



HIGHLIGHTS

Keeping Children on the
Path to School Success:
How is Connecticut Doing?

April 2004



OVERVIEW

How are young children (birth to age 5) progressing toward success in school? It is a question that is piquing the interest of parents as well as policy makers and business leaders across the country because of the strong association between school success and lifetime achievement. Early learning and development set the stage for academic performance and help predict whether children will go on to drop out of high school, be dependent upon welfare, or commit crimes versus becoming healthier, more productive members of society. This brief will begin to give us the answers to how Connecticut's young children are faring.

Preparing children for school success requires a multi-dimensional approach. Although learning ABCs and 123s is important, without good physical health and a strong foundation of social and emotional well-being, children are at risk for school failure. After all, barriers to learning come in all shapes and sizes, from delays in development to malnourishment to chronic fear of abuse. All must be considered and addressed if Connecticut is earnest in its desire to help all children succeed in kindergarten and beyond.

The emphasis on the first five years of life is critical in preparing children for school success. Research strongly supports this assertion. The Institute of Medicine's ground breaking report, *From Neurons to Neighborhoods*, explains “[f]rom the time of conception to the first day of kindergarten, development proceeds at a pace exceeding that of any subsequent stage of life...What happens during the first months and years of life matters a lot...because it sets either a sturdy or fragile stage for what follows.”

Fortunately, research has also shown that during this period of rapid development, children are responsive to well-designed and implemented interventions that address setbacks caused by poverty, physical and behavioral health problems and other threats to healthy development. The challenge for policy makers and program administrators is identifying the children in need of services and targeting funds efficiently so that these children are helped and put back on a trajectory for success.

Good physical health and a strong foundation of social and emotional well-being are cornerstones of school success.







ABOUT THE INDICATORS

Using data that concentrate on young children in Connecticut helps to determine who is at risk, how effective state services are, and where opportunities for improvement exist. To develop these data, Connecticut teamed up with the national “School Readiness Indicators Initiative” through funding from the David and Lucile Packard Foundation.

Guided by research on what helps and hinders children’s preparedness for school, the Connecticut Early Childhood Indicators Team developed a set of 25 key indicators of progress. Thirteen of the 25 indicators are highlighted in this brief, each touching on a key component of school readiness. **A full factbook with more in-depth analysis and town-level data for most indicators will be published later this year.**

The indicators are grouped into five domains. These domains parallel five policy goals that represent important stepping stones to school success:

- Health and Child Development**  All children are healthy
- Safety and Child Welfare**  All children grow up in safe, stable and nurturing homes
- Economic Stability**  All children live in economically self-sufficient families
- Early Care and Education**  All children have access to quality early care and education
- Ready Schools**  All children attend schools that continue to support their learning and development



Indicators are a tool for monitoring needs and efficiently targeting resources – a compass for keeping children on the path to school success.



CONNECTICUT AT-A-GLANCE: HOW ARE OUR YOUNG CHILDREN DOING?

Connecticut's young children are vulnerable –

- They make up 42% of the children on welfare.
- They represent $\frac{1}{4}$ of the children in foster care.
- They suffer the highest rate of child deaths.

They are victims of poverty and racial/ethnic disparities –

- One in ten young children lives in poverty.
- Most young children in poverty are minorities.
- The poor and minorities experience substantially higher rates of low birthweight births and births to teen mothers, though teen pregnancy is declining statewide.
- Students in poor communities score far below their more affluent peers on 4th grade mastery tests.

They have special needs and potential –

- While more young children are insured under the state's HUSKY program, a large number are not receiving preventive care.
- Connecticut has made real strides in improving access to quality early care and education. However, there are still not enough programs that meet quality standards. Licensed and accredited infant and toddler care is in very short supply.

Additional data is needed to develop indicators on other key factors influencing children's early development, particularly social and emotional health.





CLEARING THE PATH TO SUCCESS

Young children are resilient. With well-designed and implemented interventions, policy makers and program administrators can help children who are falling behind catch up to their peers. Intervention should target:

- **Foster care** – 1,600 young children in foster care need permanent placement in safe, stable and nurturing homes.
- **Poverty** – nearly 30,000 young children live in poverty and require comprehensive services to help counteract the many negative consequences of growing up poor.
- **Births to teens** – over 3,000 babies are born each year to teen mothers, highlighting the need to expand proven teen pregnancy prevention programs and support teens in their parenting role so their children can thrive.

- **Quality early care and education** – ensuring access to quality child care programs would help over 40,000 children each year reach kindergarten ready to learn.

Continued progress in promoting school success for all children in Connecticut requires:

- **New and better data collection** – these indicators provide a good starting point for tracking progress, but additional data is needed to develop indicators on other key factors influencing children’s early development (e.g. social and emotional health) and deepen our understanding of how all children in Connecticut are doing.
- **Tracking indicators over time** – trend data will help policy makers, administrators and the public determine the outcomes of their investments and how best to allocate resources.

ABOUT CONNECTICUT’S YOUNG CHILDREN

Of Connecticut’s 3.4 million residents, approximately 270,000 (8%) are children under the age of 6. Half of the state’s young children are concentrated in eight towns: Bridgeport, Hartford, Waterbury, Stamford, New Haven, Norwalk, Danbury and New Britain.

Approximately 70% of these young children live in married two-parent families. One in 5 young children lives in a single-parent family and nearly 1 in 10 lives with other relatives or non-relative caregivers.

Over two-thirds (68%) of young children in Connecticut (under age 5) are white, non-Hispanic. Hispanic and black children account for 15% and 12% of this population, respectively.

42,565 Infants
(under age 1)

86,090 Toddlers
(ages 1 and 2)

139,729 Preschoolers
(ages 3, 4 and 5)

Data Source: US Census, 2000

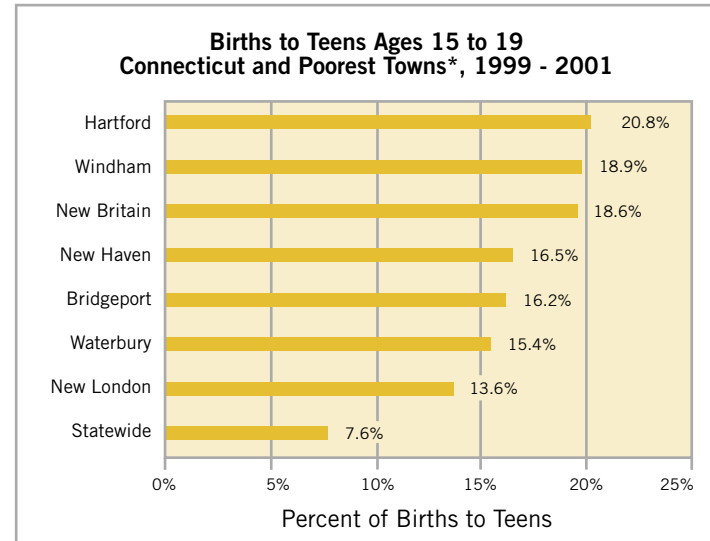


INDICATOR: Births to Teen Mothers

SIGNIFICANCE: Children born to teenage mothers are at a great disadvantage compared to children whose mothers delay childbearing. In many instances, teen mothers do not finish high school and lack the parenting skills necessary to foster healthy child development. As a result, children of teen mothers are more likely to experience health problems, live in poverty, and perform poorly in school.¹ In Connecticut and across the country, Hispanic girls are most likely to become teen mothers.

HEADLINES:

- In all but one of Connecticut's poorest towns, the percent of births to teens was at least twice the statewide average.
- Between 1999 and 2001 there were over 3,400 births to school-age girls under 18.
- One in five Hispanic children is born to a teen mother.
- Hispanic and black girls are more likely than white girls to live in poverty and to become teen mothers.



Data Source: Connecticut Department of Public Health, Provisional Registration Reports, 1999 - 2001.

Note: Town-level data available at www.dph.state.ct.us

*Poorest towns include those with over 15% of the population in poverty.

Although the percent of births to teens is declining, between 1999 and 2001 there were over 3,400 births to school-age girls under 18.

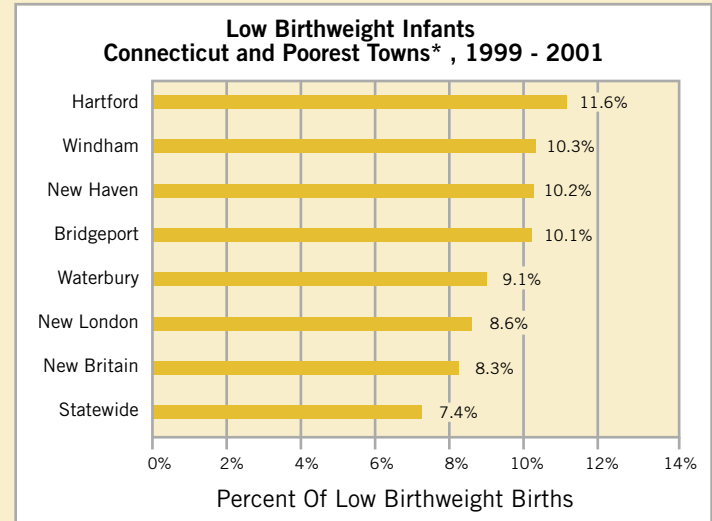


INDICATOR: Low Birthweight Infants

SIGNIFICANCE: Low birthweight (less than 2500 grams or 5 pounds 8 ounces) is a major determinant of infant deaths in developed countries. Compared to children born at a normal birthweight, low birthweight infants are more likely to experience physical and developmental problems,² to require special education classes or to repeat a grade.³ Nationwide and in Connecticut, there is a high prevalence of low birthweight births to black mothers and to mothers who smoke during pregnancy.

HEADLINES:

- One out of every ten babies born in Bridgeport, New Haven, Windham or Hartford is a low birthweight baby.
- Black women are twice as likely as white women to deliver low birthweight infants.
- Connecticut's overall percent of low birthweight babies (7.4%) is slightly better than the national average (7.6%).⁴



Data Source: Connecticut Department of Public Health, Provisional Registration Reports, 1999 - 2001.

Note: Town-level data available at www.dph.state.ct.us

* Poorest towns include those with over 15% of the population in poverty.

Although low birthweight births are more likely in poor towns, nearly 500 low birthweight babies were born between 1999 and 2001 in the wealthy towns of Fairfield, Glastonbury, Greenwich, West Hartford and Westport.



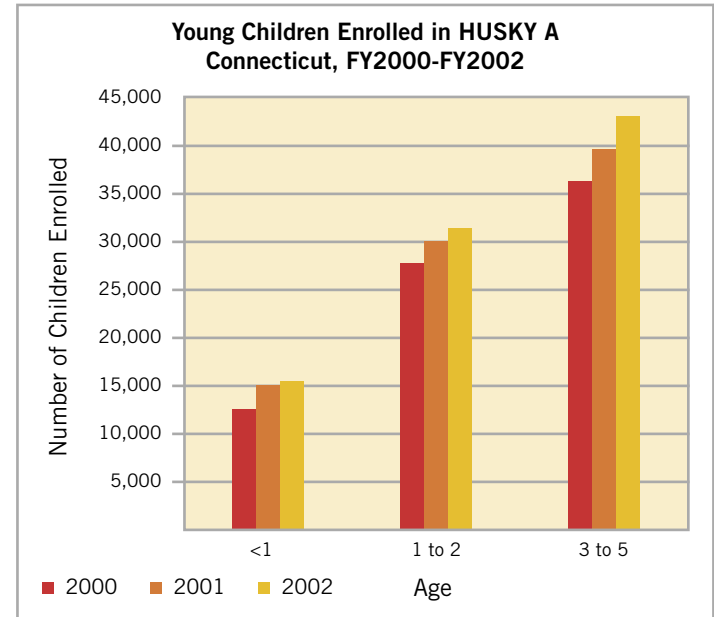


INDICATOR: Children Enrolled in Medicaid (HUSKY A)

SIGNIFICANCE: Children with public or private health insurance are more likely than uninsured children to receive preventive care and to have a regular source of medical care (also known as a medical home).⁵ A medical home is particularly important for young children to ensure they receive appropriate immunizations and monitoring of their development so they are healthy at school entry and beyond. Many low-income children in Connecticut receive health insurance through HUSKY A, the state's Medicaid program. However, there are still thousands of children under age 18 that are uninsured.⁶

HEADLINES:

- One in three HUSKY A enrollees is a young child (under age 6).
- HUSKY A enrollment increased for all age groups from FY2000 to FY2002, due in part to state enrollment outreach efforts such as the Covering Connecticut's Kids and Families Initiative.
- In FY2002, nearly 90,000 young children were insured through HUSKY A for some length of time, including 15,162 infants, 31,176 toddlers and 42,356 preschoolers.



Data Source: Connecticut Department of Social Services, CMS Form 416, FY2000 - FY2002.

Note: "Enrollees" include those insured through HUSKY A for any length of time in the given fiscal year (October 1 to September 30). Due to variations in length of enrollment, the reported number of enrollees tends to be higher than point-in-time estimates. The average length of enrollment during this time period was less than 10 months cumulatively per fiscal year.

One in three HUSKY A enrollees is a young child.



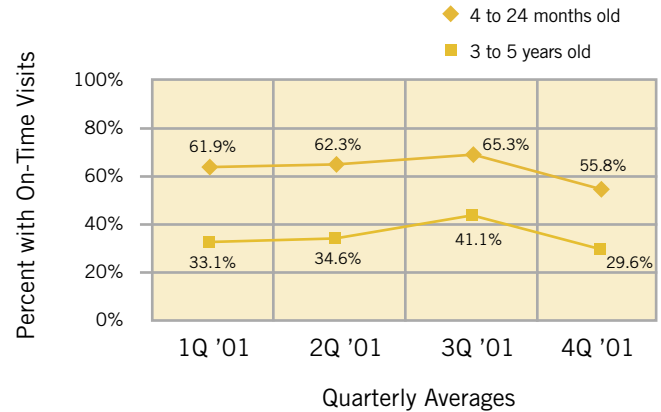
INDICATOR: Children Enrolled in HUSKY A Receiving Well-Child Visits on Time

SIGNIFICANCE: Preventive care is a critical part of keeping a child healthy and ready to learn, play and grow. Well-child visits that include immunizations and screenings not only help health care professionals diagnose and treat problems early, but they provide an opportunity for parents to learn how to support their child's healthy development. Without good health, children are more likely to experience delays in intellectual, physical, emotional and social development, which can hinder their chances for school success.

HEADLINES:

- On average, two out of three preschoolers enrolled in HUSKY A are not receiving timely preventive care.
- One-third of infants and toddlers enrolled in HUSKY A are not receiving timely preventive care.
- From January to December 2001, on-time well-child visit rates decreased slightly for young children enrolled in HUSKY A.

On-Time Well-Child Visits Among HUSKY A Enrollees Connecticut, 2001



Data Source: Children's Health Council, EPSDT On-Time Visit Rates, First - Fourth Quarter 2001.

One-third of infants and toddlers enrolled in HUSKY A are not receiving timely preventive care.



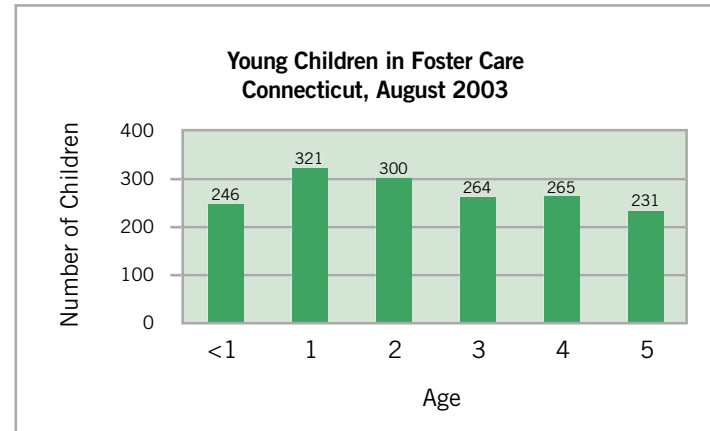


INDICATOR: Children in Foster Care

SIGNIFICANCE: Children in foster care are at great risk for poor outcomes in school and throughout their lifetime. Over half of young children in foster care experience developmental delays and many do not receive the health care they need. Foster children are also susceptible to emotional and behavioral problems given their living arrangements, which often lack stability.⁷

HEADLINES:

- One in four children in the foster care system is under the age of 6.
- In Connecticut, there are over 1,600 young children in foster care.



Data Source: Connecticut Department of Children and Families, as of August 31, 2003.



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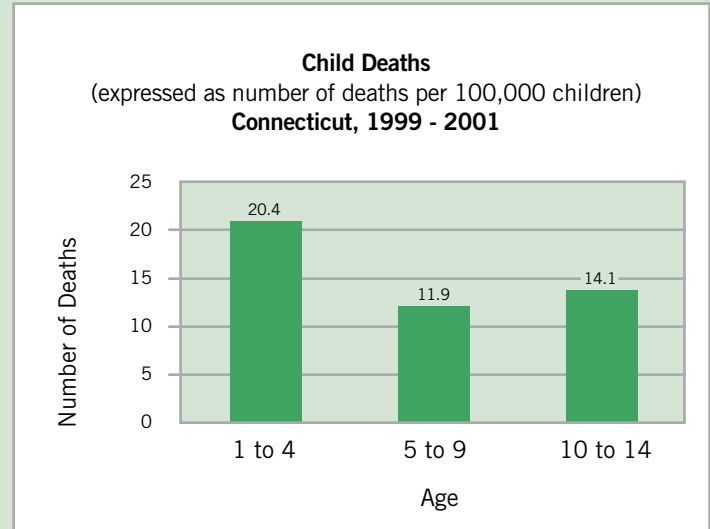


INDICATOR: Child Deaths

SIGNIFICANCE: The child death rate is a measure of the health and safety of children. Infant deaths are mostly attributable to health problems, while deaths to children age 1 and above are more likely the result of unintentional injuries (accidents). Unintentional injuries disproportionately impact young children, males, minorities and especially poor children.⁸ Disabilities that result from injury may impair a child's ability to learn and fully realize his or her potential.

HEADLINES:

- Accidents, including motor vehicle accidents, falls and drowning, are the leading cause of death among children ages 1 to 14.
- Between 1999 and 2001, the child death rate for children under 1 (i.e. infant mortality rate) was 6.3 deaths per 1000 births. Many of these fatalities are due to low birthweight, prematurity, birth defects and sudden infant death syndrome (SIDS).
- Connecticut's child death rate for children ages 1 to 14 has decreased over the past decade from 22 to 15 and is lower than the national average (22).⁹



Data Source: Connecticut Department of Public Health, Provisional Registration Reports, 1999 - 2001.

Note: The denominator used to compute the child death rate is the number of children in each age category according to the US Census 2000, multiplied by three to calculate the rate over three years (1999 - 2001).

Infant deaths are mostly attributable to health problems, while deaths to children age 1 and above are more likely the result of unintentional injuries.

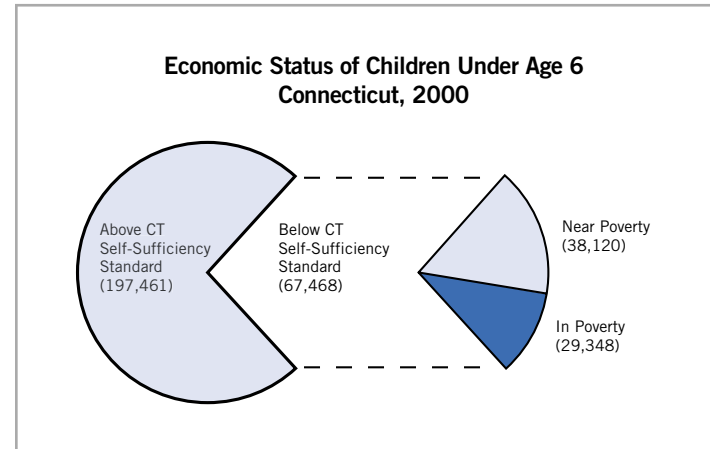


INDICATOR: Children in Poverty

SIGNIFICANCE: Children in poverty are extremely vulnerable. In contrast to children raised in more affluent homes, poor children are at risk for lower school achievement¹⁰ and a host of health and developmental problems¹¹ that can have negative effects that last a lifetime. Poverty disproportionately impacts young children, underscoring the need to address this problem so that all children can enter kindergarten prepared and excited to learn.

HEADLINES:

- One in four children under age 6 lives in a household with income below the Connecticut Self-Sufficiency Standard¹³ (an estimate of income required to afford food, shelter and other necessities).
- Pockets of poverty also exist in affluent towns, like Greenwich, where 200 young children live in poverty.
- Over 14,000 young children live in extreme poverty (below \$9,425/year for a family of four).
- Nearly 32% of Hispanic children under age 6 are in poverty, compared to 27% of black children and 4% of white children.¹⁴



Data Source: US Census 2000, Table PCT50

Note: Town-level data is available at www.census.gov

Definitions:

CT Self-Sufficiency Standard - An estimate of income required to afford food, shelter and other necessities. Approximately 200% of the federal poverty level.¹²

Near Poverty - 100 to 199% of the federal poverty level

Poverty - below 100% of the federal poverty level

Extreme Poverty - below 50% of the federal poverty level

Poverty disproportionately impacts young children, underscoring the need to address this problem so that all children can enter kindergarten prepared and excited to learn.

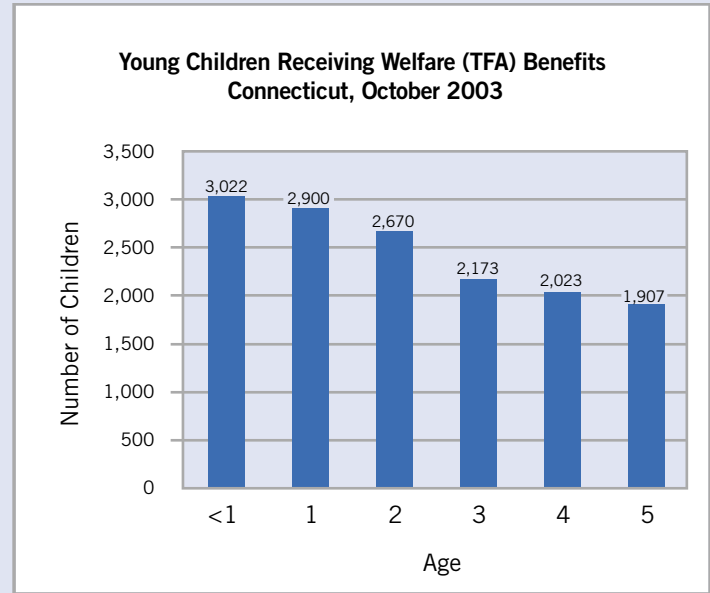


INDICATOR: Children Receiving Welfare Benefits (Temporary Family Assistance - TFA)

SIGNIFICANCE: The number of children in the TFA program is an indication of extreme child poverty in Connecticut as well as the extent to which poor families are receiving financial assistance. Families are generally eligible for TFA if their income is 40% or less of the federal poverty level. Parents that go to work can continue to stay on assistance until their income exceeds the poverty threshold or they reach their time limit for benefits (lifetime limit of 21 months with limited extensions). It is important to recognize that many children whose families are struggling financially are not eligible for TFA benefits.

HEADLINES:

- Children under age 6 account for 42% of all children (under age 18) on TFA.
- Approximately 15,000 young children are on welfare, compared to nearly 30,000 young children who live below the federal poverty level (\$18,850/year for a family of four).



Data Source: Connecticut Department of Social Services, Form 8017, October 31, 2003.

Approximately 15,000 young children are on welfare.



Stepping Stone 4: Early Care and Education



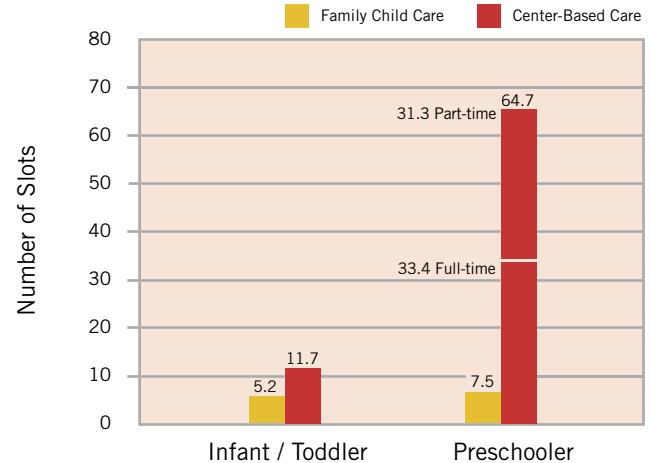
INDICATOR: Supply of Regulated Child Care

SIGNIFICANCE: The most basic measure of the child care supply is the enrollment capacity of regulated programs. Examining the total number of slots in relation to the potential demand is the first step in determining the adequacy of the child care supply. An adequate supply should enable parents to choose a program that meets their needs (e.g. cost, location, hours of operation) and provides a safe and nurturing experience for their children.

HEADLINES:

- Connecticut's supply of regulated child care for young children (under age 5) provides 23 full-time slots per 100 children.
- The supply is very uneven by age with as many as 72 slots per 100 preschoolers, 17 per 100 infants and toddlers and only 8 per 100 school-age children (5 to 12 years of age).
- Almost half of the preschool slots are in part-time programs that do not operate full day, full week and full year, making them more difficult for working parents to use.

Supply of Regulated Child Care
(expressed as number of slots per 100 children)
Connecticut, June 2003¹⁵



Data Source: Child Care Infoline, June 2003.

Note: Supply is estimated using enrollment capacity, which is the total number of slots a provider offers. Regulated programs include both licensed family child care homes, group homes and centers and centers operated by schools that are exempt from licensing.

Almost half of preschool slots are in part-time programs that do not operate full day, full week and full year, making them more difficult for working parents to use.



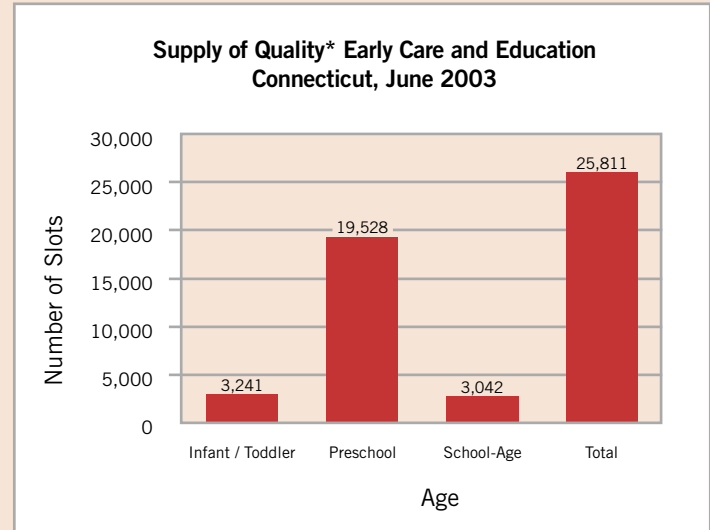


INDICATOR: Supply of Quality Early Care and Education

SIGNIFICANCE: Data is limited on the overall quality of early care and education programs in Connecticut. Various national agencies evaluate and accredit programs based on standards. Though there is variation in these standards, they are recognized to be higher than the state's licensing requirements, particularly in terms of staff qualifications and curriculum. These two factors along with the quality of the interaction between adults and children, adult to children ratios, and group size determine whether a program has the quality to help children develop and be successful in school.

HEADLINES:

- Overall, 455 of Connecticut's early care and education facilities have attained this measure of quality.
- Quality programs provide 28% of the regulated preschool slots, and only 16% of infant/toddler and 9% of school-age regulated slots.
- The supply of quality child care is six times greater for preschool children (ages 3 and 4) than for infants and toddlers or school-age children (ages 5 to 12).
- Connecticut has a much higher percentage of accredited programs than most states, due in part to the Accreditation Facilitation Project operated by the professional development program, Connecticut Charts-A-Course.



Data Source: Child Care Infoline, June 2003.

* Quality is defined as those programs that attained accreditation from the National Association for the Education of Young Children, Montessori (American or International), National Association of Family Child Care, or National School-Age Care Association and those that are Head Start or Early Head Start programs in good standing.

Only 21% of children in regulated child care are enrolled in programs designated as quality.

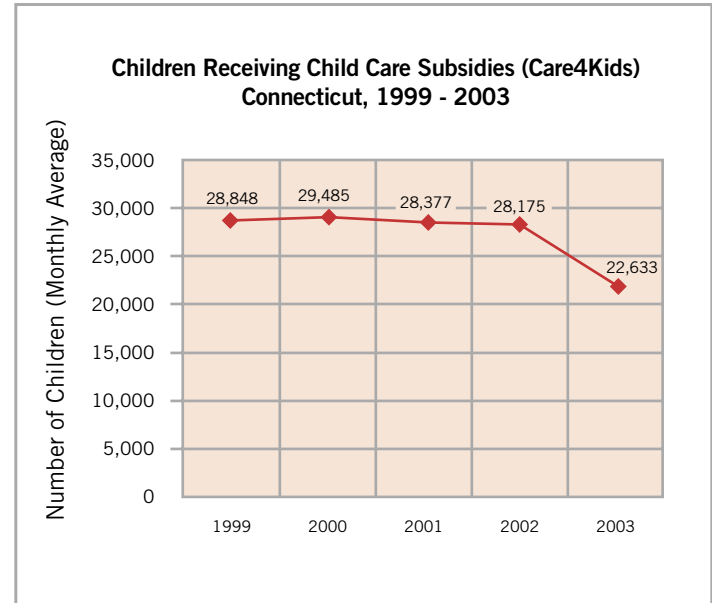


INDICATOR: Children Receiving Child Care Subsidies (Care4Kids)

SIGNIFICANCE: Connecticut's child care subsidy program (Care4Kids) is designed as a portable subsidy for low-income families (primarily those on welfare) who need child care in order to maintain employment. Teen parents and a limited number of families on welfare who attend school or training are also eligible. The number of children receiving Care4Kids subsidies is a reflection of the availability of supports for many working poor families with children.

HEADLINES:

- The number of children receiving subsidies peaked in 2000 (29,485) and has dropped every year since then to a five-year low of 22,633 in 2003.
- More than half of Care4Kids recipients are children under 5.
- Between 2002 and 2003, the number of children receiving subsidies decreased by 5,542.
- As of February 2004, over 10,000 families were on the Care4Kids waiting list.



Data Source: Connecticut Department of Social Services, Annual Reports to the State Legislature, 1999 - 2003.

Note: Care4Kids provides subsidies for eligible children ages 12 and under. A small number of children with special needs under age 18 also qualify.

In 2003, the number of children receiving subsidies dropped to a five-year low of 22,633.



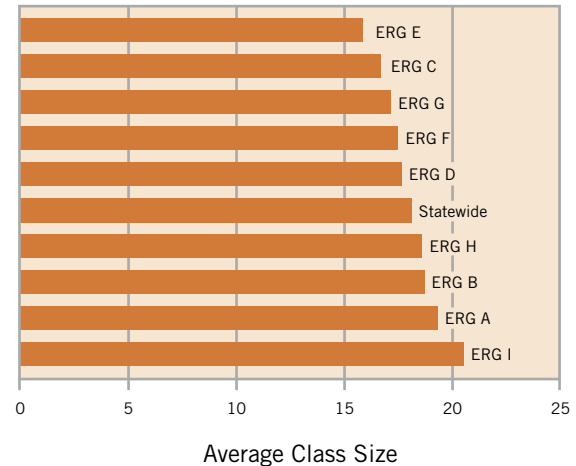
INDICATOR: Average Kindergarten Class Size

SIGNIFICANCE: School success not only requires that children are ready to learn, but also that schools are ready to support learning throughout a child's academic career. Monitoring class size in the early grades (K to 3) is one effective way to enhance learning. Research has shown that children – especially poor and minority children – in smaller classes (17 students or less) exhibit stronger academic performance than their peers in larger classes (more than 22 students).¹⁶

HEADLINES:

- ERG I, which includes Connecticut's poorest schools, had the highest average kindergarten class size – roughly 20 students per classroom.
- For school districts in ERGs H and I, which include most of Connecticut's at-risk children, average kindergarten class size varied from 16 to 24 children. These at-risk children are particularly vulnerable to the negative impact larger class sizes can have on academic development.
- The two wealthiest and poorest ERGs (A, B, H and I) had class sizes that exceeded the statewide average of 18.3 students per classroom.

Average Kindergarten Class Size
by Education Reference Group (ERG)*
Connecticut, 2002 - 2003 School Year



Data Source: Connecticut State Department of Education, Strategic School Profiles, 2002 - 2003.

*The state's 166 school districts and 3 academies are divided into 9 Education Reference Groups, based on socioeconomic status, indicators of need and enrollment. ERG A is the wealthiest and ERG I is the poorest.

Class size in kindergarten is a measure of how ready schools are to keep children on the path to success.





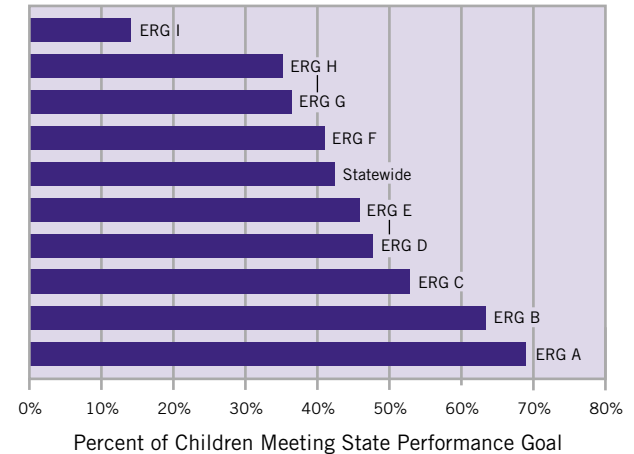
INDICATOR: Children Meeting State Goal¹⁷ for Connecticut Mastery Test (4th Grade)

SIGNIFICANCE: To assess how Connecticut is doing in promoting children's success in school, it is necessary to identify and track outcome measures. One measure of progress is students' performance on the Connecticut Mastery Test, a standardized test for reading, writing and mathematics. The following data offer a snapshot of where Connecticut is today and a tool for tracking school success in the future.

HEADLINES:

- In ERG I, which includes the Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury and Windham school districts, only 13% of children met the state performance goal.
- On average, less than half (42%) of Connecticut's 4th grade students are meeting the performance goals in reading, writing and mathematics.
- In the state's wealthiest school districts (ERGs A and B), roughly two-thirds of students are reaching the performance goals.

Student Performance on Connecticut Mastery Test (4th Grade) by Education Reference Group* Connecticut, 2002 - 2003 School Year



Data Source: Connecticut State Department of Education, Strategic School Profiles, 2002 - 2003.

*The state's 166 school districts and 3 academies are divided into 9 Education Reference Groups, based on socioeconomic status, indicators of need and enrollment. ERG A is the wealthiest and ERG I is the poorest.

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ENDNOTES

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² Hediger, M.L., Overpeck, M.D., Ruan, W.J., & Troendle, J.F. (2002). Birthweight and gestational age effects on motor and social development. *Pediatric and Prenatal Epidemiology*, 16:33-46.

³ National Education Goals Panel. (1997). *Special early childhood report*. Washington, DC: National Education Goals Panel.

⁴ Kids Count 2003 Data Book Online. www.aecf.org

⁵ Lewit, E.M., Bennet, C., & Behrmann, R.E. (2003). Health insurance for children: analysis and recommendations. *The Future of Children*, 13 (1): 5-30.

⁶ Current Population Survey, March 2003 Supplement, Table HI05.

⁷ Dicker, S., Gordon, E., & Knitzer, J. (2001). *Improving the Odds for the Healthy Development of Young Children in Foster Care*. National Center for Children in Poverty.

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¹⁰ Smith, J.R., Brooks-Gunn, J., & Klebanov, P.K. (1997). Consequences of Living in Poverty for Young Children's Cognitive and Verbal Ability and Early School Achievement. In Duncan, G.J. & Brooks-Gunn, J. (Eds.), *Consequences of Growing Up Poor*. New York: Russell Sage Foundation.

¹¹ Korenman, S. & Miller, J.E. (1997). Effects of Long-term Poverty on Physical Health of Children in the National Longitudinal Survey of Youth. In Duncan, G.J. & Brooks-Gunn, J. (Eds.), *Consequences of Growing Up Poor*. New York: Russell Sage Foundation.

¹² Canny, P. & Hall, D. (2003). *Child Poverty and Poverty Measures in Connecticut*. Connecticut Voices for Children.

¹³ Pearce, D. & Brooks, J. (1999). *The Self-Sufficiency Standard for Connecticut*. State of Connecticut.

¹⁴ US Census Bureau 2000, Tables P159B, P159H and P159I.

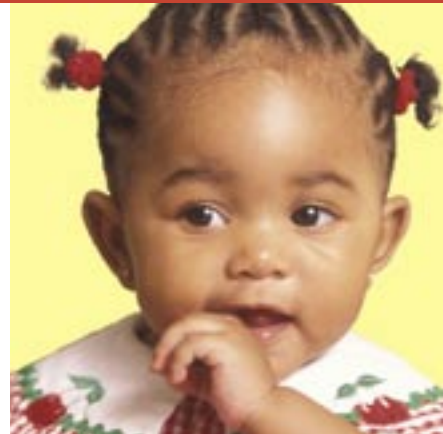
¹⁵ Infants/Toddlers are defined as under 2 years old in family child care and under 3 years old in center-based care. Likewise, preschoolers are defined as ages 2 to 4 in family child care and ages 3 and 4 in center-based care. In calculating the ratio of available slots per 100 children, US Census 2000 data on the total number of children in the relevant age group were used. "Family Child Care" refers to licensed family child care homes. "Center-Based Care" includes licensed group and center programs and license-exempt preschool programs operated by schools.

¹⁶ Mosteller, F. (1995) The Tennessee study of class size in the early grades. *The Future of Children*, (5) 2:113-127.

¹⁷ The state performance goal on the Connecticut Mastery Test was developed in collaboration with Connecticut educators. The Goal level is more demanding than the state Proficient level, but less demanding than the Advanced level reported in the No Child Left Behind Report Cards.



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