Focus on Children & Poverty

CRT Grandmother Testifies at US Senate Committee

Moving Parents (and Their Children) Into NEW CAREERS

It takes a village . . .
TO FEED A CHILD

Health Disparities Bridged by CRT’s ECE DENTAL PROGRAM
At first she could scarcely believe her good fortune – she contact with CRT staff reassured her that this was, indeed “the real deal.”

After interviewing Robin by telephone, the Senator’s staff

Robin Steps Up

Resident of Grandfamilies Development Testifies Before Senate Subcommittee

Robin Hussain’s 45th birthday started in a fairly conventional way: Hugs from the three grandchildren she’s raising, a call from her mother, an invitation to lunch with a friend.

Then came a phone call with quite a different invitation. It was the office of Senator Chris Dodd, inviting her to Washington to testify before a Congressional subcommittee on the way that energy assistance helps low income families.

Robin was nominated by CRT staff who know her as a dynamic resident of the new Grandfamilies Housing in Northeast Hartford. She spoke eloquently at the ribbon cutting in Fall of 2007. “So when Senator Dodd put out a call for a witness with a personal connection to energy assistance, we thought of Robin,” says Gus Keach-Longo, Director of Senior Services at CRT.

Her story is compelling. She stepped in to give her grandchildren the stable lives that their own parents could not provide. A manager in the retail field – clothing, video and car rentals – she was suddenly juggling work and babysitter schedules for two children under the age of two.

Before her recent move into CRT’s development, she had been living in an affordable but drafty apartment where her natural gas bill was sometimes more than a third of her monthly household income. “Your heat bill is the hardest household bill to manage . . . You can’t switch to a different vendor, there are no coupons to clip, you just decide you’re going to ‘do without,’ ” Robin said as she prepared her testimony.

She lowered the thermostat, put three layers of clothing on the toddlers, and still found that the looming heat bill meant she had to skimp on everything else. In fact, Robin’s family was “the day’s regular-person witness, putting the Low Income Home Energy Assistance Program into perspective.”

Happy birthday, Robin!

The Washington Whirlwind

CRT staff immediately began making travel arrangements and helping Robin prepare her testimony. Family members offered child care and encouragement.

And just six days after receiving the invitation, Robin took her place at a gleaming wooden witness table. She spoke earnestly to the Subcommittee on Children and Families, about the struggles shared by so many low income parents and grandparents. Between 17 and 22% of all low income households use at least 25% of their annual income to pay utility bills.

As I have shared with many of you in previous publications, CRT has embarked on a new service delivery model known as Steps to Success. It is an intensive, multi-faceted case management system based on a family’s individual development plan. That plan will include education and employment training that reduces the barriers to work, financial asset building, and family supports, including improved access to reliable transportation, health care and basic needs.

We believe that Steps to Success will support a family’s efforts to move toward self-sufficiency: the stories in this issue of The Vision illustrate several of the approaches CRT is taking. At CRT, our mission is “Preparing Our Community to Meet Life’s Challenges” and we are finding new and innovative ways to assist people to become self-sufficient, improving their quality of life and that of the community as a whole. We ask that you join in this effort.

By working together, we can reduce childhood poverty in the state by 50% by the year 2014!

Please let me know how you think that we can work together.

Lena Rodriguez
President/CEO

One of the most pressing priorities in Connecticut today is the effort to reduce poverty for the most vulnerable among us – the state’s children. From the Governor’s Office to the Legislature, in towns and agencies across the state, the focus is on the appalling number of children growing up in low income households, here in the wealthiest state in the nation.

As you may know, the state’s Child Poverty and Prevention Council has been charged with an ambitious goal: helping the state cut child poverty in half by the year 2014. The Council developed 67 recommendations which were subsequently reviewed by an out-of-state panel of experts. In considering each of the recommendations, the Expert Panel used three criteria: evidence of impact, cost-effectiveness and timeframe, as a means for determining their effectiveness. In late 2007, the Expert Panel released 12 manageable action steps that should bring the greatest return on investment in a relatively short time. These focus on four proven pathways out of poverty: employment and work support, education and training, income assistance, and family support.

These recommendations confirm and reinforce the direction in which CRT has been moving for some time. CRT’s programs are well aligned with the Expert Panel’s recommendations - from enhancing the preschool education offered to low income families to increasing the number of those families who avail themselves of food stamps, child nutrition, energy assistance and other programs. Today, CRT is already in sync with the suggestions put forth by the Expert Panel. However, the next step will be to link all of these initiatives into a seamless fabric - into an integrated case management and service delivery system.

Fortunately, as she was enrolling her grandchildren in CRT’s Head Start program, a case manager looked at the family holistically, and realized that she should be referred for LIHEAP, the Low Income Home Energy Assistance Program. She qualified for a $675 per year benefit, and a matching program that rewards customers who make a payment each month.

On the cover Robin Hussain speaks to a Senate Subcommittee. (Photo courtesy Senator Chris Dodd’s office)
With stable child care, Robin was back in the workforce. At first she substituted in Head Start, matching her hours to those of the children. But the income put her over the limit for her state health insurance, so she switched to an early shift at a hotel kitchen, prevailing upon her own mother to get her great-grandchildren ready for school in the morning.

The children were thriving in the Head Start program, and so was Robin. She got involved in the parents’ organization, first at the school and then at the city-wide level. Soon she was asked to serve as secretary of CRT’s Head Start Policy Council, helping to make decisions that would affect 1,400 children throughout Hartford, Middletown and four other nearby towns. “It was my first time in a ‘community leadership’ type of position, and it felt like a safe place to start,” Robins says.

The LIHEAP program treats people with dignity. It helps ease services and advocacy for grandparents raising their grandchildren, including the Salvation Army and the city’s Grandparents Program. She was asked to speak about the challenge of “second time around” parenting at several meetings. “But I never could have imagined myself going to Washington, speaking to Senators,” she says.

State Rep. Marie Kirkley-Bey, who represents Robin’s neighborhood in Northeast Hartford, knows that chance opportunities can be turning points in a person’s life. “I was there myself, I raised grandchildren and I was on welfare, and really struggling,” she said. “It’s a great day for our neighborhood, for the city of Hartford, for the entire state of Connecticut when a single grandmother like Robin Hussain can go to Washington and speak up for all of the rest of us. I see this as the beginning of a great future – maybe she’ll be in politics before long.”

Truth to tell, Robin does envision many benefits – they moved from shelters to apartments, saw their moms get fulltime jobs, started attending licensed preschools. All of this was possible because their mothers enrolled in a pilot designed to include many of the best practices in the employment field.

When Robin finished speaking, Sen. Dodd said, “We can probably end the hearing right now.” There are no statistics, no expert witnesses, which can match the ring of reality he said.

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When a parent can move from public assistance and unstable housing to fulltime work on a career track, her children are the obvious beneficiaries. From this vantage point, there were 21 junior “graduates” in the first class of the Commuity Renewal Team’s new welfare-to-work program, along with the 13 mothers who actually received their diplomas.

These children accrued many benefits – they moved from shelters to apartments, saw their moms get fulltime jobs, started attending licensed preschools. All of this was possible because their mothers enrolled in a pilot designed to include many of the best practices in the employment field.

CRT designed the intensive 22-week Middlesex Education and Training Consortium, in conjunction with area employers and the Middlesex County Chamber of Commerce, to assist local residents nearing the end of their benefits from TANF (Temporary Assistance for Needy Families). Every participant in the program addresses academic deficits, earns a vocational certificate, obtains work experience and job placement services, while resolving other barriers such as housing, childcare or transportation. The students trained for occupations where local employers have identified a labor shortage, such as nursing and banking. At the same time, the participants worked on what are often called “soft skills,” such as communication, workplace behavior and expectations.

The new grads secured fulltime employment at an average rate of $12.25 for 38.5 hours, or $471.62 per week. Seven actually received offers before graduation. Prior to the program, the average wage among those who worked at all had been less than $8.00 per hour for fewer than 15 hours per week.

“This project really gave me a second chance, and it’s hard to get those second chances these days,” said Quan Fields, mother of four, who had been unsuccessful in other employment and education programs.

“I’m not going to say I loved every minute of it, but it was really worth it in the end.”

The demanding schedule, a minimum of 35 hours per week, met the TANF requirement for what is called “full time effort,” allowing families to continue to receive benefits throughout the program. Equally important, it mimicked a full-time job in many ways: Students were required to dress professionally, arrive promptly, complete paperwork thoroughly, and negotiate with supervisors.
Instead of pop quizzes, Program Coordinator Len Weston surprise speaking assignments. “In front of a crowd or at a job interview, you need to know how to talk about yourself,” he said. “We reviewed the tape together, and critiqued ourselves and each other. All of our students learned to look up, mumble less, show a little poise.”

After a few months, Piexotto observed that the participants had melded into a team that cajoled and encouraged one-another, and were determined to succeed. The group pursuing Certified Nursing Assistant Certificates developed study groups and an informal phone tree, to ensure that everyone caught the early bus to Meriden, so they would be on time for their clinical instruction.

A Multi-Faceted Approach

Success was often hampered by personal crises. Two of the women were homeless – one staying in a shelter with her son and the other sleeping in her car with two daughters. Staff used an intake matrix called the Human Services Infrastructure and the CRT Steps to Success tools to help unravel the complicated housing, childcare and transportation challenges. (See box at right.) Many resources were tapped – within CRT and in the private and public community sectors – so that all of the participant families could find stable housing, dependable child care and access to transportation. With help from several case managers, the three homeless children were soon tumbaling around in their own apartments.

“All of our participants have multiple barriers, and yet all can move toward stable and successful employment. The integration of support services, when coupled with a job training program, ensures client completion of the program and eventual success,” said George Brusznicki, CRT’s Director of Employment Services, who designed the program with the Middlesex County Chamber of Commerce, Middletown Adult Education and Middlesex Community College, and funding from the Workforce Alliance.

Ted K. Bradshaw found that “community development practices that address the complex and overlapping sources of poverty more effectively reduce poverty compared to programs that address a single theory.” He notes that “poverty is caused by cumulative and cyclical interdependencies,” and that multi-pronged initiatives offer a better solution to poverty than just single approaches. (Bradshaw, T.K. [2007] “Theories of poverty and anti-poverty programs in community development, Journal of the Community Development Society.

The author concludes that programs should simultaneously address poverty across multiple domains, if low income households are to move toward self-sufficiency. Through CRT, case managers provide energy assistance, housing/eviction prevention, childcare and advice on obtaining child care certificates, counseling, and referrals to other local organizations. Brusznicki credits the holistic approach with the unusually high success and completion rate in the pilot. While the Connecticut Department of Labor reports a completion and success rate of just 60% in most programs of this type, CRT saw 100% of participants improve by two or more grade levels in reading and math; complete customer service training; and life skills education; and obtain certificates in an occupation. Six completed the Banking Financial Services Certification program and seven passed their CNA exams, achieving the highest scores that Middlesex Community College saw that semester.

With new skills and self-confidence, graduates were able to successfully advocate for themselves. One participant turned down her first job offer and negotiated for higher pay, securing a salary that was 35% higher than her first offer. Another leveraged a commitment that her entire college nursing degree would be covered by her new employer.

A Model That Works

In his award-winning book, The Working Poor, David K. Shipler holds up multi-faceted programs like this CRT pilot as the best way – perhaps the only successful way – to move people from dependence into the work force. He says many participants need “to learn the basics of arriving on time, speaking to people, answering the phone, accomplishing a task, believing in themselves.”

Shipler commends programs that:

- Understand participants’ fear of failure and wariness of education.
- Use group exercises to build self-confidence and advocacy skills.
- Introduce workplace computer skills slowly and incrementally.
- Build team cohesion among participants.
- Set standards of workplace behavior such as punctuality, good dressing, respect for co-workers and supervisors, appropriate use of phones and music.
- Provide access to comprehensive social services and consistent follow-up.
- Provide training in life skills such as managing finances, creating child care and transportation back-up plans, advocating and negotiating.
- Ensure that job training is matched to employer needs.

Employers appreciate the results from this type of multi-faceted program. “I was really impressed with the students that CRT sent us, they were truly a ‘team,’ “ said Linda Mercuri, the clinical instructor who supervised the METC nursing assistant students two days a week at a nursing home in Meriden. “There was a real determination to learn, and they seemed to know what was expected of them, from Day One. I would be delighted to work with CRT again.”

In The Working Poor, Shipler quotes a Xerox staffing manager who decided to do all of her entry-level hiring through programs of this type. “In her experience, training courses without the ‘soft skills’ component graduated workers who let child care, transportation, and financial mismanagement defeat them on the job … Hiring welfare recipients through the good training programs ‘has enabled us to have a larger pool of talent’ and ‘has eased our training efforts…” said this manager.

The graduates of the first small pilot check back with CRT regularly, stopping in to tell of promotions or new job offers. The Agency is preparing to recruit a second group of adults receiving TANF, and is starting a similar training program for teens.

“This is just the kind of program that we need in this region,” said Larry McGiugh, president of the Middlesex County Chamber of Commerce. “We can meet the needs of some of our local employers, who are looking for good, well trained workers. And we can meet the concerns of our local citizens, who need good, well paying jobs. It’s definitely a win-win.”

Steps to Success

A Wrap Around Approach

Steps to Success is CRT’s holistic approach to helping families move from poverty toward prosperity. It builds on the Human Services Infrastructure, or HSI, used by community action agencies across the state. Steps to Success uses intensive case management to assist families and individuals reach their goals and move toward self sufficiency and wellness through an individualized plan.

Steps to Success builds on customer strengths: Case managers emphasize participants’ internal resources and natural community networks of support.

Steps to Success builds on incremental accomplishments: Bi-weekly contact with customers allows staff to review goals, celebrate success, and provide strategies to address obstacles.

Steps to Success provides measurable data: The Self-Sufficiency Scale assesses 17 areas such as ability to purchase food and stability of employment. By administering the scale quarterly, staff track household movement from crisis or vulnerable to stable or thriving.

Victor Soboslai and son moved from a shelter to a subsidized apartment; her new employer is paying for her to pursue a degree in nursing.
It takes a village . . .

to feed a child

Bucking a national trend is never easy. But in the summer of 2007, several child-focused agencies in Middletown, Connecticut, were determined to do just that.

They set out to reverse a ten-year downward spiral in the number of low-income children across the country who receive free meals from the Summer Food Service Program, a project of the United States Department of Agriculture (USDA) which is operated in Connecticut by the Department of Education.

As participation dropped elsewhere, a broad collaboration spearheaded by summer food sponsor CRT, End Hunger Connecticut! and the Middlesex Anti-Hunger Coalition held a press conference to announce their ambitious challenge: They intended to double the number of meals served to hungry children during the 2007 summer food program.

By the end of the summer, they had exceeded that daunting goal.

Surmounting the odds

There’s an enormous gap between the number of children who get free lunches during the school year, and the number who eat at summer nutrition programs. In fact, while child poverty and free lunch participation were rising over the past seven years, summer nutrition numbers were declining, according to the USDA Food Research and Action Center. Only 20-25% of eligible Connecticut children visit a summer meal site, and even fewer become “regulars.”

Why is participation so low? Researchers say it’s a combination of factors. Many towns lack convenient meal sites; parents are unfamiliar with the program; children may not find the food or activities appealing; and some sites are required to collect family income data before children can take a lunch. In addition, potential sponsors are discouraged by the low reimbursement rate and the large amount of paperwork required.

Yet child hunger is often lurking in unexpected places. A study done in 2005 revealed that more than 1,800 Middletown children live in homes where family members go hungry, or have limited access to safe, nutritious food. This report, Food Security and Hunger among Middletown Households with Children, found that just over 16% of households with children fell into this category, known as “food insecure.”

In most households, food is one of the few flexible categories of the family budget. Rent and car payments are fixed, and utility bills have no “wiggle room.” So studies find that people cut back on the quantity and quality of the food they serve.

This type of “food insecurity” has long term negative effects. Researchers from Boston University School of Medicine and Boston Medical Center recently found that children who live in homes where food is sometimes scarce are two-thirds more likely to experience developmental risks than those living in homes where food is readily and consistently available. And a National Academy of Science study, From Neurons to Neighborhoods, documents the intellectual and neurological deficits that result from a lack of specific nutrients at specific stages of growth. This irreversible damage occurs long before the more commonly observed markers – such as delayed height or muscle development – is noticed by parents and pediatricians.

So it’s logical that the USDA tries to ensure that children who eat one or two meals per day at school have access to similar free meals during the summer. In Middletown alone, a small city of 47,000, there are 1,400 children eligible for free and reduced price lunches. Yet in 2006, only 110 children per day (or about 8% of those eligible) had taken advantage of the meals served throughout the summer at several designated sites.

The Middletown approach

Where do low-income children gather in the summer? What types of food and activities would attract them?

These were some of the questions posed by the group of concerned citizens that gathered at Middletown’s City Hall in Spring 2007. The group drew up a set of strategies that could be replicated by other communities:

- Increase the number of places where free meals are served by establishing more drop-in sites and providing meals at existing children’s programs.
- Increase the number of children who participate by sending home flyers through the schools, posting notices in public locations and leafleting door-to-door.
- Increase the frequency of children’s participation by having consistent and welcoming site supervisors, appealing food, diverse activities and small raffles.
- Extend the number of program days: A site hosting a Bible camp or a tutoring program can continue to serve meals, even after the specific curriculum ends.

The CRT Nutrition Department was pleased to show off a new-and-improved meal package for the children, with colorful fresh fruit and veggie sticks clearly visible through the plastic wrap. Filling, bread and condiments were each wrapped separately, allowing last-minute assembly of the sandwich.

Meal reimbursement rates are low and barely cover the cost of raw food and preparation, paper goods and fuel. Funding for site supervisors, kids’ incentives and more was provided by Liberty Bank Foundation and End Hunger Connecticut! while enough books and stuffed animals for all of the children to take home came from Books to Dreams Foundation. Teens from the Summer Youth Employment Program worked alongside the staff, both supervising children and assisting with games.

In addition, the partner organizations and host sites – churches, a children’s theater group, a mental health program and the town’s Parks & Recreation Department – all made efforts to increase participation at their own locations. This was truly a community push.

Fortunately the hard work paid off. At a thank-you reception in August, CRT announced that 8,557 meals were served to children in Middletown and Portland, up from 3,755 in 2006. This spring, the Connecticut Department of Education confirmed that Middletown saw the largest summer meal increase of any program in the state.

The Middletown expansion was a “test case” for End Hunger CT! which is carrying the lessons learned to Hartford neighborhoods for Summer 2008. Meanwhile, the partners in the Middletown program have heard a challenge from CRT and the Middlesex Anti-Hunger Coalition. Let’s try to double the numbers yet again.

As excitement built, local residents stepped forward to provide more than 100 hours of volunteer time and supplement the activities organized by site supervisors. Children enjoyed break dancing and basketball, story hours and stuffed animals. There were visits by costumed characters – a huge carrot, an ear of corn – as well as a pre-paid ice cream truck once per month. Wesleyan University students helped the children plant a garden at one site, and brought both crafts and “tasting parties” to all of the open (drop-in) sites. Many parents were so intrigued that they brought their children regularly, then stayed to help.
Health Disparities Bridged by CRT’s ECE Dental Program

By WILLA BLOCH

According to former United States Surgeon General David Satcher, M.D., Ph.D., there is a “silent epidemic” of dental disease in the United States. In fact, tooth decay is the most common chronic disease among children in this country and carries consequences far more serious than most people recognize. Poor oral health often contributes to absenteeism, poor sleeping and eating habits, low self-esteem, even adverse effects on normal growth. Increasing evidence indicates that dental disease is also a predictor for such systemic problems as premature birth and heart disease.

This epidemic is particularly widespread among poor and minority children. In Connecticut, the prevalence of untreated decay is twice as high among minority children as in Caucasian children. The Connecticut Department of Public Health’s 2007 report, Every Smile Counts: The Oral Health of Connecticut’s Children notes “If you are a child in Connecticut, the poorer you are, the more likely it is that you have tooth decay – and it is especially likely if you are African-American, Hispanic, or a member of some other racial minority.”

For years, Community Renewal Team has addressed this challenge among the 1,400 children enrolled in our Early Care and Education program (ECE). Whether in Head Start, School Readiness or infant/toddler day care, all of CRT's ECE children are seen by dentists and hygienists who come in during the school day.

Children with dental decay are referred for follow-up services, with payment arranged through Husky and private insurance. In the first half of the 2007-08 school year, nearly 200 of CRT’s ECE students were found to require this type of care, and 90% will complete treatment by the end of the school year. In one exceptional case, staff secured more than $20,000 of pro bono dental work for a child whose family was not eligible for insurance.

Attention to a child’s health and wellness – medical, dental, behavioral, nutritional – is a hallmark of CRT’s ECE program. The CRT Health and Nutrition Manager oversees a staff of nine, while the Disability, Mental Health and Transition Manager has three facilitators and two mental health consultants. One of the most visible parts of the wellness program is the dental piece, because children brush their teeth twice a day in school. “This gives us the opportunity to establish good health habits at an early age,” said Health and Nutrition Manager Maryam Golzar. “Actually, the children think that this is fun!”

Fortunately, dental disease is highly preventable. Brushing a baby’s teeth, minor changes in diet, the use of appropriate dental sealants, and regular dental visits can greatly reduce the incidence of cavities in children. But too few low-income children receive this care. Every Smile Counts found that:

- Nearly 30% of the 3-5 year-old children in Head Start across the state already had tooth decay;
- By the third grade, 14% of children from low income families had rampant tooth decay.

Why don’t children receive appropriate care? Researchers find that the primary answer is access. According to the Connecticut Health Foundation, few dentists in Connecticut accept HUSKY because the reimbursement rates are so low (10% of customary fees). CHF estimates that only 100 of Connecticut’s 2,680 dentists provide significant levels of care to HUSKY beneficiaries.

This lack of access is often exacerbated by cultural or language barriers between providers and parents, who serve as the frontline in the fight against tooth decay. Appropriate education pertaining to oral health is often unavailable in a caregiver’s language; the caregiver may have misgivings about past experiences in the dentist’s chair, and parents may simply not understand the long term importance of dental health.

“Often you will hear parents say, ‘But these are only baby teeth!’” said Sue Lyons, Director of Support Services for ECE, herself a nurse who worked directly with parents and children for years. Yet research shows that decay and early loss of these first teeth creates gums and jaws that are inhospitable to healthy adult teeth.”

Beyond the screening

One of the ways that the government has attempted to improve this picture is through Head Start, the multi-dimensional preschool program provided to low income families around the country. Head Start programs are mandated to provide annual dental screenings for their students.

CRT’s ECE program goes far beyond this mandate. At enrollment, CRT staff ask families whether their children have a “dental home,” a dental clinic or office where they are seen regularly. Typically, 75% of CRT’s Head Start children do not have a dental provider at the time of their enrollment, according to Golzar.

In that case, CRT staff make referrals to appropriate dentists and/or health centers, and follow up to ensure that the connections are made. For the past 10 years, CRT has been developing innovative partnerships with University of Connecticut’s Burgdorf Dental Clinic, Connecticut Children’s Medical Center and Community Health Services’ mobile dental unit, among others. By the end of every school year, 99% of CRT’s ECE families have found a dental home. This ensures that the treatment and good habits established during preschool continue as the child moves on.

Education is also a valuable component for ensuring dental health. Parents cannot be effective health advocates if they are unaware of the importance of the child’s first teeth, or the drawbacks to putting a baby to bed with a milk or juice-filled bottle. Therefore, ECE staff includes the topic of oral health during September parents’ orientations; they distribute brochures and coloring books about dental health, and invite parents to observe their children’s screenings and cleanings when the mobile dental unit comes to CRT.

But it’s not just the parents who are educated about proper oral hygiene. This message is incorporated into every CRT Head Start program. Children are proud to have their own toothbrushes, and they are taught the most up-to-date methods for oral hygiene, as promoted by the American Dental Association. They even get a supply of toothbrushes and toothpaste to take home for the summer.

Tips for Teeth

- If you put your baby to bed with a bottle, make sure that it is only filled with water. No milk, juice or soda.
- Do not dip your child’s pacifier in sugar or honey.
- Start cleaning your children’s teeth before they have teeth! Clean their gums with a soft toothbrush and water.
- Do not rinse after brushing. Spit, yes. Rinse, no.
- Once they’re a year old, children should be encouraged to drink from a cup rather than a bottle.
- Save sugary liquids, like milk, juice and soda, for mealtimes.
- Until your child is 4, just put a pea-sized dab of toothpaste on the toothbrush.

From the American Dental Association.

CRT has received several grants to help cover the dental program, which costs approximately $5,700 per year. Just four dollars per student to ensure that they enter public school with a healthy set of “pearly whites.”

And that should bring a smile to anyone’s face.

Children at CRT’s Ritter Center receive dental care (top) and demonstrate their daily oral hygiene.
The Road to Reading Success

CRT has three programs that help youngsters become champion readers. In the next issue of the Vision, read about these three ways to boost children's literacy levels: preschool education, in-school coaching and after school tutoring.

CRT serves the Community

CRT VISION is a publication of the Community Renewal Team, Inc. a non-profit organization dedicated to reducing poverty. Programs throughout Central Connecticut help low-income and disadvantaged people and families become self-sufficient.

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