



Our Mission



The Bridgeport Child Advocacy Coalition is a coalition of organizations, parents, and other concerned individuals committed to improving the well-being of Bridgeport's children and families through research, education, advocacy, and mobilization.

BCAC provides the vehicle for the Greater Bridgeport community to take concerted action on issues that affect children's health, education, and safety. Our coalition is grassroots and independent, diverse and motivated. Together, we advocate for policy and systems change that will clear a path to a better future, particularly for Bridgeport's most vulnerable and disadvantaged children.

Research.

Research is the foundation for everything BCAC does. Our reports provide objective data, identify best practices, and suggest practical steps to address the challenges our children face.

Advocate.

Advocacy is at the heart of BCAC's mission. We empower community members by giving them the tools and information to effectively advocate for positive change.

BCAC

Educate.

BCAC educates the community by sharing information, ideas, and resources. By advancing a shared understanding of children's issues, we can move forward as a cohesive community.

Mobilize.

As a coalition of diverse members, BCAC harnesses the power of people to bring about systems change to improve the well-being of children and families.

Cover photo by Sara Collimore-Photography

Executive Summary

This year's **State of the Child in Bridgeport** report, BCAC's 31st edition, uses objective data and real life examples to tell the story of our city as it is experienced by our 34,555 children. It is a story of both struggle and hope.

As you will read, too many families, for too long, continue to be challenged. However, you'll also find points of promise throughout this report including lower absenteeism among our younger students and a dramatically reduced youth arrest rate.

If we are to continue working to improve conditions for our city's children and their families, we need to come together and create an inspired vision for our future. Take a moment to imagine a Bridgeport in which every child thrives. What does that look like? Dynamic, high-achieving schools. Quality employment for parents and teens. Vibrant parks and public spaces. Health care that is both affordable and accessible. Residents who are civically engaged.

For over three decades, BCAC has built a robust coalition of citizen advocates with the single goal of creating just such a community. With this new report in hand, we are focusing on three basic principles in the coming year:

Coalition: A group of people who join and grow together for a common cause; a pact or treaty among individuals or groups, during which they cooperate in joint action.

Resilience: The capacity to recover quickly from difficulties; the ability to recover from or adjust easily to misfortune or change.

Transformation: An extreme and dramatic change in form, appearance or character of something or someone.

We are passionate about Bridgeport and believe in our city. Relying on these three principles, we can make the seemingly impossible come true, for ourselves and for our children. We know this because BCAC has seen what's possible when we work together, remain resilient and are willing to transform.

Let's come together in 2017 with renewed commitment. Let's make Bridgeport an even better place to live, work and raise a family. We can do this together!

Mary Pat C. Healy

Executive Director





TOTAL
BRIDGEPORT
CHILDREN

34,555

TOTAL
BRIDGEPORT
POPULATION

147,619



Poverty

One of the troubling dynamics of the cycle of poverty is that its symptoms are its causes and vice versa. When a family must live in an industrial area with hazardous conditions, it is a symptom of poverty. Poor health caused by living close to industrial toxins further hinders the family's ability to move out of the neighborhood, and so on. For too many children and families in an urban setting like Bridgeport, the causes and symptoms of poverty are many and overwhelming. The Bridgeport-Stamford-Norwalk, Connecticut metro area is the most unequal income region in Connecticut and the second most unequal metro region in the nation.ⁱⁱ

The percentage of Bridgeport children living under the federal poverty level (FPL), remains unmoved at 32.4% from 2014 to 2015.ⁱⁱⁱ Out of the 34,555 children living in Bridgeport, 1 out of every 3 live in poverty.

41.7% of Bridgeport children living under the FPL are under 5 years old. The average rate of child poverty in 2013-15 in Bridgeport was 33.2% of African American children, 36.4% of Latino children, and 18.9% of White children.

Although Bridgeport's rate of child poverty remains stagnant, it is still more than double Connecticut's declining overall rate of children living below the FPL- 14.5%. Collectively, 20.6% of Bridgeport's population lives under the FPL, compared to a statewide rate of 10.5%.

In Bridgeport, the estimated living wage for a family of three is \$33.41 per hour, more than triple Connecticut's minimum wage pay. An adult with two children (working full-time) would need to make \$69,503 in annual income before taxes to pay for the expenses of transportation, child care, housing, food, and medical costs.^{iv}

As of January 1, 2017, Connecticut's minimum wage increased to \$10.10. Increasing the minimum wage further is an issue that continues to be debated by the Connecticut General Assembly (CGA) and the nation.



CHILDREN
AS PERCENT
OF TOTAL
POPULATION

23.4



Bridgeport's Children

21,191

NUMBER OF
STUDENTS IN
BRIDGEPORT
PUBLIC SCHOOLS

Age Composition

AGE	POPULATION
UNDER AGE 3	5,376
AGES 3-4	5,086
AGES 5-8	8,080
AGES 9-11	5,584
AGES 12-14	4,891
AGES 15-17	5,452
AGES 18-19	5,454
AGES 20-24	13,220

Source: U.S. Census Bureau, 2015 American Community Survey.ⁱ

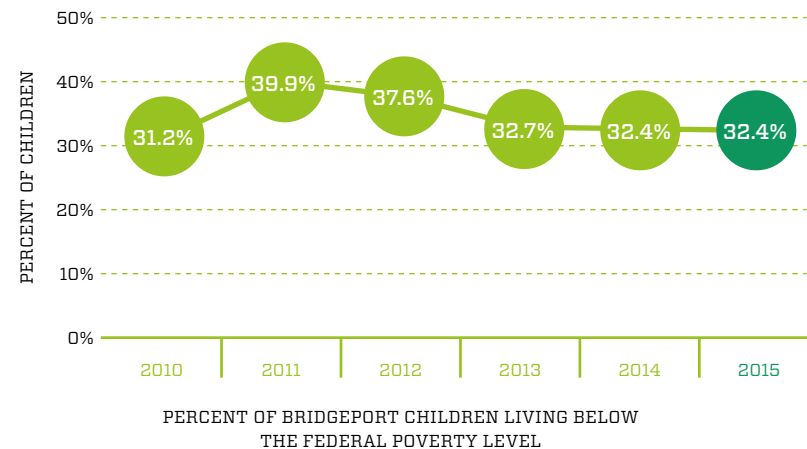


Racial and Ethnic Composition

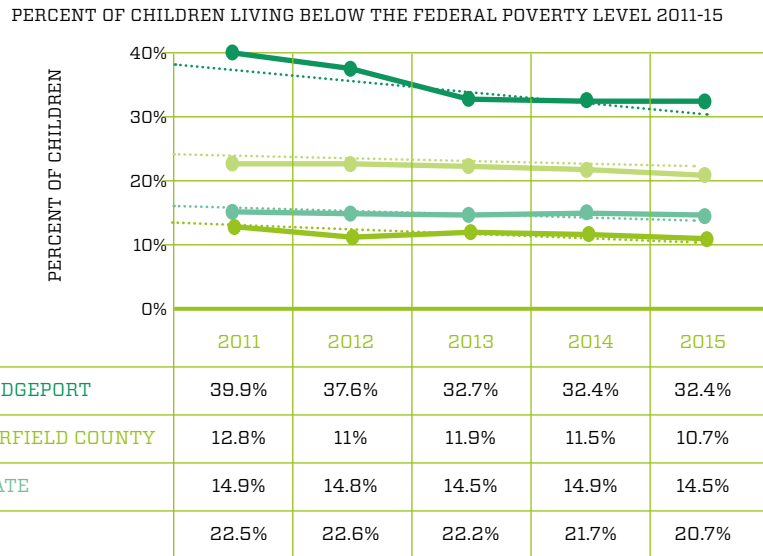
RACE	UNDER 18	18-24
AFRICAN AMERICAN	32.2%	28%
ASIAN	1.2%	4.4%
LATINO	37.6%	31.8%
WHITE	23.8%	32.1%
MULTIRACIAL	5.2%	3.8%

Source: U.S. Census Bureau, American Community Survey, average 2011-2015.

Child Poverty Rate in Bridgeport Remains Unyielding



Bridgeport Rate of Child Poverty is More Than Double Fairfield County and State Rates



Despite lowering in 2013, the child poverty rate in Bridgeport generally goes against the trend. Bridgeport's elevated rates supersede that of Fairfield County, Connecticut, and the United States.

Bridgeport's Median Family Income Decreases While Fairfield County's and the State's Rise

	2010	2011	2012	2013	2014	2015
BRIDGEPORT	\$45,185	\$39,615	\$44,640	\$46,296	\$48,388	\$45,244
FAIRFIELD COUNTY	\$95,296	\$102,292	\$102,114	\$101,721	\$104,987	\$105,514
STATE	\$81,246	\$83,106	\$85,254	\$85,563	\$88,819	\$91,388

Bridgeport's median family income has gradually increased 7% on average each year since 2011 until 2015 when it saw a moderate decrease of 6%. Fairfield County and the state have experienced steady growth in family household income into 2015. In 2015, Bridgeport's median family income rate was nearly identical to that of 2010.

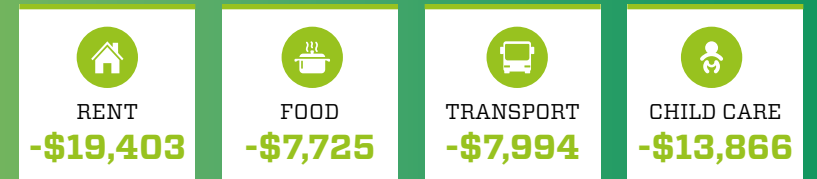
IN THE BRIDGEPORT-STAMFORD-NORWALK METRO AREA.^{xiii}



ANNUAL EXPENSES FOR ONE ADULT AND TWO CHILDREN

BASED ON A SALARY* OF \$21,008

MINUS FIXED ANNUAL EXPENSES



HOUSEHOLD DEFICIT: -\$27,980



* Salary based on working full time at minimum wage.



CHILD HUNGER

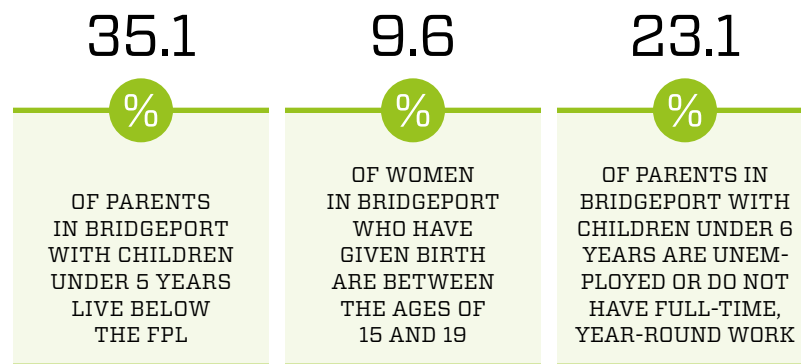
As of December 2016, 18,456 Bridgeport children lived in families enrolled in the Supplemental Nutritional Assistance Program or SNAP (formerly known as food stamps). This is 2,712 fewer children than in 2015, a decrease of 17%. Statewide, there are 133,476 children enrolled in SNAP.

Because the national economy has improved in recent years, a provision was put into effect in April 2016 disqualifying 'able-bodied childless adults' from receiving SNAP benefits unless they are working or enrolled in a job training program. As a result, an estimated 3,305 Connecticut residents lost SNAP benefits, including individuals in Bridgeport.^{vi} The United States Department of Agriculture (USDA) reports that the people who were disqualified have an average monthly income of 17% of the FPL and usually do not qualify for other governmental income supports.^{vii}

An estimated 15% (33,810) of Fairfield County children suffered from food insecurity in 2014 compared to 18% of children statewide.^{viii} Food insecurity is defined as the inability to afford or access enough food for an active, healthy lifestyle. 13% of Connecticut households are food insecure with another 6% reporting very low food security.^{ix}

FAMILY STATUS

In 2015, 53.9% of Bridgeport children under the age of 18 lived in single-parent families (47% with a single mother and 6.9% with a single father), compared to 31.8% of children statewide (25.1% with a single mother and 6.7% with a single father). In Bridgeport, the number of single male-headed households decreased 46% in 2015.



In 2015, 44.6% of single female-headed households with children under the age of 18 in Bridgeport lived in poverty (rising 11% since 2014), compared to 12.8% of families under the FPL with children under the age of 18 headed by married couples.

In 2015, 1,343 Bridgeport children were cared for by a grandparent, a slight decrease from the 1,387 children recorded in 2014.

A TWO-GENERATIONAL APPROACH

The key to disrupting childhood poverty is systematically addressing generational poverty. Two-generational approaches focus on addressing the needs of the whole child and include parents, grandparents, and caregivers alike. This means-tested approach serves entire families and works with them in all aspects of life including early childhood education, education and post-secondary opportunities, economic assets and social capital, and health and well-being.^x

In 2014, the Connecticut General Assembly (CGA) commissioned a two-generational approach plan to promote long-term learning and economic success for low-income families. Notably, Connecticut's two-generational approach aims to foster school success and workforce readiness to improve outcomes for low-income families.^{xi} Bridgeport was among the six pilot sites chosen to develop two-generational strategies, specifically tailored to each respective city/town. This includes re-assessing what parents and caregivers truly need to survive, creating more efficient systems of communication, and most importantly, involving parents and grandparents every step of the way. In mid-2017, results and data from each pilot site will be presented to the CGA and released to the public.

Economic Insecurity

Economic insecurity detracts from a child's ability to thrive. Unstable income, unaffordable housing, unreliable transportation, and uncertainties around healthcare and childcare all contribute to families' economic insecurity. In Bridgeport, high housing costs run up against the highest rate of joblessness in Connecticut. The number of households without a car is up dramatically from 2014, making it difficult for families to go about their daily tasks. To help reduce economic instability, we need policies that support families with quality housing, employment, and transportation. With policies that match the needs of our Bridgeport families, we will be able to achieve greater economic outcomes.

HOUSING

In 2016, the fair market rent for a two-bedroom apartment in Greater Bridgeport was \$1,207 a month.^{xii}

53.5% of White Bridgeport residents owned a home in 2015 versus only 28.4% of African Americans and 26.4% of Hispanics.

The 2016 fair market rent in Bridgeport (\$1,207) was 73% of what a parent working 40 hours a week at minimum wage (\$9.60/hour) earned before taxes (\$1,664 a month). It is commonly held that households should spend no more than 30% of its income on housing.

There are 2,380 public housing units in Bridgeport, of which 1,751 (73%) are two bedrooms or more. As of January 2017, there were 952 families on the waiting list for public housing in Bridgeport.

As of January 2017, there were 2,687 Bridgeport families using Section 8 rental assistance vouchers, with 2,500 families on the waiting list.

30.6

%

OF PROPERTY IN BRIDGEPORT IS EXEMPTED FROM STATE PROPERTY TAXES^{xiii}



KOLACH FINDS DIGITAL LEARNING AND ENCOURAGEMENT AT LIFEBRIDGE'S TECHCONNECTIONS PROGRAM

When Kolach was 12, she and her siblings were placed in foster care. It was a devastating experience. "It's like your whole world comes crashing down and your heart breaks into a million pieces," she said. For two years, they lived with a foster family in Massachusetts until her father won custody and they joined him in Bridgeport. Life with her father was a hard adjustment, but she says he helped keep her focused.

When Kolach was a junior in high school, she enrolled in TechConnections, an after school digital learning program at LifeBridge Community Services. Staff and volunteer tutors helped her improve her writing, math, and computer skills, patiently explaining concepts that did not come easily.

TechConnections is just one of LifeBridge's youth services, economic empowerment, social enterprise and behavioral services programs. A cornerstone of the city, the agency has been empowering people in the Greater Bridgeport area to build brighter futures since 1849.

Hands-on technology training, mentoring and personal support from LifeBridge has made a big impact on Kolach's education and life goals. "Whenever I was discouraged with the college application or financial aid process, the staff helped me and encouraged me to push forward," she says. Today, Kolach is a proud student at Housatonic Community College and helps support herself with a part-time receptionist job. With a college education underway, a job, and a plan, she feels optimistic and confident about her future.



1
IN
3

CHILDREN IN
BRIDGEPORT LIVE
IN POVERTY

HOMELESSNESS

From October 1, 2015 to September 30, 2016, 178 children spent time in a Bridgeport area homeless shelter, an increase of 6.5% over 2014-15. Of these children, 74 (41.5%) were under the age of six.

76 Bridgeport families and 931 families statewide spent time in a homeless shelter in 2015-16.

In 2015-16, there were 5.2 homeless children in Bridgeport shelters per 1,000 children compared to the statewide rate of 2.2 homeless children per 1,000 children.

EMPLOYMENT

87% of the available jobs in Connecticut do not pay a living wage for a single adult with two children and 40% of available jobs do not pay a living wage for a single adult.^{xiv}

The unemployment rate in Bridgeport decreased from 7.4% in November 2015 to 6% in November 2016. However, Bridgeport continues to have the highest unemployment rate in Fairfield County and in 2016 ranked third in the state for those out of work or unable to find a job.

Connecticut has recovered 69% of the jobs lost in the last recession, however it lost almost 15,000 jobs between July and October of 2016.^{xv} Connecticut's unemployment rate sits at 5.1% in 2016 as it did in 2015.

In 2015, the unemployment rate for Bridgeport youth ages 16-19 who were looking for work was 31.8%, a 2.7% drop from 2014 and a 47% drop from the 2013 rate (59.8%). However, the percentage of unemployed youth in Bridgeport remains higher than in Fairfield County (25.8%) and statewide (19.9%).

TRANSPORTATION

In 2015, 22.1% of occupied households in Bridgeport did not have a car (15% increase from 2014), compared to 8.3% in Fairfield County and 9.2% statewide. 10% of Bridgeport residents carpooled to work, while 11.9% used public transportation. An estimated 38.8% of Bridgeport workers using public transportation were living under 149% of the FPL in 2015, compared to 32.4% in 2014.

THE LARGER IMPACT OF ECONOMIC INSECURITY



An environment in which un-or-under employment rules, housing costs are far beyond what is affordable, and supplemental income is nonexistent, these adversely affect children, who lack the ability or resources to combat this impact. Based on the data presented in this section, Bridgeport children and families face a multitude of inequalities and unbalanced opportunities. Consider:

- > Bridgeport's median family income has not moved from what it was in 2010 while Fairfield County has seen continued increases in income.
- > Bridgeport has maintained the highest unemployment rate of any city or town in Fairfield County for over ten years.
- > A Bridgeport resident working full time who has more than one child can easily slip into thousands of dollars of debt just trying to cover basic expenses.

These inequalities in one of the wealthiest regions in the country only serve to deepen intergenerational income immobility. As we work for a better future for Bridgeport's children, supporting families' economic security with gainful employment, access to fair housing and transportation must be a priority.

SCHOOLS EMPLOY RESTORATIVE PRACTICES TO PROMOTE A PEACEFUL APPROACH TO CONFLICT

Michele Cerino, principal at the Luis Munoz Marin K-8 School in Bridgeport, understands the nature of conflict between students. “School is the last stop for learning how to resolve conflicts,” she says. Marin is one of four Bridgeport schools piloting Restorative Practices, “a growing social movement to institutionalize peaceful approaches to harmful actions, problem-solving and violations of legal and human rights.” Through safe and open dialogue, Restorative Practices allow for each person involved in a conflict to be heard, to take responsibility, and to help forge a path forward. Cerino is encouraged by what she’s seen so far at Marin, citing a few examples when the approach was “wildly successful.” Recently, a conflict between three girls had escalated so much that the parents were fighting outside of the school. Employing Restorative Practices, Cerino and her staff brought the families together. Each girl and parent was able to listen and be heard, leading to healing and resolution. Taking it a step further, the parents came up with a plan for how they will handle problems in the future. Cerino is enthusiastic about the impact Restorative Practices can have, not just in schools but on entire families and communities. “I used to think that as educators, we can’t change what happens outside the school. But in this case, we really changed how three families approach conflict.”



Child Care & Early Childhood Education

Quality child care and early childhood education yield important and measurable short-term and long-term benefits for a developing child. Children who experience appropriate and stable child care score higher on measures of cognitive ability, adjust better to school environments, and show reduced behavioral problems in school and at home. In Bridgeport however, the number of children who attend early childhood education programs continues to fall short of statewide and Fairfield County rates. In order for Bridgeport children to reach their full potential, it is critical we continue to advocate for and support the education and care of our youngest community members.

CHILD CARE CAPACITY AND NEED

In 2015, there were 15.7 child care spaces per 100 children under the age of 3 in Bridgeport, compared to 19.2 spaces per 100 children under the age of 3 statewide.

Bridgeport Child Care and Early Childhood Education Spaces, 2016

		INFANTS & TODDLERS	3-4 YEAR OLDS
CHILD CARE CENTERS AND HEAD START PROGRAMS		616	1,639
FAMILY DAY CARE PROVIDERS		228	479
BOARD OF EDUCATION PRE-KINDERGARTEN SPACES*	FULL SCHOOL DAY	-	370
	PART DAY	-	109
TOTAL		844	2,597

*2015-2016 school year

In 2015, 76.9% of children under the age of 6 and 80.8% of children ages 6 - 17 lived in families in which all of the adults were in the labor force. This is a small decrease from 2014 when 81.9% of children lived in households in which all of the adults were employed.

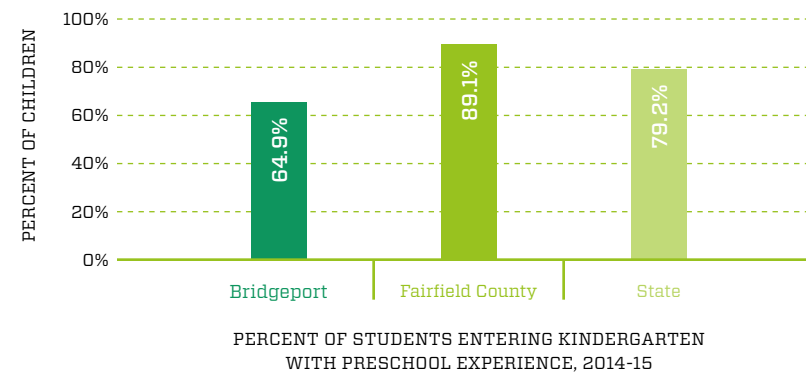
CHILD CARE COSTS & QUALITY

In 2016, the average cost for full-time licensed child care for infants and toddlers was \$615 per week at a daycare center and \$227 per week at a family daycare. For preschool-aged children, the average cost per week was \$203 per week at a full-time daycare center and \$213 at a family daycare.^{xvi}

2,956 children attend Bridgeport child care centers or preschool programs accredited by the National Association for the Education of Young Children (NAEYC) or its equivalent. In addition, 853 children attend programs that meet standards established by Head Start.

EARLY CHILDHOOD EDUCATION

Fairfield County Outpaces Bridgeport and the State in Kindergarteners with Pre-K Experience



NEARLY
90%
OF A CHILD'S
BRAIN
DEVELOPMENT
OCCURS BEFORE
THE AGE OF
6

WHEN CHILDREN ARE EXPOSED TO TOXIC STRESSES SUCH AS:

POVERTY	PHYSICAL ABUSE	POOR NUTRITION
CHILD POVERTY RATE IN BRIDGEPORT IS 32.4%	544 SUBSTANTIATED ABUSE/NEGLECT CASES IN BRIDGEPORT	A NUMBER OF NEIGHBORHOODS IN BRIDGEPORT DO NOT HAVE GROCERY STORES

THEIR BRAIN FUNDAMENTALLY CHANGES FOR THE WORSE.

WHAT CAN WE DO? INVEST IN EARLY CHILDHOOD EDUCATION, COGNITIVE AND SOCIAL-EMOTIONAL SKILLS, AND QUALITY CARE.

THE LARGER IMPACT OF QUALITY CHILD CARE AND EARLY CHILDHOOD EDUCATION



Decades of studies have proven that investing in programs that provide affordable, quality childcare and early childhood education not only benefits a child's future education, but also boosts future earnings and long-term health while reducing crime. Consider:

- > Public investments in early childhood education have a 13% annual rate of return, taking into account a child's future earnings and societal contributions.^{xvii}
- > Offering on-site or free childcare in Bridgeport puts over \$20,000 back in parents' pockets to pay for living expenses and other goods or services that boost the state's economy.

Such investments alleviate the harsh choices families have to make between paying for expensive childcare or dropping out of the workforce. Further, with quality, affordable childcare choices, parents are emotionally healthier when returning to work, leading to positive outcomes for families and a stronger community.



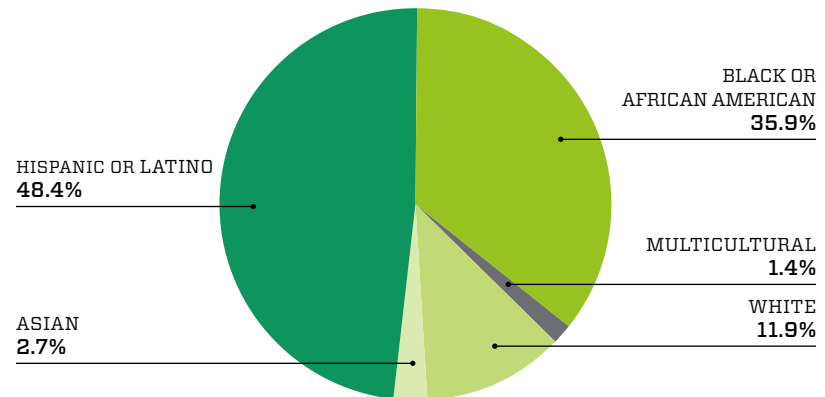
Education

As a school district, Bridgeport strives to provide every single student with a high-quality educational experience that will prepare them for future success. Given the high poverty rate among the district's children as well as related adverse conditions, Bridgeport still has far to go to attain educational excellence across the board. Yet, for all the adversity the city's schools face, in the last year the district has steadily improved its SAT scores, decreased suspension rates and has seen success in its nationally recognized social and emotional learning initiative. As Bridgeport moves towards a brighter educational future, we recognize the countless organizations, businesses, and community members who have been a part of the process.

BRIDGEPORT PUBLIC SCHOOL STUDENT PROFILE

As of October 1, 2016, there were 21,191 students in the Bridgeport Public School District.^{xviii}

Racial and Ethnic Composition of Bridgeport Schools, 2016-17



During the 2015-16 school year, 100% of Bridgeport Public School students were eligible for free or reduced-priced breakfast and lunch because they lived in families earning less than 185% of the federal poverty level (\$37,166 for a family of three in 2015), compared to 38% of students statewide.

During the 2015-16 school year, 14% of Bridgeport students (2,978) were not fluent in English, compared to 6.4% of students statewide. Bilingual education is provided in Spanish and Portuguese for all students as well as Haitian Creole for high schoolers.^{xix} There are currently 71 languages spoken by students in Bridgeport schools. For decades, studies have consistently shown that bilingual education plays a critical role in the cognitive, cultural, social-emotional, and academic development of a student.

A MOTHER REFLECTS ON THE IMPACT OF SOCIAL AND EMOTIONAL LEARNING

When Diana D. learned that the RULER Approach, a social and emotional learning program, was coming to her daughter's school (High Horizons Magnet School), she was eager and excited. "I thought it was a great focus," she says. "My first reaction was how important it is for the school to pay attention to emotions." Over the past three years, the RULER Approach has been implemented across all Bridgeport Public Schools, giving staff and students a common language to understand, express and manage their feelings. BPS, BCAC and other partners are bringing the RULER program to parents and the community at large. This, says Diana, is essential: "As a community, we all have to understand this common language—police officers, cafeteria workers, hospital workers..." For her part, Diana has a mood meter poster (a core RULER tool) displayed in her home. She often uses it to work through issues with her daughter and teenage son. By bringing RULER out of the schools and into the community, Diana believes we are laying the foundation for a better future. "It's just going to spiral in a good way. Our children will become adults who can comfortably express how they feel and understand how their emotions affect others. I think the impact can only be positive."



Breakout of Bridgeport Special Education Students by Category, 2015-16

AUTISM	7.9%
EMOTIONAL DISTURBANCE	7.6%
INTELLECTUAL DISABILITY	4.4%
LEARNING DISABILITY	35.5%
SPEECH IMPAIRMENT	9.9%
OTHER DISABILITIES	29.4%
OTHER HEALTH IMPAIRMENT	5%

17% of Bridgeport students (3,602) received special education services in 2015-16, compared to 13.4% statewide.

Over the 2015-16 school year, 340 students with special education needs were placed out-of-district, a 35% decrease from 2014-15.

18.6

%

HIGH SCHOOL STUDENTS

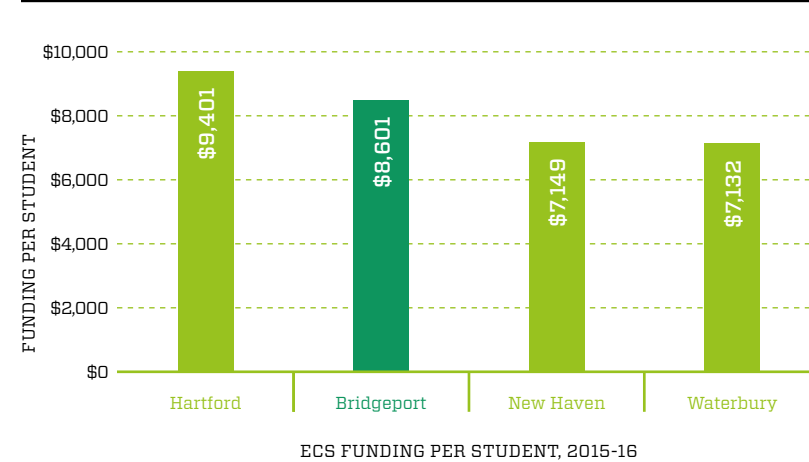
REPORTED EXPERIENCING BULLYING ON SCHOOL PROPERTY IN 2015

15

%

DECREASE SINCE 2013

Education Cost Sharing (ECS) Dollars Across Connecticut's Largest Cities



In late 2016, a Connecticut Superior Court decision in the 10-year Connecticut Coalition for Justice in Education Funding (CCJEF) v. Rell case ruled that Connecticut is not fulfilling its duty under the state constitution to provide an adequate education to all public school students. Specifically, the court found that although the state adhered to minimum public school funding levels, it fell short of equitably distributing education aid. The court required the state to submit plans within 180 days that address each of these matters but did not specify required contents for these plans.^{xx}

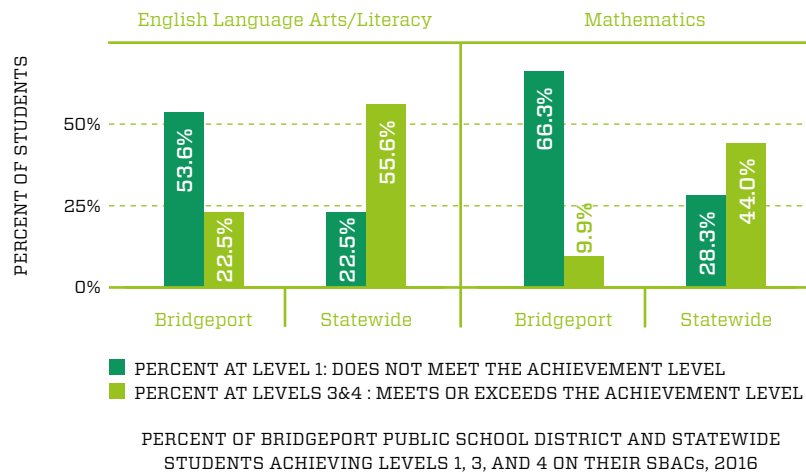
From 2015-16 to 2016-17, the ECS formula increased for some wealthier suburban districts while urban districts like Bridgeport and Hartford saw a slight decrease.



STANDARDIZED TESTING RESULTS

Beginning in the 2013-14 school year, Connecticut replaced the Connecticut Mastery Test (CMT) and the Connecticut Academic Performance Test (CAPT) with the Smarter Balanced Assessment Consortium (SBAC). In August 2015, Governor Malloy announced the decision to replace the 11th-grade SBAC exam with the Scholastic Aptitude Test (SAT). The U.S. Department of Education approved the change as part of a request from Connecticut for flexibility in meeting accountability requirements of the Elementary and Secondary Education Act (ESEA).

Smarter Balanced Assessment Results, 2016



SOCIAL EMOTIONAL CLIMATE

In partnership with the Yale Center for Emotional Intelligence, Bridgeport Public Schools (BPS) launched a district-wide initiative in 2014 to aid the development of a social and emotional learning (SEL) school climate for students and district staff. SEL has been widely cited for over a decade as being critical to a student's success academically, cognitively, and behaviorally both in and out of the classroom. A 2016 Yale study of BPS concluded student-reported high behavioral regulation skills corresponded to higher average grades, lower absenteeism and a lower likelihood of suspensions.^{xxi}

BPS Students Surveyed in Spring 2016 were:

5X LESS	5X LESS	1.5% FEWER	0.4 HIGHER
LIKELY TO BE SUSPENDED FOR STUDENTS REPORTING HIGH VS. LOW BEHAVIORAL REGULATION	LIKELY TO BE SUSPENDED FOR STUDENTS REPORTING HIGH VS. LOW SOCIAL COMPETENCE	ABSENCES FOR STUDENTS REPORTING HIGH VS. LOW BEHAVIORAL REGULATION	ACADEMIC GRADE POINT AVERAGE FOR STUDENTS REPORTING HIGH VS. LOW BEHAVIORAL REGULATION



COLLEGE READINESS

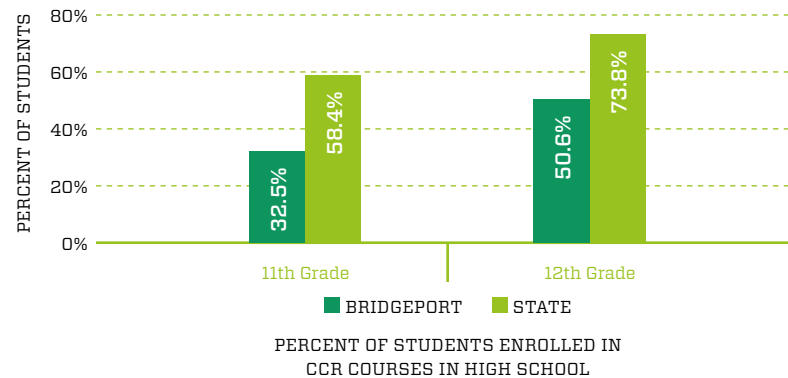
Bridgeport's class of 2016's SAT scores improved 24% in both English and Language Arts and Mathematics compared to the class of 2015.

Bridgeport SAT Scores Compared to Statewide Scores, Class of 2016

	ENGLISH AND LANGUAGE ARTS	MATHEMATICS
BRIDGEPORT	439	422
STATEWIDE	520	502

32.5% of Bridgeport 11th graders and 50.6% of 12th graders were enrolled in College-and-Career-Readiness (CCR) courses in 2014-15. CCR courses include Advanced Placement (AP), International Baccalaureate (IB), and (effective 2014-15) Career and Technical Education (CTE) workplace experience and dual enrollment courses.

College-and-Career-Readiness Course-Taking, 2014-15

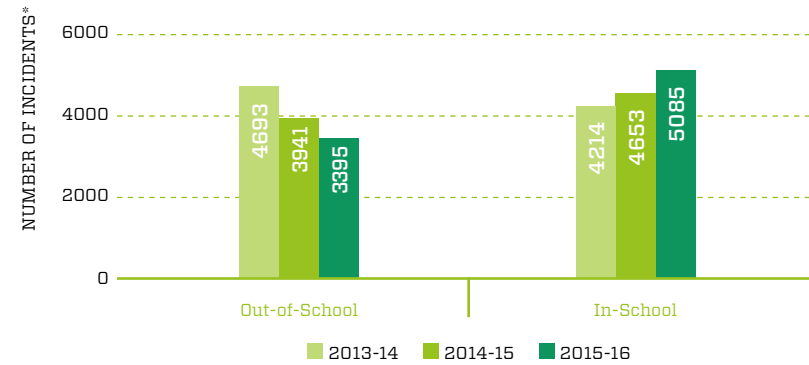


SCHOOL DISCIPLINE

During the 2015-16 school year, BPS students received 3,395 out-of-school suspensions (OSS), a decrease of 13.8% from the previous school year. 5,085 in-school suspensions (ISS) were given in 2015-16, an increase of 9.2% from 2014-15.

Students receiving special education services during the 2015-16 school year received 1,291 OSS, a 3.4% increase from the 1,248 given in the previous academic year. The number of special education students with ISS increased, from 1,172 in 2014-15 to 1,333 in 2015-16 (a 13.7% increase).

Out-of-School Suspensions Continue to Decrease While In-School Suspensions Continue to Increase



*Incidents' means the total number of suspensions given.

Lost School Days: In 2015-16, BPS elementary students lost a combined 5,021 days of school due to OSS, a 6% decrease from 2014-15. High school students lost 5,282 days due to OSS in 2015-16, a 4% decrease.

During the 2015-16 school year, 81% of African American students were given an OSS although they only represent 35% of the BPS District. 69% of Latino students received an OSS, though they make up 48% of enrollment. 7% of White students received an OSS, though they make up 11% of enrollment.

For more in-depth information on Bridgeport Public School suspensions and lost class time, please see our 2015 report: *“Lost Class Time: Redefining School Discipline and Improving School Climate in Bridgeport.”*

Major Types of Violations for Out-of-School Suspensions

INCIDENTS	DAYS SUSPENDED
FIGHTING/ALTERCATION/ PHYSICAL AGGRESSION	749
INSUBORDINATION/DISRESPECT	264
PHYSICAL ALTERCATION	191
SERIOUS DISORDERLY CONDUCT	136
DISRUPTIVE BEHAVIOR	151

Elementary and high school students receive OSS for a wide array of violations. 40.8% of all OSS are for non-violent, minor incidents.

NEARLY

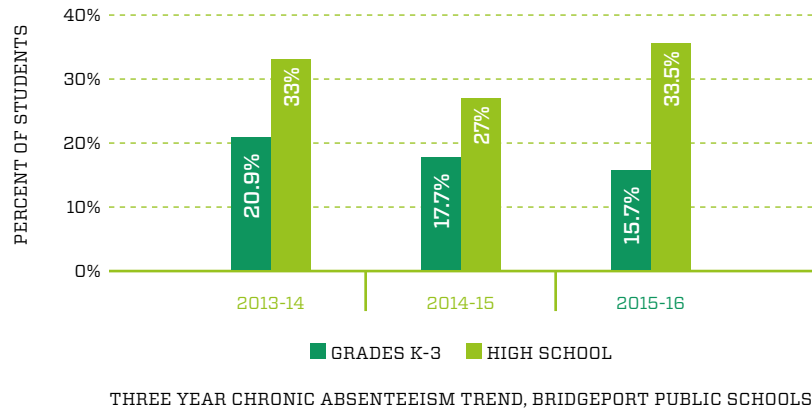
2
OUT OF
10

STUDENTS WERE IDENTIFIED AS CHRONICALLY ABSENT IN 2015-16

ABSENTEEISM AND MOBILITY

Students who are chronically absent from school often have external issues preventing them from regularly attending classes. Studies show that students who do not receive early intervention for attendance problems are more likely to drop out of school and become involved in the juvenile and/or adult criminal justice system. During the 2015-16 school year, 22% of Bridgeport students were chronically absent.

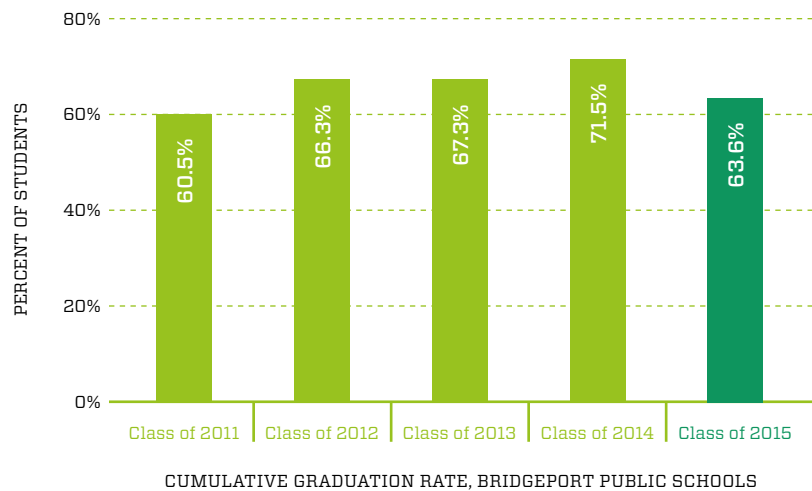
Chronic Absenteeism Rises in High Schools, Decreases in Elementary Schools



Frequently moving between schools can make student achievement, school-appropriate conduct and stability difficult to achieve. BPS students had a 35% mobility rate in 2015-16, a 34.6% increase from 2014-15 (26%). Mobility is defined as the rate at which students enroll and withdraw from schools around the BPS District.

GRADUATION RATES

Bridgeport Students Graduating Within Four Years Declines to Lowest Rate in 4 Years



Sara Collimore-Photography

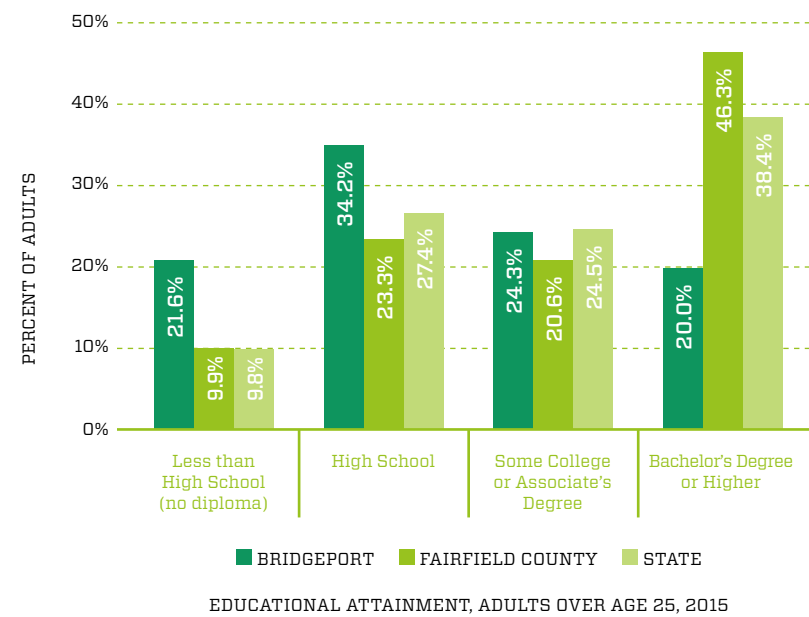
63.6% of Bridgeport's Class of 2015 graduated high school within four years, compared to 87.2% statewide.

English Language Learners (ELL) in the BPS District graduate at a lower rate than students with English as their primary language. 59.8% of ELL students graduated with a high school diploma in 2015, compared to 64.2% non-ELL students.

48.5% of Bridgeport students receiving special education services in 2014-15 graduated with a standard high school diploma, compared to 66.6% statewide.

In 2015, the percent of Bridgeport residents over 25 with a bachelor's degree or higher rose 28%.

Bridgeport Adults Continue to Have Lower Educational Attainment Than Adults in the County and Statewide



BRIDGEPORT
ADULTS OVER
THE AGE OF 25

30.9



WITHOUT A
HIGH SCHOOL
DIPLOMA LIVE IN
POVERTY, A

25.1



INCREASE
SINCE 2014

THE LARGER IMPACT OF QUALITY EDUCATION



In an urban community like Bridgeport, the strength of the public school system can make or break a child's long-term success. Inequitable and poor educational opportunities have a lifetime impact on youth that hinder their personal futures, potential for social capital and ultimately their contributions to the economy.

By eliminating academic achievement gaps, improving social, emotional and mental health, disrupting the school-to-prison pipeline and increasing the graduation rate, more young people will go on to make significant contributions to the local and state economy.

As Bridgeport Public Schools continue the ongoing work to provide excellent education for all students, we as a community must support these efforts and help create safe, engaging, and equal opportunity learning environments for our children.

Health

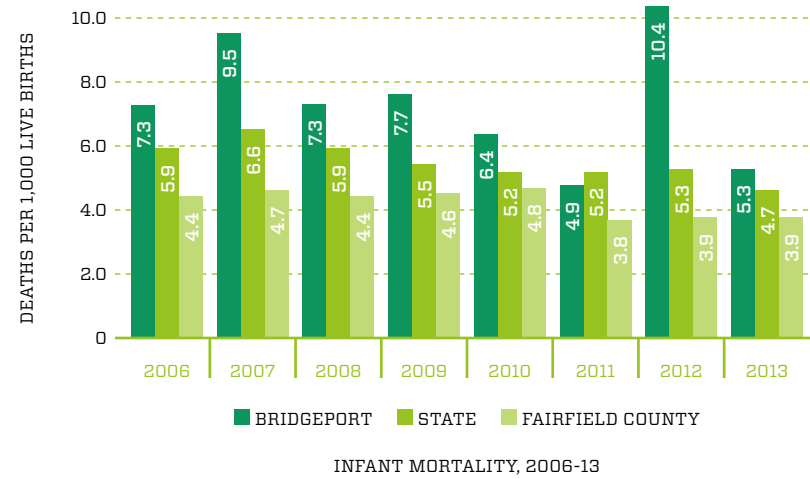
Access to high-quality health care is a human rights issue and the cornerstone of a child's well-being. Physical, cognitive, social-emotional, and behavioral health care must be accessible in order to ensure a child's successful development into adulthood. And, prevention is as important as treatment. Local and statewide proactive public health efforts have aided in the decline of health care issues in Bridgeport such as teenage pregnancy (46% reduction from 2008-13) and neonatal deaths (61% reduction from 2008-13). Despite these achievements, Bridgeport and the state have far to go to fully eradicate chronic illnesses and health care disparities among children and families.

INFANT HEALTH

In 2013, 16.4% of Bridgeport mothers received late or no prenatal care during their pregnancies, the same rate as in 2012. Statewide, 12.8% of mothers received late or no prenatal care in 2013.

In 2013, the infant mortality rate in Bridgeport was 5.3 infant deaths in the first year of life per 1,000 live births, compared to 10.4 in 2012, a decrease of 49%.

Infant Mortality in Bridgeport Moves Closer to Fairfield County and Statewide Rates



In 2013, the rate of neonatal deaths in Bridgeport (those within the first month of life) was 2.4 deaths per 1,000 live births, a decrease of 73% since 2012.

In 2013, 9.5% of all Bridgeport babies were born with low birthweight (less than 5.8 pounds at birth), compared to 8.7% in 2012, and 7.8% statewide.

Smoking has been correlated to premature births. In Bridgeport, 2.4% of mothers reported smoking during pregnancy, compared to 3.8% statewide.

Infant Mortality, Low Birthweight, and Prenatal Care By Race and Ethnicity in Bridgeport, 2013

	AFRICAN AMERICAN	LATINO	WHITE
INFANT MORTALITY (INFANT DEATHS PER 1,000 LIVE BIRTHS)	10.6%	3.3%	2.6%
LOW BIRTHWEIGHT	12.5%	8.5%	6.5%
LATE OR NO PRENATAL CARE	19.3%	15.8%	11.5%

PREVENTATIVE HEALTH CARE

85% of Bridgeport children born in 2012 and enrolled in the State Immunization Registry and Tracking System were vaccinated against major vaccine-preventable diseases before they turned 2, surpassing the statewide rate of 81%.

50



OF BRIDGEPORT YOUTH AGES 18-24 BELIEVE THERE ARE ROLE MODELS IN THE COMMUNITY, COMPARED TO

79



OF STAMFORD YOUTH^{xxiii}

PHYSICAL HEALTH

22.8% of White high school students in Connecticut were found to be obese or overweight in 2015 compared to 31.8% of Latino students and 35.1% of African American students. In 2015, 12% of high school students reported not eating fruit and 36% said they did not eat salad.^{xxii}

Bridgeport Students State Physical Fitness Tests

GRADE LEVEL	TOTAL TESTED	% PASSED
4	1591	42%
6	1250	37%
8	1273	38%
10	359	41%

PHYSICAL FITNESS TEST RESULTS, BRIDGEPORT PUBLIC SCHOOLS*, 2015-16

* Physical fitness is measured by flexibility, abdominal strength and endurance, upper-body strength, and aerobic endurance

ASTHMA

Among Connecticut residents surveyed in 2014, 72,000 (9.6%) children and 257,000 (9.2%) adults suffered from asthma, 10.4% higher for children and 19.5% higher for adults than the average national asthma rates. Bridgeport residents along with Connecticut's four other largest cities (Hartford, New Haven, Stamford, and Waterbury) only represent 18% of Connecticut's total population but account for 46% (\$62 million) of the \$135 million asthma acute health care charges in 2014.^{xxiv} Nearly \$12 million in asthma-related hospital charges was spent in Bridgeport in 2014.

From 2010-14, the CT Department of Public Health recorded 3,584 emergency room (ER) visits for asthma or asthma-related attacks by Bridgeport children and 6,040 visits by Bridgeport adults.^{xxv} Bridgeport's rate of asthma-related ER visits is 194.58 incidents per 10,000 children, the 6th highest in the state.

LEAD POISONING

In 2014, 365 Bridgeport children (5.8% of those screened) under the age of six had lead poisoning (based on a confirmed blood lead level >5 ug/dL).^{xxvi} This is a 9.2% decrease from 2013 (402 children).

In 2014, 85% of Bridgeport children under the age of two were screened for lead poisoning, compared to 71.4% statewide. Bridgeport is one of four cities that have the highest number of households with incomes below poverty level and the highest rates of childhood lead poisoning in Connecticut.

86.5% of Bridgeport occupied housing units were built before 1980, compared to 72.1% in Fairfield County and 71.1% statewide. Almost 50% of Bridgeport's housing was built in 1939 or earlier. Lead paint was not banned nationwide until 1978.

ORAL HEALTH

Percentage of Children in Bridgeport on HUSKY A Receiving Dental Care^{xxvii}

	2011	2012	2013	2014
PREVENTIVE DENTAL CARE	67.0%	70.0%	70.0%	55.8%
DENTAL TREATMENT	38.3%	37.2%	38.6%	31.2%

Underutilization of oral health care treatment can be caused by barriers such as transportation challenges, a lack of oral health literacy, workforce obstacles, or coverage inconsistencies.

HEALTH COVERAGE

According to the U.S. Census, 4.8% Bridgeport children were uninsured in 2015, compared to 4.4% in 2014. 61.5% of uninsured children were 5 years old or younger. Among all Bridgeport residents, 13.9% were uninsured in 2015, compared to 15.9% in 2014. Statewide, 3.3% of children and 6% of all residents were uninsured in 2015, showing a continued decrease from those uninsured in 2014 (3.7% of children and 6.9% of the total population).



As of July 2016, 26,639 Bridgeport children were enrolled in HUSKY A/Medicaid health insurance. As of July 2016, 801 children age 18 and younger were enrolled in HUSKY B.

TEEN HEALTH

In a Youth Risk Behavior Survey given to diverse groups of Connecticut high schools, 18.7% of high school students reported riding in a car with a driver who was under the influence of alcohol in 2015. 7.4% reported driving when drinking alcohol.^{xxviii}

1.7% of high school students reported frequently smoking cigarettes in 2015, a 77% decrease in a decade.^{xxix}

In 2015, 7.8% of high school students reported they were physically forced to have sexual intercourse, a decrease of 15% since 2013.^{xxx}

In 2015, 487 Bridgeport adolescents under the age of 20 were treated for sexually transmitted diseases, compared to 438 in 2014, an increase of 11%.

Bridgeport's rate of sexually transmitted diseases in 2015 was 24.3 cases per 1,000 adolescents, compared to 10.5 cases per 1,000 adolescents statewide.

Did You Know?

ACCORDING TO A YOUTH RISK BEHAVIOR SURVEY IN 2015^{xxxxi}, CONNECTICUT HIGH SCHOOLERS REPORTED:

TEXTED OR EMAILED WHILE DRIVING A VEHICLE

29.6



EXPERIENCED SEXUAL DATING VIOLENCE

11.5



CARRIED A WEAPON ON SCHOOL PROPERTY

6.2



DID NOT GO TO SCHOOL BECAUSE THEY FELT UNSAFE AT OR ON THEIR WAY TO OR FROM SCHOOL

6.9

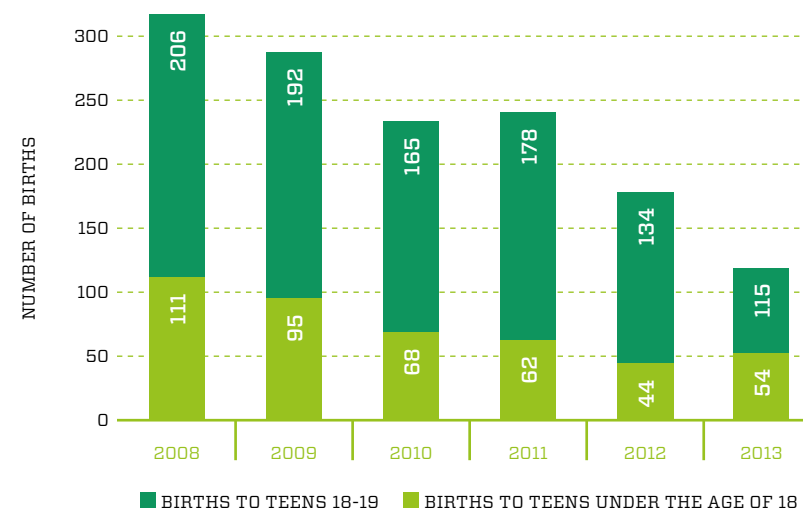


TEEN PREGNANCY

In 2013, there were 54 births to teens under the age of 18, an increase of 22.7% compared to 2012.

The 2009-13 birth rate for Bridgeport teens ages 15-19 was 39.8 births per 1,000 teenage girls, compared to the statewide rate of 16.9 births per 1,000 teenage girls.

Pregnancies in Bridgeport Decline for Older Teens, Increase for Younger Teens



TEEN BIRTHS IN BRIDGEPORT, 2008-13

THE LARGER IMPACT OF POOR HEALTH



Many Bridgeport children frequently miss school due to hospitalizations from asthma. Many parents work multiple jobs just to pay rent, food, transportation and other bills and often fall ill from exhaustion. Hundreds of thousands of dollars are spent on covering emergency room visits by families who have no health insurance. Consider:

- > The nearly 15% of Bridgeport residents without health insurance means more emergency room visits and less proactive health care practices.
- > When children grow up in neighborhoods with poor nutritional options, industrial toxins in the air and old housing that contain lead, overall poor health is too often the result.

Unhealthy environments and chronic illnesses not only impact individuals, but our entire community. Making sure that children and families can continue to access high quality health care as well as implementing and upholding health care policies that consider the whole child's environment will lead to better futures for all.

Safety

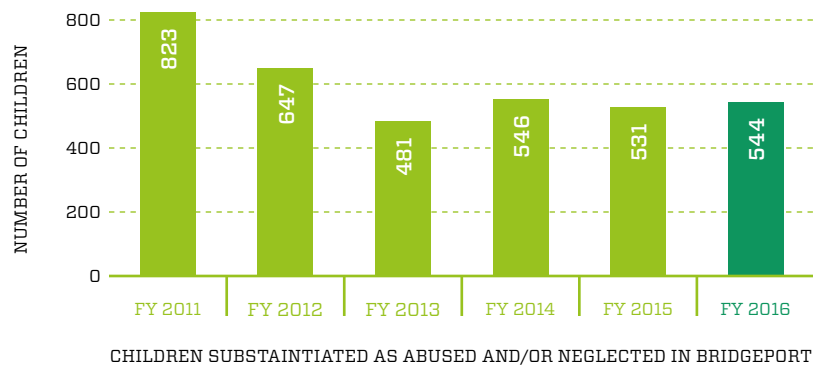
When children are safe and secure, they are healthier, happier and better prepared to learn. Exposure to violence at home, in neighborhoods or at school causes stress in children—toxic stress that has long-term negative effects on both mental and social development. Over the last decade, we have seen juvenile arrests in Bridgeport decrease both in and out of school. The work to reduce children's exposure to violence in Bridgeport demands our continued focus and engagement.

CHILD ABUSE

From 2014-15 to 2015-16, the number of children in Bridgeport substantiated as abused and/or neglected increased 2.4%. Statewide, there was a 17.7% increase.

In 2015-16 in Bridgeport, there were 15.7 children substantiated as abused or neglected per 1,000 children, compared to 9.5 children substantiated as abused and/or neglected per 1,000 children statewide.

Bridgeport Child Abuse Cases Rise Slightly



DOMESTIC VIOLENCE

In 2014, there were 1,124 arrests for family violence in Bridgeport, compared to 760 in 2013, a noteworthy increase of 47.8%. Bridgeport's rate of family violence arrests was 34.0 arrests per 1,000 families, compared to 33.1 statewide.

In 2014, 30.2% of all domestic disputes resulting in an arrest occurred with a child present or involved. Arrests in Bridgeport are most likely to occur between the hours of 6PM and midnight. Sundays held the highest percentage of arrests in Bridgeport at 20.6%.

Did You Know?



SCHOOL-BASED ARRESTS IN BRIDGEPORT REFERRED TO JUVENILE COURT^{xxxii}



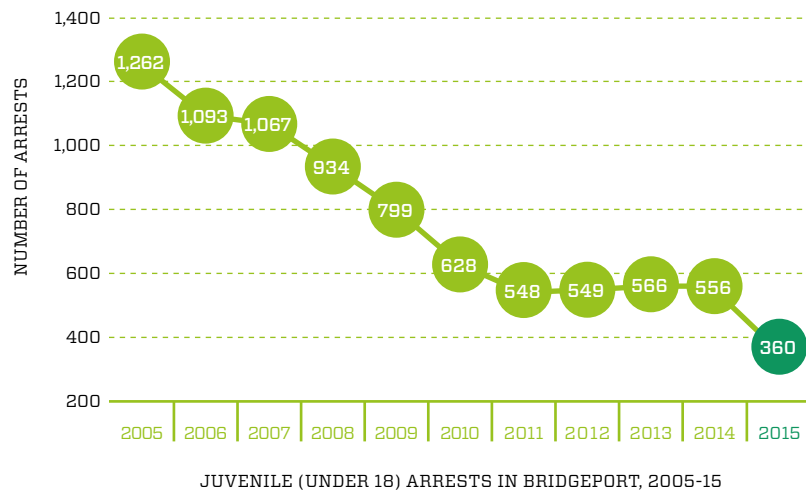


ONLINE TOOL HELPS YOUTH WITH JUVENILE RECORDS GET A FRESH START

A juvenile arrest often means a lifetime of closed doors. But many juvenile offenses can easily be cleared from a young person's record. "Given the number of youths with a juvenile record and the increasing number of educational institutions asking about these records, erasure is an important tool to mitigate the negative consequences of juvenile delinquency," says Nadine Nevins, managing attorney at Connecticut Legal Services. That's why Connecticut Legal Services has created the new website ErasURecord (erasurecord.ctlegal.org). With just a few strokes of the keyboard, Connecticut residents can quickly determine whether they are eligible to erase their arrests, charges and juvenile convictions. "ErasURecord is designed to make the erasure process more accessible to young people," explains Nevins. "Erasure allows youth to secure advanced educational opportunities and to start their work life with a clean slate."

JUVENILE JUSTICE

Arrests of Bridgeport Youth Have Dramatically Decreased Over the Last Decade



In 2015, there were 360 juvenile arrests in Bridgeport, a 35% decrease compared to 2014 and a 71% decrease since 2005.

In 2015, Bridgeport's juvenile crime arrest rate was 24.6 arrests per 1,000 youth ages 10 to 17, compared to a rate of 21.1 arrests per 1,000 youth statewide.

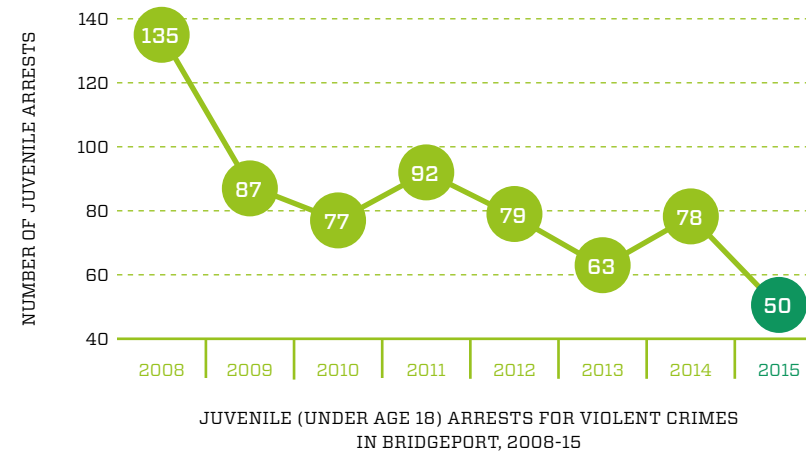
In 2015-16, 228 Bridgeport students were referred to the Juvenile Review Board (JRB), compared to 253 in 2014-15 and 239 in 2013-14. Out of the 71% of youth who have successfully completed the JRB program, 77% were discharged successfully. Police can also make referrals to the JRB.

As of 2016, 24% of all admissions to Connecticut Juvenile Training School (CJTS) were Bridgeport youth. CJTS is a maximum security correctional center for boys aged 12-20 and is scheduled to close in July of 2018.

In 2015, 222 arrests, 62% of all juvenile arrests in Bridgeport, involved children 15 years of age or younger, compared to 307 arrests in 2014.

From 2014 -15, juvenile arrests for violent crimes (defined as murder, manslaughter, rape, robbery, and aggravated assault) in Bridgeport decreased by 36%. There were 50 juvenile arrests for violent crimes in 2015, compared to 78 in 2014.

Juvenile Arrests for Violent Crimes in Bridgeport Declines



JUVENILE ARRESTS IN BRIDGEPORT HAVE DECREASED

71



SINCE 2005

THE LARGER IMPACT OF VIOLENCE



Safety in a neighborhood and community is important not only for a secure physical and social environment but also for building a strong, cohesive, and vibrant community in which children can flourish. Within Bridgeport the danger of youth growing up without a secure and safe environment to support them heightens the probability that youth will enter the criminal justice system and remain impoverished. Consider:

- > Detained youth are more likely to move deeper into the criminal justice system and report higher levels of substance abuse, school difficulties, and violence.
- > Several studies have shown that youth who are incarcerated are more likely to recidivate than youth who are supervised in a community-based setting or not detained at all.

We must continue to move away from punitive methods of reprimanding youth and instead explore more modern methods that promote rehabilitation and offer community support.

Notes and Definitions

- i Census data from the 2015 American Community Survey, unless otherwise noted.
- ii Sommeiller, E., Price, M., & Wazeter E. (2016, June 16). Income inequality in the U.S. by state, metropolitan area, and county. Economic Policy Institute. Retrieved from <http://www.epi.org/publication/income-inequality-in-the-us/>.
- iii The 2015 Federal Poverty Level (FPL) was defined as an annual income of 20,090 for a family of three. The U.S. government adjusts the FPL for inflation each year.
- iv Living Wage as calculated for a family of 3 (one adult; two children) by Massachusetts Institute of Technology (MIT), Living Wage Project, <http://livingwage.mit.edu/metros/14860>.
- v Income inequality in Connecticut. Economic Policy Institute. (2013). Retrieved from <http://www.epi.org/multimedia/unequal-states-of-america/#/Connecticut>.
- vi Radelat, A. (2016, April 4). Food stamp benefits end for some single adults in 87 CT towns. The CT Mirror. Retrieved from <http://ctmirror.org/2016/04/04/food-stamp-benefits-end-for-some-single-adults-in-82-ct-towns/>.
- vii Bolen, E., Rosenbaum, D., Dean, S., & Keith-Jennings, B. (2016, March 18). More Than 500,000 Adults Will Lose SNAP Benefits in 2016 as Waivers Expire. Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/food-assistance/more-than-500000-adults-will-lose-snap-benefits-in-2016-as-waivers-expire>.
- viii Feeding America. Map the Meal Gap, 2016. Overall Food Insecurity in Connecticut by County in 2014. http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2014/CT_AllCounties_CDs_CFI_2014.pdf.
- ix Profile of Hunger, Poverty, and Federal Nutrition Programs. Food Research & Action Center (FRAC). (2015). Retrieved from http://frac.org/wp-content/uploads/2016/10/states_plus_national.pdf.
- x The Two-Generation Approach. The Aspen Institute. (2016). Retrieved from <http://ascend.aspeninstitute.org/pages/the-two-generation-approach>.
- xi A Two-Generational Approach Helping Parents Work and Children Thrive. Commission on Children. (2014 December). Retrieved from https://www.cga.ct.gov/app/related/20150323_Briefing%20on%20Two-Generational%20Strategies/Two-Generational%20Approach%20Report%20-%20FINAL.pdf.
- xii The U.S. Department of Housing and Urban Development (HUD) defines Fair Market Rent (FMR) as “the 40th percentile of gross rents (including utilities) for typical, non-substandard rental units occupied by recent movers in a local housing market.” Retrieved from: <http://www.huduser.org/periodicals/ushmc/winter98/summary-2.html>.
- xiii Large Cities: Disproportionate Burden. Connecticut Conference of Municipalities. (2016). Retrieved from http://www.ccm-ct.org/sites/default/files/files/2016Bulletins_Distressed_v7.pdf.
- xiv Fredericksen, A., & Henry, B. (2015, January). Low Wage Nation. Alliance For A Just Society. Retrieved from <https://jobgap2013.files.wordpress.com/2015/01/lowwageneration2015.pdf>.
- xv Phaneuf, M. K. (2016, November 17). CT lost 7,200 jobs in October, but jobless rate improved to 5.1 percent. The CT Mirror. Retrieved from <http://ctmirror.org/2016/11/17/ct-lost-7200-jobs-in-october-but-jobless-rate-improved-to-5-1-percent/>.
- xvi Licensed full-time child care center and home prices are averages, as reported by individual providers to Connecticut 2-1-1 Child Care, 2016. Child care providers have the option not to report their fee for services to the state and some provider’s exceptionally high costs can alter averages. Thusly, these averages should not be taken as the definite price of child care for all centers and homes in Bridgeport.
- xvii Westervelt, E. (2016, December 12). How Investing In Preschool Beats The Stock Market. Hands Down. NPR. Retrieved from http://www.npr.org/sections/ed/2016/12/12/504867570/how-investing-in-preschool-beats-the-stock-market-hands-down?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=2040.
- xviii Education data retrieved and analyzed from the Bridgeport Public School District Department and the Connecticut State Department of Education, EdSight database, 2016, unless otherwise noted.
- xix Haitian Creole availability is for students seeking support services, Bridgeport Public Schools.
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- xxi Social and Emotional Learning in the Bridgeport Public Schools. (2016, October). Yale School of Medicine. Retrieved from http://consultationcenter.yale.edu/Bridgeport_Public_Schools_Report_281651_1095_5.pdf.
- xxii 2015 Youth Risk Behavior Survey Results, graph trends: http://www.ct.gov/dph/lib/dph/hisr/pdf/yrb2015ct_graphstrends.pdf.
- xxiii Community Wellbeing Index. (2016). DataHaven.
- xxiv Asthma in Connecticut. (2016). Department of Public Health. Retrieved from http://www.ct.gov/dph/cwp/view.asp?a=3137&q=387988&dphPNavCtr=47013&dphNav=&dphNav_GID=1948#50323
- xxv Asthma Surveillance tables. (2016). Department of Public Health. Retrieved from <http://www.ct.gov/dph/cwp/view.asp?a=3137&q=398480>.
- xxvi According to the Connecticut Department of Public Health, children are considered lead poisoned when diagnosed with a confirmed blood lead level >5 ug/dL. In 2013, CT DPH lowered the case management action level from >10 ug/dL to >5 ug/dL to correspond with the Centers for Disease Control and Prevention (CDC).
- xxvii Children living below 185% of the Federal Poverty Level (\$37,166 for a family of three in 2015) qualify for HUSKY A/Medicaid health insurance.
- xxviii 2015 Youth Risk Behavior Survey Results: http://www.ct.gov/dph/lib/dph/hisr/pdf/yrb2015ct_10year_trend_report.pdf.
- xxix Ibid.
- xxx Ibid.
- xxxi Ibid.
- xxxii Connecticut Judicial Branch, Court Support Services Division, defines a school-based arrest as “an arrest for an incident that occurred on school grounds during school hours.” The data does not include students age 18 and older (those referrals go to adult court) or arrests not referred to court; police may refer students to a Juvenile Review Board or other diversion options in the community.

The Bridgeport Child Advocacy Coalition

Member Organizations

A Child’s World, Inc.	GBAPP
ABCD, Inc.	Golden Hill United Methodist Church
All Our Kin	Hall Neighborhood House, Inc.
American Association of University Women - Bridgeport Branch	International Institute of Connecticut, Inc.
Big Brothers Big Sisters of SWCT	The Kennedy Center
Boys & Girls Village, Inc.	LifeBridge Community Services
Bridgeport Alliance for Young Children	McGivney Community Center
Bridgeport Hospital	Mercy Learning Center
Bridgeport Neighborhood Trust	Mount Aery Baptist Church
Bridgeport Public Education Fund	New Beginnings Family Academy
Burroughs Community Center	Nichols United Methodist Women
Cardinal Shehan Center	Optimus Health Care
Career Resources, Inc.	RYASAP
Caroline House	The Salvation Army
Catholic Charities of Fairfield County, Inc.	School Volunteer Association of Bridgeport
Center for Family Justice	Southwestern AHEC, Inc.
The Child & Family Guidance Center	Southwest Community Health Center
Christ & Holy Trinity Church	St. Mark’s Day Care Center
Congregation B’nai Israel	St. Vincent’s Medical Center
Congregation Rodeph Shalom	St. Vincent’s Special Needs Center
CT Against Gun Violence (CAGV)	Summerfield United Methodist
Connecticut Legal Services, Inc.	Trinity Episcopal Church
The Council of Churches of Greater Bridgeport	Unitarian Church in Westport
The Discovery Museum	Unitarian Universalist Church of Greater Bridgeport
Fairfield Grace United Methodist Church	United Congregational Church of Bridgeport
Fairfield University School of Nursing	United Way of Coastal Fairfield County
	Wakeman Boys & Girls Club - Smilow Burroughs Clubhouse

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bcacct.org

State of
the Child
in Bridgeport
2016

Everyday, in a thousand little ways, Bridgeport is improving.

If you share the Bridgeport Child Advocacy Coalition's vision that all of Bridgeport's families deserve the nurturing and supports needed to achieve their full potential, please join us.

Together, we'll work to create a community in which all children:

- Are safe, supported, and healthy.
- Receive a high-quality education at every stage.
- Grow up in families that are economically independent and secure.

BCAC works to improve the well-being of children and families by:

- Leading collaboratively.
- Acting as an information clearinghouse.
- Organizing our broader community.
- Employing facts, analytical tools, and proven practices.
- Highlighting Bridgeport's strengths.

Call, visit our website, or engage with us on social media to find out how you can get involved.



SPECIAL THANKS TO:



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THE TOW FOUNDATION