

The Connecticut General Assembly

Joint Committee on Appropriations

Sen. Toni Nathaniel Harp
Co-Chairperson



Rep. Toni E. Walker
Co-Chairperson

Appropriations Committee

Early Childhood Forum: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed March 21, 2013

The Appropriations Committee and the Governor's Early Childhood Cabinet both began applying Results-Based Accountability (RBA) to their work in 2005. For four legislative sessions, 2006-2009, the Cabinet served as a pilot project for the Appropriations Committee's application of RBA to the state budget process. Over those years, the pilot project grew to encompass nearly 30 programs in 8 agencies. Together we gained deep understanding of what is required to ensure that all children are Ready by Five and Fine by Nine.

Today is our first opportunity to take a systematic look at the condition of young children and their families since 2009. Much progress has been made in the intervening years, but as the report cards that follow indicate, much work remains to be done. Despite a significant expansion in funding for early childhood programs and a deepening of our knowledge about the importance and effectiveness of investments in the earliest years of life, far too many children are still facing multiple risk factors that begin before their birth and are not sufficiently addressed by the time they enter kindergarten. And we still have far too little data to tell us if the strategies we are pursuing are the right ones and if the programs we have been funding are making a difference in the lives of the children and families served. As a consequence, Connecticut still has the largest achievement gap in the nation in the reading ability of fourth grade students.

Today will be a opportunity to explore some of the critical issues that affect the quality of life for Connecticut's young children and how together we can forge a more coherent and effective early childhood system. This forum is extremely timely because the Governor has proposed a bold restructuring of the early childhood system that brings together into one agency many of the critical programs and services that require much closer coordination than we have been able to achieve in the past. As important as the governance structure is, however, there are other components of an effective system that must also be put into place, and we hope to explore those issues as well. Our thanks to the Early Childhood Cabinet, the Governor's Office of Early Childhood Planning, and the lead state agencies that have worked so hard to improve the lives of Connecticut's children and that have made today's forum possible.

Handwritten signature of Sen. Toni Nathaniel Harp.

Handwritten signature of Rep. Toni E. Walker.

Appropriations Committee Early Childhood Forum

All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

March 21, 2013

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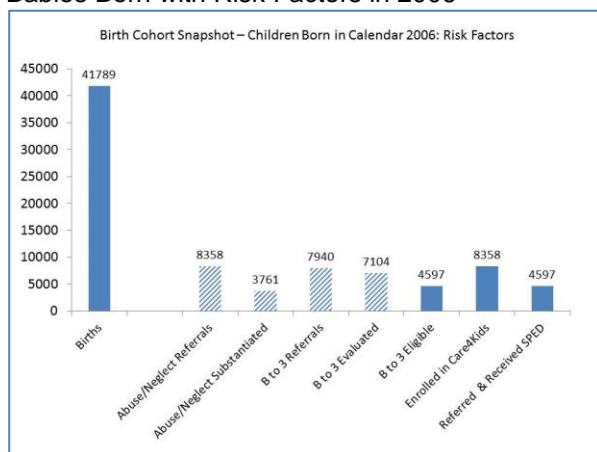
Connecticut Early Childhood Education Cabinet, 2013 Population Report Card

All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Partners: The State Departments of Education, Public Health, Developmental Services, Social Services, Children and Families, as well as community organizations, parents, ECE providers, teachers, school and district administrators and boards, business-sector, faith-based organizations, advocates, policy makers at federal, state, and local levels, social services and health providers, and philanthropy.

Indicator 1

Babies Born with Risk Factors in 2006



Story behind the baseline:

This indicator represents data across risk categories for the Cabinet's first birth cohort: babies born in 2006.

Patterned columns indicate risk-factors that were presented in the 2008 RBA report card. The total number of risk factors experienced by this birth cohort has increased from 16,341 in 2008 to 27,163 in 2011.

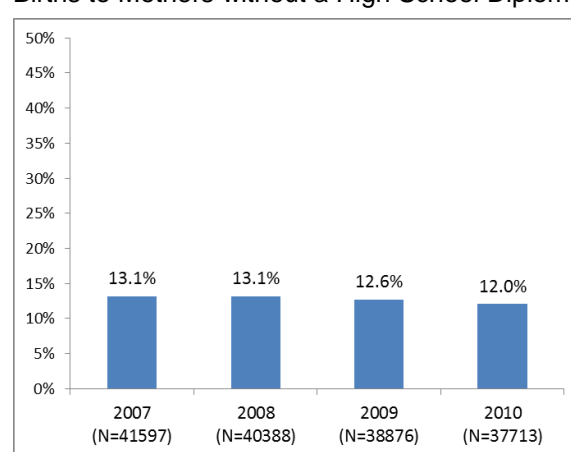
The solid shaded columns represent risk factors for which data have become available since the 2008 report card.

The multiple and complex risk factors experienced by young children and their families require the State of Connecticut to bring a more focused and strategic approach in order to ensure a coordinated and systemic response.

Trend: N/A

Indicator 2

Births to Mothers without a High School Diploma



Story behind the baseline:

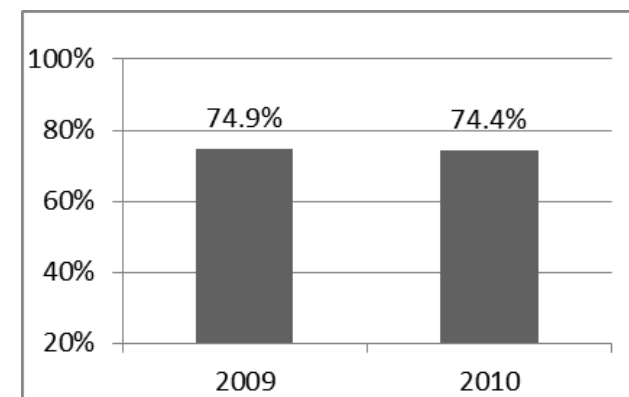
Beginning in 2007, the Department of Public Health modified the reporting of mothers without a high school diploma to be those with an education level equal to or less than grade 11. (Before 2007, mothers without a high school diploma were those with an education level equal to or less than grade 12.) This indicator shows that the percent of mothers in this category has decreased over the 4-year period from 2007 to 2010. During this same period, the number of births each year has declined from 41,597 to 37,713, a decrease of 3,884.

A mother's education level is one of the greatest predictors of children's school success. Children born to mothers without a diploma are highly likely to experience poor educational outcomes. This bleak future is reversible if intervention programs help mothers to make progress on their own education (e.g., by staying in school or having a high quality second chance), and support mothers to be more effectively involved in their children's education.

Trend: ▲

Indicator 3

Percentage of children from low-income families who received at least six well-child health care visits in the first 15 months



Story behind the baseline:

Regular well-child health care and developmental screenings can identify and address early developmental challenges to enhance cognitive, language and social-emotional development. Approximately 25 percent of children from low-income families (i.e., enrolled in HUSKY A and B) do not receive the number of federally recommended well child health care visits in the first 15 months.

Well-child visits are often dependent on access to health insurance. Children under the age of 18 at or below 200% FPL are the most likely to be uninsured. Data from the US Census indicate that in Connecticut, over five percent of children under the age of 18 and below 200% FPL were uninsured.

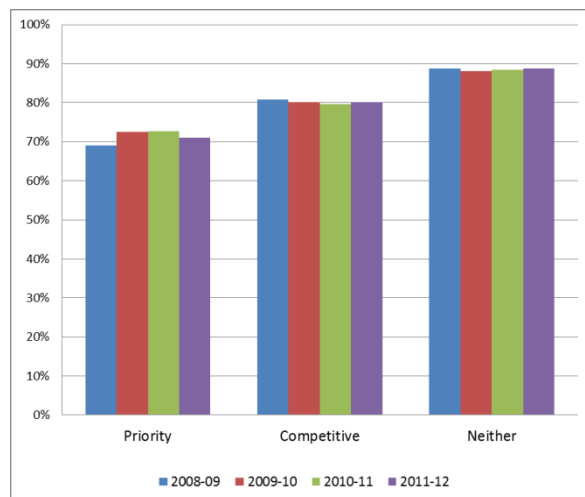
Trend: ◀▶

Connecticut Early Childhood Education Cabinet, 2013 Population Report Card

All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Indicator 4

Percent of Kindergarteners with Pre-K Experience



Story behind the baseline:

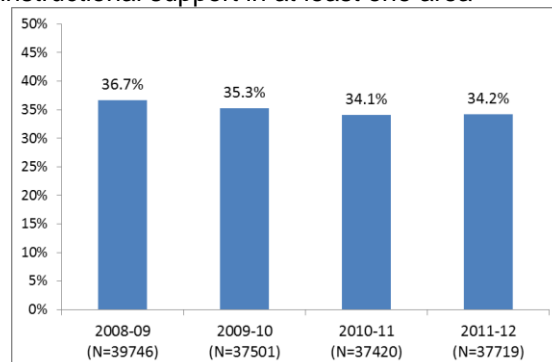
This indicator measures pre-k experience based on parent report to public schools upon kindergarten entry. Approximately 70% of the children who attend kindergarten in the school readiness “priority” communities were reported by parents to have had preschool experience; this increases to 80% in the school readiness “competitive” communities and to nearly 90% in all other communities statewide.

Of the nearly 7,800 children in 2011-12 who were reported by their parents as not having a preschool experience, approximately 4,400 children were in the “priority” communities and nearly 1,800 were in the “competitive” communities.

Trend: ◀▶

Indicator 5

Percent of kindergarteners needing substantial instructional support in at least one area



Story behind the baseline:

Kindergarten teachers statewide use the Kindergarten Entrance Inventory (KEI) to rate the skills of each entering student on six domains: *Language; Literacy; Numeracy; Physical/Motor; Creative/Aesthetic; and Personal/Social*. For each domain, the teacher rates the student into one of three performance levels (PL):

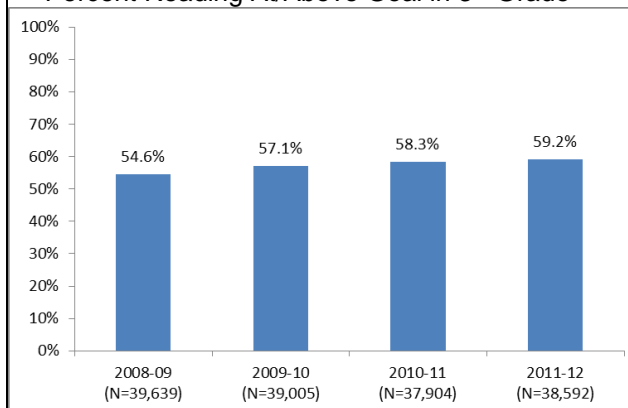
- PL1 – Students at this level demonstrate **emerging** skills in the specified domain and require a **large degree** of instructional support.
- PL2 – Students at this level **inconsistently** demonstrate the skills in the specified domain and require **some** instructional support.
- PL3 – Students at this level **consistently** demonstrate the skills in the specified domain and require **minimal** instructional support.

The data represent the percent of entering kindergarten students rated as PL1 in at least one domain. These students will require substantial instructional support in kindergarten in one or more specific content areas. The data illustrate that approximately one-third of all entering kindergarten students fall into this category. Preliminary CSDE analysis indicates that of the students who are eligible for Free lunch and reside in 13 districts with large concentrations of publicly funded pre-K programs, a smaller percentage of those with pre-K enrollment need substantial instructional support as compared to those without pre-K enrollment.

Trend: ▲

Indicator 6

Percent Reading At/Above Goal in 3rd Grade



Story behind the baseline:

Students who do not become proficient readers by age eight have a greater likelihood of being struggling readers into adulthood. In 2012, 59.2% of Grade 3 students were at or above Goal (i.e., the desired performance level) on the Connecticut Mastery Test. While there is incremental improvement, wide gaps remain when performance is disaggregated by subgroups (f/r lunch eligible, students with disabilities, English language learners, Black and Hispanic). A report by the Casey Foundation lists several factors that may undermine grade-level reading proficiency. These factors are also evidenced in Connecticut.

- Children from low-income families are less likely than those from middle-income families to participate in high-quality early childhood and pre-K programs. 2012-13 represents the first year since 2007-08 that pre-K slots were expanded substantially.
- Children need to attend school regularly to benefit from instruction. Among K-3 students in Connecticut, those receiving free lunch were chronically absent at two to three times the rate of their peers (reduced or no lunch subsidies).

In Connecticut, approximately 20% of Black and Hispanic children are not enrolled in full-day kindergarten, thereby limiting the instructional time necessary to master the more rigorous Common Core State Standards.

Trend: ▲

Connecticut Early Childhood Education Cabinet, 2013 Population Report Card

All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Proposed Actions to Turn the Curve:

- Effectively **engage families** to support their children's health, education, and well-being through targeted interventions (e.g., home visitation, Family Resource Centers, dual generation programs like Even Start).
- Extend the work of **the Health Promotions Workgroup** to increase coordination of surveillance and early identification and intervention among health, human services, and other early care providers.
- Align planning, policy and practice between birth to 5 and K-3 through **Birth to Five Early Learning Development Standards** to ensure high quality developmentally appropriate practices.
- Increase the number of children in high quality early learning programs in order to reduce the need for substantial instructional supports in kindergarten.
- Increase access to high quality early learning and development programs by developing a **Quality Rating and Improvement System**.
- Ensure CT teachers in state subsidized early childhood education programs not only meet the mandated teacher qualifications outlined in legislation, but also increase their **core knowledge and competencies** in early learning and development.
- Continue the work of the **Cabinet Data Systems Workgroup** to align data systems to follow children from birth through school and beyond.
- Construct data systems that provide accurate child, teacher, and program data.
- Develop cross agency data system interoperability to more effectively deliver services to children and families.

- Enable data sharing between communities and state level agencies to inform community and state level planning efforts.

Data Development Agenda:

- Access data from the Health Assessment Record to establish and track critical child health indicators (e.g., BMI).

2013 System Report Card: Early Childhood System

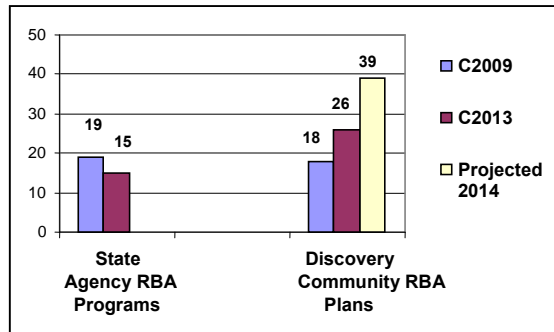
Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: Coordination of state services for children ages birth to 9

Partners: State agencies with programs for children from birth to age 9 [SDE, DSS, DPH, BOR, DDS, DCF and CHEFA], the Early Childhood Education Cabinet and the Early Childhood Planning Office. Others include federal and private funding sources; and state, regional and local EC services providers and advocates.

Performance Measure 1: EC System Accountability

State Agency & Community RBA Use



Story behind the baseline:

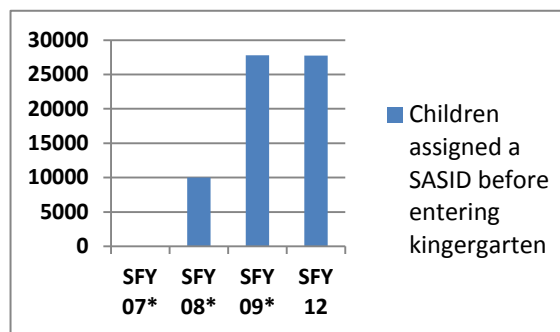
From 2006 through 2009, the EC Education Cabinet used RBA report cards to strengthen accountability. In 2008, 27 programs were reported. In 2009, 19 were reported* and an RBA Accountability Plan was created. In 2013, 6 state agencies (BOR, DPH, DCF, DDS, DSS, and SDE) completed 15 RBA report cards, a decrease from 2009.

In contrast, the use of RBA as a strategic planning and accountability framework increased at the community level. In 2009, 18 towns created early childhood plans in an RBA format. The number of towns with early childhood strategic plans increased to 26 in 2013. The number will increase again in 2014 with 39 towns creating RBA early childhood plans.

Trend: ▼ for state agencies but ▲ for community participation * Reported in the 2009 EC System RBA

Performance Measure 2: EC System Data Development

Preschool age children assigned unique IDs



Story behind the baseline:

To make sound policy decisions, young children must be uniquely identified and data must be able to be linked across agencies through an Early Childhood Information System (ECIS). The ECIS has not yet been developed. At the present time, children are uniquely identified through the SASID, the state-assigned student identifier.

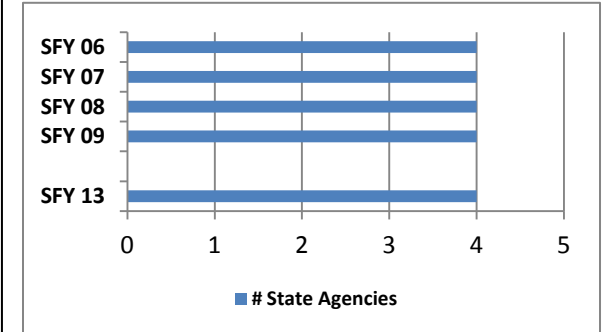
In 2008 CT preschool age children were assigned SASIDs and entered into the SDE database. In 2009, children in Head Start and the CT School Readiness and Child Development Center programs were added. About a third of 4-year-old children in the state are now in this data system, the same percentage as in 2009. There has been no progress since 2009.

Other states have created EC Information Systems that allow longitudinal tracking of service needs met and child outcomes achieved.

Trend: ◀▶ * Reported in the 2009 EC System RBA

Performance Measure 3: Federal EC Funding

State Agencies and Federal Funding



Story behind the baseline:

Five major federal grant categories provide funding for state's early childhood services. While the level of funding varies by year, the funding categories have been consistent for many years.

In Connecticut, these federal funding streams are administered by four different state agencies:

- Child Care and Development Block Grant – DSS
- Head Start Collaboration: SDE
- IDEA Part B 619, EC Special Education: SDE
- IDEA Part C, Birth to 3: DDS
- Home Visiting (MIECHV): DPH.

Other states have created early childhood governance structures that consolidate the administration of these funding streams in order to maximize their effectiveness and avoid redundancy, inconsistencies, and gaps in services.

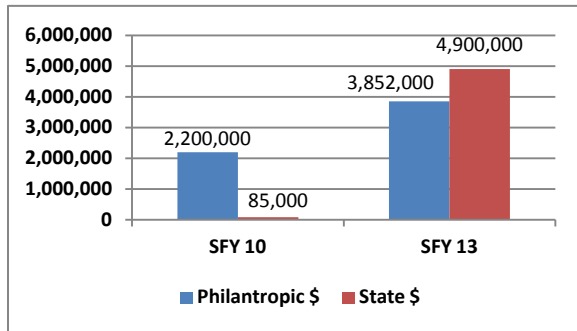
Trend: ◀▶

2013 System Report Card: Early Childhood System

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Performance Measure 4: Early Childhood Co-Investment

Philanthropic and State Matching Funding



Story behind the baseline:

Building and supporting an early childhood B through 8 system will require both public and private financial resources. This measure shows the growth in co-investment for a specified group of initiatives from 2009 through 2013. NOTE: This does not include other philanthropic investments made over time.

In 2009, the EC Education Cabinet partnered with state and national foundations to bring \$2.2 million to CT to address early literacy and children's health, community RBA planning efforts, and Child FIRST early intervention services. That funding required a match of \$900,000. When funds for the Cabinet were cut in 2010, just \$85,000 was available for match (and only through carry forward dollars from 2009).*

Although the 2013 EC Cabinet does not have funds to invest, several state agencies joined foundations to continue these initiatives. In 2013, \$3.85 million in foundation funds supports these initiatives, while state funds contribute an additional \$4.9 million. Of the state funding, the largest allocation (\$3.8 million) has been to sustain Child FIRST.

Trend: ▲ * Reported in the 2009 EC System RBA

Proposed Actions to Turn the Curve

In order to increase accountability for early childhood programs and outcomes in the state, the Governor has proposed creation of early childhood system to be managed and supported by a new Office of Early Childhood. This office would bring early childhood programs currently operated by 5 different state agencies together in a new agency with full authority for systemic accountability.

The new Office would be responsible for strategic planning, service coordination and integration, RBA expansion, the development of integrated data development and utilization, and for managing diverse state and federal funding streams.

Approval and implementation of the new Office will dramatically improve the state's capacity to (a) improve children's health and development from birth through age eight and (b) assure that all program expansion serving children and families in the early years is of high quality and effective. Additionally, the Office will (c) guide longitudinal research on children's readiness for kindergarten and (d) link these data with current achievement data available from the State Department of Education to track early school performance.

Data Development Agenda

The Data Workgroup of the Early Childhood Education Cabinet (including DPH, DSS, DCF, SDE & Care 4 Kids) has discussed ways to increase the number of children about whom information is captured in a cross agency data system.

The Workgroup recommends (a) that CT's birth certificate number be used as a child's unique ID by agencies that serve children before kindergarten and (b) that it be linked to the SASID when children enter school.

Two current data architecture efforts offer opportunities for expanded interagency data matching and use. The CT Health Information Network, developed with state funding and managed by the University of Connecticut, now offers cross-agency data matching and analysis for research purposes.

In addition, the Department of Social Services is developing a new Service Oriented Architecture (SOA) that will, in 2014, be capable of providing real time inter-agency data exchange.

A key task of the proposed Office of Early Childhood in SFY 2013-2014 will be to guide development of an early childhood interagency data development, exchange, analysis and reporting function.

2013 Program Report Card: Child Protection and Foster Care, Department of Children and Families,

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

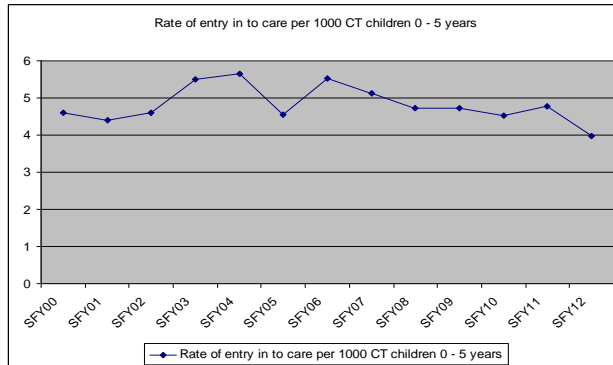
Contribution to the Result: In partnership with families and communities, the Department of Children and Families will advance the health, safety and learning of all children we serve, identify and support their special talents, provide opportunities for them to give back to their communities, and leave the Department with an enduring connection to a family. This includes implementing a differential response system, supporting families through respectful family engagement, returning children from costly congregate placements and preventing many out-of state residential placements as well, by using cost savings to build a regional network of effective, family-focused and community-based services and supports.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	DCF is currently unable to provide this information because this effort spans multiple employee disciplines within DCF, and also includes multiple contracted and per diem services which are not funded based solely on the age of referred children.			
Estimated SFY 13				

Partners: Parents, Community Providers, Other state agencies, parent support and advocacy agencies

How Much Did We Do?

Entry into Care: Incidence Rate of Entry - Children age <5 years at entry



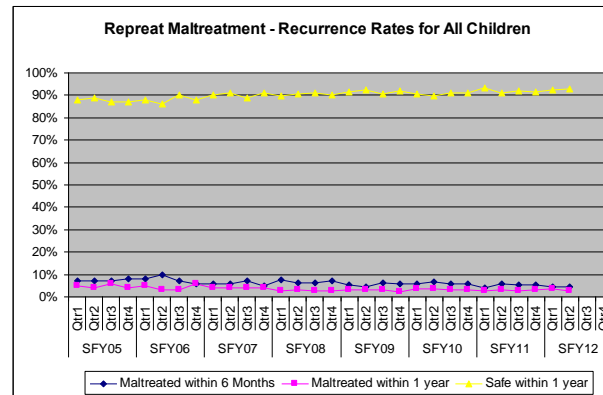
Story behind the baseline:

This graph shows the incidence rate of entry into care for children 0 to 5. This is important as a safe and permanent family is the best place for children to grow up. CPS should only intervene when parents request help or are unable to meet their children's basic needs. CPS should focus on family strengths, providing parents with the assistance needed to keep children safe and families together. Further, reducing entry into care ensures that out-of-home care resources can be used for children who cannot safely remain at home.

Trend: ▲

How Well Did We Do It?

Repeat Maltreatment - Recurrence Rates for Children



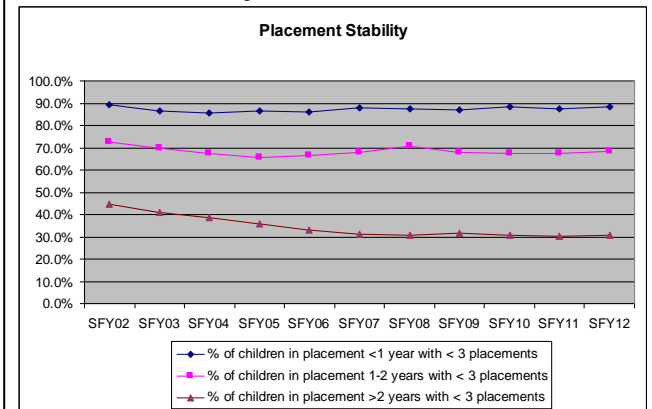
Story behind the baseline:

This table depicts the rate of maltreatment for children involved in an active protective services case. The rate of repeat maltreatment is a widely-used indicator of quality of child welfare practice. Not only is the rate of repeat maltreatment extremely low in Connecticut, the rate of abuse across the overall population in Connecticut is extremely low when compared with rates for neglect. This understanding has caused DCF to examine where, and for what, treatment dollars are currently targeted, and where they can best be used.

Trend: ▲

How Well Did We Do It?

Placement Stability



Story behind the baseline:

This table depicts the percentage of children birth to five experiencing three or fewer placements in foster care across three ribbons of time, depending how long they remain in care. Young children require stable, nurturing environments that assure their health, safety and permanent attachments in order to reach their full developmental potential and be ready for school. Children placed in relative care are likely to have fewer placements and greater stability.

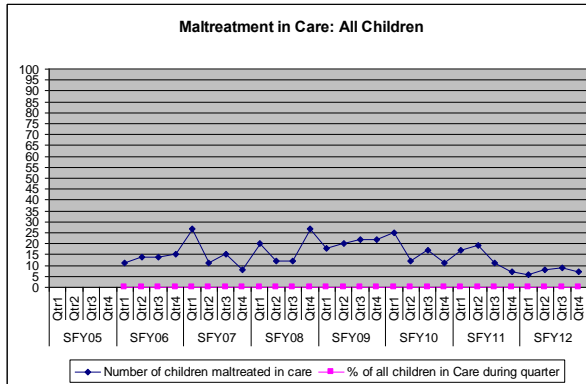
Trend: ◀▶

2013 Program Report Card: Child Protection and Foster Care, Department of Children and Families,

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

How Well Did We Do It?

Maltreatment in Care



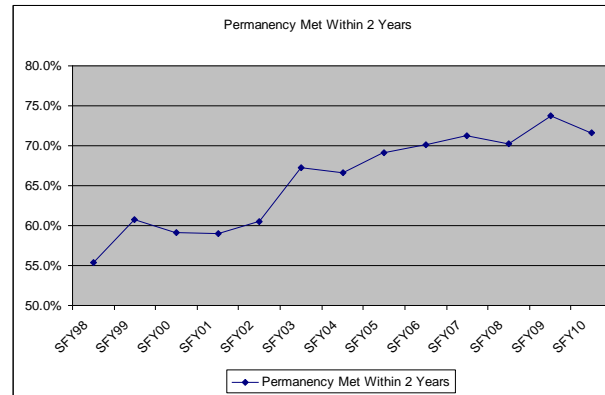
Story behind the baseline:

The graph above depicts the incidents of maltreatment against a child in DCF's care by a substitute caregiver (i.e. an individual or individuals within DCF's foster care system, including its employees). Although the graph suggests a consistently low number and rate of maltreatment in care, the ultimate aim of our work is to eliminate maltreatment of children altogether.

Trend: ▲

Is Anyone Better Off?

Permanency in Two Years - Children Aged 0-5 at Entry



Story behind the baseline: This chart shows permanency, within two years, for children age 0-5. Permanency is a stable, healthy, culturally appropriate, and lasting living situation with at least one committed adult. It also involves reliable, continuous, and healthy connections with siblings, birth parents, extended family, and a network of other significant adults identified by the child and the family. Research has shown us that children grow up best in nurturing, stable families. Timely permanency for all children and youth in care is a central outcome measure in child welfare.

Trend: ▲

Proposed Actions to Turn the Curve:

DCF's strategic plan, developed in accordance with the CTKids Report Card, has nine strategies. Five of those strategies are directly related to improving outcomes for young children and their families. Specifically: investing in prevention, health promotion, early intervention, and educational success; applying strengths based, family focused policy, practice and programs; congregate right-sizing and redesign; developing and investing in regional networks of in-home and community-based services; and focusing on identified populations of children and families-including young children; are all strategies that are designed to improve outcomes for children and families. Examples of DCF's implementation of these strategies includes launching Connecticut's Differential Response System - Family Assessment Response (FAR), including establishing six community partner agencies that work with FAR families; establishing relative placements as the presumptive first placement for all children; ending the use of congregate care for children under six years old; establishing a unit to focus on the work of congregate care facilities; and increasing support to relative families and core foster families.

Data Development Agenda:

DCF will utilize information gained from the Performance Improvement Center for our Family Assessment Response system to understand service needs and what works to improve outcomes for families referred to FAR. Additionally, DCF staff are working to better understand the intergenerational dynamics and service needs of those families with multigenerational system involvement. Additionally, DCF recognizes, and is addressing, the great need for real time data exchange with other state agencies that provide parental supports, on both the basic needs and clinical level.

2013 Program Report Card: Early Childhood Consultation Partnership (ECCP)/DCF

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

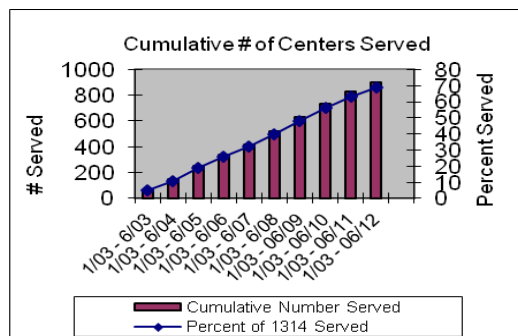
Contribution to the Result: In partnership with families and communities, the Department of Children and Families will advance the health, safety and learning of all children we serve, identify and support their special talents, provide opportunities for them to give back to their communities, and leave the Department with an enduring connection to a family. This includes strengthening the skills of early childhood learning center staff, and parents, to meet the needs of young children with significant behavioral issues, so they can succeed in school.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$ 2,156,581	0		\$2,156,581
Estimated SFY 13	\$ 2,259,235	\$175,000		\$2,434,235

Partners: Parents, ABH, Community Providers, Early Childhood Centers, Other state agencies

How Much Did We Do?

Percent of unduplicated publicly funded early care and education centers receiving ECCP services.



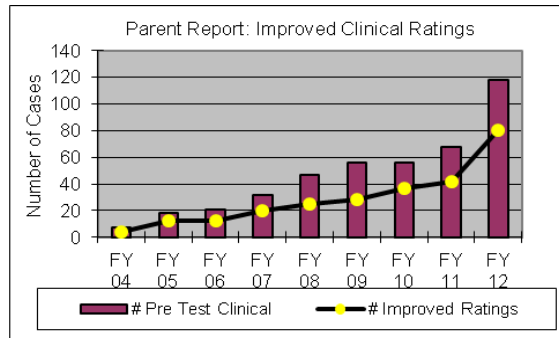
Story behind the baseline:

There are 1,314 centers in Connecticut that are eligible (serving children age's birth to five) for ECCP services. The graph shows unduplicated centers served cumulatively by fiscal year, and demonstrates a clear measure of ECCP progress toward serving 100% of all eligible centers. As of June 2012, ECCP has served over 900 (Approx. 70%) of the eligible centers. This is a significant increase since last reported in 2008, with 43% of eligible centers served at that time.

Trend: ▲

How Well Did We Do It?

Parent Report: Clinical Ratings (CBCL)

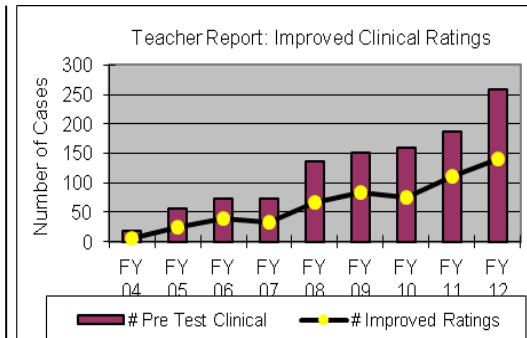


Story Behind the Baseline: Clinical treatment is often based on the findings of the Child Behavior Checklist (CBCL). Within ECCP increasing numbers of children have pre-test scores within the clinical range of the CBCL. While ECCP is a prevention program, it is evident that parental pre-test ratings of clinical symptoms indicate a significant number of children scored within the clinical –borderline clinical range on the CBCL from FY04 to FY12. In spite of the severity of their scores, many children moved from the clinical to improved ratings. ECCP has helped to improve ratings on average by 59% over the last 7 years. For children needing more intensive clinical services than ECCP, the program makes referrals, with follow-up assistance, for higher levels of treatment.

Trend: ▲

How Well Did We Do It?

Teacher Report: Clinical Ratings (CTR-F)



Story behind the baseline:

Teacher reports of changes in children's behavior are measured by pre/post administration of the Child Teacher Report Form (CTR-F). It is evident that teacher pre-test ratings of clinical symptoms indicate a significant number of children scoring within the clinical & borderline clinical range on pretest. Over the last 7 years, ECCP has helped to improve ratings on average by 51%, an impressive finding since ECCP is a prevention and not clinical program. Given the severity of behaviors teachers are reporting in these children, and based on the results of the rigorous evaluation by Yale, these percentages indicate ECCP has a significant & meaningful impact upon the children they serve.

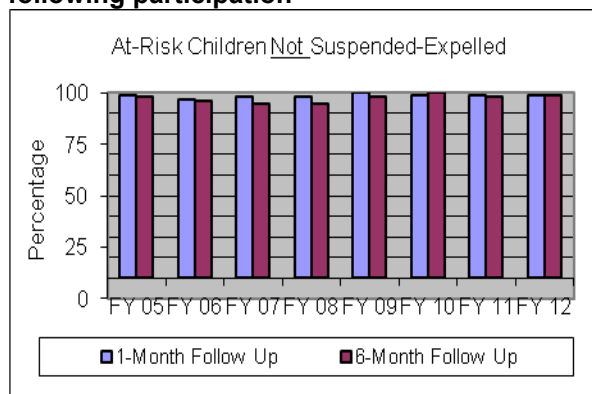
Trend: ▲

2013 Program Report Card: Early Childhood Consultation Partnership (ECCP)/DCF

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Is Anyone Better Off?

Percent of children not suspended or expelled following participation



Story behind the baseline:

The preschool expulsion rate in CT was 12.48 per every 1000 children, the 9th highest rating in the country (Gilliam 2005).

Children are referred to ECCP because they are at risk of suspension-expulsion. At 1 month follow-up, an average of 99% of children who received ECCP services were not suspended/expelled from their early care and education setting. At 6 month follow-up, an average of 97% were not suspended or expelled. The chart above represents a break down of percentages by fiscal year where 1 and 6 month follow up data were available.

Proposed Actions to Turn the Curve:

ECCP is called in to work with children who are at risk of suspension/expulsion. Despite the severity of the behaviors and social-emotional problems these children present with, ECCP continues to increase the likelihood that children will be maintained in their childcare settings. ECCP will continue to increase the capacity of teachers to better manage at risk children and to effectively partner with families.

The ECCP has been deemed an evidenced-based, best practice program through the significant & meaningful results demonstrated by Gilliam's rigorous evaluation and as reflected in the improvement percentages of the CTR-F. ECCP will continue to maintain at or above the reported baseline of centers served.

The ECCP will continue to focus recruitment efforts on previously un-served centers. In addition, when ECCP does receive referrals from previously served centers, emphasis will be placed on systemic change at the level of the director and center policy.

ECCP will work closely with families to integrate more intensive Child Actions Plans within both the home & early care/education programs. Through these plans ECCP will increase their focus on referrals to clinically based treatment programs to match the high clinical need evident in many of these children and where their needs go beyond the prevention scope of the ECCP.

Trend: ▲

2013 Program Report Card: Birth to Three System, Department of Developmental Services

Quality of Life Result: All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction in Connecticut's achievement gap

Contribution to the Results: The program strengthens the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have significant delays or disabilities, ensuring that more of these children are ready for Kindergarten.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY12	\$38,840,094*	\$5,432,721	\$5,922,014	\$50,194,829
Estimated SFY 13	\$36,686,949*	\$6,977,715**	\$6,679,592	\$50,344,256

* Medicaid federal reimbursement projection of \$6M will offset state funding. FY12 reimbursement was \$6,230,795 ** Includes \$2M in carryover from FY12

Partners: Local school districts, physicians, hospitals, Office of Policy and Management; the Departments of Public health, Insurance, Education, Children and Families, Rehabilitation Services, Administrative Services, and Social Services; The University of Connecticut, State and Local Interagency Coordinating Councils, Early Childhood Cabinet, HMO Association and Anthem; and United Way.

How Much Did We Do?	How Well Did We Do It?	Is Anyone Better Off?																																																																						
<p>Performance Measure 1: The number of children under three enrolled</p> <p>Total Enrolled in Fiscal Year</p> <table><caption>Total Enrolled in Fiscal Year</caption><tr><th>Fiscal Year</th><th>Total Enrolled</th></tr><tr><td>2003</td><td>9400</td></tr><tr><td>2004</td><td>9500</td></tr><tr><td>2005</td><td>8900</td></tr><tr><td>2006</td><td>8600</td></tr><tr><td>2007</td><td>8600</td></tr><tr><td>2008</td><td>9100</td></tr><tr><td>2009</td><td>9700</td></tr><tr><td>2010</td><td>9600</td></tr><tr><td>2011</td><td>9500</td></tr><tr><td>2012</td><td>9400</td></tr></table> <p>Story behind the baseline: The Birth to Three System enrollment is based upon the number of referrals received, the percentage of those referred who are eligible (Connecticut has very narrow eligibility criteria) and those whose parents decide to accept services (some decline due to the fee schedule or for other reasons.)</p> <p>The above graph shows the unduplicated number of eligible children who received services during any part of each fiscal year. The drop in 2005-2008 can be attributed to eligibility changes made in July 2003 plus the requirement of fees that began in January 2004.</p> <p>Although Connecticut's birth rate continues to decline, 10% of children born each year are enrolled in Birth to Three by age three.</p> <p>Trend: ▼</p>	Fiscal Year	Total Enrolled	2003	9400	2004	9500	2005	8900	2006	8600	2007	8600	2008	9100	2009	9700	2010	9600	2011	9500	2012	9400	<p>Performance Measure 2: The percentage of infants enrolled</p> <p>% Enrolled by 12 Months of Age by Fiscal Year</p> <table><caption>% Enrolled by 12 Months of Age by Fiscal Year</caption><tr><th>Fiscal Year</th><th>% Enrolled</th></tr><tr><td>2003</td><td>1.00%</td></tr><tr><td>2004</td><td>1.00%</td></tr><tr><td>2005</td><td>1.00%</td></tr><tr><td>2006</td><td>1.00%</td></tr><tr><td>2007</td><td>1.00%</td></tr><tr><td>2008</td><td>1.10%</td></tr><tr><td>2009</td><td>1.10%</td></tr><tr><td>2010</td><td>1.20%</td></tr><tr><td>2011</td><td>1.20%</td></tr><tr><td>2012</td><td>1.20%</td></tr></table> <p>Story behind the baseline: The earlier a child with a disability can be identified and enrolled, the more months of early intervention services and supports their families can receive. Birth to Three data compared with Dept. of Public Health data indicates that there are children who would be automatically eligible for services from birth who are not being enrolled or whose enrollment is delayed until they are older. In 2011, the Birth to Three System began an initiative to identify the root causes of delayed enrollment and to address them.</p> <p>The above graph shows the percentage of children in Connecticut under age one that are enrolled based on a one-day count divided by Census Bureau estimates of the number of children under age one. The census data used for the 2012 calculation is provisional.</p> <p>Trend: ◀▶</p>	Fiscal Year	% Enrolled	2003	1.00%	2004	1.00%	2005	1.00%	2006	1.00%	2007	1.00%	2008	1.10%	2009	1.10%	2010	1.20%	2011	1.20%	2012	1.20%	<p>Performance Measure 3: The percentage of children not requiring special education services as they enter Kindergarten</p> <p>% Not Requiring Special Education Entering Kindergarten</p> <table><caption>% Not Requiring Special Education Entering Kindergarten</caption><tr><th>Year</th><th>% Not Requiring S.E.</th></tr><tr><td>2000</td><td>49%</td></tr><tr><td>2001</td><td>50%</td></tr><tr><td>2002</td><td>51%</td></tr><tr><td>2003</td><td>49%</td></tr><tr><td>2004</td><td>50%</td></tr><tr><td>2005</td><td>51%</td></tr><tr><td>2006</td><td>55%</td></tr><tr><td>2007</td><td>54%</td></tr><tr><td>2008</td><td>51%</td></tr><tr><td>2009</td><td>52%</td></tr><tr><td>2010</td><td>51%</td></tr><tr><td>2011</td><td>51%</td></tr></table> <p>Story behind the baseline: Using state assigned student identifiers, (SASIDs) children who were enrolled in Birth to Three can be tracked longitudinally. Department of Education data from the fall of 2000 through 2011 indicates that about 51% of children do not require special education if they have received Birth to Three services. For those children who remain in Birth to Three until age three, approximately 80% are eligible to receive special education services at age three. The trend shows a slightly increased percentage from 49% in 2000 to 51% in 2011 (the most recent SDE data available). This translates to some increased savings in special education costs to the state and to municipalities.</p> <p>Trend: ◀▶</p>	Year	% Not Requiring S.E.	2000	49%	2001	50%	2002	51%	2003	49%	2004	50%	2005	51%	2006	55%	2007	54%	2008	51%	2009	52%	2010	51%	2011	51%
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Feb. 4, 2013

Trend Going in Right Direction? ▲Yes; ▼ No; ◀▶ Flat/ No Trend

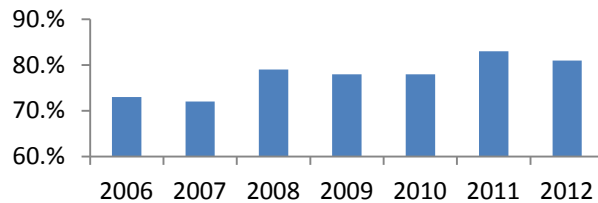
2013 Program Report Card: Birth to Three System, Department of Developmental Services

Quality of Life Result: All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction in Connecticut's achievement gap

Is Anyone Better Off?

Performance Measure 4: Percent of families that say they are better able to help their children develop and learn

Percent of families better able to help their children develop by Fiscal Year



Story behind the baseline:

Each year, a fairly lengthy survey is sent to all families whose children have been enrolled for at least six months asking them questions to which they respond on a scale from "very strongly disagree" to "very strongly agree" The survey gets a response rate of over 50% each year.

The graph above shows the percentage of families saying that they strongly or very strongly agree with the statement "Birth to Three has helped me to help my child develop and learn." We did not count those who said "agree" because it's not a strong enough statement.

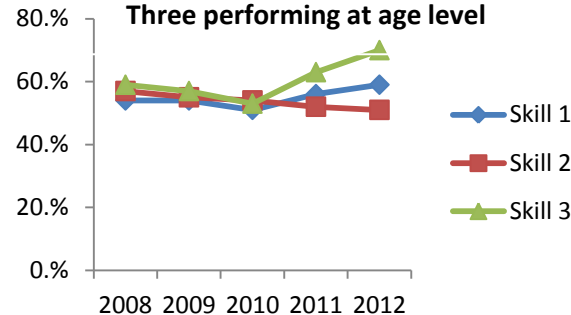
The data shows a definite increase from 2006 (at 73%) to 2012 (at 81%). This measure is the core mission of the Birth to Three System: To strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities."

Trend: ▲

Is Anyone Better Off?

Performance Measure 5: Children leave Birth to Three at age level

Percentage of children leaving Birth to Three performing at age level



Story behind the baseline:

Children are assessed when they enter Birth to Three and when they leave. Providers use that assessment information plus all other information they have on a child to "rate" the child's developmental level in three areas and the final rating describes how much progress the child made since enrollment. The three skill areas are:

1. social/emotional
2. acquiring and using knowledge (includes early language and literacy)
3. using appropriate behavior

The graph above shows just the percentage of children who left Birth to Three performing at age level for each of the three areas. Although skills 1 and 3 have shown general increase, skill 2 has shown somewhat of a decrease.

Trend: ▲

Proposed Actions to Turn the Curve:

The Birth to Three System is taking the following proposed actions to turn the curve:

More intensive outreach to birthing hospital and regional neonatal intensive care units and pediatric follow-up clinics including the possibility of stationing parents of former NICU graduates to offer face-to-face support and assistance in enrolling children in Birth to Three.

New Memorandum of Understanding with DCF for referrals of children for whom there are developmental concerns.

More guidance and training for providers in eligibility determinations of children under 12 months and the most appropriate assessments to use.

More guidance, training, and technical assistance for supervisors of local Birth to Three programs as well as individual providers through an enhanced training unit in Birth to Three central office. Emphasis is on evidence-based practices in early intervention and ensuring fidelity of practice in the field.

Data Development Agenda:

Our current efforts within our real-time data system are to assist local programs in streamlining their program management through data and improve the quality of the data through auto-edits and reminders within the system. We're also developing video "Help Guides" for posting on our website.

The data development area for the next few years will be exploring the appropriate use of cross-agency data and data comparisons while ensuring the confidentiality and security of all personally identifiable information.

2013 Program Report Card: Child Day Care Licensing/Department of Public Health (DPH)

Quality of Life Result: All Connecticut children birth to 9 nine grow up in a stable environment, safe, healthy, and ready to succeed.

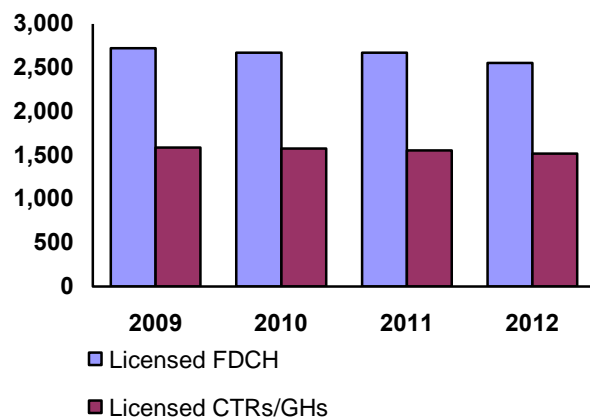
Contribution to the Result: The Child Day Care Licensing Program is responsible for licensing family day care homes, group day care homes, and child day care centers throughout the state of Connecticut. The child care licensing staff are dedicated to assuring that all licensed child day care facilities operate at or above the required standards established by legislation to ensure the health and safety of children participating in such programs is protected. This is accomplished by providing technical assistance, application processing, facility monitoring, complaint investigation and enforcement activities.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	3,862,005	666,791	-	4,528,796
Estimated SFY 13	4,088,445	666,791	-	4,755,236

Partners: Departments of Social Services (DSS), Education (SDE) and Children and Families (DCF); Office of the Attorney General, 211 Child Care, local health building, zoning, health and fire departments, CT Charts-A-Course, child day care programs and various associations

How Much Did We Do?

of Licensed Family Day Care Homes and Child Day Care Centers/Group Day Care Homes



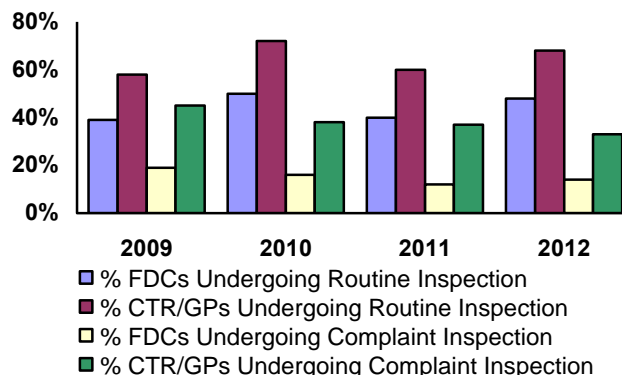
Story behind the baseline:

The total number of licensed facilities has declined slightly from 2009 to 2012. However, the total licensed capacity of child day care centers/group day care homes has increased from 2009 to 2012. 211 Child Care surveyed child care providers to identify reasons for closures. In a report issued by 211 Child Care for the time period 2007 to 2011, "business not profitable" was the number one reason given by child day care centers/group day care homes for closing and "career change" was the number one reason given by family day care homes.

Trend: ▼

How Well Did We Do It?

% of Licensed Child Care Facilities That Underwent Routine Inspections and Complaints Inspections



Story behind the baseline:

DPH continues to exceed its statutorily mandated inspection frequency of once every 3 years for family day care homes and once every 2 years for child day care centers/group day care homes. DPH's ability to continue this trend is contingent on maintaining staffing levels. The National Association of Child Care Resource & Referral Agencies conducted a review of state standards and oversight and ranked CT low for oversight due to its inspection frequency. DPH investigates 100% of the complaints it receives. The % of programs undergoing complaint inspections does not presently account for the same program receiving multiple complaint inspections. Inspection counts do not include other types of visits such as follow-up inspections, partial visits and consent order monitoring visits.

Trend: ◀▶

Is Anyone Better Off?

% of Licensed Child Care Facilities That Were Subject to Enforcement Actions

Action	2009	2010	2011	2012
Consent Order	1.0%	1.0%	0.7%	0.6%
Revocation	0.3%	0.1%	0.2%	0.2%
Voluntary Surrender	0.3%	0.3%	0.3%	0.3%
TOTAL	1.6%	1.7%	1.2%	1.0%

Story behind the baseline:

DPH continues to take enforcement actions against licensed facilities that fail to comply with minimum statute and regulatory requirements. This data does not include enforcement actions taken against unlicensed individuals such as denials of initial licensure, and consent orders and injunctions for illegal operations.

Trend: ◀▶

2013 Program Report Card: Child Day Care Licensing/Department of Public Health (DPH)

Quality of Life Result: All Connecticut children birth to 9 nine grow up in a stable environment, safe, healthy, and ready to succeed.

Proposed Actions to Turn the Curve:

Efforts to maximize the capabilities of the eLicense system will continue to be explored. For example, enabling individuals to apply for initial licensure and renewal on-line will perhaps encourage more individuals to seek and maintain licensure. DPH will continue to seek added resources for the purchase of lighter laptops which will expedite the completion of field inspections.

DPH will continue to seek to refill positions that are vacated so that the inspection frequency can be maintained. DPH will explore proposals to increase staffing levels to increase inspection frequency to meet national recommendations.

In 2011, the Child Day Care Licensing Program finalized its transition to a new licensing system. The new licensing system, known as eLicense, takes advantage of new technology capabilities that will increase efficiency and service quality for licensed providers, researchers, parents, the general public, and other interested stakeholders. The new system enables the Department to collect valuable data related to the child day care licensing and monitoring activities, and then create more comprehensive reports to allow for more analysis. For example, programs that receive multiple complaint visits will only be counted once when calculated the % of programs visited. Also, eLicense will allow us to generate reports which identify providers with repeat violations to target monitoring activities.

Data Development Agenda:

2013 Program Report Card: Care 4 Kids – Department of Social Services

Quality of Life Result: Children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: Care 4 Kids is designed to subsidize child care expenses to allow low income working families and families receiving Temporary Family Assistance to work and participate in Jobs First Employment Services Program to transition off assistance and choose quality child care.

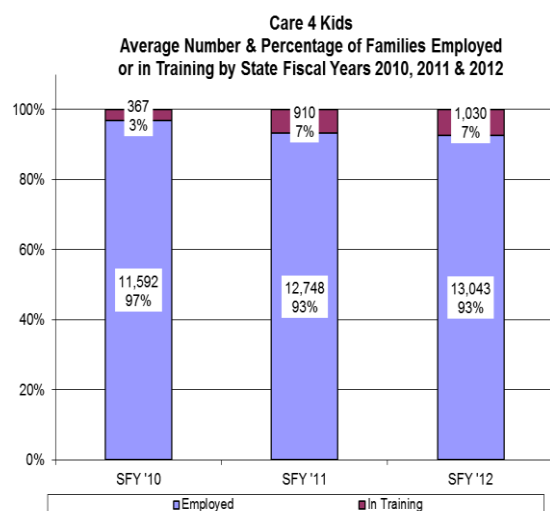
Program Expenditures	State Funding	Federal Funding*	Total Funding
Actual FY 12	100,085,828		100,085,828
Estimated FY 13	97,038,713		97,038,713

*The state receives federal reimbursement. In FY 12, \$41.9 million was received in federal dollars. It is estimated that in FY 13, the state will receive \$41.9 million in federal dollars.

Partners: United Way of Connecticut, Child Care Providers, Departments of Children and Families, Labor, Public Health, and Emergency Services and Public Protection

How Much Did We Do?

Families Served – monthly average number and percentage of families employed and in training.

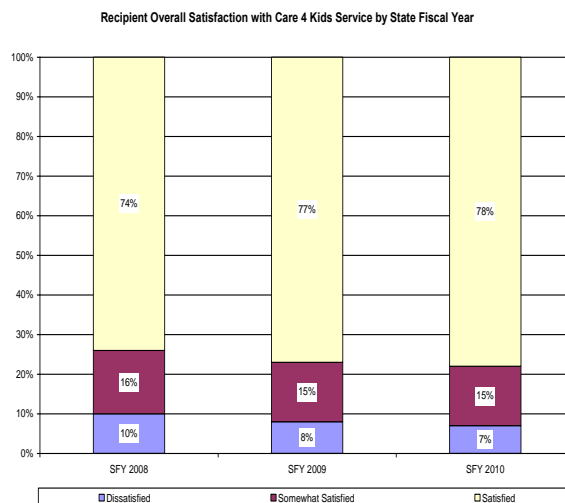


Story behind the baseline: Low and moderate-income families who are working and at risk of becoming eligible for TFA, teen parents who are attending high school, and families receiving TFA who are participating in an approved training program, working, or have recently transitioned off of TFA continue to receive assistance, within available resources. However, the demand for child care assistance continues to increase due to the high cost of quality care and the lack of growth of family income needed to cover child care expenses.

Trend: ◀▶

How Well Did We Do It?

Families' experience – family response to yearly satisfaction survey.

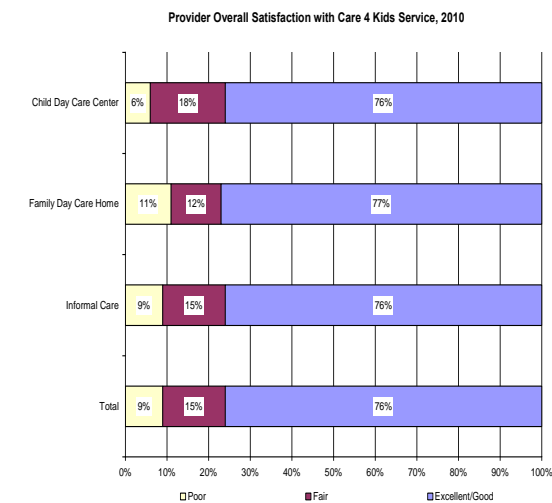


Story behind the baseline: Independent 2010 survey covers all aspect of program operations, from responsiveness to ease of gaining and maintaining program eligibility. Complaints often center on need for higher reimbursement rate or change in program eligibility to allow higher income families to participate.

Trend: ◀▶

How Well Did We Do It?

Providers' experience – provider response to yearly satisfaction survey.



Story behind the baseline: Independent 2010 survey captures how well the program works for the variety of child care providers who care for children that receive Care 4 Kids assistance. Approximately 90% of the providers surveyed rate service as fair to excellent. This has been a consistent finding for the past few years. Most complaints pertain to the need for higher reimbursement.

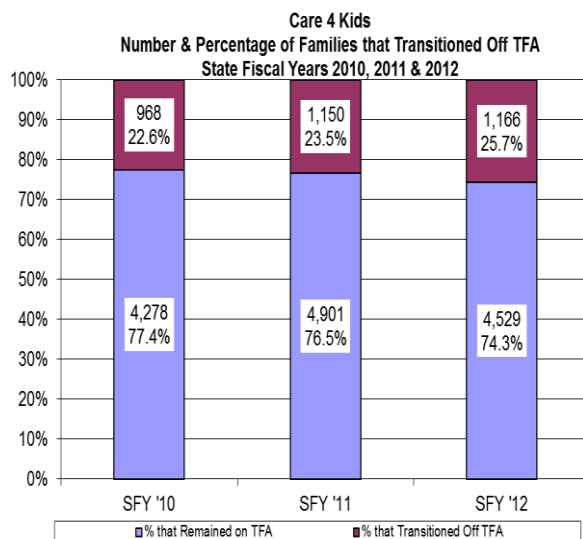
Trend: ◀▶

2013 Program Report Card: Care 4 Kids – Department of Social Services

Quality of Life Result: Children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Is Anyone Better Off?

Families that Transitioned Off Temporary Family Assistance – number and percentage of families on TFA and those that transitioned off TFA because of increased income



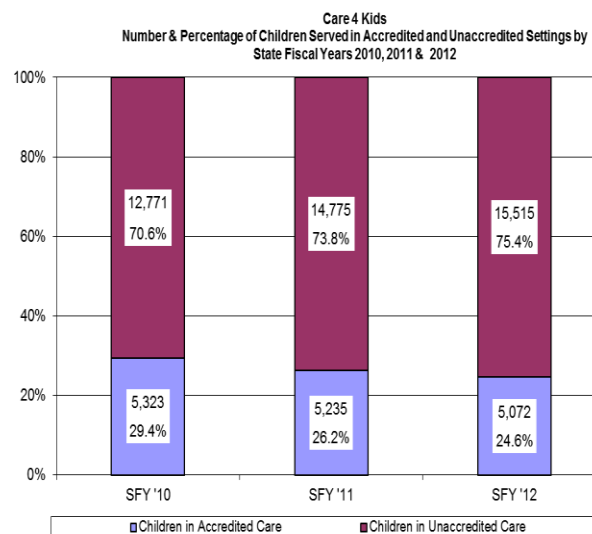
Story behind the baseline:

Working families that transition off of TFA still need ongoing financial assistance to meet their child care expenses. Care 4 Kids is designed so that as family income increases the family share of the child care expense also increases and less public funds are needed. This is a wise investment of public funds and eventually ends when the family becomes self-sufficient.

Trend: ◀▶

Is Anyone Better Off?

Children in Accredited Programs – number and percentage of children enrolled in accredited and unaccredited care programs



Story behind the baseline:

Families are encouraged to choose quality settings when possible and national accreditation is an indicator of quality. CT has one of highest % of accredited child care centers in the U.S. Unfortunately, there are few accredited family day care homes and there are no accreditation programs for kith/kin providers which also receive Care 4 Kids assistance.

Trend: ◀▶

Proposed Actions to Turn the Curve:

Collecting Information

- Identify methods to support family day care homes to become accredited and support kith and kin providers to attend training and education workshops on order to enhance their early childhood development skills.
- Collaborate with Department of Labor to expand opportunities for TFA clients to obtain jobs and transition off TFA cash assistance.
- The Early Childhood Education (ECE) State Advisory Council, Professional Development/ Workforce workgroup will be developing a framework of competencies for the ECE workforce. Results will help to inform the development of Connecticut's Workforce Core Knowledge and Competency Framework.
- The ECE State Advisory Council Quality Rating and Improvement System Workgroup to provide recommendations on the establishment of QRIS to help provide families with information to make informed choices and provide programs tools to improve quality.

Data Development Agenda:

Analyze the percentage of eligible working families in the state that could be eligible for Care 4 Kids assistance to examine funding levels and outreach efforts are sufficient.

Determine if the percentage of low-income families using unlicensed care settings is comparable to the number of non low-income working families using unlicensed care settings.

If there are differences, determine the cause – is it parental choice, cost, insufficient supply of licensed settings, or other.

The department plans to develop new reporting variables such as the length of stay while receiving TFA and Care 4 Kids.

2013 Program Report Card: *Help Me Grow* (Department of Social Services)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

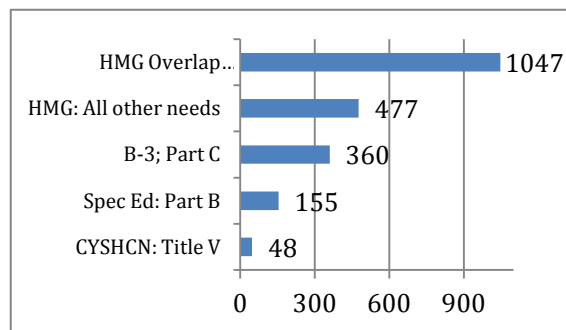
Contribution to the Result: Help Me Grow ensures timely identification and early intervention for young children who are at-risk of developmental and behavioral delays through screening, referrals and connection to community resources that can help.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 12	338,360			338,360
Estimated FY 13	329,901			329,901

Partners: *Help Me Grow* operates at The United Way of Connecticut/211 in collaboration with the Connecticut Department of Developmental Services' Birth to Three System (B-3), the State Department of Education Preschool Special Education Program, and the Department of Public Health's Children and Youth with Special Health Care Needs (CYSHCN) program.

How Much Did We Do?

HMG works across service systems to help all families with multiple needs and likely to "fall through the cracks."



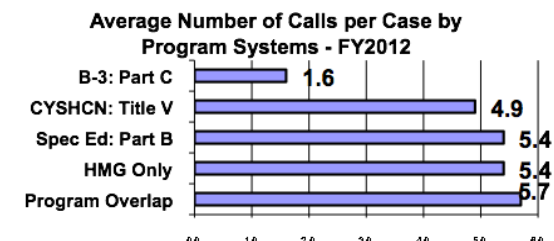
Story behind the baseline:

Over half of callers to Child Developmental Infoline, a specialized call line at 211, were families seeking information about publicly funded services. Approximately half (1,047) met criteria for publicly funded services and also had concerns about their child's health, development, or behavior that did not fit these eligibility services. In 2012, 2% of the calls were directed to Children, Youth and Special Health Care needs (Title V), 7% of the calls were directed to preschool special education (Part B, IDEA), and 17% of the calls were directed to Birth to 3 (PART C of IDEA). A sizeable number of calls (477 or 23%) were about child concerns that did not fit any of these criteria.

Trend: ◀▶

How Well Did We Do It?

Care coordinators are trained on how to build relationships with parent callers. When a parent contacts *HMG* care coordinators ask a series of questions, educate them on how services work, summarize what has happened during the call, clarify follow-up program and referral needs, and connect families to services and other resources.



Story behind the baseline:

Similar to previous years, analysis comparing average number of phone contacts per family (incoming and outgoing) between service systems showed a significant difference between groups ($F=60.87$, $p<.00$). More time and effort is required for those who do not fit eligibility criteria. In 2012, care coordinators made 1.6 calls (incoming and outgoing), on average and on behalf of families inquiring about B-3 services as compared to 5 to 6 calls for families who had unique and/or additional or more complex needs.

Trend: ◀▶

Is Anyone Better Off?

Total number of referrals for program services on behalf of families. Care coordinators typically record two or more service requests. Together, the care coordinator and parent sort out options and plans for connecting families to support and resources within the community. Based on what is discussed and agreed upon, care coordinators connect families to services and other resources.

Number of Referrals to Service Programs

FY2010	FY 2011	FY 2012
3,472	3,038	3,225

Story behind the baseline:

The total number of *Help Me Grow* referrals to service programs for Connecticut families during SFY 2012 year was 3,225, a 6% increase from the previous year but a 7% decrease from SFY 2010. The top service referrals in the past 3 years have been Ages and Stages Child Monitoring Program, education-related services, disability-related services, 211 (basic needs), and parenting education programs.

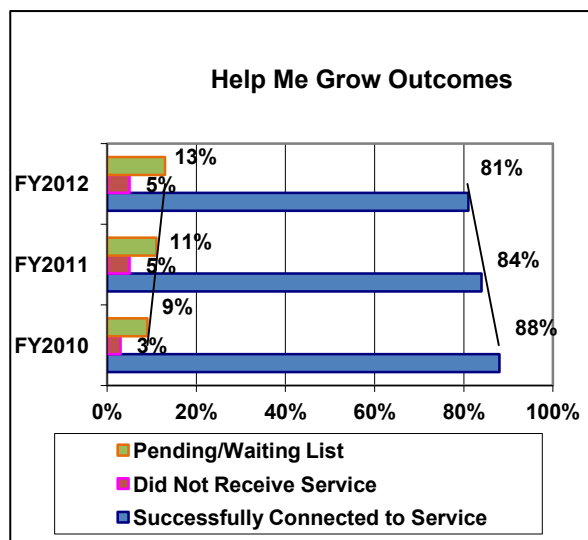
Trend: ◀▶

2013 Program Report Card: *Help Me Grow*

Quality of Life Result: Young children in Connecticut will have quality parental care that meet their needs and will be healthy, developmentally on track, and ready to learn.

Is Anyone Better Off?

Outcomes of family referrals for service and information requests. Outcomes of family referrals for service and information requests have over an 80% success rate showing that families are successfully connected to services four out of five times.



Story behind the baseline:

The decrease in successful outcomes, from 88% in FY2010 to 81% in FY2012, is balanced by the increase in outcomes that are pending, from 9% in FY2010 to 13% in FY2012. See respective trend lines in above chart. The percentage of service referrals where families were not connected has increased from 3% in 2010 to 5% in 2011 and 2012. The increase in outcomes that are pending or where the family was not able to connect to a service may be due to reduced capacity issues of community-based agencies given the economic downturn in the past 3 years and related budget constraints.

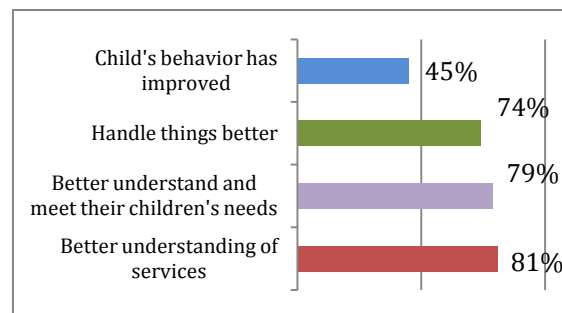
Trend: ▼

Is Anyone Better Off?

The *Help Me Grow* System promotes optimal child development through enhancing protective factors.

The CT *Help Me Grow* is enhancing protective factors including parental resilience, social connections, knowledge of parenting and child development, access to concrete support in times of need, and child social and emotional competence, and facilitating the successful negotiation of risk factors.

Parent responding "Quite A Bit" (3), and "Extremely Agree" (4) to Survey Questions



Story behind the baseline:

The average score for the entire sample (N=85) was 3.27. (Ratings ranged from 1 to 4- from least to most positive. The average scores for each family ranged from .2 to 4). Factor analyses of survey items indicated that as a result of calling *HMG*, and the information and services received, what families found most important was their ability to handle things better, better understand and meet their children's needs, that their child's behavior had improved and that they had a better understanding of services for their family and child. These findings indicate that *HMG* support and linkage to program services enhance protective factors.

Trend: ▲

Proposal to Turn the Curve:

The CT *Help Me Grow* is a national program model for early detection of child developmental and behavioral problems. With the recent hiring of the Children's Trust Fund *Help Me Grow* consultant, a range of promotional efforts are targeted to families, physicians and child care providers. Specifically, an annual statewide campaign is in the planning stages as part of outreach and efforts to raise awareness on the importance of developmental monitoring and the Ages & Stages Child Monitoring program.

Data Development Agenda:

The data on families and children collected through *Help Me Grow* efforts are singular in that they provide an opportunity to compare trends in family and child needs and services across the state. In order to inform promotional and outreach efforts (as outlined above), data analyses will focus on variation in match between family needs and services, gaps and barriers, and outcomes in different parts of the state. In addition, additional data will be collected on *Help Me Grow* network meetings. *Help Me Grow* network meetings, meetings held bimonthly in each of 13 major cities located in every region of the state, provide a unique forum for bringing together front-line and supervisory staff (on a volunteer basis) from a range of community-based programs and as such, have great potential for developing capacity to integrate early childhood services. Quantitative data on these network meetings will be used to examine penetration of training and outreach to pediatricians, childcare providers, and community-based service providers by examining trends in calls in relation to outreach and promotional efforts.

2013 Program Report Card: Nurturing Families Network (Department of Social Services)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to Result: The NFN provides intensive home visiting for high risk families to help solve problems, break the family's social isolation, prevent child abuse and neglect and ensure that children have a promising future.

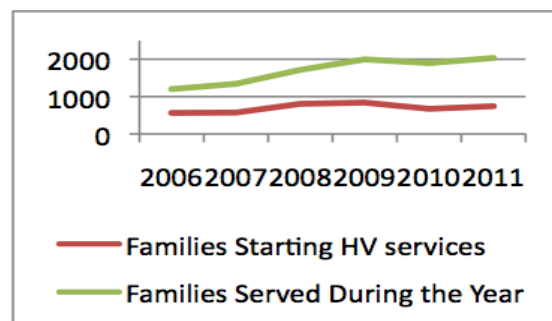
Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 12	10,383,000	600,000		10,983,000
Estimated FY 13	10,189,346	2,237,172		12,426,518

Partners: Nurturing Families Network infrastructure includes 40 sites operating within all 29 birthing hospitals and partners with dozens of public and private service centers.

How Much Did We Do?

Increase in number of families served each year and comparative number of families enrolling in home visiting services per year.

Figure 1. NFN Participation Rates (2007 – 2011)



Story behind the baseline: Along with an increase in the number of NFN sites, the number of families enrolling in home visiting services has increased from 563 in 2006 to 743 families in 2011. Additionally, the number of families served in home visiting has risen more than 69% from 2006 to 2011, with 1,201 participants in 2006 to 2,034 participants in 2011. There was a slight decrease in rates of participation in 2010 compared to 2009, which is likely related to the state budget uncertainty impacting sites, with an accompanying loss of staff (3 times more new staff were trained in 2010 compared to 2008) and consequently fewer participants.

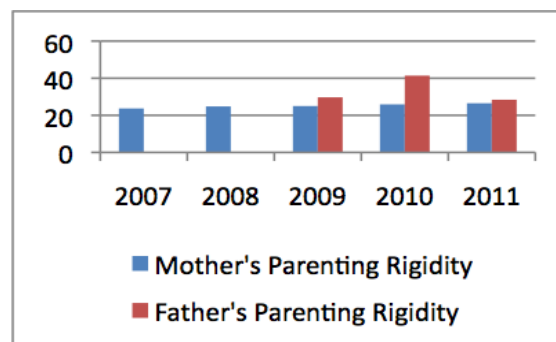
Trend: ▲

Submitted Jan. 2013

How Well Did We Do It?

The program was successful in screening high-risk parents with rigid parenting attitudes.

Figure 2. Parenting Rigidity: Mothers and Fathers (2007 – 2011)



Story behind the baseline: Scores on the Child Abuse Potential Rigidity (CAPI-R) subscale indicate the level of rigid parenting attitudes, and consequently risk for maltreating children. The average score for a normative population on the CAPI-R is 10.1 with a standard deviation of 12.5. The data in Figure 4 shows that NFN mothers (average score of 27) and fathers (average score of 32) come into the program with CAPI-R scores more than twice the normative score (i.e. 10), indicating extremely high-risk populations. CAPI -R outcomes are shown in figure 8 pm page 3.

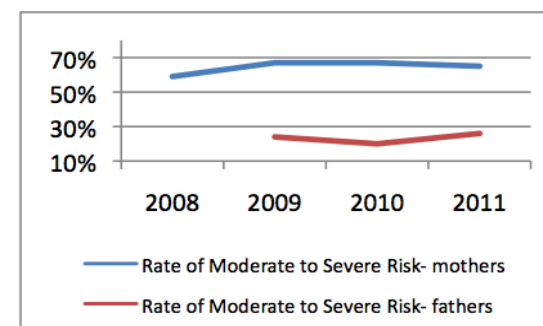
Trend: ▲

Trend Going in Right Direction? ▲Yes; ▼ No; ◀▶ Flat/ No Trend

How Well Did We Do It?

The program was successful in engaging parents with moderate to severe family stress.

Figure 3. Rate of Moderate to Severe Family Stress (2008 - 2011)



Story behind the baseline: Rates of moderate to severe family stress, as measured by the Kempe Family Stress checklist, are presented in Figure 5. These data show that over 60% of mothers score between the moderate to severe range in areas of multiple sources of stress including childhood history of abuse and neglect, social isolation, depression, and history of crime and substance abuse. While fathers report lower rates of moderate to severe stress overall compared with mothers, their stressor's are higher among areas of financial stability and living situations, and are comparable to rates of mother's own history of abuse and neglect.

Trend: ◀▶

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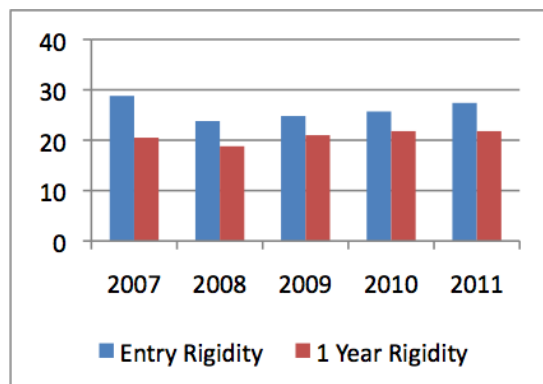
2013 Program Report Card: Nurturing Families Network (Department of Social Services)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Is Anyone Better Off?

Mothers participating in NFN show less rigid parenting attitudes over the first year of program services.

Figure 4. **Parenting Rigidity Outcomes After 1 Year of NFN Program Participation**



Story behind the baseline: Families participating in NFN home visiting show significant reductions on the rigidity subscale of the CAPI-R within 1 year of program participation. These data indicate that families have less rigid parenting attitudes and are less likely to treat their children forcefully.

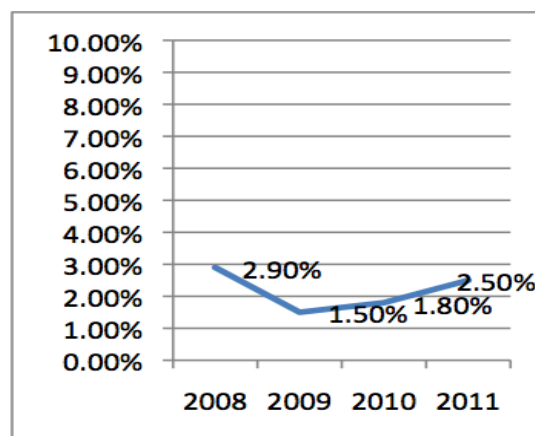
Reported NFN annualized rates of maltreatment for 2005 through 2009 show that rates of substantiated abuse and neglect ranged from 4.4% (the highest) in 2007 to 1.3% (the lowest) in 2008, with 2009 rate of 2%. These rates are very low when compared with rates of 20-25% reported in studies with similarly high-risk groups that did not receive home visitation services in the state of Connecticut.

Trend: ▲

Is Anyone Better Off?

A smaller percentage of NFN children are identified as having a potential developmental delay compared to a normative population.

Figure 5. **Percentage of NFN Children Identified As Having a Potential Delay on the Ages and Stages Questionnaire**



Story behind the baseline: Home visitors screen all children in the NFN program for developmental delays and social and emotional problems. In 2012 they completed 3,804 screens using the Ages and Stages Developmental Monitoring Measure. Each year only a small percentage of the children show a "red flag" for a developmental delay. The rates for the past 4 years have ranged from 1.5% to 2.9%. This compares favorably to the approximately 13% of young children nationwide who have a diagnosed developmental delay.

Trend: ▲

Proposed Actions to Turn the Curve:

There have been new initiatives to serve special populations of parents. In-Home Cognitive Behavioral Therapy is offered to mothers with depression in NFN sites statewide. In addition, there are now fathering home visitors in 10 NFN sites and 11 more are being added with new federal funds. (Note: Results of a study on IHCBT will be released later in 2013. Also, the sample size of father participants for 2011 is still too small to analyze outcome data.) There is also a process study underway to better understand the services being provided to fathers. Finally, a study focusing on child outcomes is starting in February 2013. The information from these projects will help inform and improve the implementation of NFN program services and maximize outcomes for mothers, fathers and children.

Date Development Agenda:

We have developed a web-based data system, the Children's Trust Fund Data System (CTFDS), to track families and measure outcomes for families participating in Nurturing Families Network. The NFN site staff is transitioning from a paper-based system to the web-based system.

The web-based data system will save staff time now spent on the paper system and allow for the 'real time' monitoring of NFN program implementation.

Access to the most current information will enhance quality assurance and program improvement efforts.

2013 Program Report Card: Connecticut Charts-A-Course (CCAC) Board of Regents for Higher Education

Quality of Life Result: All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction in Connecticut's achievement gap.

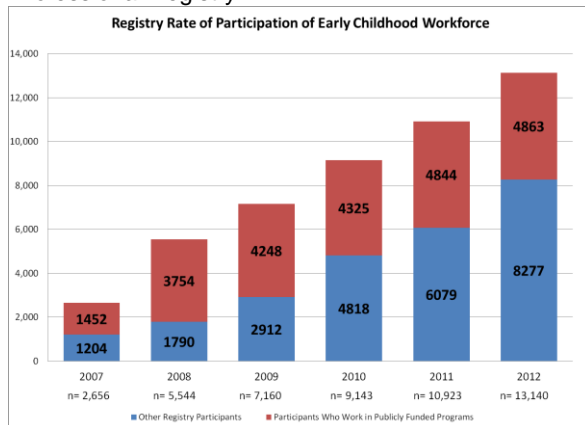
Contribution to the Result: The CCAC program helps to strengthen program quality for young children, by increasing the qualifications of those who work with young children in all sectors and settings through access to higher education and workforce advancement, while also integrating and supporting program improvement to meet national accreditation standards.

Program Expenditures	State Funding	Federal Funding(SDE/IDEA)	Other Funding(Foundation)	Total Funding
Actual SFY 12	2,994,344	60,000	58,034	3,112,378
Estimated SFY 13	3,879,344	60,000	47,000	3,986,344

Partners: Board of Regents, CT Community Colleges, 2 and 4 year colleges, Charter Oak State College, ece programs and faculty in higher education, financial aid and career counseling offices in higher education, CT Association for the Education of Young Children, local foundations, State Departments of Social Services, Education and Public Health, ECE Cabinet, Ct Head Start Collaboration Office, RESCs, United Way of CT, Save the Children, Yale School of Nursing, Child Health and Development Institute, National Association for the Education of Young Children, CT Family Day Care Association Network, CT School Age Alliance, The National Registry Alliance.

How Much Did We Do?

Performance Measure 1: Enrollment in the Professional Registry



Story behind the baseline:

The Early Childhood Professional Registry collects data on the demographics, education and qualifications of individuals working in the early care and education field. Participation is mandatory for all staff working in state funded school readiness, child care and Head Start programs.

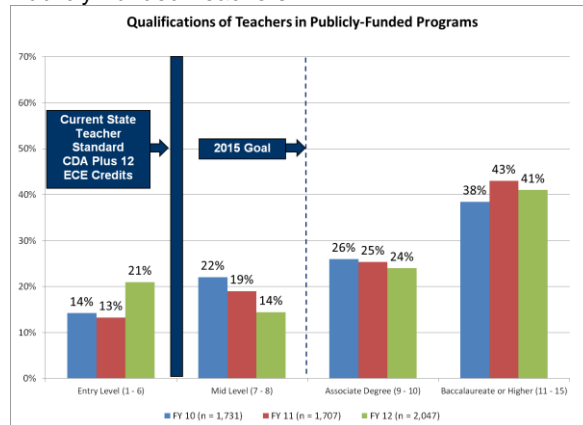
The above graph shows that the Registry has captured 100% of the staff in state publicly funded programs (4,863) and also houses data on 8,277 participants who do not work in programs receiving public funding. Overall Registry participation has increased to 64% of the total estimated early care and education workforce of 20,691. This is an 11% increase from last year.

Trend: ▲

DCR 3/12/13

Is Anyone Better Off?

Performance Measure 2: Career Ladder Levels of Publicly Funded Teachers



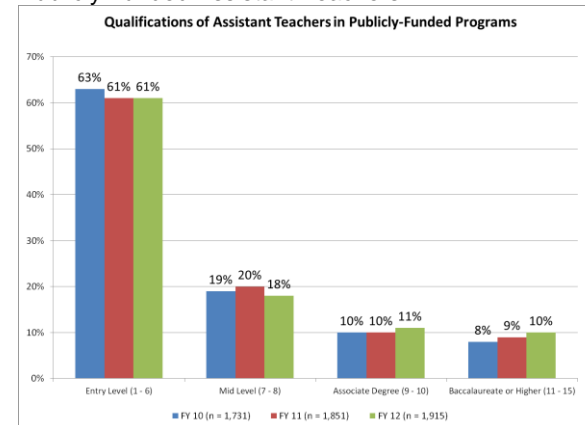
Story behind the baseline:

The current state standard for a teacher in a publicly funded program is a CDA and 12 ECE credits. This graph shows that 14% of the teachers have reached that goal, 24% are at associate's level and 41% are at bachelor's level. 65% of teachers in publicly funded programs meet or exceed the current requirements. 21% have yet to achieve the current teacher standard. Publicly funded programs currently employ 2,047 teachers, which is a 20% increase over prior year. The data above suggests that the increased workforce may be entering at the entry level. There continues to be slow but steady progress in moving the ECE workforce toward the higher 2015 goal (PA 12-50) of having 50% of teachers with a bachelor's degree and the remaining 50% with an associate's degree. This trend aligns with the use of scholarship funds.

Trend: ▲

Is Anyone Better Off?

Performance Measure 3: Career Ladder Levels of Publicly Funded Assistant Teachers



Story behind the baseline:

There is no mandated state requirement for assistant teachers in publicly funded programs.

The graph above shows that 79 % of assistant teachers do not meet the 2015 requirement for teachers in publicly funded programs. The percentage of assistant teachers with a CDA or less remains constant at 61% over the last three years.

The number who meet the state standard of a level 7 (CDA plus 12 ece credits) on the Career Ladder has decreased and the percentage that are moving to AS and BS degrees has increased slightly. This indicates there is some movement of career ladder levels by assistant teachers, as they strive to complete AS degrees.

Trend: ◀▶

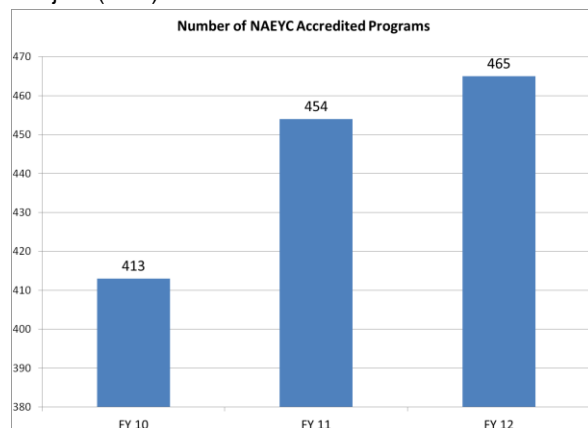
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2013 Program Report Card: Connecticut Charts-A-Course (CCAC) Board of Regents for Higher Education

Quality of Life Result: All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction in Connecticut's achievement gap.

How Well Did We Do It?

Performance Measure 4: Accreditation Facilitation Project (AFP)



Story behind the baseline:

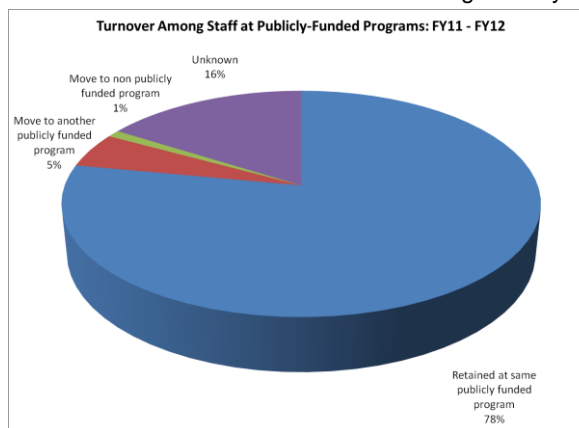
The number of NAEYC Accredited programs continues to grow in CT as we continue to be ranked third in the country in number of programs who have achieved accreditation. The requirement that publicly funded programs achieve this benchmark is a driving force, but the numbers of privately funded programs achieving NAEYC Accreditation also contributes significantly to CT's status as third in the country for accredited programs and number per capita, as quoted by NAEYC.

Nearly 70% of CT's accredited programs were enrolled in AFP or utilized support services over the past 5 years. AFP maintains a success rate of 88% of selected participants achieving NAEYC Accreditation within the 18 month time allotted to individualized support.

Trend: ▲

Is Anyone Better Off?

Performance Measure 5: Turnover among Publicly-Funded Staff



Funded Staff

Story behind the baseline:

In 2011, CCAC reported, in the *Connecticut Early Care & Education Workforce Report*, that the overall program (both publicly and non-publicly funded) turnover rate was 23%, lower than the national average of between 35-40%.

The chart above shows that through the term of FY 2011, the employment persistency rate among publicly funded staff is 78%. Turnover rate is 22%. Of the 22% that turned, 5% went to other publicly funded programs, 1% went to positions at programs that do not receive public funding and the other 16% are unknown. Of those that are unknown 50% were below level 7, (CDA plus 12 ece credits) 6% were at level 7, 7% were at levels 8 or 9 (AS Degree), 18% were at levels 10 or 11 (BS Degree) and 19% were level 12 and above (MS Degree).

Possible conclusions for this are that those at the lower ladder levels are no longer qualified for positions based on the education requirements or low wages. The turnover of those at the higher ladder levels could be due to people aging out of the workforce or moving into programs such as public schools, where they make increased wages.

Turnover rates are consistently linked to program quality and better outcomes for children.

Trend: ◀▶

Proposed Actions to Turn the Curve:

Measure 1: Require all staff working in a DPH child day care center, group home or family child care licensed program to enroll in the Registry and update their professional development qualifications bi-annually.

Measures 2 and 3: Continue to target scholarship opportunities and professional development for publicly funded teachers who are working on degrees to meet PA 12-50.

Continue to target scholarship opportunities and professional development for assistant teachers who are working on completing their CDA and degrees to increase career ladder levels. This will result in more staff who will meet the 2015 teacher requirements.

Measure 4: Distribute specific tools to debunk myths about accreditation and to streamline the process to remove barriers by providing facts and information on which programs can act. Direct regional AFP's to use strategies including direct phone calls and events to recruit programs. Utilize community partners such as early childhood councils and school readiness liaisons to assist the AFP to reach out to programs, to encourage involvement in program improvement activities.

Measure 5: Investigate compensation and retention approaches tied to increased staff qualifications in order to keep all levels of staff in publicly funded programs and stabilize the workforce.

Data Development Agenda:

Continue to build out data elements of the Registry in order to capture more discrete data on all staff in programs and have stronger reporting tools.

Align and broaden the Registry to work with current and future early childhood databases in the state; such as the QRIS system.

Better coordinate with data from the Board of Regents to update the Registry data files seamlessly to track the persistence of those staff that receive scholarships and complete degrees.

2013 Program Report Card: Early Childhood Degree Programs (Institutions of Higher Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: Quality educational experiences for children in the state's preschool programs provided by qualified workers will prepare children for school success when they enter kindergarten at age 5. (Ready by Five and Fine by Nine: All Connecticut children are ready for school success at age 5.)

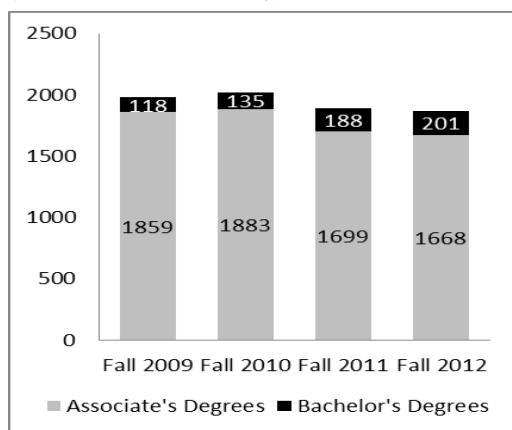
Program Expenditures*	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12				
Estimated SFY 13				

**Institutions of higher education are not able to disaggregate funding by program area.*

Partners: State Department of Education, Department of Public Health, early childhood programs, CT Charts a Course, CT Birth-to-Three, Head Start

How Much Did We Do?

Enrollment in early childhood teacher preparation programs in Connecticut at the associate's and bachelor's level (ConnSCU institutions only)



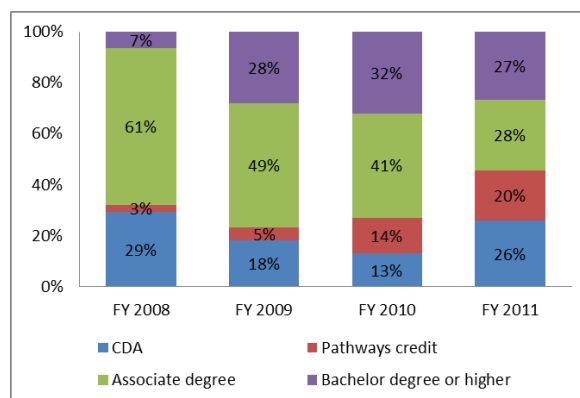
Story behind the baseline:

- After a steady increase, enrollment in associate degree programs peaked in the fall of 2010 but has declined by 10.3% over the past two years.
- Enrollment in bachelor's degree programs has increased by 70.3% over the past four years.
- After the fall 2010 peak, total enrollment in early childhood programs has declined for an overall decline of 5.5% since 2009.

Trend: Associates Degrees ▼
Bachelors Degrees ▲

How Well Did We Do It?

Scholarship awards by credit category
(Source: CT Charts a Course)



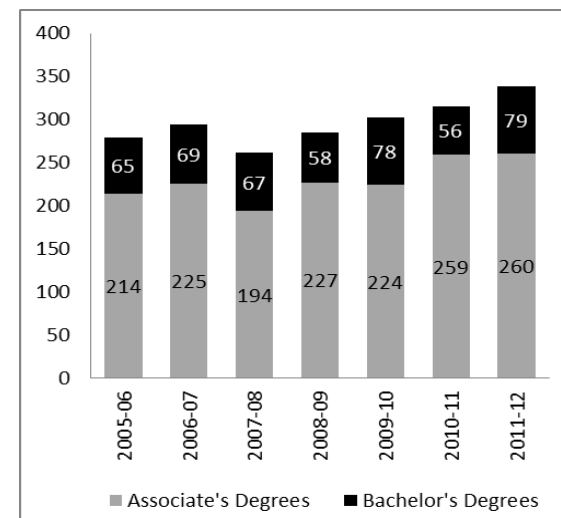
Story behind the baseline:

The Scholarship Award Program distributed 737 scholarships from July 2011-January 2012 (the window was closed the second half of 2012). Continued emphasis was placed on moving the workforce toward college degrees in ECE with 48% of scholarships directed at baccalaureate degrees, continuing the trend toward credit based courses. While this may indicate efforts of meeting the 2015 and 2020 requirements, the cost of baccalaureate degree coursework is stressing the scholarship program and few people being served.

Trend: ▲

Is Anyone Better Off?

Number of early childhood teachers prepared in Connecticut at the bachelor's and associate's level¹



Story behind the baseline:

- Both bachelor's and associate's degree programs have seen a 15% increase in the number of completions over the past five years. UConn's Early Childhood Education and Development program has produced an additional 7, 4, and 13 completers over the last three years, respectively.
- Completions may be related to scholarship availability.

Trend: ▲

2013 Program Report Card: Early Childhood Degree Programs (Institutions of Higher Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Proposed Actions to Turn the Curve:

- Continue working across 2 and 4 year institutions to develop articulations to improve transfer of students in the early childhood teaching track.
- Continue working across institutions to develop partnerships that leverage expertise from other colleges in providing curriculum to students so they are able to complete their degree.

Data Development Agenda:

- As an indicator of whether anyone is better off, the BOR will analyze employment and wage data from the Department of Labor for students that complete programs from ConnSCU institutions.
- Additional measures of “better off” may be found in data collected and reported by the CT Charts a Course program.

Programs Included in the Enrollment and Completions Measurements:

Associate Degree Programs: (Public Institutions) Asnuntuck, Capital, Gateway, Housatonic, Manchester, Middlesex, Naugatuck Valley, Northwestern, Norwalk, Quinebaug Valley, Three Rivers, and Tunxis Community Colleges; (Private Institutions) Lincoln College of New England, Goodwin College, Mitchell College, Post University.

Bachelor Degree Programs: (Public Institutions) Central, Eastern, and Southern Connecticut State Universities; (Private Institutions) Saint Joseph College, Goodwin College, Mitchell College, University of Hartford, Post University, University of Connecticut

ⁱ Figures do not include UConn HDFS-Early Childhood Education and Development completers.

2013 Program Report Card: Mothers of Young Children in Adult Education (Connecticut State Department of Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: Mothers who improve their literacy abilities and/or achieve a high school diploma are: prepared to be more effectively involved in their children's education; better prepared for postsecondary education; and better equipped to move out of poverty and provide a healthier and safer future for their children. Adult education programs assist parents to improve their literacy skills and attain a high school diploma; some teach family literacy skills.

Program Expenditures*	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$20,612,980	\$5,652,748	\$19,783,741	\$46,049,469
Estimated SFY 13	\$20,605,690	\$5,562,943	\$19,223,168	\$45,391,801

*Represents total expenditures for all adult learners (over 26,000), not mothers only.

Partners: Departments of Labor & Social Services, CT Employment and Training Commission, Workforce Boards, Employers. Family Resource Centers, Even Start

How Much Did We Do?

1. # of mothers of young children in adult education

	2008-09	2009-10	2010-11	2011-12
ABE	557	587	603	606
ASE	1360	1458	1425	1314
ESL	1921	2197	2187	2126

Story behind the baseline:

Over 4,000 mothers of young children participate in adult education programs each year to increase their literacy and numeracy skills (ABE), attain a high school diploma (ASE), and/or improve their English language abilities (ESL). They exhibit a wide variety of educational backgrounds and levels. While State statutes do not target specific population subgroups, local adult education programs have welcomed those most in need of adult education services, including mothers of young children.

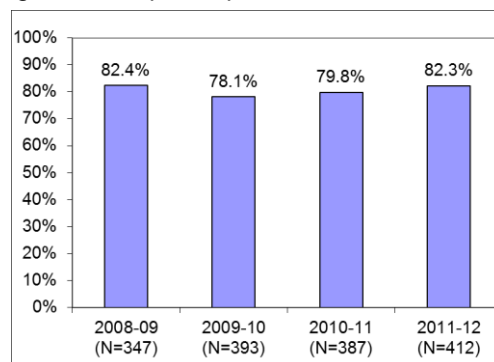
The Connecticut State Department of Education (CSDE) has utilized federal dollars to reach out to this critical audience through family literacy grants. These grants provide adult education instruction to parents, age-appropriate education for children, parenting education, and interactive literacy activities for parents *and* children. A total of 20 family literacy grants are operating in 2012-13, 17 of them are funded solely with federal funds.

The CSDE's continued commitment to family literacy has ensured that stable enrollment of mothers with young children over the past few years; during that same period, the overall adult education enrollment has seen a steady decline. The ongoing cap on the state adult education appropriation limits substantial growth in this area

Trend: ◀▶

How Well Did We Do It?

2. Percent of mothers in ABE who exhibit progress from pre-to post-assessments.



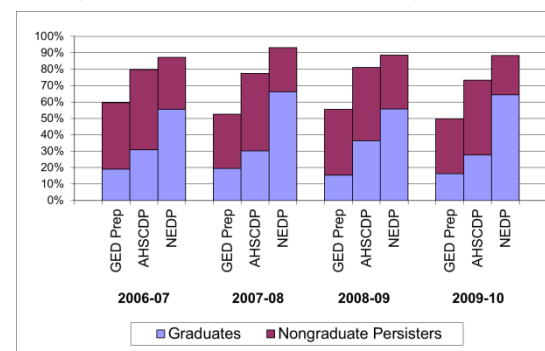
Story behind the baseline:

Adult basic education (ABE) programs serve learners with severe deficiencies in reading, writing and math. ABE learners are administered a pre-test at entry and instructed in the area(s) needing improvement. Learners who attend sufficient hours are also administered a post-test. Mothers evidence a greater post-test rate and a higher progress rate than all other ABE learners. ABE classes typically offer low intensity of instruction (i.e. four to six hours a week). In order to attend sufficient hours and make progress, learners must persist over a longer duration. However, family and employment responsibilities make it difficult for mothers to sustain consistent participation over an extended period. Support services that can help them to overcome barriers are not widely accessible. Classes that offer greater weekly intensity are proven to result in more learners attending more hours, but their availability is limited.

Trend: ◀▶ (sustained high performance)

How Well Did We Do It?

3. Percent of mothers in ASE who graduate in the fiscal year or persist in a future fiscal year.



Story behind the baseline:

Connecticut offers three pathways for adults to earn a diploma: (i) prepare for and pass the General Educational Development (GED) tests; (ii) earn credits toward an adult high school diploma (AHSCDP); and (iii) demonstrate 100% mastery on the National External Diploma Program (NEDP).

About 350 mothers earn their diploma annually. Learners in the AHSCDP and the NEDP graduate or persist at higher rates than those in GED. CSDE studies indicate that graduates from these pathways achieve comparable postsecondary and employment outcomes. Since each pathway utilizes a different educational approach, expanding access will enable more mothers to succeed. To allow a "look-forward" window of two years, the last data year is 2009-10. The enrollment of mothers in these programs during 2011-12 is as follows: GED preparation 622; AHSCDP 503; NEDP 124.

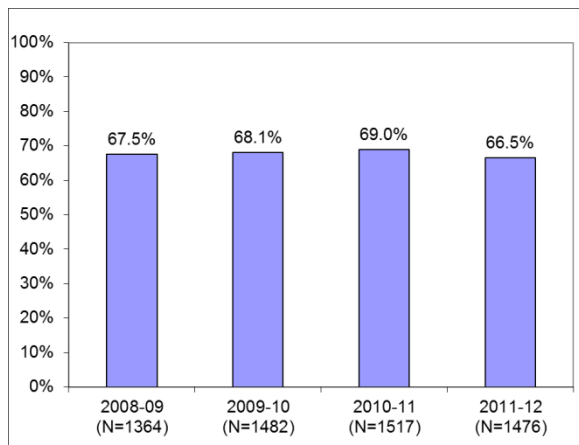
Trend: ◀▶

2013 Program Report Card: Mothers of Young Children in Adult Education (Connecticut State Department of Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

How Well Did We Do It?

4. Percent of mothers in ESL programs who exhibit progress from pre- to post-assessments.



Story behind the baseline:

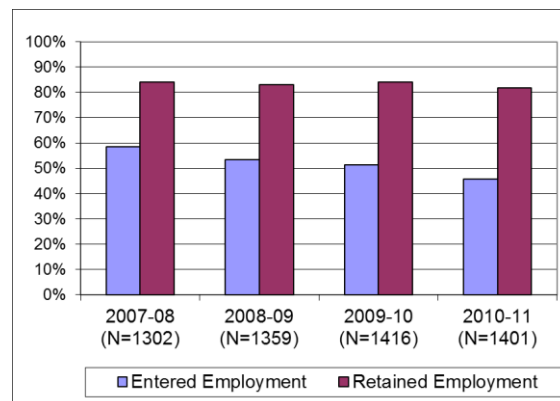
ESL learners are administered a pre-test in reading, writing and/or listening at entry and instructed in the area(s) needing improvement. Learners who attend sufficient hours are also administered a post-test. The data illustrate that a majority of these mothers demonstrate progress. The one-year decline in 2011-12 is being investigated.

ESL classes typically offer low intensity of instruction (i.e. four to six hours a week). In order to attend sufficient hours and make progress, mothers must persist over a longer duration. However, family and employment responsibilities make it difficult for them to sustain consistent participation over an extended period. Support services (e.g. childcare) that can help mothers to overcome barriers are not widely accessible. Classes that offer greater weekly intensity are proven to result in more learners attending more hours, but the availability of intensive classes is limited.

Trend: ◀▶

Is Anyone Better Off?

5. Percent of mothers who attain employment and postsecondary outcomes



Story behind the baseline:

Employment Outcomes

The retained employment rate has remained consistently over 80% while the entered employment rate has declined slightly. The current economic climate may make it more likely for an employed mother to hold on to his/her job than for an unemployed mother to find one.

Postsecondary Outcomes

Annually, about 50-60 mothers who graduate and have the *goal* to enter postsecondary education receive a follow up survey from the CSDE; of those, about 60% enter postsecondary education. The survey response rate ranges between 50-60%. These data are a proxy; they do not represent all mothers who graduate but only those with the *goal* to enter postsecondary. This conforms to the current federal reporting requirement. However, beginning with 2012-13, the U.S. Department of Education is requiring all states to report on the postsecondary outcomes for **all** adult education graduates.

Trend: Entered Employment ▼

Trend: Retained Employment ▶▶

Trend: Postsecondary Entrance ▶▶

Proposed Actions to Turn the Curve:

- Continue a federal adult education grant priority for family literacy. (*All Measures*)
- Promote increased collaborations with community agencies to recruit more mothers in need of adult education. (*Measure 1*)
- Encourage and support greater intensity and duration for classes in order to increase learner attendance. (*Measures 2 and 4*)
- Convene adult education directors with the co-chairs of the school readiness councils to strengthen links that will bring support services to mothers. (*All measures*)
- Continue the expansion of NEDP opportunities (during 2011-12, 11 providers were awarded grants to establish new NEDP offerings while four regional providers received grants to expand NEDP to new locations. (*Measure 3*))
- Expand online AHSCDP and GED offerings and offer flexible enrollment options to expand the participation of mothers in CT Adult Virtual High School online courses. (*Measure 3*)
- Continue the delivery of professional development using evidence-based approaches that promote high-quality curriculum and instruction that are aligned to standards and assessment. (*All Measures*)
- Continue to support programs that help learners transition from adult education to postsecondary education/training. (*Measures 3 and 5*)

Data Development Agenda:

- Continue to explore strategies to ascertain the **complete** postsecondary outcomes of **all** adult education graduates. (*Note: National Student Clearinghouse does not contain enrollment information from occupational training institutions*). (*Measure 5*)

2013 Program Report Card: Early Childhood Special Education (Connecticut State Department of Education)

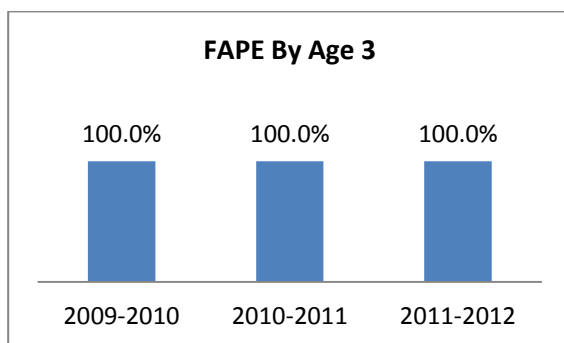
Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: In accordance with state and federal law, early childhood special education contributes to the population result by ensuring the provision of a free appropriate public education to 8,000 preschool and kindergarten children with significant developmental delays or disabilities beginning by a child's third birthday. It address children's individual needs such that children make developmental and functional progress over time as a result of receiving services through an Individualized Education Program (IEP). By delivering individually designed special education services and supports, children will be able to participate in an early childhood program and will acquire the skills, disposition and knowledge to enter kindergarten ready to learn.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	- 0 -	\$ 4,827,207	- 0 -	\$ 4,827,207
Estimated SFY 13	- 0 -	\$ 4,810,505	- 0 -	\$ 4, 810,505

Partners: Public school districts are the primary partners. Partners also include federal and state-funded early as well as community-based early childhood programs.

How Well Did We Do It? The percent of children referred to their school districts by the Connecticut Birth to Three System who have an IEP developed and implemented by their third birthday.

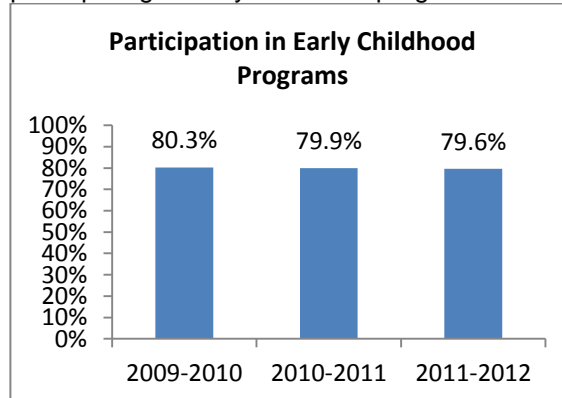


Story behind the baseline:

Performance Measure 1 is measuring the extent to which children with disabilities who exit the Birth to Three System begin receiving their special education and related services by their third birthday. The goal is to ensure that a free appropriate public education and needed services and supports are provided by the third birthday of a child and that a child receives, to the extent appropriate, uninterrupted services and supports designed to address their individual needs.

Trend: ◀▶ Three year trend data represents 100% success. Given the success across the state in 169 towns, this Performance Measure will be discontinued in future RBA Report Cards.

How Well Did We Do It?: The percent of children with an IEP, ages 3 through 5, who are participating in early childhood programs.

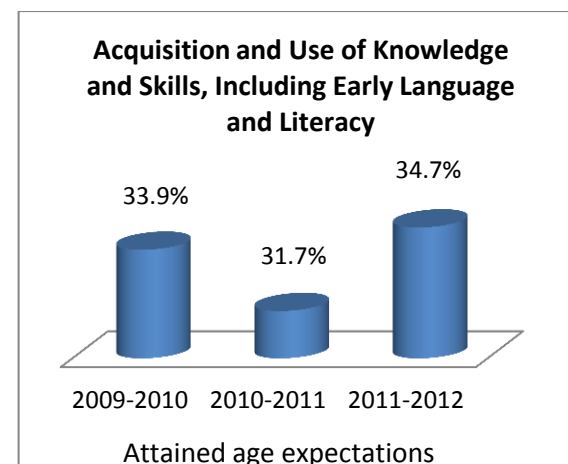


Story behind the baseline:

This measure is presenting the extent to which children who receive special education and related services spend time in early childhood programs with children without disabilities. It represents how children with disabilities spend their day rather than just the special education program that they are provided by their school district. The goal is to ensure that a child with a disability has an opportunity to participate in programs provided to all children at the preschool-age.

Trend: ◀▶ Three year trend data shows a slight decline in the percent of children participating in an early childhood program. The slight decline is not statistically significant and hence the trend data is relatively stable over time.

Is Anyone Better Off? The percent of children with disabilities who attained skills and knowledge commensurate with their age in their acquisition and use of knowledge and skills, including in the areas of early literacy and early language development.



Story behind the baseline:

Performance Measure 2 measures whether children receiving special education and related services in the preschool grade are making developmental and functional progress and to what extent. The Department requires school districts to utilize one statewide assessment instrument, the Brigance IED-II (2004), a criterion-referenced assessment, to measure children's skills and abilities at entry to and at exit from the preschool grade to measure

2013 Program Report Card: Early Childhood Special Education (Connecticut State Department of Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

outcomes. The growth of children from the start to the end of special education services during the preschool grade years is captured and attaining age-level developmental and functional skills is an outcome measured. The initiative is known as the Early Childhood Outcome (ECO) requirement.

Trend: ◀▶ Three year trend data shows that approximately one-third of the children with disabilities receiving special education have attained age-appropriate expectations by the time that they exit the preschool grade. The last year of data indicates an increase from the previous year.

Proposed Actions to Turn the Curve:

- Continue the collaboration with the early childhood community, particularly federal and state-funded early childhood programs, to ensure that they provide an equal access, equal opportunities for the participation of children with disabilities to benefit from inclusion. Focused actions will include enhancing the professional development options and opportunities for the early childhood community.

Data Development Agenda:

- Train district personnel to ensure the collection of valid and reliable data
- Refine the data collection system and integrate it with other Department data collections
- Ensuring the provision of training and technical assistance in response to data collection and analysis
- Utilize data to design and implement professional development and policy guidance for the field

2013 Program Report Card: Even Start Family Literacy Program (Connecticut State Department of Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

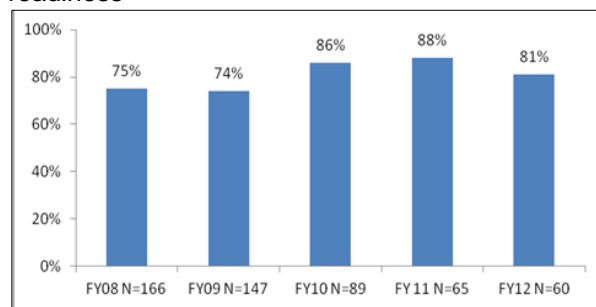
Contribution to the Result: Even Start contributes to the population goal and breaks the cycle of poverty and illiteracy by improving the educational opportunities of families most in need. The program provides simultaneous services to parents and their young children: it helps parents to improve their basic educational skills and become full partners in educating their children; it assists children in reaching their full potential as learners; and it assists families in moving toward self-sufficiency and out of poverty.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$479,919			\$479,919
Estimated SFY 13	\$479,919			\$479,919

Note: Federal funding for this program ended in FY2010-11. Even Start is now funded only by the State of Connecticut.

Partners: Local adult education, federal and state-funded early and community-based early childhood programs, other state agencies such as DCF, DSS and DOL.

How Well Did We Do It? 1. Percent of children meeting standards in reading/reading readiness

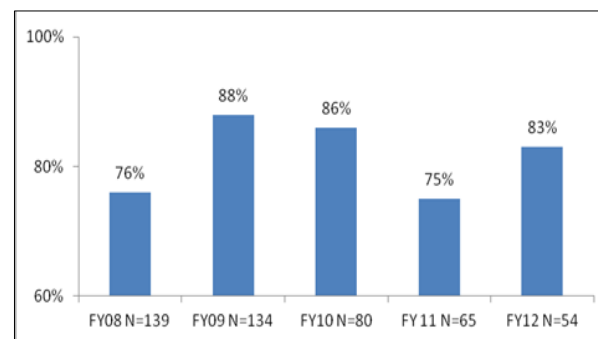


Story behind the baseline:

In FY08, six sites served 166 children; in FY12, only three sites were operational serving 60 children because federal funds were eliminated in FY 11. Over the past 5 years an average of 81% of children met or exceeded standards in reading readiness for their age group (birth to kindergarten). Children participated an average of 55 hours per month in early childhood classrooms, interactive literacy activities and home based instruction. This year, over 83% of the children were infants and toddlers and were assessed every 4 months using the Ages & Stages Questionnaire (A&S). Children scoring lower on A&S were referred for further evaluation; all children referred were evaluated and children and families received appropriate services. Other assessments used for older children include: Phonological Awareness Literacy Screening, the Peabody Picture Vocabulary Test, Concepts About Print, and the Developmental Reading Assessment.

Trend: ◀▶ (sustained high performance)

How Well Did We Do It? Percent of parents showing significant learning gains

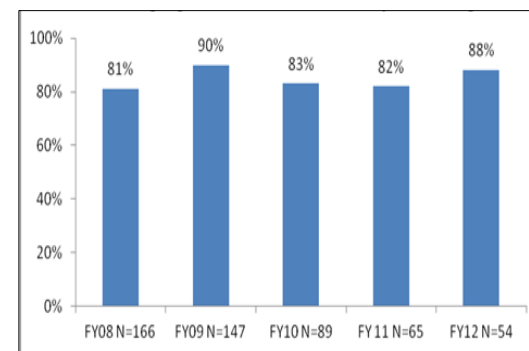


Story behind the baseline:

Over the past five years, adults in Even Start have consistently made significant gains. Every year, the program has exceeded its expected standard by more than 30 percent. The average percent of adults making significant progress during the year on their goals is 83 percent, which exceeds the overall standard for adult literacy by 40 percent or more. These are impressive gains on measures of high school completion and English language acquisition.

Trend: ◀▶ (sustained high performance)

How Well Did We Do It? Percent of parents demonstrating gains in parenting skills.



Story behind the baseline:

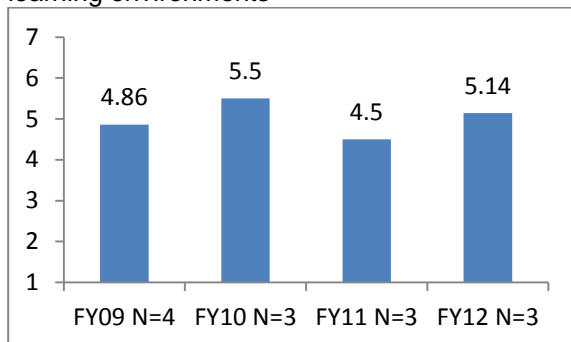
In the past 5 years, on average, 88 percent of the parents were determined, through home-based observations by trained observer(s) using literacy-based home observation forms, to have learned and applied parenting skills. Parents participate in parenting education classes, interactive literacy activities (with their child), and home-based instruction visits averaging 13 hours per month. Parents are encouraged to work directly with the child during interactive literacy activities and home-based instruction under the guidance of Even Start staff or collaborators. Parenting education classes are aligned with what children are learning in their early childhood classroom. Concepts underscored in parenting education are enhanced through application during interactive literacy activities and home-based instruction.

Trend: ◀▶ (sustained high performance)

2013 Program Report Card: Even Start Family Literacy Program (Connecticut State Department of Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

How Well Did We Do It? High quality learning environments

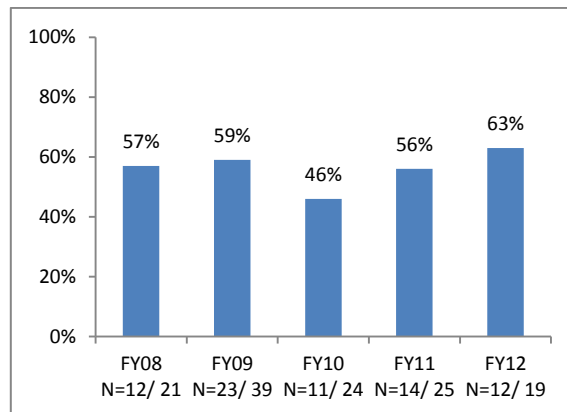


Story behind the baseline:

Infant/Toddler Environmental Rating Scale (ITERS) is a quality measure of the learning environment. An overall quality rating of 5 or higher on an ITES indicates an environment that is 'good' to 'excellent' and benefits children in the areas of language, developmental activities, and interactions with adults and other children. Even Start sites complete the ITES each spring.

Trend: ◀▶

Is Anyone Better Off? Percent of Exiting Adults Who Attain a High School Diploma



Story behind the baseline:

A majority of adult learners who exit the program attain a high school diploma. More than half continue on to community college or training school. Others obtain jobs in fields such as nursing (CNA), bartending, and cosmetology or start their own businesses.

Trend: ▲

Proposed Actions to Turn the Curve:

- Examine language development of parents and children using the Peabody Picture Vocabulary Test (performance measures 1, 2, 5.)
- Continue to monitor programs (state performance indicators, local evaluations, etc.), and provide professional development (performance measures 1, 2, 3.)
- Using program evaluations, deliver professional development training to help programs write literacy and social outcome goals for individual families.

Data Development Agenda:

- Align and coordinate existing data systems to ensure that Even Start's early care and education as well as adult education and training information become part of it.
- Continue to follow the same protocol of data collection on attendance and outcomes throughout each family's participation.
- Collect information on housing, employment status, DCF involvement, income and participation in other support services both at intake and at exit to determine family stability at exit.

2013 Program Report Card: Family Resource Center (Connecticut State Department of Education)

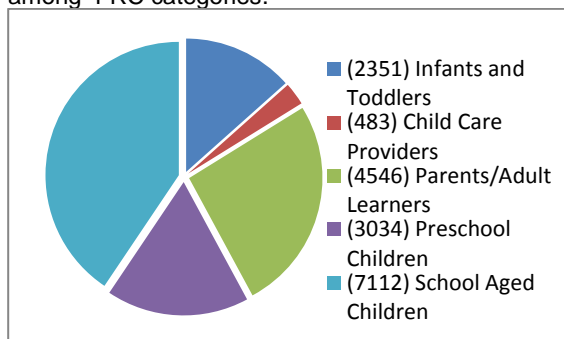
Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: The FRC Program is a positive contributor to Connecticut's investment in early childhood education. Given the population FRCs serve and its unique position with respect to disseminating information to families and caregivers, FRCs provide opportunities for prevention, early intervention and support services designed to enhance child development and school performance through parent education and developmental screening.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	5,730,970	0	0	5,730,970
Estimated SFY 13	7,582,413	0	0	7,582,413

Partners: Locals schools and districts, including special education; Connecticut's Birth to Three System; Connecticut Parents as Teachers; School Readiness Councils and early childhood communities.

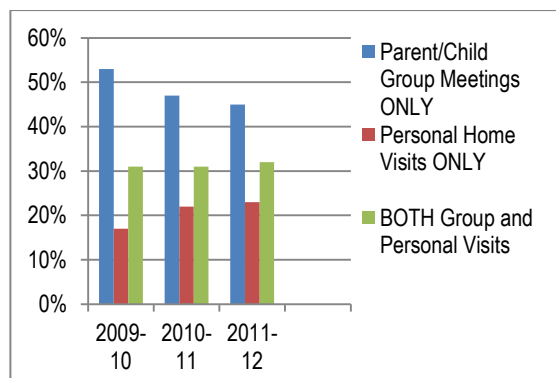
How Much Did We Do? Number of participants among FRC categories.



Story behind the baseline: FRCs serve a broad customer base. In total, In the 2011-12 program year, 17,527 people were enrolled in FRC programs. The above graph represents the breakout of customers among defined categories. Overall, 44 percent of all individuals enrolled in FRCs actively participated in Parents as Teachers (PAT) programs and services. This national, evidence-based home visitation and parent support program represents the leading program effort to foster a collective impact of FRCs on at-risk children and families. A decrease in PAT participation compared to 48 percent in 2009-010. This mild decline in participation among parent education and family supports is strongly attributed to the 5 percent FRC budget reduction and programs ability to maintain staff hours to administer PAT services.

Trend: ▼

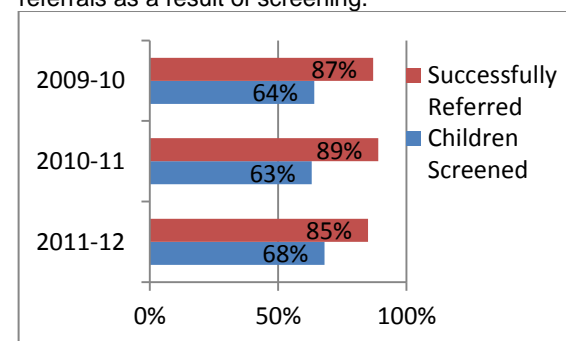
How Well Did We Do It? Percentage of group meetings and home visits with families delivered as Parents as Teachers services offered through FRCs.



Story behind the baseline: A primary focus of the PAT model is personal/home visits with families. Research supports frequency of visits as critical to delivering child development information to families. Personal visits are also recognized as the most effective way for parent educators to engage parents in learning to observe their child's development, address concerns, and provide activities that support meaningful parent/child interaction. In 2011-12, 55 percent (23% and 32% combined) received personal/home visits, a 7 percent increase over the past two program years. Report card data continue to demonstrate that more families are receiving home/personal visits, reducing the number of families that only participate in group meetings. Increased visits are attributed to a continued emphasis placed on the PAT logic model and program effectiveness.

Trend: ▲

Anyone Better Off? Percent of young children screened with the Ages and Stages Questionnaire (ASQ) and the percent of subsequent, successful referrals as a result of screening.



Story behind the baseline: Universal developmental screenings remain a priority in many Connecticut communities and FRCs are helping to achieve this. Screening always involves the use of a standardized tool and implemented as an ongoing process involving repeat administration, along with continuous, quality observations made by parents and other adults familiar with the child. Comparison data show a continued increase number of infants, toddlers and preschoolers (*children screened*) are receiving appropriate developmental screenings. Data also shows that among these "children screened" there was a slight decline in the number of children "successfully referred" and connected with appropriate diagnostic testing and/or intervention services. FRCs continue to play a central role in early identification and intervention for children at risk of learning or other developmental challenges.

Trend: ▲

2013 Program Report Card: Family Resource Center (Connecticut State Department of Education)

Quality of Life Result: **All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.**

Proposed Actions to Turn the Curve:

- Remain consistent in employing the use of both state and national PAT technical assistance, professional development and training to effectively ensure fidelity to the PAT logic model.
- Continue to emphasize and expand the use of home/personal visits with FRC families as an effective way to improve the knowledge of parenting skills and developmental milestones for children.
- The creation and current implementation FRC data system improves program's ability to track services and clients for program improvement.
- Newly created FRC Family/Child Assessment, which is now being administered, enables the FRCs to assess risk level and target services more effectively.

Data Development Agenda: The CSDE has worked to modify a national data collection and reporting system, developed for use by state and federally funded after school programs, to meet the needs of the FRC program. This data system provides for uniform data collection and reporting on all FRC customer demographics and services. It has also been improved with the PAT model in mind to produce an annual report that all FRCs must file with the national PAT organization and will allow for the reporting of other statewide results based accountability performance measures for other FRC core components.

The data collection system was originally piloted with 16 FRC sites located and is currently being expanded to an additional 29 sites. This phase of the pilot will capture data across all of the 41 communities where FRCs are currently located. By June 2013, each community will be operating with at least one FRC using the new data collection system. Data will include detailed information about the demographics of FRC customers and the range of services they received. The use of data developed in this program year will inform the data collection process and assist in identifying promising practices and opportunities for improvement.

2013 Program Report Card: Head Start (Connecticut State Department of Education)

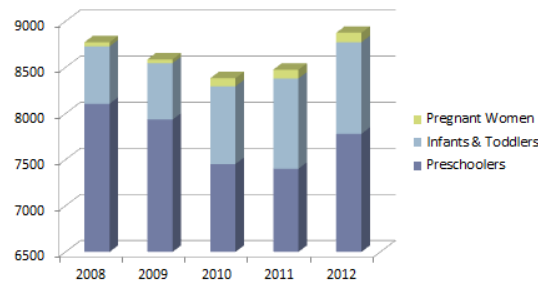
Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: Head Start is a federal program that provides comprehensive, two-generational services to pregnant women, infants and toddlers (Early Head Start) and preschoolers (Head Start) and their families, primarily those with incomes at or below the federal poverty line.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$5.66M	\$58.6M	\$14.7M	\$78.99M
Estimated SFY 13	\$5.66M	\$58.6M	\$14.7M	\$78.99M

Partners: Departments of Social Services, Children and Families, Development Services, Head Start Directors Associations, Early Childhood Cabinet, school districts

How Much Did We Do? Cumulative Enrollment

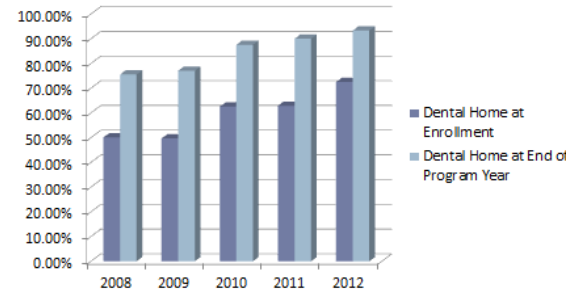


Story behind the baseline:

Head Start funds go directly to local communities and do not flow through the state. Because Head Start recognizes the complexity of factors that face families in deep poverty and that can interfere with disadvantaged children's school attendance and success, Head Start offers a comprehensive array of health, dental, mental health, nutrition, education, disability, and family support services. State funding of the Head Start State Supplement through the State Department of Education and recently federal Maternal Infant and Early Childhood Home Visiting funds through the Department of Public Health help extend Head Start services to additional families in Connecticut with incomes below the federal poverty line and who experience complex challenges. Last year nearly 9,000 children were served by Head Start programs in Connecticut.

Trend: ◀▶

How Well Did We Do It? The percentage of children enrolled in Head Start/Early Head Start who obtained continuous accessible dental services (Dental Home) within the prior 12 months of the closing of the program year.

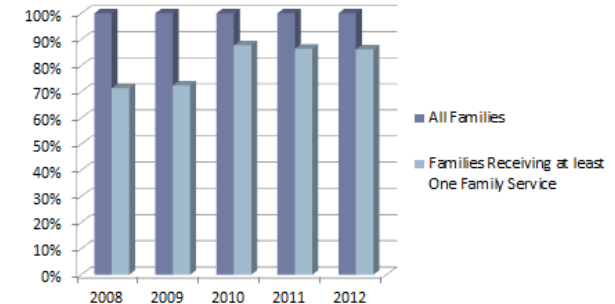


Story behind the baseline:

Due to the high incidence of dental disease in young children living in poverty and the negative impact this can have on children's health and learning, oral health is a national priority in Head Start. Children who live with dental pain are less likely to focus on learning and thus are less likely to be ready for school. In 2008 CT Head Start programs began working to establish partnerships with dental providers and to improve oral health education and access to dental evaluations and treatment. Over the past five years, data have consistently indicated that 17% of Head Start children require treatment for dental disease. Attention to these needs has resulted in greater access to dental services. During the 2012 program year, nearly 2,000 additional children in Connecticut gained access to a dental home.

Trend: ▲

How Well Did We Do It?: The percentage of families determined through the Family Partnership Agreement process to be in need of services who were referred to and received social service assistance during the Head Start program year.



Story behind the baseline:

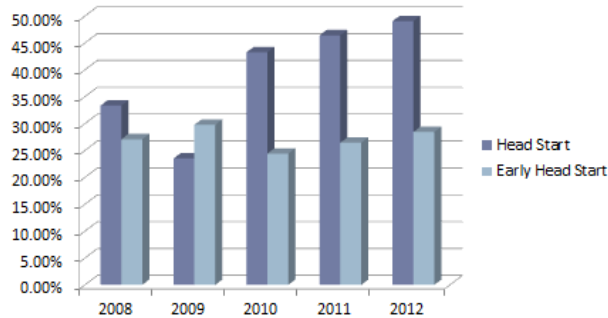
Head Start is a two-generational model that provides supports and opportunities for parents. These include social services that address family needs including those for fathers and other male family members. Many supports address issues of economic security and involve accessing services like housing, medical care, and jobs. Others focus on intervention and services to improve the social and emotional wellbeing, e.g., those aimed at alleviating domestic violence, substance abuse or child abuse and neglect. Parent, family and community engagement are key aspects of quality Head Start programs and strong and healthy families are critically important to ensure that children are healthy and able to learn. Data demonstrate an increase in the number of families seeking and receiving the supports they need.

Trend: ▲

2013 Program Report Card: Head Start (Connecticut State Department of Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

How Well Did We Do It? The percentage of Head Start and Early Head Start classroom teachers with a Bachelor Degree or higher.

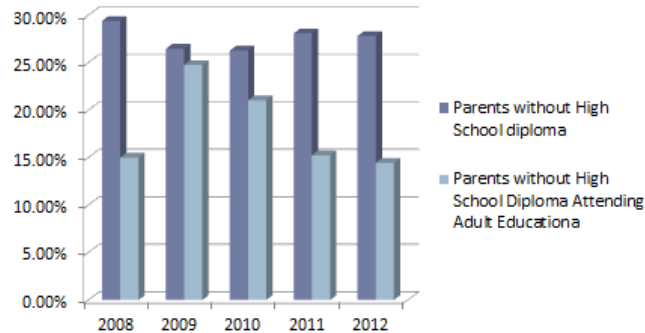


Story behind the baseline:

The Head Start Act requires that by September 30, 2013 half of preschool teachers nationwide must possess a bachelor degree. In 2012 49% held a bachelor degree and each year programs have made strong gains to meet this national goal in our state and Head Start programs are well positioned to meet the 2015 Connecticut goal. In contrast, Early Head Start teachers must possess at least a CDA infant toddler credential and about 25% hold a bachelor degree. Looking ahead to meeting Connecticut standards, despite gains made, Head Start preschool programs will be challenged to reach Connecticut goals for 2020 of 100% with a bachelor degree and Early Head Start will be hard pressed to meet Connecticut's 2015 (50%) and 2020 (100%) goals. Low salaries, insufficient scholarship assistance, limited time available to participate in courses, compressed time to complete necessary coursework to obtain degrees, as well as attrition will be major barriers to meeting state goals. Fifty-nine percent of home visitors possess at least a bachelor degree.

Trend: ▲

Is Anyone Better Off? The percentage of Head Start parents lacking a high school diploma who received Basic Adult Education services.



Story behind the baseline:

Parent educational attainment remains the most potent predictor of a child's school success. About a quarter of parents in Head Start do not have a high school diploma and helping parents continue their education is important. Data indicate that although in prior years participation in Basic Adult Education had been increasing, since 2009 the trend has reversed and fewer are taking advantage of this resource to complete their high school degree. Because of competing economic demands, parents may not be able to focus on furthering their education, especially while they have young children in the home. It would be helpful for Head Start programs to explore barriers and potential strategies for changing this downward trend.

Trend: ▼

Is Anyone Better Off? Percent of kindergarteners in 13 districts needing substantial instructional support in at least one area – see Population Indicator which includes children who attend Head Start.

Proposed Actions to Turn the Curve:

- Continue to support families to obtain dental and other health care to both identify and treat health/dental care needs in a timely manner.
- Continue to provide social supports for parents and families and strengthen partnerships with community providers to best serve families so they can be healthy and strong and provide safe and nurturing homes for their children.
- Explore ways to enhance supports for parents who lack a high school diploma and revisit partnership with such supports as Basic Adult Education and Even Start.
- Continue to work with higher education and the Office of Early Childhood on the design and expansion of higher education programs to meet the needs of teachers and create the supports that ensure a strong and quality workforce for all of our youngest children.

Data Development Agenda:

- Continue to analyze Head Start Program Information Report (PIR) data annually to track progress and monitor trends
- Closely monitor data on degree attainment of teachers and assistant teachers through the PIR and when available CT's ECE Registry along with the capacity data on higher education availability and accessibility.
- Work with Office of Early Childhood to monitor Kindergarten Inventory data for progress on meeting state goals for children's school readiness.

2013 Program Report Card: School Readiness and the Child Day Care Program (Connecticut State Department of Education)

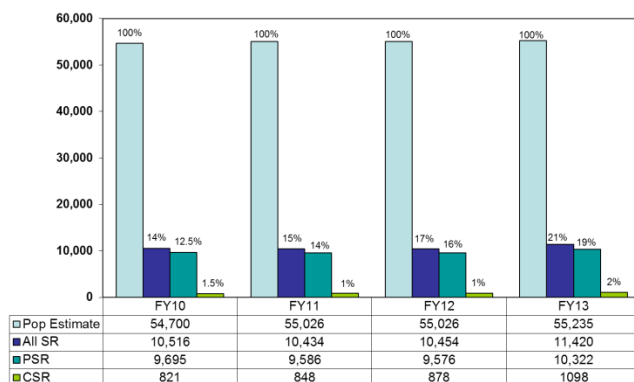
Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: The School Readiness Program and the Child Day Care (CDC) Center Program provide access to quality early childhood settings that promote growth across all domains of child development including literacy, numeracy, language, physical-motor, social-emotional and creative/aesthetic.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	School Readiness (PSD & CSR): 74,330,866	15,056,495	0	107,700,464
	Child Day Care Contracts: 18,313,103	(CDC-SSBG/TANF)		
Estimated SFY 13	School Readiness (PSD & CSR): 81,370,713	15,056,495	0	114,846,960
	Child Day Care Contracts: 18,419,752	(CDC-SSBG/TANF)		

Partners: Local early childhood councils, school districts, Family Resource Centers, Department of Social Services, Institutions of Higher Education

How Much Did We Do? 1a. School Readiness: Access to quality programs in eligible towns

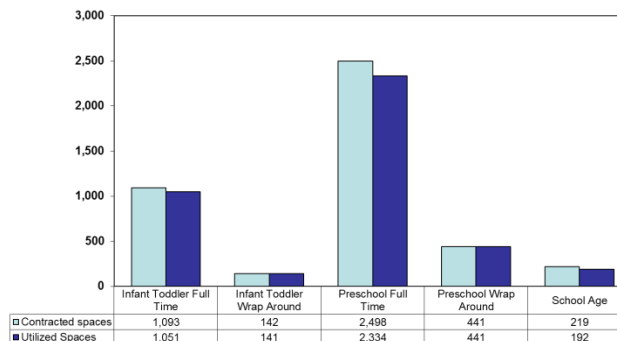


Story behind the baseline:

The School Readiness municipalities show an increase by 2% in capacity to serve more preschool children. An increase in funding to serve 1,000 more children (750 to priority districts and 250 to competitive municipalities) was effective October 2012. School Readiness programs within eligible municipalities continue to enroll children in need of such program. Additional funding for capacity building would be needed in order to absorb any further space increases.

Trend: ▲

How Much Did We Do? 1b. Child Day Care Center Program access to quality programs: FY13 Average Monthly Space Utilization

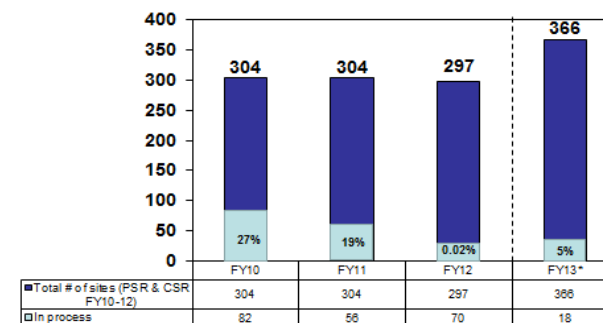


Story behind the baseline:

The CDC Center Program provides quality early care and education and related supports so that families can work and/or participate in training or education. The data provided here relate to access through the CDC Program. This is distinct from School Readiness for the following reasons: (1) The CDC contracts do not have a residency requirement for participation, therefore community level data is not available; (2) Funding is provided through individual contracts instead of through a state or community needs assessment process, and (3) This program was moved to SDE in FY2012 and coordination of the early care and education programs and data is still under process. The CDC Program does not include a process for reallocation, resulting in an average of 224 spaces per month that were not utilized in FY 2012.

Trend: ◀▶

How Well Did We Do It? 2. Progress toward quality standards



*NOTE: FY13 data includes Child Day Care contracted sites

Story behind the baseline:

More children were placed in quality programs. The standards for quality for state-funded programs are the National Association for the Education of Young Children (NAEYC) standards or Federal Head Start standards. School Readiness data addressing progress toward quality standards is represented in fiscal years 2010-2012. The Child Day Care Program is now administered through the Department of Education and is represented here in the fiscal year 2013 data. For fiscal year 2013, combined, there are 366 sites serving children birth to age 12. Ninety-five percent of these programs meet the quality standard. Five percent are in process of attaining NAEYC accreditation. More programs are in process in 2013 than in 2012 due to School Readiness expansion.

Trend: ▲

2013 Program Report Card: School Readiness and the Child Day Care Program (Connecticut State Department of Education)

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Is Anyone Better Off? 3. Percent of kindergarteners in 13 districts needing substantial instructional support in at least one area

Enrolled in Publicly Funded Pre-K	2009-10	2010-11	2011-12
No	57.0%	54.2%	54.3%
Yes	46.9%	46.4%	44.8%

Story behind the baseline:

Students from 13 school districts with large concentrations of publicly funded pre-K programs (Bridgeport, Danbury, East Hartford, Hartford, Meriden, New Britain, New Haven, New London, Norwalk, Norwich, Stamford, Waterbury, and Windham) were considered for this analysis utilizing data from the Fall Kindergarten Entrance Inventory (KEI). Kindergarten teachers statewide use the KEI to rate the skills of each entering student on six domains: *Language; Literacy; Numeracy; Physical/Motor; Creative/Aesthetic; and Personal/Social*. The number of students classified by their teachers as requiring substantial instructional support in kindergarten in one or more domains were compared based on whether or not the student had been enrolled in a publicly funded pre-K program, based upon the CSDE pre-K data systems. Of the students enrolled in kindergarten in the 13 districts for the three years of 2009-10, 2010-11 and 2011-12 who are eligible for Free lunch, a smaller percentage of students with pre-K enrollment need substantial instructional support in one or more domains at Kindergarten entry as compared to those without pre-K enrollment. These findings are not generalizable to children outside the 13 districts who are receiving Free lunch and are enrolled in publicly funded pre-K; it also cannot be used to infer the level of readiness.

Trend: ◀▶

Proposed Actions to Turn the Curve:

- Align and coordinate existing early care and education funding streams into a system that addresses the needs of families and communities (performance measure 1a and 1b).
- Coordinated cross-sector program monitoring to ensure quality across funding streams (performance measure 2).
- Provide a coordinated system of professional development, program monitoring and ongoing support to ensure that programs and teachers are prepared to fully support children's growth and development (performance measure 3).
- Expansion and increased coordination of comprehensive services that meet the need of the whole child and address family needs to ensure that children and families are prepared to benefit from educational opportunities provided to them (performance measure 3).

Data Development Agenda

- Construct data systems that provide for accurate monthly child, teacher and program data on a coordinated early care and education system.
- Enable data sharing between communities and state level agencies to inform community and state planning efforts.
- Additional data development agenda items will be contingent upon new early childhood governance structure and planning.