

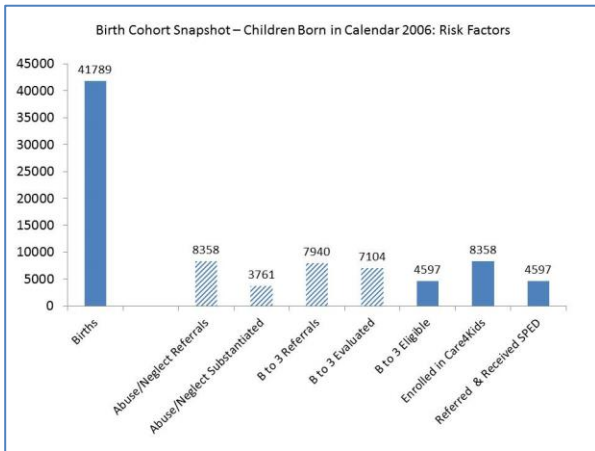
Connecticut Early Childhood Education Cabinet, 2013 Population Report Card

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

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

Indicator 1

Babies Born with Risk Factors in 2006



Story behind the baseline:

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

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

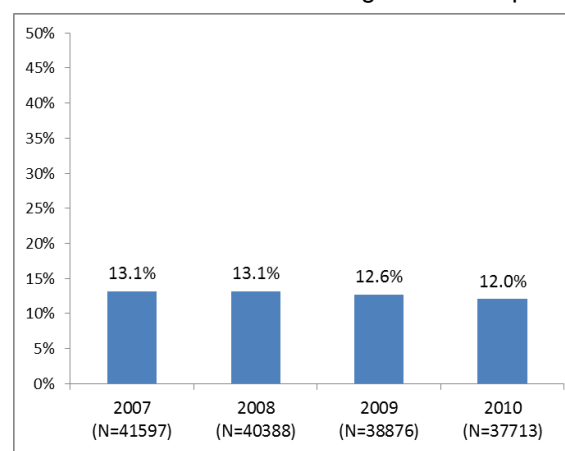
The solid shaded columns represent risk factors for which data have become available since the 2008 report card.

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

Trend: N/A

Indicator 2

Births to Mothers without a High School Diploma



Story behind the baseline:

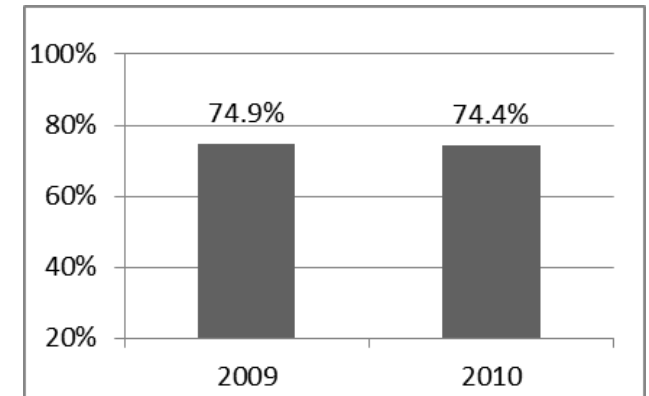
Beginning in 2007, the Department of Public Health modified the reporting of mothers without a high school diploma to be those with an education level equal to or less than grade 11. (Before 2007, mothers without a high school diploma were those with an education level equal to or less than grade 12.)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

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

Trend: ▲

Indicator 3

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



Story behind the baseline:

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

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

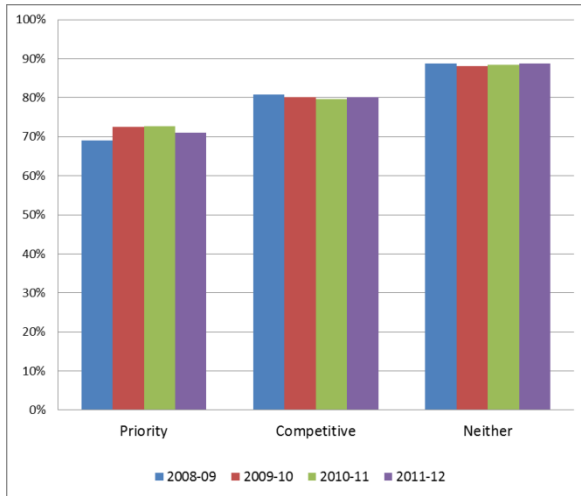
Trend: ◀▶

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Indicator 4

Percent of Kindergarteners with Pre-K Experience



Story behind the baseline:

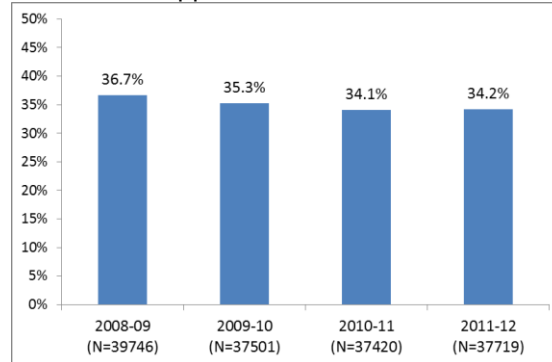
This indicator measures pre-k experience based on parent report to public schools upon kindergarten entry. Approximately 70% of the children who attend kindergarten in the school readiness “priority” communities were reported by parents to have had preschool experience; this increases to 80% in the school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

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

Trend: ◀▶

Indicator 5

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



Story behind the baseline:

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

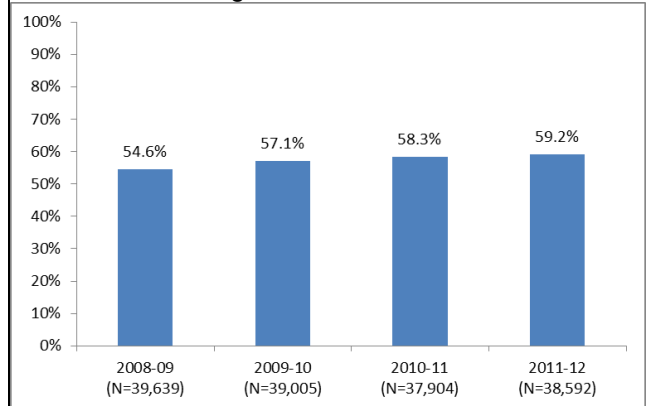
- PL1 – Students at this level demonstrate **emerging** skills in the specified domain and require a **large degree** of instructional support.
- PL2 – Students at this level **inconsistently** demonstrate the skills in the specified domain and require **some** instructional support.
- PL3 – Students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

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

Trend: ▲

Indicator 6

Percent Reading At/Above Goal in 3rd Grade



Story behind the baseline:

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

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

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

Trend: ▲

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Proposed Actions to Turn the Curve:

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

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

Data Development Agenda:

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