



## **The Governor's State Advisory Council**

### ***NEEDS ASSESSMENT***

**February 2012**

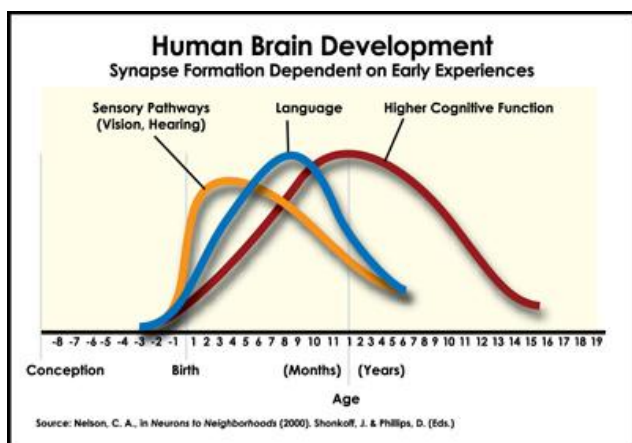
Submitted by Sherry Linton-Massiah, Project Director

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## **The Vision**

Connecticut recently adopted a multi-year plan to provide every child, birth to age five, with the opportunity for high-quality early learning experiences. Decades of research has confirmed that, “Early experiences determine whether a child’s developing brain architecture provides a strong or weak foundation for all future learning, behavior and health.”<sup>1</sup> While the state has historically made significant investments in early childhood care and education, these



investments have focused on center-based, state-funded programs, and less so in family child care settings, where the youngest children and those of the highest need are often in care.

The Connecticut Early Childhood Education Cabinet, the Governor’s Early Education State Advisory Council, convenes a broad range of stakeholders to deliberate and implement strategies to address the gaps in the state’s

early childhood care and education system. The Early Childhood Education Cabinet has developed work plans to advance the existing data systems to better facilitate cross-agency and community data-driven decision-making. In addition, workgroups of the Cabinet are implementing plans that are responsive to the professional development needs of the early care and education workforce to more effectively deliver high-quality standards, with special attention to engaging parents in the process of early learning.

## **The Landscape**

### *Need*

There are approximately 212,504 children from birth to age five in Connecticut; 29,379 of those children live in poverty and 78,803 children from low income families.<sup>2</sup> Approximately 161,013 of children under the age of six potentially in need of child care. The state currently has 2,173

<sup>1</sup> A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children. Center for the Developing Child at Harvard University, 2007. <http://www.developingchild.harvard.edu>

<sup>2</sup> Unless otherwise stated, the data for the “Need” section of this report was retrieved from <http://www.naccra.org/publications/naccra-publications/publications/ConnecticutChildCareInAmericaFacts.pdf> and the State of Connecticut Race to the Top Early Learning Challenge Application, 2011. Table (A)(1)(3), p. 26. Low income defined as an income of up to 200% of the Federal poverty rate.

child care centers, with 25% of the centers nationally accredited. Of those centers, 1,250 are private licensed child care centers and 361 centers receive state funds, (School Readiness 258 and State-Funded Child Care 103). School Readiness and State-Funded Child Care centers are accredited, as a condition of receiving state funds. In addition to the state-funded centers, the state has 2,678 licensed family child care homes (FCC), of which there are only two accredited FCCs in the state. According to state data, approximately 457 child care centers are exempt from licensing and 3,400 family friend and neighbors (FFN) provide informal care.

**Table 1<sup>3</sup>**

Type of Early Learning and Development Program in the State	Number of Programs By Type
State-funded preschool <i>Specify: School Readiness</i>	258
Early Head Start and Head Start	105
Programs funded by IDEA, Part C (44 providers)	No programs*
Programs funded by IDEA, Part B, section 619	No programs*
Programs funded under Title I of ESEA	19 districts
Programs receiving from CCDF funds	No programs**
Other:	103
State-funded Child Day Care	2,683
Licensed Family Day Care	1,250
Licensed Child Care Centers	457***
Exempt Child Care Centers	29
Group Day Care Homes	3,400****
FFN	
<p>* IDEA, Part B and C in CT provide services to children individually in the child's home or in child care settings. Part B and Part C funds are not used for program operations.</p> <p>** Care4Kids provides subsidies for the individual child and their family selects programs or FFN care.</p> <p>*** When the system is operational, this number will increase due to identification of currently unknown, exempt programs.</p> <p>**** Number of providers receiving Care 4 Kids subsidies. High volume of turnover annually.</p>	

The quality of the learning experiences that children receive varies widely, and the state's broad achievement gap is reflective of the state's preparation gap. Narrowing and ameliorating Connecticut's status of having the worst achievement gap must include cross-agency, cross-sector, and state-to-local efforts to provide access to high-quality early learning experiences to

<sup>3</sup> State of Connecticut Race to the Top Early Learning Challenge Application, 2011. Table (B)(2)(c), p. 120.

all children. As so clearly articulated in the most recent State Department of Education Unmet Needs Report,

Connecticut’s economic success requires children be prepared to succeed in their formal school experience. Quality early childhood programs ameliorate the risk factors that lead to achievement gaps. The State Departments of Education and Social Services, in collaboration with the local communities, are resolved to establish and maintain high-quality preschool programs for all children who need it, beginning in the most impacted communities.<sup>4</sup>

While 95% of the state’s subsidized childcare programs are accredited and deliver high- quality early care experiences, those centers primarily provide preschool services and reach only approximately 25% of the children in need of care. A similar dichotomy exists regarding access of high-needs children to early learning experiences, with significantly less infants and toddlers participating in early learning and development programs. Hence, Connecticut is currently not reaching every child, every year, in every setting. As reported in Connecticut’s recent Race to the Top Early Learning Challenge application, the children with high needs participating in early learning programs are as follows,

**Table 2<sup>5</sup>**

Type of Early Learning and Development Program	Infants under age one	Toddlers ages one through two	Preschoolers ages three until kindergarten entry	Total
State-funded preschool, including all School Readiness, priority and competitive	N/A	N/A	8,913	8,913
Early Head Start and Head Start	186	632	6,301	7,119
Programs and services funded by IDEA Part C and Part B, section 619	451	4,048	4,666	9,165
Programs funded under Title I of ESEA	31	63	3,714	3,808
Programs receiving funds from CCDF Program	2,134	4,269	7,404	13,807
Family Resource Centers	878	1,756	3,028	5,662
Child Day Care Centers	375	750	2,481	3,606
Children’s Trust Fund: Nurturing Families Network, Family School Connection and Help Me Grow	940	1,600	1,203	3,743

<sup>4</sup> A Report of School Readiness Need and the Cost to Serve All 3-and 4-Year Old Children in 19 Priority School Districts, Connecticut State Department of Education 2011.

<sup>5</sup> State of Connecticut Race to the Top Early Learning Challenge Application, 2011, Table (A)(1)(3), p. 28-30. The data sets for each age cohort and program does not reflect an unduplicated count. For example, children receiving IDEA part C services may also be receiving child care subsidies through CCDF.

As evidenced in Table 2, the majority of high-needs children with access to state-funded early learning environments are in state-funded *preschool* programs. The Connecticut Voices for Children's 2011 Progress Report takes a look all children in Connecticut prior to kindergarten entry and reports a total of 8,879 infants/toddlers and 31,199 preschoolers being served with early care and education subsidies in 2011. While it is apparent that infants and toddlers have less access to affordable early childhood education options than preschool age children, a look at the total birth-five cohort reveals that infants, toddlers and preschoolers are all underserved populations. Connecticut has approximately 129,406 infants and toddlers (two and under), and 91,501 preschoolers (three- and four-year olds) in total.<sup>6</sup>

## *Access*

### *History of Investments and Participation*

Cost is a significant challenge to Connecticut families who want to access high-quality early care. The annual cost of center-based care for an infant is \$12,469, approximately 15% of the state's median family income. The annual cost of care for an infant in a family child care setting is \$9,230, 11% of the median family income.<sup>7</sup> In addition, families living in the capitol city of Hartford spend more on child care annually than on the cost of food and health care combined. The increasing challenge is that the cost of childcare is rising faster than families' income.

The cost of childcare is offset for a limited number of families through Connecticut's child care assistance program, made possible by the Child Care Development Block Fund, administered through the Department of Social Services. The state's investment in the child care subsidy program has been in flux for over a decade. State budget challenges have caused investments in the child care assistance program, Care4Kids, to become unreliable.

Since 2002, when the program received the highest increase, funding to the program has waxed and waned, with participation doing the same. In 2002, 28,175 children participated in the program, versus in 2005 with only 14,165 participating, a reduction of approximately 48% due to a decrease in the state's investment in the program from \$122 million in 2002 to \$99

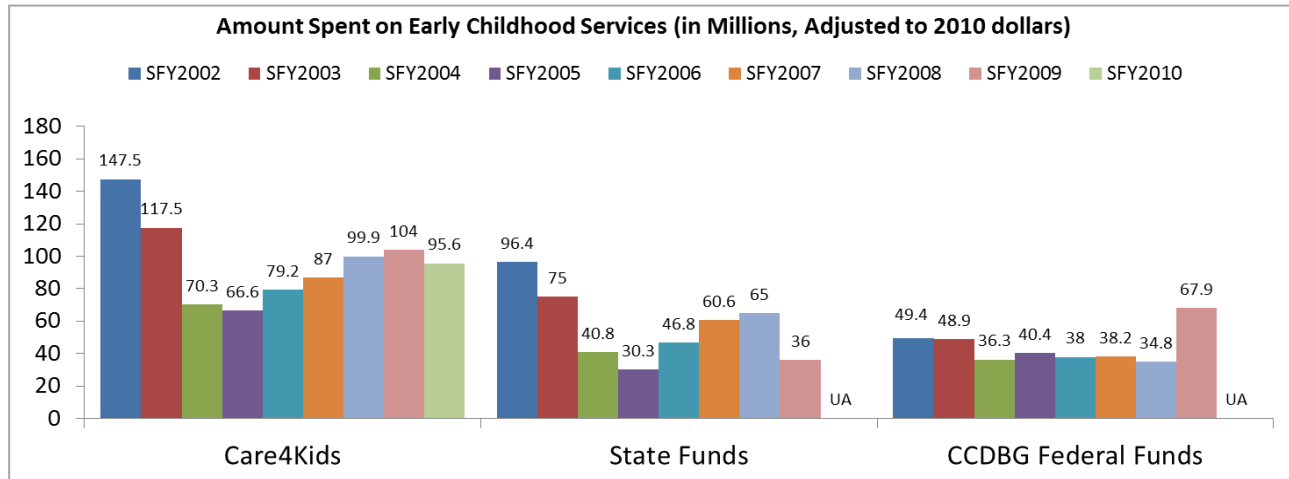
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<sup>6</sup> Based on data from the 2000 US Census. Retrieved from, [http://www.earlychildhoodalliance.com/ten\\_facts](http://www.earlychildhoodalliance.com/ten_facts), on January 24, 2012.

<sup>7</sup> Hillman, A. & Oppenheimer C. Connecticut Early Care & Education Progress Report, 2010, Connecticut Voices for Children, 2010. [www.ctlink.org](http://www.ctlink.org).

million in 2005.<sup>8</sup> In the years following, the drop in participation can be attributed to multiple variables, including the recession and losses in employment.

**Table 3<sup>9</sup>**



In addition, the reimbursement rates to providers have not increased since 2001. The cost to providers receiving the child care reimbursements for providing early care have well surpassed the rate of reimbursement. As a result, infant toddler care settings are on the decline and families are more challenged in accessing quality and affordable early care and education for their children.

#### *Current Status<sup>10</sup>*

The most recent update to the Connecticut Early Care and Education Progress Report, 2011, referenced earlier, shows promise of increased access for infants, toddlers and preschoolers to child care subsidies, and an overall increase in investments in early care and education. The report reveals a 22% increase in infants/toddlers served and a 2% increase in preschoolers served from 2010 as a result of increased funding allotted to the subsidy program. Since the drop in state spending on early care and education in 2010, there has been a small rise in 2011. State spending on early care and education increased from \$222.48 million to \$224.63 million.

<sup>8</sup> Carroll, Jude. Child Care Development Fund 2009 State Plan Testimony, May 20, 2010. Retrieved from, [http://www.ct.gov/dss/lib/dss/pdfs/stimulus/ccdf\\_public\\_comments\\_by\\_june\\_8\\_2009.pdf](http://www.ct.gov/dss/lib/dss/pdfs/stimulus/ccdf_public_comments_by_june_8_2009.pdf), on November 28, 2011.

<sup>9</sup> Hillman, A. & Oppenheimer C. Connecticut Early Care & Education Progress Report, 2010, Connecticut Voices for Children. Appendix A. [www.ctlink.org](http://www.ctlink.org).

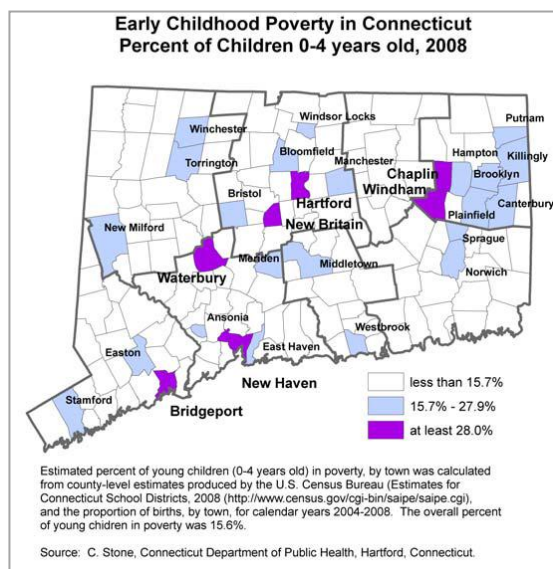
<sup>10</sup> Esty, S. & Oppenheimer, C. Connecticut Early Care & Education Progress Report, 2011, Connecticut Voices for Children. [www.ctlink.org](http://www.ctlink.org).

Investments have been heavily committed to early care and education programming, quality improvement and infrastructure. In addition, while the report also highlights an increase in the number of children from poor communities entering kindergarten with preschool experiences and meeting goal in mathematics and reading on the CMT at the highest levels since 2002, too many of the children and families in Connecticut continue to experience risk factors that undermine their access to high-quality early learning experiences.

## ***Risk Factors***<sup>11</sup>

### *Poverty*

According to the National Center for Children in Poverty, 6% of Connecticut's children under the age of six are experiencing extreme poverty.<sup>12</sup> Poverty undermines children's access to



quality early learning experiences, and serves as an obstacle on children's trajectory for success.

Connecticut data, when analyzed at the aggregate level, can be misinterpreted to underrepresent the prevalence of poverty in the state. While the per-capita income of the state was \$56,240 in 2008, in that very same year 29 towns in the state exceeded the overall average of 15.6% of children under the age of four living in poverty. In addition, contrary to the perception that those towns would be the urban centers, two towns with the highest early childhood poverty are the rural towns of Chaplin (44.9%) and Windham (38.6%). In an attempt to glean further

insight into the prevalence of child poverty, Connecticut has taken a closer look at the method of payment for births, with public insurance payments being considered as a proxy for low income and poverty. According to the recent Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs: Connecticut 2010, five of the state's larger urban towns of Hartford (74%), Bridgeport (70%), Waterbury (69%), New Haven (64%) and New Britain (67%) have reflected significant number of births whose payments were by a non-private source—either by public insurance, self-pay, or simply absorbed by the medical system.

<sup>11</sup> Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs: Connecticut, September, 2010. The Connecticut Home Visiting Needs Assessment Group, Department of Public Health.

<sup>12</sup> National Center for Children in Poverty, Connecticut Early Childhood Profile, [http://nccp.org/profiles/pdf/profile\\_early\\_childhood\\_CT.pdf](http://nccp.org/profiles/pdf/profile_early_childhood_CT.pdf), Retrieved on January 20, 2011. Extreme poverty defined as less than 50% Federal Poverty Level.



These data reveal that child poverty in Connecticut exists both in the large urban towns, as well as in small rural communities. This information must inform the state's efforts going forward to ensure that children and families *statewide* are taken into consideration in our plans for every child, in every setting, every year.

## *Unemployment*

Unemployment is another risk factor that counters the protective factors in place to assist families in meeting their basic needs. The rate of unemployment in Connecticut increased from 5.8% in 2008 to a high of 9.2% in 2010. The most recent data from the State Department of Labor's Office of Research reveal the unemployment rate is on the decline, with the November 2011 rate of unemployment being 8.4%, slightly below that of the national average of 8.6%.<sup>13</sup> The concentration of unemployment within the state is persistently in the towns with multiple risk factors that impede the success of children and families, such as poverty and homelessness. Of all the towns with higher than average rates of unemployment, 60% (9 of 15) were located in Windham County, 37% (10 of 27) in New Haven County and 27% (8 of 29) in Hartford County.<sup>14</sup> While 2011 has shown a decline in unemployment rates, the concentration of unemployment continues to persist in both urban and rural areas. The percent of Connecticut children living in families where no parent has full-time, year-round employment is 26%, with 10% of children having at least one unemployed parent.<sup>15</sup>

In addition, certain populations have disproportionately experienced higher levels of unemployment, underemployment and the overall impact of the recession. State data reveal that Hispanics have fared the worst with unemployment and underemployment in 2010, with African Americans having the worst outcome of long-term unemployment, being out of work in excess of 26 weeks. As confirmed by the U.S. Bureau of Labor Statistics, the likelihood of success in job search decreases with the length of time one is unemployed.<sup>16</sup>

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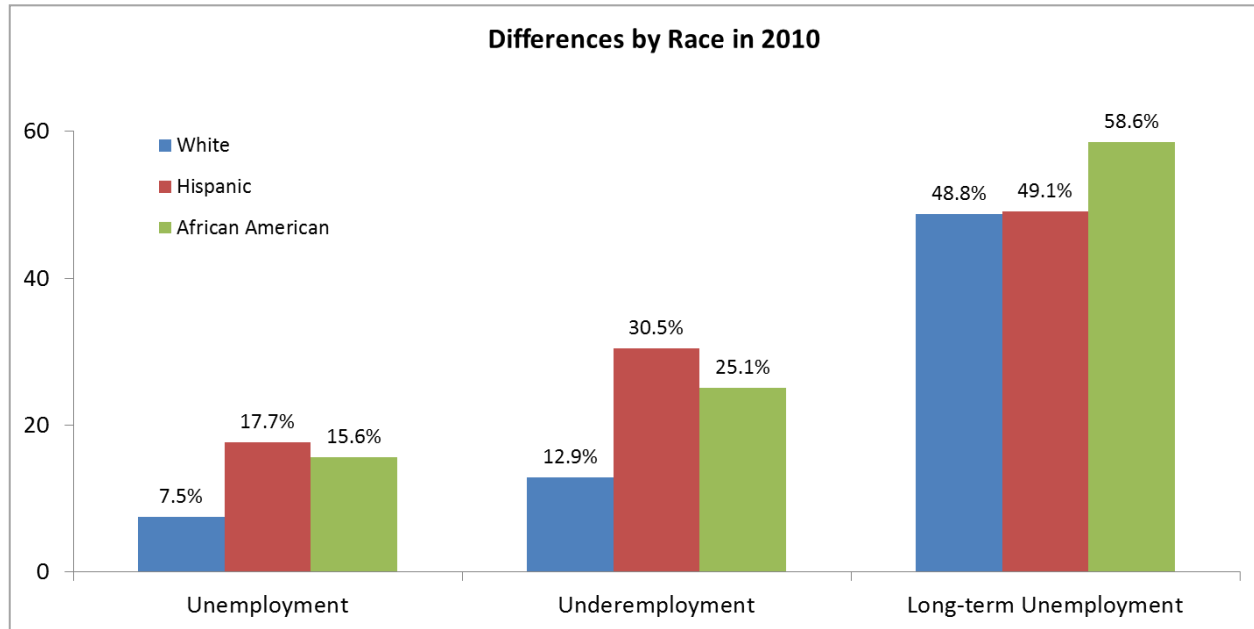
<sup>13</sup> Connecticut Department of Labor-Office of Research, <http://www1.ctdol.state.ct.us/lmi/unemprateCTUS.asp>, retrieved on January 9, 2012.

<sup>14</sup> Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs: Connecticut, September, 2010. The Connecticut Home Visiting Needs Assessment Group, Department of Public Health.

<sup>15</sup> States Profiles of Child Well-Being: 2011 KIDS COUNT DATA BOOK. America's Children, America's Challenge: Promoting Opportunity for the Next Generation. The Annie E. Casey Foundation. The Connecticut Profile Card. The data on children in families where no parent has a full-time year round employment refers to 2009 data, while the data on families with at least one unemployed parent refers to 2010.

<sup>16</sup> Issues in Labor Statistics, Summary 11-1/May 2011. U.S. Department of Labor: US Bureau of Labor Statistics.

**Table 4<sup>17</sup>**



According to the 2011, KIDS COUNT DATA BOOK, “As a result of unemployment and income loss, 42% of our nation’s children, or about 31 million, lived in low-income families in 2009—an increase of more than 2 million children since 2007. Left unaddressed, such widespread economic insecurity will limit the potential of millions of children and hinder national economic progress.”<sup>18</sup>

## *Homelessness*

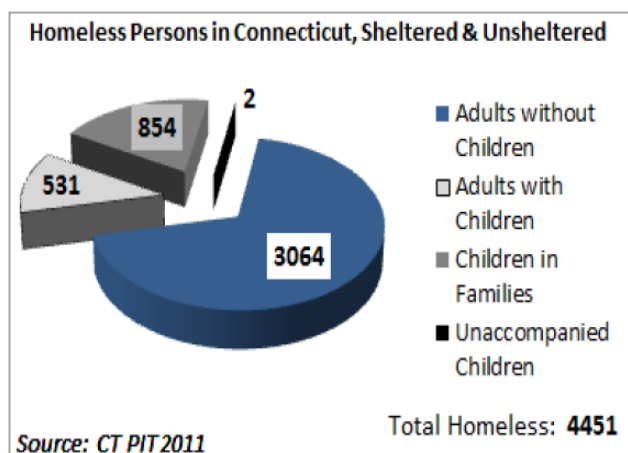
In January through March 2009, approximately 48% of the children entering homeless shelters in Connecticut were five years old and under.<sup>19</sup> From 2009 to 2010 the number of people in shelters increased by 3%. In 2010, Connecticut’s emergency shelters served 11,700 people, including approximately 1,500 children, with a significant rise of 15% between 2010 and 2011.

<sup>17</sup> Santacroce, M. & Rodriguez O. State of Working Connecticut 2011: Jobs, Unemployment, and the Great Recession, Connecticut Voices for Children, 2011. Unemployed refers to persons aged 16 and older who had been laid off and waiting to be recalled. Underemployed refers to persons aged 16 and older working in part- or full-time employment below their earning capacity or competence. Unemployed refers to persons aged 16 years and older who had no employment and making specific efforts to find employment.

<sup>18</sup> States Profiles of Child Well-Being: 2011 KIDS COUNT DATA BOOK. America’s Children, America’s Challenge: Promoting Opportunity for the Next Generation, p. 10. The Annie E. Casey Foundation. Low income families are defined as those with incomes below 200% of the federal poverty level.

<sup>19</sup> Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs: Connecticut, September, 2010. The Connecticut Home Visiting Needs Assessment Group, Department of Public Health.

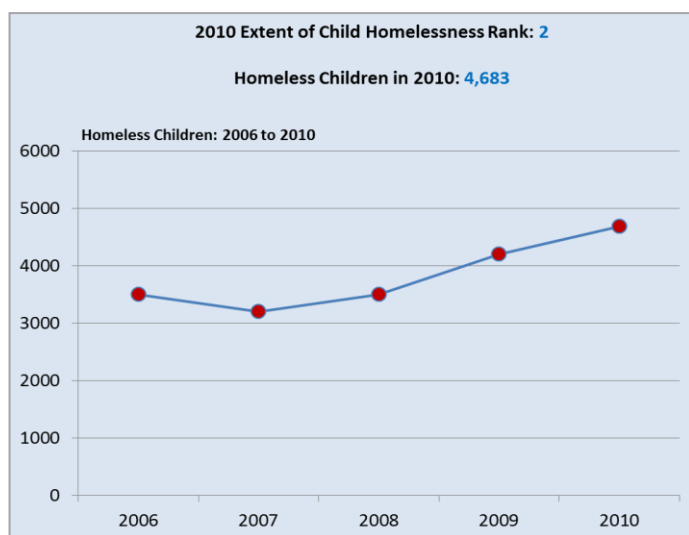
Table 5<sup>20</sup>



In addition to the data on the sheltered homeless, the “point-in-time” data of the unsheltered is equally compelling. During the snowiest January on record in 2010, the unsheltered homeless count revealed, 695 unsheltered individuals found on the streets, in the woods, in abandoned buildings and other places not intended for habitation. That count was 37% higher than the count of the previous year, 504.<sup>21</sup>

While the National Center on Family Homelessness ranks Connecticut the second best in 2010 for the extent of child homelessness, the *risk* of homelessness rank is not as favorable, at 17 out of the 50 states, with the realization that this rank is based upon the ratio of homeless children (individuals under 18) to the total number of the children in the state. Child homeless has been progressively on the rise in Connecticut since 2008.

Table 6<sup>22</sup>



The primary contributors to homelessness are notably inadequate income, high cost of housing, interpersonal violence, disabling health conditions and re-entry to criminal justice involvement. The economic conditions in Connecticut lend themselves to an increase in the risk of homelessness. The state minimum wage is \$8.25 per hour, and the income needed for a two-bedroom apartment is estimated at \$23 per hour, with 29% of households paying over 50% of their

<sup>20</sup> Connecticut’s Homeless Point in Time Count Brief 2011. Connecticut Coalition to End Homelessness.

<sup>21</sup> Connecticut’s Homeless Point in Time Count Brief 2011. Connecticut Coalition to End Homelessness.

<sup>22</sup> Bassuk, E., Murphy, C., Coupe, N., Kenney, R. & Beach, C. (2011). State Report Card on Child Homelessness: America’s Youngest Outcasts 2010. National Center on Family Homelessness.

income for rent.<sup>23</sup>

While the recent U.S. American Recovery and Reinvestment Act (ARRA) enabled Connecticut to infuse funding to programs of Connecticut's Department of Social Services that serve homeless families, much of the comprehensive needs of homeless families and children remain unaddressed.

For example, according to Connecticut's McKinney Vento Coordinator, in Connecticut, the educational entitlements of the McKinney Vento legislation apply only to a limited number of families with children below the kindergarten age. The entitlements of homeless families, under the McKinney Vento Act, are applicable to children in school systems that fall under the guidance of "compulsory grade offerings." As such, the educational rights of homeless families with young children not participating in the school system would not be applicable. As a result, homeless families with very young children are more than likely to be deprived of opportunities for high-quality early learning experiences.

### *Teen Parents with Low Education Attainment<sup>24</sup>*

In 2008, one in every 13 Hispanic women between 15 and 19 years of age in Connecticut gave birth to a baby, which represents approximately 78 per 1,000 teens. For non-Hispanic Black/African American women of that same age, 42 per 1,000 teens gave birth, which is four times higher than that of non-Hispanic White/Caucasian teens. While the overall teen birth rate in the state (25 per 1,000) has seemingly been on the decline between 2000 and 2005, when disaggregated by town, the results remain staggering. In Hartford, the teen birth rate in 2006 was 64 per 1,000 teens. Similarly, other towns with teen birth rates that far exceed the overall state rate include Bridgeport (64 per 1,000), Waterbury (58 per 1,000) and New Haven (51 per 1,000). Data collected by the Connecticut Home Visitation Needs Assessment Group also reflect correlation between teen parenthood, poverty and rates of high school dropouts.

Within the context of research that supports the hypothesis of, parents with more education often have higher expectations and resources, which in turn will positively impact children's subsequent achievement, Connecticut's data on teen parents presents an intergenerational

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<sup>23</sup> Bassuk, E., Murphy, C., Coupe, N., Kenney, R. & Beach, C. State Report Card on Child Homelessness: America's Youngest Outcasts 2010, p. 31. National Center on Family Homelessness, 2011.

<sup>24</sup> Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs: Connecticut, September, 2010. The Connecticut Home Visiting Needs Assessment Group, Department of Public Health.

challenge.<sup>25</sup> The historical research of both James Heckman and Jack Shonkoff assert that learning begets learning and skills beget skills.<sup>26</sup> Consequently, parents with higher educational attainment are equipped to create and nurture intentional learning environments for children. As we work to address the preparation and achievement gap of Connecticut's children, it is imperative that educational needs of parents and guardians are also addressed.

### *Child Abuse and Neglect*

In 2011, Connecticut's child welfare agency, the Department of Children and Families (DCF), accepted 46,019 reports of child abuse and neglect involving children birth to 8 years old. Of those cases 9,894 were substantiated and 3,870 were pending. Of the children being served, 3,486, ages birth to five years old are receiving services in-home and 1,312 are in out-of-home placement.<sup>27</sup>

In Connecticut, the range of foster family settings offered is as follows:

- Relative foster family, related by blood, marriage or adoption, descended from a common ancestor not more than three generations removed from the child;
- Core foster families;
- Special study families are licensed by DCF to provide foster care for a specific, unrelated child, not a general use foster family home;
- Independent foster homes are child-specific home licensed by DCF to provide care for a child in the custody of another state; and
- The Therapeutic Foster Care Program consisting of private providers providing foster services to children with serious emotional disturbances.<sup>28</sup>

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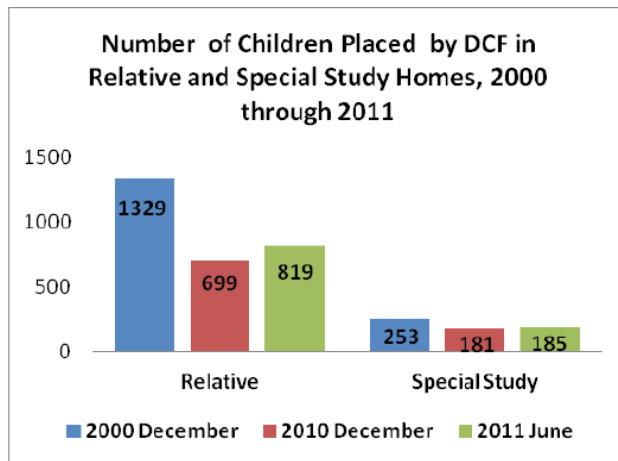
<sup>25</sup> Davis-Kean, Pamela E. (2005). *The Influence of parent Education and Family Income on Child Achievement: The Indirect Role of Parental Expectations and the Home Environment*. Journal of Family Psychology, Vol. 19 No. 2, 294-304. University of Michigan.

<sup>26</sup> Kronstadt, J. & Favreault. Families and Economic Mobility. Economic Mobility Project: An Initiative of the Pew Charitable Trusts. [http://www.economicmobility.org/assets/pdfs/EMP\\_LitReview\\_Families.PDF](http://www.economicmobility.org/assets/pdfs/EMP_LitReview_Families.PDF), Retrieved January 9, 2012.

<sup>27</sup> Lia, D. Early Education Partnerships to Expand Protective Factors in Children with Child Welfare Involvement, Head Start Collaboration Offices: Information to Inform Planning in the Priority Areas, 2011.

<sup>28</sup> We All Need Somebody: Supporting Children, Families and the Workforce in Connecticut's Foster Care System, A Report in "Fostering the Future" Series, September 2011. Connecticut Department of Children and Families.

Table 7<sup>29</sup>



With the decrease in the use of relative foster families by 47% between 2000 and 2010, and a decrease in the use of special study families by 28% in that same timeframe, the Commissioner of DCF issued the directive that the family, and preferable the relative foster care setting, be the presumed choice for placement.

DCF is working fervently to overcome the findings of the on-going class action lawsuit, (Juan F. v. O'Neil, Juan F. v. Weicker, Juan F. v.

Rowland, Juan F. v. Rell) initially filed in 1989. The scope of the lawsuit includes DCF being grossly underfunded and understaffed, child abuse complaints not investigated, high caseloads, overwhelmed social workers, and a decreasing supply of foster families that are inadequately trained and underpaid.<sup>30</sup> In March 2010, DCF was cited as not meeting the imposed benchmarks of reform, including recruitment of new foster families, providing vital treatment services to vulnerable children and families. In addition, at that time, DCF reportedly had not reduced "the state's reliance on institutions and group homes as required by the settlement."<sup>31</sup>

Connecticut Voices for Children reported in October 2010, that while there have been some improvements in Connecticut's child welfare system in recent years, Connecticut still failed to meet the basic responsibilities to many of the children and youth in its care. The report cites a myriad of concerns including, the over use of congregate care for children under 12 years old, placement of children out-of-state due to lack of appropriate services in Connecticut and children being subject to multi-placements in both foster homes and institutions.<sup>32</sup>

In response to the high stakes of their role in the early experiences of young children, DCF is making adjustments to their service delivery systems. The adjustments underway are intended to address the deficiencies outlined in the class action lawsuit, the expectations for service delivery linked to the receipt of federal funding and the overall paradigm shift of child welfare

<sup>29</sup> Ibid, p. 51.

<sup>30</sup> Juan F. v. Rell, National Center for Youth Law: Using the law to improve the lives of poor children. Retrieved from, [http://www.youthlaw.org/publications/fc\\_docket/alpha/juanfvrell/](http://www.youthlaw.org/publications/fc_docket/alpha/juanfvrell/) on February 14, 2012.

<sup>31</sup> Ibid, p.2.

<sup>32</sup> Protecting Children and Youth in Connecticut's Child Welfare System, Candidate Briefing October 2010. Connecticut Voices for Children.

practices nationwide. Adjustments in infrastructure, policy and practice being made by the Department include:<sup>33</sup>

- A collaborative team structure in the Central Office;
- Refocusing the six regions on comprehensive child and family services;
- The consolidation of behavioral health institutions; and
- Launching a DCF Academy for Family and Workforce Development and Knowledge.

These changes in infrastructure are in place to guide practices that promote:

- Family-centered policy
- Trauma-informed practice for children, families and the agency's workforce
- The application of the neuroscience of child and adolescent development
- Developing strong state and community partnerships
- Improving agency leadership, management, supervision, and accountability, and
- Advancing the department as a learning organization.

DCF Commissioner Joette Katz articulated the Department's mission in her statement that, "The opportunity to grow up as a member of a healthy family, to succeed in school, and participate in one's community in a positive and character-building way are my goals for each youngster in the care and custody of the Connecticut Department of Children and Families."<sup>34</sup>

### **Children with Special Needs**

#### *Individuals with Disabilities Education Act (IDEA), Part C: Young Children Served by the Birth to Three System<sup>35</sup>*

According to the 2011 Annual Report of the Birth to Three System-Part C, in Connecticut providers of disabilities services to children birth to the age of three, "Babies and toddlers learn best when they have many opportunities to practice new skills during their regular daily activities." In fiscal year 2011, Birth to Three operated with 44 approved programs employing approximately 975 service providers.

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<sup>33</sup> The bulleted lists are pulled from, We All Need Somebody: Supporting Children, Families and the Workforce in Connecticut's Foster Care System, A Report in "Fostering the Future" Series, September 2011, Executive Summary p. 7. Connecticut Department of Children and Families.

<sup>34</sup> Ibid, p.5.

<sup>35</sup> Then and Now: the Joys of Life Beyond Age Three, Connecticut Birth to Three System, The Department of Developmental Services, 2011. [www.birth23.org/aboutb23/AnnualData.html](http://www.birth23.org/aboutb23/AnnualData.html).

Families have the option of selecting from many programs, with each offering a range of services to meet the needs of the child(ren) and families. 95% of services were provided in the children's homes and 5% in community settings, with a service coordinator being the primary support to the families. Children are referred to Birth to Three from all across the state, and the referrals have been on the increase, even with declining births. To date, in fiscal year 2011, 8,606 infants and toddlers have been referred, with 65% being males and 35% females. Of the 37,446 births in Connecticut in 2010, there were 8,603 referrals to the Birth to Three System, with 9,468 children served.

Of the children exiting Birth to Three in FY11, who received at least six months of services, the following outcomes resulted:

**Table 8**

	CAUGHT UP	REDUCED THE GAP
1- Positive social-emotional skills, including social relationships . . . . .	51%	83%
2- Acquisition and use of new skills, including early language and communications . . . . .	55%	83%
3- Use of appropriate behaviors to meet their needs . . . . .	63%	89%

Taken together, these outcomes cumulatively resulted in 51% of children enrolled in kindergarten in 2010-11 did not require special education services. In addition, a review of the Birth to Three System, by the U.S. Department of Education revealed that Connecticut fully complies with the federal Individuals with Disabilities Education Improvement Act (IDEA), Part C.

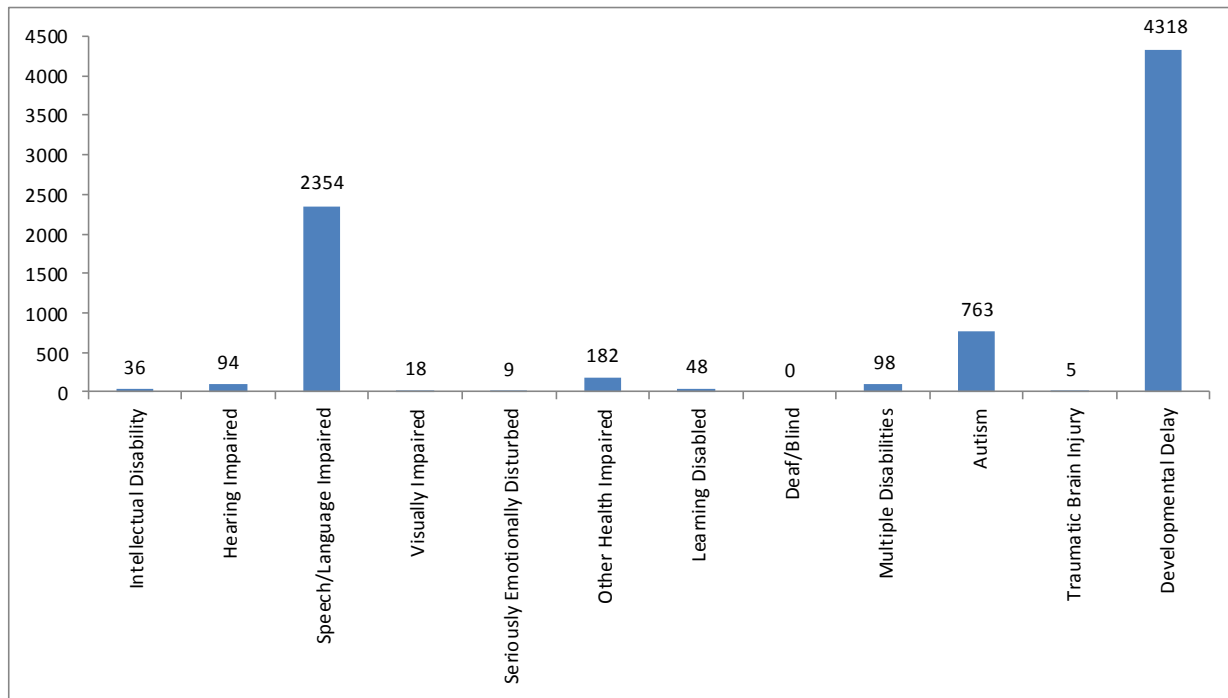
*Individuals with Disabilities Education Act (IDEA), Part B, Section 619: Young Children served by the Preschool Grants Program<sup>36</sup>*

Connecticut was allocated \$4,818,610 for the IDEA Preschool Grants Program serving children age three through five, with 82% of that federal funding disbursed to school districts. According to the Coordinator for Early Childhood Special Education at the State Department of Education, the funding to school districts covers only 3% of the cost to provide services. With the balance of funding allocated from school districts, Connecticut served 7,933 children in 2010-2011. Of those children 70.41% were boys, with 29.59% being girls. Table 9 shows the categorical breakdown of disabilities for which services were provided to children age three through five during 2010-2011.

<sup>36</sup> Data in this section was retrieved from a presentation to the ECE Cabinet by the Disabilities Program Manager of the State Department of Education on December 22, 2011. Presentation slides can be found on the Cabinet website, <http://www.ctearlychildhood.org/presentations.html>.



**Table 9**  
**Categorical Breakdown of Disabilities**



As shown in Table 9, 50% of the children served in Connecticut's IDEA Preschool Grants Program resulted from developmental delays. The breakdown of the age cohorts for 2010-11 year was:

- 2,149 three year olds, representing 27% of children served;
- 2,813 four year olds (35.46%); and
- 2,971 five year old (37.45%).

Table 10 shows the breakdown by race/ethnicity for this cohort of children was as follows,

**Table 10**

Race/Ethnicity	Percent
Am. Indian/Native Alaskan	0.4%
Asian	3.7%
Black	10.2%
White	65.0%
Hispanic	20.8%

Of the children served in 2010-2011, 58.82% were in preschool, 35.91% were in kindergarten and five percent were in first grade. The total population of children served under Part B, Section 619 represents approximately 6.3% of Connecticut's population of children ages three through five.

In addition to federal monitoring by the federal Office of Special Education Programs (OSEP), Connecticut's system of monitoring the delivery of

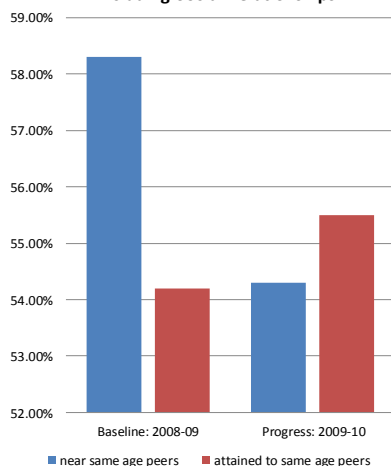
disabilities services includes measures for fiscal accountability, complaints, mediations and due

process. Connecticut’s IDEA, Part B, including 619, is in full compliance with OSEP regulations. In addition, a Results Based Accountability (RBA) approach is implemented and program monitoring and improvement strategies are utilized to assess Free Appropriate Public Education (FAPE) by age three, least restrictive environment, development of positive social emotional skills, acquisition and use of knowledge skills and the use of behaviors to meet needs.

In 2009-2010, 100% of the children referred by the Birth to Three System had an Individualized Education Plan (IEP) in place by their third birthday, thus meeting the FAPE requirement. In 2010-2011, 70.40% of children being served spent 80-100% of their time with non-disabled peers, a proxy for time spent in the least restrictive environments. In addition, the assessment of development of positive social emotional skills, acquisition & use of knowledge and use of behaviors to meet needs yielded the following outcomes,

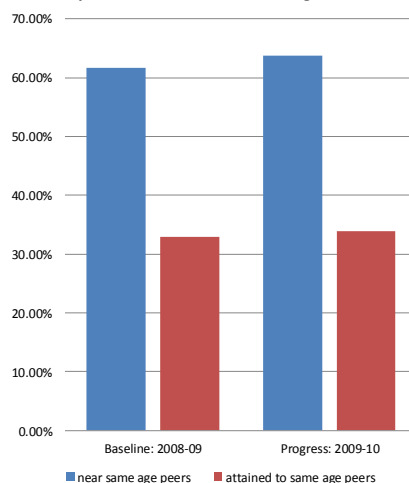
**Table 11**

**Positive Social Emotional Skills,  
Including Social Relationships**



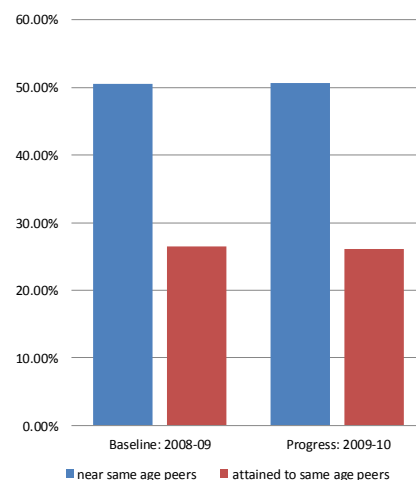
**Table 12**

**Acquisition and Use of Knowledge & Skills**



**Table 13**

**Use of Behaviors to Meet Needs**



As outlined in Table 11, the review of data on positive social and emotional skills reveals that 54.3% of children grew to near same age peers, 55.5% of children attained developmental and functional skills that meet age expectations in 2009-10. As to the acquisition and use of knowledge and skills (See Table 12), that 63.8% of children grew closer to same age peers and 33.9% of children attained age expectations. Finally, when reviewing the indicator of the percent of children using behaviors to meet their needs in comparison to their same age peers and meeting age expectation (See Table 13), the results were 50.7% and 26.1% respectively.

In an effort to meet the needs of all of Connecticut’s children, including those with typical and atypical developmental needs, the Coordinator for Early Childhood Special Education asserts that “The State Department of Education supports a preschool curriculum for all children to be implemented with the appropriate accommodations, modifications and supports.”

## **Next Steps**

The Cabinet is committed to its role as the catalyst for ongoing coordination and collaboration with statewide stakeholders to ensure that Connecticut's youngest children have increased access to high-quality early learning experiences as a foundation for lifelong success. In that role, the participants on the Cabinet represent all of the state agencies working with children, school systems, early care and education programs, early care and education-affiliated associations and families who promote increased transparency and partnership in our efforts to reach every child, every year, in every setting. This is primarily evidenced through the regular presentations of agency and community plans that are currently scheduled well into summer of 2012, including topics of statewide implementation plans for the Child Care Development Block Fund, the Head Start Collaboration Office, IDEA-Part B and C through the State Department of Education and the Department of Developmental Services respectively, Home Visitation, Connecticut Health and Development Institute, and All Our Kin, the agency in Connecticut focused on increasing the quality of care by family-based and kith and kin providers. The sharing of plans by Cabinet members and community stakeholders is a continuous vehicle for assessing state and community-level needs that also informs the work of the Cabinet workgroups.

Furthermore, the Cabinet is committed to continued focus on the delivery of quality early learning experiences, and is in the planning process of expanding the Cabinet to represent workgroups specifically focused on a Tiered Quality Rating and Improvement System, Health Promotions, and Private/Public Partnerships. The intent is to more effectively inform parents and the early care and education community of the criteria for quality early learning experiences, be responsive to the professional development needs of the early care and education workforce, to address the cumulative needs of children and families—specifically around health, and to maximize the collaborations of state and private entities—including philanthropy. These additional workgroups will work in alignment with the existing Data Systems, Early Learning Standards, Professional Development/Workforce, and Family Involvement/Home Visitation workgroups to advance the existing work plan and the Cabinet's overall vision.

While the Cabinet is not currently resourced to directly address the aforementioned risk factors, within all of the workgroups there are representatives of agencies and organizations whose population outcomes directly link to preventing and/or intervening in the environmental risks encountered by children and families. Through ongoing dialogue, action steps have derived from the workgroup meetings to systematically embed practices in the early care system that will lead to increased positive outcomes around poverty, unemployment, homelessness, child welfare and family literacy. In addition, the Connecticut Child Poverty and Prevention Council have developed a 10-year plan to reduce child poverty through a set of

recommendations that directly respond to the outlined risk factors. The recommendations, as revised in 2010, include:

- Increase usage of federal Earned Income Tax Credits with a target group of working poor families;
- Expand homeless diversion programs for working poor families, including transitional housing, in an effort to keep children out of homeless shelters;
- Support the Early Childhood Education Cabinet proposals targeting children birth to five, Enhance efforts to reduce the number of students who drop out of high school; Expand access to state colleges and programs intended to encourage high school students to pursue a college education;
- Enhance existing GED programs for working poor families receiving Temporary Family Assistance (TFA) and youth dropouts;
- Increase case management services to young mothers on TFA;
- Examine how to soften the “cliffs” of welfare benefits;
- Increase access to available public benefits for food stamps and other similar federally-funded programs for working poor families;
- Intensify efforts to reduce teen pregnancy;
- Provide case management services to overcome barriers to employment,
- Support fatherhood initiatives for working poor families;
- Improve the poverty measure by conducting a review of alternate measures of poverty;
- Coordinate with the Results Based Accountability initiative to more effectively measure progress; and
- Coordinate systems through increased cross-agency communication, enhancing technology of eligibility determination for services and codifying plans for coordinated leadership across agencies.<sup>37</sup>

These recommendations adopted by the Child Poverty and Prevention Council are directly linked to the Children in Recession legislation that was recently passed in Connecticut to address the challenges of high-need families during times of statewide economic hardship.<sup>38</sup>

The Cabinet will also continue to collaborate with the Legislative and Executive Branch as Connecticut implements the recently passed legislation, Public Act No. 11-181, for, “The Establishment of Coordinated System of Early Care and Education and Child Development,” that calls for an early childhood education planner working collaboratively with the Cabinet to that end. In addition, the legislators represented on the Cabinet continue to express their commitment to assisting in our mission to increase quality early learning opportunities through

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<sup>37</sup> Priority Recommendations of the Child Poverty and Prevention Council (Revised 10/10). Retrieved on November 29, 2011 from, [http://www.ct.gov/opm/lib/opm/hhs/cpc/10-12-11\\_cppc\\_mtg.pdf](http://www.ct.gov/opm/lib/opm/hhs/cpc/10-12-11_cppc_mtg.pdf).

<sup>38</sup> Public Act No. 10-133: An Act Concerning Children in the Recession, Retrieved from <http://www.cga.ct.gov/2010/ACT/PA/2010PA-00133-R00HB-05360-PA.htm>, on February 22, 2012.

their role as policy makers. The Executive Branch also demonstrates commitment to early childhood education and development, as evidence in the Governor's recent announcement to expand the availability of early care spaces through an investment of \$4M, investing \$3M in professional development for a Tiered Quality Rating and Improvement System, budgeting \$5M for Facilities bonding, and an additional \$5M for bonding relating to T-QRIS.<sup>39</sup>

The Cabinet recognizes that the preparation and achievement gaps in Connecticut are wide and persistent, yet we are committed to strengthening our state's early care and education infrastructure to increase access of our most at-risk and youngest children to high-quality early learning experiences. As the Cabinet moves forward with recommendations to the Governor, the identified risk factors will be key variables to both establishing priorities and designing solutions.

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<sup>39</sup> Press Release, Gov. Malloy: Improving Quality of and Access to Early Childhood Education Key to Our Children's Future Success, February 2, 2012. Retrieved from <http://www.governor.ct.gov/malloy/cwp/view.asp?A=4010&Q=498602> on February 16, 2012.