



“Ready by Five”

## Connecticut Early Childhood Education Cabinet

Meeting Minutes<sup>1</sup>  
February 11, 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) Dr. Carlota Schechter (for Commissioner Valerie Lewis)

Department of Developmental Services (DDS), 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), Commissioner Susan Hamilton

Commission on Children Executive Director Elaine Zimmerman

#### School Readiness Council Network

Lynda Fosco

#### Legislators

Representative Beth Bye (for 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

Susan Sponheimer, CT Head Start Association

Secretary Bob Genuario, Office of Policy and Management (OPM)

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### A. Welcome and Introductions

The Cabinet Co-Chairs welcomed Cabinet members and citizens attending the meeting. Co-Chair McQuillan thanked everyone involved in the RBA Initiative.

### B. Minutes

Minutes from the January 14, 2007 meeting were approved.<sup>2</sup>

### C. Cabinet/Council Chairpersons' Reports<sup>3</sup>

*NGA Application.* Governor Rell directed Connecticut to submit an application for participation in the June 2008 National Symposium on Early Childhood Science and Policy.<sup>4</sup> This institute is hosted by the National Governors Association, National Conference of State Legislatures, and Harvard University's Center on the Developing Child. Costs associated with attendance are being covered by a grant from the Buffet Foundation to the NGA. States selected will be notified in early March.

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<sup>1</sup> Thanks to Jessica Andrews, Office of the Cabinet, for compiling these notes.

<sup>2</sup> Online at - [http://www.ecpolicycouncil.org/docs/2008-2-11/January\\_14th\\_Cabinet\\_meeting\\_minutes.pdf](http://www.ecpolicycouncil.org/docs/2008-2-11/January_14th_Cabinet_meeting_minutes.pdf)

<sup>3</sup> Online at - [http://www.ecpolicycouncil.org/docs/2008-2-11/Gruendel\\_Co-Chair\\_Update.pdf](http://www.ecpolicycouncil.org/docs/2008-2-11/Gruendel_Co-Chair_Update.pdf)

<sup>4</sup> Online at - [http://www.ecpolicycouncil.org/docs/2008-2-11/Cabinet\\_version\\_Harvard\\_Institute\\_June\\_2008.pdf](http://www.ecpolicycouncil.org/docs/2008-2-11/Cabinet_version_Harvard_Institute_June_2008.pdf)

Connecticut's application was submitted on February 5<sup>th</sup>. If selected, Connecticut will send an 8-person bi-partisan, cross-branch team. Team members are: Cabinet Co-Chairs Gruendel and McQuillan, Kathleen Guay (OPM), David Nee (Graustein Memorial Fund), Judge Christine Keller (Judicial Branch), CT General Assembly Representatives Diana Urban and DebraLee Hovey, and Vincent Siberon (Executive Director of ASPIRA CT).

*March Budget Update.* For the March meeting, the Office of the Cabinet will work with state agency members (and partners) of the Early Childhood Education Cabinet, to prepare a detailed fiscal update on expenditures through the end of February and estimated expenditures through the end of June 2008, based on the budget allocation plan adopted by the Cabinet in July 2007.

*QRIS Planning.* Gruendel updated the Cabinet on Quality Rating and Improvement System (QRIS) development. This work, which will be guided by the Early Childhood Research and Policy Council, was launched on February 7<sup>th</sup> and is due, in the form of a QRIS Plan, to the CT General Assembly in December 2008. The open forum facilitated by national experts Anne Mitchell, Louise Stoney and Reeva Murphy (National Child Care Information Center) was attended by about 100 individuals. A smaller group of individuals (invited to be broadly representative of constituencies of interest) met for the balance of February 7<sup>th</sup> and all of February 8<sup>th</sup> to begin work on QRIS development. These working sessions were again facilitated by Mitchell, Stoney and Murphy. The William Caspar Graustein Memorial Fund hosted the working group meeting at its Hamden offices. We are grateful for their support.

Ongoing TA will be provided by Reeva Murphy on a monthly basis and by Stoney and Mitchell as needed. Support related to broad-based data development and analyses will be available from the Public Consulting Group. Working sessions are planned on a monthly basis, and two additional open forums will be scheduled over the coming months, the first to bring into Connecticut several representatives from states that have built a successful QRIS. A web presence will be set up and resource materials will be posted regularly. We will also develop a system of email updates so that everyone interested in this process is fully informed as the effort moves forward. NOTE: While the QRIS proposed plan must, by legislative mandate, address center-based early care and education, there is strong interest from the working group to figure out how to include attention to licensed family daycare as well.

Interim Project Manager for the work is Joyce Staples, Office of the Early Childhood Education Cabinet. Per the strong recommendation from Mitchell and Stoney, a QRIS project manager will be required for the period March 2008 through June 2009.

The timetable and approval process for this work follows:

- Funds were allocated to support this work at the July 2007 Cabinet meeting
- At the request of the Cabinet, this work is to be guided by the Early Childhood Research and Policy Council
- There will be regular updates to the Cabinet
- The proposed design of the QRIS will be presented by the Project Manager and the QRIS Plan working group to the full Research and Policy Council in September (if at all possible) and then to the Cabinet for review beginning at its October 2008 meeting
- Final Cabinet adoption is targeted for November 2008, and must occur no later than December in order to comply with our legislative mandate to submit to the CT General Assembly in December 2008
- Upon adoption of the QRIS Plan by the Cabinet, implementation work will be guided by the Cabinet's Standing Committee on Accountability.

*Data Matters.* Gruendel also updated the Cabinet on data matters. Utilizing Cabinet funds allocated for data systems and interoperability work by the Cabinet in July 2007, the Office of the Cabinet has engaged Public Consulting Group (PCG), a national management consulting firm, to assist in data analysis and systems work. PCG currently works in Connecticut under an existing DAS contract. Cabinet involvement in this work will be through a Data Matters working group of the Standing Committee on Accountability, soon be established.

Over the past several years, PCG has provided significant data analyses for the State of Connecticut through (a) the NGA Transitioning Youth with Disabilities Initiative and (b) the BRS-DSS/DMHAS/OWC Data Interoperability Project. On

January 31<sup>st</sup>, a broad group of commissioners agreed to continue the Data Interoperability Project, led by the Commissioners of Social Services, and Mental Health and Addiction Services.

The Office of the Cabinet is finalizing a scope of work with PCG to include an immediate look at RBA population, systems and program templates, data development (indicators), research agenda items, and no-cost/low-cost action priorities from the Cabinet's RBA 2006, 2007 and 2008 RBA packages. Additionally, we have asked PCG to extract and summarize data and data systems references in the following Cabinet and Council reports:

- Ready by Five, Fine by Nine: CT's Early Childhood Investment Framework (July 2006)
- The CT Early Childhood Investment Plan, Part I (November 2006)
- First Words, First Steps: CT's Infant-Toddler Systems Framework (draft, January 2008)
- K-3 System's Framework (draft February 2008).

PCG will work closely with the Charter Oak Group as well as Cabinet agencies on the RBA analyses, and will make a report on its initial work at the March 10, 2008 Cabinet meeting. We expect that these next-stage analyses will contribute significantly to the work of the Cabinet's Standing Committee on Accountability in development of our legislatively mandated Accountability Plan, due to the CT General Assembly by December 2008.

One other early focus for the PCG work will be to look at various data elements collected and tracked across Cabinet agencies (and their partners) related to children born in 2006-07 (the Cabinet's Ready by Five initial cohort) living in circumstances that create a high level of vulnerability for age-appropriate development. This work – to be linked with the Cabinet's ongoing *First Words, First Steps* deliberations -- will allow the Cabinet to respond to the directive by Governor Rell that we report on the status of this cohort by the end of SFY 08. Collection and analysis of these data will also be very helpful to the Child Poverty and Prevention Council and to the CT Youth Vision Team, both of which are focused on young parents (and their young children) who are living in poverty.

Technical assistance by PCG will be available to Cabinet agencies throughout this work. As one example of how we could structure this evolving work within and across agencies, the State Department of Education has established an internal data team to participate in this work with the Office of the Cabinet. The SDE team is co-chaired by Dr. Barbara Beaudin and Associate Commissioner Charlene Russell-Tucker. A partnership with similar teams within other Cabinet agencies would be most welcome as this work progresses.

*Request to the Council.* Gruendel reported that in Executive Order #13 there is language that directs the Governor's Early Childhood Research and Policy Council to consult with and assist the Cabinet to "monitor its progress" in implementing the Early Childhood Investment Plan. The Cabinet Co-Chairs have asked the Council to design formative assessment how the Cabinet is doing – accomplishments, barriers, and solutions – and report back to the Cabinet with its findings.

*By-Laws.* Co-Chair McQuillan indicated that the by-laws needed to come before the Cabinet again. He is waiting on feedback from a few members of the Cabinet.

*P-20 Council.* McQuillan gave a brief update to make the Cabinet aware of the PK-16 Council that has recently expanded to a P-20 Council. One of its goals is development of a longitudinal student data system from which to track students' progress and the services they receive. The Council will convene on or before April 1<sup>st</sup>.

#### Cabinet Discussion

Lynda Fosco reported that she attended the QRIS Forum on Feb. 7<sup>th</sup> and was pleased that the Quality Rating and Improvement System (QRIS) Plan will simplify the early childhood accountability systems. She noted that some providers were concerned that they were under-represented in the QRIS workgroup.

#### **D. Update on Cabinet's RBA and Appropriations Testimony**

The Cabinet presented to the Appropriations Committee on Feb. 7<sup>th</sup>, population and system templates for Goals I and II and the Power Point Presentations made to the Appropriations Committee are all online<sup>5</sup>. The presenters and presentations were well received by the Appropriations Committee.

#### Cabinet Discussion

Rep. Andy Fleischmann apologized that he was not present at the RBA presentation but noted that he had sent along questions to RBA Subcommittee Chairperson Representative Diana Urban to be asked on his behalf. He asked if there were curves that the Cabinet could point to that have started to turn or could be expected to turn in the near future.

Gruendel mentioned that it was unlikely that we would see dramatic changes quickly. However, two curves on the population side for Goal One did show change this year. One curve was good – reduction in low birth babies. Other curve was bad – increase in births to mothers who do not have a high school degree. On the “system side” there has been demonstrable progress in the level of community investment, expansion of RBA, and management of our evolving system. We also know that we have problems with data and data sharing and also think we can turn the curve here in the next couple of years.

McQuillan reported that Goal II population trends were alarming with regards to student attendance and reading achievement. He noted that much work is needed to turn the curve on these indicators. Fleischmann noted that in order to turn a curve, a group must have policies and a process by which to implement them. He is concerned that the Cabinet is picking population indicators – such as teen mothers and children’s attendance at school – where it may not have policies to affect the necessary change.

McQuillan responded that these population and system indicators came from Cabinet agencies and that we do have programs within departments designed to address them. He agreed that many measures and indicators are in formative stages because they are new. RBA indicators such as attendance and reading performance will move us to discuss essential policies. He suggested we are gaining -- not losing -- focus. Gruendel added that no single body could take on these issues by themselves, which is why the Cabinet is the appropriate venue for this work.

Dr. Barry Goff of the Charter Oak Group reported on upcoming subcommittee RBA follow-up schedules and procedures related to individual Cabinet agencies.

#### **E. Goal I – First Words, First Steps Update and Next Steps<sup>6</sup>**

Peter Palermino, representing Cabinet member and DSS Commissioner Michael Starkowski, reported that the Goal I Infant-Toddler systems working group continues to update and finalize the *First Words, First Steps Systems Framework*. He noted that there are actions that can be taken without a lot of new dollars. As one example, DSS is in the final stages of completing the early learning guidelines and will request support the Cabinet in dissemination of the guidelines.

Elaine Zimmerman, Commission on Children, reviewed the recommendations from the working groups - organized by eight core areas: maternal health; family support; physical and mental health; early screening and prevention services; child poverty reduction; early care and education; early literacy; and systems innovation. A complete list of all 44 recommendations is included at the end of the minutes. Zimmerman reported that the object of Cabinet action today is specifying a process for prioritizing among the 44 recommendations. She recommended that there be a subcommittee led by the RBA consultants, Bennett Pudlin and Dr. Goff, to propose a priority-setting methodology and report back to the Cabinet.

#### Cabinet Discussion

Dr. Meyers asked about the appropriate time frame and strategy for policy/budget recommendations related to Goal I and II related to the legislative session. Gruendel responded that the process is as follows:

- Devise a process for prioritizing and report back to the Cabinet on March 10th
- Set Cabinet priorities among the 44 recommendations in March or April

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<sup>5</sup> Online at - <http://www.ecpolicycouncil.org/cabinet.php> under Feb. 11th meeting materials

<sup>6</sup> Online at - <http://www.ecpolicycouncil.org/cabinet.php> under Feb. 11th meeting materials

- Transmit the top priorities to the Governor’s Early Childhood Research & Policy Council for fiscal analyses
- Upon completion, expected to take several months, Council returns findings to the Cabinet for review and action
- Cabinet prepares materials for discussion with OPM and the Governor related to development of the next biennial budget proposals.

Zimmerman wanted to state for the record that individuals on the Cabinet or in the audience could propose actions or promote policies from within the Goal I or II frameworks during the current legislative session if they thought it would be beneficial. She cautioned about the risk of trying to design a perfect model and ultimately missing the current legislative session.

Action Steps

A subcommittee led by the RBA consultants, Bennett Pudlin and Barry Goff, is to be formed, devise a method of prioritization and report back to the Cabinet. A report of progress will be made at the March Cabinet meeting.

**F. Goal II K-3 Systems Framework Second Reading**

SDE Associate Commissioner Charlene Russell-Tucker and Elaine Zimmerman presented the second “reading” of the Goal II *K-3 Systems Framework*. There are six key interrelated components: Reading Achievement; Health and Safety; Family and Community Involvement; Highly Effective Staff; Connected Students, Engaging Schools; and Leadership in Creating a Professional Learning Environment<sup>7</sup>.

1. Reading Achievement

Research indicates that if children do not become proficient readers by age eight, there is a greater likelihood that they will be struggling readers throughout the rest of their school careers and into adulthood (Lyon, 1996). The National Institute for Literacy reports that 43 percent of individuals with the lowest literacy skills live in poverty, and approximately 70 percent of prisoners’ function at the bottom two out of five literacy levels (National Adult Literacy Survey).

Numerous national and state level analyses of reading achievement indicate that there is a high cost for reading failure. Connecticut’s alarming achievement gap means that this failure is most acute in communities with high proportions of poor and minority children. But reading failure affects all Connecticut communities because it translates into citizens who cannot fully participate in society or the workplace. With renewed urgency, Current strategies and practices employed to increase reading scores have not produced acceptable results, and it is time to move forward using the best educational research to devise an innovative, comprehensive, and coordinated plan for improvement.

The legislature has given the State Department of Education broad new power to ensure accountability and to intervene in school districts in need of improvement. Each district and school should be accountable for reading achievement and should immediately implement and enforce the new statewide education accountability plan. Critically, we need to ensure that all teachers have the content knowledge and pedagogical skills needed to be effective teachers of reading and that faculty members at Connecticut’s institutes of higher education employ proven, research-based methods of instruction.

What else would we like to measure?	Key Policy Recommendation	What else will it take to do better?
% of teachers whose students make significant gains in ready	Implement a comprehensive test of content knowledge and pedagogy in the science of reading for all new elementary school teachers as a condition of certification.	Implement and enforce the statewide education accountability plan, which includes quality reviews of schools and the use of corrective action plans for those schools in need to improvement, to ensure that all schools are teaching all students to read.

<sup>7</sup> Online at - [http://www.ecpolicycouncil.org/docs/2008-2-11/Goal\\_2\\_6\\_Areas\\_of\\_Strategic\\_Focus.pdf](http://www.ecpolicycouncil.org/docs/2008-2-11/Goal_2_6_Areas_of_Strategic_Focus.pdf)

2. Health and Safety

According to Maslow's hierarchy of needs, health and safety are the most critical elements to human beings. If these basic needs are not met, then higher order skills can not be accomplished. As the American Cancer Society points out in its *National Action Plan for Comprehensive School Health* (1992), "Children who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind."

Unfortunately, many of the communities in Connecticut where children are not making adequate educational gains are the same communities where health disparities such as low birth weights, infant mortality, asthma and other chronic conditions are prevalent. According to the report, *How are Student Health Risks and Resilience Related to Academic Progress of Schools? (WestEd 2004)*: "Policies and practices focusing exclusively on increasing test scores while ignoring the comprehensive health needs of students are almost certain to leave many children, and many schools, behind." Therefore, in our state's effort to close the growing achievement gap, bold new policies and strategies that center on the school's critical role in identifying and addressing the health and safety needs of all students must be incorporated into the plan.

<i>How Are We Doing?</i>		
The best single indicator of the health of young children is the percent of children who have a medical home, that is, who receive the majority of their care from a single provider. We do not yet have the ability to report this indicator, and it is the highest priority for the Health and Safety Data Development Agenda. The best proxy indicator that we can currently report is the percent of children uninsured.		
<b>What would we like to measure?</b>	<b>Key Policy Recommendation</b>	<b>What else will it take to do better?</b>
% of children with a "medical home," that is, who receive the majority of their care from a single provider	Implement comprehensive health care services within schools that include school-based health and dental centers to serve children who are at-risk; and ensure adequate numbers of school health and mental health providers (e.g., school nurses, social workers, psychologists, and counselors) based on national recommendations for staffing ratios.	Require all school districts to address the physical, social, and emotional needs of students by implementing the Coordinated School Health approach and incorporating the policy recommendations and requirements identified in the State Department of Education's <i>Guidelines for a Coordinated Approach to School Health and Action guide for School nutrition and Physical Activities Policies</i> .

3. Family and Community Involvement

More than three decades of research have shown that family involvement improves student learning. This is true whether the child is in preschool or high school, whether the family is affluent or poor, and whether or not the parents finished high school (Henderson & Mapp, 2002). When families are involved, students are more likely to: earn higher grades and test scores and enroll in higher-level programs; be promoted, pass their classes, and earn credits; attend school regularly; have better social skills, show improved behavior and adapt well to school; and graduate and go on to postsecondary education. *These effects are greatest for low-income children.*

In Connecticut, some children are at risk for educational failure solely because of the circumstances in which they are growing up. Poverty, teen pregnancy, high school drop out rates, lack of parenting skills and resources, neighborhood crime and lack of community supports (such as family resource centers), transportation and child care are all barriers to families and communities providing the support that children need to succeed in school. If we are to work toward closing the achievement gap in Connecticut, we must provide families and communities with the resources they need to support children's achievement in school.

***How We Are Doing?***

Research has shown that mothers' literacy level is one of the best predictors of the success of young children. We cannot yet report on the literacy level of the mothers of children in K-3. We can report the percent of births to mothers who have not completed high school.

What would we like to measure?	Key Policy Recommendation	What else will it take to do better?
% of children with a caring adult in their lives	Prevention is far more effective than remediation. We must ensure that high school students stay in school and graduate. We must provide programs for teen mothers and their babies so that the mothers can complete their education and their babies get off to a good start.	Increase family literacy, including mothers' education levels, knowledge of child development, and strategies for supporting learning at home

**4. Highly Effective Staff**

To address the concerns in reading achievement mentioned previously, three school-level factors are essential:

- highly effective staff
- a positive school environment, and
- leadership.

The quality of teachers and support service professionals, as well as their racial, ethnic, and linguistic diversity, are critical components to be considered when seeking to improve student outcomes and close the achievement gap. Knowledge of the elementary content areas (reading/language arts, math, science and social studies), culturally-sensitive pedagogy and methodology are all foundational components that a highly skilled teacher or support service professional must possess.

These skill sets are not the only components, however. Teachers must also be able to:

- develop a positive classroom climate that is conducive to learning for all students
- use differentiated teaching strategies for students with various learning styles and needs, and
- assess and determine areas in need of improvement for each individual child.

Continuous enhancement of educators' skills is required if we are to appropriately address the individual learning needs of all students, improve student outcomes, and begin to close the achievement gap.

***How We Are Doing?***

The best single measure of whether staff is highly effective is the percent of teachers who employ written instructional plans for each student based on their individual performance on standardized tests, as well as on formative assessments. We cannot yet report this measure, and it is a priority for the Highly Effective Staff Data Development Agenda. The best proxy measure that we can report at this time is the percent of teachers who have an advanced certificate in reading and language arts and who are serving as coaches to their fellow teachers.

What would we like to measure?	Key Policy Recommendation	What else will it take to do better?
% of teachers using written instructional action plans for each student based on individual performance on standardized tests and formative assessments	Create a performance-based assessment system for the state to use in evaluating teacher preparation programs at higher education institutions that explicitly links the state's program approval to the following outcomes:  The mastery of evidence-based teaching	Ensure that evidence-based practices for raising student achievement are fully incorporated into teacher training programs and ongoing professional development. This requires establishing a framework of performance-based accountability for teachers and

	<p>techniques by pre-service graduates of each higher education institution;</p> <p>The ability of program graduates to demonstrate longitudinal performance gains on state mastery tests for the students they teach;</p> <p>The qualifications and demonstrated competencies of higher education faculty in teacher preparation programs, with the requirement that all teacher preparation faculty demonstrate proficiency within three years on the state's new mastery test of evidence-based instruction techniques for raising student achievement, including the achievement of ethnically and linguistically diverse learners.</p>	<p>teacher training institutions that is validated by longitudinal student performance gains disaggregated by teacher and by training institution.</p>
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5. Connected Students, Engaging Schools

Young children must be engaged in their initial years of schooling as a precondition for academic and social success. School climate is a key determinant of their level of attention and participation. Children who are not physically or emotionally present cannot learn. When children perceive they are part of the school and feel physically, emotionally and intellectually safe, they are happy to be there. When they feel they are treated fairly by adults in school and feel that the adults care about them, they are ready to learn. A positive climate is an indispensable precondition for realizing high achievement and social success.

When children are disengaged, their physical and emotional attendance is sacrificed. They must be in school to learn; it is thus of fundamental importance to ensure their physical as well as their emotional attendance. Creating a positive, welcoming and engaging school climate does not alone guarantee student success. However, no matter what else is happening in the school to support student achievement, negative and toxic school climates will, at the very least, undermine and diminish academic and social success and, at the worst, cause student failure.

<i>How We Are Doing?</i>		
<p>At this time, we are unable to present data on any meaningful measures of school climate. The best single measure is the percent of children who report that they have a caring adult in their school. We cannot yet report on that measure and it is a priority for the Data Development Agenda for Connected Students, Engaging Schools. The best proxy measure that we currently report is the number of children committing a disciplinary offense in 2006.</p>		
What would we like to measure?	Key Policy Recommendations	What else will it take to do better?
<p>% of students who identify a caring adult in their school</p>	<p>Require all school districts to administer and report to SDE the results of school climate survey data, including: Schools reviewing their results and developing an action plan informed by the data; Schools reviewing, revising, and implementing their positive school climate plans, including the chosen evidenced-based models</p>	<p>Require all schools to adopt evidence-based models of positive school climate.</p>

6. Leadership in Creating a Professional Learning Environment

Strong leadership emerges as the most fundamental common element in the increasingly extensive research on what it takes to create schools where adults work together collaboratively to ensure that all children learn. This critical component of Connecticut’s early childhood strategy leads us to recognize certain essential attributes that our children need in their school leaders:

- Entrepreneurial visionaries with a commitment to transforming the system in which they operate into a community that delivers results for all children
- Knowledgeable instructional leaders, conversant in the growing body of evidence-based instructional practices for raising student achievement
- Gifted coaches and facilitators with the interpersonal skills to foster an atmosphere of collaboration and trust in which all staff members are continuously developing their professional skills.

For Connecticut’s existing and emergent school principals to realize their potential as transformative leaders along these lines, they will need a framework of state and district policy that fully supports this vision by fostering both autonomy and accountability—giving school leaders the scope to exercise their talents and the requirement to deliver results. We also need new ways of recruiting, training, and certifying an ethnically and linguistically diverse pool of the most talented new leaders for our schools while at the same time providing the best re-training professional development for existing administrators. We have powerful examples in Connecticut of schools making significant improvement in the achievement of the poorest children. We need to take advantage of what is documented to work under the most adverse conditions and empower a new generation of leaders to transform our schools into communities where all the professionals learn and grow together so that their students can be successful.

*How We Are Doing?*

The best single measure of leadership in creating a professional learning community is whether principals have the autonomy they need in a variety of areas that have been proven to enhance student performance, including hiring and assignment of staff and control over resources. We cannot yet report this measure, and it a priority for the Data Development Agenda. The best proxy measure we can currently report is the average number of days absent per teacher. Leadership creates empowered, engaged teachers who are rarely absent.

<b>What would we like to measure?</b>	<b>Key Policy Recommendations</b>	<b>What else will it take to do better?</b>
<p>% of principals who report having sufficient autonomy to implement the promising and proven practices that have been shown to close gaps between socio-economic groups and dramatically raise achievement levels for all students.</p>	<p>Create an alternate route for principal and superintendent certification (ARC) that functions in conjunction with a new School Leadership Institute to facilitate the recruitment and training of highly talented, diverse, and motivated professionals from a variety of fields. For principal ARC candidates, establish admission criteria of career experience including at least two years of classroom teaching. Establish ARC graduation requirements for both principals and superintendents to include demonstrating mastery-level knowledge on an assessment of evidence based instruction techniques for all students.</p>	<p>Revamp recruitment, training and certification of racially, ethnically, and linguistically diverse principal candidates; ensure that all new and existing elementary school leaders can effectively oversee the implementation of evidence based instruction techniques and that they create professional learning communities for raising student achievement in every classroom under their supervision.</p>

Cabinet Discussion

In reference to reading achievement and the proper training to teach reading, Rep. Fleischmann reported that Haskins and other reading experts have identified 5 key competencies that a teacher must have to be effective, but that we have higher education programs in CT that only teach one of the key competencies. In the *K-3 Systems Framework*, what kind of outreach to programs will address this? Zimmerman responded that we need a pre-service test to evaluate the 5 reading competencies and make sure teachers of reading are teaching what research demonstrates to be effective.

Deputy Commissioner Norma Gyle noted that in the K-3 report, access to a medical home is the highest priority for the health and safety data development agenda. Noting physician resistance to this, she suggested if we could get understand which doctors are willing to be a medical home, it would be easier to count the numbers of children they are serving.

Rep. Bye reported her concern that teachers are trying to teach children to read without focusing on vocabulary. She suggested infusing the construct of vocabulary and comprehension development within the K-3 draft. Zimmerman thanked Bye for her feedback and requested that Bye work with the Goal I B-3 co-chairs to address this.

Bye also questioned whether the reference to ensuring high school completion is specific to teen parents. Zimmerman reported that the committee intended it to be girls at risk, including but not limited to those who are already teen parents.

Dr. Meyers suggested having a stronger coupling around medical home, school-based health services, and the use of health insurance as a measure. She said she would be happy to work with the group to do this.

Commissioner Hamilton reported that she was pleased to see that the K-3 Framework treats students' educational success holistically. She expressed an interest in examining the school-based health clinic model in more detail, to determine how to link it with access to appropriate mental health services to foster care children through the schools

Gruendel noted that the report could be strengthened with greater attention to afterschool programs. She also indicated that our RBA data reveals most of the students committing a disciplinary offense are within the 19 Priority School Districts. Finally, she noted that 40% or more of Connecticut's teaching staff will retire within the next five years, and we should view this as an opportunity to think about the next round of teachers who are coming in to teach our children.

Fosco asked about leadership and clarification of using teacher attendance as an indicator. She commented that Professional Development would be captured in this. McQuillan suggested that teacher attendance is not the best proxy and that tighter measures are required.

#### Public Comment

Mary Burnham, The Children's Center of New Milford, cautioned the Cabinet to "do one thing right" and to focus on the first year of life.

Juleen Flannigan, Education Connection and the Early Childhood Alliance, suggested we need greater involvement of providers, superintendents, and principals in this work going forward. Noting the proposed \$1.8 million cut in preschool services, Juleen also urged that the Cabinet not lose sight of work already done related to the Preschool Expansion Plan.

#### Action Steps

The Cabinet accepted the six key strategic areas of the *Goal II K-3 Systems Framework*. A subcommittee led by the RBA consultants, Pudlin and Goff, will develop a method of prioritization and report back to the Cabinet.

### **G. Preschool Expansion Update**

SDE Early Childhood Bureau Chief Harriet Feldlaufer and Cabinet staff member Marcus Rivera provided an update on the *Preschool Expansion Report*, transmitted to the Appropriations Committee on February 1, 2008. The addendum to the Preschool Expansion report was requested at the January Cabinet meeting. The Addendum will include:

- Adding a DSS preschool slot analysis by town;

- Examining existing funds for 19 Priority School Districts and the 44 Competitive Districts based on the ratio of poor students in each of CT's municipalities and proposing a "public policy solution" based on this ratio analysis and an analysis of PSD funds and slot utilization over the past 10 years;
- Determining the cost to appropriately fund all children in poverty in SR programs in Priority and Competitive districts and all other towns (using the poverty ratio noted above); and
- Determining the cost to fund the proposed new SFY 09 slots in Competitive Municipalities on a slot basis of \$8,514 full-day
- Analyze rates for other slot types as determined by January 2008 CM survey.

The Office of the Cabinet and SDE's Bureau of Early Childhood are currently working to finalize this addendum.

### Cabinet Discussion

Gruendel noted that, during the RBA presentation, Cabinet leadership stressed the need for legislative commitment to a multi-year process of growing this out. She cited the presence of a 20-year transportation plan one example where the State of Connecticut has made a specific multi-year legislative fiscal commitment.

Rep. Bye questioned whether the report recommend increasing rates versus expanding slots, and expansion in both Competitive Districts as well as Priority Districts. Rivera and Feldlaufer responded that the scenario presented would institute a rate increase to \$8,514 for both Priority and Competitive Districts, as well as continued expansion in Priority School Districts. Another element of the scenario was the transfer of unallocated SRP funds from PSD's to CSD's and development of a pilot in which funds follow the child (e.g., portability). This was noted as key for families where they work in one community and live in another.

Rep. Bye also noted that money is not going proportionality to the poor children. She suggested that Commissioner McQuillan (SDE) and the Cabinet think of other ways to increase expansion in the Competitive Districts. Rivera noted that several innovative strategies to accomplish this will be identified within the PK Facilities Plan.

Morgan noted that the Cabinet should examine poverty status utilizing both Title I district data and data from the Free and Reduced Price Meals program. We should look at how to equalize preschool access throughout the State.

### Action Steps

The Office of the Cabinet will finalize the addendum and send it to the Appropriations Committee, Cabinet members, the Governor and post the report online.

## **H. Commonwealth Grant Application**

Meyers reported that the Commonwealth Fund may be funding Connecticut to serve as a national Technical Assistance Center for the expansion of *Help Me Grow* across the United States. Gruendel noted that expansion of Help Me Grow in Connecticut was one of the Cabinet's top 10 priorities and one of the key priorities of the Infant-Toddler plan, but that it did not receive funding in the SFY 08 and 09 budgets. As the Cabinet examines its budget and expenditures in March, we may wish to look at this and other high priority areas as possible investments.

## **I. Kellogg Foundation PreK-3 Institute Update**

Gruendel reported that Connecticut was approached by the Kellogg Foundation's early childhood Initiative to partner on an initiative focused on PK-3 transition and alignment issues. For us, it can serve as the "bridge" between the Cabinet's Goals I and II. With the Governor's approval, Connecticut will partner with the Kellogg Foundation to host a learning institute on PreK-3 transitions later in May. Gruendel will keep the Cabinet posted going forward.

## **CERC Strategic Communications Update**

Jessica Andrews, Cabinet Staff, provided an update on Strategic Communications. The Cabinet and Council have engaged with the CT Economic Resource Center (CERC) under a blanket contract with the State of CT to assist with development of strategic communications plan and to redesign and host the Cabinet/Council website. To date CERC has hosted a one-time brainstorming session with several individuals/organizations that have a stake in the EC Investment

Initiative. CERC will also be coordinating two formal off-site parent focus groups at the end of February/early March in order to get feedback from the consumer sector. The formal Strategic Communications Plan will be completed by the end of June.

Work on a redesigned website for the Early Childhood Investment Initiative has also begun through CERC, and a logo and newsletter template will be designed. We expect to be able to show some formats to the Cabinet in March, and to have the new website operative within 60 days. Andrews noted that CERC is wonderful to work with. This new working partnership also moves the early childhood investment work closer to CT's economic development processes and agencies.

**J. Other Cabinet Items**

Gruendel noted that during the RBA Cabinet presentation she requested for the 2<sup>nd</sup> year that the parent representation be added to Cabinet membership.

Morgan asked for a status update on the Cabinet's Standing committees. Gruendel responded we have agreed to the establishment of the Standing Committee on Accountability and on Building Local Capacity. Proposals for the other two standing committees under discussion will be addressed in the next Cabinet by-laws consideration.

Dr. Meyers reported that the Children's Fund of CT has approved \$100,000 to contribute to the work of local community grants, for communities to include a health component in their developing strategic plans. These private funds will be matched by the Graustein Memorial Fund. This represents another substantial co-investment in the Cabinet's work.

**K. Meeting Adjournment**

Next Cabinet Meeting: March 10, 2008

**Infant-Toddler Systems Framework Recommended Actions**

<b>Maternal Health</b>
1. Ensure access for women to pre-natal and postnatal physical, oral and mental health care services including lactation consultation, folic acid, BMI, breastfeeding, smoking cessation and oral health care.
2. Expand early intervention services to high risk children and families to prevent developmental, learning and emotional problems. (e.g. Child First in Bridgeport Hospital)
3. Provide state enhancement funds to strengthen and restore to low-income families access to nutritious food through the federally funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Connecticut.
4. Support the prevention of unplanned pregnancies by providing pre-conception and family planning education to teens and women of child bearing age including ensuring reimbursement for such services through Medicaid and private insurance.
5. Expand Healthy Start to serve more Medicaid pregnant women and review the current assessment tool used to align with the Medicaid Program
<b>Family Support</b>
6. Integrate the current diverse sets of family support programs into a network of family supports that recognizes the strengths and needs of the child and family and ensures a comprehensive continuum of services.
7. Ensure families have access to home visiting services for the first year of a child's life.
8. Provide access to parenting skills training for all first-time parents through education programs delivered by credentialed staff.
9. Establish a coordinated, statewide quality improvement program for kith and kin providers including innovation grants to communities.
10. Include course work on child and human development for all students in high school to provide critical knowledge to prepare youth for parenthood.
11. Increase support to the Fatherhood Initiative to ensure fathers have access to services and programs that support their active participation in the life of the child and family.
12. Support the Parent Trust Act that provides grants to local communities to foster civic engagement by parents.

<b>Physical and Mental Health</b>
13. Adopt the Child Health Services building block continuum of integrated services framework for a comprehensive health system. <ul style="list-style-type: none"> <li>• Support the implementation of the Medical Home model of primary care as recommended by the American Academy of Pediatrics and reimburse primary care providers for care coordination.</li> <li>• Train primary health care providers to include developmental monitoring as part of well child services.</li> </ul>
14. Ensure that children receive all of the well child services recommended by the American Academy of Pediatrics <ul style="list-style-type: none"> <li>• Disallow co-pays and deductibles for preventive pediatric services under commercial insurance</li> <li>• Expand HUSKY eligibility and enrollment so that all children have health insurance coverage</li> <li>• Increase funding for transportation for families in HUSKY to primary care appointments</li> </ul>
15. Fully implement EPSDT guidelines in Medicaid. <ul style="list-style-type: none"> <li>• Pay physicians for maternal depression screening and other family social risk factor identification</li> <li>• Change reimbursement policy to ensure payment based on medical necessity for mental health treatment rather than psychological diagnosis for infants and toddlers and two-year-olds</li> <li>• Provide and publicize payment for primary care providers to provide early preventive dental care and dental education.</li> <li>• Improve reimbursement for sub specialty health services under HUSKY for children with special health care needs</li> </ul>
<b>Early Care and Education</b>
16. Implement Early Learning Guidelines for infants, toddlers, and twos in all publicly funded settings to bolster quality.
17. Align the reimbursement rates of state funded centers providing care for infants, toddlers and two-year-olds with school readiness programs to promote universal access to quality early care for our youngest children.
18. Expand the responsibility of the Early Childhood Education Cabinet Workforce Development Plan to include individual licensing, credentialing and other training efforts to prepare and sustain the infant toddler workforce.
19. Increase infant care slots. Develop and maintain family child care networks which would employ family child care providers, placing two providers in one home to care for up to six infants and toddlers and twos.
20. Provide a community-based support system for unlicensed and licensed family child care providers.
21. Expand opportunities for paid family leave to promote connection and nurturance between parents and newborn babies and lessen the demand for formal infant care slots.
22. Promote social emotional health and development by reimbursement for mental health consultation in early care and education settings.
<b>Early Literacy</b>
23. Create a coherent and coordinated early literacy strategy to reverse the reading crisis in Connecticut. Utilize research-based practices in developing a continuum of strategies from birth to third grade.
24. Develop pre-literacy training opportunities for parents and providers on how children develop vocabulary and other early language skills.
25. Facilitate reading programs in state prisons so that both fathers and mothers can read to their children and give them books when they visit.
26. Include parents as partners in their child's education through support of opportunities and enhancement of family literacy skills such as Reach Out and Read in pediatric practices.
27. Promote two generational early literacy strategies that include both the child and parent through home visitation programs, libraries, child care providers, pediatricians and birth to three programs.
28. Expand the role of public libraries in outreach strategies to parents with infants, toddlers, and twos and informal and formal child care.
29. Allow parents who are not literate and on welfare to utilize adult literacy training as a portion of their required work hours.
<b>Early Screening Assessment and Intervention</b>
30. Expand the Birth to Three program to include children birth to three with mild developmental delays and environmental risks.
31. Enhance the capacity of Child Development Infoline and Help Me Grow and support universal use of Ages and Stages Program.
<b>Child Poverty Reduction</b>
32. Support and implement the priority recommendations of the Child Poverty and Prevention Council.
33. Establish a state wide initiative for first time parents on Temporary Family Assistance to assess educational needs and provide appropriate services to assist them to become economic self sufficiency.
34. Incorporate into the local capacity building grants specific child poverty reduction strategies.
<b>Systems Innovation</b>
35. Establish interagency agreements among Departments of Health, Social Services, Education, Children and Families and the Children's Trust Fund to ensure all at risk infants and their families have access appropriate services including pre-natal care,

home visitation services, nutritious food and appropriate physical and mental health care for the mom and baby. Use as a model for master contract system's change.
36. Establish an inter-agency collaborative management committee of the Cabinet to oversee the infant toddler system's building and hire a project coordinator to staff the committee.
37. Set aside up to 10 percent of federal grant dollars for early childhood, child care, Head Start, maternal and child health and social services, to provide adequate supports to mothers and babies in the first three years.
38. Create a continuum of care that ensures universal service access supporting family strengths, including regional systems, or "hubs," connected to local neighborhood sites.
39. Require the local capacity building plans and School Readiness District plans to include a research-based literacy strategy to promote oral language and early literacy development.
40. Establish a state and local family support continuum to support family strength and function.
41. Establish and fund health and mental health consultation system for early childhood in a variety of settings.
<b>Data Development Agenda</b>
42. Establish annual administration of the Pregnancy Risk Assessment Monitoring Survey (PRAMS), a population-based surveillance system that measures maternal behaviors and experiences, such as vitamin use, experience of abuse, time of initiating prenatal care, experience of depression. PRAMS is currently administered in 37 states.
43. Fund and implement the Promoting Healthy Development Survey (PHDS) in Connecticut as the state's tracking tool on the developmental experiences of families. PHDS is a parent survey that assesses whether young children age birth to three (under 48 months of age) receive nationally recommended preventive and developmental services.
44. Support the development of the Help Me Grow referral services database as a tool for identifying gaps in local service delivery for infants, toddlers and twos.