart Start-funded programs, and non-profit, like-mission agencies.

Organizations Currently Served: 18
Supported Systems: 487

Like-Mission/ Early Childhood 9%

PFCCC 27%

Other Smart Start LPs 64%

How do we impact your program?

ITSC provides unique, non-profit technology services that support the Partnership mission to prepare children for a global society through;

- **Data integrity** for in-house and web-based resources, through network security, remote/ cloud-based backup services, and disaster recovery for all customers
- **Leveraged resources** that ensure the stewardship of public dollars by reducing organizational operating expenses for technology, by 25% or more
- **Operational reliability** of >99.5% or greater (less than 2 ½ days of unscheduled network down-time per calendar year)
- **Innovative and efficient technology models** with standardized, scalable networks and specialized, non-profit technical support
- **A stronger network** of services to early childhood programs, through electronic resources, as reported by >80% of our customers

Contact Us! (910) 826-3139 or helpdesk@ccpfc.org

...to prepare our children for a global society

351 Wagoner Drive
Suite 200
Fayetteville, NC 28303
910-867-9700 / ccpfc.org

PFC is a 501(c)(3) non-profit organization supported by public and private funds through Smart Start, NC Pre-K, tax-deductible donations, and grants.

a partner in the smart start network™

NORTH CAROLINA NC Pre-K Prekindergarten Program

SECTION

5

Factors to Consider/

SS Measures of Impact/

Impact Report/CC 2020 NC Data

Card/NC 2020 Data Card/Early

Childhood Action Plan/ CC Data

Report/Executive Summary/Leandro

Overview/Leandro Action Plan 2020

Factors to Consider

AS WE MOVE INTO OUR THREE YEAR ALLOCATION CYCLE

Mary Sonnenberg

FY 20/21 – FY 23/24 |

Board Direction

Strategic Priorities

- Capacity Building
- Community Collaboration Leader
- Sustainability

Directives to President

- Strategic Planning
- Leveraging Technology
- Expanding marketing reach
- Program delivery/enhancement of local presence

Board Focus Areas for Programs

- Advancing Children's Well-Being
- Strengthen the Early Care and Education System
- Empowering Families

Budget/Allocation

Budget considerations/constraints

- Flat funding – We have been at flat funding for the last several allocation cycles
- No cost extension for the Healthy Social Behavior program
- We are beginning the fiscal year with 85% of our Smart Start Allocation
- NC Pre-K Payback
- State Revenue shortfalls
- Leandro 20-21 Plan*
- Infrastructure Project $1.2 M probable cost
- Smart Start Reversion ($425,592.45): carry-forward
- Pre-school Development Grant – Regional Family Connects Pilots, Family Engagement Project*
- Access to Technology*
- COVID-19*

Adjustments for 20-21 current activities

- What are our staffing needs?
- Hoke contract for Technical Assistance

Organizational Structure

- What are our needs for staff and funding based on priorities and functions, NC Early Childhood Action Plan, Leandro, etc.
- Assess our staff's footprint for office space and community need to rent space inside our resource center

*Denotes Priorities for the State

Programs/Services

- Lending Library – Does it come out from under the CCR&R activity and stand-alone or part of Family Resource Center Activity?
- Family Connects Program
- Healthy Social Behavior Program
- Infant/Toddler care and supports*
- Literacy*
- Reduction of preschool expulsion*
- Child Care Health Consultants*
- Family Support – Resilience and Parent Education/Home Visiting*
- Workforce compensation*
- Business Technical Assistance & Professional Development (BCBS Pilot work)*
- Access to Technology*

Equity Focus on all programs

Community Early Childhood Profile -- Cumberland County

Smart Start's Measures of Impact

Results for Fiscal Year 2018-2019

The Community Early Childhood Profile (EC Profile) provides an annual snapshot of the status of our young children. It includes indicators of child well-being for which local Smart Start Partnerships are held accountable.

The EC Profile assesses progress towards realizing Smart Start's mission of advancing a high quality, comprehensive, accountable early childhood system that benefits each child in North Carolina beginning with a healthy birth.

The report uses validated data from state agencies that directly impact young children such as the NC Department of Health and Human Services, the NC Department of Public Instruction, and the NC Office of State Budget and Management.

FY 2018-2019 EC Profile DRAFT Results for Cumberland

Indicator	Description	Standards	FY 2017-18		FY 2018-19	
Early Care and Education -- Quality						
PLA40a	Average Star Rating for Children in 1-5 Star Care	Minimum: 4.0 AND 60% High Performing: 4.0 AND 60% for each age group (age data available on LP Central)	4.30	High Performing	4.27	High Performing
PLA40b	Of those in care, percent of Children in 4 and 5 star facilities		73%		74%	
PLA50a	Average Star Rating for Subsidized Children in 1-5 Star Care	Minimum: 4.25 AND 80% High Performing: Minimum plus 4.25 AND 70% for each age group (age data available on LP Central)	4.47	Meets Minimum	4.40	Meets Minimum
PLA50b	Percent of Subsidized Children in 4 and 5 star care		90%		90%	
Early Care and Education -- Workforce						
EDU10	Percent of Children Enrolled in 1-5 Star Centers That Have At Least 75% of Lead Teachers with College Degrees (i. e. 7 Lead Teacher Education Points)	Minimum Standard: >=50% of children are enrolled in 1-5 star rated child care centers that have at least 7 lead teacher education points High Performing Standard: >=50% of children are enrolled in 1-5 star rated child care centers that have at least 7 lead teacher education points for each age group (age data available on LP Central)	68%	High Performing	67%	High Performing

Indicator	Description	Standards	FY 2017-18		FY 2018-19	
EDU20	Percent of Children Enrolled in 1-5 Star Centers That Have Directors with College Degrees (i.e. 7 Administrator Education Points)	Minimum: >= 60% of children enrolled in 1-5 star rated child care centers that have at least 7 administrator points. High Performing: >= 60% of children enrolled in 1-5 star rated child care centers that have at least 7 administrator education points of each age group (age data available on LP Central)	74%	High Performing	73%	High Performing
		Family Support				
FS20a	Percent of Parents/ Guardians Who Report Reading to their Children at least 4-6 Days a Week	Minimum: 75% High Performing: 90%	62% Statewide	Below Minimum	56% Statewide	Below Minimum
FS20b	Percent of Parents/ Guardians Who Report Reading to Their Children Daily	Minimum: 55% High Performing: 70%	41% Statewide	Below Minimum	40% Statewide	Below Minimum
FS30	Percent of children age 0-5 with an investigated report of child abuse/neglect	>= 5.0% and <12.0% A range has been set based on the distribution of identified children among counties. If the county is outside the range, the partnership will convene meetings to	8.1%	Within the Range	7.4%	Within the Range

Indicator	Description	Standards	FY 2017-18		FY 2018-19	
Health						
H10a	Percent of children ages 0-2 who receive early intervention or special education services	>= 4.0% and <10.0% A range has been set based on the distribution of identified children among counties. If the county is outside the range, the partnership will convene meetings to review data	4.3%	Within the Range	4.9%	Within the Range
H10b	Percent of children ages 3-5 who receive early intervention or special education services		3.2%	Outside the Range	3.3%	Outside the Range
H20	Percent of children enrolled in Medicaid who receive a well-child exam	Minimum: 75% High Performing: 85%	81%	Meets Minimum	81%	Meets Minimum
H60	Percent of low income children age 2-4 who are at a healthy weight	Minimum: 66.1% High Performing:70%	70.50%	High Performing	70.70%	High Performing

EC Profile Data Sources, 2019

PLA40 - DCDEE Regulatory enrollment data, 2019

PLA50 - DCDEE Subsidy Reimbursement System, Smart Start Subsidy Reimbursement System, NC Pre-K enrollment data, Title I enrollment data, Head Start, 2019

EDU10 - DCDEE Regulatory enrollment data, 2019

EDU20 - DCDEE Regulatory enrollment data, 2019

FS20 - National Survey of Children's Health, 2017-18

FS30 - Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina, 2019;
NC Office of State Budget and Management Certified Estimates of the Total Populations of Counties in North Carolina for July 1, 2018

H10a - NC Division of Public Health, Women's and Children's Health Section - "North Carolina's Infant-Toddler Programs: Saturation Rates", 2019

H10b - Department of Public Instruction Certified Headcount of Special Education, 2019; NC Office of State Budget and Management Certified Estimates of the
Total Populations of Counties in North Carolina for July 1, 2018

H20 - NC Division of Medical Assistance, Form CMS-416 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report, 2018

H60 - NC Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS), 2017

Partnership FOR CHILDREN
OF CUMBERLAND COUNTY

STRONG FAMILIES
STRONG COMMUNITY

IMPACT REPORT | 2018-2019

Supporting families and child care providers since 1993.

At the Partnership for Children of Cumberland County, we focus on support for families with children birth to 5 years old. Our vision is to live in an economically prosperous community where families are successful, and children thrive. Our priorities are Advancing Children's Well-being, Strengthening the Early Care Early Education System, and Empowering Families.

Established in 1993, we are a 501(c)(3) non-profit organization supported by public and private funds through Smart Start, NC Pre-K, tax-deductible donations, and grants.

Advancing Children's Well-being

Strengthen the Early Care and Education System

Empowering Families

Every child deserves a champion - an adult who will never give up on them, who understands the power of connection, and insists that they become the best that they can possibly be.

~ Rita Pierson, Educator

Advancing Children's Well-being

Every child deserves the right conditions to learn and develop, to form a positive self-image and a respected identity. They deserve to have their basic needs met, a positive relationship with family and friends, a safe and suitable home and community environment, and equal opportunity to take part in programs that allow them to thrive. External influences play a significant role in determining a child's overall happiness and well-being. These factors include **economic status, education, physical and emotional health, family, and community condition.**

Children, families, society, employers, communities, and the nation as a whole, all benefit from children having a solid foundation for their overall well-being from the start. Fostering a healthy, successful future workforce is essential to everyone's well-being.

Family Support Services

Our **National Child Passenger Safety Certification** trained staff provided training in child passenger safety car seat use for 85 families and their children to enhance road safety. Our **Child Passenger Safety Seat Program** is designed to reduce improper seat installation and the use of recalled, out of date, or not in working order car seats.

The **Eva L. Hansen Learning Library** empowered 249 parents, caregivers and early child care professionals with opportunities to borrow educational developmental books, toys, and learning materials. In cooperation with the **Cumberland County Public Library,** we offer **Story & Art Time and Play Dates**. A total of 1,122 children (99% under the age of 5) received services through an on-site library visit or at their child care through a provider who used library materials.

In America, 1 in 3 families struggles to afford diapers for their children. In collaboration with the **Diaper Bank of North Carolina**, through the **Truckload of Hope** program, more than 655,000 diapers have been distributed in Cumberland County since 2017. The program serves an average of 450 families with an estimated 855 children on a monthly basis to help them meet this basic need for their children.

The **Collaborative Transition to Kindergarten CarMax Grant** provided support for a community focus on children's successful transition to kindergarten through training, technical assistance, community engagement, and family education. The program included three **Pre-Kindergarten Parent Academies** for 173 parents, as well as meetings and training for 64 community members, child care center directors, and administrators' competencies contributing to children's school readiness.

85 families received **Car Seat Safety training**

1,122 children were served in the **Learning Library** through its **249** adult members

655,000 diapers were distributed by the **Truckload of Hope** program in Cumberland County

Literacy Support

Dolly Parton's Imagination Library is a book gifting program that mails free books to children from birth until they turn 5, no matter their family's income. Partnership for Children and **Smart Start**, together with **United Way of Cumberland County** are working to ensure children in our community develop a love of reading early on. Over 7,000 children in Cumberland County participated in the program.

We partner with **Carolina Collaborative Community Care (4C)** to enrich the home literacy environment by providing books during well-child health visits. A total of 2,466 at-risk young children through two medical practices participated in the **Reach Out and Read** program. Survey results of participating parents indicate an increase in reading to children daily as a result of participation in the program.

Early Childhood Health

Through our partnership with **Carolina Collaborative Community Care (4C)** we work to strengthen the developmental screening and referral practices of 20 pediatric provider practices and at least 48 providers through the **Assuring Better Child Health and Development (ABCD)** program. During 2018-19, an estimated 23,432 children ages birth to five received developmental screenings at their well child visits. Record reviews showed that 119 children received service referrals for at least one other developmental and/or medical service as a result of their well child assessments, and 70 completed their referrals.

During 2018-19, Partnership for Children began a planning process with **Family Connects International** (Duke University) to implement a **universal newborn home visiting program** for Cumberland County parents of newborns, regardless of income or socioeconomic status. The program's focus is to increase child well-being by bridging the gap between parent needs and community resources and has been shown to improve parenting behavior and reduce emergency medical care for infants.

In collaboration with community partners through **Strengths in Overcoming Adversity through Resilience (SOAR)**, a total of 2,448 people across the county saw one of 80 screenings of the film **Resilience: The Biology of Hope** from 2017-18 through 2018-19. This is an initiative of the **Child Abuse Prevention Plan** for Cumberland County.

Increasing Parent's Knowledge of Child Care Options

A total of 1,627 parents of infants, toddlers, and preschoolers, received services from the Partnership's **Child Care Resource and Referral Consumer Education** program to increase parent's knowledge in identifying quality child care by providing best practice child care consultation grounded in a parental choice model.

Early Care & Education Capacity

We administer the **NC Pre-K program** through a network of 68 partnering sites with 105 classrooms supported by over 200 teachers. During 2018-19, 1,797 children received a high-quality preschool program to help prepare them for transition to kindergarten.

Through our partnership with **Kindermusik & Music Therapy**, we work to enrich the brain development of 447 at-risk preschoolers, of which 104 (23%) from military families and 33 have Individualized Education Plans (7%). The program empowered 58 teachers in 29 classrooms by modeling during seven weekly sessions, as well as providing 447 child home kits (17 in Spanish).

As part of **Kindermusik** outreach, Music Therapy early intervention services were provided to 242 children in 15 Cumberland County Schools and at **Easter Seals UCP Dorothy Spainhour Center**. The program worked with 47 teachers and sent home 93 home kits with students.

> Scientific research shows that the most important components of a high-quality child care program are the educational levels of staff and the activities that occur on a daily basis with children. No matter the age of the child, staff education and program environment make a difference.
>
> **~ NC Division of Child Development & Early Education**

Strengthen the Early Care and Education System in Our Community

TRAINING **TECHNICAL ASSISTANCE** **HIGHER EDUCATION SUPPORTS**

Strengthening the effectiveness of early childhood services, states, and communities must build a comprehensive system with an array of services that links young children and their families to the support they need. The Partnership provides education, training, and technical assistance to improve overall facility conditions through assisting in steps to increase star ratings of facilities advocating for increased compensation, reducing turnover, and providing assistance in accessing professional development. All actions profoundly impact the strength of early care and education, which directly affects every child in the classroom.

31,491 children birth through age five lived in Cumberland County in 2018

Cumberland County Child Care Demographics

As of June 30, 2019, there were 84 licensed Family Child Care Homes with 100 employees in Cumberland County serving 339 children birth to five years of age. Of the 84 Family Child Care Homes, 39 were 4 or 5 star licensed (46%).

During the same period, there were 215 licensed Child Care Centers with 1,411 employees serving 6,971 children birth to five years of age. Of the 215 sites, 127 were 4 or 5 star licensed (59%).

There were an estimated 31,491 children birth through age five living in Cumberland County in 2018, of which an estimated 23% received care in a licensed child care programs, including Family Child Care Homes, based on the data above.

Training

The education of our teaching professionals is one of the most important elements of providing quality child care. due to the involvement they have in a child's well-being, nurturing, and development. Their knowledge and skills, or lack thereof, influence a child's readiness to enter school prepared.

Continued training for teaching professionals is essential to the overall level of quality of early care and education

Improving the education levels of teachers helps reduce the high turnover often experienced in child care facilities and public schools. A total of 976 direct teaching staff attended non-credit based early childhood education training or workshops through our **Professional Development Center**. By improving the education levels of teachers, we are raising the overall quality of child care facilities.

Higher Education Supports

Financial assistance was provided to 133 child care providers to help them complete their college course work. Of those participating, 71 earned at least 3 semester credit hours in early childhood with at least a 3.0-grade point average. This support enhances teacher education, which is passed on to children in the classroom, aides in retention, continuity of care, and is a component of higher star rating for the facility.

53% of child care providers earned 3 credit hours of higher education in early childhood studies and maintained a 3.0 GPA

86% of WAGE$ teachers remained at their facility reducing turnover

In collaboration with **WAGE$ of the Child Care Services Association**, we provided education-based salary supplements for 271 direct teaching staff from 115 child care centers or family providers impacting 5,016 children through financial incentives. Supplementing wages rewards teacher education and continuity of care. Children ages birth to five benefit from more stable relationships with better educated teachers. Of those participating, 86% of WAGE$ teachers in Cumberland County remained at their facility.

Technical Assistance

Technical assistance provided to early childhood education teachers creates many valuable opportunities, including:

- Providing an ongoing mechanism for establishing and reviewing professional development goals
- Allowing for one-on-one training and coaching
- Serving as a bridge between group training and actual staff practices
- Providing support and mentoring to reduce staff stress, burnout, and turnover
- Ensuring quality programming and quality care for children

Early Childhood Education Technical Assistance, consultation, and coaching was provided on site to:

65 child care facilities participated in high-quality maintenance
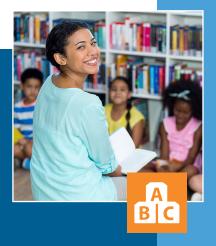
2 child care facilities for inclusion of children with special needs

31 child care facilities maintained and enhanced the overall quality of their infant and toddler care programs by participating in technical assistance

135 staff participated in consultation and coaching professional development advising and plans

23 child care facilities participated in quality enhancement consultation and coaching

" The child care WAGE$ program is very important to me and my family because it has helped me to stay in business for 19 years. "

~ **Cumberland, Family Child Care Provider**

" I am extremely grateful that the Parents for Higher Education Program chose me to help. Without them, I do not know what I would have done during this semester. I am achieving my goals. This is a wonderful opportunity and if I could recommend it to everyone, I would. "

~ **Bryton Carlisle, FTCC Student**

Empowering Families

When families feel **empowered** with knowledge and tools, and **supported** with programs of child care and education affordability (subsidy), education and support, they can build nurturing and safe homes for their children, and support their development. Family empowerment fortifies their strengths to promote child safety, success, health, and overall well-being.

SUBSIDY

EDUCATION

SUPPORT

Child Care & Education Affordability (Subsidy)

In collaboration with the **Cumberland County Department of Social Services** through a state-level subsidy contract, **$2,230,306** was allocated to support more than an estimated **3,400 low-income families** who met specific service criteria in accessing child care subsidies.

Parents of 39 children received support to offset the cost of child care to help them meet educational goals through a partnership with **Fayetteville Technical Community College** – **Parents for Higher Education** program. FTCC Students with children 0 to 5 years of age (not in Kindergarten) may qualify if they are unable to receive funding through Cumberland County DSS and earn less than 200% of the Federal Poverty Level (FPL).

Partnership for Children's **Child Care Subsidy** program provided financial assistance for the purchase of child care for 114 children to offset the cost of child care to help them meet employment, education, crisis care or other needs.

We partnered with the **Easter Seals UCP Dorothy Spainhour Center** to provide subsidy support to assist with access to high-quality, inclusive child care for 36 infants and toddlers, including 12 children with special needs.

Education for Families

The **All Children Excel (ACE)** program provided support for 63 parents/guardians who participated in parenting education and 409 total home visits through the **Nurturing Parent Program**. Participating families are at risk of children being removed or have already had their children removed and are court ordered to complete this parenting education program to make the family unit whole.

Achieving far better outcomes for young children facing adversity requires that we also:

- Support the adults who care for them to transform their own lives.

- Strengthen the capacity of the community to support families raising children under challenging circumstances.

~ Jack P. Shonkoff, M.D., Director, Center on the Developing Child, Harvard University

Support for Families

Funding from the **Mid-Carolinas Area Council on Aging** allows us to provide support for kinship care providers with our **Grandparent Support Group**. The support group meets monthly during the school year. It provides a way for grandparents and other kinship care providers to share stories and tips, spend time with others who are in similar situations and learn about services available in the community. In 2018-19 this support provided an opportunity for 31 caregivers of 64 children under age 18 to come together. While predominantly grandparents are 55-75 years old, 25% are over age 75.

We partnered with the **Autism Society of Cumberland County** to deliver the **Circle of Parents Support Group**, which connected 22 families facing similar challenges through support to help address family needs for their children with Autism Spectrum Disorders.

The **Family Resource Center** serves as a community hub for connecting families with children birth to age 5 to the information, resources, and services they need to support their child's optimal health and development. The center provides a highly coordinated system of family services and supports to improve family well-being.

Housed within the center are like-minded organizations that align with the goals and mission of the Partnership to strengthen the availability of services to meet the needs of families in the community.

17,918 children and families visited the **Family Resource Center** seeking services or attended classes and events.

> The Circle of Parents group helped me because I was lost in the new world I entered. This group is a breath of fresh air to me. I see the parents of other children and I think to myself that I'm not alone in this. The group has helped me be comfortable in who my son is and comfortable with myself as his mom.
>
> **~Circle of Parents parent**

FY 2018-2019 Financials*

$13,646,089
Total Receipts

Total Receipts

Receipts:

- $5,517,276 — State Awards & Contracts
- $7,490,223 — Federal Awards
- $169,053 — Private Contributions & Events Fundraising
- $3,972 — Interest & Investment Earnings
- $465,565 — Other Receipts

Total Receipts $13,646,089

$13,510,869
Total Expenditures

Total Expenditures

90.7% Spent on Programs:

- $823,624 — Child Care & Education Affordability
- $1,896,457 — Child Care & Education Quality
- $846,380 — Family Support
- $247,600 — Health & Safety
- $8,441,194 — NC Pre-K

8.1% Spent on Support:

- $673,079 — Management & General
- $422,443 — Program Planning, Coordination & Evaluation

1.2% Spent on Other:

- $107,215 — Service Activities
- $52,877 — Refund of Prior Year Grant

Total Expenditures $13,510,869

Volunteer Support

Our organization's success depends on the many contributions our volunteers make each year. Volunteers supplement and enhance our daily work, assist with planning and strategic direction, and help out at special events.

542
Total Number of Volunteers

2,578
Total Hours Donated

5
Average Hours per Volunteer

$61,518
Estimated Value of Volunteer Time
The equivalent to 1.36 staff members.

* Financial data has been audited. To view our FY 18/19 financial audit, please visit ccpfc/org/corpdocs

Help us achieve our vision of living in an
economically prosperous community where families
are successful, and children thrive by giving today.
ccpfc.org/donate

Partnership
FOR CHILDREN

OF CUMBERLAND COUNTY

910-867-9700 / ccpfc.org
351 Wagoner Drive, Suite 200, Fayetteville, NC 28303

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Smart Start

NORTH CAROLINA
NC Pre-K
Prekindergarten Program

CUMBERLAND
COUNTY

2020 NC DATA CARD

A STRONG START

Women who receive early prenatal care:
72.2%
2018
71.7% 2017

Babies born at a low birthweight:
9.9%
2018
10.0% 2017

Babies born pre-term:
11.4%
2018
11.2% 2017

FAMILY ECONOMIC SECURITY

Children living in poor or low-income homes:
54.0%
2018
53.7% 2017

Children in households that are food insecure:
22.0%
2017
22.1% 2016

Median family income:
$45,716
2014-2018
$44,737 2013-2017

NURTURING HOMES & COMMUNITIES

Delinquency rate per 1,000 youth ages 6-15:
20.7
2018
- - 2017

Children assessed for abuse or neglect per 1,000:
77.4
2018
73.4 2017

Teen births per 1,000 girls ages 15-17:
8.6
2018
9.5 2017

HIGH-QUALITY EDUCATION

3rd grade students scoring proficient in reading:
54.1%
2018-2019
54.7% 2017-2018

High school students graduating on time*:
83.8%
2019
82.0% 2018

Residents with bachelor's degree or higher:
25.0%
2018
24.3% 2017

HEALTH & WELLNESS

Children without health insurance:
5.6%
2018
4.5% 2017

Infant mortality per 1,000 live births:
6.3
2018
9.4 2017

Child deaths per 100,000:
82.2
2018
89.8 2017

NC Pathways to Grade-Level Reading whole-child Measure of Success.
Learn more at: www.buildthefoundation.org/pathways.

NC Child
The Voice for North Carolina's Children

CUMBERLAND COUNTY

→ **HERE'S WHAT IS CHANGING FOR KIDS SINCE THE PANDEMIC STRUCK**

Fallout from the Coronavirus pandemic has meant that many more families are struggling with basic needs. These County Data Cards highlight key indicators of child well-being that elected officials should track, and respond to, in their communities.

- These data benchmarks indicate how North Carolina's children were faring before COVID-19 struck.

- Many families are fighting new and increased stressors like job loss, hunger, untreated health concerns, and isolation away from community support. Traumatic episodes like these are shown to have long-term impacts on children's healthy development.

- Officials should use these data points as a baseline and watch for changes as we move from emergency response into long-term recovery.

QUESTIONS for ELECTED OFFICIALS and CANDIDATES:

22% of children in **CUMBERLAND COUNTY** LIVE IN FAMILIES THAT STRUGGLE TO PUT FOOD ON THE TABLE.

1 Many families are experiencing hunger for the first time. School and child care-based feeding programs have become lifelines in many communities. *What is your plan to ensure families can continue meeting basic needs, like affordable food?*

54% of **CUMBERLAND COUNTY** CHILDREN *live in* POOR *or* LOW-INCOME *homes*

2 When the emergency period ends, a second crisis will hit many families. Parents and caregivers will have to pay off months of housing, utilities, and other bills that were put on hold. *What policies will you focus on to help families who are financially struggling to make ends meet so they can provide for their children?*

3 Hundreds of thousands of North Carolina families have lost the health insurance they previously received through their jobs. *What is your plan to get affordable health coverage to more parents and caregivers in North Carolina?*

HEALTH COVERAGE is out of reach for **15%** of ADULTS in **CUMBERLAND COUNTY** At least 1 in 4 are parents.

Share this County Data Card with leaders and elected officials in your community!

NC Child
The Voice for North Carolina's Children

NORTH CAROLINA

Child population: **2,311,348**
Percent under age six: **31%**
Number of live births: **118,957**

A STRONG START

Women who receive early prenatal care:
68.0%
2018
_____
68.6% 2017

Babies born at a low birthweight:
9.3%
2018
_____
9.4% 2017

Babies born pre-term:
10.4%
2018
_____
10.5% 2017

FAMILY ECONOMIC SECURITY

Children living in poor or low-income homes:
45.9%
2018
_____
46.7% 2017

Children in households that are food insecure:
20.1%
2017
_____
20.9% 2016

Median family income:
$52,413
2014-18
_____
$50,320 2013-2017

NURTURING HOMES & COMMUNITIES

Delinquency rate per 1,000 youth ages 6-15:
16.2
2018
_____
-- 2017

Children assessed for abuse or neglect per 1,000:
52.2
2018
_____
55.8 2017

Teen births per 1,000 girls ages 15-17:
7.9
2018
_____
8.9 2017

HIGH-QUALITY EDUCATION

3rd grade students scoring proficient in reading:
56.8%
2018-19
_____
55.9% 2017-2018

High school students graduating on time*:
86.5%
2019
_____
86.3% 2018

Residents with bachelor's degree or higher:
30.5%
2018
_____
29.9% 2017

HEALTH & WELLNESS

Children without health insurance:
5.0%
2018
_____
5.3% 2017

Infant mortality per 1,000 live births:
6.8
2018
_____
7.1 2017

Child deaths per 100,000:
57.4
2018
_____
57.8 2017

NC Pathways to Grade-Level Reading whole-child Measure of Success.
Learn more at: www.buildthefoundation.org/pathways.

NC Child
The Voice for North Carolina's Children

NORTH CAROLINA

➡ **HERE'S WHAT IS CHANGING FOR KIDS SINCE THE PANDEMIC STRUCK**
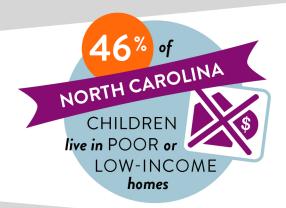
Fallout from the Coronavirus pandemic has meant that many more families are struggling with basic needs. This North Carolina Data Card highlights key indicators of child well-being that elected officials should track, and respond to, in their communities.
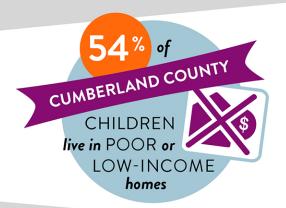
- These data benchmarks indicate how North Carolina's children were faring before COVID-19 struck.

- Many families are fighting new and increased stressors like job loss, hunger, untreated health concerns, and isolation away from community support. Traumatic episodes like these are shown to have long-term impacts on children's healthy development.

- Officials should use these data points as a baseline and watch for changes as we move from emergency response into long-term recovery.

QUESTIONS *for* ELECTED OFFICIALS *and* CANDIDATES:
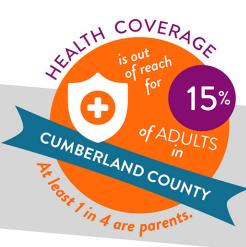
1 Many families are experiencing hunger for the first time. School and child care-based feeding programs have become lifelines in many communities. *What is your plan to ensure families can continue meeting basic needs, like affordable food?*

20% of children in **NORTH CAROLINA** LIVE IN FAMILIES THAT STRUGGLE TO PUT FOOD ON THE TABLE.

46% *of* **NORTH CAROLINA** CHILDREN *live in* POOR *or* LOW-INCOME *homes*

2 When the emergency period ends, a second crisis will hit many families. Parents and caregivers will have to pay off months of housing, utilities, and other bills that were put on hold. *What policies will you focus on to help families who are financially struggling to make ends meet so they can provide for their children?*

3 Hundreds of thousands of North Carolina families have lost the health insurance they previously received through their jobs. *What is your plan to get affordable health coverage to more parents and caregivers in North Carolina?*

HEALTH COVERAGE is out of reach for **16%** of ADULTS in **NORTH CAROLINA** At least 1 in 4 are parents.

Share this North Carolina Data Card with leaders and elected officials in your community!

NC Child
The Voice for North Carolina's Children

For complete data notes and sources, visit www.ncchild.org. Contact Whitney Tucker, Policy Director, with questions at whitney@ncchild.org

NORTH CAROLINA
EARLY CHILDHOOD ACTION PLAN

FEBRUARY 2019

Healthy

Safe and Nurtured

Learning and Ready to Succeed

North Carolina's future depends on our children today. We know that the foundation for future learning, health and well-being is built during early childhood. When we commit to giving every child a strong foundation in their first years of life, we create healthy and vibrant communities for all of us.

Our state has been a national leader in advancing opportunities for young children, including founding Smart Start, the first statewide early childhood public-private partnership in the country, and implementing one of the highest quality pre-k programs in the country. We are, and should continue to be, proud of these accomplishments.

But our work is far from done. Too many of our young children face barriers that can hold them back from achieving everything they can. Too many experience hunger on a daily basis, or abuse and neglect at home. Too many are already behind on their reading levels by third grade. Too many babies die before their first birthday. We have a shared responsibility to take on racial and other disparities that impact young children's well-being. We must do more to provide families and communities across our state with better supports, tools and choices so that every child in North Carolina has the opportunity to succeed.

When I issued Executive Order 49 in the summer of 2018, I challenged our state's Department of Health and Human Services and the Early Childhood Advisory Council to spearhead the development of a statewide plan for achieving better outcomes for young children's health, safety, well-being, and learning success.

With the input of over a thousand North Carolinians, the Early Childhood Action Plan lays out a bold vision and roadmap for how we can create change for our young children by 2025.

I know we can reach these goals, but we can only get there if we do it together. Right now, today – whether you are a parent or grandparent, a small business owner, an educator, a pediatrician, a law enforcement officer, an elected official, or just someone who wants to make a difference for young children – I am asking you to take action for our young children.

My goals as Governor are to help all North Carolinians be better educated, healthier, and have more money in their pockets so that they can live more abundant, purposeful lives. There is no better place to start than at the beginning, by committing to our young children.

Thank you for all you do and will do for our children and our great state. Together, we will reach our goals.

Roy Cooper

Governor Roy Cooper

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What is the North Carolina Early Childhood Action Plan?

The North Carolina Early Childhood Action Plan provides a framework for galvanizing public and private action to achieve a bold vision and measurably improve outcomes for our state's young children by 2025. The plan prioritizes 10 goals for children from birth through age eight that, when achieved, will provide all North Carolina's children with a fair opportunity to grow up healthy in safe and nurturing families, schools and communities, so that they are learning and ready to succeed.

Why Should We Focus on Early Childhood?

The first years of a child's life are a critical period. During this time, children undergo tremendous brain growth that impacts multiple areas of cognitive, physical, social, emotional, and behavioral development. This brain growth and development is significantly impacted by the interplay between children's relationships with the people and environments around them. Early positive relationships with caring adults allow children to feel safe to explore and interact with their surrounding world and can have a lasting impact – positive or negative – on later outcomes in school and life.[1] Early experiences in a child's life can impact brain structure and development down to the cellular level. As a child's brain architecture is being built in those early years, positive experiences support healthy growth and development, while Adverse Childhood Experiences (ACES), such as experiences of abuse or neglect, can have a detrimental long-term impact.[2,3]
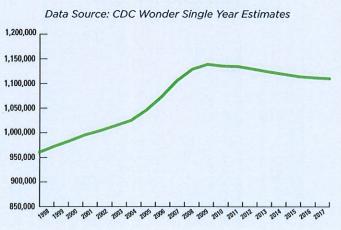
Early childhood interventions have been shown in many studies to produce long-lasting impacts. For example, recent research conducted at Duke University indicates that participation in NC Pre-K and Smart Start-affiliated programs was related to improved academic scores in grades 6, 7, and 8 for North Carolina children.[4] Moreover, research in economics quantifies the impact of early childhood investment: there is significant value in investing in early childhood programs and initiatives. According to one study, there is a $2 to $4 return for every $1 invested in early childhood programs.[5]
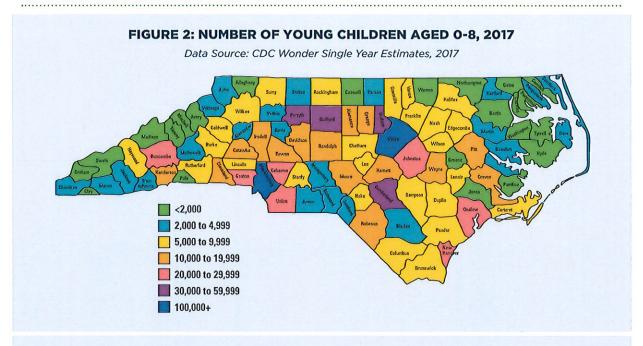
Who Are North Carolina's Young Children?
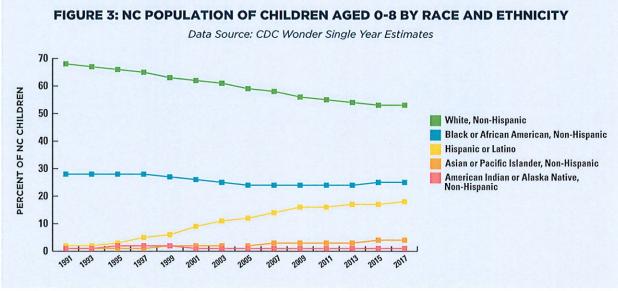
North Carolina saw fast growth in the population of children ages 0-8 years-old over the 1990's and early 2000's. Since 2009, the total number of children in this age group decreased slightly but has remained relatively stable, with a population of over 1 million children ages 0-8 living in North Carolina in 2017 (see Figure 1). This population is heavily concentrated geographically, with over half living in just 13 counties across the state (see Figure 2 on page 5).[6]
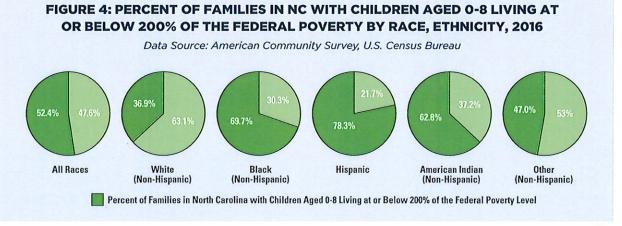
Figure 3 indicates the distribution of race and ethnicity among children ages 0-8 in North Carolina. Data indicates that North Carolina's early childhood population has become progressively more diverse over time. Notably, there are substantial differences by race and ethnicity in the proportion of children who are experiencing the impact of poverty in North Carolina (see Figure 4 on page 5).[7]

FIGURE 1: NC POPULATION OF CHILDREN AGED 0-8 OVER TIME

Data Source: CDC Wonder Single Year Estimates

FIGURE 2: NUMBER OF YOUNG CHILDREN AGED 0-8, 2017

Data Source: CDC Wonder Single Year Estimates, 2017

Legend:
- <2,000
- 2,000 to 4,999
- 5,000 to 9,999
- 10,000 to 19,999
- 20,000 to 29,999
- 30,000 to 59,999
- 100,000+

FIGURE 3: NC POPULATION OF CHILDREN AGED 0-8 BY RACE AND ETHNICITY

Data Source: CDC Wonder Single Year Estimates

Legend:
- White, Non-Hispanic
- Black or African American, Non-Hispanic
- Hispanic or Latino
- Asian or Pacific Islander, Non-Hispanic
- American Indian or Alaska Native, Non-Hispanic

FIGURE 4: PERCENT OF FAMILIES IN NC WITH CHILDREN AGED 0-8 LIVING AT OR BELOW 200% OF THE FEDERAL POVERTY BY RACE, ETHNICITY, 2016

Data Source: American Community Survey, U.S. Census Bureau

All Races	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	American Indian (Non-Hispanic)	Other (Non-Hispanic)
52.4% / 47.6%	36.9% / 63.1%	69.7% / 30.3%	78.3% / 21.7%	62.8% / 37.2%	47.0% / 53%

Percent of Families in North Carolina with Children Aged 0-8 Living at or Below 200% of the Federal Poverty Level

What Challenges Do We Face?

North Carolina children deserve the chance to grow, thrive, and succeed, starting in early childhood. Today, too many of our state's children face difficult challenges, some beginning as early as infancy. Throughout the North Carolina Early Childhood Action Plan, we will highlight our priorities of focus and growth as a state. Some of the challenges our youngest children face include:

- North Carolina has the 11th highest infant mortality rate in the country, with disparities driving that rate: African American births have an infant mortality rate 2.5 times higher than white births.[8,9]
- More than 1 in 5 children in North Carolina face hunger.[10]
- More than half of 4- and 5-year-olds in NC's foster care system spend over 1,000 days in foster care before being adopted.[11]
- Only 39% of North Carolina's fourth graders read proficiently according to a nationally normed reading assessment.[12]
- More than half of North Carolina's families with children under age 8 live at or below 200% of the federal poverty level.[7]

What are We Doing for North Carolina's Young Children?

Despite the challenges we face, North Carolina has a history of strong leadership in early childhood efforts. North Carolina introduced T.E.A.C.H. Scholarships in 1990 as a way to link higher education with increased compensation for early childhood educators. In 1993, the Smart Start network was founded, providing a nationwide model for public/private funding and coordination structures around early childhood through local partnerships. North Carolina was also one of the first states to implement a quality rating and improvement system through licensing early care and education programs across the state. Over the past two decades, there has been a strong emphasis on quality improvement and increasing preventive health services for children as part of the Community Care for North Carolina (CCNC) program. CCNC has

been nationally recognized for its work in improving health care services for Medicaid and other populations across North Carolina.

More recently, the North Carolina Early Childhood Action Plan builds on the extensive, years-long collaborative efforts of the NC Pathways to Grade-Level Reading initiative led by the NC Early Childhood Foundation. The Early Childhood Action Plan is also significantly informed by the work of the NC Perinatal Health Strategic Plan, the North Carolina Institute of Medicine Statewide Taskforce on Essentials for Childhood, North Carolina Think Babies, and others. The North Carolina Early Childhood Action Plan was designed to build upon, align, and amplify ongoing efforts across the state in early childhood.

How was the Early Childhood Action Plan Created?

The North Carolina Department of Health and Human Services (NCDHHS) was charged by Governor Roy Cooper through Executive Order No. 49 to spearhead the development of a statewide early childhood strategic plan in coordination with the Early Childhood Advisory Council (ECAC), other departments, and public and private stakeholders from across the state. NCDHHS partnered with a diverse group of more than 350 individuals throughout 2018 to create a draft of the guiding principles, vision, and goals.

On November 1, 2018, the first full draft of the Early Childhood Action Plan was shared with the public to provide input. Over the next two months, NCDHHS actively engaged with the public through weekly webinars and more than 30 in-person sessions.

By the end of the public comment period, NCDHHS received over 500 individual comments via email on various aspects of the plan. In total, nearly 1,500 people provided input, representing a diversity of perspectives including parents, families, healthcare providers, child care providers, educators, school administrators, child advocacy groups, and researchers. The feedback was overwhelmingly positive but also resulted in substantive changes to the original draft plan to make it even stronger. NCDHHS will continue to

work with the ECAC to ensure progress on the plan and partner with local communities across the state to ensure the Early Childhood Action Plan truly belongs to every North Carolinian.
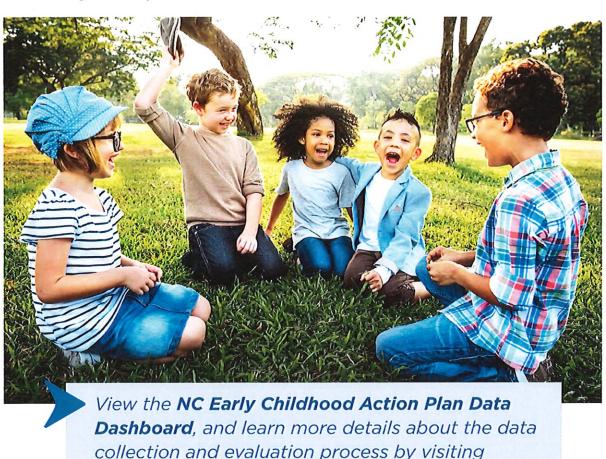
A Living Plan

The Early Childhood Action Plan is designed to hold fast to its commitment to achieving measurable 2025 goals, while at the same time adapting and evolving to include new evidence, best practices, lessons learned and improved analytics. In particular, the plan's data sources will be reexamined regularly.

Several data sources were considered for the plan, but due to limitations in data access and usability, some key data were not available by the time of publication. Some of these key areas of data include:

- Statewide aggregate information on the Kindergarten Entry Assessment

- Statewide data on the percent of students in grades kindergarten through third grade who are chronically absent
- Statewide percent of eligible families receiving Supplemental Nutrition Assistance Program (SNAP) benefits
- Statewide rate of children who are reported to Child Protective Services for suspected maltreatment
- Statewide percent of eligible families receiving diversion services, or interventions in an effort to prevent homelessness
- Statewide statistics on mental health professionals trained in evidence-based treatments for early childhood
- Statewide measures of social-emotional well-being and resilience for young children

*View the **NC Early Childhood Action Plan Data Dashboard**, and learn more details about the data collection and evaluation process by visiting www.ncdhhs.gov/early-childhood.*

The North Carolina Early Childhood Action Plan Framework

How to read, understand, and use this plan as a helpful tool to take action.

Vision	What North Carolina wants to be true for young children ages birth to eight.
Guiding Principles	Our fundamental beliefs to be used throughout the development and implementation of the Early Childhood Action Plan.
Goals	Areas where focused measurement and effort is needed to change outcomes for children.
Commitments	North Carolina's broad aspirational goals to work toward by 2025.
Targets	Specific and measurable child-level outcomes for young children from birth through age eight by 2025. A target may be aligned to just one aspect of the state's broader commitment toward one goal, or it may not yet be associated with a reliable data source. Most targets have a reliable statewide data source for the past five years, and are able to be disaggregated by county, race, ethnicity, or other demographics.
Sub-Targets	Annual measures that indicate trends toward the broader commitment and target. Changes in sub-targets allow for us to course-correct our actions over time. Each sub-target has a reliable statewide data source, and most are able to be disaggregated by county, race, ethnicity, or other demographics.
Strategies	High level ideas to drive change across North Carolina. Anyone across the state can look to the list of strategies provided as a component of the Early Childhood Action Plan and be able to apply them to their own specific context in order to take action. You'll find a recommended list of strategies in this plan.
Actions	Specific steps taken by individuals, agencies, groups, organizations, or others, to drive change toward statewide goals for young children. Actions will move the needle in North Carolina. You'll find a selection of example commitments to taking action online, and more information in this plan on how you can share your own actions.
Measuring Progress	Online data dashboard on progress toward 2025 targets and sub-targets. The dashboard will be regularly updated.

Guiding Principles

Our fundamental beliefs to be used throughout the development and implementation of the Early Childhood Action Plan.

1. Children and families are at the center of our work.

North Carolina's early childhood systems serve children in the contexts of families and communities. Child development is a dynamic, interactive process that is not predetermined; it occurs in the context of relationships and communities. We know it is possible, and essential, to build resilience and healthy development by creating positive and protective factors in young children's lives, including strong relationships between children and caring adults.

2. Brain and developmental science are fundamental.

Brains are built through children's earliest experiences and through the environments around them. During a child's first eight years of life, brain architecture is forming a foundation for all future learning, behavior, and health. While positive experiences and environments can set up a child on a stronger life-long path, traumatic experiences or environments during those formative years can have long-lasting, detrimental impact.

3. Alleviate inequity to ensure that all of North Carolina's children can reach their fullest potential.

North Carolina is committed to equity of opportunity for all children by confronting disparities through strategic commitments across the state. Child outcomes that vary disproportionally across race, ethnicity, socioeconomic status, physical and developmental ability, and geography must be recognized in order to identify and implement strategic interventions.

4. Build upon existing strengths and partnerships in early childhood systems.

North Carolina has a rich history of innovation in early childhood. The Early Childhood Action Plan builds upon existing efforts and promotes diverse participation, cross-sector collaboration, and partnerships with families and organizations that have worked to improve child and family outcomes.

5. Set bold priorities and achievable goals for North Carolina's young children.

We must commit to a prioritized set of areas to tackle for our state's children, knowing that the process of prioritizing makes accomplishing outcomes more feasible. Not only must we prioritize, but we must hold ourselves accountable with measurable and achievable goals for each priority, because without accountability, we may not see the changes our children deserve.

6. Track progress toward all goals, ensuring transparency, accountability, and good stewardship of resources.

We will report on the outcomes of our work and use data to continuously improve our efforts to ensure cost-effective strategies that result in the highest impact for children. Effective early childhood interventions can yield significant positive returns on investment to communities through better outcomes in education, health, social behaviors, and employment.

Our Vision for NC's Children

Vision Statement: All North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

By 2025, all North Carolina young children from birth to age eight will be:

1. Healthy: Children are healthy at birth and thrive in environments that support their optimal health and well-being.

2. Safe and Nurtured: Children grow confident, resilient, and independent in safe, stable, and nurturing families, schools, and communities.

3. Learning and Ready to Succeed: Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life.

Healthy

Children are healthy at birth and thrive in environments that support their optimal health and well-being

HEALTHY BABIES • PREVENTIVE HEALTH SERVICES • FOOD SECURITY

Goal 1: Healthy Babies

COMMITMENT: Babies across North Carolina from all backgrounds will have a healthy start in their first year of life.

2025 TARGET: By 2025, decrease the statewide infant mortality disparity ratio from 2.5 to 1.92, according to data provided by the State Center for Health Statistics.[9]

SUB-TARGETS:

1. **Infant mortality rates, disaggregated by race and ethnicity**

   DATA SOURCE: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   For more details, visit the interactive NC Early Childhood Action Plan Data Dashboard

   TREND BY 2025: Decreasing

2. **Percent of babies born at a low birth weight (<2,500g), disaggregated by race and ethnicity**

   DATA SOURCE: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Decreasing

3. **Percent of mothers indicating their pregnancy was intended**

   DATA SOURCE: Pregnancy Risk Assessment Monitoring System (PRAMS), State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Increasing

4. **Percent of women ages 18-44 years with preventive health visit in last year**

   DATA SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Increasing

5. **Percent of infants breastfed:**
   - **Ever breastfed**
   - **Breastfed at 6 months-old**

   DATA SOURCE: National Immunization Survey, Centers for Disease Control and Prevention

   TREND BY 2025: Increasing

6. **Percent of families living at or below 200% of the federal poverty level**

   DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

   TREND BY 2025: Decreasing

DEFINITIONS:

Infant Mortality Disparity Ratio: The ratio of the statewide non-Hispanic, African-American mortality rate to the statewide non-Hispanic white infant mortality rate.

Infant Mortality Rate: The number of infant (aged under 1 year) deaths per 1,000 live births.

EXPLANATION:

Every North Carolina baby deserves to have a healthy start. Unfortunately, too many babies in our state face great challenges at birth, such as preterm birth and low birth weight. Infant mortality can be used as a measure of child, family and community health. It is a rate of infant death, but is also used more broadly to indicate societal health, poverty levels, racial disparities, and the availability and quality of health services in a community.[14]

In North Carolina, stark disparities in infant mortality exist. For example, African American infant deaths persistently occur at over double the rate of white infant deaths.[9] There are also significant disparities between American Indian and white rates of infant mortality.

The leading causes of infant mortality in North Carolina are preterm birth and low birth weight, birth defects, Sudden Unexpected Infant Death (SUID), maternal complications of pregnancy, labor, and delivery, and other perinatal conditions.[15] The rate is impacted by a wide range of social, behavioral and health risk factors, including poverty, racism, education, tobacco use, obesity, and access to medical care before and during pregnancy.[14,16,17]

North Carolina has the 11th highest infant mortality rate in the country, at a rate of 7.2 per 1,000 live births, compared to the national rate of 5.9 per 1,000.[8] North Carolina's infant mortality rate has essentially plateaued despite achieving North Carolina's lowest infant mortality rate of 7.0 in 2010 and 2013 (see Figure 7 on page 13).[9] For decades, racial and ethnic disparities across the state have remained intractably high.[9] In particular, the infant mortality disparity ratio between white non-Hispanics and black Non-Hispanics was 2.5 in 2017 (rates of 5.0 and 12.5, respectively).[9] In other words, African American infants die at more than twice the rate of white infants in North Carolina. Healthy NC 2020 established a goal of reducing this disparity to 1.92, which would mark a 10% improvement from the pace of the state's 1999-2008 progress on this measure.[16]

HISTORICAL TRENDS:

FIGURE 5: NC INFANT MORTALITY RATE DISPARITY RATIO

Data Source: NC State Center for Health Statistics
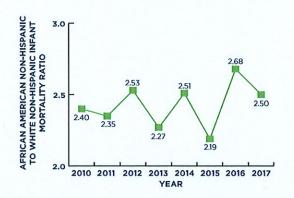
FIGURE 6: NC INFANT MORTALITY RATE DISPARITY

Data Source: NC State Center for Health Statistics
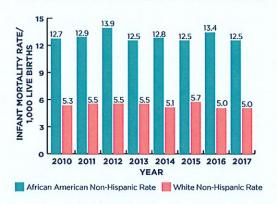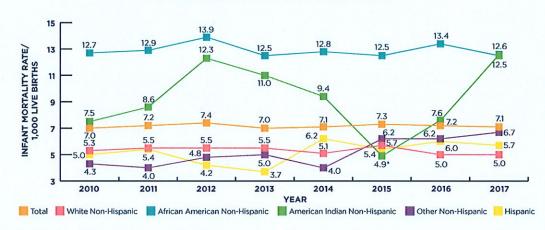
FIGURE 7: TRENDS IN INFANT MORTALITY IN NC

Data Source: NC State Center for Health Statistics

* TECHNICAL NOTE: American Indian Non-Hispanic rate for 2015 is based on small numbers (fewer than 10 deaths) and is considered unstable & should be interpreted with caution.

Goal 2: Preventive Health Services

COMMITMENT: Babies, toddlers, young children, and their families will have regular, ongoing access to high-quality health services.

2025 TARGET: By 2025, increase the percentage of North Carolina's young children enrolled in Medicaid and Health Choice who receive regular well-child visits as part of a healthcare delivery process that provides comprehensive, patient-centered, accessible, quality care as recommended for certain age groups, according to data provided through NC Medicaid and HEDIS measures.[18]
- For children ages 0-15 months, increase from 63.9% to 68.7%.
- For children ages 3-6 years, increase from 69.8% to 78.5%.

SUB-TARGETS:

For more details, visit the interactive NC Early Childhood Action Plan Data Dashboard

1. **Percent of individuals with health insurance**
    - **Children aged 0-8 years**
    - **Heads of household with young children**

    DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

    TREND BY 2025: Increasing

2. **Percent of 19–35-month-old children who are up-to-date on immunizations**
    - **Combination 6: 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, and 1 or more doses of Varicella**
    - **Combination 7: 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV**
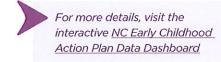
    DATA SOURCE: National Immunization Survey

    TREND BY 2025: Increasing

3. **Percent of children enrolled in Medicaid or Health Choice aged 0-9 who had at least one dental service during the year:**
    - **Age <1 year**
    - **Ages 1-2 years**
    - **Ages 3-5 years**
    - **Ages 6-9 years**

    DATA SOURCE: Dental Quality Alliance Utilization of Services Measures, NC Medicaid

    TREND BY 2025: Increasing

4. **Percent of children receiving 4 or more varnishings by 42 months of age**

   DATA SOURCE: NC Medicaid

   TREND BY 2025: Increasing

5. **Percent of children ages 1 and 2 years receiving lead screening**

   DATA SOURCE: NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Increasing

6. **Percent of families living at or below 200% of the federal poverty level**

   DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

   TREND BY 2025: Decreasing

DEFINITIONS:

The required components of a well-child visit are:
- Comprehensive health and developmental history that assesses physical, developmental, and mental health
  - Hearing and vision screening
  - Oral health (dental) screening
  - Assessment of nutritional status (including risks or concerns for being underweight, overweight or obese)
  - Developmental and behavioral screening
  - Autism screening
  - For infant visits: maternal depression screening
- Comprehensive, unclothed physical examination
- Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices
- Laboratory testing, including anemia and blood lead screening appropriate for age and risk factors
- Health education and anticipatory guidance for both the child and caregiver

A regular well-child visit is defined in Medicaid and Health Choice enrollment as follows:
- A child aged 0-15 months is considered to have received regular well-child visits if he or she attends at least 6 visits.
- A child aged 3-6 years is considered to have received regular well-child visits if he or she attends at least 1 annual visit.
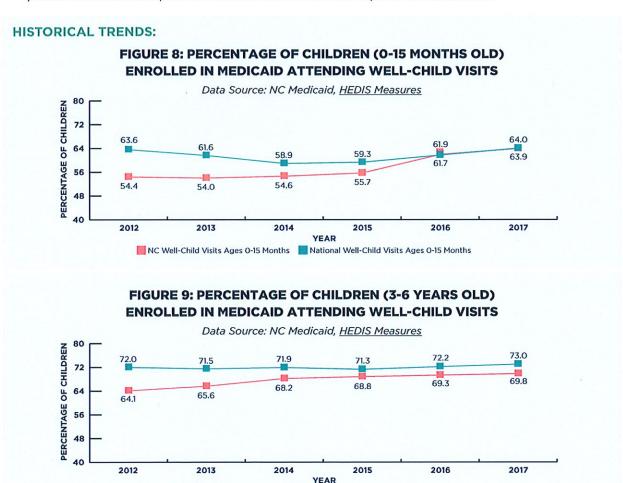
EXPLANATION:

Timely health check-ups are essential to support the optimal health and well-being of babies, toddlers and young children across North Carolina. During well-child visits, healthcare professionals provide preventive care, such as immunizations, lead screenings, and developmental and social-emotional screenings, to identify possible health concerns as early as possible. Parents also have a chance to talk about their concerns, get information, guidance and advice about their child's health and development, and get connected to the right services for their child.

NC Medicaid has seen an upward trend in well-child visits for children aged 0-15 months, as well as 3-6 years, from the years 2012-2017 (see Figure 8 and 9 on page 17).[18] Previously, Healthcare Effectiveness Data and Information Set (HEDIS) measures tracked well-child visits for children aged 12-24 months and 25 months-6 years, but due to consistently high performance on a national level, as well as overlap with other measurement periods, the measures were adjusted to track well-child visits for children aged 0-15 months and 3-6 years.

Both parts of the 2025 target are informed by the national 2016 Quality Compass Medicaid HMO 75th Percentile Benchmarks. Medicaid Managed Care Plans will be accountable for achieving the 75th Percentile Benchmarks as part of the Quality Strategy for Medicaid Managed Care. For children under 15 months, this benchmark is 68.7%. For children ages 3-6 years, this benchmark is 78.5%.

While the primary targets in the NC Early Childhood Action Plan focus on well-child visits for children covered by Medicaid and Health Choice, it will take more to reach the broader commitment of ensuring that all young children receive regular, ongoing access to high-quality preventive health services. Related sub-targets that capture comprehensive preventive care are also included in the plan. For example, access to health insurance for children and families is critical to ensure that children receive preventive care. Lead screening, immunizations, dental care, and preventive oral care services are all essential forms of preventive care that protect children from potential harmful environmental exposures and disease.

HISTORICAL TRENDS:

FIGURE 8: PERCENTAGE OF CHILDREN (0-15 MONTHS OLD) ENROLLED IN MEDICAID ATTENDING WELL-CHILD VISITS

Data Source: NC Medicaid, HEDIS Measures

NC Well-Child Visits Ages 0-15 Months   National Well-Child Visits Ages 0-15 Months

FIGURE 9: PERCENTAGE OF CHILDREN (3-6 YEARS OLD) ENROLLED IN MEDICAID ATTENDING WELL-CHILD VISITS

Data Source: NC Medicaid, HEDIS Measures

NC Well-Child Visits Ages 3-6 Years   National Well-Child Visits Ages 3-6 Years

Goal 3: Food Security

COMMITMENT: Babies, toddlers, young children, and their families across North Carolina will have access to enough healthy food every day.

2025 TARGET: By 2025, decrease the percentage of children living across North Carolina in food insecure homes from 20.9% to 17.5% according to data provided Feeding America.[10]

SUB-TARGETS:

> For more details, visit the interactive NC Early Childhood Action Plan Data Dashboard

1. **Percent of eligible families receiving state and federal supplemental food/nutrition assistance benefits**
   - **Women, Infants, and Children (WIC)**

   DATA SOURCE: NC Women, Infants, and Children (WIC) Program, Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Increasing

2. **Children aged 0-17 years with low access to food**
   - **Statewide**
   - **County-level**

   DATA SOURCE: United States Department of Agriculture

   TREND BY 2025: Decreasing

3. **Rates of young children who are obese or overweight**
   - **Percent of children aged 2-4 years who receive WIC and who are classified as either overweight or obese**

   DATA SOURCE: NC Women, Infants, and Children (WIC) Program, Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Decreasing

4. **Percent of families living at or below 200% of the federal poverty level**

   DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

   TREND BY 2025: Decreasing

DEFINITIONS:

Food Insecure Homes includes the following two definitions:
- Low food security: Reports of reduced quality, variety or desirability of diet.
- Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake
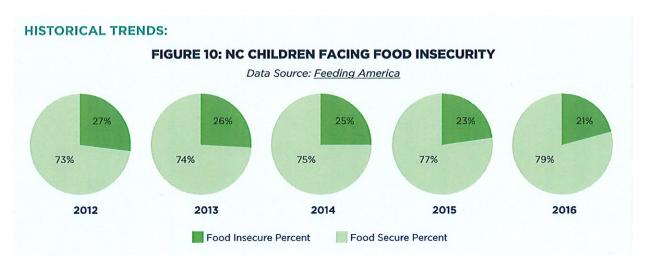
EXPLANATION:

Today, too many North Carolina children do not know if there will be enough food for them every day, or do not get enough quality, nutritious food. Food insecurity puts young children at risk for negative health, developmental, behavioral and academic outcomes.[19-22] Food insecurity also puts young children's parents and other caregivers at risk for poor physical and mental health, and can lead to family conflict.[23,24]

While the rate of food insecurity has gone down slightly in recent years, multiple reports indicate that North Carolina's families face food insecurity at higher rates than much of the country. A recent United States Department of Agriculture report on overall food insecurity in the US ranks North Carolina as the 9th highest rate hunger of any state in the nation.[25] Feeding America ranks North Carolina 10th for the percent of children under age 18 who are food insecure. More than 1 in 5 children across the state, totaling almost 500,000, lived in food insecure homes in 2016.[10] According to those same data, in some North Carolina counties, nearly 1 in 3 children face food insecurity.

Over the last decade, North Carolina has made progress on lowering the percent of children facing hunger. To continue this progress, to the NC Early Childhood Action Plan sets a target to lower our current rate of child food insecurity from 20.9% to the current national average of 17.5% by 2025.[10]
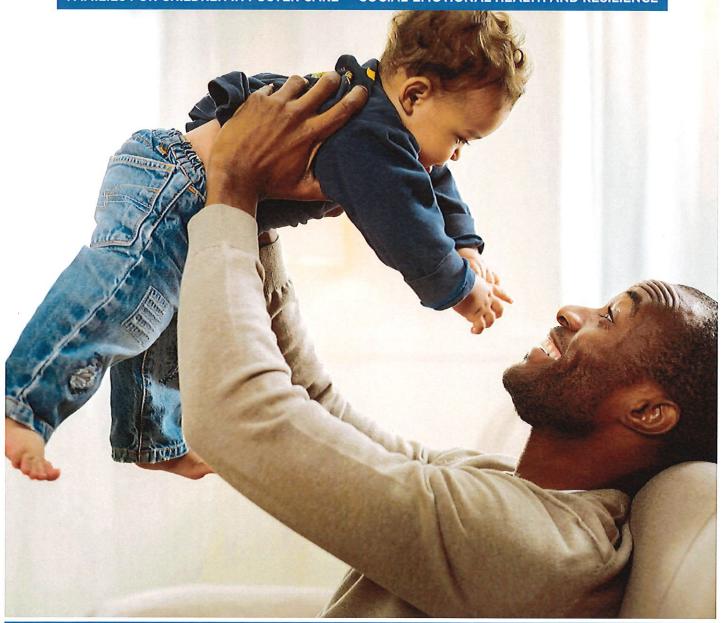
While decreasing rates of food insecurity is critical, healthy eating and child obesity must also be addressed to reach the broader commitment to ensure that all young children have regular access to healthy foods. Therefore, additional sub-targets to track the percent of young children who received supplemental nutrition services, and who are classified as either overweight or obese are also included.

HISTORICAL TRENDS:

FIGURE 10: NC CHILDREN FACING FOOD INSECURITY

Data Source: Feeding America

| 2012 | 2013 | 2014 | 2015 | 2016 |

27% / 73% (2012), 26% / 74% (2013), 25% / 75% (2014), 23% / 77% (2015), 21% / 79% (2016)

■ Food Insecure Percent   ■ Food Secure Percent

Safe and Nurtured

Children grow confident, resilient and independent in safe, stable, and nurturing families, schools and communities

SAFE AND SECURE HOUSING • SAFE AND NURTURING RELATIONSHIPS • PERMANENT FAMILIES FOR CHILDREN IN FOSTER CARE • SOCIAL-EMOTIONAL HEALTH AND RESILIENCE

Goal 4: Safe and Secure Housing

COMMITMENT: Babies, toddlers, young children, and their families across North Carolina will have access to safe, secure, and affordable housing.

2025 TARGET*:

Part 1) By 2025, decrease the percentage of children across North Carolina under age six experiencing homelessness by 10% from 26,198 to 23,578, according to data from the Administration for Children and Families (ACF).[26]

Part 2) By 2025, decrease the number of children kindergarten through third grade enrolled in NC public schools who are experiencing homelessness by 10% from 9,970 to 8,973, according to data provided by the NC Department of Public Instruction (NCDPI).[27]

SUB-TARGETS:

> For more details, visit the interactive *NC Early Childhood Action Plan Data Dashboard*

1. **Percent of young children ages 0-8 in families with high housing cost burden**

   DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

   TREND BY 2025: Decreasing

2. **Number of homeless children participating in education programs:**
   - **High-quality early care and learning**
   - **NC Public Schools, Pre-K – 3rd Grade**

   DATA SOURCE: NC Department of Public Instruction (NCDPI), NC Department of Health and Human Services (NCDHHS), Division of Child Development and Early Education (DCDEE)

   TREND BY 2025: Decreasing

3. **Rate of emergency department visits for asthma care for young children**

   DATA SOURCE: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Decreasing
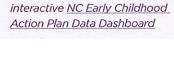
4. **Percent of young children tested with confirmed elevated blood lead levels**

   DATA SOURCE: NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Decreasing

* In setting these targets, we acknowledge that current counts are likely to be an underestimation of homelessness among young children and that rates could increase as identification methods improve.

5. **Percent of families living at or below 200% of the federal poverty level**

DATA SOURCE: American Community Survey (ACS), U.S. Census Bureau

TREND BY 2025: Decreasing

DEFINITIONS:

There are two federal definitions of *homelessness* addressed in the 2025 Target, with one applying to Part 1, and the other applying to Part 2.

Part 1) According to the US Department of Housing and Urban Development (HUD) as outlined in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003), homelessness includes individuals who are:

- Living in a place not meant for human habitation, an emergency shelter, or transitional housing
- Exiting an institution where they temporarily resided
- Losing their primary nighttime residence within 14 days and lack resources or support networks to remain in housing
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state
- Fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing

Part 2) For the US Department of Health and Human Services (HHS) and the US Department of Education (DOE), homelessness is defined in section 330(h)(5)(A) of the McKinney Vento Act as individuals who:

- Lack permanent or unstable housing (without regard to whether the individual is a member of a family), including individuals who live on the streets; whose primary residence is a shelter, mission, single room occupancy facility, or abandoned building or vehicle; or who are residents in transitional housing
- Are unable to sustain a permanent housing situation and must stay with a series of friends and/or family
- Are previously homeless and are to be released from a prison or a hospital and do not have stable housing to which they can return

EXPLANATION:

Too many children across North Carolina do not have a safe and stable place to sleep at night. Some families may be living in shelters, in their cars, or temporarily living with friends or relatives. Unstable housing is stressful, especially for families with young children.[28] This puts these children at a higher risk for poor physical health, and mental health and behavioral problems.[29-31] They are also at risk for delayed language and literacy skills, attention difficulties, and poor self-regulation.[30,32,33] They may also struggle in school with relationships with their classmates and their teachers.[31]

Children living in unsafe or unstable conditions also often face greater challenges at home and in their communities, such as family and neighborhood violence, maltreatment, food insecurity, chronic illness, and lack of proper healthcare.[34-36] They may face unhealthy home environments that expose them to things such as lead, pests, poor ventilation, or mold, that could lead to health problems such as asthma, or physical dangers that could lead to injury.

Further, caregivers of young children who experience homelessness often report poor health, signs of maternal depression or other mental illness, putting them at risk for low confidence in parenting and using harsh parenting practices.[37]

According to the recent Administration for Children and Families report in 2015, 1 in 28 North Carolina children under age 6 experienced homelessness.[26] In 2016, 33% of North Carolina children ages 0-8 lived in households that spent more than 30% of their income on housing.[7] According to data from the NC Department of Public Instruction, 9,970 children from kindergarten through third grade enrolled in NC public schools experienced homelessness in the 2017-18 school year (see Figure 11 and 12 below).[27]

The NC Early Childhood Action Plan includes quantitative measures based on the estimates available of young children facing homelessness and housing insecurity, recognizing the limitations on being able to accurately identify this population in North Carolina. While methods of identifying families with young children who face housing insecurity may improve, which would in turn increase counts of the North Carolina homeless population, the current target is to decrease counts of young children facing homelessness and housing insecurity by 10 percent.

HISTORICAL TRENDS:

FIGURE 11: NUMBER OF CHILDREN UNDER AGE SIX EXPERIENCING HOMELESSNESS IN NC

Data Source: Administration for Children and Families

26,198
Children under age six experience homelessness in NC
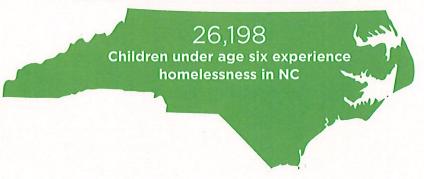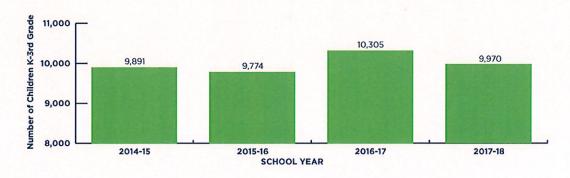
FIGURE 12: NUMBER OF CHILDREN K-3RD GRADE ENROLLED IN NC PUBLIC SCHOOLS EXPERIENCING HOMELESSNESS

Data Source: NC Department of Public Instruction

Goal 5: Safe and Nurturing Relationships

COMMITMENT: Babies, toddlers, and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

2025 TARGET*:

By 2025, decrease by 10% the rate of children in North Carolina who are substantiated victims of maltreatment.

- For children ages 0-3 years, reduce from 20.1 to 18.1 per 1,000 children
- For children ages 4-5 years, reduce from 14.5 to 13.1 per 1,000 children
- For children ages 6-8 years, reduce from 13.4 to 12.1 per 1,000 children

All data for this target is provided by the Division of Social Services Central Registry, and NC FAST.

SUB-TARGETS:

1. **Percent of children ages 0-8 with two or more adverse childhood experiences**

   For more details, visit the interactive *NC Early Childhood Action Plan Data Dashboard*

   DATA SOURCE: National Survey of Children's Health (NSCH), U.S. Department of Health and Human Services

   TREND BY 2025: Decreasing

2. **Percent of children enrolled in Medicaid who turned 6 months old during the measurement period who have documentation of screening for the mother post-partum**

   DATA SOURCE: NC Medicaid

   TREND BY 2025: Increasing

3. **Rate of emergency department visits for injuries for young children**

   DATA SOURCE: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Decreasing

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* In setting this target, it is critical to note the limitations of these data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment.

DEFINITIONS:

Child maltreatment: Abuse and neglect of a child under the age of 18 by a parent, guardian, custodian or caregiver. North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency.

EXPLANATION:

Strong, positive relationships between children and their caregivers is a key ingredient for healthy brain development. When young children face severe adversity, such as abuse, neglect or witnessing violence, the structure and function of their brain and bodies can change. For some children, the level of stress produced by severe adversity causes their bodies to respond by staying set on high-alert, which can result in long-term health consequences.[38,39,40] Caregivers play an active role in shielding children from feeling overwhelming amounts of stress.

Child maltreatment is defined as abuse and neglect of a child under the age of 18 by a parent, guardian or caregiver. While child maltreatment occurs within families from all economic backgrounds, it is more common among children in low-income families.[41] Factors that can contribute to child maltreatment include the presence of adults who face substance use disorders, mental illness (notably maternal depression) and intimate partner violence.[42]
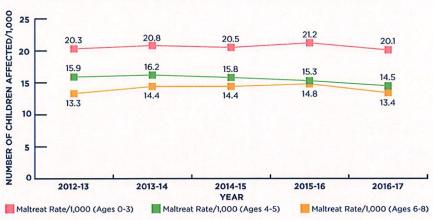
Young children are especially vulnerable for experiencing maltreatment.[43] Trends data reveal that maltreatment rates are highest for children ages 0 to 3 years in North Carolina (see Figure 13 below). For children in foster care (10,242 in January 2018), 28% were under age 5.[44]

In FFY 2016, the national child maltreatment rate was 14.48 per 1,000 children aged 0-3 years and 12.97 per 1,000 children aged 0-5 years.[43] The Early Childhood Action plan sets a target of reducing the current rates by 10 percent.

HISTORICAL TRENDS:

FIGURE 13: NC MALTREATMENT RATES PER 1,000 CHILDREN

Data Source: Division of Social Services Central Registry and NC FAST

Goal 6: Permanent Families for Children in Foster Care

COMMITMENT: Babies, toddlers, and young children in North Carolina's foster care system will grow up in stable, consistent, and nurturing families, whether that is with the child's birth family or through an adoptive family.

2025 TARGET:

Part 1) Reunification: By 2025, decrease the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate.

- For children aged 0-3 years, decrease the median number of days from 371 to 334.
- For children aged 4-5 years, decrease the median number of days from 390 to 351.
- For children aged 6-8 years, decrease the median number of days from 371 to 334.

Part 2) Adoption: By 2025, decrease the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.

- For children aged 0-3 years, decrease the median number of days from 822 to 730.
- For children aged 4-5 years, decrease the median number of days from 1,006 to 730.
- For children aged 6-8 years, decrease the median number of days from 988 to 730.

All data for this target is provided by the Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST.

SUB-TARGETS:

For more details, visit the interactive NC Early Childhood Action Plan Data Dashboard

1. **Percent of child welfare cases that are adjudicated within 60 days**

   DATA SOURCE: Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC)

   TREND BY 2025: Increasing

2. **Percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from the home**

   DATA SOURCE: Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC)

   TREND BY 2025: Increasing

3. **Median number of days to termination of parental rights**

   DATA SOURCE: Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC)

   TREND BY 2025: Decreasing

DEFINITIONS:

Foster Care Placement: Court-ordered temporary substitute care provided to a child who must be separated from his or her own parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care.

Reunification: A child in foster care is placed back into legal custody with his or her birth family or original primary caregiver. The most common outcome for a child placed into the foster care system is to be reunified with his or her family.

Adoption: An adoption is a lasting, nurturing, legally secure relationship with at least one adult that is characterized by mutual commitment. The adoption of a child in foster care can occur when a child's biological parents' rights are terminated by the court. Both reunification and adoption are considered permanent placements for children.

EXPLANATION:

Young children need safe, permanent homes with nurturing and secure relationships with adults for healthy growth and development.[31,45] Right now, too many of North Carolina's children in foster care spend hundreds of days in the foster care system before being placed in a permanent home.

For children who must be placed in foster care, being removed from their home and placed in a foster home may be stressful. In general, reunification with the child's family is preferred. However, before this can occur, it is important that the underlying reasons which led to the child's removal are addressed. Sometimes families are unable to make these changes within the 12 month time frame allotted by the state, which is a more defined timeframe than the federal standard of 15 of the most recent 22 months as set through the Adoption and Safe Families Act of 1997.

According to historical data, the median days to permanency for reunification, guardianship or custody appear to be higher for all age groups in 2016-17 compared to 2012-13 (see Figure 14 on page 28).[46] This means that more children are spending more time in foster care. Adoption is evaluated separately from the rest of the permanency outcomes because it can only be pursued as a primary permanency plan after efforts to reunify a child with their family of origin have failed. For children aged 6-8 years at entry, the number of days to adoption has decreased compared to 2012-13, while for children aged 4-5 at entry, the number of days has increased (see Figure 15 on page 28).[46] Efforts to reunify a family will typically take over a year and can last longer than that.

The NC Early Childhood Action Plan sets targets in the following ways: For Part 1, the 2025 target represents a 10% reduction in the median number of days a child spends in foster care before being reunified. For Part 2, the 2025 target brings North Carolina in line with the federal expectation that adoptions be completed within 24 months of a child entering foster care. The median rather than the average was chosen because it offers a more stable measure of duration. The median number of days to permanence allows for direct comparisons of various parts of the placement episode (e.g., the number of days from removal to permanence, and the number of days from the initial adoption petition to permanence).

HISTORICAL TRENDS:

FIGURE 14: NC TIME TO REUNIFICATION, GUARDIANSHIP OR CUSTODY

Data Source: Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST

Y-axis: DAYS SPENT IN THE FOSTER SYSTEM (300–400)
X-axis: YEAR OF ENTRY (2012-13, 2013-14, 2014-15, 2015-16, 2016-17)

	2012-13	2013-14	2014-15	2015-16	2016-17
Child Age 0-3 Years at Entry	356	352	375	365	371
Child Age 4-5 Years at Entry	363	352	376	376	390
Child Age 6-8 Years at Entry	349	330	385	366	371

■ Child Age 0-3 Years at Entry   ■ Child Age 4-5 Years at Entry   ■ Child Age 6-8 Years at Entry
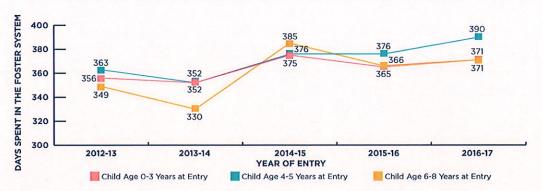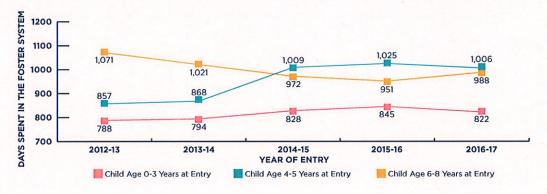
FIGURE 15: NC TIME TO ADOPTION

Data Source: Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST

Y-axis: DAYS SPENT IN THE FOSTER SYSTEM (700–1200)
X-axis: YEAR OF ENTRY (2012-13, 2013-14, 2014-15, 2015-16, 2016-17)

	2012-13	2013-14	2014-15	2015-16	2016-17
Child Age 0-3 Years at Entry	788	794	828	845	822
Child Age 4-5 Years at Entry	857	868	1,009	1,025	1,006
Child Age 6-8 Years at Entry	1,071	1,021	972	951	988

■ Child Age 0-3 Years at Entry   ■ Child Age 4-5 Years at Entry   ■ Child Age 6-8 Years at Entry

Goal 7: Social-Emotional Health and Resilience

COMMITMENT: Babies, toddlers, and young children across North Carolina will express, recognize, and manage their emotions in a healthy way, especially under stress.

2025 TARGET: By 2025, North Carolina will have a reliable, statewide measure of young children's social-emotional health and resilience at the population level.

SUB-TARGETS: Data not yet available.

For more details, visit the interactive NC Early Childhood Action Plan Data Dashboard

DEFINITIONS:

Social and emotional health is a broad domain. The National Association for the Education of Young Children (NAEYC) states that children who are socially and emotionally healthy tend to exhibit the following behaviors:

- Usually in a positive mood
- Listen and follow directions
- Have close relationships with caregivers and peers
- Care about friends and show interest in others
- Recognize, label, and manage their own emotions
- Understand others' emotions and show empathy
- Express wishes and preferences clearly
- Gain access to ongoing play and group activities
- Play, negotiate, and compromise with others

Resilience is defined by the American Psychological Association as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress...It means 'bouncing back' from difficult experiences."[47]

EXPLANATION:

Social-emotional skills, such as the ability to recognize and manage one's emotions and the ability to understand the emotions of others, provide a foundation for building trusting relationships that are important at home, school and the work place. For example, skills like cooperation and helpfulness have been linked to positive outcomes later in life such as having a job, being physically and mentally well, and being less criminally involved.[48,49]

The importance of social-emotional health and resilience for young children is becoming increasingly recognized nationwide. However, currently a strong statewide data source on young children's social-emotional health and resilience does not exist. North Carolina has an opportunity to be a national leader in developing the ability to track social emotional well-being for young children at a state level. The state has already begun work to identify appropriate data sources that would allow for this to be tracked.

Promising examples of data sources for monitoring social-emotional health and resilience are outlined below. In the future, such data could be collected on privately insured and uninsured children to ensure seamless and universal representation in social-emotional health services as well as data tracking.

- **Measures from the <u>National Survey for Children's Health (NSCH)</u>** may provide a useful source for information on children's social-emotional well-being and resilience. The NCSCH is a nationwide population-level survey that includes data down to the state level. The state of Vermont, as well as the organization ZERO TO THREE, have utilized composite measures aggregating specific survey questions in order to evaluate children's social-emotional well-being and resilience. One example is the health indicator for <u>flourishing for young children, age 6 months through 5 years</u>. This indicator was designed to provide data on child well-being and resilience and is based on answers to four survey questions that capture information about domains of thriving.

  Example question on this screening:
  - "How true are each of the following statements about this child: (1) child is affectionate and tender, (2) child bounces back quickly when things don't go his/her way, (3) child shows interest and curiosity in learning new things, and (4) child smiles and laughs a lot."

- **The Survey of Well-Being of Young Children (SWYC)** is a freely-available screening assessment for children under age 5. It assesses three domains for child functioning: 1) developmental, 2) emotional/behavioral, and 3) family context. Since the screening covers all three areas in one tool, it may be useful for health providers.

  Examples questions on this screening:
  - 2 months: "Please tell us how much your child is doing each of these things... Makes sounds that let you know he or she is happy or upset (Not yet, somewhat, or very much)"
  - 1.5 years: "Think about what you would expect of other children the same age, and tell us how much each statement applies to your child...Have a hard time calming down? (Not at all, somewhat, or very much)"
  - 1 month-5.5 years: "In the last year, have you ever drunk alcohol or used drugs more than you meant to?"
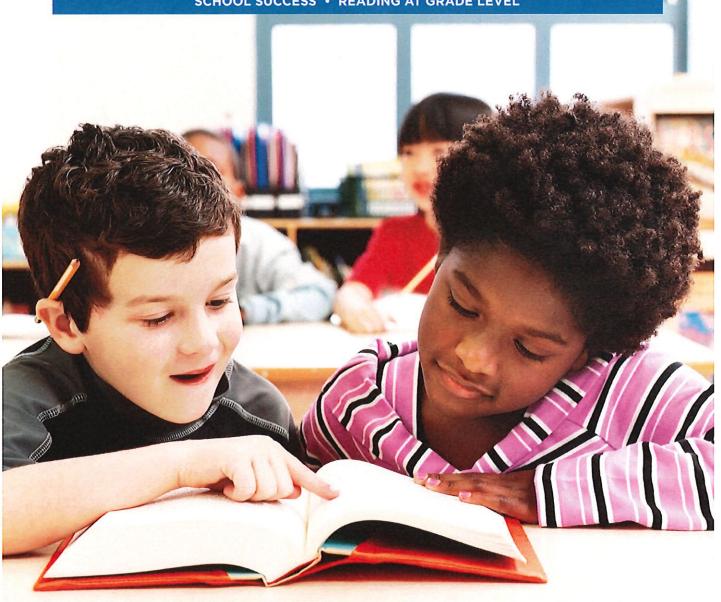
- **Medicaid claims data: Using modifiers for developmental or behavioral health screens.** Following the work of Massachusetts, North Carolina could add modifiers to the Medicaid billing codes for general developmental and behavioral screenings that note the presence or absence of a developmental/behavioral health need.

HISTORICAL TRENDS: Data not yet available.

Learning and Ready to Succeed

Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life

HIGH-QUALITY EARLY LEARNING • ON TRACK FOR SCHOOL SUCCESS • READING AT GRADE LEVEL

Goal 8: High-Quality Early Learning

COMMITMENT: Babies, toddlers, and young children across North Carolina will be able to participate in high-quality early learning programs.

2025 TARGET:

Part 1) By 2025, increase the percentage of income-eligible children enrolled in NC Pre-K statewide from 47% to 75%.[50]

Part 2) By 2025, decrease the percent of family income spent on child care, according to data provided by Child Care Aware America:[51]

- Infant Care: Decrease from 11.6% to 7.0%
- Toddler Care: Decrease from 10.5% to 7.0%
- Four-Year-Olds: Decrease from 10.0% to 7.0%

For more details, visit the interactive NC Early Childhood Action Plan Data Dashboard

SUB-TARGETS:

1. **Percent of eligible children whose families receive child care subsidy and are enrolled in 4- or 5-star centers and homes:**
   - **Ages 0-2 years**
   - **Ages 3-5 years**

   DATA SOURCE: Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Increasing

2. **Percent of eligible children enrolled in Head Start:**
   - **Ages 0-2 years**
   - **Ages 3-5 years**

   DATA SOURCE: North Carolina Head Start State Collaboration Office

   TREND BY 2025: Increasing

3. **Percent of early childhood teachers with post-secondary early childhood education**
   - **Degree type**

   DATA SOURCE: Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Increasing

4. **Workforce turnover: statewide separation rates for full-time teachers**

   DATA SOURCE: Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)

   TREND BY 2025: Decreasing

DEFINITIONS:

Income Eligibility: NC Pre-K: four year-olds in North Carolina whose families earn 75% or below of the State Median Income (SMI)

Percent of Family Income Spent on Child Care: Average child care expenditures for a married couple as a share of the state median income for families with children under age 18, as calculated by Child Care Aware.

EXPLANATION:

High-quality early care and education programs help prepare children physically, academically, socially and emotionally. While children from all backgrounds can benefit from attending high-quality and affordable child care and education programs, children facing challenges related to poverty, disabilities or limited English proficiency often benefit the most from these programs.[52] A growing amount of evidence shows that high-quality child care programs help better prepare children become more on-track for school success, which supports them in becoming healthy, successful adults.[53,54] Research also shows that employers benefit when employees' children are in quality child care arrangements.[38] When parents know their children are provided quality care that fosters healthy development, they are more productive and focused on work.

The NC Early Childhood Action Plan target focuses on two measures of families' ability to access child care programs in North Carolina: rates of eligible families enrolled in NC Pre-K, and the affordability of child care programs.

Part 1 of the target focuses on increasing the percent of eligible children attending NC Pre-K. This aligns with the recommendations outlined in the recent report from the National Institute for Early Education Research (NIEER), Barriers to Expansion of NC Pre-K: Problems and Potential Solutions. This report analyzes statewide preschool data to determine the true unmet need for NC Pre-K among eligible children and identifies key barriers to access.[55] As shown in the Figure 16 below, 47.4% of eligible children enrolled in NC Pre-K in the most recent year.

Recognizing that more children under age five attend other child care and early learning programs, the plan includes sub-targets that track two other types of high-quality child care and learning programs: Head Start and 4- and 5-Star Programs for families who receive child care subsidy.

Part 2 of the target focuses on decreasing the percent of household income devoted to child care is based on the rate recommended by the US Department of Health and Human Services for a household.[56]

HISTORICAL TRENDS:

FIGURE 16: NC PERCENT OF ELIGIBLE CHILDREN ENROLLED IN NC PRE-K

*Data Source: Division of Child Development and Early Education (DCDEE),
NC Department of Health and Human Services (NCDHHS)*

2014-15	2015-16	2016-17	2017-18	2018-19
59.5% / 40.5%	60.0% / 40.0%	58.9% / 41.1%	55.4% / 44.7%	52.6% / 47.4%

■ Percent of Eligible Children Enrolled in NC Pre-K
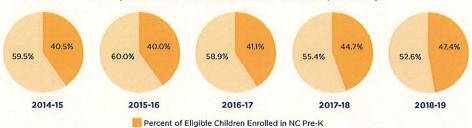
FIGURE 17: NC PERCENT OF FAMILY INCOME SPENT ON CHILD CARE

Data Source: Child Care Aware America

11.6% of median family income spent on infant care in NC

10.5% of median family income spent on toddler care in NC

10.0% of median family income spent on four-year-old care in NC

Goal 9: On Track for School Success

COMMITMENT: Young children across North Carolina will reach their developmental goals by the time they enter Kindergarten.

2025 TARGET*: By 2025, increase the percentage of children across North Carolina who enter kindergarten at a level typical for their age group, according to the five domains of the NCDPI Kindergarten Entry Assessment (KEA).

SUB-TARGETS:

For more details, visit the interactive _NC Early Childhood Action Plan Data Dashboard_

1. **Percent of children enrolled in Medicaid receiving general developmental screening in first 3 years of life**

   DATA SOURCE: NC Medicaid Child Core Set

   TREND BY 2025: Increasing

2. **Percent of children who receive early intervention and early childhood special education services to address developmental risks and delays as compared to NC Census data**
   - **Infant Toddler Program**
   - **Exceptional Children Program**

   DATA SOURCE: NC Early Intervention Program, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS), NC Preschool Exceptional Children, NC Department of Public Instruction (NCDPI)

   TREND BY 2025: Increasing

3. **Percent of children receiving early intervention and early childhood special education services to address developmental risks and delays who demonstrate improved positive social-emotional skills and acquisition and use of knowledge and skills**
   - **Infant Toddler Program**
   - **Exceptional Children Program**

   DATA SOURCE: NC Early Intervention Program, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS), NC Preschool Exceptional Children, NC Department of Public Instruction (NCDPI)

   TREND BY 2025: Increasing

* Data not yet available.

DEFINITIONS:

The **KEA** is administered statewide by NCDPI to all incoming kindergarten students in North Carolina public schools. It is a formative assessment administered by teachers in the classroom during the normal course of daily instruction within the first 60 days of school in order to capture the development of each child at kindergarten entry. While currently there is no public reporting of this assessment, state-level reporting is under consideration by NCDPI.

Domains of Developmental Progress for Young Children, according to the NC Kindergarten Entry Assessment (KEA) administered by NC Department of Public Instruction:

- Approaches to Learning: Engagement in Self-Selected Activities
- Cognitive Development: Object Counting
- Emotional-Social Development: Emotional Literacy
- Health and Physical Development: Grip Manipulation, Crossing Midline, Hand Dominance
- Language Development and Communication: Following Directions, Letter Naming, Book Orientation, Print Awareness

EXPLANATION:

A child's development when they enter kindergarten has been linked to success in school and into adulthood.[41,53,54] Assessments of a child's ongoing development before they get to kindergarten allow for referrals and services for the supports a child may need to reach his or her developmental goals. North Carolina is committed to ensuring that all children will enter kindergarten having received the health and learning supports they needed along the way.

The North Carolina Early Childhood Action Plan sets a primary target to increase the percent of children across North Carolina who enter kindergarten at a level typical for their age group, according to the five domains of the NCDPI Kindergarten Entry Assessment (KEA). As NCDPI plans for public reporting on the KEA at a statewide aggregate level, the Early Childhood Action Plan will be updated accordingly to incorporate those measures and set a 2025 target.

There is no singular method to measure or assess a child's developmental abilities, and thereby deem them "ready" or not for school. Therefore, the NC Early Childhood Action Plan includes multiple sub-targets that address developmental screening and supports for children who need them to achieve their developmental goals.

HISTORICAL TRENDS: Data not yet available.

Goal 10: Reading at Grade Level

COMMITMENT: Young children across North Carolina will read on grade level in elementary school, with a particular focus on African American, American Indian, and Hispanic children who face the greatest systemic barriers to reading success.

2025 TARGET:

By 2025, increase the percentage of children across the state achieving high levels of reading proficiency according to the following measures:

Part 1) Increase the percentage of students reading above proficiency from 45.8% to 61.8% for 3rd – 8th grade students on statewide end of grade tests (EOGs), consistent with the state's Every Student Succeeds Act (ESSA) Plan 2025 reading proficiency benchmark.[57,58]

Part 2) Increase reading proficiency from 39% to 43% according to the fourth grade National Assessment of Educational Progress (NAEP).[12]

SUB-TARGETS:

1. **3rd grade End of Grade (EOG) rates above proficiency**
   - **Statewide**
   - **African-American**
   - **American Indian**
   - **Hispanic**

   For more details, visit the interactive NC Early Childhood Action Plan Data Dashboard

   DATA SOURCE: NC Department of Public Instruction (NCDPI)

   TREND BY 2025: Increasing

2. **4th grade National Assessment of Educational Progress (NAEP) scores for priority populations:**
   - **African-American**
   - **American Indian**
   - **Hispanic**

   DATA SOURCE: Nation's Report Card

   TREND BY 2025: Increasing

3. **Percent of students reading or exhibiting pre-literacy behaviors at or above grade level by the end of the year according to mCLASS Reading 3D**
   - **Kindergarten**
   - **1st grade**
   - **2nd grade**

   DATA SOURCE: NC Department of Public Instruction (NCDPI)

   TREND BY 2025: Increasing

4. **Percent of families living at or below 200% of the federal poverty level**

   DATA SOURCE: American Community Survey (ACS)

   TREND BY 2025: Decreasing

DEFINITIONS:

Reading Proficiency: North Carolina end of grade tests (EOGs) are administered to all public school students third through twelfth grade and above. Reading EOGs are scored on five performance levels, with Level 1 being the lowest and Level 5 the highest. Students scoring at or above Level 3 are considered proficient.

The state's Every Student Succeeds Act (ESSA) Plan sets goals higher than standard proficiency, instead focusing around levels 4 and 5 on EOG performance, denoting College and Career Readiness. Part 1 of this target, therefore, measures the percent of students scoring above proficient.[58]

The National Assessment of Educational Progress (NAEP) provides another measure of reading proficiency based on a sample of students in each state. Scores are grouped into three performance levels; basic, proficient, and advanced. The 4th grade NAEP reading assessment is given every two years. Part 2 of this target measures the percent of students scoring at or above proficient.[12]

EXPLANATION:

Reading at grade-level in third grade is linked to children's early success in school, graduating ready for college or a career after high school, and becoming productive adults.[41] Beyond third grade, time in the classroom is less and less devoted to the fundamentals of learning to read, so learning to read well early is important for young children.[59,60] It is often said that a child learns to read until third grade and then reads to learn after third grade. Across North Carolina and the country, there are significant differences in reading achievement by race and ethnicity because of systemic factors that hold students back from being able to reach their full potential.[61]

Over the past five years, the percent of 3rd-8th grade students meeting the College and Career Ready standard for reading on end of grade testing has remained relatively flat, with a slight upward trend in 2017-18 (see Figure 19 on page 39).[57] North Carolina's End of Grade exams reinforce that stark racial disparities exist in reading proficiency.

Another assessment that is used to evaluate reading proficiency in North Carolina is the National Assessment of Educational Progress (NAEP). Fourth grade reading assessment scores from the NAEP are evaluated to monitor the percent of North Carolina children reading proficiently over time and compared to national levels of reading proficiency. According to NAEP data, about the same percentage of NC 4th graders are reading proficiently currently as two years ago-39 percent in 2017 vs. 38 percent in 2015 (see Figure 20 on page 40).[12] As noted by the NC Early Childhood Foundation, scores for specific subgroups of children shifted from 2015 to 2017, revealing that progress differed based on certain socioeconomic factors. For example, the percent of students eligible for free or reduced-price lunch that scored "below basic" increased significantly from 2015 to 2017, indicating that economically disadvantaged students are struggling to meet the lowest level of performance.[61] Also, as compared to national data, the percentages of English-Language Learner students in North Carolina who scored at the "basic" and "proficient" levels or higher were significantly lower.[61]

In 2018, NCDPI submitted the state plan for the Every Student Succeeds Act (ESSA), sharing statewide learning goals to achieve by 2030.[48] This plan set a statewide goal for 3rd-8th grade reading proficiency rates, with a benchmark for the 2024-25 school-year at 61.8% performing above proficiency. To align efforts and to share accountability for achieving goals, the NC Early Childhood Action Plan incorporates NCDPI's 2025 benchmark into Part 1 of this target.

In 2017, 39% of North Carolina 4th graders were proficient readers according to the NAEP. The Part 2 of the target is to reach the NAEP proficiency rate of the top achieving state in the region, Virginia, which would be about a 10% improvement from North Carolina's current rate.

HISTORICAL TRENDS:

FIGURE 18: NC EOG ASSESSMENT 3RD GRADE READING – PERCENT OF STUDENTS COLLEGE AND CAREER READY BY RACE, ETHNICITY

Data Source: NC Department of Public Instruction (NCDPI)

Y-axis: PERCENT OF STUDENTS COLLEGE AND CAREER READY

Year	2014	2015	2016	2017	2018
Asian, Non-Hispanic	65.8	66.7	67.0	66.9	64.8
White, Non-Hispanic	61.1	60.3	61.7	60.6	59.3
Two or More Races, Non-Hispanic	50.0	48.9	50.5	48.8	47.1
All Students	47.7	46.5	47.8	46.1	45.0
American Indian, Non-Hispanic	31.5	31.4	32.3	30.0	31.6
Hispanic	31.2	30.3	31.3	29.9	30.2
African American, Non-Hispanic	30.4	29.2	30.8	28.9	28.1

YEAR OF EXAM

Legend: All Students; American Indian, Non-Hispanic; Asian, Non-Hispanic; African American, Non-Hispanic; Hispanic; White, Non-Hispanic; Two or More Races, Non-Hispanic

FIGURE 19: NC EOG ASSESSMENT 3RD-8TH GRADE READING – PERCENT OF STUDENTS COLLEGE AND CAREER READY BY RACE, ETHNICITY

Data Source: NC Department of Public Instruction (NCDPI)

Y-axis: PERCENT OF STUDENTS COLLEGE AND CAREER READY

Year	2014	2015	2016	2017	2018
Asian, Non-Hispanic	63.0	64.5	66.4	67.2	66.5
White, Non-Hispanic	57.8	58.4	58.8	58.9	59.7
All Students	44.7	45.1	45.8	45.5	46.0
American Indian, Non-Hispanic	29.2	30.0	31.5	31.2	32.0
Hispanic	28.8	28.6	30.4	29.9	31.6
African American, Non-Hispanic	26.3	26.7	27.9	27.4	28.1

YEAR OF EXAM

Legend: All Students; American Indian, Non-Hispanic; Asian, Non-Hispanic; African American, Non-Hispanic; Hispanic; White, Non-Hispanic
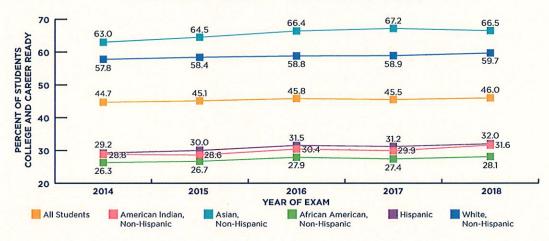
FIGURE 20: PERCENTAGE OF ALL STUDENTS AT OR ABOVE PROFICIENCY, 4TH GRADE NAEP READING

Data Source: National Assessment of Educational Progress (NAEP)
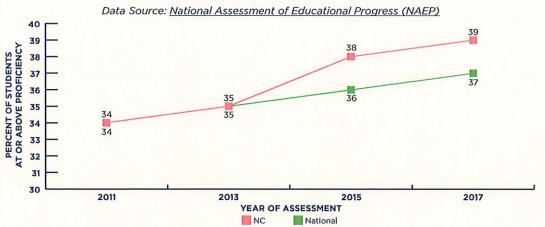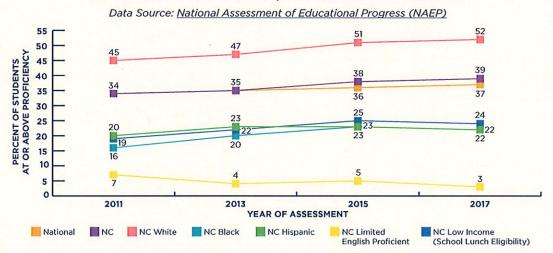
FIGURE 21: PERCENTAGE OF ALL STUDENTS BY DEMOGRAPHIC AT OR ABOVE PROFICIENCY, 4TH GRADE NAEP READING

Data Source: National Assessment of Educational Progress (NAEP)

COMMITTING TO ACTION:
Strategies for All of Us

As North Carolinians, we all have a role in improving the health, safety and well-being, and early learning of young children from birth through age 8. Whether you are a parent, a health care provider, a policymaker, a business leader, a teacher or anyone else who is committed to our state's future, each of us can right now commit to actions that will create a better future for young children, their families and all of us.

Public and private partners across the state have come together to create an initial list of strategies that will help North Carolina move the needle on the 10 Early Childhood Action Plan goals by 2025, and toward the plan's statewide vision for children. This list of strategies is particularly informed by NC Pathways to Grade-Level Reading, the Perinatal Health Strategic Plan, the NCIOM Essentials for Childhood Task Force, and NC Think Babies.

Healthy: Children are healthy at birth and thrive in environments that support their optimal health and well-being.

North Carolinians can support young children's healthy growth and development by:

- Closing the insurance coverage gap to ensure more families have regular access to physical, mental and oral health services.

- Increasing access, particularly in rural areas, to healthcare providers, including pediatricians, OB/GYNs, oral health providers and pediatric specialists, through methods such as increasing reimbursement rates in Medicaid and through other insurers to healthcare providers.

- Making it easier for young women to visit a primary care provider more regularly, which can help support healthy future pregnancies, and provide access to services such as substance use intervention, tobacco cessation and prevention, reproductive life planning, and chronic disease management.

- Making it easier for pregnant women and families to navigate the healthcare system by providing care coordination and case management services.

- Promoting referrals to and participation in early intervention services for infants and young children with developmental delays and disabilities and their families.

- Making it easier for eligible families to enroll in supplemental food and nutrition benefits programs, especially during times of disaster and recovery.

- Making it easier for families to receive mental and physical health supports during times of disaster and during recovery.

- Collecting and analyzing reliable data on young children's health, well-being, social-emotional development, housing status, academic performance and other factors in order to track children's progress across multiple years, and then using those data to make better policy decisions for their care.

- Promoting opportunities for young children to access breakfast and after-school meals during the traditional school year, as well as opportunities to receive meals on weekends and school breaks.

- Promoting exercise and healthy eating habits for young children in early care and learning programs, kindergarten through third grade classrooms, and at home with their families.

North Carolinians can create healthy environments for young children by:

- Encouraging breastfeeding-friendly policies and services in local communities.
- Increasing children's access to safe, clean drinking water and indoor and outdoor air.
- Increasing access to high-quality outdoor play and learning environments.
- Assessing and addressing the impacts of climate change on young children in NC.

- Measuring, reliably tracking and reducing children's exposure to toxic substances, such as lead.
- Making more safe and affordable housing available for low-income families with young children, such as affordable housing development, supporting home loans and increasing funding for vouchers.
- Making more safe and affordable transportation available for low-income families with young children, including to and from early care and education programs, schools and health services, especially in rural communities.

Safe and Nurtured: Children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.

North Carolinians can support safe, stable and nurturing families by:

- Promoting evidence-based home visiting and parent education programs.
- Improving care for mothers experiencing depression.
- Providing increased access to research-based mental health services to children and adults who need them.
- Improving the process for getting children who are in the foster care system into permanent families.
- Measuring the social-emotional well-being and resilience of young children across the state.
- Investing in family-centered systems like the Smart Start network.

North Carolinians can support safe, stable and nurturing schools and communities by:

- Hiring more staff in supportive roles such as school counselors, social workers and school nurses.
- Training professionals who work with young children on best practices in mental health and resilience, including doctors, teachers, law enforcement and others.

- Eliminating or minimizing the use of suspension and expulsion in birth through third grade classrooms.
- Promoting family-friendly work places, such as paid sick leave, paid parental leave and reliable work schedules.
- Increasing wages and promoting tax policies for working families that support a high quality of life, such as policies that prevent families from losing child care subsidy if their wages increase just past the threshold required to receive the benefit.
- Promoting access to higher education to improve young parents' ability to increase his or her income.

Learning and Ready to Succeed: Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life.

North Carolinians can support making high-quality early learning available to more families by:

- Expanding access to NC Pre-K, 4- and 5-star early learning programs and other high-quality early childhood programs.

- Increasing funding for child care subsidy for eligible families.

- Increasing funding to public schools and early learning programs that serve children with the highest barriers to success, including children from low-income families.

- Improving the rigor and responsiveness of birth through third grade teacher and administrator preparation programs, such as aligning best practices and curriculum across grade levels.

- Raising wages to attract, recruit and retain highly-qualified birth through third grade teachers, by efforts such as increasing base salaries and/or promoting wage supplement programs.

- Making transitions between preschool and kindergarten easier for children, families and teachers.

- Increasing access to high-quality early childhood programs for children who are homeless, in foster care, or from immigrant families.

- Expanding access to high-quality early learning programs and ongoing classroom supports for young children with disabilities and other special healthcare needs.

- Providing business development supports to create new child care facilities or improve existing early learning centers and homes to address the prevalence of child care deserts, such as providing low-interest loans and capital funds.

Building Racial and Cultural Equity: Barriers along lines of race, ethnicity and other factors can limit a young child's access to opportunities.

North Carolinians can help build racial and cultural equity by:

- Giving families and youth of color a seat at the table in program and policy design and implementation.

- Promoting learning environments for young children that are free from systemic racism and implicit bias.

- Training leaders who support young children and families in racial equity and cultural competence by offering training on implicit bias, cultural variations in communication and interaction, adverse childhood experiences (ACEs), building resiliency, and child development.

- Using diagnostic and assessment tools in education and healthcare that are free of linguistic, racial and cultural bias.

- Re-evaluating and replacing early childhood data sources and methods of collecting information across sectors in order to eliminate measures that may demonstrate racial, ethnic, geographic or other kinds of bias.

- Hiring a diverse workforce of child and family-facing providers across sectors, such as healthcare, education and law enforcement, in order to ensure more racial, ethnic and geographic representation.

What other strategies can we add? Where can you take action now? Visit www.ncdhhs. gov/early-childhood to commit to take action today!

NC EARLY CHILDHOOD ACTION PLAN
Take Action Today!

In order to reach our goals, all of us as North Carolinians must take action to improve the lives of our young children. Using the strategies and goals listed in the NC Early Childhood Action Plan as inspiration, share what you will do to help.

Consider the following ways to get started:

- Visit www.ncdhhs.gov/early-childhood to view examples of commitments to taking action or to find more resources on supporting young children in North Carolina.
- Bring together a group of friends, co-workers or neighbors to discuss the needs of young children in your community.
- Find opportunities to align your organization's priorities with the goals of the NC Early Childhood Action Plan.
- Find opportunities to shift financial resources to programs, policies or initiatives that benefit young children and families.

What will you do to help young children in North Carolina?

Share your commitments to taking action by sending an email to ECAP@dhhs.NC.gov.

By _____, _____ **will**
          [DATE]   [YOU, YOUR ORGANIZATION/AGENCY OR OTHER GROUP]

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NORTH CAROLINA
EARLY CHILDHOOD
ACTION PLAN

CUMBERLAND COUNTY DATA REPORT

Table of Contents

Introduction: NC Early Childhood Action Plan County Data Reports

The NC Early Childhood Action Plan County Reports provide local data for the 10 goals and more than 50 measures that are the foundation of the state's Early Childhood Action Plan to achieve a bold vision: all North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities. North Carolina government, public, and private organizations have committed to making progress by 2025 with accountability to defined benchmarks for each goal. The plan was created with input from more than 1,500 people representing a diversity of perspectives, including parents, families, healthcare providers, child care providers, educators, school administrators, child advocacy groups and researchers. For more information about the goals of the statewide NC Early Childhood Action Plan, visit www.ncdhhs.gov/early-childhood.

About the County Data Reports

- Reports are accessible for all 100 counties, and include county data when it is available for all measures in the NC Early Childhood Action Plan.
- Not every goal has an existing data source. For example: there is ongoing collaboration across NC to better assess the social and emotional wellness of young children.
- Data for some measures may be suppressed at the county level when a population is too small to show reliable information that preserves the privacy of families.

Making Meaning

For data to be actionable, it requires context, engaging diverse perspectives to understand root causes, and intentional focus to acknowledge and then set aside assumptions. In addition, while the quantitative data shared in these reports is an essential tool, it is insufficient on its own. Lived experience is important data, particularly when it comes to understanding racial inequities in outcomes.

Starting questions to consider include:
- What do you notice when you look at the data?
- Do you notice any patterns in the data?
- Which groups of children and families are falling behind the most?
- How does the data align with your direct experience with children and families?
- Whose perspective is needed to understand the data?

Taking Action

Stakeholder Engagement. Engage community stakeholders representing diverse perspectives in a data conversation. Stakeholders should be diverse in age, gender, income-level, and race and ethnicity. Think about who impacts the issue (e.g., policymakers, local government agencies, community-based organizations, early childhood programs), who is impacted by the issue, and who is trusted by those impacted (e.g., faith community, advocacy organizations). Data can be a tool to create community buy-in for aligned action.

Strategic Planning. The information shared in the Early Childhood Action Plan County Reports can be used to support ongoing efforts on the local or statewide level that require detailed pictures of county-level outcomes for young children, such as using this information to inform goal-setting for future changes in outcomes.

Development Opportunities. Many foundations and other organizations devoted to philanthropic giving want to understand local data when making decisions about where to invest resources. Use the County Reports in your development activities and collaborate with potential funders in better understanding the needs of your community.

We hope the information provided in these reports is helpful. Please visit www.ncdhhs.gov/early-childhood to view the NC Department of Health and Human Services' commitments to young children. There you can view the full North Carolina Early Childhood Action Plan, featuring our top ten goals as a state, and all Early Childhood County Reports.

For more information and resources on collaborative data analysis, see:
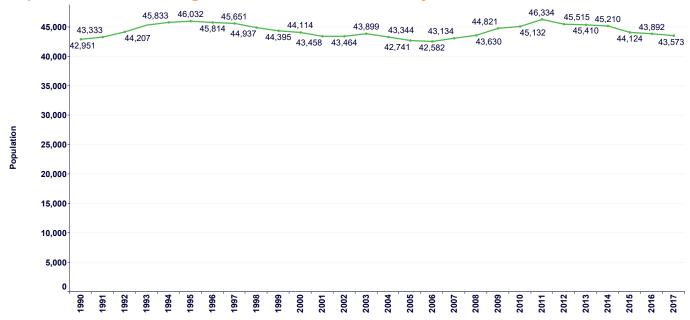
- School Reform Initiative: www.schoolreforminitiative.org/download/data-driven-dialogue/
- Idea Data Center – Data Meeting Toolkit: https://ideadata.org/data-meeting-toolkit
- Idea Data Center – Engaging Stakeholders with State Data: https://ideadata.org/sites/default/files/media/documents/2019-06/Engaging_Stakeholders_With_State_Data_0.pdf
- Collective Impact Forum: www.collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Toolkit.pdf
- Racial Equity Toolkit: An Opportunity to Operationalize Equity: www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/

Young Children in Cumberland County
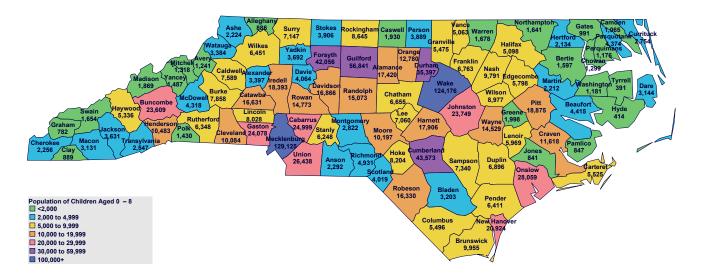
In 2018, there were 1.1 million young children aged 8 or under in North Carolina. Overall, the state saw rapid growth in the population of young children throughout the 1990s and early 2000s. However, the total number of children in this age group decreased slightly since 2009. This population is also heavily concentrated geographically, with more than half living in only 13 counties across the state.

See below for information on demographics of young children aged 8 and under in Cumberland County.

Population of Children Aged 0 – 8 in Cumberland County

Data points by year:
- 1990: 42,951
- 1991: 43,333
- 1992: 44,207
- 1993: 45,833
- 1994: (line point)
- 1995: 46,032
- 1996: 45,814
- 1997: 45,651
- 1998: 44,937
- 1999: 44,395
- 2000: 44,114
- 2001: 43,458
- 2002: 43,464
- 2003: 43,899
- 2004: 42,741
- 2005: 43,344
- 2006: 42,582
- 2007: 43,134
- 2008: 43,630
- 2009: 44,821
- 2010: 45,132
- 2011: 46,334
- 2012: 45,410
- 2013: 45,515
- 2014: 45,210
- 2015: 44,124
- 2016: 43,892
- 2017: 43,573
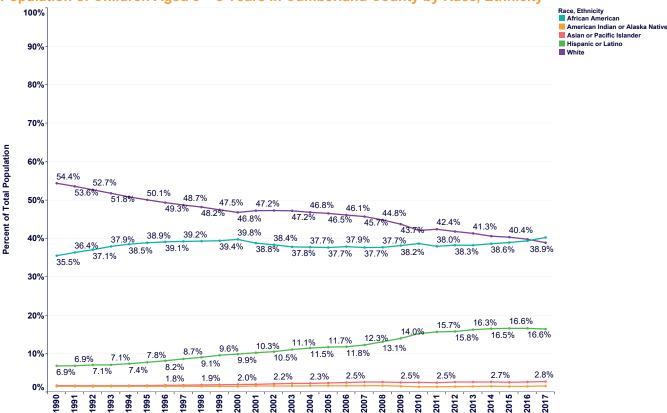
Number of Children Aged 0 – 8 by County in North Carolina, 2017

County values:
- Alleghany 886
- Ashe 2,224
- Surry 7,147
- Stokes 3,906
- Rockingham 8,645
- Caswell 1,930
- Person 3,889
- Vance 5,063
- Warren 1,678
- Northampton 1,641
- Gates 991
- Camden 1,065
- Currituck 2,754
- Watauga 3,384
- Wilkes 6,451
- Yadkin 3,692
- Forsyth 42,056
- Guilford 56,841
- Orange 12,780
- Durham 35,397
- Granville 5,475
- Franklin 6,763
- Halifax 5,098
- Hertford 2,134
- Bertie 1,597
- Pasquotank 4,374
- Perquimans 1,176
- Chowan 1,299
- Mitchell 1,318
- Avery 1,241
- Caldwell 7,589
- Alexander 3,397
- Iredell 18,393
- Davie 4,064
- Davidson 16,866
- Randolph 15,073
- Alamance 17,420
- Chatham 6,655
- Wake 124,176
- Nash 9,791
- Edgecombe 5,798
- Martin 2,212
- Washington 1,181
- Tyrrell 391
- Dare 3,144
- Madison 1,869
- Yancey 1,487
- Burke 7,858
- Catawba 16,631
- Rowan 14,773
- Lincoln 8,028
- Lee 7,060
- Johnston 23,749
- Wilson 8,977
- Greene 1,998
- Pitt 18,875
- Beaufort 4,415
- Hyde 414
- Swain 1,654
- Haywood 5,336
- McDowell 4,318
- Buncombe 23,609
- Rutherford 6,348
- Cabarrus 24,999
- Montgomery 2,822
- Stanly 6,248
- Moore 10,197
- Harnett 17,906
- Wayne 14,529
- Lenoir 5,969
- Craven 11,618
- Pamlico 847
- Graham 782
- Cherokee 2,256
- Clay 889
- Macon 3,131
- Jackson 3,631
- Transylvania 2,547
- Henderson 10,483
- Polk 1,430
- Cleveland 10,084
- Gaston 24,078
- Mecklenburg 129,125
- Union 26,438
- Anson 2,292
- Richmond 4,931
- Scotland 4,019
- Hoke 8,204
- Cumberland 43,573
- Sampson 7,340
- Duplin 6,896
- Jones 841
- Onslow 28,059
- Carteret 5,525
- Robeson 16,330
- Bladen 3,203
- Pender 6,411
- Columbus 5,496
- New Hanover 20,924
- Brunswick 9,955

Population of Children Aged 0 – 8
- <2,000
- 2,000 to 4,999
- 5,000 to 9,999
- 10,000 to 19,999
- 20,000 to 29,999
- 30,000 to 59,999
- 100,000+

Data Source: CDC WONDER Bridged-Population Estimates

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Young Children in Cumberland County

Population of Children Aged 0 – 8 Years in Cumberland County by Race, Ethnicity

Population of Children Aged 0 – 8 Years in North Carolina by Race, Ethnicity

Data Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Economic Characteristics of Families with Children in North Carolina

Percent of Children Under 18 Living in Poverty by County, 2017

Percent of Children Under 18 Living in Poverty
- 10.7% - 20.6%
- 20.7% - 24.3%
- 24.4% - 30.5%
- 30.6% - 44.4%

Data Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2013 – 2017

Median Annual Income of Families with Children Under 18 by County, 2013-2017

Annual Median Income of Families with Children Under 18 Years of Age
- $29,417 - $41,157
- $41,158 - $49,896
- $49,897 - $56,897
- $56,898 - $94,752

Data Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Goal 1: Healthy Babies

Babies across North Carolina from all backgrounds will have a healthy start in their first year of life.

Babies across North Carolina from all backgrounds deserve to have a healthy start. Unfortunately, too many babies in our state face great challenges, as early as birth, from outcomes such as preterm birth, low birth weight, and birth defects. North Carolina had the 11th highest single-year infant mortality rate in the country in 2017, at a rate of 7.1 per 1,000 live births, compared to the national rate of 5.8 per 1,000. In North Carolina, troubling disparities in infant mortality exist among populations. Most notably, African American infant deaths persistently occur at more than double the rate of white infant deaths.

The data in this section outline key indicators for Healthy Babies at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

2.4x
Rate of African American infant deaths compared to white infant deaths in North Carolina, 2013 – 2017

7.1 per 1,000
Total infant deaths per 1,000 live births in North Carolina, 2013 – 2017

9.2%
Percent of babies born at a low birth weight (<2,500 g) in North Carolina, 2014 – 2018

CUMBERLAND COUNTY

2.1x
Rate of African American infant deaths compared to white infant deaths in Cumberland County, 2013 – 2017

9.7 per 1,000
Total infant deaths per 1,000 live births in Cumberland County, 2013 – 2017
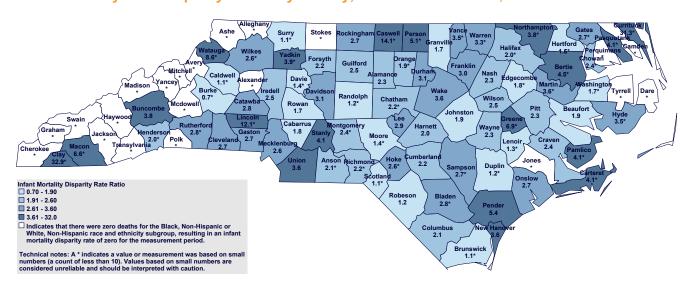
10.1%
Percent of babies born at a low birth weight (<2,500 g) in Cumberland County, 2014 – 2018
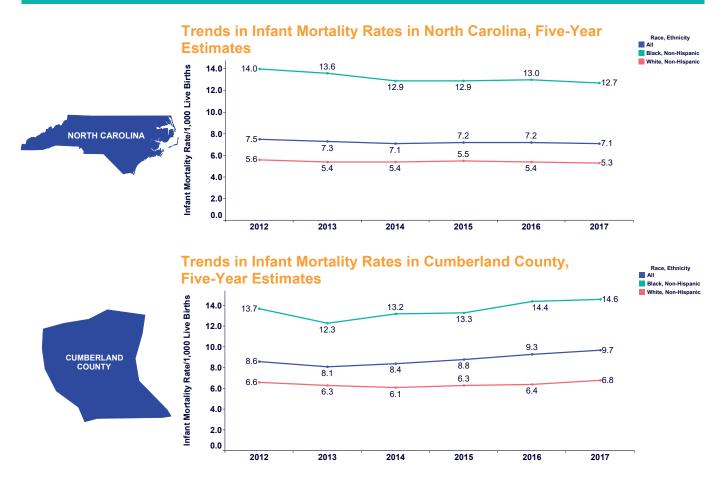
Technical notes: A * indicates a value or measurement was based on small numbers (a count of less than 10 for infant mortality disparity and infant mortality rate data and a count of less than 20 for low birth weight data). Values based on small numbers are considered unreliable and should be interpreted with caution. An infant mortality disparity rate of * with no value indicates that there were zero deaths for a particular race or ethnicity subgroup resulting in an infant mortality disparity rate of zero for the measurement period.

Infant Mortality Rate Disparity Ratios by County, Five-Year Estimates, 2013 – 2017
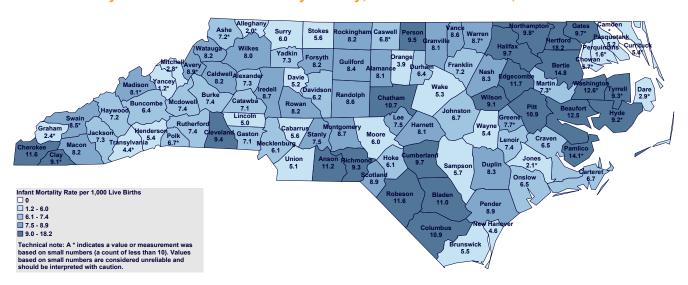
Infant Mortality Disparity Rate Ratio
- 0.70 - 1.90
- 1.91 - 2.60
- 2.61 - 3.60
- 3.61 - 32.0
- ☐ Indicates that there were zero deaths for the Black, Non-Hispanic or White, Non-Hispanic race and ethnicity subgroup, resulting in an infant mortality disparity rate of zero for the measurement period.

Technical notes: A * indicates a value or measurement was based on small numbers (a count of less than 10). Values based on small numbers are considered unreliable and should be interpreted with caution.

Data Source: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical notes: The infant mortality disparity ratio was calculated by dividing the infant mortality rate for Black, Non-Hispanic infants for a specified time period by the infant mortality rate for White, Non-Hispanic infants for the same time period. Infant mortality rates are calculated as the number of infant (under 1 year of age) deaths in a specified time period divided by the number of live births for the same time period. Rates are shown in infant deaths per 1,000 live births.
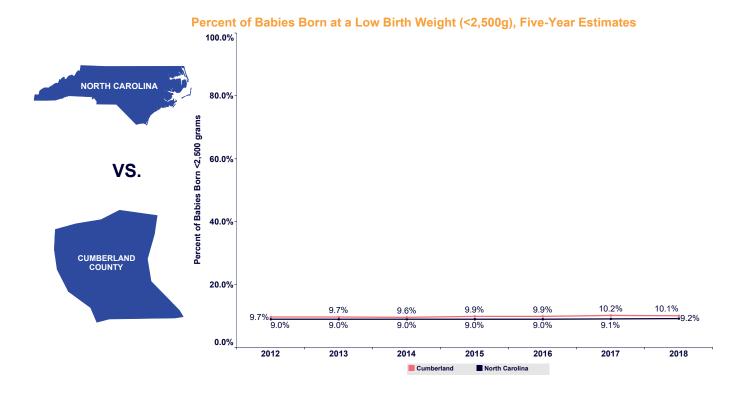
For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Trends in Infant Mortality Rates in North Carolina, Five-Year Estimates

Race, Ethnicity
- All
- Black, Non-Hispanic
- White, Non-Hispanic

NORTH CAROLINA

Infant Mortality Rate/1,000 Live Births

Year	2012	2013	2014	2015	2016	2017
Black, Non-Hispanic	14.0	13.6	12.9	12.9	13.0	12.7
All	7.5	7.3	7.1	7.2	7.2	7.1
White, Non-Hispanic	5.6	5.4	5.4	5.5	5.4	5.3

Trends in Infant Mortality Rates in Cumberland County, Five-Year Estimates

Race, Ethnicity
- All
- Black, Non-Hispanic
- White, Non-Hispanic

CUMBERLAND COUNTY

Infant Mortality Rate/1,000 Live Births

Year	2012	2013	2014	2015	2016	2017
Black, Non-Hispanic	13.7	12.3	13.2	13.3	14.4	14.6
All	8.6	8.1	8.4	8.8	9.3	9.7
White, Non-Hispanic	6.6	6.3	6.1	6.3	6.4	6.8

Technical notes: A * indicates a value or measurement was based on small numbers (a count of less than 10). Values based on small numbers are considered unreliable and should be interpreted with caution. An infant mortality disparity rate of * with no value indicates that there were zero deaths for a particular race or ethnicity subgroup resulting in an infant mortality disparity rate of zero for the measurement period.

Infant Mortality Rates in North Carolina by County, Five-Year Estimates, 2013 – 2017
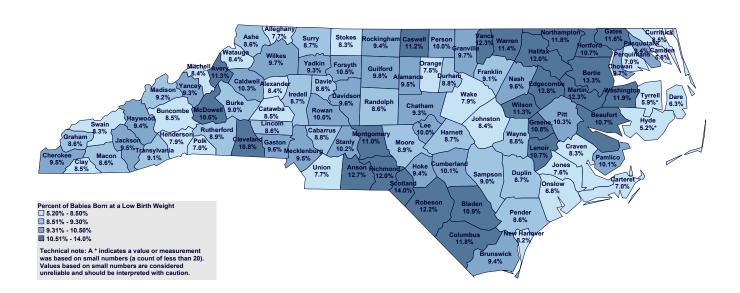
Infant Mortality Rate per 1,000 Live Births
- 0
- 1.2 - 6.0
- 6.1 - 7.4
- 7.5 - 8.9
- 9.0 - 18.2

Technical note: A * indicates a value or measurement was based on small numbers (a count of less than 10). Values based on small numbers are considered unreliable and should be interpreted with caution.

Data Source: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical notes: Infant mortality rates are calculated as the number of infant (under 1 year of age) deaths divided by the total number of live births during the same time period. Rates are shown in infant deaths per 1,000 live births. A * indicates a value was was based on small numbers (a count of less than 10). Rates based on small numbers are considered unreliable and should be interpreted with caution.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Babies Born at a Low Birth Weight (<2,500g), Five-Year Estimates

NORTH CAROLINA

VS.

CUMBERLAND COUNTY

Percent of Babies Born <2,500 grams

Year	Cumberland	North Carolina
2012	9.7%	9.0%
2013	9.7%	9.0%
2014	9.6%	9.0%
2015	9.9%	9.0%
2016	9.9%	9.0%
2017	10.2%	9.1%
2018	10.1%	9.2%

■ Cumberland ■ North Carolina

Percent of Babies Born at a Low Birth Weight (<2,500g) by County, Five-Year Estimates, 2014 – 2018

Percent of Babies Born at a Low Birth Weight
☐ 5.20% - 8.50%
☐ 8.51% - 9.30%
☐ 9.31% - 10.50%
☐ 10.51% - 14.0%

Technical note: A * indicates a value or measurement
was based on small numbers (a count of less than 20).
Values based on small numbers are considered
unreliable and should be interpreted with caution.

Alleghany 7.7%, Ashe 8.6%, Watauga 8.4%, Surry 8.7%, Stokes 8.3%, Rockingham 9.4%, Caswell 11.2%, Person 10.0%, Granville 9.7%, Vance 12.3%, Warren 11.4%, Northampton 11.8%, Gates 11.6%, Currituck 8.5%, Hertford 10.7%, Pasquotank 9.4%, Camden 6.8%, Perquimans 7.0%, Chowan 9.7%, Mitchell 8.4%, Avery 11.3%, Wilkes 9.7%, Yadkin 9.3%, Forsyth 10.5%, Guilford 9.8%, Alamance 9.5%, Orange 7.5%, Durham 8.8%, Franklin 9.1%, Nash 9.6%, Edgecombe 12.8%, Bertie 13.3%, Martin 12.3%, Washington 11.9%, Tyrrell 5.9%*, Dare 6.3%, Madison 9.2%, Yancey 9.3%, Caldwell 10.3%, Alexander 8.4%, Davie 8.6%, Iredell 8.7%, Davidson 9.6%, Randolph 8.6%, Chatham 9.3%, Wake 7.9%, Wilson 11.3%, Greene 10.8%, Pitt 10.3%, Beaufort 10.7%, Hyde 5.2%*, Haywood 9.4%, Burke 9.0%, McDowell 10.6%, Buncombe 8.5%, Catawba 8.5%, Lincoln 8.6%, Rowan 10.0%, Cabarrus 8.8%, Montgomery 11.0%, Lee 10.0%, Johnston 8.4%, Wayne 8.8%, Lenoir 10.7%, Craven 8.3%, Pamlico 10.1%, Swain 8.3%, Graham 8.6%, Jackson 9.5%, Henderson 7.9%, Rutherford 8.9%, Polk 7.0%, Cleveland 10.8%, Gaston 9.6%, Mecklenburg 9.5%, Stanly 10.2%, Moore 8.9%, Harnett 8.7%, Cumberland 10.1%, Sampson 9.0%, Duplin 8.7%, Jones 7.6%, Onslow 6.8%, Carteret 7.0%, Cherokee 9.5%, Clay 8.5%, Macon 8.6%, Transylvania 9.1%, Union 7.7%, Anson 12.7%, Richmond 12.0%, Hoke 9.4%, Scotland 14.0%, Robeson 12.2%, Bladen 10.9%, Pender 8.6%, Columbus 11.8%, New Hanover 8.2%, Brunswick 9.4%

Data Source: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan.. 9

Goal 2: Preventive Health Services

Babies, toddlers, young children and their families will have regular, ongoing access to high-quality health services.

Timely health check-ups are essential to supporting the optimal health and well-being of babies, toddlers and young children across North Carolina. During well-child visits, healthcare professionals provide preventive care such as immunizations, lead screenings, and developmental and social emotional screenings to identify possible health issues as early as possible. Parents also have a chance to talk about their concerns, get information, guidance and advice about their child's health and development, and get connected to the right services for their child. NC Medicaid has seen an upward trend in well-child visits for children aged 0 – 15 months, as well as 3 – 6 years, from 2012 – 2017.

The data in this section outline key indicators for Preventive Health Services at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

62.5%
Percent of Children Aged 0 – 15 Months Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits in North Carolina, 2017

69.9%
Percent of Children Aged 3 – 6 Years Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits in North Carolina, 2017

4.3%
Percent of Children Aged 0 – 8 Years Without Health Insurance in North Carolina, 2016

19.8%
Percent of Heads of Households With Children Aged 0 – 8 Years Without Health Insurance in North Carolina, 2016

54.9%
Percent of Children Aged 1 and 2 Receiving Screening for Elevated Blood Lead Levels in North Carolina, 2017

CUMBERLAND COUNTY

62.3%
Percent of Children Aged 0 – 15 Months Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits in Cumberland County, 2017

68.9%
Percent of Children Aged 3 – 6 Years Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits in Cumberland County, 2017

COUNTY DATA NOT YET AVAILABLE
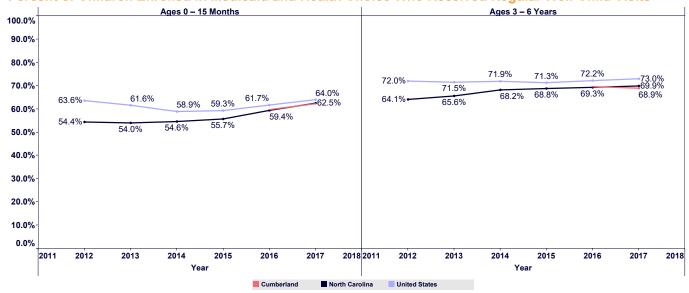
COUNTY DATA NOT YET AVAILABLE

38.5%
Percent of Children Aged 1 and 2 Receiving Screening for Elevated Blood Lead Levels in Cumberland County, 2017
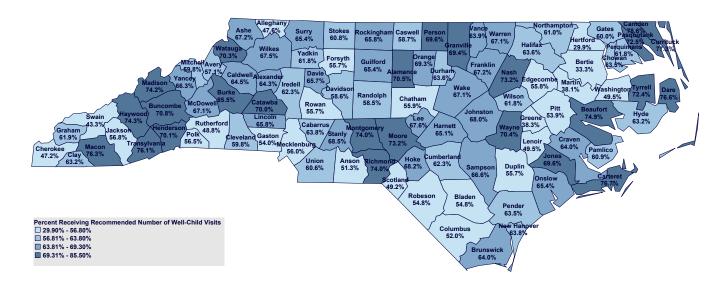
Percent of Children Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits
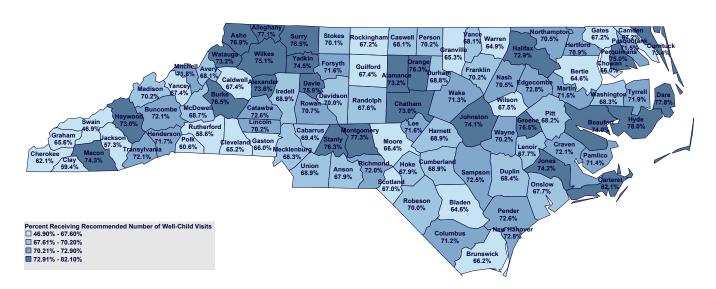
Data Sources: Well-Child Visits Data: NC Medicaid, Healthcare Effectiveness Data and Information Set (HEDIS) Measures; Health Insurance Data: American Community Survey (ACS), U.S. Census Bureau; Lead Data: NCLEAD Surveillance System, NC Childhood Blood Lead Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical notes: Well-child visits data for the 0-15 month age group assess children who turned 15 months old during the measurement year and had at least 6 well-child visits with a primary care physician during their first 15 months of life. Well-child visits data for the for the 3-6 year age group assess children 3-6 years of age who received one or more well-child visits with a primary care practitioner during the measurement year. Only two years of well-child visits data are available at the county-level at this time. However, DHHS is working to make additional county-level data available.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Children Aged 0 – 15 Months Enrolled in Medicaid and Health Choice Who Received Regular Well–Child Visits, 2017

Alleghany 47.6% · Ashe 67.2% · Surry 65.4% · Stokes 60.8% · Rockingham 65.8% · Caswell 58.7% · Person 69.6% · Vance 63.9% · Warren 67.1% · Northampton 61.0% · Gates 60.0% · Camden 78.6% · Pasquotank 72.5% · Currituck 77.3% · Hertford 29.9% · Perquimans 61.8% · Chowan 63.5%

Watauga 70.3% · Wilkes 67.5% · Yadkin 61.8% · Forsyth 55.7% · Guilford 65.4% · Alamance 70.5% · Orange 69.3% · Durham 63.6% · Granville 69.4% · Franklin 67.2% · Nash 73.2% · Halifax 63.6% · Bertie 33.3%

Mitchell 59.8% · Avery 57.1% · Caldwell 64.5% · Alexander 64.3% · Iredell 62.3% · Davie 65.7% · Davidson 58.6% · Randolph 58.5% · Chatham 55.9% · Wake 67.1% · Wilson 61.8% · Edgecombe 55.8% · Martin 38.1% · Washington 49.5% · Tyrrell 72.4% · Dare 76.6%

Madison 74.2% · Yancey 66.3% · Burke 65.5% · McDowell 67.1% · Rutherford 48.8% · Lincoln 65.8% · Catawba 70.0% · Rowan 55.7% · Lee 67.6% · Harnett 65.1% · Johnston 68.0% · Greene 38.3% · Wayne 70.4% · Pitt 53.9% · Beaufort 74.9% · Hyde 63.2%

Buncombe 70.8% · Haywood 74.3% · Henderson 70.1% · Polk 56.5% · Cleveland 59.8% · Gaston 54.0% · Mecklenburg 56.0% · Cabarrus 63.8% · Stanly 68.5% · Montgomery 74.0% · Moore 73.2% · Lenoir 49.5% · Craven 64.0% · Pamlico 60.9% · Carteret 76.7%

Swain 43.3% · Graham 61.9% · Jackson 56.8% · Transylvania 76.1% · Cherokee 47.2% · Macon 76.3% · Clay 63.2% · Union 60.6% · Anson 51.3% · Richmond 74.0% · Hoke 68.2% · Cumberland 62.3% · Sampson 66.6% · Duplin 55.7% · Jones 69.6% · Onslow 65.4%

Scotland 49.2% · Robeson 54.8% · Bladen 54.8% · Pender 63.5% · Columbus 52.0% · New Hanover 63.8% · Brunswick 64.0%

Percent Receiving Recommended Number of Well-Child Visits
- 29.90% - 56.80%
- 56.81% - 63.80%
- 63.81% - 69.30%
- 69.31% - 85.50%

Percent of Children Aged 3 – 6 Years Enrolled in Medicaid and Health Choice Who Received Regular Well–Child Visits, 2017

Alleghany 77.1% · Ashe 76.9% · Surry 76.5% · Stokes 70.1% · Rockingham 67.2% · Caswell 68.1% · Person 70.2% · Vance 68.1% · Warren 64.9% · Northampton 70.5% · Gates 67.2% · Camden 67.2% · Pasquotank 71.5% · Currituck 73.4% · Hertford 70.9% · Perquimans 75.0% · Chowan 66.0%

Watauga 73.2% · Wilkes 75.1% · Yadkin 74.5% · Forsyth 71.6% · Guilford 67.4% · Alamance 73.2% · Orange 76.3% · Durham 68.8% · Granville 65.3% · Franklin 70.2% · Nash 70.5% · Halifax 72.9% · Bertie 64.6%

Mitchell 71.8% · Avery 68.1% · Caldwell 67.4% · Alexander 73.6% · Iredell 68.9% · Davie 75.9% · Davidson 70.0% · Randolph 67.6% · Chatham 73.0% · Wake 71.3% · Wilson 67.5% · Edgecombe 72.8% · Martin 71.5% · Washington 68.3% · Tyrrell 71.9% · Dare 77.8%

Madison 70.2% · Yancey 67.4% · Burke 76.5% · McDowell 68.7% · Rutherford 58.6% · Lincoln 70.2% · Catawba 72.6% · Rowan 70.7% · Lee 71.6% · Harnett 68.9% · Johnston 74.1% · Greene 76.5% · Wayne 70.2% · Pitt 68.2% · Beaufort 74.0% · Hyde 78.0%

Buncombe 72.1% · Haywood 73.0% · Henderson 71.7% · Polk 60.6% · Cleveland 65.2% · Gaston 66.0% · Mecklenburg 68.3% · Cabarrus 69.4% · Stanly 76.3% · Montgomery 77.3% · Moore 66.4% · Lenoir 67.7% · Craven 72.1% · Pamlico 71.4% · Carteret 82.1%

Swain 46.9% · Graham 65.6% · Jackson 57.3% · Transylvania 72.1% · Cherokee 62.1% · Macon 74.3% · Clay 59.4% · Union 68.9% · Anson 67.9% · Richmond 72.0% · Hoke 67.9% · Cumberland 68.9% · Sampson 72.5% · Duplin 68.4% · Jones 74.2% · Onslow 67.7%

Scotland 67.0% · Robeson 70.0% · Bladen 64.6% · Pender 72.6% · Columbus 71.2% · New Hanover 72.8% · Brunswick 66.2%

Percent Receiving Recommended Number of Well-Child Visits
- 46.90% - 67.60%
- 67.61% - 70.20%
- 70.21% - 72.90%
- 72.91% - 82.10%

Data Source: NC Medicaid, Healthcare Effectiveness Data and Information Set (HEDIS) Measures

Technical notes: For the 0-15 month age group, data assess children who turned 15 months old during the measurement year and attended at least 6 well-child visits with a primary care physician during their first 15 months of life. For the 3-6 year age group, data assess children 3-6 years of age who attended one or more well-child visits with a primary care practitioner during the measurement year.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Children Aged 1 and 2 Receiving Lead Screening

NORTH CAROLINA

VS.

CUMBERLAND COUNTY

North Carolina: 52.4% (2013), 51.8% (2014), 47.4% (2015), 51.7% (2016), 54.9% (2017)
Cumberland: 36.5% (2013), 37.0% (2014), 35.5% (2015), 37.8% (2016), 38.5% (2017)

Legend: Cumberland, North Carolina

Percent of Children Aged 1 and 2 Receiving Lead Screening by County, 2017

Alleghany 40.7%, Ashe 63.8%, Surry 61.6%, Stokes 60.1%, Rockingham 51.8%, Caswell 63.7%, Person 56.7%, Vance 56.4%, Warren 66.4%, Northampton 77.2%, Gates 48.2%, Camden 63.3%, Currituck 36.2%
Watauga 69.5%, Wilkes 68.2%, Yadkin 62.2%, Forsyth 64.2%, Guilford 75.0%, Alamance 61.8%, Orange 47.2%, Durham 48.5%, Granville 60.4%, Franklin 61.2%, Nash 81.7%, Halifax 86.1%, Hertford 77.3%, Perquimans 70.5%, Pasquotank 78.4%, Chowan 54.5%, Bertie 71.3%
Mitchell 47.3%, Avery 49.0%, Madison 63.5%, Yancey 42.0%, Caldwell 71.5%, Alexander 59.5%, Iredell 52.5%, Davie 63.2%, Davidson 72.7%, Randolph 65.6%, Chatham 52.8%, Wake 45.6%, Wilson 80.3%, Edgecombe 73.8%, Martin 60.8%, Washington 64.9%, Tyrrell 56.7%, Dare 43.5%
Burke 70.8%, Catawba 56.1%, Rowan 55.5%, Lincoln 46.7%, Mcdowell 60.7%, Buncombe 62.9%, Haywood 71.5%, Swain 59.8%, Jackson 77.0%, Henderson 60.7%, Polk 36.1%, Rutherford 37.7%, Cleveland 73.5%, Gaston 44.9%, Mecklenburg 32.7%, Cabarrus 47.6%, Stanly 82.7%, Montgomery 89.9%, Moore 77.1%, Lee 70.5%, Harnett 54.2%, Johnston 57.1%, Wayne 68.8%, Greene 72.4%, Pitt 53.8%, Lenoir 65.2%, Craven 67.8%, Beaufort 74.5%, Hyde 63.6%, Pamlico 87.4%, Jones 68.2%, Carteret 70.3%
Graham 91.9%, Cherokee 64.9%, Clay 58.2%, Macon 64.5%, Transylvania 77.5%, Union 41.0%, Anson 42.3%, Richmond 62.3%, Scotland 60.8%, Hoke 48.8%, Cumberland 38.5%, Sampson 78.1%, Duplin 60.9%, Onslow 43.3%, Robeson 65.1%, Bladen 77.2%, Pender 66.9%, Columbus 69.7%, New Hanover 70.7%, Brunswick 58.4%

Percent of Children Aged 1 and 2 Screened for Elevated Lead Levels
- 32.7% - 53.8%
- 53.9% - 62.9%
- 63.0% - 70.8%
- 70.9% - 91.9%

Data Source: NCLEAD Surveillance System, NC Childhood Blood Lead Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical note: The above percentages are calculated by dividing the number of children ages 1 and 2 in North Carolina by the unduplicated count of children with blood lead samples collected during the calendar year in North Carolina. Starting in 2013, children are counted as being "tested" for lead poisoning until they are confirmed to have a lead level ≥5 micrograms per deciliter (μg/dL). After a child has a "confirmed" lead level, the child is no longer counted as "tested" during subsequent years. Blood lead tests after lead level confirmation are considered "follow-up" test results and are not counted in the surveillance tables. The numbers reported for North Carolina Childhood Blood Lead Surveillance Data may vary somewhat from previous reports due to ongoing improvements in data quality and receipt of previously unreported test results from laboratories.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Goal 3: Food Security

Babies, toddlers, young children and their families across North Carolina will have access to enough healthy food every day.

Today, too many North Carolina children don't know if there will be enough food for them every day, or do not get enough quality, nutritious food. More than one in five children across the state, totaling almost 500,000, lived in food-insecure homes in 2016. According to this data, in some North Carolina counties, nearly one in three children face food insecurity. This puts young children at risk for negative health, developmental, behavioral and academic outcomes. While the rate of food insecurity has gone down slightly in recent years, multiple reports indicate that North Carolina's families face food insecurity at higher rates than much of the country. A recent United States Department of Agriculture report on overall food insecurity in the U.S. ranks North Carolina as the ninth highest rate of hunger of any state in the nation.

The data in this section outline key indicators for Preventive Health Services at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

20.9%
Percent of Children Aged 0 – 17 Who are Food Insecure in North Carolina, 2016

61.4%
Percent of Eligible Families Receiving State and Federal Supplemental Food/Nutrition Assistance Benefits from Women, Infants, and Children (WIC) Program in North Carolina, 2017

30.7%
Percent of Children Aged 2 – 4 Who Receive WIC, and Are Classified as Either Overweight or Obese in North Carolina, 2017

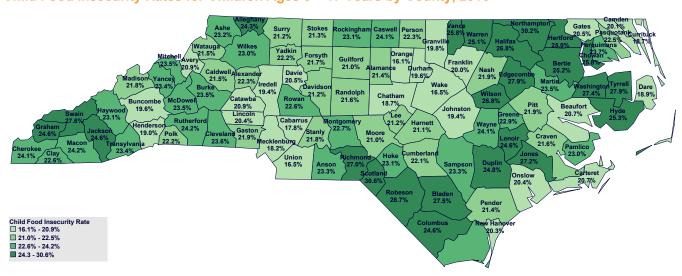**CUMBERLAND COUNTY**

22.1%
Percent of Children Aged 0 – 17 Who are Food Insecure in Cumberland County, 2016

COUNTY DATA NOT YET AVAILABLE

23.6%
Percent of Children Aged 2 – 4 Who Receive WIC and Are Classified as Either Overweight or Obese in Cumberland County, 2017
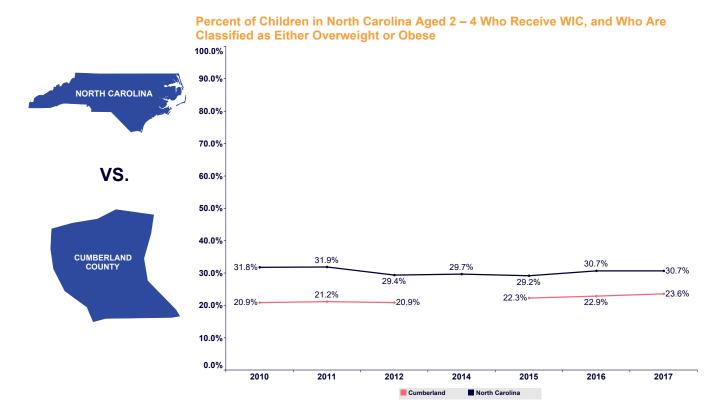
Technical note: "COUNTY DATA NOT YET AVAILABLE" indicates that data have not yet been accessed or fully analyzed at the county level. NC DHHS will continue to work towards accessing as much data as possible at the county level to support local work.

Child Food Insecurity Rates for Children Ages 0 – 17 Years by County, 2016

Child Food Insecurity Rate
- 16.1% - 20.9%
- 21.0% - 22.5%
- 22.6% - 24.2%
- 24.3 - 30.6%

Data Sources: Child Food Insecurity Data: Feeding America; WIC Participation Program Data: NC Women, Infants, and Children (WIC) Program, Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS); Data on Children Who Receive WIC and Are Classified as Overweight or Obese: Crossroads WIC MIS, NC Women, Infants, and Children (WIC) Program, Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Children in North Carolina Aged 2 – 4 Who Receive WIC, and Who Are Classified as Either Overweight or Obese

NORTH CAROLINA

VS.

CUMBERLAND COUNTY

Year	North Carolina	Cumberland
2010	31.8%	20.9%
2011	31.9%	21.2%
2012	29.4%	20.9%
2014	29.7%	
2015	29.2%	22.3%
2016	30.7%	22.9%
2017	30.7%	23.6%

Cumberland ■ North Carolina

Percent of Children Aged 2 – 4 Who Receive WIC and Who Are Classified as Either Overweight or Obese by County, 2017

Alleghany 28.6%
Ashe 36.4%
Surry 39.5%
Stokes 32.1%
Rockingham 30.7%
Caswell 27.0%
Person 30.4%
Vance 26.3%
Warren 38.3%
Northampton 34.3%
Gates 32.3%
Camden 22.6%
Pasquotank 33.7%
Currituck 30.9%
Watauga 37.8%
Wilkes 38.5%
Granville 26.8%
Halifax 37.6%
Hertford 28.7%
Perquimans 29.9%
Mitchell 26.7%
Avery 28.3%
Yadkin 33.3%
Forsyth 31.5%
Guilford 30.5%
Orange 26.0%
Durham 28.0%
Franklin 56.2%
Nash 34.7%
Chowan 18.2%
Bertie 26.8%
Madison 33.5%
Yancey 35.8%
Caldwell 35.4%
Alexander 34.2%
Iredell 32.9%
Davie 32.1%
Alamance 32.6%
Wake 30.4%
Edgecombe 27.3%
Martin 36.2%
Washington 29.3%
Tyrrell 22.9%
Dare 35.3%
Burke 33.4%
Davidson 31.5%
Randolph 32.9%
Wilson 30.3%
Buncombe 28.0%
Mcdowell 25.5%
Catawba 54.0%
Rowan 27.4%
Chatham 35.1%
Johnston 32.2%
Pitt 31.2%
Greene 32.1%
Beaufort 29.3%
Hyde 29.8%
Swain 25.0%
Haywood 31.6%
Lincoln 35.6%
Lee 32.7%
Wayne 29.8%
Lenoir 26.4%
Henderson 29.2%
Rutherford 32.6%
Gaston 26.9%
Cabarrus 32.8%
Stanly 28.3%
Montgomery 36.3%
Moore 31.0%
Harnett 27.3%
Craven 29.5%
Pamlico 26.5%
Graham 40.1%
Jackson 29.3%
Polk 28.3%
Cleveland 28.1%
Mecklenburg 27.3%
Jones 30.4%
Cherokee 28.5%
Clay 40.3%
Macon 11.8%
Transylvania 29.2%
Union 36.5%
Anson 34.8%
Richmond 30.0%
Hoke 26.2%
Cumberland 23.6%
Sampson 31.7%
Duplin 36.0%
Onslow 24.1%
Carteret 32.1%
Scotland 29.8%
Robeson 34.0%
Bladen 36.4%
Pender 32.5%
Columbus 32.2%
New Hanover 29.8%
Brunswick 36.0%

Percent Overweight or Obese
- □ 11.8% - 28.1%
- ▨ 28.3% - 31.0%
- ▨ 31.1% - 34.2%
- ■ 34.3 - 56.2%

Data Source: NC Women, Infants, and Children (WIC) Program, Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical notes: Children served in NC WIC Clinics are at or below the 185% FPL. Therefore, these children may not be representative of general children population in NC. Data were not collected in 2013. In 2014, data were only collected at the local health department agency level, so county-level data are not shown for that year.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Goal 4: Safe and Secure Housing

Babies, toddlers, young children and their families across North Carolina will have access to safe, secure and affordable housing.

Too many children across North Carolina don't have a safe and stable place to sleep at night. Some families may be living in shelters, in their cars, or temporarily living with friends or relatives. Unstable housing is stressful, especially for families with young children, putting children at higher risk for poor physical and mental health, and other long-term consequences. According to an Administration for Children and Families report, in 2015, one in 28 North Carolina children under age 6 experienced homelessness.

The data in this section outline key indicators for Safe and Secure Housing at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

26,198
Number of Children Under Age 6 Experiencing Homelessness in North Carolina, 2015

9,970
Number of Children K – Third Grade in Public Schools Experiencing Homelessness in North Carolina, 2018

32.7%
Percent of Children Aged 0 – 8 in Families with High Housing Cost Burden in North Carolina, 2016

8.5 per 1,000
Number of Emergency Department Visits for Asthma Care per 1,000 Children Aged 0 – 8 in North Carolina, 2017

0.38%
Percent of Children Aged 1 and 2 Receiving Lead Screening with Confirmed Elevated Blood Lead Levels in North Carolina, 2017

CUMBERLAND COUNTY

COUNTY DATA NOT YET AVAILABLE

COUNTY DATA NOT YET AVAILABLE

COUNTY DATA NOT YET AVAILABLE

15.7 per 1,000
Number of Emergency Department Visits for Asthma Care per 1,000 Children Aged 0 – 8 in Cumberland County, 2017
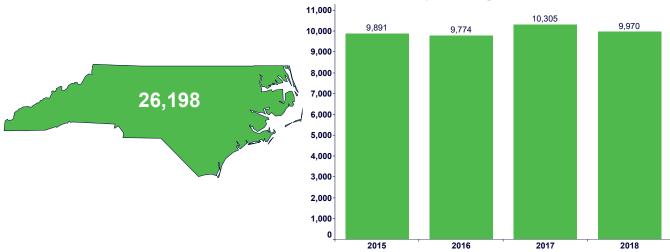
0.26%
Percent of Children Aged 1 and 2 Receiving Lead Screening with Confirmed Elevated Blood Lead Levels in Cumberland County, 2017

Technical notes: "COUNTY DATA NOT YET AVAILABLE" indicates that data have not yet been accessed or fully analyzed at the county level. NC DHHS will continue to work towards accessing as much data as possible at the county level to support local work. A * indicates a value was suppressed because the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.
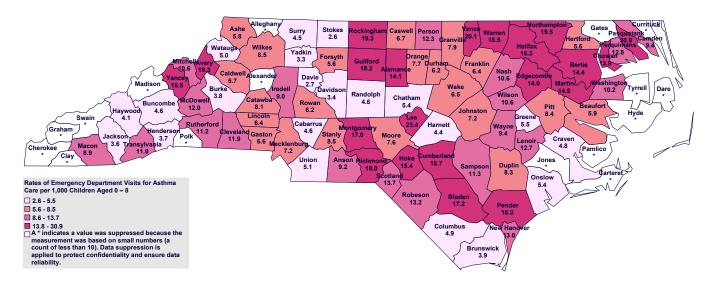
Number of Children Under Age 6 Experiencing Homelessness in North Carolina

26,198

Number of Children K – Third Grade Enrolled in NC Public Schools Experiencing Homelessness

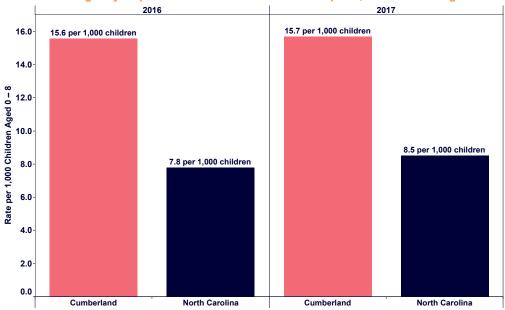| Year	Number
2015	9,891
2016	9,774
2017	10,305
2018	9,970

Data Sources: Data on Children Under Age 6 Experiencing Homelessness: Administration for Children and Families; Data on Children K - 3rd Grade Experiencing Homelessness: NC Department of Public Instruction; High Housing Cost Burden Data: American Community Survey (ACS), U.S. Census Bureau; Emergency Department Visits for Asthma Data: NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool); ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch; Elevated Blood Lead Levels Data: NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Rates of Emergency Department Visits for Asthma Care per 1,000 Children Aged 0 – 8 by County, 2017

Rates of Emergency Department Visits for Asthma Care per 1,000 Children Aged 0 – 8

- 2.6 - 5.5
- 5.6 - 8.5
- 8.6 - 13.7
- 13.8 - 30.9
- A * indicates a value was suppressed because the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.

Rates of Emergency Department Visits for Asthma Care per 1,000 Children Aged 0 – 8
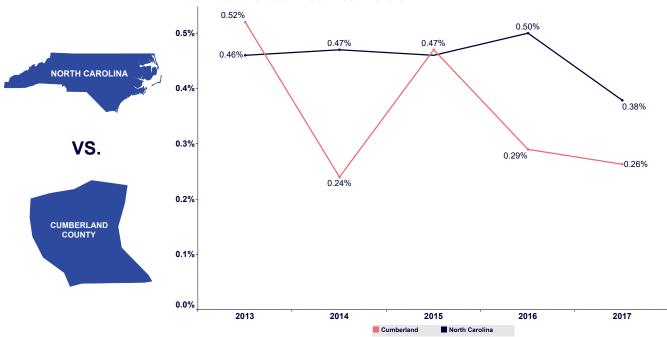

Data Source: NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool): ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch.
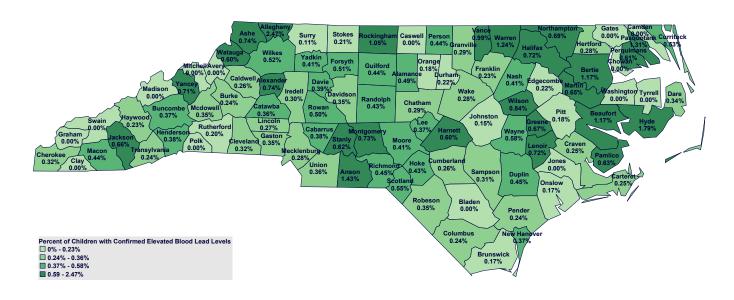
Technical note: Case definitions for asthma diagnoses include ICD9 CM Asthma first listed diagnosis 493 and IDC10 CM Asthma first listed diagnosis J45. Counties with white shading have undergone small cell suppression rules. Rates are calculated as the number of emergency department visits for children ages 0 - 8 in a year divided by the total population of children ages 0 - 8 in the same year. Rates are shown as number of visits per 1,000 children ages 0 - 8. Values are suppressed if a measurement is based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability. Blank spaces appear in the above bar chart if data have been suppressed.

*Disclaimer: "The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is an advanced, statewide public health surveillance system. NC DETECT is funded with federal funds by North Carolina Division of Public Health (NC DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between NC DPH and the University of North Carolina at Chapel Hill Department of Emergency Medicine's Carolina Center for Health Informatics (UNC CCHI). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. The NC DETECT Data Oversight Committee (DOC) includes representatives from the NC DPH, UNC NC DETECT Team and NC Hospital Association." The NC DETECT Data Oversight Committee (DOC) includes representatives from the NCDPH, UNC NC DETECT Team and NC Hospital Association.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Young Children Aged 1 – 2 Who Received Lead Screening and Had Confirmed Elevated Blood Lead Levels

NORTH CAROLINA

VS.

CUMBERLAND COUNTY

Percent of Young Children Aged 1 – 2 Who Received Lead Screening and Had Confirmed Elevated Blood Lead Levels by County, 2017

Percent of Children with Confirmed Elevated Blood Lead Levels
- 0% - 0.23%
- 0.24% - 0.36%
- 0.37% - 0.58%
- 0.59% - 2.47%

Data Source: NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Technical notes: Starting in 2013, children are counted as being "tested" for lead poisoning until they are confirmed to have a lead level ≥5 micrograms per deciliter (µg/dL). After a child has a "confirmed" lead level, the child is no longer counted as "tested" during subsequent years. Blood lead tests after lead level confirmation are considered "follow-up" test results and are not counted in the surveillance tables. Children are counted as having "confirmed" lead levels when they have two consecutive blood lead test results ≥ 5 µg/dL within a six-month period, up until December 31, 2017. The second test result must be a diagnostic test, preferably a venous sample, sent to an outside reference laboratory for analysis. The majority of children are tested by their second birthday, but the larger age range of children ages 0-6 years is also shown.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Goal 5: Safe and Nurturing Relationships

Babies, toddlers and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

Strong, positive relationships between children and their caregivers is a key ingredient for healthy brain development. When young children face severe adversity such as abuse, neglect or witnessing violence, the structure and function of their brain and bodies can change. For some children, the level of stress produced by severe adversity causes their bodies to respond by staying set on high-alert, which can result in long-term health consequences. Caregivers play an active role in shielding children from feeling overwhelming amounts of stress. Child maltreatment is defined as abuse and neglect of a child under the age of 18 by a parent, guardian or caregiver. Factors that can contribute to child maltreatment include the presence of adults facing substance use disorders, mental illness (notably maternal depression) and intimate partner violence. Young children are especially vulnerable for experiencing maltreatment.

The data in this section outline key indicators for Safe and Nurturing Relationships at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

20.1 per 1,000
Number of Children Aged 0 – 3 Who Are Victims of Maltreatment per 1,000 Children Aged 0 – 3 in North Carolina, 2017

14.5 per 1,000
Number of Children Aged 4 – 5 Who Are Victims of Maltreatment per 1,000 Children Aged 4 – 5 in North Carolina, 2017

13.4 per 1,000
Number of Children Aged 6 – 8 Who Are Victims of Maltreatment per 1,000 Children Aged 6 – 8 in North Carolina, 2017

73.9 per 1,000
Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 in North Carolina, 2017

CUMBERLAND COUNTY

37.6 per 1,000
Number of Children Aged 0 – 3 Who Are Victims of Maltreatment per 1,000 Children Aged 0 – 3 in Cumberland County, 2017

28.8 per 1,000
Number of Children Aged 4 – 5 Who Are Victims of Maltreatment per 1,000 Children Aged 4 – 5 in Cumberland County, 2017
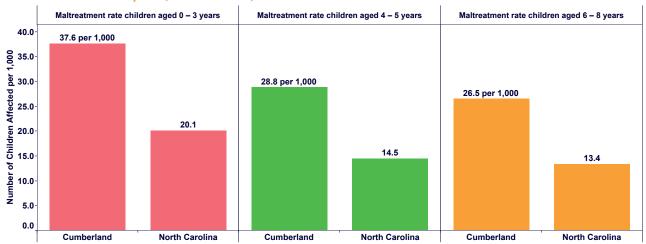
26.5 per 1,000
Number of Children Aged 6 – 8 Who Are Victims of Maltreatment per 1,000 Children Aged 6 – 8 in Cumberland County, 2017

76.3 per 1,000
Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 in Cumberland County, 2017

Technical notes: A * indicates a value was suppressed because the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.

Maltreatment Rates per 1,000 Children, 2017

Maltreatment rate children aged 0 – 3 years	Maltreatment rate children aged 4 – 5 years	Maltreatment rate children aged 6 – 8 years
Cumberland: 37.6 per 1,000	Cumberland: 28.8 per 1,000	Cumberland: 26.5 per 1,000
North Carolina: 20.1	North Carolina: 14.5	North Carolina: 13.4

(Y-axis: Number of Children Affected per 1,000)

Data Sources: Maltreatment Rate Data: Division of Social Services Central Registry, and NC FAST; Data on Emergency Department Visits for Injuries: NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool): ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch

Technical Notes: Child maltreatment is defined as abuse or neglect of a child under the age of 18 by a parent, guardian, custodian, or caregiver. North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency. It is critical to note the limitations of child maltreatment data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment. Maltreatment rates are suppressed if the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confi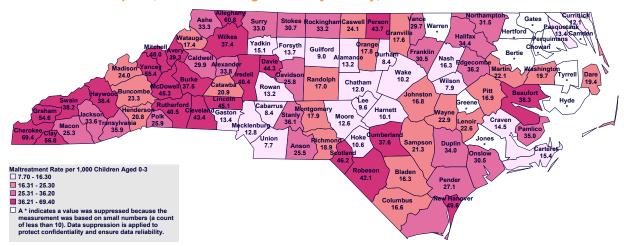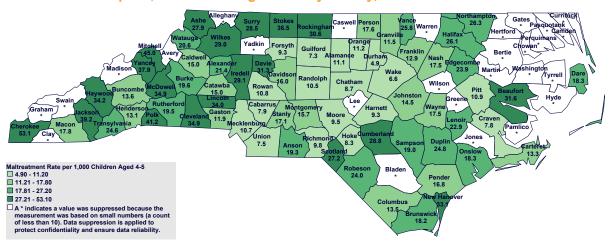dentiality and ensure data reliability. Blank spaces appear in the above bar chart if data have been suppressed. For data on emergency department visits for injuries, case definitions for injuries are based on the CDC Injury Matrix, which includes injuries classified as having a manner/intent of unintentional, self-inflicted, assault, or undetermined. For more information, visit www.cdc.gov/injury/wisqars/ecode_matrix.html.
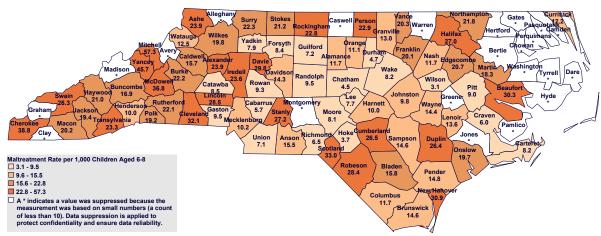
For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Maltreatment Rates per 1,000 Children Aged 0 – 3 by County, 2017

Ashe 33.3, Alleghany 60.6, Surry 33.0, Stokes 30.7, Rockingham 33.2, Caswell 24.1, Person 43.7, Vance 29.7, Warren *, Northampton 31.5, Gates *, Currituck 12.1, Pasquotank 13.4, Camden *, Hertford *, Watauga 17.4, Wilkes 37.4, Yadkin 15.1, Forsyth 13.7, Guilford 9.0, Orange 17.8, Durham 8.4, Granville 17.6, Franklin 30.5, Nash 16.3, Halifax 34.4, Bertie *, Perquimans *, Chowan *, Mitchell 48.0, Avery 39.3, Caldwell 29.9, Alexander 33.8, Davie 44.3, Alamance 13.2, Edgecombe 36.2, Martin 22.1, Washington 19.7, Tyrrell *, Dare 19.4, Madison 24.0, Yancey 55.4, Burke 37.5, Iredell 40.4, Davidson 25.8, Randolph 17.0, Chatham 12.0, Wake 10.2, Wilson 7.9, Pitt 16.9, Beaufort 38.3, Hyde *, Haywood 38.4, McDowell 45.3, Catawba 20.9, Rowan 13.2, Lee 9.6, Johnston 16.8, Wayne 22.9, Greene *, Lenoir 22.6, Craven 14.5, Pamlico 35.0, Swain 38.2, Buncombe 23.3, Rutherford 40.5, Lincoln 45.1, Gaston 13.4, Cabarrus 8.4, Stanly 36.1, Moore 12.6, Harnett 10.1, Sampson 21.3, Duplin 34.0, Jones *, Onslow 30.5, Carteret 15.4, Graham 54.6, Jackson 33.6, Henderson 20.8, Polk 25.9, Cleveland 43.4, Mecklenburg 12.8, Union 7.7, Anson 25.5, Richmond 18.9, Hoke 10.6, Cumberland 37.6, Cherokee 69.4, Macon 25.3, Transylvania 35.9, Scotland 46.2, Robeson 42.1, Bladen 16.3, Pender 27.1, Clay 56.8, Columbus 16.6, New Hanover 49.6

Maltreatment Rate per 1,000 Children Aged 0-3
- 7.70 - 16.30
- 16.31 - 25.30
- 25.31 - 36.20
- 36.21 - 69.40
- A * indicates a value was suppressed because the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.

Maltreatment Rates per 1,000 Children Aged 4 – 5 by County, 2017

Ashe 27.9, Alleghany *, Surry 28.5, Stokes 36.5, Rockingham 30.6, Caswell *, Person 17.6, Vance 25.8, Warren *, Northampton 26.3, Gates *, Currituck *, Pasquotank *, Camden *, Hertford *, Watauga 20.6, Wilkes 29.0, Yadkin *, Forsyth 9.3, Guilford 7.3, Orange 11.2, Durham 4.9, Granville 11.5, Franklin 12.9, Nash 17.5, Halifax 26.1, Bertie *, Perquimans *, Chowan *, Mitchell 45.0, Avery *, Caldwell 15.0, Alexander 21.4, Davie 31.3, Davidson 16.0, Alamance 11.1, Edgecombe 23.9, Martin *, Washington *, Tyrrell *, Dare 18.3, Madison *, Yancey 37.9, Burke 19.6, Iredell 29.1, Rowan 10.8, Randolph 10.5, Chatham 8.7, Wake 6.6, Wilson *, Pitt 10.9, Beaufort 31.6, Hyde *, Haywood 34.2, McDowell 34.9, Catawba 15.0, Lee *, Johnston 14.5, Wayne 17.5, Greene *, Craven 7.8, Pamlico *, Buncombe 13.6, Lincoln 34.0, Gaston 11.9, Cabarrus 7.9, Harnett 9.3, Lenoir 22.9, Graham *, Jackson 39.2, Henderson 13.1, Rutherford 19.5, Cleveland 34.9, Mecklenburg 10.7, Montgomery 15.7, Stanly 17.1, Moore 9.5, Sampson 19.0, Duplin 24.8, Jones *, Onslow 18.3, Carteret 13.3, Macon 17.8, Polk 41.2, Transylvania 24.6, Union 7.5, Anson 19.3, Richmond 9.8, Hoke 8.3, Cumberland 28.8, Cherokee 53.1, Clay *, Scotland 27.2, Robeson 24.0, Bladen *, Pender 16.8, Columbus 13.5, New Hanover 33.9, Brunswick 18.2

Maltreatment Rate per 1,000 Children Aged 4-5
- 4.90 - 11.20
- 11.21 - 17.80
- 17.81 - 27.20
- 27.21 - 53.10
- A * indicates a value was suppressed because the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.

Maltreatment Rates per 1,000 Children Aged 6 – 8 by County, 2017

Ashe 23.9, Alleghany *, Surry 22.3, Stokes 21.2, Rockingham 22.8, Caswell *, Person 22.9, Vance 20.3, Warren *, Northampton 21.8, Gates *, Currituck 12.2, Pasquotank *, Camden *, Hertford *, Watauga 12.5, Wilkes 19.8, Yadkin 7.9, Forsyth 8.4, Guilford 7.2, Orange 11.1, Durham 4.7, Granville 13.0, Franklin 20.1, Nash 11.7, Halifax 27.0, Bertie *, Perquimans *, Chowan *, Mitchell 57.3, Avery *, Caldwell 15.7, Alexander 23.9, Davie 29.8, Davidson 14.3, Alamance 11.7, Edgecombe 20.7, Martin 18.3, Washington *, Tyrrell *, Dare *, Madison *, Yancey 45.7, Burke 22.2, Iredell 23.6, Rowan 9.3, Randolph 9.5, Chatham 4.5, Wake 8.2, Wilson 3.1, Pitt 9.0, Beaufort 30.3, Hyde *, Haywood 21.0, McDowell 36.8, Catawba 8.5, Lee 7.7, Johnston 9.8, Wayne 14.4, Greene *, Lenoir 13.6, Craven 6.0, Pamlico *, Buncombe 16.9, Lincoln 28.5, Gaston 9.5, Cabarrus 5.7, Harnett 10.0, Swain 26.3, Jackson 19.4, Henderson 10.0, Polk 19.2, Rutherford 22.1, Cleveland 32.1, Mecklenburg 10.2, Montgomery 27.2, Stanly 27.2, Moore 8.1, Sampson 14.6, Duplin 26.4, Jones *, Onslow 19.7, Carteret 8.2, Graham 38.8, Macon 20.2, Transylvania 23.3, Union 7.1, Anson 15.5, Richmond 6.5, Hoke 3.7, Cumberland 26.5, Clay *, Scotland 33.0, Robeson 28.4, Bladen 15.8, Pender 14.8, Columbus 11.7, New Hanover 30.9, Brunswick 14.6

Maltreatment Rate per 1,000 Children Aged 6-8
- 3.1 - 9.5
- 9.6 - 15.5
- 15.6 - 22.8
- 22.8 - 57.3
- A * indicates a value was suppressed because the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.
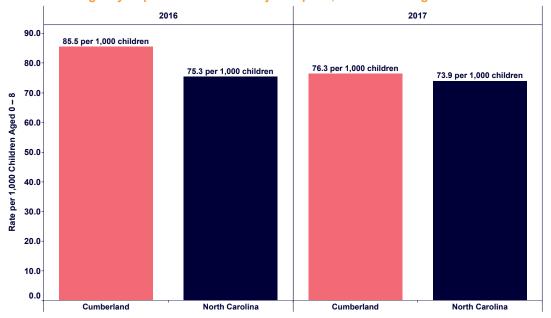
Data Source: Division of Social Services Central Registry and NC FAST

Technical Notes: Child maltreatment is defined as abuse or neglect of a child under the age of 18 by a parent, guardian, custodian, or caregiver. North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency. It is critical to note the limitations of child maltreatment data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment. Maltreatment rates are suppressed if the measurement was based on small numbers (a count of less than 10). Data suppression is applied to protect confidentiality and ensure data reliability.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 by County, 2017

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8

- 18.5 - 54.5
- 54.6 - 79.2
- 79.3 - 97.1
- 97.2 - 153.5

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8

Data Source: NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool): ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch.

Technical note: Case definitions for injuries are based on the CDC Injury Matrix, which includes injuries classified as having a manner/intent of unintentional, self-inflicted, assault, or undetermined. For more information, visit www.cdc.gov/injury/wisqars/ecode_matrix.html. In October 2015, there was a change in the coding system used in administrative data sets. Because of this change, data are unavailable for 2015 and data pre-2015 are not comparable to data collected after this change occurred. Rates are calculated as the number of emergency department visits for injuries for children ages 0 - 8 in a year divided by the total population of children ages 0 - 8 in the same year. Rates are shown as number of visits per 1,000 children ages 0 - 8.

*Disclaimer: "The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is an advanced, statewide public health surveillance system. NC DETECT is funded with federal funds by North Carolina Division of Public Health (NC DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between NC DPH and the University of North Carolina at Chapel Hill Department of Emergency Medicine's Carolina Center for Health Informatics (UNC CCHI). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. The NC DETECT Data Oversight Committee (DOC) includes representatives from the NC DPH, UNC NC DETECT Team and NC Hospital Association." The NC DETECT Data Oversight Committee (DOC) includes representatives from the NCDPH, UNC NC DETECT Team and NC Hospital Association.

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Goal 6: Permanent Families for Children in Foster Care

Babies, toddlers and young children in North Carolina's foster care system will grow up in stable, consistent and nurturing families, whether that is with the child's birth family or through an adoptive family.

Young children need safe, permanent homes with nurturing and secure relationships with adults for healthy growth and development. Right now, too many of North Carolina's children in foster care spend hundreds of days in the foster care system before being placed in a permanent home. For children who must be placed in foster care, being removed from their home and placed in a foster home may be stressful. In general, reunification with the child's family is preferred. However, before this can occur, it is important that the underlying reasons which led to the child's removal are addressed. Sometimes families are unable to make these changes within the 12 month time frame allotted by the state, which is a more defined timeframe than the federal standard of 15 of the most recent 22 months following entry into the foster care system, as set through the Adoption and Safe Families Act of 1997.

The data in this section outline key indicators for Permanent Families for Children in Foster Care at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

Time to Reunification, Guardianship, or Custody

NORTH CAROLINA

371 days
Median Number of Days to Reunification, Guardianship or Custody for Children **Ages 0 — 3 Years at Entry in the Foster System in North Carolina, 2017**

390 days
Median Number of Days to Reunification, Guardianship or Custody for Children **Ages 4 — 5 Years at Entry in the Foster System in North Carolina, 2017**

371 days
Median Number of Days to Reunification, Guardianship or Custody for Children **Ages 6 — 8 Years at Entry in the Foster System in North Carolina, 2017**

CUMBERLAND COUNTY

557 days
Median Number of Days to Reunification, Guardianship or Custody for Children **Ages 0 — 3 Years at Entry in the Foster System in Cumberland County, 2017**

569 days
Median Number of Days to Reunification, Guardianship or Custody for Children **Ages 4 — 5 Years at Entry in the Foster System in Cumberland County, 2017**

416 days
Median Number of Days to Reunification, Guardianship or Custody for Children **Ages 6 — 8 Years at Entry in the Foster System in Cumberland County, 2017**

Time to Adoption

NORTH CAROLINA

822 days
Median Number of Days to Adoption for Children **Ages 0 — 3 Years at Entry in the Foster System in North Carolina, 2017**

1,006 days
Median Number of Days to Adoption for Children **Ages 4 — 5 Years at Entry in the Foster System in North Carolina, 2017**

988 days
Median Number of Days to Adoption for Children **Ages 6 — 8 Years at Entry in the Foster System in North Carolina, 2017**

CUMBERLAND COUNTY

1,364 days
Median Number of Days to Adoption for Children **Ages 0 — 3 Years at Entry in the Foster System in Cumberland County, 2017**

2,058 days*
Median Number of Days to Adoption for Children **Ages 4 — 5 Years at Entry in the Foster System in Cumberland County, 2017**
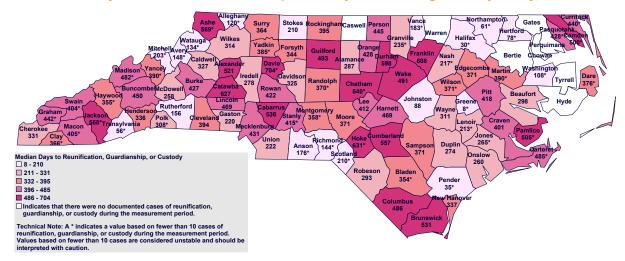
2,062 days*
Median Number of Days to Adoption for Children **Ages 6 — 8 Years at Entry in the Foster System in Cumberland County, 2017**
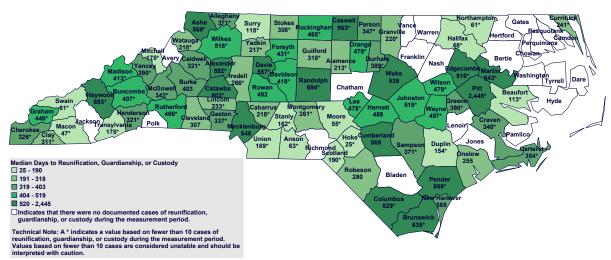
Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

Technical notes: A * indicates a measurement was based on small numbers (a count of less than 10). Measurements based on small numbers may be unreliable and should be interpreted with caution. A * indicates either there were no documented cases of adoption or there were no documented cases of reunification, guardianship, or custody during the measurement period.
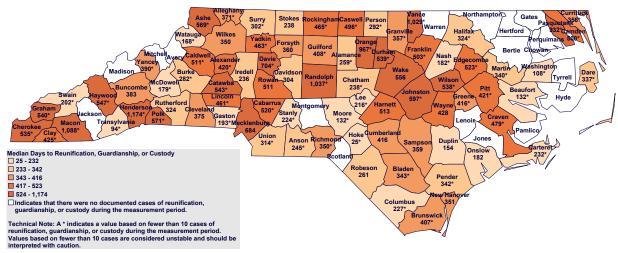
For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Median Number of Days to Reunification, Guardianship or Custody for Children Aged 0 – 3 by County, 2017

Median Days to Reunification, Guardianship, or Custody
- 8 - 210
- 211 - 331
- 332 - 395
- 396 - 485
- 486 - 704
- Indicates that there were no documented cases of reunification, guardianship, or custody during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of reunification, guardianship, or custody during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Reunification, Guardianship or Custody for Children Aged 4 – 5 by County, 2017

Median Days to Reunification, Guardianship, or Custody
- 25 - 190
- 191 - 318
- 319 - 403
- 404 - 519
- 520 - 2,445
- Indicates that there were no documented cases of reunification, guardianship, or custody during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of reunification, guardianship, or custody during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Reunification, Guardianship or Custody for Children Aged 6 – 8 by County, 2017

Median Days to Reunification, Guardianship, or Custody
- 25 - 232
- 233 - 342
- 343 - 416
- 417 - 523
- 524 - 1,174
- Indicates that there were no documented cases of reunification, guardianship, or custody during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of reunification, guardianship, or custody during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Median Number of Days to Number of Days to Reunification, Guardianship or Custody for Children Aged 0 – 3 by Judicial District, 2017

Median Days to Reunification, Guardianship, or Custody
- 56 - 267
- 268 - 344
- 345 - 395
- 396 - 479
- 480 - 598

Technical Note: A * indicates a value based on fewer than 10 cases of reunification, guardianship, or custody during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Number of Days to Reunification, Guardianship or Custody for Children Aged 4 – 5 by Judicial District, 2017

Median Days to Reunification, Guardianship, or Custody
- 40 - 218
- 219 - 340
- 341 - 413
- 414 - 480
- 481 - 2,445

Technical Note: A * indicates a value based on fewer than 10 cases of reunification, guardianship, or custody during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Number of Days to Reunification, Guardianship or Custody for Children Aged 6 – 8 by Judicial District, 2017

Median Days to Reunification, Guardianship, or Custody
- 132 - 239
- 240 - 324
- 325 - 399
- 400 - 485
- 486 - 1,037

Technical Note: A * indicates a value based on fewer than 10 cases of reunification, guardianship, or custody during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan.. 23

Median Number of Days to Adoption for Children Aged 0 – 3 by County, 2017

Ashe 983* · Alleghany · Surry 350* · Stokes 524* · Rockingham 918 · Caswell 692* · Person 1,547* · Vance 1,310* · Warren 722* · Northampton · Gates · Currituck 1,031* · Pasquotank 322* · Camden · Watauga 839 · Wilkes 725 · Yadkin 799 · Forsyth 885 · Guilford 848 · Alamance 570 · Orange 935* · Durham 1,079* · Granville 1,127* · Franklin 987* · Nash 1,162* · Halifax 474* · Hertford · Perquimans · Chowan · Bertie 1,583* · Mitchell 545 · Avery 424* · Caldwell 711 · Alexander · Iredell 868 · Davie 765* · Davidson 708 · Randolph 1,051* · Chatham 868 · Wake 1,023 · Wilson 783* · Edgecombe 440* · Martin 1,116* · Washington 767* · Tyrrell · Dare 830* · Madison 813* · Yancey 659* · Burke 732* · McDowell 661 · Buncombe 851 · Catawba 687 · Lincoln 854* · Rowan 924* · Lee 496* · Harnett 1,174* · Johnston 744 · Wayne 559 · Greene · Pitt 763* · Beaufort 601* · Hyde · Swain 1,427* · Haywood 891 · Jackson 1,124* · Henderson 818 · Transylvania 1,486* · Polk 769* · Rutherford 734* · Cleveland 1,000* · Gaston 746 · Mecklenburg 799 · Cabarrus 958* · Stanly 457* · Montgomery 1,115* · Moore 580* · Hoke 1,126* · Cumberland 1,364 · Sampson 921* · Duplin 790* · Lenoir 876* · Jones 524* · Craven 922* · Pamlico · Carteret 635* · Cherokee 1,090* · Macon 1,053* · Clay · Graham · Union 373* · Anson · Richmond · Scotland · Robeson 786 · Bladen 1,012* · Pender 995* · New Hanover 807 · Columbus · Brunswick 933 · Onslow 749

Median Days to Adoption
- 322 – 635
- 636 – 767
- 768 – 876
- 877 – 1,023
- 1,024 – 1,583
- Indicates that there were no documented cases of adoption during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of adoption during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Adoption for Children Aged 4 – 5 by County, 2017

Ashe · Alleghany · Surry · Stokes 747* · Rockingham 933* · Caswell · Person 1,631* · Vance · Warren · Northampton · Gates · Currituck 1,031* · Pasquotank · Perquimans · Camden · Watauga 926* · Wilkes 583* · Yadkin · Forsyth 816* · Guilford 1,015 · Alamance 1,131* · Orange 1,670* · Durham 1,577* · Granville 1,129* · Franklin 1,252* · Nash 1,084* · Halifax · Hertford · Chowan · Bertie 1,583* · Mitchell · Avery 424* · Caldwell 1,051* · Alexander 1,765* · Iredell · Davie 901* · Davidson 846* · Randolph 1,094* · Chatham 987* · Wake 1,127 · Wilson · Edgecombe 581* · Martin · Washington · Tyrrell · Dare · Madison 1,693* · Yancey · Burke 1,048* · McDowell 687* · Buncombe 771 · Catawba 882* · Lincoln · Rowan 1,547* · Lee 426* · Harnett 809* · Johnston · Wayne 714* · Greene · Pitt · Beaufort 1,224* · Hyde · Swain · Haywood · Jackson 1,556* · Henderson 834* · Polk · Rutherford 901* · Cleveland · Gaston 891 · Mecklenburg 998* · Cabarrus 889* · Stanly · Montgomery 1,087* · Moore · Lenoir 471* · Craven 922* · Pamlico · Carteret · Cherokee 1,608* · Macon · Clay · Graham · Transylvania · Union · Anson · Richmond · Scotland · Hoke · Cumberland 2,058* · Sampson 933* · Duplin · Onslow 3,232* · Jones · Robeson 911* · Bladen · Pender · New Hanover 1,220* · Columbus · Brunswick 838*

Median Days to Adoption
- 424 – 771
- 772 – 901
- 902 – 1,048
- 1,049 – 1,224
- 1,225 – 3,232
- Indicates that there were no documented cases of adoption during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of adoption during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Adoption for Children Aged 6 – 8 by County, 2017

Ashe · Alleghany · Surry · Stokes · Rockingham · Caswell · Person · Vance · Warren · Northampton · Gates · Currituck · Pasquotank · Camden · Watauga 988* · Wilkes 520* · Yadkin 930* · Forsyth 969* · Guilford 1,044* · Alamance 1,267* · Orange 938* · Durham 1,177* · Granville · Franklin 2,306* · Nash · Edgecombe 1,103* · Halifax · Hertford · Bertie · Chowan · Perquimans · Avery · Mitchell 707* · Yancey · Caldwell 874* · Alexander · Iredell · Davie 869* · Davidson 739* · Randolph 1,644* · Chatham 740* · Wake 983 · Wilson · Martin · Washington · Tyrrell · Dare · Madison 1,693* · Burke 1,241* · McDowell 633* · Buncombe · Catawba 1,430* · Lincoln · Rowan 889* · Lee 444* · Harnett · Johnston 1,316* · Wayne · Greene · Pitt · Beaufort 529* · Hyde · Haywood 1,015* · Swain · Jackson 1,556* · Henderson · Rutherford 1,062* · Polk · Cleveland 1,356* · Gaston 1,018* · Mecklenburg 973* · Cabarrus 381* · Stanly · Montgomery 1,107* · Moore · Lenoir · Craven · Pamlico · Carteret · Cherokee 1,046* · Macon · Clay · Graham · Transylvania · Union 803* · Anson · Richmond · Scotland · Hoke · Cumberland 2,062* · Sampson 176* · Duplin 878* · Onslow 3,232* · Jones · Robeson 984* · Bladen · Pender · New Hanover 1,567* · Columbus · Brunswick 1,085*

Median Days to Adoption
- 176 – 739
- 740 – 930
- 931 – 1,018
- 1,019 – 1,267
- 1,268 – 3,232
- Indicates that there were no documented cases of adoption during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of adoption during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Median Number of Days to Adoption for Children Aged 0 – 3 by Judicial District, 2017

Median Days to Adoption
- 373 - 713
- 714 - 788
- 789 - 885
- 886 - 990
- 991 - 1,364
- Indicates that there were no documeted cases of adoption during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of adoption during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Adoption for Children Aged 4 – 5 by Judicial District, 2017

Median Days to Adoption
- 542 - 771
- 772 - 911
- 912 - 1,015
- 1,016 - 1,220
- 1,221 - 2,058
- Indicates that there were no documeted cases of adoption during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of adoption during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Median Number of Days to Adoption for Children Aged 6 – 8 by Judicial District, 2017

Median Days to Adoption
- 381 - 725
- 726 - 882
- 883 - 1,018
- 1,019 - 1,267
- 1,268 - 2,306
- Indicates that there were no documeted cases of adoption during the measurement period.

Technical Note: A * indicates a value based on fewer than 10 cases of adoption during the measurement period. Values based on fewer than 10 cases are considered unstable and should be interpreted with caution.

Data Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables

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Goal 7: Social-Emotional Health and Resilience

Babies, toddlers, and young children across North Carolina will express, recognize and manage their emotions in a healthy way, especially under stress.

Social-emotional skills, such as the ability to recognize and manage one's emotions and the ability to understand the emotions of others, provide a foundation for building trusting relationships that are important at home, school and the work place. The importance of social-emotional health and resilience for young children is becoming increasingly recognized nationwide. A strong statewide data source on young children's social-emotional health and resilience does not currently exist. North Carolina has an opportunity to be a national leader in developing the ability to track social emotional well-being for young children at a state level. The state has already begun work to identify appropriate data sources that would allow for this to be tracked. As the state explores data sources on social-emotional health and resilience for young children, in the future this data would also be disaggregated at the county level.

Promising examples of data sources for monitoring social-emotional health and resilience are outlined below. In the future, such data could be collected on privately insured and uninsured children for seamless and universal representation in social-emotional health services as well as data tracking. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

STATE DATA NOT
YET AVAILABLE

CUMBERLAND COUNTY

COUNTY DATA NOT
YET AVAILABLE

Descriptions of Promising Examples of Data Sources

Measures from the National Survey for Children's Health (NSCH) may provide a useful source for information on children's social-emotional well-being and resilience. The NSCH is a nationwide population-level survey that includes data down to the state level. Vermont, as well as the organization ZERO TO THREE, have utilized composite measures aggregating specific survey questions in order to evaluate children's social-emotional well-being and resilience. One example is the health indicator for flourishing for young children, age 6 months through 5 years. This indicator was designed to provide data on child well-being and resilience, and is based on answers to four survey questions that capture information about domains of thriving.

The Survey of Well-Being of Young Children (SWYC) is a freely-available screening assessment for children under age 5. It assesses three domains for child functioning: 1) developmental, 2) emotional/behavioral, and 3) family context. Since the screening covers all three areas in one tool, it may be useful for health providers.

Medicaid claims data: Using modifiers for developmental or behavioral health screens. Following the work of Massachusetts, North Carolina could add modifiers to the Medicaid billing codes for general developmental and behavioral screenings that note the presence or absence of a developmental/behavioral health need.

Goal 8: High-Quality Early Learning

Babies, toddlers and young children across North Carolina will be able to participate in high-quality early learning programs.

High-quality early care and education programs help prepare children physically, academically, socially and emotionally. While children from all backgrounds can benefit from attending high-quality and affordable child care and education programs, children facing challenges related to poverty, disabilities or limited English proficiency often benefit the most from these programs. A growing amount of evidence shows that high-quality child care programs help children become more on-track for school success, which supports them in becoming healthy, successful adults.

The data in this section outline key indicators for High-Quality Early Learning at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

47.4%
Percent of Eligible Children Enrolled in NC Pre-K in North Carolina, 2019

11.6%
Percent of Median Family Income Spent on Infant Care in North Carolina, 2017

10.5%
Percent of Median Family Income Spent on Toddler Care in North Carolina, 2017

10.0%
Percent of Median Family Income Spent on Four-Year-Old Care in North Carolina, 2017

11.9%
Percent of Income–Eligible Children Ages 0 – 2 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes in North Carolina, 2018

18.4%
Percent of Income–Eligible Children Ages 3 – 4 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes in North Carolina, 2018

CUMBERLAND COUNTY

50-75% Served
Percent of Eligible Children Enrolled in NC Pre-K in Cumberland County

COUNTY DATA NOT YET AVAILABLE

COUNTY DATA NOT YET AVAILABLE

COUNTY DATA NOT YET AVAILABLE
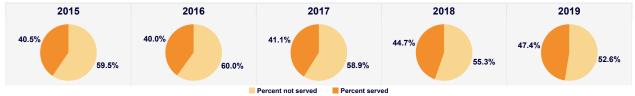
10.6%
Percent of Income–Eligible Children Ages 0 – 2 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes in Cumberland County, 2018
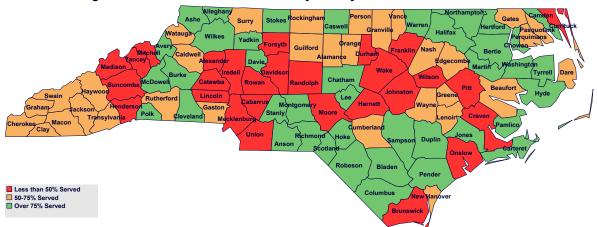
19.3%
Percent of Income–Eligible Children Ages 3 – 4 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes in Cumberland County, 2018

Technical note: "COUNTY DATA NOT YET AVAILABLE" indicates that data have not yet been accessed or fully analyzed at the county level. NC DHHS will continue to work towards accessing as much data as possible at the county level to support local work.

Percent of Income-Eligible Children Enrolled in NC Pre-K in North Carolina

2015	2016	2017	2018	2019
40.5% / 59.5%	40.0% / 60.0%	41.1% / 58.9%	44.7% / 55.3%	47.4% / 52.6%

Percent not served   Percent served
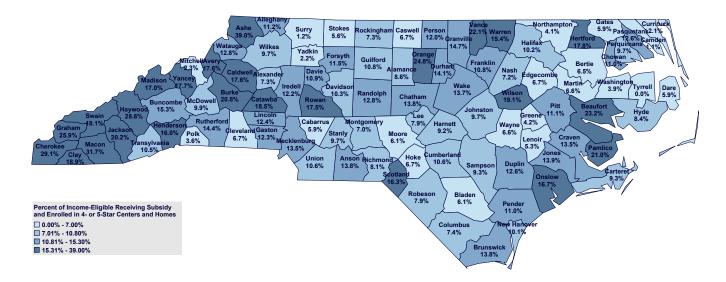
Percent of Income-Eligible Children Enrolled in NC Pre-K by County

Less than 50% Served
50-75% Served
Over 75% Served
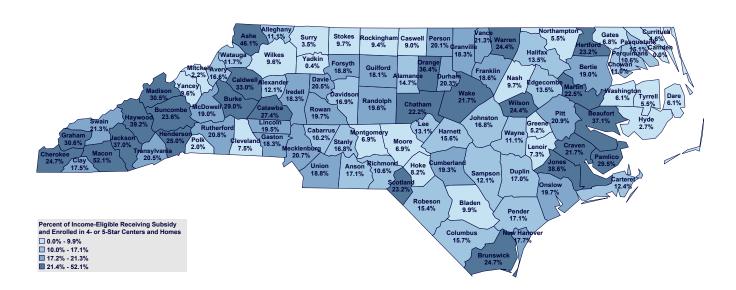
Data Sources: NC Pre-K Data: Division for Child Development and Early Education (DCDEE); Percent of Family Income Spent on Child Care: NC Child Care Resource and Referral, Division for Child Development and Early Education (DCDEE), and Child Care Aware America; Child Care Subsidy Data: Division for Child Development and Early Education (DCDEE)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Income–Eligible Children Aged 0 – 2 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes, 2018

Percent of Income-Eligible Receiving Subsidy and Enrolled in 4- or 5-Star Centers and Homes
- 0.00% - 7.00%
- 7.01% - 10.80%
- 10.81% - 15.30%
- 15.31% - 39.00%

Alleghany 11.2% · Ashe 39.0% · Surry 1.2% · Stokes 5.6% · Rockingham 7.3% · Caswell 6.7% · Person 12.0% · Vance 22.1% · Warren 15.4% · Northampton 4.1% · Gates 5.9% · Pasquotank 12.6% · Currituck 2.1% · Camden 1.4% · Watauga 12.8% · Wilkes 9.7% · Yadkin 2.2% · Forsyth 11.5% · Guilford 10.8% · Orange 24.8% · Granville 14.7% · Durham 14.1% · Franklin 10.8% · Halifax 10.2% · Hertford 17.8% · Perquimans 9.7% · Chowan 11.0% · Mitchell 2.3% · Avery 17.6% · Caldwell 17.6% · Alexander 7.3% · Iredell 12.2% · Davie 10.9% · Davidson 10.3% · Randolph 12.8% · Alamance 8.6% · Nash 7.2% · Edgecombe 6.7% · Bertie 6.5% · Washington 3.9% · Tyrrell 0.0% · Dare 5.9% · Madison 17.0% · Yancey 17.7% · Burke 20.8% · Catawba 18.5% · Rowan 17.5% · Chatham 13.8% · Wake 13.7% · Wilson 19.1% · Martin 6.6% · Buncombe 15.3% · McDowell 9.9% · Lincoln 12.4% · Cabarrus 5.9% · Lee 7.9% · Johnston 9.7% · Greene 4.2% · Pitt 11.1% · Beaufort 23.2% · Hyde 8.4% · Haywood 28.6% · Rutherford 14.4% · Cleveland 6.7% · Gaston 12.3% · Montgomery 7.0% · Moore 6.1% · Harnett 9.2% · Wayne 6.6% · Lenoir 5.3% · Craven 13.5% · Pamlico 21.0% · Swain 18.1% · Jackson 20.2% · Henderson 16.0% · Polk 3.6% · Mecklenburg 13.5% · Stanly 9.7% · Graham 25.9% · Macon 31.7% · Transylvania 10.5% · Union 10.6% · Anson 13.8% · Richmond 8.1% · Hoke 6.7% · Cumberland 10.6% · Sampson 9.3% · Duplin 12.6% · Jones 13.9% · Carteret 9.3% · Cherokee 29.1% · Clay 18.9% · Scotland 16.3% · Robeson 7.9% · Bladen 6.1% · Onslow 16.7% · Columbus 7.4% · Pender 11.0% · New Hanover 10.1% · Brunswick 13.8%

Percent of Income–Eligible Children Aged 3 – 4 Whose Families Receive Child Care Subsidy and Are Enrolled in 4– or 5–Star Centers and Homes, 2018

Percent of Income-Eligible Receiving Subsidy and Enrolled in 4- or 5-Star Centers and Homes
- 0.0% - 9.9%
- 10.0% - 17.1%
- 17.2% - 21.3%
- 21.4% - 52.1%

Alleghany 11.1% · Ashe 46.1% · Surry 3.5% · Stokes 9.7% · Rockingham 9.4% · Caswell 9.0% · Person 20.1% · Vance 21.3% · Warren 24.4% · Northampton 5.5% · Gates 6.8% · Pasquotank 15.1% · Currituck 6% · Camden 0.0% · Watauga 11.7% · Wilkes 9.6% · Yadkin 0.4% · Forsyth 18.8% · Guilford 18.1% · Orange 36.4% · Granville 18.3% · Durham 20.3% · Franklin 18.6% · Halifax 13.5% · Hertford 23.2% · Perquimans 10.6% · Chowan 11.0% · Mitchell 2.2% · Avery 16.6% · Caldwell 33.0% · Alexander 12.1% · Iredell 18.3% · Davie 20.5% · Davidson 16.9% · Randolph 19.6% · Alamance 14.7% · Nash 9.7% · Edgecombe 13.5% · Bertie 19.0% · Washington 6.1% · Tyrrell 5.5% · Dare 6.1% · Madison 30.5% · Yancey 9.6% · Burke 29.0% · Catawba 27.4% · Rowan 19.7% · Chatham 22.2% · Wake 21.7% · Wilson 24.4% · Martin 22.5% · Buncombe 23.6% · McDowell 19.0% · Lincoln 19.5% · Cabarrus 10.2% · Lee 13.1% · Johnston 16.8% · Greene 5.2% · Pitt 20.9% · Beaufort 37.1% · Hyde 2.7% · Haywood 39.2% · Rutherford 20.8% · Cleveland 7.5% · Gaston 18.3% · Montgomery 6.9% · Moore 6.9% · Harnett 15.6% · Wayne 11.1% · Lenoir 7.3% · Craven 21.7% · Pamlico 29.5% · Swain 21.3% · Jackson 37.0% · Henderson 25.0% · Polk 2.0% · Mecklenburg 20.7% · Stanly 16.8% · Graham 30.6% · Macon 52.1% · Transylvania 20.5% · Clay 17.5% · Cherokee 24.7% · Union 18.8% · Anson 17.1% · Richmond 10.6% · Hoke 8.2% · Cumberland 19.3% · Sampson 12.1% · Duplin 17.0% · Jones 38.6% · Carteret 12.4% · Scotland 23.2% · Robeson 15.4% · Bladen 9.9% · Onslow 19.7% · Columbus 15.7% · Pender 17.1% · New Hanover 17.7% · Brunswick 24.7%

Goal 9: On Track for School Success

Young children across North Carolina will reach their developmental goals by the time they enter Kindergarten.

A child's development when they enter kindergarten has been linked to success in school and into adulthood. Assessments of a child's ongoing development before they get to kindergarten allow for referrals and services for the supports a child may need to reach his or her developmental goals. North Carolina is committed to ensuring that all children will enter kindergarten having received the health and learning supports they needed along the way. There is no singular method to measure or assess a child's developmental abilities, and thereby deem them "ready" or not for school. Therefore, the NC Early Childhood Action Plan includes multiple sub-targets that address developmental screening and supports for children who need them to achieve their developmental goals.

The data in this section outline key indicators for On-Track for School Success at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

49.9% Proficient
Percent of Students Entering Kindergarten Proficient in North Carolina According to Kindergarten Entry Assessment, 2018

73.2%
Percent of Children Enrolled in Medicaid Receiving General Developmental Screening in First Three Years of Life in North Carolina, 2017

2.9%
Percent of Children Who Received Services through the NC Infant Toddler Program to Address Developmental Risks and Delays as Compared to Census Data in North Carolina, 2018

5.8%
Percent of Children Who Received Services through the NC Preschool Exceptional Children Program to Address Developmental Risks and Delays as Compared to Census Data in North Carolina, 2018

78.2%
Percent of Children Who Received Services through the NC Infant Toddler Program, Entered the Program Below Age Expectations for the Knowledge and Skills Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program in North Carolina, 2018

72.1%
Percent of Children Who Received Services through the NC Infant Toddler Program, Entered the Program Below Age Expectations for the Social Relationships Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program in North Carolina, 2018

CUMBERLAND COUNTY

COUNTY DATA NOT YET AVAILABLE

COUNTY DATA NOT YET AVAILABLE

2.4%
Percent of Children Who Received Services through the NC Infant Toddler Program to Address Developmental Risks and Delays as Compared to Census Data in Cape Fear Children's Developmental Services Agency, 2018

3.2%
Percent of Children Who Received Services through the NC Preschool Exceptional Children Program to Address Developmental Risks and Delays as Compared to Census Data in Cumberland, 2018

66.1%
Percent of Children Who Received Services through the NC Infant Toddler Program, Entered the Program Below Age Expectations for the Knowledge and Skills Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program in Cape Fear Children's Developmental Services Agency, 2018

56.5%
Percent of Children Who Received Services through the NC Infant Toddler Program, Entered the Program Below Age Expectations for the Social Relationships Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program in Cape Fear Children's Developmental Services Agency, 2018

Technical note: "COUNTY DATA NOT YET AVAILABLE" indicates that data have not yet been accessed or fully analyzed at the county level. NC DHHS will continue to work towards accessing as much data as possible at the county level to support local work.
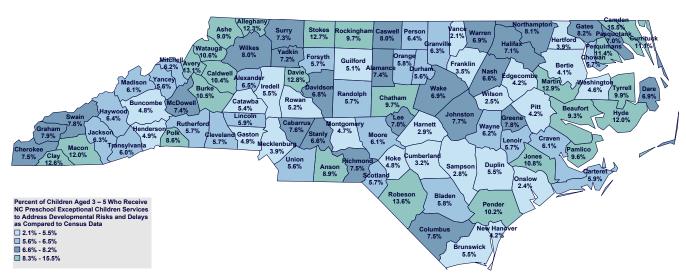
Data Sources: Kindergarten Entry Assessment Data: NC Department of Public Instruction; Developmental Screening Data: NC Medicaid Child Core Set; Infant Toddler Program Data: NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS); NC Preschool Exceptional Children Program Data: NC Department of Public Instruction

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Children Who Receive NC Infant Toddler Program Services to Address Developmental Risks and Delays as Compared to Census Data by Children's Developmental Services Agency, 2018
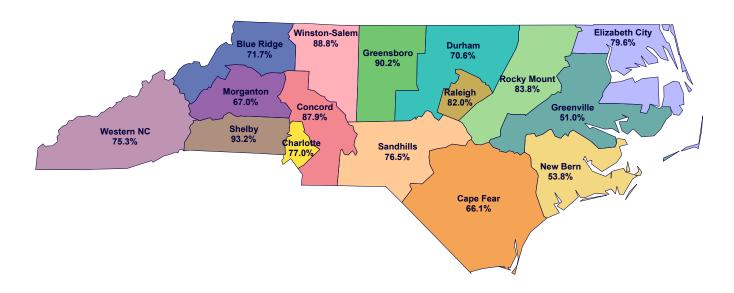
Blue Ridge 3.8%
Winston-Salem 3.3%
Greensboro 2.8%
Durham 2.7%
Elizabeth City 3.4%
Morganton 2.9%
Concord 3.1%
Raleigh 3.4%
Rocky Mount 2.6%
Greenville 2.8%
Western NC 2.9%
Shelby 3.5%
Charlotte 2.7%
Sandhills 3.3%
New Bern 2.2%
Cape Fear 2.4%

Data Source: NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Percent of Children Who Receive NC Preschool Exceptional Children Services to Address Developmental Risks and Delays as Compared to Census Data by County, 2018

Alleghany 12.3%
Ashe 9.0%
Surry 7.3%
Stokes 12.7%
Rockingham 9.7%
Caswell 8.0%
Person 6.4%
Vance 2.1%
Warren 6.9%
Northampton 8.1%
Gates 8.2%
Camden 15.5%
Pasquotank 7.0%
Currituck 11.1%
Watauga 10.6%
Wilkes 8.0%
Yadkin 7.2%
Forsyth 5.7%
Guilford 5.1%
Orange 5.8%
Granville 6.3%
Franklin 3.5%
Halifax 7.1%
Hertford 3.9%
Perquimans 11.4%
Mitchell 6.2%
Avery 13.1%
Caldwell 10.4%
Alexander 6.5%
Davie 12.8%
Alamance 7.4%
Durham 5.6%
Nash 6.6%
Edgecombe 4.2%
Chowan 5.7%
Madison 6.1%
Yancey 5.6%
Burke 10.5%
Iredell 5.5%
Davidson 6.8%
Randolph 5.7%
Wake 6.9%
Wilson 2.5%
Bertie 4.1%
Martin 12.9%
Washington 4.6%
Tyrrell 9.9%
Dare 6.9%
Buncombe 4.8%
McDowell 7.4%
Catawba 5.4%
Rowan 5.2%
Chatham 9.7%
Pitt 4.2%
Beaufort 9.3%
Hyde 12.0%
Haywood 6.4%
Lincoln 5.9%
Cabarrus 7.6%
Lee 7.0%
Johnston 7.7%
Wayne 6.2%
Greene 7.8%
Swain 7.8%
Henderson 4.9%
Rutherford 5.7%
Polk 8.6%
Cleveland 5.7%
Gaston 4.9%
Montgomery 4.7%
Moore 6.1%
Harnett 2.9%
Lenoir 5.7%
Craven 6.1%
Pamlico 9.6%
Graham 7.9%
Jackson 6.3%
Transylvania 6.0%
Mecklenburg 3.9%
Stanly 6.6%
Jones 10.8%
Cherokee 7.5%
Macon 12.0%
Union 5.6%
Anson 8.9%
Richmond 7.5%
Hoke 4.8%
Cumberland 3.2%
Sampson 2.8%
Duplin 5.5%
Onslow 2.4%
Carteret 5.9%
Clay 12.6%
Scotland 5.7%
Robeson 13.6%
Bladen 5.8%
Pender 10.2%
Columbus 7.5%
New Hanover 4.2%
Brunswick 5.5%

Percent of Children Aged 3 – 5 Who Receive NC Preschool Exceptional Children Services to Address Developmental Risks and Delays as Compared to Census Data
2.1% - 5.5%
5.6% - 6.5%
6.6% - 8.2%
8.3% - 15.5%

Data Source: NC Preschool Exceptional Children Program, NC Department of Public Instruction (NCDPI)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Children Who Received NC Infant Toddler Program Services, Entered the Program Below Age Expectations for the Knowledge and Skills Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program by Children's Developmental Services Agency, 2018

Blue Ridge 71.7%
Winston-Salem 88.8%
Greensboro 90.2%
Durham 70.6%
Elizabeth City 79.6%
Morganton 67.0%
Concord 87.9%
Raleigh 82.0%
Rocky Mount 83.8%
Western NC 75.3%
Shelby 93.2%
Charlotte 77.0%
Sandhills 76.5%
Greenville 51.0%
New Bern 53.8%
Cape Fear 66.1%

Data Source: NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

Percent of Children Who Received NC Infant Toddler Program Services, Entered the Program Below Age Expectations for the Social Relationships Outcome Measure, and Substantially Increased Their Rate of Growth by the Time They Exited the Program by Children's Developmental Services Agency, 2018

Blue Ridge 64.1%
Winston-Salem 84.0%
Greensboro 83.2%
Durham 56.0%
Elizabeth City 66.9%
Morganton 68.1%
Concord 78.1%
Raleigh 72.7%
Rocky Mount 80.6%
Western NC 67.8%
Shelby 94.3%
Charlotte 74.0%
Sandhills 70.5%
Greenville 50.2%
New Bern 55.6%
Cape Fear 56.5%

Data Source: NC Early Intervention Branch, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Goal 10: Reading at Grade Level

Young children across North Carolina will read on grade level in elementary school, with a particular focus on African American, American Indian, and Hispanic children who face the greatest systemic barriers to reading success.

Reading at grade-level in third grade is linked to children's early success in school, graduating ready for college or a career after high school, and becoming productive adults. Beyond third grade, time in the classroom is less and less devoted to the fundamentals of learning to read, so learning to read well early is important for young children. It is often said that a child learns to read until third grade and then reads to learn after third grade. Across North Carolina and the country, there are significant differences in reading achievement by race and ethnicity because of systemic factors that hold students back from being able to reach their full potential.

The data in this section outline key indicators for Reading at Grade Level at the county level. Visit www.ncdhhs.gov/early-childhood for more information on this goal in the NC Early Childhood Action Plan.

NORTH CAROLINA

66.4%
Percent of Kindergarten Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in North Carolina, 2017

52.1%
Percent of First Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in North Carolina, 2017

55.8%
Percent of Second Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in North Carolina, 2017

45.0%
Percent of Third Grade Students College and Career Ready on NC End of Grade Assessment for Third Grade Reading in North Carolina, 2018
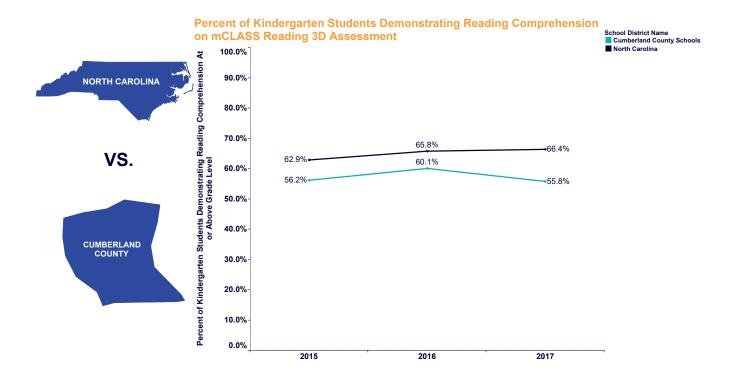
CUMBERLAND COUNTY

55.8%
Percent of Kindergarten Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in Cumberland County Schools, 2017

44.9%
Percent of First Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in Cumberland County Schools, 2017

51.9%
Percent of Second Grade Students Demonstrating Reading Comprehension At or Above Grade Level on mCLASS Reading 3D Assessment in Cumberland County Schools, 2017
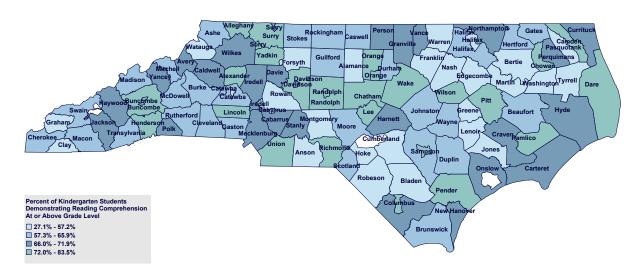
44.4%
Percent of Third Grade Students College and Career Ready on NC End of Grade Assessment for Third Grade Reading in Cumberland County Schools, 2018

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Kindergarten Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment

School District Name
- Cumberland County Schools
- North Carolina

NORTH CAROLINA

VS.

CUMBERLAND COUNTY

North Carolina: 62.9% (2015), 65.8% (2016), 66.4% (2017)

Cumberland County Schools: 56.2% (2015), 60.1% (2016), 55.8% (2017)

Percent of Kindergarten Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment by School District, 2017

Percent of Kindergarten Students Demonstrating Reading Comprehension At or Above Grade Level
- 27.1% - 57.2%
- 57.3% - 65.9%
- 66.0% - 71.9%
- 72.0% - 83.5%

Data Source: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction

Technical note: Unshaded areas include Camp Lejeune Schools, Fort Bragg Schools, and Eastern Cherokee Reservation, for which mCLASS TRC Assessment data are unavailable. County names may be listed multiple times on map in counties where multiple school districts exist.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of First Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment

School District Name
- Cumberland County Schools
- North Carolina

NORTH CAROLINA

VS.

CUMBERLAND COUNTY

Percent of First Grade Students Demonstrating Reading Comprehension At or Above Grade Level

- 49.7%
- 50.1%
- 52.1%
- 40.4%
- 40.3%
- 44.9%

2015   2016   2017

Percent of First Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment by School District, 2017

Percent of First Grade Students Demonstrating Reading Comprehension At or Above Grade Level
- 10.6% - 41.6%
- 41.7% - 50.1%
- 50.2% - 58.4%
- 58.4% - 79.5%

Data Source: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction

Technical note: Unshaded areas include Camp Lejeune Schools, Fort Bragg Schools, and Eastern Cherokee Reservation, for which mCLASS TRC Assessment data are unavailable. County names may be listed multiple times on map in counties where multiple school districts exist.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Visit www.ncdhhs.gov/early-childhood to view the full North Carolina Early Childhood Action Plan... 34

Percent of Second Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment

School District Name
- Cumberland County Schools
- North Carolina

NORTH CAROLINA

VS.

CUMBERLAND COUNTY

North Carolina: 55.6% (2015), 53.2% (2016), 55.8% (2017)
Cumberland County Schools: 48.2% (2015), 47.0% (2016), 51.9% (2017)

Percent of Second Grade Students Demonstrating Reading Comprehension on mCLASS Reading 3D Assessment by School District, 2017

Percent of Second Grade Students Demonstrating Reading Comprehension At or Above Grade Level
- 14.5% - 47.0%%
- 47.1% - 54.0%
- 54.1% - 60.3%
- 60.4% - 72.6%

Data Source: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction

Technical note: Unshaded areas include Camp Lejeune Schools, Fort Bragg Schools, and Eastern Cherokee Reservation, for which mCLASS TRC Assessment data are unavailable. County names may be listed multiple times on map in counties where multiple school districts exist.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Third Grade Students Scoring College and Career Proficiency on Third Grade End of Grade Assessments for Reading

School District Name
- Cumberland County Schools
- North Carolina

Percent Demonstrating Reading Comprehension

North Carolina: 47.7% (2014), 46.5% (2015), 47.8% (2016), 46.1% (2017), 45.0% (2018)

Cumberland County Schools: 46.0% (2014), 44.9% (2015), 46.5% (2016), 44.6% (2017), 44.4% (2018)

Percent of Third Grade Students Scoring College and Career Ready Proficiency on NC End of Grade Assessment for Third Grade Reading by School District, 2018

Percent of Third Grade Students Scoring College and Career Ready Proficiency
- 21.2% - 35.4%
- 35.5% - 42.1%
- 42.2% - 47.2%
- 47.2 - 66.7%

Data Source: Duke Center for Child and Family Policy, North Carolina Education Research Data Center and NC Department of Public Instruction

Technical note: Unshaded areas include Camp Lejeune Schools, Fort Bragg Schools, and Eastern Cherokee Reservation, for which End of Grade Assessment data are unavailable. County names may be listed multiple times on map in counties where multiple school districts exist.

For more information on the North Carolina Early Childhood Action Plan data sources, please view the NC Early Childhood Action Plan Data Appendix at https://files.nc.gov/ncdhhs/ECAP-DataAppendix-WEB.pdf

Percent of Third Grade Students Scoring College and Career Proficiency on Third Grade End of Grade Assessments for Reading in North Carolina and Cumberland County by Subgroups

Additional County Data Resources

Below are additional data resources that can be used to inform county-level decision-making for young children and families in Cumberland County.

Data Resource Description	Webpage Link
Child Care Services Association - Who's Caring for Our Babies? Early Care and Education in North Carolina Region Report	**www.childcareservices.org/wp-content/uploads/2017/11/IT-State-Report-region-5-7-28.pdf**
Child Care Services Association Early Care and Education Workforce Region Factsheet	**www.childcareservices.org/wp-content/uploads/2017/11/regional-factsheets_Part5.pdf**
Child Trends DataBank	**https://www.childtrends.org/indicators?a-z**
Community Health Assessment - 2016	**www.co.cumberland.nc.us/docs/default-source/health-documents/annual-reports-chs-sotch/community_health_assessment-2016.pdf?sfvrsn=f019fb26_2**
NC Child County Data Card	**www.ncchild.org/wp-content/uploads/2019/04/Cumberland.pdf**
North Carolina Association of County Commissioners County Map Book	**www.ncacc.org/794/2019-County-Map-Book**
United States Census Bureau American FactFinder Download Center	**https://factfinder.census.gov/faces/nav/jsf/pages/download_center.xhtml**

Acknowledgements

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Key Contributors

Child Care Services Association

Community Care of North Carolina

Duke Center for Child and Family Policy

Head Start State Collaboration Office

NC Department of Public Instruction

NC Department of Public Instruction, NC Preschool Exceptional Children Program

NC DHHS Division of Aging and Adult Services, ESG Homeless Programs

NC DHHS Division of Child Development and Early Education

NC DHHS Division of Public Health, Children's Environmental Health

NC DHHS Division of Public Health, Early Intervention Branch

NC DHHS Division of Public Health, Immunization Branch

NC DHHS Division of Public Health, Injury and Violence Prevention Branch

NC DHHS Division of Public Health, Nutrition Services Branch

NC DHHS Division of Public Health, State Center for Health Statistics

NC DHHS Divison of Social Services, Child Welfare Performance Management, Data Reporting & Analytics

NC DHHS NC Medicaid

NC Homelessness Management Information System

NC Judicial Branch, Court Programs Division, Juvenile Court Improvement Program

NORTH CAROLINA EARLY CHILDHOOD ACTION PLAN

Executive Summary

Healthy

Safe and Nurtured

Learning and Ready to Succeed

North Carolina's future depends on our children today. We know that the foundation for future learning, health and well-being is built during early childhood. When we commit to giving every child a strong foundation in their first years of life, we create healthy and vibrant communities for all of us.

Our state has been a national leader in advancing opportunities for young children, including founding Smart Start, the first statewide early childhood public-private partnership in the country, and implementing one of the highest quality pre-k programs in the country. We are, and should continue to be, proud of these accomplishments.

But our work is far from done. Too many of our young children face barriers that can hold them back from achieving everything they can. Too many experience hunger on a daily basis, or abuse and neglect at home. Too many are already behind on their reading levels by third grade. Too many babies die before their first birthday. We have a shared responsibility to take on racial and other disparities that impact young children's well-being. We must do more to provide families and communities across our state with better supports, tools and choices so that every child in North Carolina has the opportunity to succeed.

When I issued Executive Order 49 in the summer of 2018, I challenged our state's Department of Health and Human Services and the Early Childhood Advisory Council to spearhead the development of a statewide plan for achieving better outcomes for young children's health, safety, well-being, and learning success.

With the input of over a thousand North Carolinians, the Early Childhood Action Plan lays out a bold vision and roadmap for how we can create change for our young children by 2025.

I know we can reach these goals, but we can only get there if we do it together. Right now, today – whether you are a parent or grandparent, a small business owner, an educator, a pediatrician, a law enforcement officer, an elected official, or just someone who wants to make a difference for young children – I am asking you to take action for our young children.

My goals as Governor are to help all North Carolinians be better educated, healthier, and have more money in their pockets so that they can live more abundant, purposeful lives. There is no better place to start than at the beginning, by committing to our young children.

Thank you for all you do and will do for our children and our great state. Together, we will reach our goals.

Roy Cooper

Governor Roy Cooper

Our Vision for NC's Children

**Vision Statement: All North Carolina children will get
a healthy start and develop to their full potential in
safe and nurturing families, schools and communities.**

By 2025, all North Carolina young children from birth to age eight will be:

1. Healthy: Children are healthy at birth and thrive in environments that support their optimal health and well-being.
2. Safe and Nurtured: Children grow confident, resilient, and independent in safe, stable, and nurturing families, schools, and communities.
3. Learning and Ready to Succeed: Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life.

Guiding Principles

Our fundamental beliefs to be used throughout the development and implementation of the Early Childhood Action Plan.

1. Children and families are at the center of our work.

North Carolina's early childhood systems serve children in the contexts of families and communities. Child development is a dynamic, interactive process that is not predetermined; it occurs in the context of relationships and communities. We know it is possible, and essential, to build resilience and healthy development by creating positive and protective factors in young children's lives, including strong relationships between children and caring adults.

2. Brain and developmental science are fundamental.

Brains are built through children's earliest experiences and through the environments around them. During a child's first eight years of life, brain architecture is forming a foundation for all future learning, behavior, and health. While positive experiences and environments can set up a child on a stronger life-long path, traumatic experiences or environments during those formative years can have long-lasting, detrimental impact.

3. Alleviate inequity to ensure that all of North Carolina's children can reach their fullest potential.

North Carolina is committed to equity of opportunity for all children by confronting disparities through strategic commitments across the state. Child outcomes that vary disproportionally across race, ethnicity, socioeconomic status, physical and developmental ability, and geography must be recognized in order to identify and implement strategic interventions.

4. Build upon existing strengths and partnerships in early childhood systems.

North Carolina has a rich history of innovation in early childhood. The Early Childhood Action Plan builds upon existing efforts and promotes diverse participation, cross-sector collaboration, and partnerships with families and organizations that have worked to improve child and family outcomes.

5. Set bold priorities and achievable goals for North Carolina's young children.

We must commit to a prioritized set of areas to tackle for our state's children, knowing that the process of prioritizing makes accomplishing outcomes more feasible. Not only must we prioritize, but we must hold ourselves accountable with measurable and achievable goals for each priority, because without accountability, we may not see the changes our children deserve.

6. Track progress toward all goals, ensuring transparency, accountability, and good stewardship of resources.

We will report on the outcomes of our work and use data to continuously improve our efforts to ensure cost-effective strategies that result in the highest impact for children. Effective early childhood interventions can yield significant positive returns on investment to communities through better outcomes in education, health, social behaviors, and employment.

2025 Goals At-A-Glance

Goal 1: Healthy Babies

Babies across North Carolina from all backgrounds will have a healthy start in their first year of life.

Goal 2: Preventive Health Services

Babies, toddlers, young children, and their families will have regular, ongoing access to high-quality health services.

Goal 3: Food Security

Babies, toddlers, young children and their families across North Carolina will have access to enough healthy food every day.

Goal 4: Safe and Secure Housing

Babies, toddlers, young children and their families across North Carolina will have access to safe, secure and affordable housing.

Goal 5: Safe and Nurturing Relationships

Babies, toddlers and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

Goal 6: Permanent Families for Children in Foster Care

Babies, toddlers and young children in foster care will grow up in stable, consistent and nurturing families, whether that is with the child's birth family or through an adoptive family.

Goal 7: Social-Emotional Health and Resilience

Babies, toddlers and young children across North Carolina will express, recognize and manage their emotions in a healthy way, especially under stress.

Goal 8: High-Quality Early Learning

Babies, toddlers and young children across North Carolina will have access to high-quality opportunities to engage in early learning.

Goal 9: On Track for School Success

Young children across North Carolina will enter kindergarten on track for reaching their developmental goals.

Goal 10: Reading at Grade Level

Young children across North Carolina will read on grade-level in elementary school, with a particular focus on African American, American Indian and Hispanic children who face the greatest systemic barriers to reading success.

GOAL 1: HEALTHY BABIES

Babies across North Carolina from all backgrounds will have a healthy start in their first year of life.

Every North Carolina baby deserves to have a healthy start. Unfortunately, too many babies in our state face great challenges at birth, such as preterm birth and low birth weight.

Infant mortality can be used as a measure of child, family and community health. It is a rate of infant death, but is also used more broadly to indicate societal health, poverty levels, racial disparities, and the availability and quality of health services in a community.[1]

In North Carolina, stark disparities in infant mortality exist. For example, African American infant deaths persistently occur at over double the rate of white infant deaths.[2] The North Carolina Early Childhood Action plan focuses specifically on reducing this disparity, recognizing that overall birth outcomes for children will then also improve.

OUR SHARED RESPONSIBILITY

Decrease disparities in infant mortality, thereby improving overall birth outcomes for all children.

BY THE NUMBERS

- NC has the 11th highest infant mortality rate in the country.[3]

- The African American infant mortality rate in NC is over twice as high as the white infant mortality rate.[2]

GOAL 2: PREVENTIVE HEALTH SERVICES

Babies, toddlers, young children, and their families will have regular, ongoing access to high-quality health services.

Timely health check-ups are essential to support the optimal health and well-being of babies, toddlers and young children across North Carolina. During well-child visits, healthcare professionals provide preventive care, such as immunizations, lead screenings, and developmental and social-emotional screenings, to identify possible health concerns as early as possible. Parents also have a chance to talk about their concerns, get information, guidance and advice about their child's health and development, and get connected to the right services for their child.

The North Carolina Early Childhood Action Plan focuses on timely well-child check-ups, and also includes other important indicators of children's health. For example, access to health insurance for children and families is critical to ensure that children receive the healthcare they need. Other services, including oral healthcare, lead screenings and immunizations, are important ways of protecting children from potential harmful environmental exposures and disease.

OUR SHARED RESPONSIBILITY

Increase the percentage of young children who get timely check-ups.

BY THE NUMBERS

- Nearly one third of children ages 3-6-years-old enrolled in NC Medicaid or Health Choice do not receive on time well-child visits.[4]

- Almost 20% of NC heads of household with young children do not have health insurance.[5]

GOAL 3: FOOD SECURITY

Babies, toddlers, young children and their families across North Carolina will have access to enough healthy food every day.

Today, too many North Carolina children do not know if there will be enough food for them every day, or do not get enough quality, nutritious food. Food insecurity puts young children at risk for negative health, developmental, behavioral and academic outcomes.[6-9] Food insecurity also puts young children's parents and other caregivers at risk for poor physical and mental health, and can lead to family conflict.[10, 11]

The North Carolina Early Childhood Action Plan focuses on decreasing child food insecurity, but also includes measures that address overall healthy nutrition, like child obesity and the percent of young children who receive supplemental food and nutrition services.

OUR SHARED RESPONSIBILITY

Decrease rates of food insecurity among young children.

BY THE NUMBERS

- Over 1 in 5 children across North Carolina face hunger.[12]

2025 TARGETS AT-A-GLANCE: HEALTHY

Goal 1: Healthy Babies

2025 TARGET: By 2025, decrease the statewide infant mortality disparity ratio from 2.5 to 1.92, according to data provided by the State Center for Health Statistics.

Goal 2: Preventive Healthcare

2025 TARGET: By 2025, increase the percentage of North Carolina's young children enrolled in Medicaid and Health Choice who receive regular well-child visits as part of a healthcare delivery process that provides comprehensive, patient-centered, accessible, quality care as recommended for certain age groups, according to data provided through NC Medicaid and HEDIS measures.

- For children ages 0-15 months, increase from 63.9% to 68.7%.
- For children ages 3-6 years, increase from 69.8% to 78.5%.

Goal 3: Food Security

2025 TARGET: By 2025, decrease the percentage of children living across North Carolina in food insecure homes from 20.9% to 17.5% according to data provided by Feeding America.

GOAL 4: SAFE AND SECURE HOUSING

Babies, toddlers, young children and their families across North Carolina will have access to safe, secure and affordable housing.

Too many children across North Carolina do not have a safe and stable place to sleep at night. Some families may be living in shelters, in their cars, or temporarily living with friends or relatives. Unstable housing is stressful, especially for families with young children.[13] This puts these children at a higher risk for poor physical health, and mental health and behavioral problems.[14-16] They are also at risk for delayed language and literacy skills, attention difficulties, and poor self-regulation.[15, 17, 18] They may also struggle in school with relationships with their classmates and their teachers.[19]

Children living in unsafe or unstable conditions also often face greater challenges at home and in their communities, such as family and neighborhood violence, maltreatment, food insecurity, chronic illness, and lack of proper healthcare.[20-22] They may face unhealthy home environments that expose them to things such as lead, pests, poor ventilation, or mold, that could lead to health problems such as asthma, or physical dangers that could lead to injury. Further, caregivers of young children who experience homelessness often report poor health, signs of maternal depression or other mental illness, putting them at risk for low confidence in parenting and using harsh parenting practices.[23]

The North Carolina Early Childhood Action Plan focuses on decreasing rates of homelessness for all young children across the state, and particularly among those children participating in high-quality early learning programs. There are also other measures in the plan that focus on safe living environments, such as reducing emergency care for asthma and tracking elevated blood lead levels, both of which may be caused by harmful environmental exposure.

OUR SHARED RESPONSIBILITY

Decrease the number of young children experiencing homelessness.

BY THE NUMBERS

- Over 26,000 NC children under age 6 are homeless, or roughly 1 in 28.[24]

GOAL 5: SAFE AND NURTURING RELATIONSHIPS

Babies, toddlers and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

Strong, positive relationships between children and their caregivers is a key ingredient for healthy brain development. When young children face severe adversity, such as abuse, neglect or witnessing violence, the structure and function of their brain and bodies can change. For some children, the level of stress produced by severe adversity causes their bodies to respond by staying set on high-alert, which can result in long-term health consequences.[25] Caregivers play an active role in shielding children from feeling overwhelming amounts of stress.

Child maltreatment is defined as abuse and neglect of a child under the age of 18 by a parent, guardian or caregiver. While child maltreatment occurs within families from all economic backgrounds, it is more common among children in low-income families.[26] Factors that can contribute to child maltreatment include the presence of adults who face substance use disorders, mental illness (notably maternal depression) and intimate partner violence.[27]

The North Carolina Early Childhood Action Plan focuses on reducing rates of child maltreatment as the primary measure of safe and nurturing relationships. When focusing on this measure, it is critical to note the limitations of child maltreatment data, including that minority populations are disproportionately reported, investigated and substantiated for cases of maltreatment.

OUR SHARED RESPONSIBILITY

Reduce the number of children who experience abuse or neglect.

BY THE NUMBERS

- Children under age 4 make up over half of substantiated child maltreatment cases.[28]

GOAL 6: PERMANENT FAMILIES FOR CHILDREN IN FOSTER CARE

Babies, toddlers and young children in foster care will grow up in stable, consistent and nurturing families, whether that is with the child's birth family or through an adoptive family.

Young children need safe, permanent homes with nurturing and secure relationships with adults for healthy growth and development.[29] For children who must be placed in foster care, being removed from their home and placed in a foster home may be stressful.

North Carolina is committed to ensuring that all children in foster care across the state grow up in a home environment with safe and nurturing family relationships, whether that is with the child's birth family or through an adoptive family. Right now, too many of North Carolina's children in foster care spend hundreds of days in the foster care system before being placed in a permanent home.

In order to reach North Carolina's commitment to stronger, lasting relationships for children in the foster care system, the Early Childhood Action Plan focuses on decreasing the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate, or decreasing the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.

OUR SHARED RESPONSIBILITY

Decrease the number of days young children spend in foster care.

BY THE NUMBERS

- More than half of 4- and 5-year-olds in NC's foster care system spent over 1,000 days in foster care before being adopted.[30]

GOAL 7: SOCIAL-EMOTIONAL HEALTH AND RESILIENCE

Babies, toddlers and young children across North Carolina will express, recognize and manage their emotions in a healthy way, especially under stress.

Social-emotional skills, such as the ability to recognize and manage one's emotions and the ability to understand the emotions of others, provide a foundation for building trusting relationships that are important at home, school and the work place. For example, skills like cooperation and helpfulness have been linked to positive outcomes later in life such as having a job, being physically and mentally well, and being less criminally involved.[31, 32]

The importance of social-emotional health and resilience for young children is becoming increasingly recognized nationwide. Currently, we do not have a strong statewide data source on young children's social-emotional health and resilience. North Carolina has an opportunity to be a national leader in developing the ability to track social emotional well-being for young children at a state level. The state has already begun work to identify appropriate data sources that would allow for this to be tracked.

OUR SHARED RESPONSIBILITY

Become a national leader in developing a statewide measure of social-emotional health and resilience, and make steady progress on improving children's social-emotional health and resilience.

BY THE NUMBERS

- Data not yet available. Promising data sources include the Survey of Well-being of Young Children (SWYC), and select indicators on the National Survey of Children's Health (NSCH).

2025 TARGETS AT-A-GLANCE: SAFE AND NURTURED

Goal 4: Safe and Secure Housing

2025 TARGET:

Part 1) By 2025, decrease the percentage of children across North Carolina under age six experiencing homelessness by 10% from 26,198 to 23,578, according to data from the Administration for Children and Families (ACF).

Part 2) By 2025, decrease the number of children in kindergarten through third grade enrolled in NC public schools who are experiencing homelessness by 10%, from 9,970 to 8,973, according to data provided by the NC Department of Public Instruction (NCDPI).

Goal 5: Safe and Nurturing Relationships

2025 TARGET: By 2025, decrease by 10% the rate of children in North Carolina who are substantiated victims of maltreatment**

- For children ages 0-3 years, reduce from 20.1 to 18.1 per 1,000 children
- For children ages 4-5 years, reduce from 14.5 to 13.1 per 1,000 children
- For children ages 6-8 years, reduce from 13.4 to 12.1 per 1,000 children

All data for this target is provided by the Division of Social Services Central Registry and NC FAST.

Goal 6: Permanent Families for Children in Foster Care

2025 TARGET:

Part 1) Reunification: By 2025, decrease the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate.

- For children aged 0-3 years, decrease the median number of days from 371 to 334

- For children aged 4-5 years, decrease the median number of days from 390 days to 351 days
- For children aged 6-8 years, decrease the median number of days from 371 to 334

Part 2) Adoption: By 2025, decrease the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.

- For children aged 0-3 years, decrease the median number of days from 822 to 730
- For children aged 4-5 years, decrease the median number of days from 1,006 to 730
- For children aged 6-8 years, decrease the median number of days from 988 to 730

All data for this target is provided by the Division of Social Services, Child Placement and Payment System (CPPS) and NC FAST.

Goal 7: Social-Emotional Health and Resilience

2025 TARGET: By 2025, North Carolina will have a reliable, statewide measure of young children's social-emotional health and resilience at the population level.

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* In setting this target, we acknowledge that current counts are likely to be an underestimation of homelessness among young children and that rates could increase as identification methods improve.

** In setting this target, it is critical to note the limitations of these data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment.

GOAL 8: HIGH-QUALITY EARLY LEARNING

Babies, toddlers and young children across North Carolina will have access to high-quality opportunities to engage in early learning.

High-quality early care and education programs help prepare children physically, academically, socially and emotionally. While children from all backgrounds can benefit from attending high-quality and affordable child care and education programs, children facing challenges related to poverty, disabilities or limited English proficiency often benefit the most from these programs.[33] A growing amount of evidence shows that high-quality child care programs help better prepare children become more on-track for school success, which supports them in becoming healthy, successful adults.[34, 35] Research also shows that employers benefit when employees' children are in quality child care arrangements.[36] When parents know their children are provided quality care that fosters healthy development, they are more productive and focused on work.

There is broad demand for high-quality early learning programs across the state. The North Carolina Early Childhood Action Plan focuses on two measures of families' access to child care programs: rates of eligible families enrolled in NC Pre-K and affordability of child care programs. Affordability is defined based on the percent of a family's income spent on child care. The plan also highlights other important measures centering around access to high-quality early learning, such as enrollment in Head Start, receiving child care subsidy and enrollment in high-quality programs, and higher education among early learning teachers.

OUR SHARED RESPONSIBILITY

Increase the percentage of eligible children enrolled in NC Pre-K and child care subsidy, and decrease the percentage of income families spend on high-quality child care and early learning programs.

BY THE NUMBERS

- Less than half of eligible children, approximately 30,000, are enrolled in NC Pre-K.[37]

- Nearly 12% of an NC family's income is devoted to infant care.[37, 38]

- Roughly one in five eligible children under age five, approximately 46,000, receive child care subsidy in NC.[37]

GOAL 9: ON TRACK FOR SCHOOL SUCCESS

Young children across North Carolina will enter kindergarten on track for reaching their developmental goals.

A child's developmental progress at kindergarten entry has been linked to success in school and into adulthood.[31, 39, 40] Assessments of children's ongoing development, before they get to kindergarten, facilitates referrals and services to address identified needs. The North Carolina Early Childhood Action Plan focuses on increasing the percent of children across North Carolina who enter kindergarten at a level typical for their age group. In addition to the Kindergarten Entry Assessment (KEA), other forms of developmental screening, and appropriate supports for identified needs, are also important. Measures addressing these areas are included as secondary areas of focus.

OUR SHARED RESPONSIBILITY

Increase the percentage of North Carolina's children who enter kindergarten on-track for reaching their developmental goals.

BY THE NUMBERS

- Over 70% of children ages 0-3-years-old enrolled in NC Medicaid receive a developmental screening.[41]

- Kindergarten Entry Assessment (KEA) data is not yet available.*

* The North Carolina Department of Public Instruction (NCDPI) administers the KEA and is working to provide state-level reporting.

GOAL 10: READING AT GRADE LEVEL

Young children across North Carolina will read on grade-level in elementary school, with a particular focus on African American, American Indian and Hispanic children who face the greatest systemic barriers to reading success.

Reading at grade-level in third grade is linked to children's early success in school, graduating ready for college or a career after high school, and becoming productive adults.[42] Beyond third grade, time in the classroom is less and less devoted to the fundamentals of learning to read, so learning to read well early is important for young children.[43] It is often said that a child learns to read until third grade and then reads to learn after third grade. Across North Carolina and the country, there are significant differences in reading achievement by race and ethnicity because of systemic factors that hold students back from being able to reach their full potential.[44]

The North Carolina Early Childhood Action Plan uses two data sources to measure reading proficiency. The first is North Carolina's end of grade tests (EOGs), which are administered to all public school students in third grade and above. The second is the National Assessment of Educational Progress (NAEP). The NAEP measures reading proficiency based on a sample of 4th grade students in each state so we can compare North Carolina's scores to others across the country.

OUR SHARED RESPONSIBILITY

Increase the percentage of children reading at or above proficiency in third grade.

BY THE NUMBERS

- Less than half, 45%, of North Carolina third graders read above proficiency on state EOGs.[45]

- Less than 40% of North Carolina fourth graders read proficiently on the NAEP.[46]

2025 TARGETS AT-A-GLANCE: LEARNING AND READY TO SUCCEED

Goal 8: High-Quality Early Learning

2025 TARGET:

Part 1) By 2025, increase the percentage of income-eligible children enrolled in NC Pre-K statewide from 47% to 75%.

Part 2) By 2025, decrease the percent of family income spent on child care, according to data provided by Child Care Aware America:

- Infant Care: Decrease from 11.6% to 7.0%
- Toddler Care: Decrease from 10.5% to 7.0%
- Four-Year-Olds: Decrease from 10.0% to 7.0%

Goal 9: On Track for School Success

2025 TARGET: By 2025, increase the percentage of children across North Carolina who enter kindergarten at a level typical for their age group, according to the five domains of the NCDPI Kindergarten Entry Assessment (KEA).*

Goal 10: Reading at Grade Level

2025 TARGET: By 2025, increase the percentage of children across the state achieving high levels of reading proficiency according to the following measures:

Part 1) Increase the percentage of students reading above proficiency from 45.8% to 61.8% for third through eighth grade students on statewide end of grade tests (EOGs), consistent with the state's Every Student Succeeds Act (ESSA) Plan 2025 reading proficiency benchmark.

Part 2) Increase reading proficiency from 39% to 43% according to the fourth grade National Assessment of Educational Progress (NAEP).

* The North Carolina Department of Public Instruction (NCDPI) administers the KEA and is working to provide state-level reporting.

COMMITTING TO ACTION:
Strategies for All of Us

As North Carolinians, we all have a role in improving the health, safety and well-being of young children from birth through age eight. Whether you are a parent, a health care provider, a policymaker, a business leader, a teacher or anyone else who is committed to our state's future, right now each of us can commit to actions that will create a better future for young children, their families and all of us.

Public and private partners across the state have come together to create an initial list of strategies that will help North Carolina move the needle on that vision and the 10 Early Childhood Action Plan goals by 2025.

Healthy: Children are healthy at birth and thrive in environments that support their optimal health and well-being.

North Carolinians can support young children's healthy growth and development by:

- Closing the insurance coverage gap to ensure more families have regular access to physical, mental and oral health services.
- Increasing access to healthcare providers, including pediatricians, OB/GYNs, oral health providers and pediatric specialists, particularly in rural areas.
- Making it easier for young women to visit a primary care provider more regularly, which can help support healthy future pregnancies.
- Promoting referrals to and participation in early intervention services for infants and young children with developmental delays and disabilities, and their families.
- Making it easier for eligible families to enroll in supplemental food and nutrition benefits programs, especially during times of disaster and recovery.

- Promoting opportunities for young children to access breakfast and after-school meals during the traditional school year, as well as opportunities to receive meals on weekends and school breaks.
- Promoting exercise and healthy eating habits for young children in early care and learning programs, kindergarten through third grade classrooms, and at home with their families.

North Carolinians can create healthy environments for young children by:

- Encouraging breastfeeding-friendly policies and services in local communities.
- Increasing children's access to safe, clean drinking water and indoor and outdoor air.
- Reducing exposure to toxic substances, such as lead.
- Making more safe and affordable housing and transportation available for low-income families with young children.

Safe and Nurtured: Children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.

North Carolinians can support safe, stable and nurturing families by:

- Promoting evidence-based home visiting and parent education programs.
- Providing better care for mothers facing depression.
- Providing increased access to research-based mental health services to children and adults who need them.
- Improving the process for getting children who are in the foster care system into permanent families.
- Investing in family-centered systems like the Smart Start network.

North Carolinians can support safe, stable and nurturing schools and communities by:

- Hiring more staff in supportive roles such as school counselors, social workers and school nurses.
- Training professionals who work with young children on best practices in mental health and resilience, including doctors, teachers, law enforcement and others.
- Eliminating or minimizing the use of suspension and expulsion in birth through third grade classrooms.
- Promoting family-friendly work places, such as paid sick leave, paid parental leave and reliable work schedules.
- Increasing wages and promoting tax policies for working families that support a high quality of life.
- Promoting access to higher education to improve young parents' ability to increase his or her income.

Learning and Ready to Succeed: Children experience the conditions they need to build strong brain architecture and skills that support their success in school and life.

North Carolinians can support making high-quality early learning available to more families by:

- Increasing access to NC Pre-K, 4- and 5-star early learning programs, and other high-quality early childhood programs.
- Increasing funding for child care subsidy for eligible families.
- Increasing access to high-quality education programs and improving wages to attract, recruit and retain highly-qualified birth through third grade teachers.

- Making transitions between preschool and kindergarten easier for children, families and teachers.
- Increasing access to high-quality early childhood programs for children who are homeless, in foster care, and from immigrant families.
- Providing greater access to high-quality early learning programs and ongoing classroom supports for young children with disabilities and other special healthcare needs.

Building Racial and Cultural Equity: Barriers along lines of race, ethnicity and other factors can limit a young child's access to opportunities.

North Carolinians can help build racial and cultural equity by:

- Giving families and youth of color a seat at the table in program and policy design and implementation.
- Promoting learning environments for young children that are free from systemic racism and implicit bias.
- Training leaders who support young children and families in racial equity and cultural competence, including training on implicit bias, cultural variations in communication and interaction, adverse childhood experiences (ACEs), building resiliency, and child development.
- Using diagnostic and assessment tools in education and healthcare that are free of linguistic, racial and cultural bias.
- Hiring a diverse workforce of child- and family-facing providers across sectors, e.g. healthcare, education, law enforcement, ensuring more racial, ethnic, and geographic representation.

What other strategies can we add? Where can you take action now? Visit www.ncdhhs.gov/early-childhood to commit to take action today!

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ZERO TO THREE

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Contributors

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Overview of *Leandro v. North Carolina*

Smart Start
Each Child. Every Community.

What is Leandro v. North Carolina?

1994

Leandro v. North Carolina is a lawsuit filed in 1994 by five low-wealth school districts who claimed that they did not have enough money to provide an equal education to their students.

1997

In 1997, the NC Supreme Court ruled that the state's students have a constitutional right to a "sound, basic education."

The courts subsequently ruled that to meet its constitutional duty, the state must:

- Staff each classroom with a competent, well-trained teacher
- Staff each school with a competent, well-trained principal
- Identify the resources necessary, including access to early education, to ensure that all children, including those at-risk, have an equal opportunity to obtain a sound, basic education.

2017

In 2017, the parties agreed to work toward a resolution in the case. The court hired a consultant, WestEd, to develop recommendations to achieve compliance, and Gov. Roy Cooper additionally created a Commission on Access to a Sound Basic Education to assist in creating a plan for the state to meet the Leandro requirements.

2019

The Commission met throughout 2018 and 2019 and produced draft recommendations in the fall of 2019. WestEd submitted its report to the court in summer 2019 before its release to the public in December.

What are the Early Childhood Recommendations from the WestEd Report?

Increase the volume and quality of the early childhood education pipeline. This includes strategies to promote increased salaries for early childhood educators, expand salary supplement programs, and new standards for professional development. This also includes funding the child care subsidy system to eliminate waitlists.

Scale up the Smart Start program to increase quality, access, and support for at-risk children and families. The consultant found that Smart Start's current legislative appropriations fund 5% of the calculated need for early childhood in the state and calls for new funds to reach 25% of need, as originally outlined. This would total $532 million over the next eight years.

Expand the NC Pre-K program to provide high-quality full day, full year services to all at-risk 4-year-old children. This recommendation includes increasing reimbursement rates for NC PreK to cover administrative costs and expand to full-day and full-year programming, providing incentives for certain high-quality private centers to become NC Pre-K sites, and providing funding to address barriers like facility construction and transportation. This amounts to an additional $571 million over the next eight years.

Align and improve early-grade K-12 settings to support successful transitions to K-3 and promote early-grade success. This includes working with families to support transitions, expanding professional development for principals in early childhood education, funding for teaching assistants and specialized personnel support in early grades, and implementing formative assessments through age 8.

What does this mean for Smart Start and Early Education?

WestEd and the Commission's work confirms what the early childhood community already knows: a sound basic education begins at birth.
Both WestEd and the Commission identify access to high-quality early childhood programs as essential to a sound basic education, particularly for at-risk students. A strong system of early education, health, and family support in the early years is essential to student success in the early grades and beyond.

Too many children are harmed by a failure to provide high quality early childhood education from birth to Kindergarten.
The WestEd report highlights the barriers for children and families that are created by high costs, lack of child care providers, lack of access, and low levels of compensation for early childhood educators. Children and families in low-income and rural communities are especially impacted by these barriers.

The WestEd report shows that current investments are not sufficient to guarantee an accessible and high-quality early childhood system.
The report makes a strong case for new funding, recommending more than $1.1 billion of new investment in early childhood to scale up Smart Start, expand NC Pre-K, and provide increased subsidies to children and families.

The Leandro case provides a potential avenue to secure new funds and policy changes needed to strengthen the early childhood system in North Carolina.
The judge in the Leandro case will begin to issue court orders in the next few months in light of the WestEd and Commission findings. However, many of these orders will require the General Assembly to enact new policies and investments.

What's Next

The Commission on Access to a Sound Basic Education will meet again later in January. Over the next few months, the court is expected to begin issuing orders based on the recommendations of the Commission and the WestEd report. These orders will require consideration and action from the General Assembly during this year's legislative session, which will begin in April or May.

This is good news for Smart Start:

- This is an opportunity for NCPC and local partnerships to engage with legislators, partner organizations, and other stakeholders around Leandro.
- This is an opportunity to strengthen public understanding of how critical Smart Start and quality early care and education is a part of a sound and basic education for all.

Overview of *Leandro v. North Carolina*

Smart Start
Each Child. Every Community.

Case Background of Leandro v. North Carolina?

1994

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The courts subsequently ruled that to meet its constitutional duty, the state must:
- Staff each classroom with a competent, well-trained teacher
- Staff each school with a competent, well-trained principal
- Identify the resources necessary, including access to early education, to ensure that all children, including those at-risk, have an equal opportunity to obtain a sound, basic education.
    - » **These resources include access to early education.**

2000s

The suit has continued over time, with Superior Court regularly reviewing state efforts to comply with the constitutional requirements.

2017

In 2017, the parties agreed to work toward a resolution in the case.
The court hired a consultant, WestEd, to develop recommendations to achieve compliance, and Gov. Roy Cooper additionally created a Commission on Access to a Sound Basic Education to assist in creating a plan for the state to meet the *Leandro* requirements.

2019

Late in 2019, WestEd and the Commission each released their recommendations for the state, with WestEd recommending $1.1 billion in new investment for early childhood over eight years. The court then ordered the parties to develop a joint plan based on those recommendations.

2020

In June 2020, the parties filed their first action plan outlining actions for FY 20-21 for North Carolina to meet its obligation to provide a sound, basic education.

Key Early Childhood Actions for FY 20-21 to Provide a Sound, Basic Education

Smart Start

$10M to begin scaling up Smart Start.

NC Pre-K Prekindergarten Program

$10.5M to increase the rate per slot by $200 and raise the administrator rate to 10% for NC PreK.

WORKFORCE

$7M to expand early childhood salary supplements like WAGE$ and AWARD$.

EARLY INTERVENTION

$7M recurring and $650K nonrecurring to expand and strengthen the NC Infant-Toddler Program/early intervention.

EARLY CHILDHOOD DATA

$500K to build an early childhood education workforce data system including degrees, licensure, demographics, place of employment, and wages.

HIGH QUALITY LEARNING FOR BIRTH TO THREE

A feasibility and cost study for a birth-to-3 program modeled on NC PreK and a study to develop alternatives to NC's current market rate model. Currently grant funded.

KINDERGARTEN TRANSITIONS

Pilot program to support greater information sharing between families, prekindergarten, and kindergarten teachers and align the Kindergarten Entry Assessment with birth through third grade. Currently grant funded.

SECTION

6

Smart Start

Grant

Presentation

Child Care
Resources & Referral

Be the Driving Force

Creating a nurturing
community since 1993
ccpfc.org

2018-2021

Smart Start
Grant
Presentation
Handout

Partnership
FOR CHILDREN
OF CUMBERLAND COUNTY

Professional Development

Professional Development Career Center (PDCC) Provides:

* Training & Continuing Education Units (CEU's) for child care providers:
  * Required training events for licensing
  * In-service training hours
  * International Association for Continuing Education and Training (IACET) Accredited
* Professional Development Advising
  * Assisting early care and educational professional with development of workforce education plans
* Tuition Assistance
  * In-state rates only
  * Books
  * Activity fees

PBIS Results for FY 15/16 &16/17:

	15/16	16/17
EDU10: Lead Teacher: % of children enrolled in 1-5 star rated child care centers that have 7 lead-teacher education points.	56%	63%
EDU20: Administrator: % of children enrolled in 1-5 star rated child care centers that have at least 7 administrator education points.	65%	73%

Professional Development

OUR STRATEGY

Clients

Liscensed Family Childcare Home Professionals

Privately owned licensed Early Care and Education Professionals

(Directors, Assistant Directors, Lead & Assistant Teachers)

NC Pre-K Teachers & Assistants

Head Start Teachers & Assistants

Public School Pre-Kindergarten Teachers & Assistants

Types of Trainings

Trainings Required for Licensed Child Care Programs

Continuing Education Units (CEU's)

Conferences

Bilingual Trainings

On-site Trainings

Professional Development

Tuition Assistance

College Registration

PD Advising

Professional Development Career Center Services

"Tell me and I forget. Teach me and I may remember. Involve me and I learn."
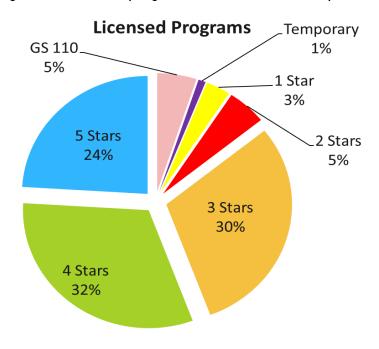
Benjamin Franklin

Technical Assistance (TA)

TARGET POPULATION

⇒ All licensed and regulated child care programs in Cumberland County

Licensed Programs

GS 110
5%

Temporary
1%

1 Star
3%

2 Stars
5%

3 Stars
30%

4 Stars
32%

5 Stars
24%

Data Source: NC Division of Child Development and Early Education

PBIS Results Fiscal Year 15/16 & 16/17:

	FY 15/16	FY 16/17
PLA40: Child Placement-Average star rating: Average star rating of child placements (birth to age 5) in regulated programs.	4.16	4.19
PLA40: Child Placement Average star rating: % of children in 4 & 5 star facilities.	72%	73%

INFLUENCE
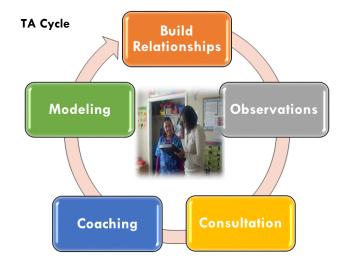
⇒ Increase or maintain the star rated licensed or regulated child care programs

Increased Quality	Knowledgeable Staff	Quality Interactions
• Safe environments • Rich learning experiences • Provides diversity in activities	• Able to address the needs of the children • Enhances the learning experience	• Improves language development and usage • Allows for appropriate learning • Develops socialization skills of children

Technical Assistance (TA)
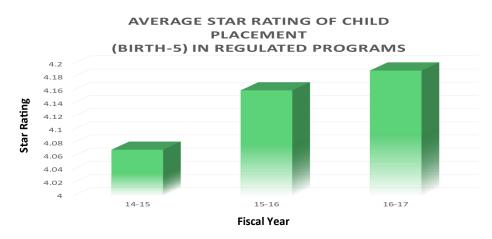
TA Services Include:
⇒ Partnering with various Smart Start and non-Smart Start funded programs:
- NC Division of Child Development and Early Education
- Cumberland County School System
- Action Pathways Head Start

⇒ Specialized assessments tools:
- Environment Rating Scales based on age group
- Business Administration Scale
- Program Administration Scale

TA Cycle

MAIN POINTS:

⇒ Technical assistance (TA) is a vital component to assist with the placement of children in high quality child care.
⇒ TA partners with other programs to effectively serve facilities with various star rated licenses which allows for a greater impact on our county and overall quality.
⇒ Over the years, this evidenced based program has proven it's ability to positively impact the number of high quality programs available to families.

AVERAGE STAR RATING OF CHILD PLACEMENT (BIRTH-5) IN REGULATED PROGRAMS

Consumer Education Referral (CER)

Target Population: Families with children that are 0-5 years old. Consumer Education and Referral is provided to parents in search of affordable, accessible, legal and high quality child care.

The Need

Approximately 32,000 children birth to 5 years of age living in Cumberland County.

Research suggests that parents face different obstacles when it comes to child care:

⇒ **Challenges**
- ♦ Regardless of income, parents have difficulty finding child care; especially on short notice.
- ♦ There are waiting lists for many of the best child care programs in every community.
- ♦ Parents receiving subsidy assistance face more pressure, because they often have a limited amount of time to find child care in order to remain eligible.

⇒ **Factors Considered when Choosing Child Care**
- ♦ Hours of Operation: based on parents' work schedule may be unpredictable and during nonstandard work hours, particularly for low wage and service jobs
- ♦ Cost of Care: based on parent's income and if the family qualifies for any financial assistance
- ♦ Convenience of location
- ♦ The quality and quantity of different types of child care
- ♦ The age and developmental goals for individual children in the family

CER Strategy

CER services support parents in finding child care through:

- • Providing education to parents about types of child care and characteristics of high quality child care
- • Guide parents through the sometimes overwhelming task of finding the best child care setting for their family

Education	Access	Collaboration

• Types of child care
• Indicators of quality child care
• Parent Workshops/Training
• Availability of child care assistance
• State child care laws and regulations
	• Enhanced Referrals
	• Vacancy Checks
	• Face to Face with Family Support Caseworker
	• By Phone: 1-877-230-3024
	• Outreach Events
	• Online: www.ccpfc.org
		• Early Care and Education Facilities
		• Community Partners:
		  • DSS
		  • Health Department
		  • Cumberland County Schools
		• Public Awareness/Outreach

Consumer Education Referral (CER)

Outcomes

CER Service	FY 15/16 Results	FY 16/17 Results
# of Families Served	1,198	1,312
# All Children Impacted (Includes School Age)	1,649	1,743
# of Children 0 to 5 years Impacted	1,374	1,494

Customized Child Care Referral Listing	
Location	Near Home, Work, School
Hours/Days	Weekend Care, 24 Hour Care, Evening Care
Star Rating	1 – 5 Stars 4 & 5 Stars – High Quality
Environment	Surveillance Cameras, Fenced Yards, Computers

PBIS Results

- **FY 16/17** **PLA40: Child Placement-Average star rating:** of children in early care and education attended 4- and 5-star programs **73%** (compared to 27% in 2002).

- **FY 16/17 PLA40: Child Placement Average star rating:** average star rating of child placements (birth to age 5) in regulated programs **4.19** (compared to 2.49 in 2002).

Special Story
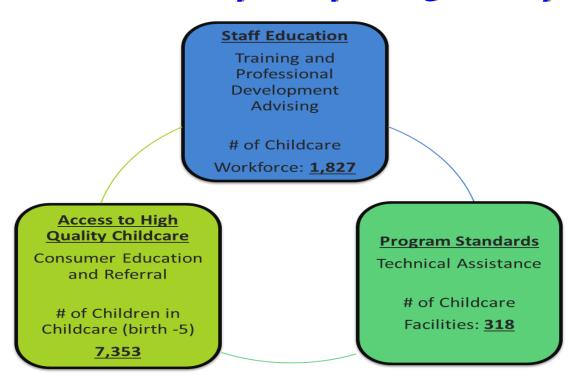
I am grateful for the services

provided by the Partnership for Children. Without the assistance, I would not have been able to enroll my children in such an amazing and well rounded daycare

program while I attend college. I have a 2 year old daughter that has Cerebral Palsy. Through your assistance, I was able to find a safe and reliable daycare with knowledge-able and trained staff that could meet her needs. Right now, my husband is deployed, and will not be returning until the end of the year. My children and I have greatly bene-fited from your program. It is always reas-suring to know that I am able to go to school with a sound mind and focus on my studies because I know my children are in good hands.

Thank you,

S. Thompson

Mother, military wife and full-time student

CCR&R Activity = Improving Quality

Staff Education

Training and Professional Development Advising

# of Childcare Workforce: **1,827**

Access to High Quality Childcare

Consumer Education and Referral

# of Children in Childcare (birth -5)

7,353

Program Standards

Technical Assistance

# of Childcare Facilities: **318**

Data Source: NC Division of Child Development and Early Education

CCR&R Activity Contributing to PFC Goals & Strategies

Organizational Development

Programs

CCR&R Activity

Engagement

Strenthening Partnerships

SECTION

7

Contract Activity

Descriptions

(CAD)

Partnership CAD Report for Partnership for Children of Cumberland County, Inc. for Fiscal Year 2020-2021*
Activity Descriptions

Note: The CADS below are the CADS that carried over from 2019-20 PRIOR to changes currently in progress. Those highlighted in yellow have CAD changes in progress for the September 24th Board meeting.

ADMINISTRATION

Cumberland
Administration, Activity ID# 999
PSC:9100 PBISID:A10

Partnership for Children of Cumberland County, Inc. is a not-for-profit agency established to ensure that children under six years of age benefit from, and have access to, high quality early childhood education and development services. The Local Partnership board is made up of community leaders from business, government, education, churches, non-profits, communities, human services agencies, child care providers and families. The Local Partnership will be responsible for developing a collaborative strategy to meet the needs of children and families in Cumberland County.   The Local Partnership will administer, oversee, and coordinate implementation of the local annual plan, including subcontracting for services as needed.

Cumberland
Fundraising, Activity ID# 990
PSC:9200 PBISID:A10

[[Local partnership fundraising activities will support expenses related to securing support, both in-kind and cash, to meet the required Smart Start program match. Fundraising efforts may include grant applications, corporate and individual solicitation, corporate sponsorships and donor engagement efforts. Fundraising expenses may include but are not limited to registration fees for fundraising and grant writing courses and workshops, subscriptions to grant catalogs, printing costs for fundraising collateral, direct mail solicitations, contracts with professional grant writers or fundraising consultants, staff time spent fundraising or grant writing and travel, supplies, and related costs for allowable expenses as outlined by Smart Start.]]

EARLY CHILDHOOD EDUCATION

Cumberland
Child Care Resource and Referral, Activity ID# 001
PSC:3104 PBISID:PLA40

CCR&R staff support childcare providers through technical assistance (TA), professional development advising, structured learning events, and the mobile resource unit. Families are supported through consumer education and referral services. Additionally, a lending library for families and early childhood professionals to have access to and borrow learning and

instructional materials. TA and structured learning events will be offered to all childcare facilities in the county. TA will be provided using a variety of assessment tools (e.g. ERS, PAS, and BAS). Childcare facilities may receive a one-time bonus for achieving a specific goal, such as a star level increase to four or five stars or an assessment score increase as documented through pre- and post-assessment. Higher education supports may be provided in the form of financial assistance to cover tuition, books and activity fees. An additional higher education support may include the provision of education bonuses for the completion of three semester credits with a GPA of 3.0 or better. The CCR&R hosts external meetings to engage community stakeholders, such as the CCR&R Advisory Committee and DCDEE Childcare Consultants. Other services will include data collection/analysis and public awareness regarding early childhood issues. As allowable according to the cost principles, Smart Start funds may be used for meeting/structured learning event expenses, topic related materials, assessment tools, food, and other contracted services to include presenters. If funding is available, committee member(s) may attend trainings.

Cumberland
WAGES, Activity ID# 720
PSC:3107 PBISID:EDU10

The Child Care WAGE$ Project provides child care professionals with education-based salary supplements. To encourage consistency, installments based on half of the annual award are issued after each six-month period the participant completes in the same child care program. Because these supplements reward education and continuity of care, children benefit from more stable relationships with better educated teachers. The consistent care of an educated provider is fundamental to quality, and quality child care leads to future success in school and life. This project impacts children by helping to improve the quality of care they receive. Supplements are issued to teachers; directors and family child care providers based on education attained. The key goal of the Child Care WAGE$ Project is to improve early care and education services. The primary performance standard that the Child Care WAGE$ Project is to improve early care and education services. The primary performance standard that the Child Care WAGE$ Project addresses is turnover. Preschool teacher turnover will be reduced. A secondary performance standard is that teacher education and compensation will be increased as a result of WAGE$.

FAMILY SUPPORT

Cumberland
Family Resource Center, Activity ID# 027
PSC:5506 PBISID:FS30

The Family Resource Center (FRC) will serve as a community hub for connecting families with children birth to age 5 to the information, resources, and services they need to support their child's optimal health and development. The FRC will provide a highly coordinated system of family services and supports for the purpose of improving family well-being. The Information & Referral Assistant (IRA) will establish and maintain rapport, and will provide appropriate information and referrals to connect families to services. Family intake will be

conducted to assess each family's needs using a comprehensive and culturally responsive process. The FRC Manager, and related program staff, will utilize a variety of formal and informal mechanisms to facilitate coordination of services among community partners. The FRC will encompass the following evidence-based/evidence-informed family support programs, activities, and strategies to include: Diaper Bank of North Carolina, Dolly Parton Imagination Library, Nurturing Skills for Families Programs, and Nurturing Parent Program for Parents and their Infants, Toddlers & Preschoolers. The Program Features as listed in the Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices will be utilized in the design, implementation, and evaluation of the FRC services. Additionally, the IRA will seek I&R certification through the Alliance of Information and Referral Systems (AIRS). Funds will be used to support an FRC Manager and Information Referral Assistant, and as funds allow, attendance at the AIRS Conference and/or participation in AIRS Online Training Courses.

Cumberland
Community Engagement and Development (CED), Activity ID# 030

PSC:5517 PBISID:FS30

The Community Engagement and Development (CED) activity will raise public awareness about programs and services available for families with young children in Cumberland County as well as connect families to services. The Community Engagement Administrator, with support from Community Engagement Liaisons, will deploy strategies to increase PFC's brand awareness by ensuring consistency in branded materials (1). The CED activity will also support and strengthen the early childhood system through stewardship of local resources, and build awareness and support for early childhood development and health (2, 3, 4, 5 and 6). The CED activity will maximize and leverage Smart Start dollars by bringing partners and their resources to the table to serve children and families. The CED activity will host external meetings, and early childhood events involving the public and food may be provided. Contingent on funding contracted services such as temps, technology, and communication consultants may be utilized. Multiple funding streams will be used to support the staffing, purchase of materials and coordination of this activity.(1) Keeper of the brand: deploy strategies to increase PFCs brand awareness by ensuring consistency in branded materials.(2) Community Presentations (by CE staff or SMEs)(3) Community Outreach Events (coordinated, participated or attended by CE)(4) Produce/curate content for newsletters, website content, and social media posts(5) Volunteer recruitment and opportunities(6) Community Relations: Engaging with local partners where one or more early care profile indicator was raised, addressed, and working to improve through collective efforts.

Cumberland
All Children Excel (ACE), Activity ID# 031
PSC:5505 PBISID:FS30

All Children Excel (ACE) provides tertiary treatment and secondary prevention parenting services. The Nurturing Parent curricula [PF1]targets families whose children are at risk or have experienced abuse and/or neglect. The program also collaborates with community partners focused on primary prevention parenting education. Non-cash grants for books may

be given to parents participating in the program. Staffing may include the Counseling Manager and 2 Counselors. Training may be provided on-site or at community learning events and may include food, topic related materials, site rental, and outside presenters.

Cumberland
Child Passenger Safety Car Seat, Activity ID# 033
PSC:5506 PBISID:FS30

The Child Passenger Safety Seat Program will facilitate Car Seat Safety classes and distribute appropriately sized safety seats to eligible Cumberland County residents with children ages birth to five. Money received from parent fees will be used to purchase additional safety seats. All participants receiving a child safety seat must attend a Car Seat Safety class; which will be held at the PFC Family Resource Center during office hours and facilitated by a Certified Child Passenger Safety Technician. Car Seat Safety classes will consist of instructions and demonstration on proper installation and use. Prior to completing the Car Seat Safety class, all participants must demonstrate proper installation procedures to the Child Passenger Safety Technician. The Child Passenger Safety Technician will maintain certification from the National Highway Traffic Safety Administration.

Cumberland
Autism Circle of Parents Support Program, Activity ID# 232
PSC:5505 PBISID:FS30

The Autism Society of Cumberland County will provide family support services to children with Autism Spectrum Disorders (ASD) in Cumberland County. This activity will serve children ages birth through five or their siblings with the Circle of Parents Curriculum. Support services provided may include resource, referral, parent education/training, support groups, conference scholarships, monthly newsletters, or resource directories. Services may be delivered by Autism Society of Cumberland County staff, board members, or parent and community volunteers. The program will fund a part-time Director of Programs and Outreach and a part-time Administrative Coordinator. Services may be provided at limited daytime and evening hours at various community locations. A childcare worker will be contracted to provide childcare services during weekly support group meetings, exceptions include but not limited to holiday, weather-related, or staffing issues. Refreshments will be provided at program sessions.

Cumberland
Reach Out and Read (ROR), Activity ID# 262
PSC:5523 PBISID:FS20

[[This activity will collaborate with medical care practices to provide pre-literacy opportunities for children and their parents. The participating trained medical care providers will voluntarily incorporate Reach Out and Read (ROR), an evidence-based model, into young children's regular pediatric checkups or well-child visits. The medical care providers will implement ROR in their practices according to the National ROR guidelines. During each of the routine visits, children will receive a new, culturally- and developmentally-appropriate book to take home and read with their parents. The medical care providers will discuss the importance of reading, model reading a book aloud to the child, and encourage parent-child

interactions as part of pre-literacy and language development. The program begins at the child's 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities. Medical practices will participate in the parent survey period and submit parent surveys to ROR Carolinas.]] This activity will provide a Project Coordinator to support the medical practice with book ordering, data collection, literacy rich waiting room development, and overall program coordination.

HEALTH

Cumberland
Assuring Better Child Health and Development (ABCD), Activity ID# 259
PSC:5410 PBISID:H10

Cumberland's ABCD project is working to establish cross-system coordination for developmental screening across primary health care and appropriate referral/service linkage to further promote early learning, readiness for school, and parent education. The Assuring Better Child Health and Development (ABCD) model improves the quality of child development services in primary care medical practices by enhancing developmental screening and referral for children ages birth-5 in the context of the medical home. The project will provide training and on-site technical assistance to medical practice sites to facilitate the identification of children who may benefit from early intervention services. Services will be provided to physicians and their staff at various times to support the integration of standardized, validated developmental screening and referral into designated well-child visits, the provision of information and education to families regarding their child's development, and collaboration with community partners to ensure follow-up to the practices regarding referral and treatment plans. The project will also develop and disseminate appropriate materials to participating practices including a community resources directory or referral handouts. Services will be implemented with model fidelity by a qualified ABCD Coordinator.

Cumberland
Family Connects, Activity ID# 032
PSC:5413 PBISID:FS30

The Partnership for Children of Cumberland County will initiate a contract with Family Connects International in support of planning and initial implementation of the Family Connects model, in Cumberland County within a three-year period commencing July 1, 2018. The program is designed for universal community coverage in order to promote community-wide change for families. Over the three-year period, the Cumberland Family Connects Team will follow a 6-step process to achieve initial program certification. All steps include regularly scheduled communication with the Family Connects International team at Duke University and build in a step-wise approach. Within the first year of contracting, it is expected that all deliverables within the first step of program certification. Step 1: Readiness Assessment & Implementation Plan Development. This phase encompasses stakeholder engagement, organizational modeling, community-level mapping and readiness assessment leading to a final site implementation plan. Step 2: Program Installation. In this phase, program staff will

train in the model development to support initiation of services to families. This will include installation of the locally run database for program documentation and reporting. Step 3: Initial Implementation In this phase, local providers implement the Family Connects model and receive ongoing consultation for clinical home visits (fidelity and reliability checks) and community engagement and alignment activities. Step 4: On-site Assessment and Initial Program Certification. Within this phase of implementation, observation and review by the Family Connects International team will be scheduled in Cumberland County upon successful completion of the Initial Implementation phase. Step 5: Full Operation. All components of the program will be in effect and operating throughout this phase of the project and will be assessed through standard data collection and reporting protocol as defined by Family Connects International. Step 6: On-site Review. Following 6-12 months of full operations, with timing determined by the Family Connects International and local teams, an on-site audit will occur. Meetings/trainings may be provided on-site or at community learning events and may include food, topic related materials, site rental, and outside presenters. Contingent on funding contracted services such as temps and may be utilized.

Cumberland
Kindermusik & Music Therapy, Activity ID# 220
PSC:5417 PBISID:H10

Kindermusik will provide one-on-one training and coaching in utilizing music in daily lesson plans by modeling during 7 weekly sessions for classes of at-risk pre-kindergarten children and their teachers. Each teacher and child will receive Kindermusik curriculum materials including a parent/child magazine with story and CD allowing parents and children to build upon classroom experiences. Preschool teachers/assistants will learn methods through observing all class presentations so that concepts and musical activities can be integrated into the teacher's daily lesson plans. The music professional/licensed Kindermusik Instructor will explore ideas and help develop activities with the preschool teacher utilizing music through numbers, shapes, colors, and letters; explore ways to share music in the child's world in the classroom and at home; and may provide follow-up consultation with preschool teachers to explore ways of enhancing daily experiences with the children. Music Therapy will be provided through one-on-one training and mentoring to improve teacher practice by a contracted Music Therapist for special needs preschoolers at Dorothy Spainhour and special needs preschoolers in Early Intervention classes for 8 week and 16 week series classes. If available, children ages 3 and 4 at Dorothy Spainhour may receive a Kindermusik home kit.

PROGRAM SUPPORT

Cumberland
Planning, Monitoring and Evaluation, Activity ID# 007
PSC:5603 PBISID:FS30

The Planning, Monitoring and Evaluation activity will develop and maintain relationships with service providers, and provide services critical to program accountability including: (1) Needs and Resource Assessment: Conduct needs and resource assessment to inform programmatic priorities, developing a strategic plan based on community needs, researching

evidence for effective program selection to best meet community needs, and selection of evidence-based and evidence-informed activities that best meet the needs and priorities. (2) Collaboration and Coordination with Community Partners: Engage all sectors to accelerate positive movement on critical community issues and effect enduring systemic change. (3) Programmatic and Financial Monitoring: Ensure comprehensive programmatic and financial monitoring of Smart Start funded evidence-based and evidence-informed activities. (4) Program Evaluation: Employ an integrated performance management approach that uses long-term goals in parallel with tracking indicators and annual performance goals. (5) System Integration: Centralized information management / centralized database that helps identify gaps in services and opportunities for increased collaboration and funding. (6) Technical Assistance: Build the capacity of organizations to achieve mission-driven results approaches. A Mandatory DSP In-Service will be held at the beginning of each fiscal year for the Smart Start funded grantees and food may be provided. Smart Start funds will support the following positions: Vice President of Planning and Evaluation, Quality Assurance Specialist, Administrative Specialist, and a partial fiscal monitor. Contingent on funding contracted services such as temps and data management consultants may be utilized.

SUBSIDY

Cumberland
DSS Child Care Subsidy Support / admin, Activity ID# 750
PSC:2360 PBISID:PLA50

This activity will provide services to support the implementation of child care subsidy including program administration; family outreach and application; eligibility determination; payment processing; annual recertification; and reporting, etc. This activity will be implemented through the state-level subsidy contract and will be governed by a Memorandum of Understanding between the Local Partnership and the Local Purchasing Agency (LPA).

Cumberland
PFC Child Care Subsidy, Activity ID# 002
PSC:2341 PBISID:PLA50

[[Financial assistance will be paid on a direct per child basis for subsidy for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Data will be reported into the state-level Smart Start Reporting System (SSRS) on a monthly basis.]]The subsidy program will provide services to children unable to receive support through the Cumberland County Department of Social Services who meet specific criteria or at the discretion of the PFC President (TANF).

Cumberland
PFC Child Care Subsidy Administration, Activity ID# 021
PSC:2361 PBISID:PLA50

This activity will provide services to support the implementation of child care subsidy including program administration; family outreach and application; eligibility determination; payment processing; annual recertification; and reporting, etc.

Cumberland
PFC Child Care Subsidy Non-TANF/CCDF, Activity ID# 022
PSC:2347 PBISID:PLA50

[[Financial assistance will be paid on a direct per child basis for subsidy for families who are not eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Data will be reported into the state-level Smart Start Reporting System (SSRS) on a monthly basis.]]The subsidy program will provide services to children of families in crisis or in need of registration support who meet program requirements (non-TANF).

Cumberland
NC Pre-K Enhancements , Activity ID# 034
PSC:2342 PBISID:PLA50

[[Financial assistance will be paid on a direct per child basis for the purpose of enhancing the NC Pre-K rate for children enrolled in and being served through NC Pre-K and whose families are eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Does NOT include wrap-around care. Data will be reported as directed by DCDEE.]]
PFC will use one time available funds to enhance rates for private NC Pre-K child care providers. Enhancements are pro-rated for partial attendance months.

Cumberland
NC Pre-K Enhancements (Non-TANF), Activity ID# 035
PSC:2348 PBISID:PLA50

[[Financial assistance will be paid on a direct per child basis for the purpose of enhancing the NC Pre-K rate for children enrolled in and being served through NC Pre-K and whose families are not eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Does NOT include wrap-around care. Data will be reported as directed by DCDEE.]]
PFC will use one-time available funds to enhance rates for private NC Pre-K child care providers. Enhancements are pro-rated for partial attendance months.

Cumberland
DSS Child Care Subsidy, Activity ID# 760

PSC:2340 PBISID:PLA50

[[Financial assistance will be paid on a direct per child basis for subsidy for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). This activity will be implemented through the state-level subsidy contract and will be governed by a Memorandum of Understanding between the Local Partnership and the Local Purchasing Agency (LPA).]]

Cumberland
Parents for Higher Education (PFHE) Subsidy, Activity ID# 218
PSC:2341 PBISID:PLA50

[[Financial assistance will be paid on a direct per child basis for subsidy for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Data will be reported into the state-level Smart Start Reporting System (SSRS) on a monthly basis.]]The Parents for Higher Education (PFHE) subsidy is provided to parents that meet the following eligibility criteria: children ages birth to five; earn less than 200% of federal poverty level; do not qualify for or are unable to receive funding through Cumberland County Department of Social Services; are in school at Fayetteville Technical Community College; and, willing to enroll their child receiving child care subsidy in a 4 or 5-star facility.

Cumberland
Parents for Higher Education (PFHE) Subsidy Admin Support, Activity ID# 256
PSC:2361 PBISID:PLA50

This activity will provide services to support the implementation of child care subsidy including program administration; family outreach and application; eligibility determination; payment processing; annual recertification; and reporting, etc.

Cumberland
Spainhour Subsidized Child Care, Activity ID# 210
PSC:2347 PBISID:PLA50

[[Financial assistance will be paid on a direct per child basis for subsidy for families who are not eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Data will be reported into the state-level Smart Start Reporting System (SSRS) on a monthly basis.]]The program will provide up to 20 children non-TANF child care subsidy to assist with access to high quality, inclusive infant/toddler child care.

SECTION

8

Bylaws

The support you need to help children succeed.

OF CUMBERLAND COUNTY

PFC is a 501(c)(3) nonprofit organization supported by public and private funds through Smart Start, NC Pre-Kindergarten, tax-deductible donations, and grants.

BYLAWS

Adopted by Board of Directors
December 8, 1994

Revisions

March 28, 1996
March 27, 1997
November 21, 1997
March 22, 1999
July 29, 1999
February 3, 2000
November 30, 2000
May 31, 2001
July 26, 2001
January 30, 2003
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September 18, 2009
March 31, 2011
May 30, 2013
May 29, 2014
March 24, 2016
April 28, 2016
July 28, 2016
June 29, 2017
May 24, 2018

Approved by Board of Directors – January 17, 2019

ARTICLE I
CORPORATION

ARTICLE II
BOARD OF DIRECTORS

ARTICLE III
OFFICERS OF THE BOARD AND CORPORATION

ARTICLE IV
BOARD MEETINGS

ARTICLE I
CORPORATION

Section 1. Name and Seal: The name of the Corporation is Partnership for Children of Cumberland County, Inc. (hereafter referred to as "Corporation"). The seal of the Corporation will be circular in form, which shall bear the legend "Corporate Seal of Partnership for Children of Cumberland County, Inc." and words indicating that the Corporation was incorporated in North Carolina.

Section 2. Purpose: The Corporation is organized and shall be operated exclusively to accomplish charitable and educational purposes, specifically including the following:

(a) To engage in all lawful activities in which organizations exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code of 1986, as amended, may engage; and in connection therewith and to the extent consistent therewith, to create and implement a comprehensive, outcome-focused plan to enrich the lives of children in Cumberland County, North Carolina, through high quality early childhood education, health care, and related services by bringing together families, communities, churches, businesses, nonprofit organizations and foundations and the state and local government to pursue innovative and collaborative strategies that make better use of existing resources and build and develop upon the experience and expertise of communities and existing institutions therein;

(b) To promote and encourage the organization and development of other charitable and educational organizations with tax-exempt purposes that are similar, complementary or supportive to or in harmony with those purposes of the Corporation as set forth herein, by providing expertise, services, managerial assistance, and technical and administrative support to such organizations, all for the purpose of accomplishing the Corporations own proper tax-exempt purposes as set forth herein;

(c) To provide affordable and cost-effective management and administrative services, support staff, office facilities and other support services, including below-cost services, facilities, and support which would have the effect of allowing such similar or complementary organizations to experience an environment in which their activities and purposes are allowed to develop and flourish;

(d) To make gifts, grants, contributions, and distributions to other organizations which are exempt from federal income taxation under 501(c)(3) of the Code, particularly to organizations which provide services and support to the general public in Cumberland County, North Carolina, which are similar or complementary to those provided or made available by the Corporation;

(e) To provide a means by which existing institutions in Cumberland County, North Carolina, and elsewhere may pursue collaborative strategies for the purpose of improving early childhood education, health care, and initiatives all for the purpose of improving the public health and welfare of the citizens and residents of Cumberland County, North Carolina, and elsewhere; and

(f) To engage in activities incidental to the foregoing. The Corporation shall exercise those statutory powers and authority granted to it by the laws of the State of North Carolina in a manner that is consistent with the foregoing purposes.

Section 3.   <u>Offices</u>: The Corporation continuously shall maintain North Carolina as a registered office at such place as may be designated by the Board of Directors (hereafter referred to as "Board"). The principal office of the Corporation and such other offices as it may establish shall be located at such place(s) either within or without North Carolina, as may be designated by the Board.

Section 4.   <u>Agent</u>: The Corporation continuously shall maintain within North Carolina a registered agent.

Section 5.   <u>Changes</u>: Any change in the registered office or registered agent of the Corporation shall be accomplished in compliance with the North Carolina Non-Profit Corporation Act of 1994.

Section 6.   <u>Members</u>: The Corporation shall have no members.

ARTICLE II
BOARD OF DIRECTORS

Section 1.   <u>**General Powers and Duties**</u>: The property, business, and affairs of the Corporation shall be managed, controlled, and directed by the Board of Directors (hereafter referred to as "Board"). The Board shall have, and may exercise, any and all powers provided in the Articles of Incorporation or the North Carolina Non-Profit Corporation Act that are necessary or convenient to carry out the purposes of the Corporation as established in these bylaws.

Section 2.   <u>**Composition**</u>: The Board of Directors shall consist of a minimum membership of thirteen (13), but no more than thirty-two (32), representatives or designated representatives from three (3) categories: Government, Services, and Business/Community. There must be at least two (2) members from each of the three (3) categories and no more than 50% of members from any one category.

Government:
- County Commissioners Office
- County Manager's Office
- *Department of Social Services
- Local Health Agency or Health Service Provider (community health, dentist, school nurse, physician, etc.)
- School Administrator (includes Charter)
- Higher Education Institute (community or state college)
- Local Cooperative Extension Agency
- Local Public Library
- Municipal Government

Services:
- *Child Care Provider from a licensed center based child care facility
- Child Care Provider from a licensed family child care home facility
- *Representative from local Head Start Program
- Local organization offering community mental health service

- *Representative from Child Care Resource and Referral Agency (this representative must not be a local partnership employee)
- Representative from another Non-profit Human Services Agency (such as boys & girls, 4H, YMCA....)
- *Representative from the public school exceptional children's preschool program

Business Community:
- *Parent of a child 5 or younger (at the time of appointment) including guardians who are   primary care takers of a child 5 or younger.
- Faith community (voluntary or paid role consistent with community norms/titles)
- Inter/agency Coordinating Council or parent of a child with a disability
- Foundation or other philanthropic organization
- Business Leader

* NC Pre-K mandated positions

Section 3. **Term and Election**: Directors will be elected by the Board to serve a three-year term and shall not be eligible to serve for more than two consecutive three-year terms unless the Board director is elected to serve a second term as a Board officer. NC Pre-K mandated positions have no term limits.

Section 4. **Vacancies**: A director may resign at any time by giving notice thereof in writing to the Chair. As vacancies occur, the Board Development Committee shall recommend candidates to the Board who shall elect new directors by a majority vote. The new director shall complete the term of the resigned director and may be eligible to serve two full terms.

Section 5. **Residency**: There is no residency requirement for service of Board directors of the Corporation.

ARTICLE III
OFFICERS OF THE BOARD AND CORPORATION

Section 1. **Titles**: The officers of the Board and the Corporation shall be the Chair, Vice-Chair/Chair-Elect, Secretary, Treasurer, and any other officers that the Board may designate. With the exception of the Chair, whose role is assumed by the Vice-Chair/Chair-Elect, individuals to serve in these capacities shall be elected by the Board and given powers and duties consistent with these bylaws. The Chair may at no time have a conflict of interest related to Smart Start. Any two or more offices may be held by the same person, except the offices of Chair and Secretary; however, no officer shall execute, acknowledge, or verify any instrument in more than one capacity if such instrument is required by law, by the Articles of Incorporation, or by the bylaws to be executed, acknowledged, or verified by two or more officers.

Section 2. **Election, Installation, and Term**: The Board Development Committee shall present nominations for Vice-Chair/Chair-Elect, Secretary, and Treasurer to the Board prior to June 30. The elections shall be held prior to June 30 with installation of officers at the next scheduled Board meeting according to provisions as contained in these bylaws for duration of terms as stated. Officers of the Board are elected to serve a one year term. Officers of the Board may serve a maximum

of two consecutive one year terms in one position. The official term of office shall begin July 1 to coincide with the fiscal year. Each Board director shall serve on one or more committees of the Board. With exception, the Chair will continue for another year as Past Chair for service on the Executive Committee.

Section 3. **Vacancies:** Any officer of the Corporation may be removed from office, without cause, upon two-thirds vote of the Board at any regular or special meeting called for that purpose. Any Officer of the Corporation proposed to be removed shall be entitled to at least five days notice in writing by mail of the meeting of the Board of Directors at which such removal is to be voted upon and shall be entitled to appear before and be heard by the Board at such meeting.

An officer may resign at any time by giving notice thereof in writing to the Board. As vacancies occur, the Board Development Committee shall make recommendations to the Board who shall elect new officers by a majority vote. The new officer shall complete the term of the resigned officer.

Section 4. **Chair:** The Chair of the Board shall also serve as Chair of the Corporation. The Chair shall have and exercise general charge and supervision of the affairs of the Corporation. The Chair is authorized under Section 7 of this Article to act on behalf of the Corporation by signing checks or other legal documents. The Chair shall preside at all meetings of the Board and perform such other duties as may be directed by the Board. The Chair's position is filled by the incumbent of the Vice-Chair/Chair-Elect. The Chair may at no time have a conflict of interest related to Smart Start funds. The Chair will continue to serve on the Executive Committee for an additional year as ex-officio and shall only vote in the event of a tie. The Chair's attendance as ex-officio at such meetings may satisfy the requirements for quorum.

The Chair is charged with appointing committee members to standing committees and special committees, unless otherwise stated in these bylaws as relates to committee structure. The Chair will also serve as chair of the Executive Committee and will provide a report to the Board on the actions taken in the capacity of the Board at meetings between regular Board meetings.

The Chair will work in conjunction with the Human Resource Committee and the Executive Committee when selecting a President. The Chair is responsible for assessing the performance of the President (utilizing the evaluation tools and methodology recommended by the Human Resource Committee and approved by the Board) with input from the Executive Committee and will provide this data to the Executive Committee in a summarized report for approval by the Board.

Section 5. **Vice-Chair/Chair-Elect:** The Vice-Chair/Chair-Elect shall also serve as Vice-Chair/Chair-Elect of the Corporation. The Vice Chair/Chair-Elect is authorized under Section 7 of this Article to act on behalf of the Corporation by signing checks. The Vice-Chair/Chair-Elect may at no time have a conflict of interest related to Smart Start. The Vice-Chair/Chair-Elect shall preside at all meetings of the Board when the Chair is absent, and shall assume the position of Chair upon the expiration of the then-current Chair's term or the vacancy of the Chair. If the Vice-Chair/Chair-Elect is unable or unwilling to assume or continue the role of Chair, then the Board Development Committee shall make recommendations to the Board and elections will be held. The Vice-Chair/Chair-Elect shall perform such other duties as may be directed by the Chair or the Board.

Section 6. **Secretary:** The Secretary shall also serve as the Secretary of the Corporation. The Secretary shall preside at all meetings of the Board when the Chair and Vice-Chair/Chair-Elect are absent and who, with the assistance of the President, shall be responsible for keeping an accurate record of the proceedings and actions of the Board at the principal office. The Secretary, with the assistance of the President, shall have the charge of the corporate seal and shall maintain a current

record of all the persons who are directors, showing their respective places of residence, and such book shall be open for inspection as prescribed by law and kept at the principal office. Subject to the control of the Board, the Secretary shall in general perform all the duties incident to the office of Secretary, and shall perform such other duties as the Board or the Chair may assign.

Section 7. **Treasurer:** The Treasurer shall also serve as the Treasurer of the Corporation. The Treasurer, with the assistance of the President, shall have the charge of all funds, property, and securities of the Corporation, subject to such regulations as the Board may impose. When necessary or proper, the Treasurer, on behalf of the Corporation, may endorse for collections checks, notes, and other obligations, and shall deposit the proceeds to the credit of the Corporation at such bank or banks as the Board may designate by resolution as depository. The Treasurer together with such other officer or officers, as shall be designated by the Board and the President, shall sign checks of the Corporation and all bills of exchange issued by the Corporation, except in cases where the signing and execution thereof shall be expressly assigned by the Board or by these bylaws to some other officer or agent of the Corporation. The Treasurer shall make such payments as may be necessary or proper to be made on behalf of the Corporation. The Treasurer, with the assistance of the President, shall maintain full and accurate books of account reflecting the transactions, assets, and obligations of the Corporation and shall exhibit such books at all reasonable times to any director on application at the principal office of the Corporation. In general, the Treasurer shall perform all the duties incident to the office of Treasurer, subject to the control of the Board.

The Treasurer shall serve as chair of the Finance Committee and provide monthly financial reports to the Board with the assistance of the President.

Section 8. **Board Director Emeriti:** The Board Director Emeriti shall be a person who is a former member of the Board of Directors who has served two consecutive terms on the Board of Directors and has rendered exceptional service to the Corporation. The Board Director Emeriti, when elected, shall be entitled to attend the regular meetings of the Board and all other Director opportunities (i.e. Conferences, seminars, banquets, special events, etc.) but shall not have the right to vote.

ARTICLE IV
BOARD MEETINGS

Section 1. **Regular Meetings:** The Board shall meet at such regular times and dates as designated by the Chair, through a written call of the majority of the Board, or upon resolution of the Board. The annual meeting of the Board shall be held each year prior to July 1 of the fiscal year or at such other time as the Chair may see fit, for the purpose of appointing directors and officers and for the transaction of other business.

Section 2. **Special Meetings:** In the event of an emergency or immediate need, a special Board meeting may be called, with the ten-day notice stipulation waived on the condition that quorum requirements be met at the meeting and that the notice provide the full details regarding the purpose of the emergency meeting. Special meetings of the Board may be set at the call of the Chair, upon written call by the majority of the Board, or upon resolution of the Board.

Section 3. **Place of Meetings:** The meetings of the Board shall be held at the principal office of the Corporation, or at such other place as the Chair may designate.

Section 4.   **Notice of Meetings**: Written notice of the time, date, and place of regular and special Board meetings shall be given by the Chair to each director at least ten days in advance of the meeting. In accordance with Section 12 of this Article, notices shall be delivered by mail, email, or hand delivery to each director, shall be announced as a public service announcement through the newspaper and radio, and shall be posted on the bulletin board at the principal office.

Section 5.   **Attendance and Quorum**: Attendance by a director at a meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called. Attendance records of each Board meeting shall be maintained at the principal office. Directors or designees are encouraged to make reasonable effort to attend all meetings. In the event of three consecutive unexcused absences in one fiscal year as determined by the Chair, the director will automatically be removed from the Board.

A quorum for Board meetings is defined as a majority, or 50% plus one, of the active directors and shall be determined at the beginning of a meeting for all items requiring action at the current meeting or in the future (*Reference Article V, Section 1 regarding Attendance and Quorum requirements for committees*). The act of a majority of the directors present at a Board meeting where a quorum has been established shall be the act of the Board, except as may be otherwise specifically provided by statute, by the Articles of Incorporation, or by these bylaws. If a quorum shall not be present at any meeting of the Board, those present may receive and review any reports which do not require Board action and/or they may adjourn the meeting until a quorum shall be present.

Any one or more or all of the directors may participate in a meeting of the Board by means of a conference telephone or similar communications device that allows all persons participating in the meeting to hear each other. Participation in a meeting by means of a conference telephone or similar communications device shall be deemed presence in person at such meeting.

Section 6.   **Notice of Intent to Attend**: Directors and designees of the Board shall be required to notify the Chair of their intent to attend or their inability to attend a lawfully scheduled meeting within three (3) days of receipt of a meeting notice.

Section 7.   **Minutes**: Minutes of each Board meeting will be kept at the principal office as an official record of Board action. The minutes will be reviewed by the Board and approved at subsequent meetings.

Section 8.   **Consent Agenda**: The Chair may propose a Consent Agenda as part of the main agenda. The Consent Agenda shall contain those routine items of business that do not normally involve debate and that are unanimously approved by the Executive Committee. The Board may approve all items on the Consent Agenda by adopting one motion. A director may transfer an item from the Consent Agenda to the main agenda. A motion to transfer should be made at the beginning of the meeting. The Consent Agenda may include, but is not limited to, the following routine items of business:
   a) Policies and procedures.
   b) Budget amendments/revisions.
   c) Disposition of surplus property.
   d) Resolutions of appreciation, support, and recognition.

Section 9.   **Voting**: Unless otherwise provided for in the Articles of Incorporation, each director shall have voting rights and shall be entitled to one vote on each matter submitted to a vote

at any meeting. The vote of a majority of the directors voting on any matter at a meeting of the Board at which a quorum is present shall be the act of the Board on that matter unless the vote of a greater number is required by law or by the Articles of Incorporation or bylaws of this Corporation. Votes by proxy are prohibited.

The Chair's presence may satisfy the requirements for quorum at any meeting, Board or committee, and will vote only in the event of a tie vote. The chairs of each committee will also satisfy the requirements for quorum and will only vote in the event of a tie vote at committee meetings. Each officer, Board director, and committee member is held accountable to the Conflicts of Interest policy as listed in Article VI of these bylaws and must abstain from voting when such conflicts arise.

Section 10.   Informal Action by Directors: Any actions required or permitted to be taken at any meeting of the Board may be taken without a meeting if the text of the resolution or matter agreed upon is sent to all the directors in office and all of the directors' consent to such action in writing setting forth the action taken. Such consent in writing shall be filed with the minutes of the proceedings of the Board to be kept at the principal office and have the same force and effect as a vote of the Board at a meeting, whether done before or after the action so taken.

Section 11.   Parliamentary Rules: All meetings shall be conducted in an open, orderly, and fair manner and in accordance with the *Modern Rules of Order – Most Current Edition* published by the American Bar Association circa 1999.

Section 12.   Compliance with State Requirements: So long as the Corporation receives funding from the State of North Carolina, it shall conduct its operations, including its meetings, in a manner comparable to Article 33C of Chapter 143 of the General Statutes "The Open Meetings Law," Chapter 132 of the General Statutes "The Public Records Law."

ARTICLE V
COMMITTEES

Section 1.   General Committee Guidelines: The committee structures, except the Executive Committee, act within the authority as delegated by the Board. Committee membership and participation may include both Board directors and non-Board participants, with the exception of the Board Development Committee and Human Resource Committee. These committees shall consist of both current and former Board directors and non-Board participants. Non-Board participants shall have all rights and privileges of Board directors except a vote at Board meetings. Non-Board participants shall have voting rights within the committee process only.

Committee activities are viewed as funnels for the deposit of ideas, interests, and issues for full discussion. Committees should seek opportunities to collaborate with other committees, groups, individuals, agencies, and organizations. The committee process is an open forum supporting full discussion of issues and concerns in preparation for recommendations to the full Board.

All standing committees, special committees, and sub-committees, shall abide by all regulations listed in these bylaws with particular note to Article IV Sections 1-7 and Sections 9-12 with regard to meetings. Due to the fact that all committees recommend action on matters to the Board and have no final approval authority, with the exception of the Executive Committee, and because holding these groups to the strict quorum requirements listed herein which from time to time causes delays in the approval process, quorum for committees, special committees, and sub-committees shall be defined as one-third or 33% of active membership with the exception of the Executive Committee, Finance Committee, Human Resource Committee, and Board Development

Committee. Quorum for these committees as stated shall be 50% of the active membership. Quorum for the North Carolina Pre-Kindergarten Committee shall be 50% of active membership plus one. Quorum shall be determined at the beginning of a meeting for all items requiring action.

Section 2. **Committees and Membership:** The Chair and/or Board may from time to time establish such standing committees, special committees, sub-committees, or workgroups as it deems necessary to assist the Board in carrying out its duties and responsibilities to the Corporation on a continuing basis. Standing committees will include but are not limited to Executive Committee, Board Development Committee, Human Resource Committee, Finance Committee, Planning and Evaluation Committee, Public Engagement and Development Committee, Child Care Resource and Referral Advisory Committee, Facility and Tenant Committee, North Carolina Pre-Kindergarten Committee and Audit Committee.

The Chair, with input and assistance from the President, shall appoint committee members to each standing committee. The Chair shall review committee membership each year and make new appointments as necessary. The Chair will appoint each committee Chair to serve for that year. Committee Chairs will appoint Vice-Chairs. In order to have full Board participation, the Chair may appoint each Board director to one or more committees. Each member of a committee holds office until his successor is elected, or until he resigns or is removed from the committee. A member of a committee may succeed himself. The Chair, committee chair, or President may invite additional individuals with expertise in a particular area to meet with and assist the committee. Such advisors shall not vote or be counted in determining the existence of a quorum and may be excluded from any closed session of the committee.

Section 3. **Executive Committee:** The Executive Committee shall consist of the Chair, Vice-Chair/Chair-Elect, Secretary, Treasurer, the immediate past Chair, standing committee chairs, Cumberland County School Superintendent (or designee) and may include two other directors of the Board to be appointed by the Chair and approved by the Board. If the immediate Past Chair is unable or unwilling to serve, the Board of Directors may approve the service of another Past Chair in the place of the immediate Past Chair. The Executive Committee shall have and may act in the capacity of the Board between meetings of the Board except when acting in matters of bylaws revisions, Board director or officer nominations, and except as limited by N.C.G.S. 55A-8-25. The Executive Committee shall not have the authority to reverse decisions previously made by the full Board. The Chair shall present a report to the Board of the actions taken in its place by the Executive Committee. The Executive Committee may also present a Consent Agenda for the Board's approval as outlined in Article IV Section 8.

The Executive Committee meets bi-monthly or as called by the Chair to review operational, programmatic, and financial matters. It may deal with urgent situations that cannot wait for the next full Board meeting, specific questions referred to the committee by the Board, issues that need preliminary discussion and refinement before the Board considers them, or routine matters that do not require full Board disposition. The Executive Committee is charged with the responsibility of establishing, implementing, and reviewing the bylaws where appropriate. All revisions to these bylaws or Articles of Incorporation are to be approved by the Board with ten days written notice of the review of said revisions.

The Executive Committee will work in conjunction with the Human Resource Committee and the Chair when selecting a President. The Executive Committee members are also responsible for assessing the performance of the President by providing confidential written input to the Chair (utilizing the evaluation tools and methodology recommended by the Human Resource Committee and approved by the Board). The Chair will provide this data to the Executive Committee in a

summarized report. The President works closely with this committee and members serve as his/her principal support and sounding board.

Section 4. **Board Development Committee**: The Board Development Committee is chaired by the Vice-Chair/Chair-Elect of the Board and membership is limited to six current and former Board directors. The Board Development Committee members must have a minimum of one year Board experience. The President works closely with this committee to provide input on organizational needs and to identify Board leadership. The Board Development Committee meets as called by the chair. In the event the Board Development Committee Chair is removed from office or resigns, any officer may call a meeting for the purposes stated herein.

The Board Development Committee identifies, recruits, and proposes directors and officers to the full Board. The Board Development Committee leads the Board in identifying the type of directors and officers the Corporation needs. With the assistance of the President, the Committee develops written descriptions of directors and officers responsibilities and creates a plan for identifying prospective directors and officers. Once the process is under way, the Committee plays an active part in cultivating new directors and officers, screens candidates, and recommends candidates to the full Board for approval. In addition, it may plan and conduct orientation for new directors and officers, and organize continuing education programs that enhance knowledge of governance responsibilities in general and this Corporation in particular.

Section 5. **Human Resource Committee**: The Human Resource Committee is chaired by a Board member and is composed of a minimum of five current and former Board Directors. The Human Resource Committee will meet a minimum of quarterly or as called by the committee chair. The Human Resource Committee shall work with the Finance Committee, President as staff liaison, and the Corporation Chief Operating Officer.

The Human Resource Committee advises the President on personnel policy issues and develops personnel policy guidelines for approval by the Board. The Human Resource Committee recommends the tools and methodologies to be used in the performance evaluation of all Corporation staff. The Human Resource Committee also keeps the Board informed about labor-related legislative issues at the national, state, and local levels.

In general, the Human Resource Committee will focus its work on policy issues and avoid becoming involved in staff hiring, promotion, and evaluation matters that are the responsibility of the President. The Human Resource Committee works with the Executive Committee and the Board Chair in selecting and evaluating the President.

Section 6. **Finance Committee**: The Finance Committee is chaired by the Board Treasurer. Committee members total a minimum of eight with five Board directors and three non-Board participants. The Finance Committee meets bi-monthly or as called by the chair, and works with the President in carrying out its responsibilities as directed in these bylaws.

The Finance Committee receives, reviews, and recommends proposals for funding to the Board and participates in the interview process with potential grantees. The Finance Committee reviews and presents the Corporation's annual budget for Board approval. Budget amendments and revisions will be processed through the Finance Committee. Rare instances may occur where immediate action may be taken by the Executive Committee. The Finance Committee will participate in developing and implementing policies and procedures for proposal review, developing and reviewing a financial policy manual, and oversight of contracts management. The Finance Committee will also provide oversight for investment funds.

Monthly statements of income and expenditures for the Corporation are reviewed and the

Finance Committee presents a financial report to the Board. The Finance Committee ensures compliance with state, federal, and non-profit regulations regarding fiscal management and works with the President in carrying out its responsibilities as directed in these bylaws.

Section 7. **Planning and Evaluation Committee:** The Planning and Evaluation Committee is chaired by a Board director and is comprised of a minimum of eight members to include non-Board participants. The Planning and Evaluation Committee will meet a minimum of quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws.

The Planning and Evaluation Committee advises the Board of the comprehensive evaluation of all contractees. The Planning and Evaluation Committee reviews progress reports, performance audits, and data collected for the Department of Health and Human Services (DHHS) and the North Carolina Partnership for Children. The Planning and Evaluation Committee reviews all requests for proposals and proposals received for planning and evaluation services. The Planning and Evaluation Committee also determines if evaluation services meet Corporation expectations and provides evaluation reports to the Board as well as recommendations to the Finance Committee for continuation of activities. The Planning and Evaluation Committee reports to the Board on the regular evaluation of the Corporation and keeps the Board informed of local, state, and national evaluation and research efforts related to the Corporation's purpose.

The Planning and Evaluation Committee assists the Corporation in strategic planning. The Planning and Evaluation Committee facilitates the active participation of the entire Corporation, those internal and external stake holders, and the planning process. The Planning and Evaluation Committee considers national trends, opportunities, research, best practices, and external realities in relation to the current vision, mission, goals, board policies, structures, services, and outcomes for the Corporation, and makes recommendations for strategic changes. The Planning and Evaluation Committee holds generative discussions of emerging issues and assures overarching positions of the Corporation remain in alignment to the changing environment.

Section 8. **Public Engagement and Development Committee:** The Public Engagement and Development Committee (hereafter referred to as the PED Committee) is chaired by a Board director. Committee members total a minimum of six with two Board directors and four non-Board participants. The Committee will meet a minimum of quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws.

The Public Engagement and Development Committee lead the Board's participation in public education, advocacy, and fund development. The Committee develops policies, plans, procedures, and schedules for Board involvement in public education, advocacy, and fund development. It educates Board directors about the importance of early childhood education, its immediate and positive impact on children and the community, and its importance to our community's future prosperity; and provides ways to use the information to educate the community about the importance of PFC's strategic plan in the area of early childhood development. PFC's progress (Corporation's Program Plans) and the resources needed to realize those plans. It educates Board Directors on early care and education policy at the local state and federal level. It familiarizes Board Directors with fundraising skills and techniques for comfort in raising money. The Public Engagement and Development Committee shall recommend guidelines for Board director contributions. It also plays a role in identifying, cultivating, and approaching major donors.

Section 9. **Child Care Resource and Referral Advisory Committee:** The Child Care Resource and Referral Advisory Committee (hereafter referred to as the CCR&R Advisory

Committee) is chaired by a Board director. Membership consists of a minimum of 12 representatives (including: agency representatives, a Department of Social Services representatives, business representatives, community representatives, parent representatives, a military representative, and child care provider representatives) to include Board directors and non-Board participants. The CCR&R Advisory Committee will meet a minimum of quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws.

The CCR&R Advisory Committee shall assist in recommending policy, budget planning, and evaluating and making recommendations for the Corporation's goals. The CCR&R Advisory Committee members shall have an understanding of child care resource and referral services department, and be willing to speak on its behalf to the community.

Section 10. Facility & Tenant Committee: The Facility & Tenant Committee is chaired by a Board director. At a minimum the Facility & Tenant Committee should consist of four members, representing expertise in: tenant relations, facilities maintenance and lease negotiations. Membership should include Board and non-Board participants. The Facility & Tenant Committee will meet quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws. The purpose and functions of this Committee are:

(1)   To review the exempt function activities performed by current and proposed tenants of the Corporation's office building for suitability and approval of such tenants by the Board;

(2)   To present formal findings to the Board that any current or proposed tenant has as its proper exempt functions purposes which are complementary or similar to those of the Corporation;

(3)   That such current or proposed tenant is suitable for consideration by the Board to become a tenant of the Corporation;

(4)   To make such recommendations to the Board regarding current, potential, and proposed tenants, leases, and leaseholds in the office building(s) owned by the Corporation as such Committee may deem necessary or appropriate;

(5)   To review the purposes and activities of such tenants for continued suitability and compatibility with the activities and purposes of the Corporation, as it may find necessary or appropriate from time to time; and

(6)   To engage in activities incidental to the foregoing.

Such Committee shall also generally review the use and utilization of the Corporation's property, plant, equipment, facilities, and assets for compliance with the Corporation's exempt functions and purposes, as set forth herein and in the Corporation's Articles of Incorporation.

Section 11. NC Pre-Kindergarten Committee (NCPK): The NCPK Committee is co-chaired by the school superintendent (or designee) for Cumberland County and the PFC board chair. The membership consists of the same representatives as the Partnership's Board Directors. The mandated positions includes the co-chairs, a licensed child care center (4- or 5-star license preferred) representative, Head Start program representative, parent of preschool-age children (especially at-risk children) representative, child care resource and referral agency or another child-serving agency representative, Department of Social Services or other child care subsidy funding agency representative, and a public schools exceptional children's preschool program representative. These mandated positions may have designees, unlike the PFC Board which does not consist of any designees. The NCPK designees may have all rights and privileges of the director while in attendance at the NCPK Committee meeting. The designee shall not appear for the director at committee

meetings of which the director is a member. The director shall inform the Chair of the NCPK Committee in writing of the designee appointment. The NCPK Committee will meet bi-monthly or as called by the co-chairs.

Purpose of the NCPK Committee: The authorizing legislation for the NCPK Program requires: "a system built upon existing local school boards and systems, private child care providers, and other entities that demonstrate the ability to establish or expand pre-kindergarten capacity." To comply with this legislative mandate, the NCPK Program requires every county (or region) that chooses to participate in NCPK to establish and maintain a County/Region NCPK Committee. The purpose of the committee is to:

(1) Select a contractor agency;

(2) Develop operational policies and procedures;

(3) Ensure collaboration and shared responsibility for developing, approving, and implementing the local plan for delivering NC PK services at the community level;

(4) Ensure that services are built on the existing early childhood service delivery system, and that service providers in the community with the ability to provide NCPK services have the opportunity to express interest and be considered;

(5) Provide ongoing, collaborative advice about local policies and procedures in the implementation of NCPK services; and

(6) Provide oversight for the local program (both program and fiscal).

Section 12. **Audit Committee:** The Audit Committee is chaired by the Board Chair. Committee members shall consist of the board officers to include the Vice-Chair/Chair-Elect, Treasurer and Secretary. The Audit Committee meets as called by the Chair and works with the President in carrying out its responsibilities as directed in these bylaws. The Audit Committee:

(1) Reviews the results of each audit to include the audit report, the financial statements, the management letter prepared by the Office of the State Auditor and any other pertinent reports;

(2) Reviews with the Office of the State Auditor any difficulties encountered while performing the audit or disagreements with management;

(3) Conducts private review sessions as requested by the Office of the State Auditor; and

(4) Establishes procedures for reviewing and handling complaints or concerns received by the North Carolina Partnership for Children, Inc. regarding accounting, internal accounting controls or audit matters, including enabling employees to submit concerns confidentially and anonymously.

Section 13. **Special Committees, Sub-Committees and Workgroups:** Depending on the needs of the Board and the Corporation, other special committees, sub-committees, or workgroups may be created by the Board. The purpose, tasks, longevity, and composition will be clearly defined by the Board.

ARTICLE VI
CONFLICTS OF INTEREST

Directors of the Board shall be aware of, and the Corporation shall firmly uphold, the following policy

in accordance with G.S. 143 – 6.1:

"The undersigned entity is aware that in the process of fund allocation by its management, employees, members of the Board of Directors' or other governing body, instances may arise which have the appearance of a conflict of interest or appearance of impropriety.

In order to avoid conflicts of interest or the appearance of impropriety, should instances arise where a conflict may be perceived, any individual who may benefit, directly or indirectly, from the entity's disbursement of funds, shall abstain from participating in any decisions or deliberation by the entity regarding the disbursement of funds.

The undersigned entity recognizes the possibility that it may be the recipient of funds that are allocated consistent with the purpose and goal of its programs. If such allocations are made, the undersigned entity will strive to ensure that funds are expended in such a manner that no individual will benefit, directly or indirectly, from the expenditure of such funds in a manner inconsistent with its programs.

The undersigned entity shall not employ any person having such interest during the performance of this Agreement. The undersigned entity shall notify NCPC in writing of any instances that might have the appearance of a conflict of interest."

PFC will adhere to North Carolina State statues and funding source's requirements.

ARTICLE VII
FIDUCIARY RELATIONSHIPS

Officers, Board directors, and committee members of the Corporation should have a fiduciary relationship to the Corporation (act in the best interest of the organization). The basis of this lies in the public's trust that the Corporation will manage donated funds to fulfill the Corporation's mission.

Duty of Care describes the level of competence that is expected of a Board director, and is commonly expressed as "care that an ordinarily prudent person would exercise in a like position and under similar circumstances."

Duty of Loyalty is a standard of faithfulness; a Board director must give undivided allegiance when making decisions affecting the Corporation. This means that a Board director can never use information obtained as a director for personal gain but must act in the best interest of the Corporation.

Duty of Obedience requires Board directors to be faithful to the Corporation's mission. They are not permitted to act in a way that is inconsistent with the current goals of the Corporation.

ARTICLE VIII
MISCELLANEOUS PROVISIONS

Section 1.   **Fiscal Year**: Except as altered by a resolution of the Board, the fiscal year of the Corporation shall begin on the first day of each July and end on the last day of June next ensuing.

Section 2.   **Compensation**: The Officers of the Board and Corporation and the Directors of the Board shall receive no compensation other than reimbursement for expenses while in the role of Board Director to include but not limited to mileage, conference registration, time away from work,

and child care. All reimbursements will be made by the Corporation on an expense-basis. No travel advances will be given except to the person(s) holding the Parent Receiving Subsidy position(s) while attending out-of-town conferences. The Chair, under the advisement of the Executive Committee, shall fix the compensation of the President, who will fix the compensation of all other employees of the Corporation.

Section 3. **Volunteer Hours:** Each Board Director and committee member shall record volunteer hours for time served on behalf of the Corporation. The hours shall be converted to a dollar figure provided by the North Carolina Partnership for Children at the direction of the General Assembly. The President will maintain a file of the volunteer hours recorded and will process them for submittal with the Quarterly Report to the State.

Section 4. **Contracts, Loans, Checks, Deposits, and Funds:** The Board authorizes the board chair and/or the Corporation President to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation; and such authority may be general or confined to specific instances. When only one signature is required, either the President or the board chair may sign. When two signatures are required, both the President and the board chair must sign.

No loans shall be contracted on behalf of the Corporation and no evidence indebtedness shall be issued in its name unless authorized by a resolution of the Board. Such authority may be general or confined to specific instances.

Section 5. **Audits:** On request of a majority of the Board, the accounts of the Corporation shall be audited by a reputable certified public accountant whose report shall be submitted to each director of the Board or, so long as the Corporation receives funding from the State of North Carolina, the Corporation shall be subject to the audit and review by the State Auditor pursuant to Article 5A of Chapter 147 of the General Statutes.

Section 6. **Bonds:** At the direction of the Board, any officer, director, or employee of the Corporation shall be bonded. The Corporation shall pay the expense of procuring any such bond.

Section 7. **Acceptance of Gifts:** The Board, or any officer or officers or agent or agents of the Corporation to whom such authority may be delegated by the Board, may accept on behalf of the Corporation any contribution, gift, bequest, or device for the purposes of the Corporation.

Section 8. **Relations with Public Bodies:** The Corporation contemplates that in the conduct of its affairs it will from time to time receive grants or appropriations from public bodies of North Carolina. Expenditures by the Corporation of such grants or appropriations shall be made only for public purposes and only for the charitable purposes of the Corporation and according to law.

Within 30 days after an audit has been completed, a full report shall be delivered to each director of the Board. The Chair shall transmit a copy of the audit report to any public body of the State of North Carolina from which any grant or appropriation has been received during the fiscal year to which such audit applies together with a report briefly stating the nature of the activities carried on by the Corporation during that fiscal year and stating the Corporation's compliance, to the best of the knowledge of the Chair, with the provisions of this article.

Section 9. **Corporate Earnings:** No director, officer, employee, or member of a committee of the Board or Corporation, or any other private individual (within the meaning of Section 501 of the Internal Revenue Code or its successor provisions), shall at any time receive any

of the net earnings from the activities of the Corporation. This shall not prevent the payment to any person of such reasonable compensation that the Board shall fix for services rendered to or for the Corporation in effecting any of its purposes; and no such person shall be entitled to share in the distribution of any corporate assets on the dissolution of the Corporation. All directors of the Corporation shall be deemed expressly to have consented and agreed that upon such dissolution or similar winding-up of the affairs of the Corporation, whether voluntary or involuntary, the assets of the Corporation then remaining in the hands of the Board, after satisfaction of the Corporation's liabilities, shall be transferred, conveyed, delivered, and paid over as provided in the Articles of Incorporation.

Section 10. __Limitations on Use of Property or Funds__: No funds or property of the Corporation shall be devoted to or expended for any purpose or objective not stated in the Corporation's Articles of Incorporation, but all the Corporation's funds and properties shall at all times be used exclusively for said corporate purposes. In no event shall any of the funds or property of the Corporation be used for personal benefit by way of compensation, directly or indirectly, of these directors.

ARTICLE IX
INDEMNIFICATION

Any person who at any time serves or has served as a Director of the Board or Officer of the Board and Corporation, or in such capacity (as officer or director) at the request of the Corporation for any other corporation, whether for profit or non-profit, shall have the right to be indemnified by the Corporation to the fullest extent permitted by law against:

(a) reasonable expenses, including attorney's fees actually and necessarily incurred by him or her in connection with any threatened, pending, or completed actions, suit, or proceedings, whether civil, criminal, administrative, or investigative, and whether or not brought by or on behalf of the Corporation seeking to hold him or her liable by reason of the fact that he or she is or was acting in such capacity; and

(b) reasonable payments made by him or her in satisfaction of any judgment, money decree, lien, penalty, or settlement for which he or she may have become liable in any such action, suit, or proceedings.

The Board shall take all such actions as may be necessary and appropriate to authorize the Corporation to pay the indemnification provided by these bylaws including, without limitation, to the extent necessary, making a good faith evaluation of the manner in which the claimant for indemnity acted and of the reasonable amount of indemnity due him or her.

SECRETARY'S CERTIFICATE

THIS IS TO CERTIFY that the Bylaws of Cumberland County Partnership for Children, Inc., were duly approved and adopted by the Board of Directors of said Corporation at a meeting held on January 17, 2019.

Signed: _____   Dated: 2/4/19
Dr. Meredith Gronski, Secretary

Attested: _____   Dated: 1/17/19
James Grafstrom, Board -Chair

SECTION

9

Board Member Job Description / Committee Chair Orientation / Committee Descriptions

PARTNERSHIP FOR CHILDREN OF CUMBERLAND COUNTY
BOARD MEMBER JOB DESCRIPTION

Our Vision

Successful children ensure a thriving community and long-term economic prosperity.

Our Mission

Be the driving force to engage partners to achieve lasting positive outcomes for all children, beginning at birth.

The Purpose of the Board of Directors:

Provide Strategic Governance and Oversight:

The Board of Directors, in partnership with the President, is responsible for ensuring effective and fiscally sound programs and operations by establishing strategic direction, ensuring adequate resources and providing oversight in support of the Partnership's vision and mission. The Board will support the work of the Partnership by providing strategic governance and administrative oversight. Day-to-day operations are led by the President with appropriate Board involvement.

Contribute to Financial Sustainability:

Board Members will consider the Partnership for Children of Cumberland County a philanthropic priority and make annual gifts that reflect that priority. So that the Partnership can credibly solicit funding from public and private organizations and individuals, the Partnership expects to have 100 percent of Board Members make an annual contribution that is commensurate with their capacity. Board Members will also advocate on behalf of the Partnership and its mission and help recruit new supporters and volunteers, thereby contributing to the partnership's financial sustainability through friend-raising as well as fund-raising.

Board member Terms:

Board Members will serve a three-year term with eligibility for re-appointment for one additional term. Because the Partnership Board also acts as the NC Pre-Kindergarten Committee, the Superintendent of Cumberland County Schools or designee is required by NC Pre-Kindergarten regulations to serve without a term limit.

Specific Board Member Roles and Responsibilities:

1. Prepare for each Board of Directors meeting by reading material distributed prior to meeting.
2. Attend all regular and special Board meetings and participate in proceedings.
3. Fulfill commitments within the agreed upon deadlines.
4. Be loyal to the organization; without compromising integrity.
5. Hold in confidence any information given to the Board of Directors.
6. Take initiative and provide leadership.
7. Serve on at least one committee and actively participate in meetings of the committee.
8. Annually, make a personally significant financial contribution.
9. To facilitate or stimulate a financial contribution to the organization.
10. Assist in recruitment of community members to serve on committees and the Board.
11. Share resources and talents with the organization including expertise, contacts for financial support and contacts for in-kind contributions.
12. Serve as an advocate of the organization.
13. Regularly visit the Partnership's website and Partnership Board Links to remain current on Partnership initiatives: https://CCPFC.org
14. Maintain knowledge of current programs and leadership staff of the organization.
15. Be available and responsive, by phone and email to the Partnership's Leadership Team Staff and your Staff-Board Liaison.
16. Actively participate in a minimum of two PFC events/activities in addition to board and committee meetings.

Estimated Volunteer Board Member Commitment:
➢ Board meetings 6 times a year for 2 hours   12 hours
➢ Serve on (1) committee which meets:
   i.   Monthly for 2 hours/meeting   24 hours
   ii. Quarterly for 2 hours/meeting   8 hours
   iii. Bi-monthly for 2 hours/meeting   12 hours
➢ Participate in Partnership Events
   i.   Fall Outreach Event   2 – 4 hours
   ii. Spring Soirée   4 hours
   iii. The Partnership's KidStuff – Dogwood Festival   2 – 4 hours
   iv. Other volunteer time – examples include: 6 hours
      - Soirée work team
      - Early Childhood Tour for Business Leaders
      - Military Senior Leadership Spouse Resource Tour
      - Other PFC department events as announced
➢ **Estimated Annual Volunteer Time Contribution   40 hours**

COMMITTEE CHAIR ORIENTATION

BYLAWS & QUORUM

The Bylaws are the governing document for the Partnership for Children of Cumberland County, Inc. Our Bylaws were revised September 24, 2009. Please take time to review them. Committee information sheets have been provided which give specific committee information including membership and quorum. Quorum is defined as 50% plus 1 of active membership for the Board of Directors and NC Pre-Kindergarten Four Planning Committee meetings. For the Executive, Finance, and Human Resource Committees, a quorum of 50% of the active membership is required to vote on action items. Quorum is 33% of active membership for all other committees (Public Engagement and Development (PED), Child Care Resource and Referral (CCR&R), Planning & Evaluation (P&E), and Facility and Tenant. Mathematical rules on rounding are utilized (e.g. Round up for .5 and higher; round down for .4 and lower).

COMMITTEE CHAIR

The role of the Committee Chair is to maintain order during a committee meeting and to conduct the meeting according to the agenda. The chair will be the responsible person for presenting the committee's report at the bi-monthly Executive Committee meeting and the bi-monthly Board of Directors meeting.

VICE-CHAIR

At the first committee meeting, the chair should appoint a vice-chair for the sole purpose of conducting a meeting in the chair's absence. The vice-chair does not have to be a Board member.

BOARD OF DIRECTORS

The Board of Directors meets bi-monthly. The chair presents a report to the Board of Directors of the committee's actions that do not appear on the consent agenda. The chair may defer to a staff member at any time during a Board of Directors meeting; however, it is customary to inform the staff person prior to the Board of Directors meeting.

EXECUTIVE COMMITTEE

The Executive Committee meets bi-monthly and acts in the capacity of the Board in the months when the Board does not meet. The responsibilities of the chair at all Executive Committee meetings are the same as that for Board of Directors meetings.

NORTH CAROLINA PRE-KINDERGARTEN (NCPK)

The NCPK Committee meets bi-monthly on the same day and time as the bi-monthly Board of Directors meeting. The chair may defer to a staff member at any time during a NCPK Committee meeting; however, it is customary to inform the staff person prior to the committee meeting.

LEADERSHIP TEAM

The President, Executive Specialist, Vice Presidents, and Administrators act as lead staff for each committee. They work closely with the chair to discuss and develop the materials and agenda for the meetings. It is important for lead staff to meet with the chair prior to a meeting to coordinate the packets and agenda. It is also important not to have a situation where the chair or the lead staff is surprised by the information presented at a meeting. Lead staff is available to provide information on programs, policies, procedures, funding, etc., to the committees at each meeting.

COMMITTEE LIAISON STAFF

Specialists and Coordinators provide support to the committees and leadership team for each meeting. They prepare the packets, distribute notices, record the minutes, help keep the chair on track with the agendas, and have a working knowledge of the rules of order. It is expected that liaisons sit next to the chair in order to side bar with the chair if necessary.

AGENDAS

Leadership team and liaison staff will develop the meeting agendas for the chair's approval. The chair may edit the agendas prior to distribution to the committee. The agendas may also be changed during a meeting, but usually committee consensus is obtained prior to any changes. The agendas should be followed to the letter even if revised. If time runs out during a meeting, the remaining items should be deferred either to the next meeting or on to the next approval level.

MINUTES

The minutes are a record of each committee meeting. Liaison staff record the minutes and provide them for approval at the next meeting. Upon approval (or consensus) by the committee, the chair will sign the minutes. The content of the minutes should be clear and concise. A verbatim account of the discussion during meetings is not necessary. A bottom line record of the outcome of voting is all that is needed. The state auditors review Board of Directors and Executive Committee minutes annually.

NOTICES

Liaison staff distributes notices of meetings to the committees ten (10) days prior to the meeting. Notification of the members' intent to attend is required per the Bylaws within three (3) days. Please stress this to the committee members at the next meeting. Liaison staff work diligently to ensure a quorum is obtained and go as far as making phone calls the day before a meeting. Their work will become more efficient if all members RSVP upon receipt of the notices.

CANCELLATION OF MEETINGS

The committee meetings have already been planned out for FY 2017-2018. However, at the chair's discretion, meetings may be rescheduled and/or cancelled. Liaison staff, upon order of the chair, must give notification to the committee members and leadership team as soon as possible. If leadership team seeks to cancel or postpone a meeting, prior approval must be obtained from the chair.

PACKETS

The liaison staff prepares packets of information for the committee prior to the meeting. This information is provided by leadership team and the chair. Packets at a minimum will consist of an agenda and the previous meeting's minutes. Other information should also be provided for the committee's information. Packets should be posted on the web three (days) prior to the meeting so that members are afforded the opportunity of reviewing the information prior to the meeting, especially if they will be asked to vote on a particular item. It is desired, however, that packets are not distributed until they can be compiled as completely as possible. Confusion can stem from too many handouts during meetings.

RULES OF ORDER

The Bylaws state, "All meetings shall be conducted in an open, orderly, and fair manner and in accordance with the *Modern Rules of Order – Third Edition* published by the American Bar Association circa 1999." Therefore, the chair should be familiar with the contents of the book and have been provided a copy. In keeping with the rules, a few items need to be addressed:

- Please state, "A quorum has been established, and the meeting is now called to order."
- Follow the agenda, deferring to staff when applicable. Introduce guests and recognize any visitors. Also, please be aware that some committee members are new to this process and may feel intimidated or uncomfortable by the formality of the proceedings.
- Remember to allow for one speaker at a time. In a more casual setting, cross discussion can often take place, which can cause confusion.
- At the end of the agenda, prior to adjourning, announce the date of the next committee meeting.
- At the end, please state, "Is there any further business? Hearing none, the meeting is adjourned." Alternatively, the chair may also call for a motion to adjourn.

In the case of routine items or low dollar items, such as minutes or revisions, the consensus of the committee can be accepted for an approval rather than going through the process of a formal vote. However, if anyone disagrees or feels uncomfortable, then a formal motion should be requested. Approval of big budget items or items that will affect the program greatly should be formalized. Please note that the chair asks for motions rather than making them, and the chair votes only in the case of a tie. Staff are not members of any committee and do not have authority to vote. A formal voting process should proceed as follows:

- A motion is made by a committee member (the chair may also ask for a motion)
- The chair repeats the motion
- Another committee member seconds the motion
- The chair opens the floor for discussion
- If discussion results in a motion needing to be amended, the person making the motion needs to amend their motion. That amendment needs to be seconded again.
- Once discussion has ended, or if someone calls the question, the chair then calls for the vote by asking, "All those in favor signify by saying 'Aye'. All those opposed signify by saying 'Nay'."
- The chair then asks for abstentions. Anyone who abstains needs to actually state they abstain from voting. Those abstaining would have any type of connection with the current action-taking place.
- The chair determines the outcome of the vote and states the result. (e.g. "The Ayes have it. Motion carried.")
- Note: If a motion does not receive a second, the motion then dies and cannot be voted on again.

<u>Partnership for Children of Cumberland County Committees and Descriptions</u>

Board Development

Child Care Resource and Referral (CCR&R)

Executive

Facility and Tenant

Finance

Human Resource

Planning and Evaluation

Public Engagement and Development

BOARD DEVELOPMENT COMMITTEE

The Board Development Committee is chaired by the Vice-Chair/Chair-Elect of the Board and membership is limited to six current and former Board directors. The Board Development Committee members must have a minimum of one year Board experience. The President works closely with this committee to provide input on organizational needs and to identify Board leadership. The Board Development Committee meets as called by the chair. In the event the Board Development Committee Chair is removed from office or resigns, any officer may call a meeting for the purposes stated herein.

The Board Development Committee identifies, recruits, and proposes directors and officers to the full Board. The Board Development Committee leads the Board in identifying the type of directors and officers the Corporation needs. With the assistance of the President, the Committee develops written descriptions of directors and officers responsibilities and creates a plan for identifying prospective directors and officers. Once the process is under way, the Committee plays an active part in cultivating new directors and officers, screens candidates, and recommends candidates to the full Board for approval. In addition, it may plan and conduct orientation for new directors and officers, and organize continuing education programs that enhance knowledge of governance responsibilities in general and this Corporation in particular.

CHILD CARE RESOURCE & REFERRAL COMMITTEE (CCR&R)

The Child Care Resource and Referral Advisory Committee (hereafter referred to as the CCR&R Advisory Committee) is chaired by a Board director. Membership consists of a minimum of 12 representatives (including: agency representatives, a Department of Social Services representatives, business representatives, community representatives, parent representatives, a military representative, and child care provider representatives) to include Board directors and non-Board participants. The CCR&R Advisory Committee will meet a minimum of quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws.

The CCR&R Advisory Committee shall assist in recommending policy, budget planning, and evaluating and making recommendations for the Corporation's goals. The CCR&R Advisory Committee members shall have an understanding of child care resource and referral services department, and be willing to speak on its behalf to the community.

The Executive Committee shall consist of the Chair, Vice-Chair/Chair-Elect, Secretary, Treasurer, the immediate past Chair, standing committee chairs, Cumberland County School Superintendent (or designee) and may include two other directors of the Board to be appointed by the Chair and approved by the Board. If the immediate Past Chair is unable or unwilling to serve, the Board of Directors may approve the service of another Past Chair in the place of the immediate Past Chair. The Executive Committee shall have and may act in the capacity of the Board between meetings of the Board except when acting in matters of bylaws revisions, Board director or officer nominations, and except as limited by N.C.G.S. 55A-8-25. The Executive Committee shall not have the authority to reverse decisions previously made by the full Board. The Chair shall present a report to the Board of the actions taken in its place by the Executive Committee. The Executive Committee may also present a Consent Agenda for the Board's approval as outlined in Article IV Section 8.

The Executive Committee meets bi-monthly or as called by the Chair to review operational, programmatic, and financial matters. It may deal with urgent situations that cannot wait for the next full Board meeting, specific questions referred to the committee by the Board, issues that need preliminary discussion and refinement before the Board considers them, or routine matters that do not require full Board disposition. The Executive Committee is charged with the responsibility of establishing, implementing, and reviewing the bylaws where appropriate. All revisions to these bylaws or Articles of Incorporation are to be approved by the Board with ten days written notice of the review of said revisions.

The Executive Committee will work in conjunction with the Human Resource Committee and the Chair when selecting a President. The Executive Committee members are also responsible for assessing the performance of the President by providing confidential written input to the Chair (utilizing the evaluation tools and methodology recommended by the Human Resource Committee and approved by the Board). The Chair will provide this data to the Executive Committee in a summarized report. The President works closely with this committee and members serve as his/her principal support and sounding board.

FACILITY & TENANT COMMITTEE

The Facility & Tenant Committee is chaired by a Board director. At a minimum the Facility & Tenant Committee should consist of four members, representing expertise in: tenant relations, facilities maintenance and lease negotiations. Membership should include Board and non-Board participants. The Facility & Tenant Committee will meet quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws. The purpose and functions of this Committee are:

(1) To review the exempt function activities performed by current and proposed tenants of the Corporation's office building for suitability and approval of such tenants by the Board;

(2) To present formal findings to the Board that any current or proposed tenant has as its proper exempt functions purposes which are complementary or similar to those of the Corporation;

(3) That such current or proposed tenant is suitable for consideration by the Board to become a tenant of the Corporation;

(4) To make such recommendations to the Board regarding current, potential, and proposed tenants, leases, and leaseholds in the office building(s) owned by the Corporation as such Committee may deem necessary or appropriate;

(5) To review the purposes and activities of such tenants for continued suitability and compatibility with the activities and purposes of the Corporation, as it may find necessary or appropriate from time to time; and

(6) To engage in activities incidental to the foregoing.

Such Committee shall also generally review the use and utilization of the Corporation's property, plant, equipment, facilities, and assets for compliance with the Corporation's exempt functions and purposes, as set forth herein and in the Corporation's Articles of Incorporation.

FINANCE COMMITTEE

The Finance Committee is chaired by the Board Treasurer. Committee members total a minimum of eight with five Board directors and three non-Board participants. The Finance Committee meets bi-monthly or as called by the chair, and works with the President in carrying out its responsibilities as directed in these bylaws.

The Finance Committee receives, reviews, and recommends proposals for funding to the Board and participates in the interview process with potential grantees. The Finance Committee reviews and presents the Corporation's annual budget for Board approval. Budget amendments and revisions will be processed through the Finance Committee. Rare instances may occur where immediate action may be taken by the Executive Committee. The Finance Committee will also participate in developing and implementing policies and procedures for proposal review, developing and reviewing a financial policy manual, and oversight of contracts management.

Monthly statements of income and expenditures for the Corporation are reviewed and the Finance Committee presents a financial report to the Board. The Finance Committee ensures compliance with state, federal, and non-profit regulations regarding fiscal management and works with the President in carrying out its responsibilities as directed in these bylaws.

HUMAN RESOURCE COMMITTEE

The Human Resource Committee is chaired by a Board member and is composed of a minimum of five current and former Board Directors. The Human Resource Committee meets a minimum of quarterly or as called by the committee chair. The Human Resource Committee shall work with the Finance Committee, President as staff liaison, and the Corporation Chief Operating Officer.

The Human Resource Committee advises the President on personnel policy issues and develops personnel policy guidelines for approval by the Board. The Human Resource Committee recommends the tools and methodologies to be used in the performance evaluation of all Corporation staff. The Human Resource Committee also keeps the Board informed about labor-related legislative issues at the national, state, and local levels.

In general, the Human Resource Committee will focus its work on policy issues and avoid becoming involved in staff hiring, promotion, and evaluation matters that are the responsibility of the President. The Human

Resource Committee works with the Executive Committee and the Board Chair in selecting and evaluating the President.

PLANNING AND EVALUATION COMMITTEE

The Planning and Evaluation Committee is chaired by a Board director and is comprised of a minimum of eight members to include non-Board participants. The Planning and Evaluation Committee will meet a minimum of quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws.

The Planning and Evaluation Committee advises the Board of the comprehensive evaluation of all contractees. The Planning and Evaluation Committee reviews progress reports, performance audits, and data collected for the Department of Health and Human Services (DHHS) and the North Carolina Partnership for Children. The Planning and Evaluation Committee reviews all requests for proposals and proposals received for planning and evaluation services. The Planning and Evaluation Committee also determines if evaluation services meet Corporation expectations and provides evaluation reports to the Board as well as recommendations to the Finance Committee for continuation of activities. The Planning and Evaluation Committee reports to the Board on the regular evaluation of the Corporation and keeps the Board informed of local, state, and national evaluation and research efforts related to the Corporation's purpose.

The Planning and Evaluation Committee assists the Corporation in strategic planning. The Planning and Evaluation Committee facilitates the active participation of the entire Corporation, those internal and external stake holders, and the planning process. The Planning and Evaluation Committee considers national trends, opportunities, research, best practices, and external realities in relation to the current vision, mission, goals, board policies, structures, services, and outcomes for the Corporation, and makes recommendations for strategic changes. The Planning and Evaluation Committee holds generative discussions of emerging issues and assures overarching positions of the Corporation remain in alignment to the changing environment

PUBLIC ENGAGEMENT & DEVELOPMENT COMMITTEE (PED)

The Public Engagement and Development Committee (hereafter referred to as the PED Committee) is chaired by a Board director. Committee members total a minimum of six with two Board directors and four non-Board participants. The PED Committee will meet a minimum of quarterly or as called by the chair and works with the President in carrying out its responsibilities as directed in these bylaws.

The PED Committee leads the Board's participation in public education and fund development. The PED Committee develops policies, plans, procedures, and schedules for Board involvement in public education and fund development. It helps educate Board directors about the importance of early childhood development (Corporation's program plans) and the resources needed to realize those plans. It can familiarize Board directors with fundraising skills and techniques for comfort in raising money. The PED Committee is the Board's central source of information about early childhood climate in general and about the status of the Corporation's fund development in particular. The PED Committee shall recommend guidelines for Board director contributions. It also plays a strong role in identifying, cultivating, and approaching major donors.

SECTION

10

Legislative

Information

CUMBERLAND COUNTY REPRESENTATION
2019-2020 Session

House Members ⌄

Representative Elmer Floyd	Democrat - District 43
Representative Marvin W. Lucas	Democrat - District 42
Representative William O. Richardson	Democrat - District 44
Representative John Szoka	Republican - District 45

Senate Members ⌄

Senator Ben Clark	Democrat - District 21
Senator Kirk deViere	Democrat - District 19

Home / House / Member List / Representative Elmer Floyd
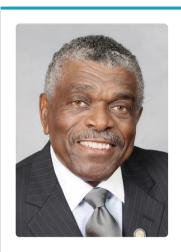
REPRESENTATIVE ELMER FLOYD (DEM)

Biography   Introduced Bills   Votes   Committees

2019-2020 Session

Democrat - District 43

Cumberland

Legislative Office:

16 West Jones Street, Rm. 1325
Raleigh, NC 27601-1096
919-733-5959

Mailing Address:

207 Courtney St
Fayetteville, NC 28301

Terms in House:	6 (0 in Senate)
Occupation:	Retired
Main Phone:	910-488-6903
Email:	Elmer.Floyd@ncleg.gov
Military Experience:	US Army, 1961-63
Legislative Assistant:	Mildred Alston

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Home / House / Member List / Representative Marvin W. Lucas

REPRESENTATIVE MARVIN W. LUCAS (DEM)

Biography   Introduced Bills   Votes   Committees

2019-2020 Session

Democrat - District 42

Cumberland

Legislative Office:

300 N. Salisbury Street, Rm. 402
Raleigh, NC 27603-5925
919-733-5775

Mailing Address:

3318 Hedgemoor Cir
Spring Lake, NC 28390

Terms in House:	10 (0 in Senate)
Occupation:	Retired - Principal
Main Phone:	910-497-2733
Email:	Marvin.Lucas@ncleg.gov
Legislative Assistant:	Thelma Utley

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Home / House / Member List / Representative William O. Richardson

REPRESENTATIVE WILLIAM O. RICHARDSON (DEM)

Biography   Introduced Bills   Votes   Committees

2019-2020 Session

Democrat - District 44

Cumberland

Legislative Office:

16 West Jones Street, Rm. 1021
Raleigh, NC 27601-1096
919-733-5601

Mailing Address:

3694 Glenbarry Pl
Fayetteville, NC 28314

Terms in House:	4.5 (0 in Senate)
Occupation:	Attorney/Business Owner
Main Phone:	910-488-5050
Email:	William.Richardson@ncleg.gov
Legislative Assistant:	Leigh Lawrence

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Home / House / Member List / Representative John Szoka

REPRESENTATIVE JOHN SZOKA (REP)

Biography   Introduced Bills   Votes   Committees

2019-2020 Session

House Conference Chair

Republican - District 45

Cumberland

Legislative Office:

16 West Jones Street, Rm. 2207
Raleigh, NC 27601-1096
919-733-9892

Mailing Address:

6922 Surrey Rd
Fayetteville, NC 28306

Terms in House:	4 (0 in Senate)
Occupation:	Mortgage Lending
Main Phone:	910-583-2960
Email:	John.Szoka@ncleg.gov
Military Experience:	US Army, 1976-96, Retired LTC
Legislative Assistant:	Beverly Slagle

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SENATOR BEN CLARK (DEM)

Biography   Introduced Bills   Votes   Committees

2019-2020 Session

Senate Democratic Caucus Secretary

Democrat - District 21

Cumberland, Hoke

Mailing Address:

16 West Jones Street, Rm. 1117
Raleigh, NC 27601

Terms in Senate:	4 (0 in House)
Office Phone:	(919) 733-9349
Email:	Ben.Clark@ncleg.net
Legislative Assistant:	Caroline Enloe

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Home / Senate / Member List / Senator Kirk deViere

SENATOR KIRK DEVIERE (DEM)

Biography   Introduced Bills   Votes   Committees

2019-2020 Session

Democrat - District 19

Cumberland

Mailing Address:

300 N. Salisbury Street, Rm. 515
Raleigh, NC 27603

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Terms in Senate:	1 (0 in House)
Office Phone:	(919) 733-5776
Email:	Kirk.deViere@ncleg.net
Legislative Assistant:	Grayson Barnette