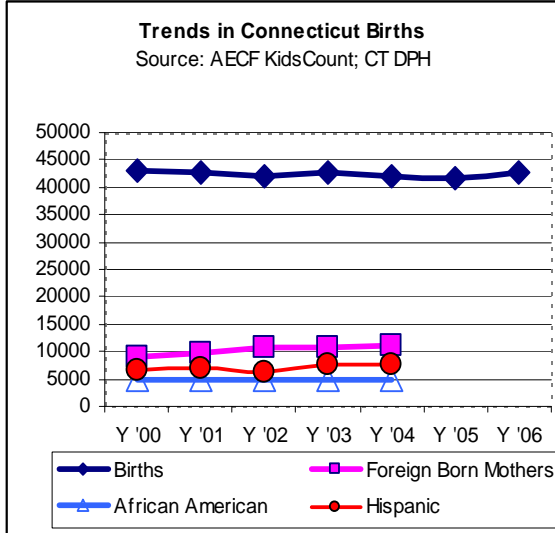


Connecticut Appropriations Committee RBA Template
Part I, Quality of Life (Population) Result Summary

Population: All Children Birth to 5

Quality of Life Result: All children healthy and ready for school success at entry to K

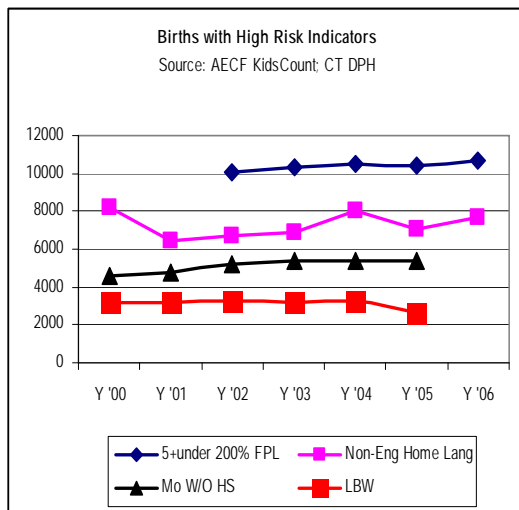
Indicator 1: Trends in CT Births



Story Behind the Baseline

Connecticut births, which had been declining through 2002, appear to be rising again, although total births in 2006 were still less than in 2000. In 2006, there were 42,845 births as compared with 43,206 in the year 2000. In 2004, 26% of all Connecticut births were to foreign born mothers. In 2004, 36% of all Connecticut's births were to children of color, as compared with 33% in 2000.

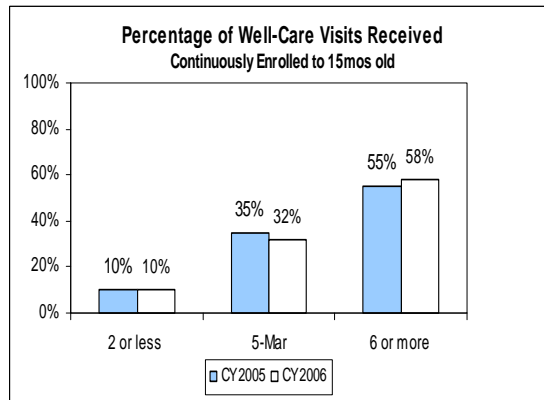
Indicator 2. Births with High Risk Indicators



Story Behind the Baseline

Between 2000 through 2006 the number of CT children under age 6 living in poverty (200% of the Federal Poverty Level) increased by 9%. The number of births to mothers without a high school degree increased by 17%. Eight in ten of these births occur in the 19 Priority School District communities.

Indicator 3. Well-Child Visits



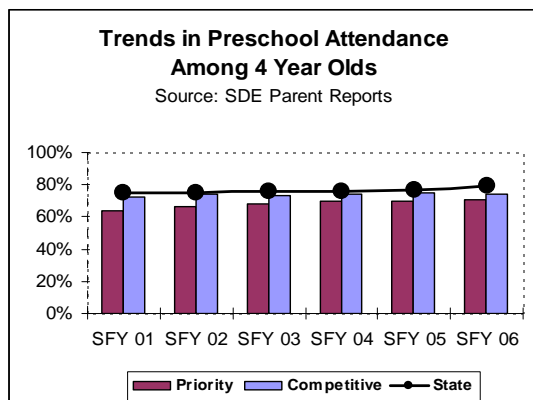
Story Behind the Baseline

For infants continuously enrolled in the HUSKY health care program, just under six in ten received the recommended well-child visits in 2006. Conversely, 40% received fewer visits than specified by the American Academy of Pediatrics, and 10% of the children received between none and just two well-care visits in the first 15 months of their young lives.

Vital neurological growth occurs in the first three years of life. The failure to obtain regular, necessary well-child health care can result in lost opportunities identify and address early developmental challenges that may impair brain architecture as well as cognitive and language develop.

Connecticut Appropriations Committee RBA Template
Part I, Quality of Life (Population) Result Summary

Indicator 4. Trends in Preschool Attendance



Story Behind the Baseline

Over the period 2000-01 through 2005-06, preschool attendance by 4 year olds in our most at risk communities increased from 64% to 71%. Across the 44 School Readiness Competitive municipalities, attendance increased just 2% over the same period – from 72% to 74%. In contrast, the state’s wealthiest towns continue to send 95% of all four-year olds who live there to preschool.

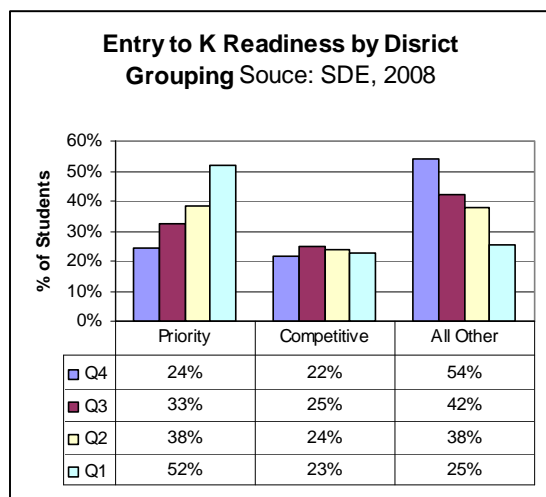
Students in the 4th quartile had unweighted scores of 17 or 18. These students are most ready for kindergarten success. Students in the 1st quartile were the least ready for kindergarten, with scores of 10 or less. These students are likely to have significant deficits in the skills they need to start school ready for learning success.

As shown in the graph, of the students rated as fully ready (Quartile 4), 54% lived in communities other than the Priority and Competitive districts. Conversely, of the students rated as least ready for kindergarten (Quartile 1) 52% live in Priority School Districts and another 23% live in Competitive School Districts.

Turning the Curves: What do you propose to do over the next two years and why?

Assist the HUSKY program to identify barriers to timely well-child visits and the use of developmental assessments according to the American Academy of Pediatrics. *These are essential for early identification and intervention.*

Indicator 5. Readiness at Entry to K



Story Behind the Baseline

Student entering kindergarten in the fall of 2007 were rated by their teachers across six domains of readiness: language, literacy, numeracy, physical/motor, creative/aesthetic, and personal/social. Unweighted scores for all six domains range from 6-18.

Secure a project manager to help implement priority sections of First Words, First Steps: B-3 Framework. *With support, Cabinet agencies can move forward on the B-3 plan.*

Work with the Council to “re-base” preschool expansion based on SFY 08 and SYF resources and challenges. *Insufficient funding is now available to meet projected enrollment expansion in years 1 and 2 of the original Plan.*

*Finalize Cabinet cohort selection for B-5 and develop at least one cross-agency case management process. *Vulnerable young children (and their families) are already seen by multiple agencies; we need to maximize existing resources and make them more parent-friendly.*

Utilize national TA to work within and across agencies on data development, management and interoperability. *Data access and proper measures undergird all accountability, research and quality.*

*Indicates, low-cost, no-cost steps, including reallocation of existing resources.

Connecticut Appropriations Committee RBA Template
Part I, Quality of Life (Population) Result

Quality of Life Result

All Connecticut children healthy and ready for school success at age 5, contributing to a reduction over time in the Connecticut’s “achievement gap” at Grade 4.

Why is this result important?

Research on young children’s brain development over the first three years (National Scientific Council on the Developing Child) reveals that stress events (at a toxic stress level) in the lives of young children can actually impair early brain structure and functioning, and can cause future neurological development to be built on faulty “neural architecture.”

Conversely, research has clearly identified a set of programs and supports that have been shown to promote healthy development in these first critical years. Children who are born healthy and live in safe, nurturing and stimulating environments are more likely to reach age-appropriate milestones in the early years and enter kindergarten fully ready for early school success.

Assuring that children enter kindergarten with the knowledge, skills and behaviors they need for early academic learning has been shown to increase academic success, reduce special education and grade retention, and reduce suspensions and expulsions.

Children who are behind academically in the early elementary school years, particularly in reading mastery, often remain academically challenged and drop out during the high school experience. When this trend of academic failure continues, too often teenage parenthood, welfare dependency and criminal behavior follow. Later school failure can be predicted quite reliably from 3rd or 4th grade reading performance. CT has the largest achievement gap on this measure of any state in the United States.

Key Funding Information (<i>Dollars reported in millions</i>)	Current Data Not Yet Available
Total Current Funding	
Funding Distribution:	
Federal	
State	
Capital Projects Subtotal	
Other Funds (Not Federal or State)	
Percent of Total Current Funding Contracted to Third Parties	

Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result

Indicator 1: Population Trends -- Connecticut Births

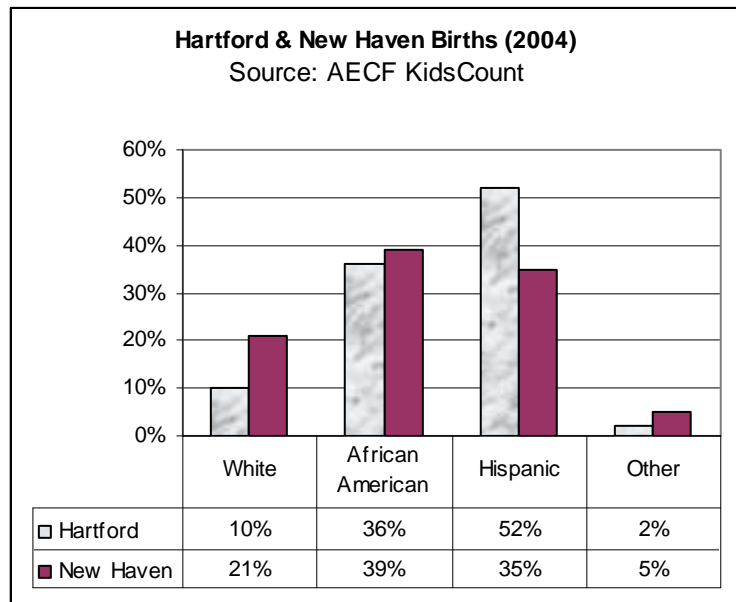
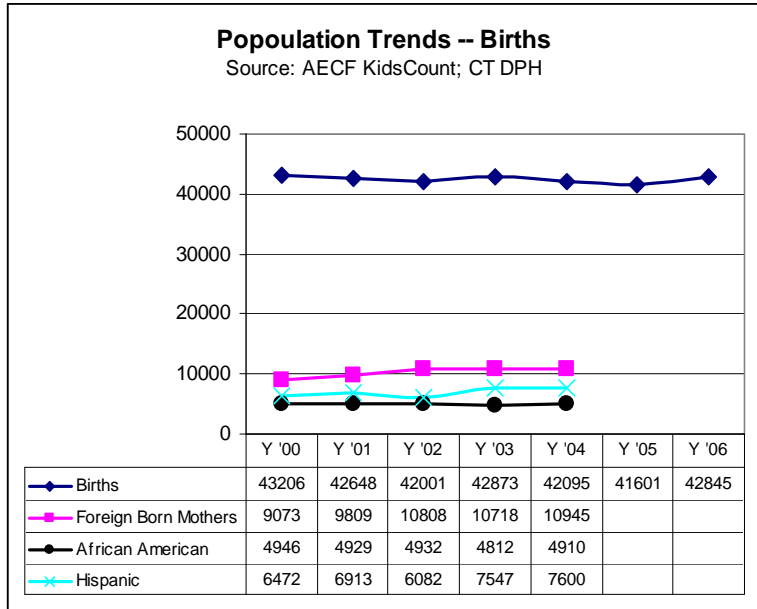
Story Behind the Indicator

Connecticut births, which had been declining through 2002, appear to be rising again, although total births in 2006 were still less than in 2000. In 2006, there were 42,845 births as compared with 43,206 in the year 2000.

Much has been said about the “changing face” of Connecticut. Births to foreign-born mothers have continued a steady rise. In 2004, 26% of all Connecticut births were to foreign born mothers (a total of 10,739). Data on the race/ethnicity of infants born in 2004 also reveal this diversity.

In 2004, 36% of all Connecticut’s births were to children of color, as compared with 33% in 2000. Also over the period 2000 through 2004, births among African American and Hispanic babies rose from 11, 438 to 12,510. This increase was largely accounted for Hispanics births, which rose from 6,472 to 7,600. There were fewer African American births in 2004 than in 2000.

Data recently available also allow us to look into two of Connecticut’s 19 Priority District communities in greater detail: Hartford and New Haven. The statewide trends shown above are much more dramatic in these two cities. In 2004, there were 2142 resident births in Hartford and 1985 in New Haven. Ninety percent of all births in Hartford in 2004 were children of color: 52% of Hispanic origin and 36% African American. In New Haven, about 75% were children of color: 35% of Hispanic origin and 39% African American.



Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result

Indicator 2: Population Trends – Births with Significant Risk Indicators

Story Behind the Indicator

Several factors have been shown in large-scale research to correlate with school un-readiness. These include: living in poverty; maternal education level less than a high school degree; a non-English home language environment; and a number of birth factors, including low birth weight.

Two of the four key indicators show an increase that policy makers need to address: children born into poverty (defined here at 200% of the Federal Poverty Level) and births to mothers without a high school degree. In 2006, there were 10,711 babies born into poverty in Connecticut. In 2005 (the latest year for which we have data), 5,417 babies were born to mothers without a high school degree.

There has been a slight decline in the numbers of young children living in families where English is not the home language and an important one-year decline in the numbers of low birth weight babies.

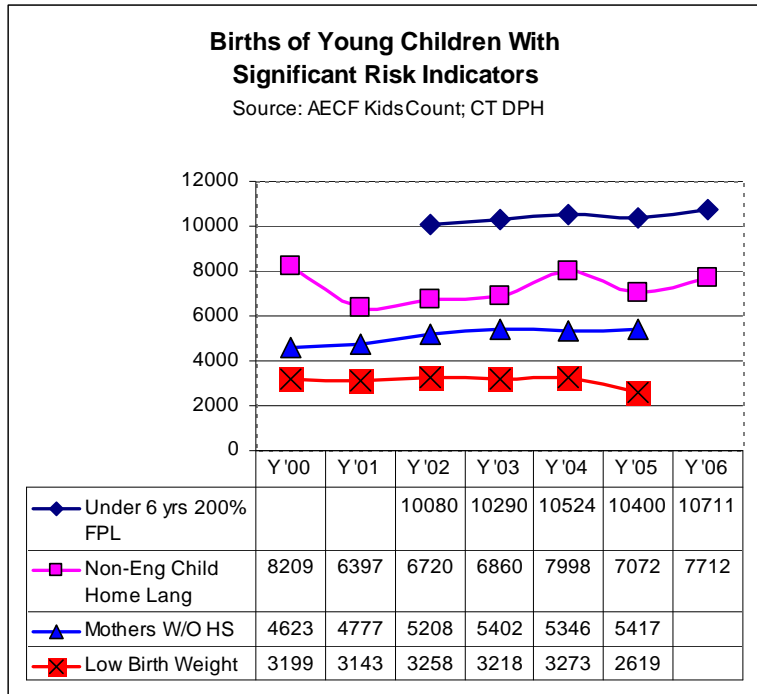
Other data presented elsewhere in the Cabinet’s 2008 RBA population template will show, however, that these trends do not apply equally to young children when race and ethnicity are taken into account. Communities with the highest numbers of young children at risk of health challenges and school un-readiness are Connecticut’s poorest communities, the 19 Priority School District towns.

Low Birth Weight Babies

In 2005, there were 2,619 low birth weight babies born in Connecticut. Two-thirds of all LBW babies (1377) reside in the 19 communities that constitute the 19 Priority School Districts. Within these 19 communities, six in ten low birth weight babies live in just five cities: Hartford, Bridgeport, New Haven, Waterbury and Stamford. Information on the balance of low birth weight babies is shown in Table 1.

There are important differences in LBW by race and ethnicity. In 2005, the percentage of African American LBW infants was twice that of white babies (13.7% vs. 6.8%). The rate for LBW African American babies was also greater than that for Hispanic babies (13.7% vs. 8.3%) by about 150%.

Poverty and other sociodemographic factors negatively affect developmental outcomes across the continuum of low birth weight and appear to have significant effects on long-term cognitive outcomes in addition to health-



Priority Districts 1377	Competitive 591	All Other 123
Top Five	Top Five	Top Five
Hartford 210	Hamden 49	Fairfield 39
Bridgeport 201	Groton 42	Trumbull 29
New Haven 162	Manchester 42	Darien 23
Waterbury 150	West Hfd 40	Shelton 21
Stamford 100	Greenwich 38	Wallingfd 21

Connecticut Appropriations Committee RBA Template

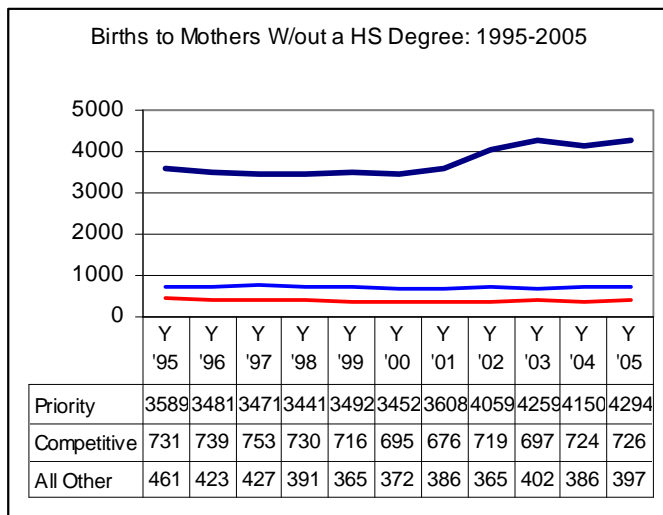
Part I, Quality of Life (Population) Result

related problems. Moreover, the cognitive defects associated with social or environmental risks become more pronounced as the child ages. (Hack, Klein, and Taylor, “Long-Term Developmental Outcomes of Low Birth Weight Infants.” *Low Birth Weight*. 1995)

Mothers without a High School Degree

A decade of data on the number of births to mothers without a high school degree in 2000 reveals an important increase beginning in 2000. Statewide, these births have increased 20% from their 2000 level. In 2005, Connecticut experienced a total of 5,415 births to mothers without a high school degree. Of note, 79% of all births to mothers without a high school degree occur in Connecticut’s 19 Priority School District communities (4,294 births out of the total of 5,415). In the Priority School District communities, these births have increased by 28% over the period 2000 to 2005. In towns comprising the 44 Competitive Districts and all other Connecticut municipalities, births to mothers without a HS degree remain within a lower -- but stubbornly persistent --range.

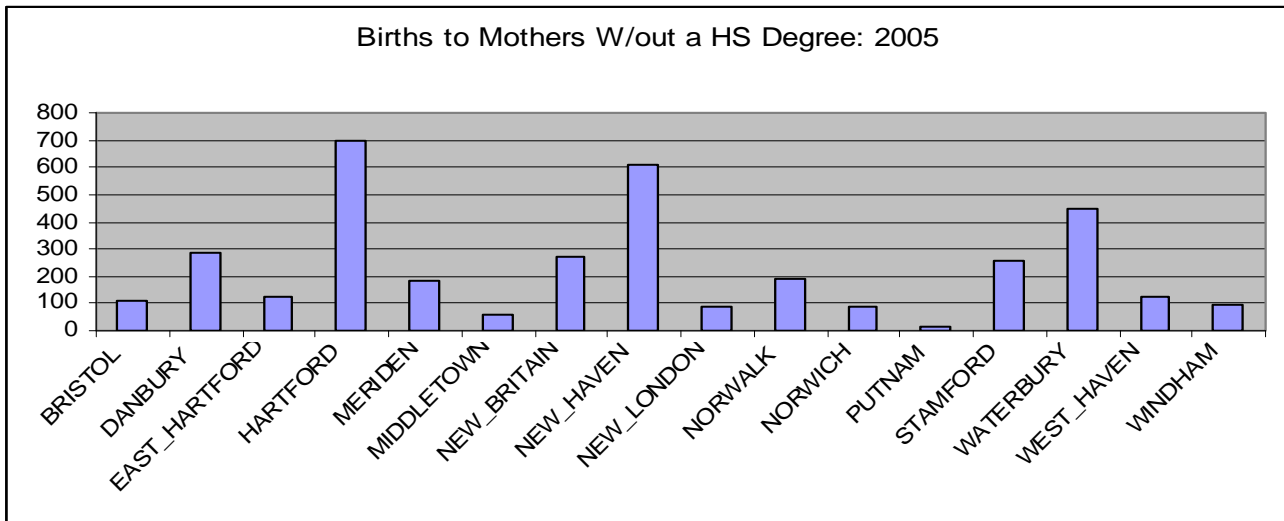
There is a high correlation between the literacy level of the mother and the literacy level of the child. Hart and Risley studied the number of words used in homes and found strong correlations among the amount that parents talk to their children, socioeconomic status, children’s vocabulary, and children’s IQ (Hart & Risley, 1992; Walker, Greenwood, Hart, & Carta, 1994). As documented by Hart and Risley (1992), children's capacity for learning language is solidified by age 3, and the cumulative effects of deficits in their environment are evident in their readiness for school.



Within the Priority School District communities, births to mothers without a high school degree in 2005 were concentrated in Hartford, New Haven, and Waterbury.

Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result



Child Poverty

Connecticut has significant public policy work to do to settle upon a measure of child poverty that is common across policy domains. Child poverty is defined by the Connecticut Department of Education as 185% of the Federal Poverty Level (FPL), determined by participation in the federal Free and Reduced Price Meals (FRPM) program. That is the measure utilized by the Early Childhood Education Cabinet in its *Ready by Five, Fine by Nine* investment framework (2006) and by the Governor's Early Childhood Research and Policy Council in its *Early Childhood Investment Plan, Part I* (2006).

Data on children living at 185% of the FPL are reported annually by the Connecticut State Department of Education. These community data are provided to the Department of Education by each local school district and, thus, reflect information on children only in the public K-12 educational system. Child poverty information in the Priority Districts, Competitive Districts and all other towns is based on 185% of FPL data. Note, however, that to show child poverty in terms of births, we utilize the more common national measure (200% of the FPL).

The State Department of Education reports that in 2006-07 there were 145,316 poor K-12 students across all towns (excluding regional districts and special schools such as charters). Three-quarters of these children (74%) reside in the 19 Priority School District communities; another 18% live in the 44 Competitive District communities, and just 8% live in all of the other 109 Connecticut towns. As we have seen on other risk indicators for young children, many of the children living at 185% of the FPL in the Priority Districts communities reside in Bridgeport, Hartford, New Haven and Waterbury. These four cities account for 60% of all poor children in the 19 Priority District communities. Children who are poor often face extensive health problems and family stress factors. Children in poverty are more likely to have the following health problems: bacterial meningitis, infectious disease, low birth weight, lead poisoning, asthma, anemia, stunted growth, and obesity.

NOTE: The State of Connecticut acknowledges that there may be important problems in the local reporting of these data, and the issue of defining a common measure of child poverty along with a common methodology by which to calculate it is under study by the Office of Policy and Management and the Connecticut Child Poverty and Prevention Council.

Connecticut Appropriations Committee RBA Template

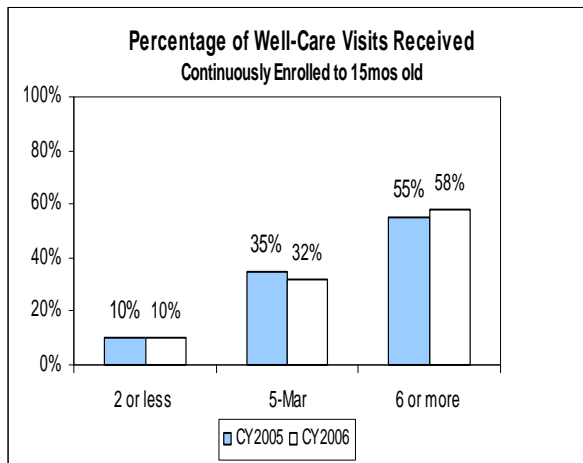
Part I, Quality of Life (Population) Result

Indicator 3. Child Health: Well-Child Visits for Very Young Children

Story Behind the Indicator

While 94% of Connecticut children are covered by public or private health insurance now, challenges remain in assuring that very young children receive the recommended number of well-child visits in their first 15 months of life.

For infants continuously enrolled in the HUSKY health care program, just under six in ten received the recommended well-child visits in 2006. Conversely, 32% received fewer visits than specified by the American Academy of Pediatrics, and 10% received between none and just two well-care visits in the first 15 months of their young lives.

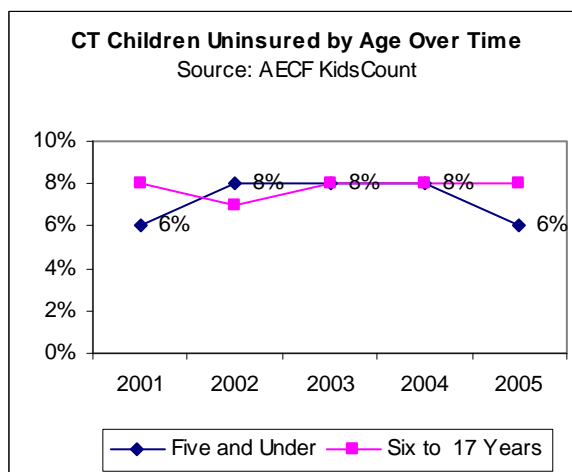


Developmental Screening and Assessment

Vital neurological growth occurs in the first three to five years of life. The failure to obtain regular, necessary well-child health care can result in lost opportunities to identify and address early developmental challenges that may impair brain architecture as well as cognitive and language development.

In an analysis reported by CT Voices for Children in January 2008, just 2.1% of all children under age six enrolled in HUSKY continuously in 2006 “had an encounter record for developmental testing (limited or extended).” In terms of actual numbers of children, just 58 children under age one year had a record of receiving a developmental screen; for children ages one through five years, just 931 children had a record of developmental screens.

The use of developmental screens as reported in these HUSKY analyses would appear to be dramatically low when compared to data available from Connecticut’s Birth to Three Program – which annually serves 3% of the total population of children in the age range of birth to three years. Indeed, the Department of Social Services 2008 RBA program template acknowledges that “Although young children are getting in for well-child visits, anecdotally, it appears that these visits may not be comprehensive and that some components such as immunizations and development[al] screens may get missed.”



Further indication that the HUSKY program may be missing children who require developmental screens comes from the Cabinet’s 2008 Family Resource Center program template. In 2007, Connecticut’s Family Resource Centers served 6454 children ages birth to five years. Of these, 51% were screened using the Ages & Stages questionnaire to determine if problems existed related to achieving age-appropriate developmental benchmarks. Of the 3,338 children screened, 15% (501) were found to be at “high or low risk for progress in a developmental area: communication, gross motor, fine motor, problem solving and personal-social.” Eighty-seven percent of these young children were subsequently referred for

Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result

diagnostic testing and intervention services. In eight of ten cases, parents did in fact follow up and connect with the intervention provider.

Health as a Continuous Indicator, Birth through K-12 Education

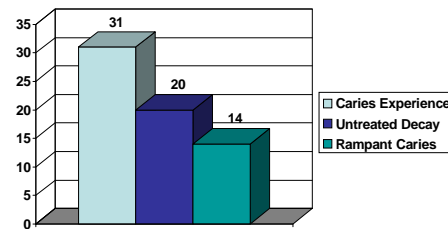
This population indicator – children health status – is also utilized in the Cabinet’s Goal II (Fine by Nine) population template, because illness and poor health during the early school years can adversely impact children’s attendance at school as well as their ability to concentrate and learn. On average, a slightly higher percentage of children over age five are estimated to be uninsured (8%) than younger children (6%).

Oral Health

Children’s oral health is a key component of their health status, beginning in the early years. In a September 2007 report to the Cabinet entitled “Oral Health and Learning,” the Connecticut Department of Public Health reported on a study of children’s health among children from preschool through the 3rd grade.

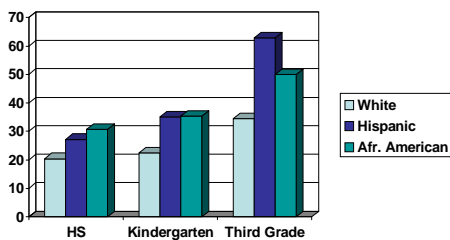
Among preschool children (all enrolled in Head Start and thus from low-income families), one in three experienced dental disease and one in five had untreated tooth decay. The prevalence of untreated tooth decay is almost twice as high among African American elementary school children compared to white children. In low-income elementary schools, twice as many children (1 in 4) have untreated tooth decay as children in higher income schools (1 in 8).

Oral Health Status of Head Start Children



oral

Dental Caries Experience by Grade and Race/Ethnicity



The study also found that dental disease is 3 times more prevalent than asthma, which receives far more attention among health and policy professionals. Finally, the study showed that children from families with low incomes had nearly 12 times as many missed school days because of dental problems than high-income families

In its January 2008 report on “Preventive Health Care for Children in HUSKY: 2006,” CT Voices for Children reported that fewer than half (45%) of children ages 3 to 19 years (who were enrolled in 2006) received *any* preventive dental care. Among those children who did receive dental care under HUSKY, only 36% had two or more visits. Head Start programs are conspicuous for their

progress in addressing the dental needs of young children. The Head Start RBA templates for both 2007 and 2008 indicate that approximately 70% of young children in that program receive needed dental care.

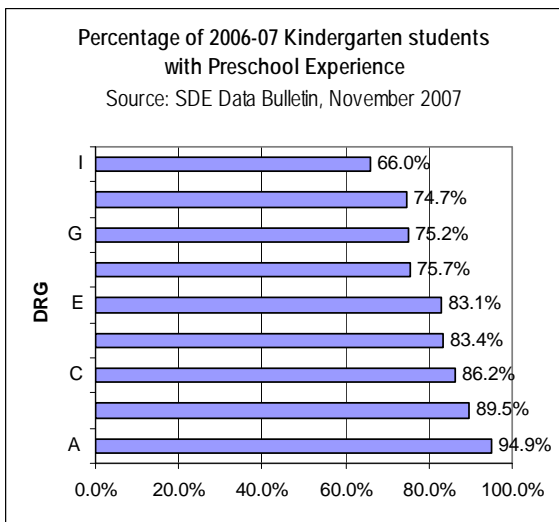
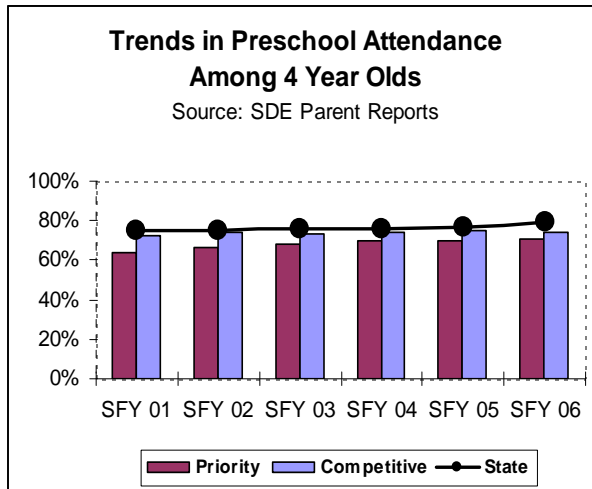
Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result

Indicator 4: **Preschool Enrollment Over Time**

Story Behind the Indicator

Data presented in the Cabinet’s Year One RBA package showed that nearly all four-year olds from Connecticut’s wealthiest school districts attended preschool, while just over one in two from our poorest towns were enrolled. These data are supplied by local school districts, based on parental reports, and aggregated by the Connecticut State Department of Education. Parents are asked, when they enroll their children for kindergarten, whether the child(ren) attended a formal, center-based preschool learning environment while they were four years of age.



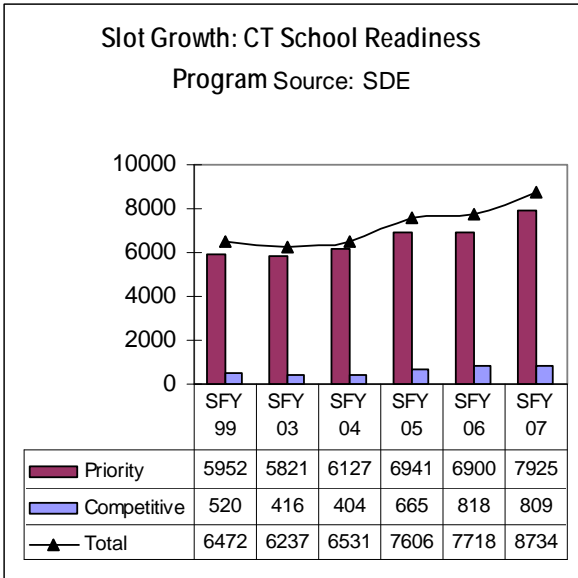
Information presented in our Year Three RBA preschool attendance indicator compares the 19 Priority School Districts and the 44 Competitive School districts with statewide averages. Over the period 2000-01 through 2005-06, preschool attendance by four-year olds in our most at risk communities (the Priority School Districts) increased from 64% to 71%. Across the 44 School Readiness Competitive municipalities, attendance increased just 2% over the same period – from 72% to 74%. Among the 19 Priority School Districts, those with the lowest levels of preschool enrollment in 2006-07 were:

- East Hartford: 48%
- New London: 59%
- Waterbury: 60%
- Ansonia: 62%
- New Britain: 64%.

As can be seen in a recent chart produced by the State Department of Education, reported preschool attendance increases with the economic capacity of families. In our poorest communities (DGR I -- Demographic Reference Group), only about 2/3rds of four-year olds attend preschool. In our most wealthy communities (DRG A), families continue to send 95% of their four-year olds to preschool.

Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result



The Connecticut School Readiness Program was established to improve the levels of preschool attendance among students living in the Priority and Competitive School District communities. Over the eight years in which the state funded program has been in operation, the number of slots available to children in these 63 towns has increased by 35%.

Over the same period, 91% of all slots funded have been allocated to the 19 Priority School Districts.

Indicator 5: Readiness at Entry to K

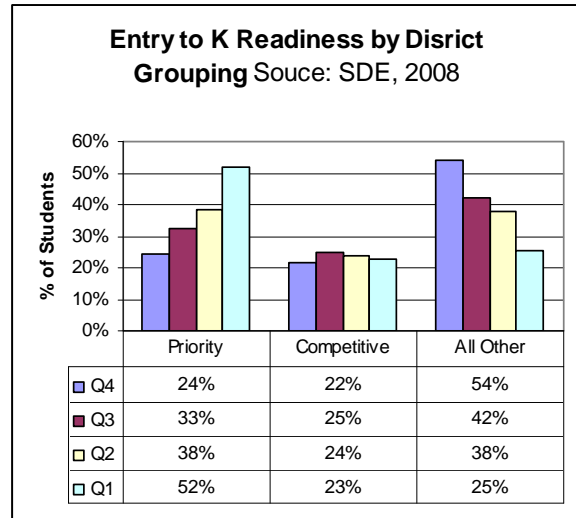
Story Behind the Indicator

The fall Entry to Kindergarten Inventory was designed to provide data based on teacher observations about the preparedness of children as they enter their district's kindergarten program.

Ratings on individual students were submitted for the six domains of performance identified in the *Connecticut Preschool Assessment Framework*. From the Framework, the Inventory specified a subset of common, observable behaviors that are expected of students entering kindergarten. This subset was selected by kindergarten content experts who identified them as the most important and representative behaviors associated with preparedness in each domain.

Teachers were asked to observe student skills and behaviors during the first weeks of the school year and then to classify their students into one of three performance levels in each of the six domains: Language, Literacy, Numeracy, Physical/Motor, Creative/Aesthetic, and Personal/Social.

Data were collected on 97% of all kindergarten students. The ratings for each child were summed to provide a single score that ranges from a low of six to high of eighteen. These scores were divided into four groups of equal size (i.e., quartiles).



Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result

- Quartile 1 contains the 25 percent of students in the state who have the lowest ratings, total scores of 6-10.
- Quartile 2, the second 25 percent, who have scores of 11-13
- Quartile 3 students who have scores between 14-16
- Quartile 4 students who have scores of either 17 or 18

Within each quartile, students have also been classified by school district funding for preschool programs; priority, competitive and other. There are sixty-three school districts that receive state funding, nineteen of these are priority districts and the other forty-four receive competitive grants.

The results indicate that students in the first quartile are likely to have significant deficits in the skills they need to start school ready for learning success. Those in the fourth quartile clearly have nearly all of the skills for early success. As shown in the graph, more than a third of children in priority districts have significant deficits, twice the percentage of children in the other districts. On the other end of the scale, only 15 percent of school children in priority school districts arrive fully ready for success.

What would it take to succeed?

The Cabinet's 2007 RBA package proposed several key actions to be completed over the SFY 08 & 09 biennium. All of these are necessary to move the Ready by Five agenda forward. The status and needed next steps are listed below, not in prioritized order.

***1. Move to priority implementation of the CT Infant and Toddler Strategic Plan**

STATUS: *First Words, First Steps: CT's Infant-Toddler Systems Framework* was adopted by the Cabinet at the January 14, 2008 public meeting. Earlier drafts were reviewed over the fall by 450 citizens who attended 10 Local Listening Forums. The Framework was released to the public at the Governor's Early Childhood Summit: Investing in the First Thousand Days, January 15, 2008.

NEEDED TO SUCCEED: Utilize existing Cabinet funds in SFY 09 to secure a full-time project manager, as recommended by the Goal One Infant-Toddler Working Group. The Project Manager will work with Cabinet agencies, local organizations, private philanthropy and the Governor's Early Childhood Research and Policy Council to move forward on prioritizing actions and conducting fiscal analyses and cost modeling.

***2. Finalize use of the Entry to K inventory and begin Professional Development (PD) Plan development**

STATUS: The Entry to K Inventory was administered by kindergarten teachers across the state for 39,000 entering kindergartners in October 2007.

NEEDED TO SUCCEED: The Bureau of Early Childhood Education needs to develop a formal, multi-year Professional Development Plan for current and new teachers in state-supported preschool centers. This work must be in collaboration with the Quality Rating & Improvement System Planning Process. The SDE Preschool Professional Development framework should be included in both the QRIS Plan and the Cabinet Accountability Plan, to be submitted to the CT General Assembly in December 2008. Cost modeling for the PD Plan should be done in conjunction with the Governor's Research and Policy Council by the fall of 2008.

***3. Complete the ECE "workforce plan" and fund an ECE compensation package**

Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result

STATUS: A draft plan will be presented to the Cabinet by the spring of 2008. Under legislative mandate, it must be submitted to the General Assembly by December of 2008.

NEEDED TO SUCCEED: The Early Childhood Investment Plan, Part I (November 2006) proposed a five-year period of preschool expansion and quality improvement. Central to the state's ability to accomplish both of these objectives is funding for the 3rd year preschool compensation package recommended in the Investment Plan. This is a budget issue that must be address in the coming Biennium (2009-10 and 2010-11).

4a. Continue to support local capacity for community strategic plans and parent leadership development.

STATUS: The Cabinet and the Graustein Memorial Fund established a new public-private partnership and together committed over \$1.5 million for grants and TA to local communities. All 63 School Readiness communities were eligible to apply through a competitive RFP process. In December 2007, 27 communities were awarded 18- month grants and TA to promote or improve their capability for local B-9 strategic planning. The Cabinet and the Memorial Fund also each invested \$200,000 over SFY 08 and SFY 09 for parent leadership training and development.

NEEDED TO SUCCEED. Administrative barriers that impede the ability of community providers to participate in local capacity building and parent development must be identified and solutions proposed in SFY 09.

***4b. Adding parent representatives to the Cabinet.**

STATUS: The Co-Chair of the Cabinet requested legislative action to add two parent representatives to the Cabinet in 2007-08. Legislation was introduced in the Select Committee on Children, but died in the Education Committee of the CT General Assembly in the 2007 legislative session.

NEEDED TO SUCCEED. The CT General Assembly needs to raise and pass a bill adding parent representation to the Early Childhood Education Cabinet in statute.

***5. Conduct a formative assessment of the workings of the Cabinet and propose strategies to increase collaborative decision making, joint implementation of policy actions, and administrative effectiveness.**

NEEDED TO SUCCEED. Executive Order 13 provides the authority for the Early Childhood Research and Policy Council to conduct this review. The Chairs of the Cabinet have requested that it be done over the spring and summer of 2008. Funds are available in the Cabinet/Council budget to conduct the assessment.

6. With new funding allocated to the Cabinet, implement systems and program expansions and improvements.

STATUS: The Cabinet was allocated nearly \$8 million over SFY 08 and SFY 09, and at its July meeting passed a two-year budget allocating these funds. Funds were allocated to each of the 4 RBA strategies identified in the 2007 RBA package:

- **Family Strengthening:** The Cabinet allocated funds for the Parent Trust Fund and matched those funds with foundation support.
- **Child health, development and safety:** The Cabinet allocated funds for: (a) a matched grant to develop a health systems framework for very young children; (b) Building Local Capacity grants to 27 communities, matched by private philanthropy; (c) Governor's Summit on Early Childhood, matched by NGA funding; (d) the CT Child Poverty and Prevention Council
- **Early Care and Education:** The Cabinet allocated funds for:

Connecticut Appropriations Committee RBA Template

Part I, Quality of Life (Population) Result

- (a) preschool quality improvement assessment, program grants and funds for community quality enhancement; (b) development of an ECE workforce plan as required by statute; (c) development of a PreK-K Facilities Plan as required by statute;
- Systems Management: The Cabinet allocated funds for: (a) development of an ECE Workforce Data Registry; (b) work on data sharing/interoperability supported by the Public Consulting Group; (c) TA on RBA and development of the legislatively mandated Accountability Plan; (d) development of the Early Childhood Research Network, and several required studies; (e) development of the mandated Quality Rating & Improvement System Plan and ECE Quality Rating Scale.

NEEDED TO SUCCEED. Although it has fully allocated its SFY 08 and SFY 09 funds, the Cabinet is likely to end SFY 08 with under-expended funds. As has been the practice in prior years, these funds should be rolled forward for use in SFY 09.

7. Development of Solid Data Development and Data Interoperability Recommendations

STATUS. The 2007 CT General Assembly included a requirement in statute that the Cabinet develop an Accountability Plan by December of 2008, including data sharing and development recommendations. The Cabinet allocated funding in each of SFY 08 and SFY 09 for assistance in working across and within agencies on a series of data agendas, many raised through the RBA process. Public Consulting Group has been retained to provide this technical assistance.

NEEDED TO SUCCEED: Technical assistance from the Department of Information Technology, policy support from the Office for Policy and Management, and cross-agency participation in a process to identify essential improvements in client, program and fiscal databases related to a B-5 systems agenda.

8. Implementation of the Early Childhood Research Network

STATUS: Difficulty in finding an administrative home for the Research Network, as well as contractual prohibitions related to working with experts as part of the development process have slowed the progress of this critical action item.

NEEDED TO SUCCEED. Development of a strategy of collaborative involvement of all interested researchers related to the goals of the Ready by Five Framework. Selection and hiring of a part-time project manager to shepherd development of this essential network. Funds are already allocated for SFY 08 and SFY 09.

What are your strategies to improve performance in the next two years and why?

See above.