READY BY 5 & FINE BY 9

CONNECTICUT'S EARLY CHILDHOOD INVESTMENT FRAMEWORK

Prepared by the Connecticut Early Childhood Education Cabinet
and Co-published with the Connecticut State Department of Education
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State of Connecticut

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"Policies and programs aimed at improving the life chances of young children come in many varieties…They all share a belief that early childhood development is susceptible to environmental influences and that wise public investments in young children can increase the odds of favorable developmental outcomes."

National Research Council and Institute of Medicine
Neurons to Neighborhoods, 2001

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PREFACE

About 42,000 children are born in Connecticut each year. It is the goal of the Connecticut Early Childhood Education Cabinet that all of them make timely developmental progress each year from birth to 5, that they stand at the kindergarten door fully ready for the grand adventure of schooling, and that they achieve demonstrable early academic success in vital basic skills during their elementary school years. They cannot do this alone. Families, communities, schools, the state and the early childhood work force all have important roles to play in children's development and early learning. "Ready by 5 & Fine by 9" sets the course for these essential partnerships and, thus, for a whole new generation of confident, competent and joyful children.

Building on nearly a decade of attention to the needs of Connecticut's young children, the Connecticut Early Childhood Education Cabinet – established in law in 2005 – has worked for nearly a year to identify a set of agenda items designed to promote the development of all of the state's young children. Meetings have been held in public, and many reports and documents have been posted online. Membership was defined by legislation and included state agency heads, community representatives and legislative leaders.

Cabinet members learned that many young children in Connecticut *are* healthy and are developing largely on target with what is expected for their age. However, as many as three in 10 young Connecticut children face important challenges to their development, challenges that could affect their readiness for kindergarten and their ongoing academic achievement. While a small number of these children may live in virtually all Connecticut communities, a much smaller number of towns are home to most of the state's at-risk young children.

To help ensure that all of the state's young children, regardless of where they live, are "Ready by 5 and Fine by 9," the Cabinet proposes three goals for the children of the State of Connecticut, to:

- reach appropriate developmental milestones from birth to age 5;
- begin kindergarten with the knowledge, skills and behaviors needed for success in school; and
- have K-3 education experiences that extend children's birth-to-5 learning and ensure consistent progress in achieving reading mastery.

In June of this year, Cabinet members agreed on a list of 50 actions necessary to support the development of Connecticut's young children from birth through at least their entry into the fourth grade. From these, 10 were ranked as high priorities requiring the immediate attention of those who care for children directly and those who make public policy, design and operate programs, and provide funding for services and supports on behalf of children. At the top of this list is a proposal that Connecticut assure fiscal support for high quality preschool for *all* 3- and 4-year-olds in families living at or below 185 percent of the Federal Poverty Level.

In addition, the State of Connecticut will address funding inequities across state-supported center-based preschool programs and expand health, mental health and education consultation to preschool programs as well. The Cabinet's top priorities require development of a multi-year work force plan to ensure that Connecticut's early education teaching force is in compliance with state law and national certification standards. And, to ensure that Connecticut's preschoolers are actually "ready by 5," the Cabinet will support the State Department of Education in designing and implementing a statewide kindergarten assessment of children's readiness and progress.

Because the Cabinet was determined to address the development of children younger *and* older than 3 and 4 years, deliberations were not limited to the preschool years, nor was early education the only service expansion considered. The other top priorities are equally important. They focus immediate attention on ensuring that all families (and caregivers) have access to timely information about children's development. It is expected that the Cabinet will quickly prepare and issue a comprehensive strategic plan for serving infants and toddlers, including expanded eligibility for Connecticut's Birth-to-Three Program to include children with mild developmental delays. For young children from lower-income families, the top priority proposals will ensure that, when enrolled in Connecticut's HUSKY health care program, young children receive regular well-child visits and an annual developmental assessment.

Finally, the Cabinet's top priorities focus specific attention on the need for expanded and more effective partnerships with community entities, like the School Readiness Councils, to support their greater participation in planning for and monitoring the delivery and effectiveness of early childhood services. We believe that — when acted upon favorably by the executive and legislative branches of government — these 10 top priority agenda items can set a course of increased investment in young children, beginning with those who are born this year and every year thereafter.

Accomplishing the goals of Connecticut's Early Childhood Investment Framework will require the participation and teamwork of many stakeholders—-partnerships between families, communities and schools, as well as support from the state and from a well-prepared work force. The design of policies, programs and services must be informed by ongoing assessment at multiple levels and by research on young children's development and learning. Communication, collaboration and accountability of agencies involved in providing for young children are essential if we are to overcome current challenges and fragmentation in the early childhood care and education system. Investment of resources, both human and economic, also is vital. These are wise monetary investments, often with excellent financial returns, indispensable for securing the economic and social standing of our state.

Most fundamentally, improvements in the lives of young children are investments in our collective future. Children's earliest years provide matchless opportunities for prevention and early intervention. If we fail to seize these opportunities, later remedies may be difficult and costly — in human as well as financial terms. When no effective remedy is feasible, a chance to improve children's lives is lost forever. The abilities, knowledge and skills of its citizens are among Connecticut's most valuable resources. All of Connecticut's children, who will become the parents, caregivers, neighbors, work force and policymakers of the future, require and deserve the best possible foundation for success.

SETTING THE CONTEXT FOR CONNECTICUT'S EARLY CHILDHOOD INVESTMENT FRAMEWORK

Overview

Children's earliest years of life provide a crucial foundation for later school achievement and eventual success in adulthood. In these first few years, children's development and learning are influenced by a wide array of factors in their homes and communities that can put them at risk. These factors include poverty, inadequate health care, limited exposure to language and literacy, and child abuse or neglect. Children that experience these and other early life circumstances often lag in their development as preschoolers and enter kindergarten well behind their peers. Without intensive intervention, many of these children will read far below grade expectations at ages 8 or 9. The gap between these children and their more advantaged age-mates typically widens year after year until they drop out of the educational system before completing high school.

There is no better time than early childhood to implement policies aimed at preventing problems in school. Scientists and educators have shown that making early investments in young children pays off in children's improved academic success, more appropriate behavioral and social adjustment, decreased need for special education, increased high school completion, and reduced welfare dependency and incarceration. Not only is investment in young children a humane policy, but it also is fiscally sound. There is a high rate of economic return, in both the short and long term as a result of making this early investment.

"Polices that seek to remedy deficits incurred in early years are much more costly than early investments wisely made, and do not restore lost capacities even when large costs are incurred. The later in life we attempt to repair early deficits, the costlier the remediation process."

James H. Heckman, Ph.D.
Nobel Laureate
in Economics, 2000

Overall, Connecticut is an affluent state, and national assessments of young children's reading skills regularly rank Connecticut among the best states in the nation. Many children in the state are doing well. However, the population of Connecticut also is increasingly diverse – racially, ethnically and linguistically — with significant numbers of at-risk children and a large achievement gap between minority and nonminority students. Three examples are illustrative:

- From 2000 to 2004, there was a 36 percent increase in English-language learners served by our public schools.
- Statewide, 58 percent of the African-American students and 61 percent of the Hispanic students in the fourth grade scored *below* the proficiency level on the 2004 Connecticut Mastery Test (CMT) for reading.
- Statewide, 67 percent of all children living in poverty scored below proficiency on the fall 2004 CMT for reading.

Connecticut requires an educated work force competent to learn new skills and able to adapt to challenging work situations. To be effective in a globally competitive environment, Connecticut must foster the development and capacities of *all* of its citizens. Statewide, 25 to 30 percent of Connecticut's children and youth live in

families and communities where a cluster of risk factors, if not addressed, increase the likelihood that they will enter kindergarten unprepared for school success, a challenge that must be quickly addressed. Toward this end, policies and programs that focus on young children play a vital role. Connecticut's Early Childhood Investment Framework is intended to address the needs of these youngest residents of the state by outlining strategies that lay the best possible foundation for academic and life success.

Legislative and Executive Branch Commitments

Governmental commitment to young children's early development has a long history in Connecticut. To cite just a few examples, the federal Head Start Program has operated in Connecticut since 1965 and now serves about 6,500 preschool-aged children throughout the state. The State-Supported Child Care Center program began in Connecticut in 1967 and today serves some 4,300 children, ages birth to 5. In 1997, the Connecticut General Assembly passed landmark School Readiness legislation and made a substantial initial investment in quality preschool programs for children in the state's most at-risk districts. Over the period 1998-99 through 2004-05, the Connecticut General Assembly increased its appropriation for Connecticut School Readiness Program slots from $37.3 million to $49 million.[1]

In 1998, the General Assembly passed Connecticut's Early Reading Success legislation. Key components of this program include full-day kindergarten, reduced class size, and after school and summer literacy programs. In 1999, two additional acts were passed to further strengthen efforts at early reading success: the Education Accountability Act and the Early Reading Success Institute Act.[2] Over the same period, the Connecticut General Assembly enacted the state's HUSKY health care program for low-income children.

In January 2004, addressing a conference on the economics of early childhood investment, then Lt. Governor M. Jodi Rell spoke about the need for all of Connecticut's young children to come to the kindergarten door fully ready for school success:

> *"We must focus on three outcomes. First, we need our children to be born healthy and stay healthy and safe…Second, we need all 5-year-olds to arrive at the kindergarten door ready for that first classroom experience…Third, we need all of Connecticut's children to become proficient in the very basic essential skills…reading, writing and arithmetic, and I'll add technology to that as well. We need them to demonstrate proficiency [on]…the fourth grade Connecticut Mastery Tests."* [3]

During the 2005 Connecticut General Assembly session, legislation was passed requiring the State Department of Education to develop and implement a statewide, age-appropriate kindergarten assessment no later than the fall of 2009. In this same session, the legislature acted on the Governor's request to create an early childhood cabinet. On September 20, 2005, Governor Rell charged the newly established Connecticut Early Childhood Education Cabinet with development of a multi-year strategic framework to assure the school readiness and early academic success of all Connecticut children.

On February 7, 2006, the Governor issued Executive Order #13, establishing the Connecticut Early Childhood Research and Policy Council. The Council, comprised of 31 representatives spanning the fields of business, education, philanthropy and government, will assist the Cabinet and "reinforce the state's drive to become a

national model for early childhood education." The Council is charged with developing cost scenarios, possible financing strategies, and a research and accountability agenda as part of Connecticut's Early Childhood Investment Plan, due by the end of November 2006. Following presentation to the Governor, Connecticut's Early Childhood Investment Plan will be released to the general public in early January 2007.

Cabinet Members	Shared Cabinet & Council Members	Council Members
Norma Gyle (DPH) Darlene Dunbar (DCF) Peter O'Meara (DMR) Pat Wilson-Coker (DSS) Elaine Zimmerman (Commission on Children) Susan Sponheimer (Head Start) Lynda Fosco (School Readiness Councils) Sen. Mary Ann Handley Rep. Andrew Fleischmann Betsy Morgan (for Sen. Tom Gaffey) Judith Meyers (for Rep. Peter Vilano)	Valerie Lewis (DHE): Co-Chair, Council Betty J. Sternberg (SDE) Co-Chair, Cabinet Robert Genuario (OPM) Janice Gruendel (Gov): Co-Chair, Cabinet	***Business:*** John Rathgeber (Co-Chair), Peter Hurst, Mary Franco ***Higher Ed:*** Curt Hunter, Carlota Schechter, David Levinson ***Philanthropy:*** David Nee (Co-Chair), Michael Meotti, Will Ginsberg ***K-12:*** David Larson, Robert Rader, Sharon Palmer, John Yrchik ***Workforce & Economic Development:*** Mary Ann Hanley, Marie O'Brien ***CHEFA:*** Richard Gray ***Mayors:*** Tom Marsh (Chester), Sebastian Giuliano (Middletown), John Fabrizi (Bridgeport) ***Legislators (Approps & Finance):*** Reps: Denise Merrill, Cameron Staples, Richard Belden, Arthur O'Neill; Senators: Toni Harp, David Cappiello, Bill Nickerson, Eileen Dailey

Also in 2006, the Connecticut General Assembly passed "An Act Concerning State Investment in Prevention and Child Poverty Reduction."[4] This bill mandates that, by the year 2020, at least 10 percent of total recommended appropriations for each budgeted agency be allocated for prevention services.[5] This unprecedented legislation links school readiness goals, benchmarks and the state prevention budget to outcomes-driven decision making. Beginning in fall 2006, each agency must report on its prevention services and outcomes.

Results-Based Accountability

During the 2006 legislative session, the Connecticut General Assembly's Appropriations Committee adopted a new framework for budget presentation and analysis, called Results-Based Accountability (RBA). This approach, developed by Mark Friedman of the Fiscal Policy Studies Institute,[6] has been used across the nation. Dr. Friedman came to Connecticut twice over the fall and early winter to provide training and technical assistance to legislators on the Appropriations Committee, as well as key state agency staff members. Chair of the Appropriations Committee, Rep. Denise Merrill, along with Sen. Bob Duff and Rep. Diana Urban, served as legislative leaders for this systematic, outcomes- and results-driven framework.

The Appropriations Committee selected two topics as first "case examples" for use with the RBA framework: a clean water project by the Department of Environmental Protection and the early childhood work of the Connecticut Early Childhood Education Cabinet. At its October 2005 meeting, Representative Merrill provided the Cabinet with an orientation to RBA. In addition, the Charter Oak Group provided technical assistance to the three participating agencies – the Departments of Social Services and Public Health, and the State Department of Education.[7] Specific budget templates were developed for each agency's budget hearing with the Appropriation Committee in February 2006 and Committee members responded with detailed policy-oriented questions. A summary of these key questions was transmitted to Cabinet and agency staff members and served as one basis for the development of this framework.

A Funding Update

Over the past 18 months, a broad public-private, cross-agency, comprehensive "birth to 5" planning initiative — Early Childhood Partners — has compiled a set of program and fiscal analyses that has informed the work of the Connecticut Early Childhood Education Cabinet.[8] One recent fiscal analysis provides information on existing state and federal resources directed at the early childhood years in State Fiscal Year (SFY) 2005-06.[9]

Just under $540 million in state and federal funds[10] was expended to support programming for Connecticut's youngest children, a slight increase over the $533 million reported for SFY 2002-03. Of the $539,298,115 reported in this analysis, slightly more than half (54 percent) is accounted for by state funds, and 46 percent by federal funds.[11] Funds were tracked across eight state agencies, along with federal Head Start funds that go directly to communities. Totals as reported by agencies are shown below *for children ages birth to 5.* The fiscal information does not include the costs of social work staff at the Department of Children and Families, whose caseloads include children age 8 or younger.

Department of Social Services:	$ 264.9 million
Department of Public Health:	$ 98.2 million
State Department of Education:	$ 73.1 million
Head Start (to communities):	$ 51.8 million
Department of Mental Retardation:	$ 37.3 million
Children's Trust Fund:	$ 10.2 million
Department of Children & Families:	$ 3.5 million
Commission on Children	$ 0.5 million
Total	$ 539.3 million

Key Concepts in Early Childhood Investment

Research evidence should inform policies, programs and educational practices. A great deal currently is known about young children's development, which children tend to be at risk for poor outcomes, how to identify these children, and how best to help them. Not every important decision can be made with reference to scientific studies; however, we can greatly improve policies, programs and practices by using the substantial research literature that presently exists as a basis for decision making. Connecticut's Early Childhood Investment Framework incorporates significant research findings in its recommended strategies.

Quality counts. One issue that can be informed by research involves quality — of programs, services, policies and work force development. Quality in these areas makes a difference in outcomes, and there is evidence to

indicate what constitutes "high quality." For example, high-quality educational programs require well-prepared teachers who understand children's development, why some children are at risk, and how to foster children's development across a variety of domains. High-quality programs that serve children ages birth through 8 consistently implement research-based practices that address a variety of competencies known to be important in children's achievement, and they differentiate instruction to meet the needs of individual children.

Ongoing assessment at multiple levels must guide decision making. Here "assessment" is used in a broad sense, to refer not only to assessment of individual children, but also of programs, services and policies. For young children, assessment relies heavily on informed observation. Health and developmental screening of children from birth is necessary for the delivery of successful prevention and early intervention services. Continuing assessment of individual children's progress in early childhood programs through the primary grades is critical for designing effective instruction and providing additional help before struggling students fall too far behind their peers. Systematic aggregate data should inform decisions about which programs and services for young children and their families are effective, and which need to be changed. Assessment, broadly defined, is essential for improving the delivery and effectiveness of services to individual children and families, as well as providing an ongoing look at service delivery needs and outcomes for strategic planning and improvement purposes.

Priorities must be established. Certain kinds of policies benefit everyone — and are generally feasible to do for everyone. For example, all families benefit from having information about young children's development, and this kind of information can be shared through many different avenues, such as health care providers, early childhood programs, social service agencies and schools. Nevertheless, some youngsters are at greater risk, relative to the rest of the population, for poor developmental outcomes and later difficulties in school; these youngsters typically need additional resources and services to improve outcomes. For the most at-risk youngsters, systematic outreach as well as additional resources will undoubtedly be necessary. In a world of finite resources, it makes sense to assign priorities based on risk status and to target the most at-risk children for additional resources and outreach. However, setting priorities does not exclude the implementation of policies that meet the wide range of individual differences in all children.

Partnerships with families are imperative. Families include any relatives regularly involved in caretaking young children, such as grandparents, aunts, uncles and grown siblings, as well as both custodial and noncustodial parents. Families are rightfully children's first and lifelong teachers. Thus, *all* families need information on early child development and early childhood education. *Some* families also need access to services in order to assure that their children reach age-appropriate and grade-appropriate developmental milestones. These services should be sensitive and responsive to cultural and linguistic differences among families, and providers should recognize that some at-risk families might need special support to help navigate a complex service system. Families need opportunities to participate fully in service planning and delivery for their own children and, to the extent that they are able, for the children in their community. Furthermore, families need the support and encouragement to access literacy learning and high school completion services where those personal needs exist.

Partnerships with community organizations and local schools are essential. Local providers, along with local elementary schools, constitute the service delivery hub for many communities. Together they can — and in many cases do — play a central role in early identification and early intervention for children at risk of learning or other developmental challenges. For very young children, involvement with health care providers often provides a first key opportunity for a look at children's developmental progress. This early engagement must include parents as full partners.

For all children, planned transitions from family-based care to formal early care settings, preschool programs and then elementary school are indispensable for continued developmental progress. Providers across these set-

tings also need to establish regular professional development and information-sharing opportunities to assure that their services are appropriate to the needs and background of families served. Within schools, an effective K-3 teaching-learning process is essential if the gains of high-quality preschool are to be maximized. This Framework envisions an expanded state-local, public-private partnership whereby communities take a leadership position in planning for and coordinating school and community services for children from birth through at least the third grade.

An effective early childhood framework requires the involvement, coordination and accountability of multiple agencies. State agencies must be flexible in their approaches to planning, program development and funding in order to support coordinated service delivery. However, flexibility alone is not enough. Individual departments and agencies must also have specific objectives related to the framework and must regularly assess progress toward those objectives. Communication, accountability and coordination of efforts within and across agencies also are critical. Finally, state agencies must lead, not only in the improvement of supports, services and programs that each funds, but also in the development of a "system" of early childhood services.

Early Childhood Goals: 2006 through 2015

The Early Childhood Framework has the following broad policy goals for the children of Connecticut born in 2006 and beyond, to:

- reach appropriate developmental milestones from birth to age 5;
- begin kindergarten with the knowledge, skills and behaviors needed for success in school; and
- have K-3 education experiences that extend children's birth-to-5 learning and ensure consistent progress in achieving reading mastery.

To develop the framework and provide specific recommendations for achieving its goals, the Cabinet considered a series of key questions. Why are the first few years of life so important in children's preparation for formal schooling? How can we identify children who are not likely to be well prepared for school success? How well are young children in Connecticut doing currently, and which children are most at risk for having problems in school? Finally, what actions are necessary to achieve these goals for Connecticut's children? The remainder of the document is organized around these fundamental questions.

Footnotes

[1] Slot and fiscal trend data provided by SDE's Paul Flinter, 2006.

[2] "Connecticut Leads the Way with School Readiness and Early Reading Success." The Connecticut Commission on Children. Updated May 2005.

[3] Lt. Governor M. Jodi Rell, State of Connecticut. *ECE and Economics Forum,* Fairfield University, January 2004.

[4] The bill, File #559, is online at www.cga.ct.gov. Search by the bill's name or number.

[5] By comparison, in SFY 2005-06, about 2.8 percent of the state's total budget was expended on prevention.

[6] Online at www.resultsaccountability.com.

[7] Several of the documents used in this RBA process are online at www.ecpartners.org/index.php?option=com_content&task=view&id=42&Itemid=58.

[8] This effort is sponsored by the Connecticut Department of Public Health and is supported by federal Maternal and Child Health funds. Its process and documents are accessible online at www.ecpartners.org.

[9] The one agency exception to this involves the Connecticut Department of Social Services, for which fiscal data was available only for SFY 2004-05.

[10] Note: Of the $539,298,115 in total funds that were identified, $288,878,508 was in state funds, $234,480,283 was from federal funds, and $15,939,324 was from various other funding sources.

[11] Additionally $15,939,324 in "other" funds were also reported by participating agencies.

THE FIRST YEARS: BUILDING THE FOUNDATION FOR EARLY LEARNING SUCCESS

Early Brain and Physical Development

Brain development occurs most rapidly in the first few years of life. At birth, a child's brain contains a 100 billion neurons ready to code and record information from all of the baby's senses and early experiences. By age 3, the brain achieves 80-85 percent of its adult size and its architecture includes a trillion connections between neurons. A variety of positive steps taken in these early years can facilitate optimal brain development and help to prevent lifelong developmental challenges. Several examples are instructive. Timely prenatal care provides children with a healthy start in life and can help to avoid premature birth, which is itself associated with a variety of developmental problems in early childhood. Responsive, nurturing, language-rich parent-child interactions provide an essential context in which the child's brain architecture and knowledge expands. Family knowledge about the dangers of lead exposure, coupled with routine screening of young children's blood lead levels, can prevent learning, behavioral and health problems caused by lead poisoning.

During the early years, regular physical and dental health checkups help children to thrive. This well-child care includes monitoring height, weight, nutrition, hearing, vision and other aspects of infant and early childhood development, along with giving vaccines to prevent unnecessary illnesses and serious diseases. Routine health care serves as an opportunity to inform families about different stages of child development, and as a consistent early point of contact for detection and remediation of problems.

Children's Cognitive, Linguistic and Social-Emotional Development

Learning is a cumulative process that begins at birth and is embedded in a social-emotional context, with links in development across domains. Children's earliest attempts to communicate generally occur in a social context. When families read to young children — with, for example, parent and child sitting close together and laughing over something humorous in a book — they not only expose children to "book language" and basic print concepts, but they also convey that reading is a valued and enjoyable activity. Numerous everyday experiences shared with caring adults or with other children — from playing with blocks, dressing up in a parent's old clothes, or going to a store, church or doctor's office — can stimulate children's curiosity about the world and facilitate growth across a variety of domains.

The central domain of development for later school achievement is language. Children experience tremendous growth in oral language in the first few years of life, from speaking their first words at roughly one year, to vocabularies of thousands of words at age 5, combined in grammatically sophisticated sentences. For the vast majority of young children, oral language acquisition occurs naturally, as a function of everyday exposure to language and social interaction. Rare exceptions are those children with certain disabilities or severe brain damage.

Both the amount *and* nature of language exposure are important influences on all children's language development. For example, by age 3, children from higher socioeconomic groups may have vocabularies more than twice the size of those of very low-socioeconomic children, a gap that has been linked directly to differences in language exposure.[12] Because oral language is an essential foundation for learning to read and write in later

schooling, children at the low end of vocabulary development are at a serious disadvantage even before they begin kindergarten.

No institution, public or private, can replace the primary functions of a family, which include providing a loving attachment, nurturance and values. Young children's emotional attachments to their families and social experiences in their early years are an important foundation for later school functioning. Formal schooling requires the ability to interact appropriately with other children and adults who are not family members. Lack of appropriate social, emotional and behavioral functioning can derail academic achievement even when children have strong learning abilities, whereas good social-emotional skills can help children compensate for learning challenges.

Evidence of the Value of Early Childhood Programs

National Studies. A recent report by the RAND Corporation, "Proven Benefits of Early Childhood Interventions," synthesizes results from scientifically sound research on early intervention programs in terms of their "return on investment." Of 20 such programs, 19 demonstrated "favorable effects on child outcomes."[13] The programs fell into three groups. In one, parent education and other family supports were provided through home visiting or in other settings, including doctors' offices and child-care centers. The second involved early education for the child, generally in a center-based setting for one or two years before kindergarten. The third group included programs using both approaches. Across this broad range of effective programs, the return on investment ranged from nearly $2 for each dollar invested to more than $17 per dollar invested.[14]

With specific regard to early care and education, national research has shown that children enrolled in high-quality programs are better prepared to enter kindergarten, show better language and cognitive development, and are less likely to be assigned to special education programs. In fact, high-quality early care and education continue to positively predict children's performances well into their school careers.[15]

From "The Economic Promise of Expanding High-Quality Preschool"

America is wasting its education dollars on remediation of past failures. Getting it right from the start would leverage all other educational investments. Better-prepared students would make more use of mainstream programs, and put less strain on budgets through demands for remediation.

Committee for Economic Development, 2006

Not only do high-quality early care and preschool experiences improve the lives and school readiness of children, but they also can yield excellent investment returns. Economists have recently studied the outcomes of children enrolled in several nationally renowned early education programs to determine the monetary value of this investment. They report that, over a 20-year period, a dollar invested in high-quality early childhood programs for young children *at high risk of school un-readiness* returns between $8 and $17 to society. On an annualized basis, these Federal Reserve Bank studies report an inflation-adjusted annual return on early education investment of 16 percent over the same 20-year period.[16] These analyses take into account both cost savings to society from reduced incarceration and welfare among the early childhood participants when they become young adults to the value of increased wages earned and taxes paid. In addition, recent RAND analyses project a return on investment when preschool is offered for *all* children of about 200 percent, or $2 returned for each dollar invested.[17]

Connecticut Findings. Descriptions of benefits of early investment specific to Connecticut also are beginning to emerge. Community and program-specific evaluation studies of Connecticut's School Readiness Program conducted by researchers at the Yale Child Study Center have shown that high-quality early education programs can reduce or even eliminate performance gaps across groups of preschool-aged Connecticut children.[18] At least one Connecticut study has documented an immediate and substantial reduction in early elementary special education costs.[19] Finally, a survey of kindergarten teachers in Connecticut's priority school districts revealed that children with "two years of preschool were twice as likely to be seen as ready for kindergarten in language and literacy skills" and in math skills than their peers without preschool.[20] Similarly, for children with disabilities, early identification and intervention make good economic sense as well as providing a better life for the children and their families. In Connecticut, only 50 percent of infants or toddlers with disabilities or developmental delays who received Birth-to-Three services needed special education at kindergarten.

Footnotes

[12] Hart, B. & Risley, T. (1995). *Meaningful differences in the everyday experience of young American children,* Baltimore, MD: Brookes Publishing Co.

[13] Not all studies of early childhood programs are based on a rigorous research methodology. This report examines the group of evaluation studies that satisfy rigorous scientific standards.

[14] "Proven Benefits of Early Childhood Interventions." RAND Labor and Population Research Brief, 2005. Online at www.rand.org/pubs/research_briefs/RB9145/index1.html.

[15] ibid. See also "Lessons Learned: A Review of Early Childhood Development Studies." Minneapolis Federal Reserve Bank, April 2006. Online at www.minneapolisfed.org/research/studies/earlychild/lessonslearned.pdf.

[16] "Lessons Learned: A Review of Early Childhood Development Studies." Minneapolis Federal Reserve Bank, April 2006. Online at www.minneapolisfed.org/research/studies/earlychild/lessonslearned.pdf.

[17] "The Cost and Benefit of Universal Preschool in California." RAND Labor and Population Brief, 2005. Online at www.rand.org/pubs/research_briefs/RB9118/index1.html.

[18] "School Readiness: Research and Benchmarks." The Connecticut Commission on Children, December 2004.

[19] Personal communication, Dr. Walter Gilliam, Yale University Zigler Center on Child Development and Social Policy, 2005.

[20] "Opening the Kindergarten Door: The Preschool Difference." The Connecticut Commission on Children, Connecticut Center for School Change and the Connecticut State Department of Education, April 2004.

HOW ARE CONNECTICUT'S CHILDREN DOING NOW?

Overall Data

Key indicators of children's well-being reported nationally suggest that, compared to their counterparts in other states, many children in Connecticut are doing quite well. Several examples follow.

About one in 10 children live in families with incomes at or below the Federal Poverty Level.[21] Based on these data, and although about 86,000 children live at or below this high poverty level, the Annie E. Casey Foundation's "KidsCount" initiative ranks Connecticut best in the nation on overall family economic security. The National Survey of Children's Health in 2003[22] indicated that only about 4 percent of Connecticut children ages birth to 17 were uninsured. Conversely, 88 percent had a preventive medical care visit in the previous year, and 87 percent experienced excellent or very good health. The National Survey of Children's Health also reported that 75 percent of children ages 3 to 5 regularly attend preschool, kindergarten, Head Start or Early Start, although enrollment varies widely across communities. On the National Assessment of Educational Progress (NAEP),[23] Connecticut regularly ranks among the best states with regard to the reading skills of elementary school students.

Disparities in Children's Development and Access to Services

Although encouraging, these statistics do not tell the whole story because they mask large variability among Connecticut youngsters and a significant group of children at risk. A sample of these data follows.

Poverty. Based on recent data from the Connecticut State Department of Education (SDE), about 28 percent of Connecticut's public school students live in poverty, defined here in terms of eligibility for the federal Free and Reduced-Price Meal program. This definition of poverty is equal to 185 percent of the Federal Poverty Level. Over the past several years, the number of children defined as living in poverty based on this measure has increased by three to four percent.[24] Based on SDE data, the proportion of children at risk due to poverty varies greatly across Connecticut, from less than 1 percent in communities such as Easton, East Granby, New Canaan and Wilton, to more than 60 percent in New Haven, New London, Hartford, Waterbury and Windham. In one Connecticut community – Bridgeport – 90 percent of young children are at demonstrable risk of poor developmental outcomes due to poverty.[25] Many of these children are of African-American or Hispanic heritage.

Health. Although Connecticut's goal is health insurance coverage for all children, the Census Bureau has reported that some 71,000 children ages birth to 18 are uninsured in Connecticut at any point in a year.[26] For children nationally and in Connecticut, uninsured children tend to be older (12 to 17 years of age), poor and from minority families.[27] In Connecticut, it is estimated the 60 percent of all uninsured children are of Hispanic heritage. It has been further reported that 21 percent of all Hispanic children are uninsured, compared with 7 percent of white children and 13 percent of African-American children.

Other health challenges exist for young Connecticut children. The Connecticut *Social Health Index* for 2005 reports that while the black infant mortality rate has improved, it remains more than double the rate of white infant mortality.[28] Among poor families, dental disease is found in 80 percent of children ages 2 to 5, and many youngsters go untreated.[29] Asthma affects more than 10 percent of Connecticut children under age 5 who *are* insured by Medicaid, with asthma rates highest for Hispanic children and for children in Connecticut's largest cities.[30]

When compared with other states on several health measures, Connecticut's performance is only slightly above average. Connecticut ranks 19th among states on the percentage of low-birth-weight babies (7.5 percent), but has improved from 21st to 8th on infant mortality (4.5 percent). Across all children in Connecticut, disorders related to low birth weight — some preventable with good prenatal care — constitute the leading cause of deaths in young children.

Safety. Data from the Department of Children and Families (DCF) for State Fiscal Year 2003-04 indicate that 7,852 children between the ages of birth and 8 were referred for abuse or neglect.[31] Just over 4,000 were accepted for service within DCF and about 200 were referred to outside agencies. Primary classifications of maltreatment for children from birth to 8 included: psychological and emotional maltreatment (2,941), neglect and deprivation of necessities (1,828), and physical abuse (927). National data indicate that nearly 20 out of every 1,000 Connecticut children are victims of maltreatment, compared with 16 per 1,000 nationwide.[32] Given the critical nature of safe, healthy, secure early relationships and environments to young children's future success, these data indicate a very real concern and sense of urgency in meeting the safety needs of almost 8,000 Connecticut children.[33]

Early Care and Education. About 75 percent of all Connecticut 4-year-olds are reported by their parents to attend a formal preschool setting. In the Connecticut communities deemed by the State Department of Education to be most challenged, however, nearly half of children do not attend a formal center-based preschool setting. These communities include Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury and Windham. Across 19 communities recently surveyed by the Connecticut SDE — including the seven listed above — about 8,800 3- and 4-year-olds who would likely attend a center-based preschool program do not now have access to one.[34] Across all state- and municipally-funded preschool programs, 29,141 3- and 4-year-olds were enrolled in 2004, an increase of 9 percent from 1999.[35]

For families who need access to family-based early care, challenges are large. Over the past five years in Connecticut, the number of licensed family child-care homes has been in decline, from just over 4,000 to just under 2,970.[36]

School Readiness. Connecticut will not have a statewide, uniform school readiness measure until the fall of 2009. However, data suggest that as many as 30 to 40 percent of children nationally enter kindergarten without the requisite knowledge, skills and behaviors necessary for school success.[37] Some states that now administer a statewide "entry to K" assessment are finding even higher percentages of school un-readiness.[38]

A compilation of evaluation studies by the Connecticut Commission on Children in December 2004[39] shows dramatic increases in school readiness literacy and number skills for children who participated in the state's School Readiness Program. Based on these 2004 data, more than 50 percent of children from several of Connecticut's most challenged school would be evaluated as lacking essential learning skills upon entering kindergarten.

Further information on the school readiness of children in Connecticut's priority school districts is available from another 2004 Connecticut study, "Opening the Kindergarten Door: The Preschool Difference."[40] As rated by their kindergarten teachers:

- 25 percent of the children with no preschool experience were not ready with regard to language and literacy skills;
- 30 percent were not ready on math skills;
- 45 percent were not ready on social-emotional skills; and
- 59 percent were not ready with regard to fine motor skills.

However, two years of preschool doubled the proportion of children who were ready for kindergarten in terms of their language and math skills. Dramatic increases in readiness also were shown in social-emotional and fine motor readiness for children who attended two years of preschool.

Reading. Of the 42,481 fourth grade students who took the 2004 Connecticut Mastery Test (CMT) in reading, 76 percent scored at the "proficiency level" or above, but 14,000 students performed at basic or below-basic levels.[41] In particular, significant reading challenges exist among minority youngsters. Statewide, 58 percent of African-American students and 61 percent of Hispanic students in the fourth grade scored at a basic or below-basic level. Over half of these students are enrolled in seven school districts: Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury and Windham.[42]

The goal of the Connecticut State Department of Education is for all students to achieve at a level higher than "proficiency" — at the level of reading "mastery" or the higher "advanced level." In the fall 2004 CMT in reading, 67 percent of all fourth graders scored at the mastery or better levels.[43] For African-American and Hispanic students taking the reading test, just one-quarter scored at mastery or higher levels. Similarly, just 24 percent of children living in families with incomes of 185 percent of the Federal Poverty Level scored at mastery or higher levels.[44]

English Language Learners. Many Connecticut school districts serve substantial numbers of English language learners. For example, data for 2004-05 showed that 49 percent of Hartford's students lived in families where English was not the primary home language.[45] Other school districts reporting important levels of non-English home language were New Britain (41%), Bridgeport (38%), Danbury (37%), Stamford (35%), Norwalk (30%) and New Haven (29%). Numbers of English language learners in schools will likely increase in coming years as Connecticut's foreign-born population is expected to nearly double by 2025.[46]

Facilities. Connecticut's 1997 landmark school readiness legislation addressed the need for more space and facilities to meet preschool needs. Anticipating growth so that every child would have access to quality preschool, the Governor and Legislature created a statewide Child Care Facilities Loan fund that provides access to financing for renovation and construction of early care and education sites.

Through a public-private partnership, numerous Connecticut banks and the state's Connecticut Health and Educational Facilities Authority (CHEFA) provide various low-cost and low-interest loans for this construction. Only programs meeting high quality standards in child development are eligible. Technical assistance is provided through the Connecticut Children's Investment Partnership.[47]

In the March 2006 State Department of Education (SDE) report to the Connecticut General Assembly titled, School Readiness Need and Costs to Serve All 3- and 4-Year-Old Children in the 19 Priority School Districts, the SDE stated that 7,777 new spaces are required to meet the service needs of preschool children in the 19 Priority School Districts. Given the service priority of 185 percent of the Federal Poverty Level established in the action agenda section of this report (p.22), children outside of these Priority School Districts can anticipate having access to high-quality preschool education. Additional space may be required to meet this need.

Summing Up

A review of information from national and state resources reveals that many Connecticut children are doing well. However, for some of the state's children, significant risks to children's health, safety, development and learning remain. Public policy must expand investment to address these risks if Connecticut is to secure its economic and social future, retain its high ranking among states, and capitalize upon the abilities of all of its citizens.

Footnotes

[21] The Federal Poverty Level for a Connecticut family of three with children in 2005 was $16,090. For a family of four, the 2005 Federal Poverty Level was $19,350. In contrast, the median income in Connecticut for families with children was $73,200 in 2004.

[22] "National Survey of Children's Health," 2003. Data Resource Center on Child and Adolescent Health, Child and Adolescent Health Measurement Initiative (2005). Online at //nschdata.org.

[23] A profile of CT NAEP data is online at //nces.ed.gov/nationsreportcard/states/profile.asp.

[24] Data provided by the State Department of Education, April 2006. Note: 185 percent of the Federal Poverty Level in 2005 for a family of three was $29,767. For a family of four, 185 percent of the Federal Poverty Level was $35,798.

[25] Based on State Department of Education data on children's eligibility for the federal Free and Reduced-Price Meal program.

[26] "Uninsured Children in Connecticut 2004." CT Voices for Children, 2005. Online at www.ctkidslink.org/publications/h05uninsured09.pdf.

[27] Office for Health Care Access Report of 2004 Household Survey. Online at www.ct.gov/ohca/lib/ohca/publications/snapshotfinal.pdf.

[28] "The Social State of Connecticut 2005." Institute for Innovation in Social Policy, Vassar College, 2006

[29] "Promoting Healthy Children and Families in Connecticut: Part I: Health Problems of Infancy and Early Childhood." Child Health and Development Institute of Connecticut, 2003. Online at www.chdi.org/files/10262005_92339_92906_pdf.pdf.

[30] "Asthma in Connecticut: Update." Connecticut Department of Public Health, May 2003.

[31] Gruendel, J.M. "Improving Developmental Outcomes for Vulnerable Young Children through Child Welfare and Early Care and Education Systems Integration: Report to the Governor," Connecticut Department of Children and Families, State Department of Education, Department of Social Services and the Children's Trust Fund, June 2005

[32] US Department of Health and Human Services, Administration for Children and Families, 2004.

[33] Gruendel, J.M. "Improving Developmental Outcomes for Vulnerable Young Children through Child Welfare and Early Care and Education Systems Integration: Report to the Governor," Connecticut Department of Children and Families, State Department of Education, Department of Social Services and the Children's Trust Fund, June 2005.

[34] CT Appropriations Committee RBA Template, Part II: Program Accountability for SDE School Readiness Initiative, February 15, 2006. Note: These data are based on the assumption that 90% of 4-year-olds and 90% of 3-year-olds without programs would attend if a center-based program were available to them.

[35] CT Appropriations Committee RBA Template, Part I, Early Childhood and Education Summary Sheet, February 15, 2006.

[36] The number of licensed family care spaces for children has dropped from 24,013 to 17,689, a loss of more than 6,300 spaces in the past five years. See "Beyond Child-Care Centers: The Essential Role of Home-Based Child Care in Connecticut's Early Care and Education System: Executive Summary." CT Voices for Children, July 2006. Online at www.ctkidslink.org/publications/ece-06homechildcarees.pdf.

[37] Edward Zigler, Walter Gilliam and Stephanie Jones, "A Vision for Universal Preschool Education." Cambridge University Press, April 2006.

[38] Minnesota, for example, recently found that 50 percent of its entering kindergarteners did not possess the knowledge and skills necessary for early school success. Personal communication from Art Rolnick, Senior Vice President, Minneapolis Federal Reserve Bank, June 2006.

[39] "School Readiness: Research and Benchmarks." CT Commission on Children, December 2004.

[40] "Opening the Kindergarten Door: The Preschool Difference." CT Commission on Children, State Department of Education and the CT Center for School Change, March 2004.

[41] The CT Mastery Test establishes five levels of performance: below basic; basic; proficient; mastery and advanced. The educational goal for all students, as well as the requirements within the federal No Child Left Behind Act, call for all students to be at a mastery level.

[42] 2004 Connecticut Mastery Test Disaggregation Report by ERG/State, Grade 4. Online at www.cmtreports.com/web04/byGroup/ERG4.html.

[43] These data are online at www.cmtreports.com/Across-Years/overview/overview.html.

[44] These data are online at www.cmtreports.com/web04/byGroup/ERG4.html.

[45] Connecticut Strategic School Profiles, 2003-2004.

[46] "Immigration in Connecticut." CT Voices for Children, January 2005. Online at www.ctkidslink.org/publications/econ05immig01.pdf.

[47] Online at www.lisc.org/connecticut_statewide/programs/connecticut_6029.shtml

ASSESSING READINESS AND RISK[48] FOR EARLY LEARNING AND SCHOOL SUCCESS

Assessing Readiness

In 1997, the National Educational Goals Panel identified five domains that together constitute "school readiness" for the nation's young children:

- health and physical well-being;
- emotional well-being and social competence;
- approaches to learning;
- communication skills; and
- cognitive development and general knowledge.[49]

Over the past decade, there has been an increasing national trend toward the development of methods to assess children's readiness for school. But "rather than using readiness assessment for placement decisions, many states are developing school readiness assessment systems to profile the condition of children as they enter school."[50]

As the result of legislative action in the 2005 Connecticut General Assembly session, the State Department of Education is required to develop and implement a statewide, age-appropriate kindergarten assessment no later than the fall of 2009.[51] To learn the present status of kindergarten assessment in Connecticut, the State Department of Education surveyed districts in 2005. Of the 116 districts that responded:

- 38 percent reported no entry-to-kindergarten assessment instrument;
- 42 percent reported a locally developed assessment instrument; and
- 25 percent reported using a standardized instrument.

From the UCLA Center for Healthier Children, Families and Communities, March 2004

Increasingly, this data [from school readiness assessments] is being used to engage communities, educate parents, help schools design and implement early education programs and other developmentally appropriate experiences and evaluate how well early childhood services perform in raising the developmental level of younger children prior to entry to school.

Across the 29 districts that used a standardized methodology, all tested language and literacy readiness. Other aspects of kindergarten readiness assessed included mathematics readiness, children's physical ability, social and emotional readiness, and creative/aesthetic ability.

In the 2006 legislative session, additional direction was given to the State Department of Education with regard to school readiness assessment. By October 1, 2007, local boards of education and preschool programs which receive state or federal funds must provide information describing "student experiences in preschool by type and by numbers of months in each such program, the readiness of students entering kindergarten, and student progress in kindergarten.[52]

The Concept of Risk

Researchers have identified a number of variables predictive of young children's readiness for and likely success in school. These factors include predictors of overall school functioning as well as predictors more specific to certain domains — in particular, reading. Children for whom the variables tend to forecast a poor outcome are said to be "at risk." Although the prediction of school outcomes is far from 100 percent accurate, identifying a group of children who are likely to experience difficulties in school is quite feasible. It is also possible to identify a group of communities in which substantial numbers of at-risk children reside. Before discussing the predictors, however, it is important to say a few words about the concept of risk.

Most people are familiar with the concept of risk as it relates to various medical conditions, such as the risk of having a heart attack. Risk involves the idea that there is an increased probability of a negative outcome for individuals who have certain "risk factors." The concept of risk is useful because it provides a practical way to set priorities and target resources. Setting priorities and targeting resources does not, however, mean focusing exclusively on the early childhood at-risk population. As related to the risk of having a heart attack, for example, some people need specific interventions, but everyone can benefit from information about the importance of a healthy diet, regular exercise, prevention or control of diabetes, and not smoking. Understanding the precursors and correlates of a poor outcome (i.e., its risk factors) allows us to target resources to maximize the return on investment.

The process of identifying children who may be at risk of school un-readiness or early reading challenges must be undertaken carefully. There *is* a danger that some children may be erroneously identified or that others may be stigmatized or have low expectations created for them. Although these dangers exist, the risks associated with early identification, if handled sensibly, are well worth taking in order to provide all children with the foundation they need for success in school.

Risk Factors for Difficulties in School

Extensive research literature has focused on predicting young children's likelihood of school success. For example, the national Early Childhood Longitudinal Study (ECLS) examined a cohort of approximately 22,000 children entering kindergarten in 1998-99.[53] This study, consistent with many others,[54] identified several important risk factors for difficulties in the early years of school: poverty, low levels of parental education (i.e., less than a high school diploma), single-parent households, and a primary home language other than English.[55]

These risk factors are cumulative in their impact on younger children. "While children with one risk factor do not fare as well as those with none, children who have two or more risk factors exhibit greater achievement lags, poorer health, more problem behavior and less positive approaches to learning than do children with a single risk factor."[56] These risk factors also correlate with each other. For example, children of poverty are more likely than other children to live in single-parent households with low levels of parental education. Furthermore, analysis of Connecticut data reveals that the risk factors are not uniformly distributed geographically, but rather tend to cluster much more in some communities than in others.

Because the probability of poor outcomes increases with the number of risk factors, it is possible to conceptualize a group of "most-at-risk" children and "most-at-risk" communities. This framework defines "most-at-risk" young children as those experiencing two or more of the following risk factors: poverty, low levels of parental education or a single parent household.[57] "Most-at-risk" communities are defined as those where two or more of the risk factors touch at least 20 percent of all young children.

There are numerous other risks to young children's development, including child health problems such as low birth weight, lead poisoning and childhood asthma. Risk is also increased when young children do not have timely or adequate access to preventive health services that could identify and prescribe appropriate intervention. Children's development also can be jeopardized by serious family challenges, such as abuse and neglect, homelessness or frequent residential changes; domestic violence; maternal mental illness or smoking during the prenatal period; and parental substance abuse or incarceration.[58]

Although some of these risks correlate with socioeconomic variables, many of them are not unique to families living in poverty. They can be found among affluent, two-parent, well-educated families as well as among less-advantaged families. However, more-advantaged families have more options for purchasing needed services and support. Families without sufficient economic resources are dependent upon others — including state and local government — to help them identify and address these risks to their children's health and development.

Risk Factors for Reading Difficulties

The research studies discussed so far have focused on relatively global predictors of children's overall school functioning. However, another body of research has concentrated specifically on predicting young children's likelihood of future success in reading. Among children aged 3 to 5, two aspects of language are especially significant predictors of later reading achievement in early elementary school. The first — children's awareness of sounds in spoken words — is called phonological awareness. In this age group, phonological awareness is often measured through oral rhyming or alliteration tasks. For example, children are asked to say a word that "rhymes with *funny*" or "starts with the same sound as *mother.*" The second is expressive vocabulary, or the number of words children use in oral language.

Because overall language development is critical to learning to read, children with difficulties that affect oral language acquisition[59] are at substantially increased risk of reading difficulties, as are children with a family history of reading problems.[60] Several aspects of emergent literacy also are important predictors of later reading achievement. These include a child's knowledge of letters and basic print concepts, such as recognizing the front and back of a book, understanding that print conveys meaning, and understanding that print is read left-to-right and top-to-bottom on a page.

Targeting for Maximum Return

Connecticut, like all other states and the federal government, has long employed a process of identifying groups of communities for special attention. One well-known organizing category is that of "distressed communities," based on a set of physical and economic distress thresholds set by the US Department of Housing and Urban Development.[61] Both the Connecticut Department of Economic Development and the Department of Environmental Protection award special status and additional resources to towns with this designation.

Similarly, the Department of Education's School Readiness Program[62] awards funds for "spaces in accredited or approved school readiness programs for eligible children in priority school districts and severe-need schools."[63] In SFY 2005-06, 19 communities were designated as priority school districts and an additional 35 communities were eligible because they house at least one severe-needs school:

> ***Priority School District Communities:*** Ansonia, Bloomfield, Bridgeport, Bristol, Danbury, East Hartford, Hartford, Meriden, Middletown, New Britain, New Haven, New London, Norwalk, Norwich, Putnam, Stamford, Waterbury, West Haven, Windham.

Competitive Grant Communities: Ashford, Branford, Brooklyn, Chaplin, Colchester, Coventry, Derby, East Haven, Enfield, Greenwich, Griswold, Groton, Hamden, Hampton, Killingly, Ledyard, Lisbon, Manchester, Mansfield, Milford, Naugatuck, Plainfield, Plymouth, Scotland, Sprague, Stafford, Stonington, Stratford, Thompson, Torrington, Vernon, West Hartford, Winchester, Windsor, Woodstock.

In examining various targeting strategies for early investment, the Connecticut Early Childhood Education Cabinet reviewed data on the presence of risk indicators by town. One analysis presented data on the percent of children living with each of the three main school un-readiness risk predictors: poverty; living in single-parent families; and living in a family where the mother had not achieved a high school diploma. Finding that some children in every town lived with these circumstances, the Cabinet next reviewed data on towns in which at least 20 percent[64] of the children lived with at least two of the three risk factors. Using this type of analysis, it was possible to identify with reasonable accuracy a set of "most-at-risk" towns serving as home to the state's "most-at-risk" young children.

When data on the three risk factors was reviewed, it was found that 27 Connecticut towns could be considered to have a concentration of at-risk children. These towns were identified to have, on two or more factors, 20 percent or more of children at risk.[65]

Ansonia, Bridgeport, Bristol, Danbury, Derby, East Hartford, Griswold, Groton, Hartford, Killingly, Manchester, Meriden, Middletown, Naugatuck, New Britain, New Haven, New London, North Canaan, Norwich, Plainfield, Putnam, Sprague, Torrington, Vernon, Waterbury, Winchester, Windham.[66]

As noted above, a number of these 27 school districts also serve substantial percentages of youngsters from homes where the primary language is not English, including Bridgeport, Danbury, Hartford, New Britain and New Haven. If all of the young children living at or below 185 percent of the federal poverty level in these 27 "most-at-risk communities" were targeted for ongoing intervention, an early childhood investment would be required for about 51,500 children ages birth to 5. This figure includes about 10,250 infants; about 20,500 toddlers of ages 1 and 2; and about 20,500 children ages 3 and 4.[67]

Applying presumptive risk factors (e.g., poverty, low parental education and single parenthood), as well as data on other risks, such as primary home language, low birth weight, prematurity, early screening/assessment results or homelessness, it is possible to identify the majority of at-risk children early in their lives so that appropriate early interventions, family supports and other relevant services can be provided. With high-quality early interventions and services in the first few years of life—-including more effective case management and improved access to services — most at-risk children's development can be within age-typical milestones upon entry to kindergarten.

Footnotes

[48] In addition to readiness and risk, a third "R" has relevance here: the concept of resilience. Simply put, resilience is the capacity to be strong in the face of adversity. A robust literature on resilience in childhood reveals that children, families and communities constitute a triad within which investment for early developmental success can be wisely made. Importantly, when one member of this triad – the child, or the family or the community – is weakened, investment in the other two can yield remarkable resilience on the part of the child.

[49] "Getting a Good Start in School." National Educational Goals Panel, 1997.

[50] "An Action Plan: Assessing School Readiness in Ventura County." UCLA Center for Healthier Children, Families and Communities, March 2004, p.4. Information on the work of the Center is online at www.healthychild.ucla.edu/.

[51] PA 05-245 Section 10-14n reads: "Within available appropriations, the Commissioner of Education shall, not later that October 1, 2009, develop and implement a statewide developmentally appropriate kindergarten assessment tool that measures a child's level of preparedness for kindergarten."

[52] PA 06-135 Section 10-10a of the CT General Statutes, Subsection (d).

[53] Online at http://nces.ed.gov/ecls/pdf/ksum.pdf.

[54] See the ECLS report "Entering Kindergarten" for more detail. Online at //nces.ed.gov/pubs2001/2001035.pdf.

[55] Because learning to read in any language requires a base of oral competence in that language, English language learners are at risk for reading difficulties in English, although they may learn to read with ease in their native language. English language learners are youngsters who lack knowledge of spoken English due to the fact that their primary home language is not English, a factor that, as previously noted, puts children at risk for school problems. Developing children's oral competence in English is essential for developing English literacy. Ideally for children's future school achievement, development of oral competence in English would begin in early childhood; this English-language development can easily occur along with development in the native language. See Genesee, F., Paradis, J., & Crago, M. (2004). *Dual language development & disorders: A handbook on bilingualism & second language learning.* Baltimore, MD: Brookes Publishing Co.

[56] "Entering Kindergarten." Early Childhood Longitudinal Study. Online at //nces.ed.gov/pubs2001/2001035.pdf.

[57] The Connecticut Early Childhood Education Cabinet debated including the fourth risk factor – living in a family where English is not the primary home language – in its evolving framework of "most at risk." No conclusion was reached to add it, but data show that it is of greatest concern when it co-occurs with poverty and the other factors.

[58] In an ideal situation, School Readiness Councils or other local early childhood collaboratives would have regular access to town-specific data on these risk factors and the capacity to use the data effectively for both strategic planning efforts and individualized family and child interagency case management/case coordination activity.

[59] These disabilities include hearing impairment, broad cognitive delays, specific language impairment and autism spectrum disorders.

[60] Scarborough, H. S. (1998). "Early identification of children at risk for reading disabilities: Phonological awareness and some other promising predictors." In B. K. Shapiro, P. J. Accardo & A. J. Capute (Eds.), *Specific reading disability: A view of the spectrum* (pp. 75-119). Timonium, MD: York Press; Whitehurst, G. J. & Lonigan, C. J. (2002). "Emergent literacy: Development from prereaders to readers." In S. B. Neuman & D. K. Dickinson (Eds.), *Handbook of early literacy research* (pp. 11-29). New York: Guilford Press.

[61] As one example, the 2005 list of distressed communities compiled by the CT Department of Economic and Community Development (DECD) includes the following towns, ranked by greatest to least distress: Hartford, New Haven, New Britain, Waterbury, Bridgeport, East Hartford, West Haven, Winchester, Meriden, New London, Windham, Torrington, Norwich, Plainfield, Naugatuck, Sprague, Derby, Ansonia, Bristol, Killingly, Enfield, Putnam, East Windsor, Plymouth and Bloomfield. Data provided by DECD on July 20, 2006.

[62] Public Act 97-259, An Act Concerning School Readiness and Child Day Care.

[63] Online at www.state.ct.us/sde/deps/readiness/SROverview.pdf.

[64] Designation of the "20 percent rule" is an arbitrary decision point. The Cabinet could have defined "most-at-risk communities" as those in which 50 percent (or any other percentage) of children lived with two or more of the three risk factors.

[65] Note that this analysis does not identify individual children, but rather communities based on magnitude of risk factors.

[66] In 15 of these 27 Connecticut communities, 20 percent or more of the children born each year face <u>all three risks</u> and, *without effective early intervention,* are likely to be unequipped for early school success. About 8,360 "most-at-risk" babies are born and reside in these 15 communities each year: Bridgeport, Derby, Hartford, Killingly, Meriden, New Britain, New Haven, New London, Norwich, Plainfield, Putnam, Torrington, Waterbury, Winchester and Windham.

[67] Other risk factors also must be taken into account in determinations of an individual child's risk of un-readiness. For example, children with known developmental delays will be at risk for school problems whether or not they have socioeconomic risk factors (although the latter will tend to compound their risk). Youngsters with socioeconomic risk factors who also have specific risk factors for reading problems — such as a history of language delay or disorder — will be at especially high danger of reading difficulties and school failure. Conversely, children who lack socioeconomic risk factors but who do have specific reading-related risk factors are at jeopardy of poor reading despite coming from more advantaged backgrounds. In Connecticut, these young children will, in general, be eligible for early intervention and/or preschool special education without regard to family income or other structural risk factors.

ACHIEVING CONNECTICUT'S GOALS FOR YOUNG CHILDREN

This document began with three broad policy goals aimed at giving all Connecticut children the best possible foundation for success in formal schooling. The second and third parts of the document explained why children's early years of life are critical to school achievement and how the state's children are faring now, across a series of domains. Part four examined Connecticut's challenge in developing proper ways of assessing both readiness and risk. This final section of Connecticut's Early Childhood Investment Framework outlines some challenges that will need to be addressed and the opportunities that await us, on behalf of the state's young children.

Four Core Values

Connecticut's Early Childhood Investment Framework is grounded in four fundamental beliefs about children, families, communities, schools and the role of state government in achieving the goal of "all children ready for early educational success."

1. Families and communities raise children, with schools and the state as essential partners in early childhood investment.
2. All families need information in the years of early child development and some families need both information and support to assure that their children reach annual age-appropriate and grade-appropriate developmental milestones.
3. Learning begins at birth and requires intentional support during the years before schooling begins. All children should have an opportunity to develop the knowledge, skills and behaviors that enable them to be successful in the early years of schooling.
4. The quality, effectiveness and cultural competence of early childhood experiences are key to assuring children's preparation for success in the first years of schooling.

An Organizing Concept: Ready Families, Communities, Schools, State and Work Force[68]

As described throughout this document, families, communities and schools all play critical roles in ensuring that children achieve success. Parents and families — children's first teachers — provide a cradle of care, attachment, safety and early learning; no agency or institution can replace them. "Ready families" need information about child development, child care and early learning; they need access to basic services such as health care and education; and some families need additional services, support and outreach, such as that offered by early intervention programs.

Families live – and children grow up — in neighborhoods and communities where informal and formal supports and services assist them. Through effective community collaboration, "ready communities" identify the needs of families with young children, assess the effectiveness and availability of essential services, develop strategic

plans to guide service improvement, and make sustained resource investments in an early childhood system at the local level.

Local public school systems must form strong partnerships with families and communities in order to educate all children well. "Ready schools" understand the communities they serve, respect the diversity of families, and provide for individual differences in their students. They implement research-based, effective teaching practices and curricula, implement effective preschool to kindergarten transition policies, and use ongoing assessment of student progress to ensure that children reach grade-level expectations during their elementary school years.

These three groups — families, communities and schools — must be supported by a "ready state" through policy, resource allocation and public accountability. A ready state brings a broad base of resources, as well as expectations about their use, to families, communities and schools. A ready state establishes itself as a partner with these groups to identify priority needs and develop statewide investment plans and strategies. Furthermore, families, communities, schools and the state rely upon a "ready work force" (including health-care workers, child-care providers, social service providers and early childhood educators) that is well prepared to meet the needs of at-risk youngster and all young children.[69]

Service Challenges To Be Addressed

In a seminal report published in 2005, *Meeting the Need, Accepting the Challenge: The CT Early Care and Education Cost Model,* the Connecticut Early Childhood Alliance[70] outlined a series of five challenges to the delivery of early childhood services.

1. Interagency coordination of early Interventions	Responsibility for early intervention services delivered to children and families with special needs is spread across multiple units of five state agencies. As a result, there is fragmentation of planning, funding and delivery of services.
2. Parental access to services	Few mechanisms exist to assist families with finding, qualifying for and using the multiple supports and services they may need. Currently, the delivery of early childhood services is primarily organized around program eligibility criteria and funding streams, with too little attention paid to whether the services are actually reaching those eligible families.
3. Accountability reviews of services	Capacity and quality issues repeatedly surfaced across the programs reviewed as part of the Early Childhood Partners B-5 Strategic Planning Initiative. Limited resources allocated for state and local agencies to conduct essential accountability functions contribute to these challenges.
4. Implementation of successful programs	Despite the wealth of successful innovations developed in Connecticut that have served as national models, few have been brought to scale statewide. Family Resource Centers, state Head Start Supplements, Nurturing Families Networks, School Readiness, CT Charts-A-Course and the CT Birth-to-Three Program serve as examples.
5. Integration of data collection	Data collection and outcome measurement are agency- and program-specific, with few efforts to link and use them as a management and policy-making tool.

Ensuring that all children develop to their maximum potential requires the involvement of many stakeholders, including multiple agencies and service providers. As it worked toward identification of a multi-year action agenda, the Cabinet accepted five key principles of service provision:

- Families (and their children) are at the center of service delivery.
- Communities, including local service organizations, require support to develop their own strategic planning, service delivery and management capacity.
- Schools are a key service site for children over the age of 5, and must be better coordinated with community services.
- Early involvement with families, coordinated case management, interagency agreements, and resource flexibility and leveraging are required at the state and local levels.
- A multi-year period of strategic investment and management is required both to improve quality and to expand services.

Building Local Capacity: A Key Opportunity

Recognizing the need to strengthen the organization and delivery of services to young children and their families at the local level, the Early Childhood Alliance October 2005 report identified four functions for local governing bodies:

- institutionalizing local roles and responsibilities in a coordinated early care and education governance structure in partnership with effective state governance;
- assessing local needs, assets and trends that impact young children and their families;
- community systems planning, resource allocation and monitoring; and
- connecting and improving a full set of early childhood services to ensure access by all children and their families.

The Early Childhood Partners initiative also has called for the presence of strong local governance and coordinating entities, including School Readiness Councils. To obtain current data on how School Readiness Councils view their roles and capacity, members of the Early Childhood Education Cabinet conducted an online survey during March 2006.[71] With regard to increasing their leadership role in local strategic planning on behalf of young children, seven communities reported having an early childhood strategic plan and 14 communities do not have one but would like to develop one. Seventeen districts reported being unsure of what data they would need for a plan; nine reported that child outcomes data were not available or outdated; six reported that agencies would not share data with them. Other areas of support that School Readiness Councils report needing include staffing, additional funding, technical assistance in needs assessment, and access to local fiscal data.

Building An Action Agenda

In May and June 2006, the Connecticut Early Childhood Education Cabinet considered 50 action items. With facilitation from the United Way of Connecticut, Cabinet members ranked the items in terms of priority, based on when each item must be addressed. From this process, 10 top priorities emerged by vote. These constitute the Cabinet's highest immediate priority items.

These top 10 priorities require the collaborative work of communities, human services and educational agencies at the state and local level. The SDE and local school districts are expected to work with the various agencies of cognizance to remove impediments that may effect learning, and institutionalize within the school community the capacity to work with other state and community-based services to sustain healthy children, ready to benefit from a high-quality educational system.

- Assure fiscal support for high-quality preschool for all 3- and 4-year-olds in families at or below 185 percent of the Federal Poverty Level, and increase this income eligibility standard as state resources permit.
- Address state reimbursement inequities for center-based preschool programs.
- Develop a multi-year early childhood work force professional development plan to assure compliance with state law and selected national certification programs.
- Provide health, mental health and education consultation to preschool programs to enhance the skills of directors and teachers for meeting the comprehensive needs of children.
- Support the design and implementation of the kindergarten assessment (statewide implementation due in fall 2009).
- Develop a comprehensive strategic plan for serving infants and toddlers.
- Ensure that HUSKY children receive regular well child visits and an annual developmental assessment.
- Provide all families and caregivers (including noncustodial parents) with information about child development, prenatal through age 8.
- Expand eligibility categories in the Birth-to-Three Program to include mild developmental delays and environmental risks.
- Support local communities in developing birth-to-5 councils (e.g., using School Readiness Councils) for planning and monitoring early childhood services.

Many of these top priority action items reflect work already in progress, either through the Connecticut Early Childhood Education Cabinet, the Early Childhood Partners Initiative, or within individual state and local agencies. A brief update on each action item appears in Appendix A.

The remaining 40 action items also must be addressed as part of both the Cabinet's ongoing implementation work and the Early Childhood Research and Policy Council's multi-year Investment Plan. The remaining action items appear in Appendix B.

Proposed Time Frame

The goals of Connecticut's Early Childhood Investment Framework focus on children born in the current fiscal year — 2006 and 2007 — and track those children's progress through entry to the third grade in 2015. This multi-year focus will require a sustained period of planning, funding, implementation and accountability.

To accomplish the goals of "Ready by 5 and Fine by 9," the Cabinet proposes a period of substantially increased investment and accountability, beginning in SFY 2007-08 with the next Biennial Budget and proceeding through three additional biennial budget periods ending in SFY 2014-15. Each two-year period provides the basis for continuous and public outcomes accountability, service realignment and expansion, and fiscal reallocation and investment. Also, each Biennial Budget affords an opportunity to integrate this effort with the emerging "2020 Prevention" initiative passed by the 2006 Connecticut General Assembly, requiring that by 2020, 10 percent of state agency budgets be allocated to prevention.

Beginning in the 2007-08 and 2008-09 biennium makes good sense, given the goals established earlier in this document. The overlap between plan years, child age and expected child outcomes, and budgetary periods is shown on page 24.

EARLY CHILDHOOD INVESTMENT PLAN KEY DATES								
SFY 06-07	**2007-08**	**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
1st Birth Cohort	Age 1 year; Infant services	Age 2 years; Toddler services	Age 3 years; Some enter PreK	Age 4 years; Rest enter PreK	Age 5 years; Enter K	Age 6 years; Enter first grade	Age 7 years; Enter second grade	Age 8 years; Enter third grade
	Goal I: Birth cohort (and subsequent babies) is on target developmentally each year				Goal 2: All ready at K			Goal 3: Reading Mastery on CMT
2nd Year Current Biennium	New Budget Biennium; First Early Childhood Investment Funds		New Budget Biennium; Begin 2020 Prevention Reallocation for Early Childhood		New Budget Biennium; Continue 2020 Prevention Reallocation		New Budget Biennium; Continue 2020 Prevention Reallocation	

Next Steps: August through December 2006

The chart that follows outlines a two-track process involving both the Cabinet and the Early Childhood Research and Policy Council, designed to assure timely production of Connecticut's Early Childhood Investment Framework by the Council and continued implementation of Framework priorities by the Cabinet. It is expected that the Early Childhood Investment Framework will formally begin in July 2007 and will guide state investment and outcomes accountability over the period July 2007 through June 2015.

Work of the Early Childhood Research and Policy Council	Work of the Early Childhood Education Cabinet and its Implementation Team
The Early Childhood Investment Framework will be completed and adopted by the Cabinet by the end of July 2006 and transmitted to the Governor of the State of Connecticut, leadership of the Connecticut General Assembly and the Early Childhood Research and Policy Council.	Over the period July through September, the Cabinet's Implementation Team will be assembled, tasked and will begin work to address immediate implementation issues. These will flow from the top 10 and the balance of action items in the Framework document, as well as issues raised by the draft Early Childhood Partners plan and remaining management issues identified not addressed to date.
Over the period August through October the Council, with staffing assistance from the United Way of Connecticut and other entities, will prepare and/or review policy briefs for each of the 10 top priorities as part of the business plan development process. Other tasks of the Council are outlined in Executive Order #13 and will be included in the Council evolving work plan.	In September, the Early Childhood Investment Framework will be shared with Connecticut citizens for comment at a series of Local Listening Forums organized by the United Way of Connecticut.[72] Comments and suggestions presented at these forums will be consolidated and reported back to the Cabinet and the Council.
Over the fall, the Council and Cabinet will continue to work with the Connecticut Office of Policy and Management on issues related to budget development for the state's next Biennial Budget, 2007-08 and 2008-09. The Governor delivers the proposed Biennial Budget to the CT General Assembly in February 2007.	
In later November, the Connecticut Early Childhood Investment Plan will be presented to the Governor.	From fall 2006 through June 2007, continue work on implementation, with quarterly reports to the Cabinet.
In early January, the Early Childhood Research and Policy Council, together with the Early Childhood Education Cabinet, will present the Investment Plan at a Governor's Summit on Early Childhood Investment for public review and comment.	

Concluding Remarks

While many of Connecticut's young children enter school *without* significant health, safety and developmental risks, the needs are great within a large segment of the population. The recommendations of the Connecticut Early Childhood Education Cabinet will require the partnerships of families, schools, communities and the state. The investment of both human and fiscal resources in the lives and school readiness of our youngest children surely will be counted as dividends as we strive to prepare a quality work force for the future.

Footnotes

[68] The Cabinet has drawn from the recent work of the National Governor's Association's School Readiness Task Force in articulating our "ready" framework. This framework also mirrors, in important respects, goals in the Annie E. Casey Foundation's *Making Connections* initiative.

[69] This organizing concept is suggested by the report of The National Governor's Association Task Force on School Readiness, *Building the Foundation for Bright Futures.*

[70] The Connecticut Early Childhood Alliance, online at www.readysetgrowctkids.org/ece.html, is a public-private collaboration of organizations committed to ensuring children's health, safety, learning and economic security. The Alliance is supported by the William Caspar Graustein Memorial Fund. Core members are: Advocates for CT's Children and Youth, Inc., Bridgeport Child Advocacy Coalition, Child Care Learning Centers, Child Health and Development Institute, Children's Investment Partnership, CT Association for the Education of Young Children, CT Association for Human Services, CT Center for School Change, CT Charts A Course, CT Family Resource Alliance, CT Oral Health Initiative, CT Permanent Commission on the Status of Women, CT School Readiness Network, CT Voices for Children, Danbury Children First, Hartford Area Child Care Coalition, Meriden Children First, Regional Educational Service Center Alliance, and the United Way of CT/Infoline.

[71] The survey was transmitted to 68 School Readiness Council chairs; responses were received from 24 Councils.

[72] For more information, contact Malia Sieve, United Way of Connecticut at malia.sieve@ctunitedway.org.

APPENDIX A
ACTION ITEM UPDATES

1. **Assure fiscal support for high-quality preschool for all 3- and 4-year-olds in families at or below 185 percent of the Federal Poverty Level, and increase this income eligibility standard as state resources permit**

   - Data on eligible children by community will be reviewed by the Cabinet's Implementation Team and the Early Childhood Research and Policy Council in September.
   - Data on the costs associated with "high-quality" programs are available through the ECE Cost Modeling Tool. This tool, available from the CT Health and Education Facilities Authority (CHEFA), can produce a variety of cost scenarios for center-based preschool programs, taking into account the nature of the work force and the costs of facility modification or expansion. The modeling template was presented to the Cabinet in the fall of 2005 and to the Council in the spring of 2006.
   - The Council is examining strategies and timelines for expansion of the School Readiness Program, as well as delivery models in which the funding is more directly associated with individual children, giving families more choice among quality providers. Also, this spring the chairs of the Council engaged in a one-hour briefing call with Minneapolis Federal Reserve Bank Senior Vice President Art Rolnick to learn about the Minnesota preschool scholarship and mentoring program.
   - Technical assistance is currently being provided to two cities that have presented early childhood strategic blueprints: Hartford and Bridgeport. CHEFA is providing this assistance with a focus on facility development costs and strategies.
   - Work to review and update the Cabinet on Quality Rating Systems now being developed across the nation will begin in August, led by Council staff person Dr. Carlotta Schechter and the Director of Data CONNections, Susan WIlson. A plan to develop a Connecticut Quality Rating Scale for center-based ECE programs — as requested in the Governor's 2005-07 Biennial budget — will be presented over the fall. Parental access to a public Quality Rating System allows families to make better program choices based on program quality and provides a basis to link infrastructure funding support to the development and sustainability of high-quality programs.

2. **Address state reimbursement inequities for center-based preschool programs**

   - An analysis will be undertaken in August and September by the Early Childhood Research and Policy Council to identify current reimbursement patterns and develop a cost model for addressing existing state reimbursement inequities. Partners in this work include the Department of Social Services, State Department of Education and Office for Policy and Management.

3. **Develop a multi-year early childhood work force professional development plan to assure compliance with state law and selected national certification programs**

   - Using the state's seven educationally most-at-risk communities[73] as a case study, a working group is creating an estimate of costs and programs necessary to ensure availability of a preschool work force in compliance with state statutes and national certification requirements. This case study will be used by the Early Childhood Research and Policy Council to estimate costs and timelines for other communities as well, and is expected by mid-September.
   - A proposal to begin development of a first-ever Connecticut ECE work force data registry is in progress. The Cabinet will review the proposal in the fall for support in the current fiscal year, 2006-07.

- The Connecticut Department of Higher Education, along with other partners, is reviewing alternative routes to a bachelor's degree and certification for professionals who are or will be working in the ECE sector.

4. Provide health, mental health and education consultation to preschool programs to enhance the skills of directors and teachers for meeting the comprehensive needs of children

- As the staff agent of the Early Childhood Research and Policy Council, the United Way of CT will work with organizations, beginning with the Child Health and Development Institute, to develop a cost model for multi-year expansion to these services. The proposal will then come to the Council, and be shared with the Cabinet in the early fall.

5. Support the design and implementation of the kindergarten assessment

- The State Department of Education (SDE), working with other Cabinet members, is developing an entry to kindergarten "school readiness proxy assessment" for implementation in the fall of 2006. The survey is based on kindergarten teacher perceptions and will be used within the first month of school. A similar survey will be used in the spring to provide information on children's progress, as required by legislation enacted in the 2006 legislative session.
- Conversations with the CT Association of Public School Superintendents, the CT Association of Boards of Education and other stakeholders in the field of elementary education are taking place to review and provide guidance on the use of the "school readiness proxy assessment" and analysis of proxy data. The proxy assessment will be used in 2006, 2007 and 2008.
- In February 2006, SDE identified a series of policy issues requiring resolution and offered a working group process for development of the statewide, developmentally appropriate kindergarten assessment. That work will begin in earnest in the fall of 2006 for full implementation no later than the fall of 2009. Legislation passed in 2006 requires that the final assessment be developed and administered "within available resources." The SFY 2006-07 budget provides $400,000 for this task.

6. Develop a comprehensive strategic plan for serving infants and toddlers

- Recognizing that children's learning begins at birth, Cabinet members and others who are participants in the Cabinet's Implementation Team will begin work on this action item by late summer. The first area of focus will be on a proposal for development and appropriate support of a family-based early care and education "system" capable of meeting the child-care needs and preferences of families for their children, ages birth through age 3. The Commissioner of the Department of Social Services will lead this work and involve a broad-based and representative group of agencies and individuals.
- A second area of focus will be on cross-agency care coordination at the state and local levels, with an emphasis on targeted outreach, family involvement and education, improved information exchange across organizations, and more effective data gathering, analysis and use regarding child and family outcomes. This work will draw on the draft plan of Early Childhood Partners.
- The full comprehensive strategic plan will be completed by June 2007, However, the working group will provide initial detail and intent to the Early Childhood Research and Policy Council in the early fall 2006 for preliminary costing and management purposes.

7. Ensure that HUSKY children receive regular well child visits and an annual developmental assessment

- Preliminary cost estimates and policy issues inherent in this action item will be addressed over the next 60 days. As staff to the Research and Policy Council, the United Way of Connecticut will work with the Department of Social Services to assure access to necessary information and the involvement of key stakeholders.

8. **Provide all families and caregivers (including noncustodial parents) with information about child development, prenatal through age 8**
   - The Children's Trust Fund, working with the United Way of Connecticut, which hosts Connecticut's Help Me Grow program, has a developed preliminary cost estimates for an expansion of the Help Me Grow program, along with the use of the Ages and Stages Questionnaire, already available free to Connecticut families who request it.
   - The State Department of Education has begun to identify resources for parents that specify academic expectations for children in the early elementary school years.

9. **Expand eligibility categories in the Birth-to-Three Program to include mild developmental delays and environmental risks**
   - The Department of Mental Retardation has preliminary cost estimates and an analysis of policy implications for this action item. Cost information will be further developed in partnership with the Research and Policy Council.
   - Ongoing work, including cross-agency linkages to better serve children transitioning from the Birth-to-Three Program to preschool special education, will be guided by the Cabinet's Implementation Team.

10. **Support local communities in developing birth-to-5 councils (e.g., using School Readiness Councils) for planning and monitoring early childhood services**
    - Results of a preliminary survey of School Readiness Councils were reported earlier in this document. Ongoing work on this action item will be guided by the Cabinet's Implementation Team in partnership with the School Readiness Council network, Discovery community representatives, and other key stakeholders, including the Early Childhood Funders Affinity Group.

Footnote

[73] These are the districts in Demographic Reference Group I: Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury and Windham.

APPENDIX B
40 ADDITIONAL ACTION PLAN ITEMS

Ready Families

- Provide all families with information about how to choose high-quality early care and education programs for children ages birth to 5.
- Increase family access to child development monitoring and early identification systems.
- Provide all families with information about developmental and academic expectations for children in grades K-3.
- Increase family access to training for parent engagement and leadership development.
- Expand access to home visitation programs.
- Increase access to adult literacy programs and other support services for parents and caregivers of young children.

Ready Communities: Building Community Capacity

- Build local capacity to create an early childhood investment plan for each community.
- Review "family service hub" models to determine their effectiveness in engaging families, making successful referrals to service providers, and providing interagency case coordination and program monitoring; and expand these models as appropriate.
- Research and support implementation of successful practices at the local level that assure efficient cross-agency information sharing, case management, and family involvement in service planning and delivery.

Ready Communities: Healthy Development

- Engage healthcare providers and community groups to increase screening of at-risk children.
- Ensure that all HUSKY-eligible children are enrolled.
- Pilot and evaluate the effectiveness of "medical homes" for at-risk children.
- Expand pediatric offices' use of outreach programs to encourage parents to read to their children.

Ready Communities: Quality Family Care for Infants and Toddlers

- Revise and implement Connecticut's draft Infant and Toddler Guidelines for early-care providers.
- Provide sufficient state payment rates for licensed family care for infants and toddlers in families that are at or below 185 percent of the federal poverty level, and increase this income eligibility standard as state resources permit.
- Expand support networks for licensed and kith & kin family child-care providers.
- Assist unlicensed family care providers to become licensed.

Ready Communities: High-Quality Preschool

- Foster educational models in at-risk communities that link preschool and early elementary education, including magnet and charter schools.
- Require that all centers receiving state funds implement this Framework or state-approved curriculum within three years.

- Provide all preschool programs with the *Connecticut Preschool Curriculum Framework* and with state-supported training opportunities.
- Develop a center-based preschool facility expansion plan that supports public-private development.
- Promote cross-income enrollment and family choice of providers.
- Support co-location of preschool and kindergarten sites in eligible communities that do not have full-day kindergarten.
- Provide technical assistance and venture funding for centers that develop innovative management and fiscal strategies.

Ready Schools: Transition to School

- Ensure vertical alignment of preschool curriculum with K-3 framework.
- As a readiness proxy measure, conduct an annual survey of kindergarten teachers' perceptions of child readiness (2006 through 2008).
- Implement a standard process for transition from preschools to kindergartens.
- Provide incentive funds for all-day kindergarten for all students.

Ready Schools: Every Child a Successful Reader

- Include parents as partners in their child's education and provide opportunities to enhance adult and family literacy skills through access to proven program models.
- Track and report on children's grade-appropriate reading progress at the end of kindergarten, and first and second grades.
- Expand the role of community and school libraries in public engagement.

Ready State

- Create a process for ongoing collaboration among all state agencies with early childhood responsibilities.
- Develop a data system that integrates student-specific information on preschool and other early childhood experience(s) into the Connecticut Public School Information System or other data management system.
- Implement an accountability system that clearly communicates results to the general public.
- Implement a public quality rating system for early care and education.
- Develop a process – in partnership with higher education — by which research and other "knowledge-development" activities related to early childhood investment can be shared with parents, providers and policymakers.
- Explore pilot strategies that would permit funding to follow the child.

Ready Work Force

- Implement scientifically based reading research, including the teacher mentor model, and train all Connecticut preschool and kindergarten teachers on how children learn to read.
- Provide training in developmental assessment and the importance of early intervention for health care, child care and social service providers.
- Increase professional development opportunities for licensed family-care providers.

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