



“Ready by Five”

Connecticut Early Childhood Education Cabinet

Meeting Minutes¹
January 14, 2008



“Fine by Nine”

Members in Attendance

Co-Chairs

Dr. Janice M. Gruendel, Governor's Office

Dr. Mark K. McQuillan, Commissioner - State Department of Education

State Agencies

Department of Higher Education (DHE) Commissioner, Dr. Valerie Lewis

Department of Developmental Services (DDS) Linda Goodman (for Commissioner Peter O'Meara)

Department of Public Health (DPH) Deputy Commissioner Norma Gyle (for Commissioner Robert Galvin)

Department of Social Services (DSS) Peter Palermino (for Commissioner Michael Starkowski)

Department of Children and Families (DCF) Rudolph Brooks (for Commissioner Susan Hamilton)

Office of Policy and Management (OPM) Kathy Guay (for Secretary Bob Genuario)

Commission on Children Executive Director Elaine Zimmerman

CT Head Start Association

Susan Sponheimer

Legislators

Senator Jonathan Harris (Co-Chair-Human Services)

Betsy Morgan, Middletown (for Sen. Thomas Gaffey, Co-Chair-Education)

Representative Andrew Fleischmann (Co-Chair-Education)

Dr. Judith Meyers, Child Health and Development Institute (for Rep. Peter Villano, Co-Chair Human Services)

Members Unable to Attend

Lynda Fosco, School Readiness Council Network

A. Welcome and Introductions

Co-Chair McQuillan welcomed Cabinet members and citizens attending the meeting.

B. Minutes

Minutes from the December 10, 2007 meeting were approved with the following correction: On page one, Susan Sponheimer represents the CT Head Start Association, not the CT Head Start Council.²

C. Goal One Infant-Toddler Framework

The second “reading” of *First Words, First Steps: CT's Infant and Toddler Systems Framework*³ was presented by Cabinet member Elaine Zimmerman, CT Commission on Children, and Peter Palermino, representing DSS Commissioner Michael Starkowski. The working groups for Goal One were organized by eight core areas: maternal

¹ Thanks to Jessica Andrews, Office of the Cabinet, for compiling these notes.

² Online at -- www.ecpolicycouncil.org/docs/2008-1-14/Dec_10th_Minutes.pdf

³ Online at - www.ecpolicycouncil.org/docs/2008-1-14/First_Words_Draft_1-11-08.pdf

health; family support; physical and mental health; early screening and prevention services; child poverty reduction; early care and education; early literacy; and systems innovation.

Zimmerman presented on the “Essential Findings” from the report:⁴ The “Essential Findings” emerged from both national and Connecticut research, study and technical assistance. National consultants to Connecticut’s work include: Matthew Melmed of Zero to Three; Dr. Jack Shonkoff of the Harvard Center on the Developing Child, and Dr. Neal Halfon of the UCLA Center on Healthier Children, Families and Communities.

Connecticut’s 12 essential findings follow:

1. Early experiences determine whether a child’s brain architecture will provide a strong or weak foundation for all future learning, behavior and health.
2. Young children need consistent positive relationships, rich learning opportunities and safe environments, not quick fixes or magic bullets.
3. Access to health care for pregnant women and children can help prevent threats to healthy development as well as provide early diagnosis and appropriate intervention when problems emerge.
4. Of all the factors that operate in a young child’s environment, the single most important determinant is the quality of the child’s relationships with parents and caregivers.
5. Screening assessment and monitoring of children’s health and development must occur where they are most likely to be seen and services must be available whenever needs are identified through these processes.
6. Children growing up in poverty often have severely compromised health, cognitive, and social development significantly affecting school performance. Family poverty must be reduced to ensure equitable child outcomes.
7. Factors that promote program effectiveness for very young children include highly skilled staff, warm responsive interactions between staff and children, language rich environments, small class sizes, high adult to child ratios, and age-appropriate curriculum.
8. Quality matters. Programs that cost less because they employ less skilled staff are not effective if they do not have the expertise needed to produce measurable impacts. Effective programs are implemented well with quality standards, evaluated regularly with data and improved continuously.
9. Forty years of research inform interventions for vulnerable children at-risk of low school readiness and school failure. These interventions must occur early with the mother, even before the child is born, since her health is the foundation for the newborn’s health. Post- natal care should be on a continuum that includes information, access to care, skilled home visitation, two generation programs with support for both parent and child, and center based quality early care and education.
10. Literacy begins in the earliest months of life as infants become familiar with the sounds of language. Frequent and consistent exposure to words and text are the precursors to literacy development and must start in infancy. Oral language and early literacy development begin at birth.
11. African-American children and Hispanic children are dramatically impacted by limited access to health care, fewer resources, distressed neighborhoods, poorer performing schools and institutional racism.
12. There is not yet a cohesive system for young children that supports good child outcomes and meets customer need. Family support, physical and mental health, early care and education and literacy should be aligned and integrated with data driven planning.

Malia Sieve, United Way of Connecticut, presented an update on the 10 Local Listening Forums held throughout Connecticut to provide an opportunity to communities to learn and comment on the Infant and Toddler Systems

⁴ Online at - http://www.ecpolicycouncil.org/docs/2008-1-14/Twelve_Essential_Findings.pdf

Framework.⁵ A total of 450 people were heard during the local listening forum process. A summary of comments follows:

1. Maternal Health

Aside from general consensus about the importance of pregnant women to have access to appropriate healthcare, several participants made several specific recommendations with regard to the health of pregnant women and new mothers:

- Co-enrolling women in Medicaid and WIC at point of contact whenever possible. Many WIC sites are co-located and this provides easier access for women.
- Review the Healthy Start assessment tool to determine the best possible assessment to serve the needs of pregnant women.
- Expand Healthy Start to serve more Medicaid pregnant women.
- Expand support systems for new moms to sustain breastfeeding.
- Expand lactation consultants in birthing hospitals

Participants also focused on the importance of investing in the health of women of child-bearing age in order to avoid the cost of high-risk pregnancies and children born with developmental delays. Participants suggested:

- Providing pre-conception and family planning education to women of child-bearing age.
- Educating health providers on the importance of pre-conception check up as part of women's health care.
- Ensuring reimbursement in Medicaid and private insurance for pre-conception health care.

2. Family Support

Supporting Effective Parenting

Participants discussed the need to introduce effective parenting practices to children. Discussions identified two approaches to this end. One focuses on helping parents model good parenting skills and the other on including curricula focused on life skills and effective parenting in the school systems. The need to link parent education with prenatal care was noted in order to disseminate parenting information early.

Parent Support Programs

Participants said that children need to have good parenting skills modeled by their own parents or primary caregivers in order to become good parents. Therefore programs are needed to help parents further develop their parenting skills as well as their knowledge of child development. Several suggestions were offered about how to reach parents and encourage participation in parent development programs. Among them were:

- Linking parent education opportunities with workforce development programs.
- Encouraging child care centers to offer parent education opportunities.
- Reaching out to parents whose children are not enrolled in child care programs.
- Raising parental awareness about brain development to increase understanding about the importance of the earliest years.
- Raising parental awareness of the need for healthy environments and the impact of adult behavior (i.e. smoking, drinking) on children.
- Creating initiatives that focus on fathers.

High School Parenting Curricula

Participants indicated the following:

- Some teenage mothers see no other vision but to have a child, especially if the teens were struggling in high school and had no vision of going to college.
- Teen do not have the skills to care for infants or toddlers.
- Development of high school curricula including both sex education/teen pregnancy prevention and development of parenting skills. Basic information on child development could also be included.

3. Physical and Mental Health

⁵ Online at – www.ecpolicycouncil.org/docs/2008-1-14/Infant_and_Toddler_Preliminary_Report.pdf

When participants were asked what families need to raise healthy children, one of the first responses often concerned health and health care. Focus group input included:

- **HUSKY** – Participants said that while HUSKY can be an effective program, it continues to be a challenge to find dentists and doctors who accept the coverage. Getting timely appointments is also a problem.
- **Parent Education on Healthcare** – Parents need education in order to understand the importance of oral healthcare, good nutrition, physical activity, proper sleep and preventive care for their children.
- **Undocumented Individuals** – Participants cited the need for healthcare to be available to undocumented individuals.
- **Availability of Preventive Care** – There is a need for preventive care and affordable screenings especially for depression and asthma. There is often an insufficient number of mental and behavioral health consultants, social workers and health services available for children.
- **Establishment of a Model of Comprehensive Care** – One forum discussed universal access to a medical home, which is defined by The American Academy of Pediatrics as a model of delivering primary care that is accessible, continuous, comprehensive, family- centered, coordinated, compassionate, and culturally effective.

4. Child Poverty Reduction

Discussions around the impact of poverty on young children revolved around the many economic barriers that exist for families. Among these barriers are:

- Affordable housing
- Lack of education
- Lack of employment opportunities
- Sufficient wages relative to cost of living
- Transportation

5. Early Care and Education

Shortage of Infant/Toddler Slots

A shortage of slots dedicated to infant and toddler care was mentioned prominently when participants discussed the barriers that families face in caring for the children. One example given was that in New Haven there are only about 700 slots for 6,000 infants/toddlers. Deterrents to infant/toddler care include:

- High cost due to staffing ratios, required materials, and other program expenses.
- Home-based providers can find it challenging to coordinate a developmentally appropriate mixed-age group program and therefore they sometimes do not accept infants and toddlers.
- Tuition often does not cover the full cost of running the program (which in turn reduces the incentive for centers to continue to provide infant/toddler care).

Raising the Professionalism of the Infant/Toddler Field

Participants also talked about barriers that discourage people from entering the Infant/toddler field. Salaries of early childhood educators are very low compared to most other careers and child care providers are not listed as “educational institutions” according to the U.S. Labor Department. It was suggested that the public and legislators need to be educated about the importance of professional early education.

There are few college programs focused on infant/toddler education and a concerted effort is needed to offer more training and support for those currently in the infant/toddler care field. Several suggestions were offered:

- Create an infant/toddler support network, or a mentoring network, for providers.
- Offer more trainings and workshops focused on infant/toddler issues (e.g. developmental issues, challenging behaviors, cognitive development, age-appropriate games, science and math for infants and toddlers, etc.).
- Offer more support for staff undergoing CDA training.
- Partner with professionals to identify additional teaching opportunities for early childhood educators to take college-level courses related to Infant/toddler development and education.
- Provide “cultural competency” trainings to assist teachers to better understand English language learners.

6. Early Literacy

Easy-to-understand information needs to be disseminated to parents about early childhood development, including on brain development and the importance of information on reading and speaking to children from the earliest days of life. Literacy programs are needed for parents so that they can teach their children and also act as effective advocates for their children.

7. Systems Innovation

Coordination of services

While participants acknowledged the existence of numerous resources at the state and local level for parents, children, and families in general, it was mentioned that these services are seldom coordinated. Often there is no integration between State agencies, such as DSS, the Judicial System, and DCF. It was also noted that there are often missed opportunities to refer parents to various agencies when agencies do not work together. One example offered was encouraging pediatricians, obstetricians, and hospitals to understand the resources available in the community so that they can make appropriate referrals.

Communication Issues

It was suggested that any communications written for public consumption, be written in language that is easy to understand. An example offered was to remove the "legalese" from letters distributed through DSS.

Data Issues

Participants said that Connecticut needs an ongoing, population-based system for collecting health outcome data for women and children in a coordinated manner. Some states have received CDC funding for conducting the PRAMS Survey as a quality assessment tool for monitoring outcomes. It was suggested that Connecticut fund and implement a PRAMS-like survey as the State's data collection system to obtain data on experiences and behaviors of women, monitor health outcomes of women before, during and after pregnancy, and monitor children across a wide spectrum of outcomes.

8. Additional Barriers to Raising Healthy Children

Several other issues were identified when participants were asked what families need to raise healthy children, including the need for violence prevention in the community and in the home, recreational facilities, playgrounds, sports programs and after-school programs.

Participants also cited the impact of flat-funded federal budgets on programs that service children and families. Several programs whose funding is threatened were mentioned. They include Even Start and Early Head Start. It was also noted that many communities in Connecticut still do not have full-day Kindergarten; and suggested that legislators may want to focus more on this issue than on universal Pre-K. Home-based providers felt that policymakers should raise the Care-4-Kids subsidy for licensed home-based providers so it is viable for them to hire an assistant. With an assistant, licensed family child care providers can accept more than two children under the age of two.

9. Effective Programs and Initiatives

Community Assets

Asked about "what is working now," participants cited programs with collaborative relationships between agencies. Better relationships between agencies and more co-location of various services are essential. Participants felt the federal Food Stamp Program, WIC (including mandated well-child visits), and Head Start's infant-toddler home visiting program worked well.

At the state level, the list of programs that work well included: 2-1-1; HUSKY; immunization programs; the CT Birth to Three System; community colleges and state-funded Early Care and Education Centers.

At the local level, programs identified included: Child FIRST in Bridgeport; All Our Kin in New Haven; Children First in Norwich; Plainfield's dental van; New Haven School Readiness Council workshops and consultation for home-based providers; New Haven School Readiness Council's "The ABCs of School Readiness"; the CT Children's Museum's "Mornings at the Museum" in New Haven; Children and Parents Succeeding in New Haven; and "Minding the Baby" at

Yale Child Study Center in New Haven.

Effective concepts include:

- Family resource centers
- Parent organizations
- Play groups
- Family-centered care
- Support groups
- Teen father/fatherhood programs
- Teen mother and motherhood training programs
- Home based mental health services
- School based health center
- Access to HUSKY at clinics
- Collaboration between Head Start and a homeless shelter

Cabinet Discussion

Representative Fleischmann mentioned two concerns he had about the last 2 findings: In regards to Finding 11, he suggests using the word minorities as a descriptor rather than limiting to African American and Latino children.

In regards to Finding 12: Representative Fleischmann thought the 1st sentence, "There is not yet a cohesive system for young children that supports good child outcomes and meets customer need" should not be included in the "Essential Findings" because that while he concurs with the statement, he thinks the document might be out of date in the future when there is a cohesive system. He suggested just having the 2nd sentence be the 12th Finding, "Family support, physical and mental health, early care and education and literacy should be aligned and integrated with data driven planning."

Rep. Fleischmann questioned how long does this document, if approved, would serve as a guiding document for the policies this Cabinet undertakes? Elaine mentioned that it is up to the Cabinet, but the document could be modified over time.

Susan Sponheimer asked if dental health is going to be incorporated? Elaine answered yes.

Co-chair McQuillan asked for a short-term solution to how parents can access and receive care? Elaine mentioned the need for a hub site for parents to go to for care.

Kathy Guay commented that the Office of Policy and Management is generally supportive of the Infant and Toddler Systems Framework and commended the group for the work produced. However, she cautioned that -- for the near-term -- the state's resources will be directed at quality preschool program expansion for children in poverty. She mentioned, that going forward, the ideas in the report will merit serious consideration if state resources are available.

Public Comment

Margaret Holmberg, President, CT Assoc for Infant Mental Health, echoed the importance of early relationships to later development in children.

Mary Burnham, Director of The Children's Center in Milford, suggested requiring high school students to take parenting classes and that parents receiving state funding be required to work in the center their children attend and participate in conversations around parenting and the importance of the parental relationship. She mentioned the need for more staffing for coordination of a hub center model.

Action Taken

Rep. Fleischmann moved acceptance of the "Essential Findings" with the following amendment: Remove from Finding 11, African American children and Hispanic children and replace with minority children. Betsy Morgan seconded. Approved.

Next Steps

Elaine Zimmerman will provide a cost- and priority-analysis of the recommendations.

D. Update on Cabinet's RBA Package

Bennett Pudlin, Charter Oak Group, presented an update on the Cabinet's Accountability Plan through the Results-Based Accountability (RBA) process.⁶ The Cabinet will be presenting to the Appropriations Committee on Thursday, Feb. 7th from 10-12pm. The Co-Chairs of the Cabinet will present a report on where the Cabinet is with Goal One by updating the population template from last year and reporting on the Systems level. This will provide the opportunity for the Cabinet to formally account for itself in terms of what the Cabinet did with the funding it received and report on what the Cabinet did with the authority given to it. Also, there will be a report on Infant Toddler and Goal Two (K-3).

Bennett Pudlin walked Cabinet members through a summary compiled by Co-Chair Gruendel for Cabinet examination. The interim summary is online. The systems and population templates for Infant and Toddlers and Goal Two still need to be completed. Also, there has been some discussion as to whether the System measures for Goal One are still appropriate. The Cabinet will want to identify the Goal I system measures from last year that they wish to change. The RBA report to the Appropriations Committee on the 7th of February will also need to identify barriers that are impeding Cabinet progress.

Cabinet Discussion

Linda Goodman, DDS, asked if there was a place in the template for Strategies' status to be included. Bennett responded that the template allows for this and is flexible. Representative Fleishmann asked if the strategies would be separated out by low cost, no cost strategies. Bennett responded yes, they would be formatted that way for the hearing. Co-Chair McQuillan in reference to Strategy four asked what is the timeframe of the cost analysis of the I/T plan? Bennett responded that the cost analysis could be done in time for next biennial budget. Co-Chair McQuillan asked if the expansion of Cabinet membership is a dead issue, since it was not approved by the legislature this past session? Bennett responded that it is his recollection that this was not going to be requested this year, but it is possible that it will be revisited in the future.

E. PreK-K Interim Facilities Plan

David Wasch, Manager of Child Care Programs at Connecticut Health and Education Facilities Authority (CHEFA) presented the *Interim Early Childhood Facilities Report*.⁷ David thanked SDE and DSS for their involvement in the development of this report. This report provides a context for early childhood facilities development in CT and a framework for proposals that should be consider in bringing facilities to communities and meeting communities need. The phase that will begin now involves visiting communities and analyzing data in order to bring back to the Cabinet a set of recommendations for Cabinet to endorse in June 2008.

Cabinet Discussion

Elaine Zimmerman requested clarification on the following: Can a program be a candidate for a facility loan, etc. only if they go through NAEYC accreditation, not Head Start standards? David responded that this is true; they do require NAEYC accreditation, even if Head Start.

Elaine pointed out that in School Readiness legislation, it lists NAEYC Accreditation and Head Start standards are both eligible for SR dollars. She suggested that this should be aligned with the School Readiness law. She also mentioned that if a site was quality and Head Start, they should not have the burden of being NAEYC Accredited as well. David agreed that quality sites should not have to be overburdened and they would certainly being looking at this going forward.

⁶ On-line at -- www.ecpolicycouncil.org/docs/2008-1-14/RBA_Systems_Draft_2_jg_1-14-08bp_2_.pdf

⁷ Online at -- www.ecpolicycouncil.org/docs/2008-1-14/ECE_Facility_Plan_Interim_Report_December_31_2007.pdf

Co-Chair McQuillan requested clarification on the time frame of the legislative proposal being recommended. David clarified saying that the recommendation would be made in June for the next biennial budget. Co-Chair McQuillan also asked the sense of magnitude of cost. David said this would be a key component of the report coming in June.

F. Cabinet By-Laws

Based on an agreement at the December Cabinet meeting, Cabinet Co-Chairs were to redraft the decision framework within a broader document. Co-Chair Mark McQuillan presented the first "reading" of the Cabinet By-Laws.⁸ Co-Chairs McQuillan and Gruendel thought by having By-Laws the Cabinet would be more effective, that the decision-making process would have some staying power, and that agencies affected by Cabinet's decisions had time to rebut, ask for reconsideration, or comply.

Linda Goodman, DDS noted a correction on the first page: Instead of Commissioner of Mental Retardation it should read Department of Developmental Services.

Betsy Morgan noted the document is excellent will be very valuable. She was concerned with section 4: Cabinet Responsibilities should be viewed as the complete list. She did not wish the Cabinet to be restricted by this list.

Representative Fleischmann is opposed to a framing statement developed by the Cabinet that he perceives as going beyond what the General Assembly has tasked this Cabinet to do. He suggested that there should be a quotation of statute. Betsy Morgan suggested putting in language from the School Readiness Legislation that defines the general purpose of the Cabinet. Representative Fleischmann said that sounded fine, as long as the section of statute that was being quoted was pertinent to the Cabinet.

Elaine Zimmerman agreed that language should be added from School Readiness legislation that aligns with the Cabinet's work. She noted that at the December meeting she agreed to prepare the first draft set of ideas defining the role of a Cabinet committee on policy, but -- with the Goal One work -- did not have time. Her concern was that when an issue with an implication for public policy arose it was possible for legislators on the Cabinet to move it in session. Co-Chair McQuillan mentioned this is why the draft Cabinet By-Laws suggested the creation of a Standing Committee on Policy and Legislation.

Elaine mentioned there was a nexus between what Representative Fleischmann was saying. There is no feeling that one should not discuss policy here, but that they should be offering it to the right representatives to move it along. Member Gyle questioned why we need a Policy and Legislative Committee when there are already legislators on the Cabinet? Co-Chair McQuillan replied that often the work required takes place beyond regular meetings and there needs to be a smaller group that can come together to work on these things. He feels that such a group ought to be formally designated. Also, people have a place to go if you have an issue or question that pertains to policy.

Representative Bye thought the Standing Committee on Policy and Legislation was a good idea in order to flesh out legislative intent versus Cabinet intent. Also, she wanted to echo Representative Fleischmann's concern about the scope of the Cabinet's work.

Linda Goodman, DDS, suggested having a quorum present at the meetings. Representative Fleischmann requested an amendment that defines a quorum as the majority of Cabinet members. Dr. Judith Meyers suggested that the Executive Committee have the Co-Chairs as members joined by others. Marcus Rivera, Cabinet Staff noted that the correct date for the ECE Workforce Plan is Dec. 31, 2008.

Action Steps

The Co-Chairs will make above corrections and will create a working definition of Cabinet Standing Committees, including their role and membership to be added to the proposed By-Laws.

⁸ Online at -- www.ecpolicycouncil.org/docs/2008-1-14/Proposed_Cabinet_ByLaws.pdf

G. Preschool Expansion Report to Appropriations

The Preschool Expansion Report was prepared in response to a request by the leadership of the state Appropriations Committee that the Early Childhood Education Cabinet offer recommendations to maximize School Readiness Program (SRP) slots, and thereby serve more of Connecticut's neediest children. From the outset, the scenarios considered all reflect the assumption that the Cabinet is working within already appropriated SFY 08 and SFY 09 funds.

SDE Early Childhood Bureau Chief Harriet Feldlaufer and Cabinet Staff Marcus Rivera presented the proposed Preschool Expansion report.⁹ Ms. Feldlaufer stated that the slot data presented in December 2007 was used in this Preschool Expansion report to calculate School Readiness Program costs at different reimbursement rates. She also reported that the Bureau surveyed each district, informally, to learn more about the operational and management barriers that Priority and Competitive community liaisons said limit expansion options in SFY 09.

Bureau and Cabinet staff members reviewed the following guiding principles that were developed to *readily* expand access to the School Readiness Program by children in Priority School Districts (PSDs) and Competitive Municipalities (CMs):

- o Maximize enrollment of children in the School Readiness Program by addressing the primary operational and management challenges in Priority and Competitive Communities;
- o Calculate a common slot reimbursement rate across PSDs and CMs to ensure quality programs statewide and fiscal parity;
- o Increase the slot reimbursement rate for PSDs and CMs in SFY 09, within available appropriations, to ensure additional slots and early childhood enrollment to meet state goals for young children; and
- o Secure authorization for the transfer of remaining Priority School District SRP funds to Competitive Municipalities to address expansion barriers, increase slots, offer fiscal parity and increase the slot reimbursement rate, as noted in the points above.

Marcus Rivera explained the analysis used to consider existing slot data and the guiding principles. This resulted in the preferred scenario presented to the Cabinet to maximize slot expansion and bring fiscal parity between the Priority School Districts and the Competitive Municipalities. If adopted by the CT General Assembly, the proposed scenario would increase the reimbursement rate from \$8,025 to \$8,514 (for a full-day slot), providing for a 3% cost of living increase each of two years (SFY 08 and SFY 09). The chart below depicts the preferred scenario:

Priority School Districts--SFY 09	Competitive Municipalities--SFY 09
<u>Funding Status</u> o \$76,134,888 (an increase of ~ \$15M from SFY 08)	<u>Funding Status</u> o \$ 4,897,884 (an increase of ~\$5K from SFY 08)
<u>Slots</u> o SFY 08 Total Slots: 8,933 o New Slots: 1,066 (preliminary projection) o Total Slots: 9,999	<u>Slots</u> o SFY 08 Total Slots: 836 (Same as SFY 08)
<u>Funds Needed at \$8,514 (see above)</u> o Admin/Start Up: \$ 3.0M o Total Slot Costs: \$72.4M o Total SRP Costs: \$75.4M o Unallocated: ~ \$ 0.7M (estimated as of 12/07)	<u>Total Funds Needed at \$8,514</u> o Parity Slot Costs (n=836): ~ \$5.4 million o Balance: \$0.5M. With legislative authorization to transfer PSD funds, the balance of \$0.5M would be met through the unallocated \$0.7M in PSD funds.

Note: Parity Slot Costs in Competitive Communities are approximately \$5.4 million and assume 50 percent of slots at a full-day rate of \$8,514 and 50 percent of slots at a part-day rate of \$4,500 (\$8,514 x 418 and \$4,500 x 418). A survey is being administered in January 2008 to determine the actual range in SFY 09 slot types in Competitive Municipalities.

Cabinet Discussion

⁹ Online at - http://www.ecpolicycouncil.org/docs/2008114/Preschool_Expansion_Report_to_ECE_Cabinet.pdf

Linda Goodman, DDS, asked if the Cabinet and Bureau have given up on the notion of portable funding. Ms. Feldlaufer responded that no one has given up on the need to enable school readiness funds to be portable (that is, to follow the child.) She added that the focus has been to bring the PSDs to full capacity; however, portability is important now as SDE moves to address *Sheff* by offering more integrated preschool settings to more children through the Open Choice, charter and magnet programs.

Representative Fleischmann thanked the Bureau and Cabinet for all their work on the report. He noted from the report that fiscal resources are not distributed proportionately –if one considers poverty by resident town or even the SFY 08 number of slots in Priority and Competitive communities. He recommended that: (a) the Cabinet make a statement to the legislature about the current dissonance with the existing public policy rationale; and (b) the ratio of funding to towns should better reflect the ratio of children in poverty. He noted that any CT child in poverty equally deserves our attention, no matter where he or she lives in the state.

Commissioner McQuillan added that in addition to the reimbursement rate, there is the challenge of sufficient quality space, as many programs at capacity. Ms. Feldlaufer added that SR programs face the additional challenge of trying to offer competitive salaries to hire and retain staff members who have the required academic credentials.

Representative Fleischmann stated that there are capacity issues in PSDs as well as Competitive communities. He reminded the Cabinet of the challenges faced by children in poverty, wherever they reside in the state. He proposed not just a reallocation of the \$0.7 million from PSDs to Competitive Municipalities, but also a reallocation of slots so that more poor children are served across the state.

Peter Palermino noted that the report did not include the number of DSS preschool slots by town, and requested that it should be added. He explained that the DSS preschool slot rate was increased to \$8,025 in January for severe need, full-day children. This brings the DSS rate in alignment with SR rate.

Susan Sponheimer remarked that the “ratio” idea presented by Representative Fleischmann was a good one. She wanted to know if CMs would be able to fill additional slots, if the proportionate funding idea resulted in additional resources to Competitive communities.

Ms. Sponheimer also mentioned that this report did not discuss the rate for extended-day slots. She commented that the rate of extended-day reimbursement has been minimal.

Dr. Brooks asked if the reimbursement rate of \$8,514 would be adequate enough to get other providers/entities interested in providing preschool services because he noticed that one of the barriers in PSDs and CMs was the “lack of provider interest.”

Betsy Morgan stated that although the proposal addressed the issue of reimbursement for SFY 09, she wanted to understand the implication for future years. She recommended the development of a long-term funding proposal that would identify the resources needed to sustain the focus on “parity per slot” and make the rationale fair to communities. How many dollars would need to be moved/added to bring parity to Competitive communities?

Representative Bye stated that it is very difficult for Competitive communities to adequately plan for expansion if they can only rely on “left over”/remaining funds in the state SR budget. She was also concerned about the 60/40 rule; it may constrain public school SR program providers.

Representative Bye recommended taking a look at PSD capacity over the last 10 years and the remaining funds in these accounts. This statistic could serve to better forecast the projected dollars that Competitive towns may receive. If Competitive municipalities are aware of these projected dollars – early, they can plan for expansion. She suggested that the Cabinet prepare this analysis and offer recommendations.

Mr. Rivera offered a response to some of the issues raised:

- Although there was insufficient time to incorporate the number of DSS slot into the report, Cabinet and staff will include this information in the Cabinet's February 2008 Preschool Expansion update. He also offered to work with the Bureau to prepare the poverty/ratio analysis requested by Representative Fleischmann.
- An informal survey is being conducted to determine the proposed slot type in Competitive communities (results will be shared with the Cabinet in the February 2008 Preschool Expansion summary). This analysis could help to better determine the funds needed to begin any legislative consideration of additional resources for new SFY 09 Competitive slots.
- When PSD and CM School Readiness liaisons responded to the informal expansion barriers survey, they made it clear that new slots proposed could only be attained if the reimbursement rate increased to \$8,514.

Elaine Zimmerman stated that she was pleased that the preferred scenario would bring equity "for the first time" to communities. She agreed with the Cabinet's interest to meet preschool needs and "break the obstacles" faced by providers. Executive Director Zimmerman supported the report recommendation and Representative Fleischmann's proposal. "The ratio is a good idea." She wanted to know what it would cost to fund all children in poverty, in all towns, within a balanced ratio.

Commissioner McQuillan also wanted to know the funding implication of a proportionate ratio. Representative Fleischmann was encouraged by the Cabinet members' statements to pursue an analysis that would consider a possible reallocation from PSDs to Competitive towns "to reflect need."

Bennett Pudlin clarified that the chairs of the Appropriations Committee and OPM both requested this preschool expansion report in December 2007. They wanted to know if any rate increases were proposed for SFY 09 to maximize preschool slot utilization within existing state funds. He recommended that the Cabinet forward the report to the Appropriations Committee co-chairs. (Secretary Genuario is a Cabinet member and received a copy of the report with the Cabinet materials.) Mr. Pudlin also added that the policy question regarding portability is an important one, but the decision regarding the number of slots and "at what rate" needs to be addressed as soon as possible.

Representative Bye raised the policy question of focusing on "more slots" versus "more per slot" to secure additional slots. Dr. Meyers added that communities requested the rate increase to *address* expansion barriers. Representative Bye asked if the next report could also include the proposed rates for school-day, part-day and extended-day.

Ms. Morgan was pleased that the Competitive towns are "on the same par" for the first time. She added that even though she is the chair of a PSD School Readiness council, she would agree that the state needs to serve all poor children across municipalities. Ms. Morgan conveyed, on behalf of Lynda Fosco, that Ms. Fosco was very supportive of the preschool expansion proposal contained in the report.

Dr. Meyers thanked the Bureau and the Cabinet staff for the report. She noted, however, that few PSDs and CMs identified "support for children with behavioral issues" as an expansion barrier. Mr. Rivera explained that this was an informal survey and that communities did identify the need for professional development, some of which may have been in this context of better meeting the support needs of children with behavioral issues. He also added that Competitive community liaisons completed a more open-ended, informal survey, in which they identified barriers (versus having the categories listed, as in the PSD survey). As a result, fewer CMs may have identified the behavioral issues readily. (A more formal instrument and focus groups for PSDs and CMs would generate more precise results.)

Public Comment

Mary Burnham, director of The Children's Center in Milford, requested that the report include state funded centers (DSS). She agreed with the need for parity, "wherever they may live."

Betsy Bain, Norwalk School Readiness, was thankful for this report. She recommended that the Cabinet proceed with the \$8,514 rate recommendation given increasing provider costs and costs to improve program quality. Ms. Bain added that as slots increase there is also a real need for funds for administration and monitoring. She also reemphasized Representative Bye's observation that districts really need the "lead-time" for planning for slot expansion and preparation of facilities.

Darlene Ragozzine, CT Charts-a-Course, asked for an exploration of why more providers did not list “the lack of qualified staff” as a barrier. Mr. Rivera and Ms. Feldlaufer explained the nature of the informal instrument as a tool to offer a quick scan of expansion barriers. Both PSDs and CMs identified qualified staff as a barrier, along with concomitant professional development and a general “lack of funds.”

Action Taken

Cabinet members requested that an addendum be made to the Preschool Expansion report to include the recommendations put forth by Cabinet members (see below). Co-Chair McQuillan motioned to accept the Preschool Expansion report and preferred scenario, with the understanding that an addendum include the recommendations made by Cabinet members. Elaine Zimmerman seconded. Proposal accepted.

The recommendations for the Addendum included:

1. Adding a DSS Preschool Slot analysis by town;
2. Conducting an analysis that examines a reallocation of existing funds for PSDs and CMs according to the ratio of poor students in each of CT’s municipalities;
3. Framing a “public policy solution” based on this ratio analysis and an analysis of PSD funds for the last 10 years and slot utilization;
4. Determining the cost to appropriately fund all children in poverty in SR programs in PSDs and CMs and all other towns (using the poverty ratio noted above); and
5. Determining the cost to fund the proposed new SFY 09 slots in Competitive Municipalities on a slot basis of \$8,514 full-day (also add analysis of rates for other slot types as determined by January 2008 CM survey).

H. QRIS Next Steps

Co-Chair Gruendel reported on the Quality Rating and Improvement Systems (QRIS) work.¹⁰ The following action steps have been taken on behalf of the Early Childhood Research and Policy Council:

- Dr. Peg Oliveira has been hired to prepare a *CT Quality Improvement Resource Notebook* as the basis for the February 7th open forum
- National experts, Louse Stoney and Anne Mitchell will organize and facilitate the forum and a “by invitation” QRIS working group (about 25 people) on February 7th and 8th.
- A project manager will be hired through the Research and Policy Council to manage this work.
- Key Target dates:
 - February 7th and 8th – launch and working group
 - October 2008 bring report to the Cabinet for the first reading no later than October 2008
 - November 2008 adoption
 - December 2008 submittal to the CT General Assembly as required by law.

H. January Budget Update

Co-Chair Gruendel reported that as of January 14th, there were 17 actions items related to the budget.¹¹ Ten have been completed: Cabinet Staffing; Strategic Communications; Parent Trust Fund; Bridgeport Leadership and Action Program (LAP); Building Local Capacity; Quality: ECERS and Preschool Program Funds; Early Care and Education Data Registry; ECE Workforce Plan; PreK-K Facilities Plan/ TA; Summit. In addition, one contract will be awarded in January for staffing and support of the Governor’s Early Childhood Research and Policy Council, and four budget-related actions are in progress: RBA/ Accountability Plan TA (awarded but awaiting AG approval); QRIS Plan and Rating Scale TA and support; Data Interoperability purchase of service with Public Consulting Group; and the Early Childhood Research Network. Work on the remaining two items has not yet begun: Community funds related to quality improvement and the MOU with OPM to support cost-modeling on behalf of the CT Child Poverty and Prevention Council.

¹⁰ Online at – www.ecpolicycouncil.org/docs/2008-1-14/QRIS_update.pdf

¹¹ Online at – www.ecpolicycouncil.org/docs/2008-1-14/FINAL_2nd_Quarter_BudgetUpdate.pdf

I. Health Systems Matching Grant

Dr. Meyers briefly reviewed the proposal for \$25,000 in Cabinet funding to be matched by private foundation funds for the purpose of further articulation of a “health systems framework” for young children.¹² At the December meeting the consensus of the Cabinet was to support this proposal, with a formal vote to be taken at the January meeting.

Action Taken

Elaine Zimmerman moved acceptance of this proposal. Peter Palermino seconded. Dr. Meyers abstained. Proposal accepted.

J. Conversation with Dr. Jack Shonkoff¹³

Professor Jack Shonkoff of the Harvard Center on the Developing Child, who will keynote the Governor’s Summit on Early Childhood: Investing in the First Thousand Days, talked with Cabinet member and citizens about the scientific basis for early childhood investment. Shonkoff advised that we need (and have captures in the First Words, First Steps framework) both a long-term vision with short and medium-term strategies to get there.

The challenge is to set priorities, he cautioned, and make sure they get done correctly and really well, using accountability measures. He also noted the importance of making sure it is politically safe for programs innovate. Some will fail and we can learn from that as well. “This is the only way the field will move forward,” he stressed.

Dr. Meyers mentioned there is still some tension that is still present within Cabinet discussion that the focus should be on 3 to 4 years old and not broader earlier childhood care. Dr. Shonkoff stressed the importance of reaching the child as early as possible (that is, from birth) because the brain research tells us that toxic stress can really alter the brains of children and impede further development. Building future neural development on a “faulty foundation” will absolutely impede cognitive development.

K. Meeting Adjournment

Next Cabinet Meeting: February 11, 2008, LOB Room 1D

¹² Online at -- www.ecpolicycouncil.org/docs/2008-1-14/Healthy_Child_Development_ProposalforECECabinet-rev10808.pdf

¹³ Online at - www.ecpolicycouncil.org/docs/2008-1-14/Policy_Framework_flyer_summit_handout.pdf