

The Status of Young Children in East Haven: Are They Ready for Success in School?



A Community Report on Indicators of School Readiness November 2008

A Project of the East Haven Early Childhood Collaborative in Collaboration with the Hamden and West Haven Discovery Initiatives and ACES, the RESC for south central CT

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INTRODUCTION

Why this report?

The first five years of life are unquestionably the most significant in terms of a child's development, as well as in preparing the child for future success. As readiness for school has become an increasingly important goal of early care and education services, child and family indicators for success have become a focus of community-level work across the country.

In line with this national thrust, the current report provides an overview of data reflecting the status of East Haven's young children within three key categories of indicators of school readiness: Health, Child and Family Well-being, and Early Care and Education. The report concludes with highlights from the data and recommendations for using the data to set community goals, to track progress using key indicators and to raise questions for more in-depth analysis during the planning process.

Creation of this report came from a collaborative effort by the communities of East Haven, Hamden, and West Haven, who joined together to coordinate, collect, and review baseline data on the status of young children and their families within these three communities. The effort was assisted by the Area Cooperative Educational Services (ACES), the Regional Education Service Center serving these towns, through a Discovery Grant from the William Caspar Graustein Memorial Fund in 2007.

The purpose of analyzing these data is to inform the next step in an important process that will result in the creation of a community action plan. The plan will identify and address community needs in order to reach the community goal that all children in these towns begin school ready to learn and to succeed.

COMMUNITY BASICS

What does the town of East Haven look like?

The Town of East Haven is a medium-sized suburb of the City of New Haven comprising approximately 12.6 square miles with an estimated population of 28,686 in 2006, up slightly from 28,189 in 2000.¹ It is a middle-income town with significant number of moderate income families working and slightly above the poverty level. Overall it ranks 37th2 (with 1 being the neediest) in need among the 169 towns using the Education Cost Sharing (ECS) formula, the tool used to allocate state grant funds to Connecticut school districts. East Haven is further classified as part of District Reference Group (DRG) G³, which is two groups from the bottom of the State Department of Education's nine classifications (A-I) of school districts based on indicators of socioeconomic status, need, and student enrollment.⁴

East Haven qualifies as a Competitive School District to receive Departments of Education and Social Services grants. Because of this designation the state has targeted School Readiness funds to assist the community in addressing the educational and care needs of young children. East Haven has a School Readiness Council (The East Haven Early Childhood Collaborative) to manage these funds and it participates in the early childhood Discovery Initiative, supported by the Graustein Memorial Fund.

YOUNG CHILDREN AND FAMILIES

What do young children and their families look like in East Haven?

The 2000 Census⁵ documented that there were 11,219 households with 3,164 of them having children under the age of eighteen. Slightly less than half (46.7% or 1,478 families) of families with children had at least one child under age 6. This equates to a total of 1,930 young children living in East Haven. They are predominantly White. Hispanic young children are a minority at 7.4%. The School District reports 140 English language learners in the school in 2006-7 or 7% of students coming from a home where English is not the first language spoken. This is an increase from 4.9% of students in 2001-2.⁶

Families with young children in East Haven are more likely to have all parents working than the children statewide. Less than a quarter of them live in single-parent households and they find themselves in poverty at a lower rate than the state. Children in families with near-poverty incomes however are slightly more prevalent than the state as a whole.

Household and Family Demographic Data⁷		
East Haven		
	Number	Percent
Total households	11,219	100% of population
Non-family households (unrelated or single)	3,726	33.2% of households
Family households (related, with or without children)	7,493	66.8% of households
Family households with children under age 18	3,164	42.2% of family households
Families with young children under age 6	1,478	46.7% of family households with children

Child Level Demographic Data⁸		
	Number	Percent
Children under age 6	1,930	6.5% of total population
Children under age 6 who are White	1,714	88.8% of children under 6
Children under age 6 who are Black	44	2.3% of children under 6
Children under age 6 who are Hispanic	143	7.4% of children under 6

Other Descriptive Data⁹	East Haven		Statewide	
	Number	Percent	Number	Percent
Families with children under 6 with all parents working	1,324	68.6%	167,246	61.9%
Children under 6 in single-parent households	201	22.9%	63,946	24.8%
Children under 6 in families below federal poverty line	69	3.6%	29,348	10.9%

HEALTH

Are the children of East Haven getting a healthy start?

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.

– From “Keeping Children on the Path to School Success: How is Connecticut Doing?”¹⁰

A healthy birth is the first step to start a child on a positive trajectory. Secondly, a schedule of well-child visits with immunizations, and a medical connection that can assess the child’s health and development and provide treatment are vital supports of a child’s healthy development. This support happens when a family has health insurance coverage and access to quality care. The third element that promotes a healthy start is a family’s ability to provide a healthy environment and good nutrition for the child, to detect when he or she needs physical or mental help and to seek and receive assistance.

HEALTHY BIRTHS

Are our infants beginning life healthy and strong in East Haven?

Factors such as maternal health, prenatal care, and birth weight have significant implications regarding children’s health and development, and thus their potential for success in school. Children born to mothers who have not received adequate prenatal care are three times more likely to be born at a low birth weight and, as such, are more likely to face physical and developmental delays. Children born to teenage mothers are more likely to have health problems, live in poverty, and have difficulty finding success in school. Similarly, children and families without access to preventive health care are at much higher risk for poor outcomes both physically and developmentally.¹¹

East Haven sees an average of 314 births a year and parallels the state rates on key indicators regarding healthy births. The table below provides data on East Haven’s youngest children and their mothers, on variables related to risk and school readiness and including statewide data for comparison. For births to teen mothers, low and very low birth weight, and adequacy of prenatal care East Haven does better than the state. However, the national goal for 2010 is that only 5% of babies will be born under 5 pounds and 10 ounces and East Haven had 7.9% in 2005.

Birth Data¹²	Town		Statewide	
Total births in 2005	318		41,722	
Births to teen mothers (15-19 years of age)	11	3.6%	2,842	6.8%
Low birth weight (under 5 lb 10 oz)	24	7.9%	3,312	8.0%
Very low birth weight (under 1 lb 12 oz)	4	NA	666	1.6%
Mothers with nonadequate prenatal care	40	14%	8,112	19.8%

HEALTH INSURANCE COVERAGE AND PREVENTATIVE CARE

Do our children have access to health care insurance and related services?

Health care insurance is highly correlated with use of preventative care, an important indicator of school readiness. Simply put, insured children are more likely than the uninsured to receive regular checkups and timely immunizations, have physical problems and developmental delays detected early and receive other forms of preventative medicine. Regular medical care and access to health insurance is essential in order to monitor children's development and prevent future problems. Low- and moderate-income children in Connecticut are eligible for state-funded insurance through the Healthcare for Uninsured Kids and Youth (HUSKY) Program. HUSKY A is a Medicaid program for low-income children and HUSKY B is a non-Medicaid program for children in families with low and moderate income.

As shown below, the number of East Haven children enrolled in HUSKY has increased at a relatively steady rate over the last ten years, nearly doubling between 1998 and 2007.

Number of East Haven children (under 19) enrolled in HUSKY 1998-2007¹³										
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
HUSKY A	991	1,114	1,122	1,168	1,359	1,379	1,610	1,680	1,657	1,686
HUSKY B	--	--	80	120	169	184	153	136	163	163

Data available on young children in East Haven show that 316 children age 2-5 were continuously enrolled in HUSKY A in 2005. With approximately 420 children of this age who are in low income families, this is a strong enrollment of young children. That year 82.9% of the children had some well-child care. This is slightly better than the statewide 80.8% of such children. More importantly if one considers that every preschool child should be seen at least once a year at this age, there are too many children who are not receiving well-child care.

Dental care for young children is particularly important. Children should have early preventative visits to a pedodontist when their baby teeth begin to appear. Data was not available on the extent to which children under 3 have a dental visit. However we know that for children, age 3-19 who were continuously enrolled in HUSKY A in 2005, only 40.1% had any preventative care that year. Though East Haven was on par with the whole state, this is an area of major concern. It reflects the low HUSKY payment rates for oral health, a lack of dentists who will treat HUSKY patients and the need for outreach and education of parents regarding oral health.

Healthy Start, a statewide program that provides assistance in applying for HUSKY, coordination of care, and home visiting services to pregnant women at risk of poor birth outcomes, is also available in East Haven via a regional contract through the New Haven Health Department. In FY2007, 1,332 pregnant women were enrolled in Healthy Start statewide, 49 of whom reside in East Haven.

EARLY INTERVENTION

What is the status of children referred to Birth to Three?

The primary state program for assessment and treatment of the youngest children with disabilities and developmental delays is the Birth to Three early intervention system operated by the Department of Developmental Services.

During FY07, 49 East Haven children under age 3 were newly referred to the Birth to Three System, and a total of 45 children (new and past referrals) were served by Birth to Three.¹⁴ These referred children overly represent the population of Hispanic young children in East Haven, but the numbers are too small to draw any conclusions.

Trend data show relatively steady increases in the numbers of children referred as well, growing from 33 referrals in 2001 to 49 in 2007, while numbers served increased steadily up until FY03 and then decreased steadily through FY07, dropping from 59 in 2003 to 45 in 2007. This may be due to a change in eligibility criteria in 2003 in response to a budget crisis, whereby some children exhibiting mild delays in development were not found eligible for services. Most of these eligibility criteria were restored to previous levels for FY08.

Just under a third (30%) of those referred were under one year of age, 37% were between one and two years old, and 33% were between two and three years old. As shown in the table below, these proportions have remained relatively consistent for the last seven years. Referral sources have also remained consistent, with nearly three quarters of referrals coming from parents or legal guardians, just under a quarter from primary health providers, and the remainder from sources such as the Department of Children and Families, Yale New Haven Hospital, or other service providers. Statewide the major referral reasons are communications, motor, adaptive and social and emotional concerns.

CHILD AND FAMILY WELL- BEING

How is the overall well-being of East Haven's young children and their families?

Along with concerns over health care, the capability of families to provide a nurturing environment is a strong predictor of the well-being of children and school achievement. Examining the incidence of key risk factors points a community to areas of need.

Young children are deeply impacted by financial hardship. Children in poverty are at high risk for health and developmental problems, malnutrition, school failure, and more.

The education level of the mother at the child's birth is another indicator closely associated with school readiness. The lower the education level the less likely that children will exhibit language and literacy development to prepare them adequately for success in school.

Child maltreatment often leads to developmental delays or physical and emotional deficiencies, and clearly interferes with school success. Again, young children are particularly susceptible to the effects of abuse and neglect.¹⁵

Furthermore, children in foster care are also extremely vulnerable, tending to be in poorer health than other children and with greater developmental delays, as well as having greater emotional and behavioral problems.

State-supported Family Resource Centers are one response to the need for family support. The Family Resource Center at D.C. Moore Elementary Schools serves about 63 adult learners, 16 preschoolers in child care and 57 parents and guardians in the Families in Training Program.¹⁶

ECONOMIC FACTORS

To what extent are our children disadvantaged by financial insecurity?

There are a number of measures that indicate the extent to which young children are disadvantaged by the low income of their families. They can be confusing to the community leader who needs to sift through them. The discussion that follows will describe these different measures in order to explain the significance of the data available on family income.

The most basic and well-known measure is the **federal poverty level**. This is a nationally determined index based on family budgets and cost of living (\$16,895 for a family of four in 2000). In high-cost states like Connecticut, this measure captures only the poorest families and leaves out the many families who would, in this state, be considered to lack economic security. Therefore Connecticut often uses 185% federal poverty level (\$33,790 for a family of four in 2000) to designate poverty. These higher benchmarks are used as eligibility cutoffs for many governmental programs such as free and reduced priced meals (FRPM) and Medicaid.

Another expression of economic insecurity is the **state median income**. The SMI marks the median income of all families of each size (\$65,521 for a family of four in 2000). This is the midpoint of household incomes

in the state. The tables are updated every year by the state. A number of programs set their eligibility standards at a percentage of SMI. The Care4Kids child care subsidy program, for example, uses 50% of SMI (\$32,761 for a family of four in 2000) as the limit on family income when entering the program and 75% of SMI (\$49,141 for a family of four in 2000) as the maximum to stay eligible.

Finally, economic security is designated by the **self-sufficiency standard**. This standard is a Connecticut index that economist and researcher Diana Pierce constructed in 1999. It is being used widely as a metric for the income needed by families of various sizes and configurations to afford a basic standard of living in Connecticut. It is calculated by region of the state and, in the most recent version, differentiates core cities from surrounding suburbs. It is finely honed, which makes it both useful at the local level while it also proves difficult to use across the state and across families. Data are also not collected using this standard, so that only approximations can be made of the number of families below the standard. The 2005 calculations for a family of 2 adults and 2 school age children in the New Haven suburbs was \$54,011 (\$46,620 for family of 4 with one preschooler for the entire New Haven region in 2000).

With the federal poverty level at **\$16,895**, a gross crosswalk of these measures puts 185% to 200% of federal poverty level equating roughly with 50% of state median income (**around \$33,000**). Likewise 300% of federal poverty level is roughly equivalent to 75% of state median income and close to the self-sufficiency standard (**around \$48,000**).

Within the limitations on the availability of income data for families with young children, one can look at a few different indicators including children under 6 receiving state financial assistance, families with young children below the federal poverty level, and children qualifying for the Free and Reduced Priced Meals program.

The poorest families in the state are usually in the caseload for the Temporary Family Assistance program which includes families under the federal poverty level. East Haven families included 146 of these young children receiving state cash assistance or 4.1% of children under age 6.

The 2000 Census reported that 3.6% of East Haven children under age 6 were below the Federal Poverty Level. This compares with 10.9% of young children statewide.

Significantly 27.2% of all children enrolled in public schools in East Haven in 2007 qualified for the Free and Reduced Priced Meals (FRPM) program, meaning that their family incomes were 185% of the Federal Poverty Level or less. This figure was higher than the statewide percentage of 28%. One can assume that the proportion of families with young children that are below that benchmark of financial insecurity would be at least equivalent and probably even higher.

Economic Insecurity Data	Town	Statewide
Children under 6 in families receiving TANF ¹⁷	4.1%	5.4%
Children under 6 in families below federal poverty line ¹⁸	3.6%	10.9%
Public school children FRPM eligible (185% FPL) ¹⁹	27.2%	27.7%

MATERNAL EDUCATION

What is the level of maternal education?

The Department of Public Health tracks these data from birth certificates. A significant 38.6% of births in East Haven are to mothers who have a high school diploma or less, with 8.2% of new mothers having not completed high school.

Maternal Education²⁰	East Haven		Statewide	
	Number	Percent	Number	Percent
Births to mothers with high school education or less	118	38.6%	15,544	37.3%
Births to mothers who have not completed high school	25	8.2%	5,417	13.0%

FAMILY STABILITY

How many young children are exposed to family violence or neglect?

Protective services data from the Department of Children and Families (DCF) on cases of child abuse and neglect and data on children in foster home placements are two strong indicators of how many children have been subjected to extreme situations that put them at risk. These situations are particularly worrisome for young children.

In 2005, there were 52 East Haven cases for children age 8 and under of child abuse or neglect that DCF substantiated and that required action. This is a rate of 18 cases per 1,000 children from birth to age eight compared to the statewide rate of 17 per 1,000. A surprisingly low number (15) of these substantiated cases were for children under the age of 3. Allegations of neglect account for the dominant concern, tying this indicator to the data on family financial security in many cases. Though East Haven does not exhibit child abuse and neglect at a high rate, child and family advocates place a high priority on ensuring that these very vulnerable young children and their families are well-supported.

In 2006, 10 children under age 6 in East Haven were living in out of home placement, with 7 of those placements in foster care and the balance with relatives. Of the 10 children, 2 were under 3 years of age.

Protective Services Data	East Haven		State	
	Number	Rate per 1000 children	Number	Rate per 1000 children
Substantiated abuse/neglect reports age 0-8 ²¹	52	18	6,676	17

Protective Services Data	East Haven		State	
Substantiated reports age 0-2	15	17	2,622	23
Substantiated reports age 3-5	19	20	2,082	16
Children under 3 in out of home placement ²²	2	NR	781	NR
Children age 3 to 5 in out of home placement	8	NR	636	NR

(NR—Not reported. When the group size is small, the data are not reported.)

EARLY CARE AND EDUCATION AND EARLY SCHOOL

What learning opportunities and experiences do the children of East Haven have?

The importance of quality early care and education has been proven time and again through research and practice. It is essential for towns to have an adequate supply of child care that is also accessible, affordable and of high quality. An important indicator of quality in Early Care and Education is accreditation by a national organization such as the National Association for the Education of Young Children (NAEYC).

Childcare subsidies such as Care4Kids, and program-based sliding-scale fees are two options available to help with issues of affordability, and are both important components in the ability for low-income children to access the benefits of quality early care and education. In addition to the importance of a quality preschool experience to narrow the educational gap for poor children, small class sizes and full-day Kindergarten programs have also been proven to improve school success.²³ A strong library program that engages families and young children is also a resource that communities can use for developing language and pre-literacy skills.

Once children enter school, the readiness of the school to ensure that all children can succeed becomes important. The schools begin to measure the skill level of students in kindergarten and in third and fourth grade. These tests on their face cannot attribute the outcomes to particular conditions of children and families, but through further investigation and analysis they raise questions about the early childhood experience and the level of services available to children and families.

EARLY CARE AND EDUCATION

What is the availability, accessibility, and quality of early care and education?

East Haven lags behind the state as a whole in terms of the availability of child care for children under 5, with slightly better rate of spaces for school age children.

Childcare Availability	Town	Statewide
Childcare spaces per 100 children under age 3 ²⁴	6.4	15.1
Childcare spaces per 100 children age 3 to 5	65.6	75.3
Childcare spaces per 100 children age 5 to 12	10.7	8.5
School Readiness spaces in 2006 ²⁵ compared to approximately 600 3-4 yr olds	20	8,685
Care4Kids subsidies utilized in 2006 ²⁶	133	14,779
Percent Care4Kids funds going to children under 3	32(24.1%)	29.0%
Percent Care4Kids funds going to children age 3-5	53 (39.8%)	36.4%
Percent Care4Kids funds going to children age 5-12	48 (36.1%)	34.5%

East Haven is clearly lacking in much needed child care for its young children. The greatest need is in care for children under 3 and school-age children, mirroring the situation statewide, but even worse than most communities. Though the supply of preschool spaces (65.6 per 100 children) was higher than infants and toddlers and school-age children, 49% of those spaces were in part-time care making it difficult for working parents to make use of them.

These data on supply of child care do not address the affordability of care. According to the 2008 data reported by the United Way's 2-1-1 Child Care Infoline, the average annual (50 weeks) cost of full time center based preschool was \$ 9,090. while annual cost for full time center based infant/toddler care was \$11,248.50²⁷ The Care4Kids program is the state's child care subsidy to low-income families to mediate the high cost of care. In East Haven and the entire state those subsidies are divided fairly evenly among the three age groups served.

Recent child care data from 211 Child Care reports²⁸ the desired capacity (as opposed to the inflated licensed capacity) of programs and the vacant spaces in that capacity. The vacancy rates suggest that centers may have little difficulty keeping a reasonable enrollment, which is generally considered 90% of capacity. The very high rates of vacancies in family child care may be caused by a lack of demand for their services or an unrealistic reporting from family providers of how many children they are willing to take at a time. These are data that warrant more investigation and reflection.

2007 Early Care and Education Supply and Vacancy Data				
	Number of Providers	Desired Capacity	Vacancies	Vacancy Rate
Centers and School-Based Preschools				
Infant/Toddler	2	34	3	9%
Preschool	6	227	26	11%
School Age	4	13	0	0%
Family Child Care Homes				
Infant/Toddler	23	37	10	27%
Preschool	26	76	29	38%
School Age	24	59	27	46%

In 2007, East Haven had a total of 16 state-funded School Readiness slots.²⁹ These slots are located in the D.C. Moore Elementary School and are connected to the Family Resource Center at D.C. Moore. They are full day and full year and serve both 3 and 4 year olds. East Haven does not have any Head Start or Early Head Start programs. There is 1 NAEYC accredited childcare site, as well as 3 DPH licensed sites³⁰ in the community. There is also a community childcare program housed in two school locations. At Overbrook there were approximately 16 full time slots for 3 year olds, 18 full time slots for 4 year olds, and 22 pm part time slots for kindergarten children for wrap around childcare. At Hays there were no slots for 3 year olds, approximately 14 full time slots for 4 year olds, and 21 part time slots for kindergarten children for wrap around childcare³¹.

In the fall of 2007, approximately 94 children were enrolled in part day preschool classes in the public schools (except for 12 of the 94 who received a full day special education program). These 94 children were divided between two school locations; Hays and Overbrook. There were a total of six early childhood classes at Hays and eight early childhood classes at Overbrook (these two additional classes house a program for young children with autism). Four classes at

each school (23 children per site) for children age 4 were funded through Title I. Two classes at each school site served children with IEP's in a reverse mainstreaming model. There were 17 children, ages 3 and 4 in Hays classrooms and 19 children at Overbrook. These classes are defined as the early intervention prekindergarten.³²

When parents register their children for kindergarten, they are asked whether their child had a formal preschool experience when they were four years of age. Though these data do not yet specify the quality of those experiences, 70 %³³ of children in East Haven are reported to have attended preschool. This is lower than the statewide average of 79% as well as the 75.2% reported by other districts in East Haven's District Reference Group of similar communities.

East Haven's rate has remained relatively steady for the past five years. Kindergarten is consolidated in two school site Early Learning Centers. Hays School reports pre-kindergarten attendance at 74.8% and Overbrook at 65%.

KINDERGARTEN

How ready are public schools to support learning in the early school years?

School success not only requires that children are ready to learn, but also that schools are ready to support learning. In East Haven, public school kindergarten is located in the Early Learning Centers at Overbrook and Hays School. The Early Learning Centers serve children in prekindergarten and kindergarten. In addition, the Parent Center at the Hays Early Learning Center offers weekly playgroups for all East Haven families with children birth to five. These two Early Learning Centers provided enrollment of 220 kindergarten children, all in extended day. Extended day exceeds the typical part day hours yet is not full day kindergarten (typically 6 hours). The average size of East Haven kindergarten classes in 2006-07 was 16.6 children, below the statewide average of 18.2 children. A limit of 16 students per class is recommended.³⁴

3rd GRADE READING PERFORMANCE

How are children doing once they enter school?

Student performance on the Connecticut Mastery Test (CMT) at the end of 3rd grade is the first school performance benchmark for individual children and the school population in general. There is only 2 years of CMT testing at third grade. Prior to this 4th grade CMT testing was the initial performance benchmark. Tracking these school outcomes allows communities to assess their progress in fostering student achievement and ultimately, to promote continuous improvement of instruction. Third grade reading scores also reflect on the preparation that children have had and the experiences and environments they have had in their early years.

The data³⁵ presented here focus on the reading scores on the CMT, though the test also measures student performance in writing and mathematics. The state establishes goals that are used to assess how well individual children are doing. Three increasing levels of performance are set as benchmarks: basic, proficiency, and mastery. These data report on proficiency in reading for 3rd grade students. The basic skills taught through the third grade are particularly predictive of future school success as they are the foundation for higher learning.

East Haven had a lower percentage meeting proficiency in reading for 2007 than in 2006. Looking at segments of the school population reveals some of the disparities in skills and concepts that students are expected to have mastered and give some texture to that finding.

A measure of low family income is eligibility for free and reduced price meals (FRPM). When reading scores are examined by that measure, middle and higher income students in East Haven, and the state as a whole, are seen as significantly more likely than low income students to score at the proficiency level.

3rd Grade Reading Proficiency or Above by Eligibility for Free and Reduced Meals Program						
	East Haven			State		
	All Students	FRPM Eligible	Non-Eligible	All Students	FRPM Eligible	Non-Eligible
2006	64.8%	52.6%	69.8%	69.2%	42.5%	81.0%
2007	61.2%	50.5%	67.6%	69.3%	42.8%	81.1%

Race and ethnicity also correlate with reading proficiency statewide. Because the numbers of Black and Asian-American students was so small comparisons in East Haven cannot be made. Scores of Hispanic students were reported in 2007 and were shown to be at an extremely low range with only 37.9% demonstrating proficiency in reading as compared to White students at 66.7%.

3rd Grade Reading Proficiency or Above by Race and Ethnicity								
	East Haven				State			
	Black	Hispanic	White	Asian	Black	Hispanic	White	Asian
2006	NR	NR	66.8%	NR	43.8%	41.1%	80.9%	79.4%
2007	NR	37.9%	66.7%	NR	43.4%	41.7%	81.2%	82.3%

(NR—Not reported. When the group size is small, the data are not reported.)

Communities often find it useful to compare their scores with state data and to similar communities in their District Reference Group (DRG). East Haven is classified as part of DRG G, which is two groups from the bottom of the State Department of Education's nine classifications (A-I) of school districts based on indicators of socioeconomic status, need, and student enrollment. Data for comparison with DRG G towns and over a number of years is only available for 4th grade tests. These tests were given in the fall of the year prior to 2005 and in the spring in 2006.

There is not yet a clear trend evident in the data on the town, DRG or state level. Movement from year to year has stayed within a range of 55-66% for East Haven except for a spike in 2006 to 75%. Significantly over a third (36%) of all 4th graders failed to demonstrate they could read at the proficiency level in 2007.

4th Grade CMT Reading Scores: Percent Proficient or Above

Year	Town	DRG G	State
2000	55%	65%	71%
2001	66%	73%	71%
2002	60%	67%	69%
2003	65%	63%	69%
2004	59%	62%	67%
2006*	75%	--	72%
2007	64%	--	71%
<i>*CMTs were not given in 2005 due to a change in testing schedules from Fall to Spring.</i>			

USING THE REPORT TO INFORM COMMUNITY PLANNING

This report provides baseline data on the status of young children in East Haven in order to profile how East Haven's children are doing in the most critical areas of growth and development. The community can use key indicators to track progress and to raise questions for more in depth analysis during its community planning process. The following highlights from the data can be used to focus that investigation into the most pressing issues facing young children and their families.

OVERALL HIGHLIGHTS

- East Haven ranks 37th³⁶ in need among the 169 towns.
- Twenty percent of East Haven families have children under the age of six.
- Less than a quarter of them live in single-parent households.

HEALTH HIGHLIGHTS

- East Haven had 7.9% of babies born under 5 pounds and 10 ounces in 2005. The national goal for 2010 is that 5% of babies have low birth weight.
- East Haven does better than the state on adequacy of prenatal care.
- East Haven has a strong enrollment of young children in HUSKY health insurance.
- Of East Haven young children receiving HUSKY A, 82.9% had some well-child care.
- Of East Haven children, age 3-19 enrolled in HUSKY A in 2005, 40.1% had any preventative dental care that year.

CHILD AND FAMILY WELL-BEING HIGHLIGHTS

- Significantly 27.2% of all children enrolled in public school in East Haven in 2007 qualified for the Free and Reduced Priced Meals (FRPM) program, meaning that their family incomes were 185% of the Federal Poverty Level or less (\$33,000. for a family of four in 2000).
- In East Haven, 3.6% of children under age 6 were from families with incomes below 100% of the Federal Poverty Level.
- In 2005, 4.1% of children under age 6 in East Haven were receiving aid from Temporary Family Assistance (TFA).
- A significant 38.6% of births in East Haven are to mothers who have a high school diploma or less, with 8.2% of new mothers having not completed high school.
- In 2005, there were 52 East Haven cases of child abuse or neglect that DCF substantiated and that required action. A surprisingly low number (15) of these substantiated cases were for children under the age of 3.
- In 2006, 10 children under age 6 in East Haven were living in out of home placement, with 7 of those placements in foster care and the balance with relatives.

EARLY CARE AND EDUCATION AND EARLY SCHOOL HIGHLIGHTS

- The greatest need in early care and education is for children under 3 and school-age children.

- Though the supply of preschool spaces per 100 children was higher than infants and toddlers and school-age children, 49% of those spaces were in part-time care making it difficult for working parents to make use of them.
- There were 16 state-funded School Readiness spaces in 2007, but approximately 600 children of that age in East Haven.
- 72% of children in East Haven are reported to have attended preschool.
- 39% of all 3rd graders and 36% of all 4th graders failed to demonstrate they could read at grade level in 2007.
- There is not yet a clear trend evident in the 4th grade CMT data on the town, DRG or state level. Movement from year to year has stayed within a range of 55-66% for East Haven except for a spike in 2006 to 75%.
- Middle and higher income students in East Haven are significantly more likely than low income students to score at the proficiency level.
- Third grade scores of Hispanic students were reported in 2007 and were shown to be at an extremely low range with 37.9% demonstrating proficiency in reading as compared to White students at 66.7%.

NEXT STEPS

As the first Connecticut publication of indicators on young children pointed out “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 within this population exist.” These indicators can also be helpful to communities and should be tracked on the local level as this baseline document has done. There will be a need to build some capacity to track and maintain these data on the status of young children. Isolating a few indicators makes sense.

East Haven can now take the findings from this report and identify areas of particular concern. These will require more exploration during the planning process. The community planning questions in the appendix will prompt the community to explore the data presented in this report further.

Community planners should ask themselves “Who has responsibility for these issues?” In most cases multiple parties have some responsibility, but no one owns a problem. East Haven will want to do some analysis of the performance of service programs and initiatives and begin to direct attention to outcome measures. With community participation and leadership, that analysis can drive the community to target groups of children and families and to redirect resources. This marriage of community data and public commitment holds the potential for realizing the goal that all children begin school ready to learn and succeed.

SOURCES

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- ² State Department of Education, 2007, online at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2635&q=320580>.
- ³ District Reference Group G comprises Bloomfield, Bristol, East Haven, Groton, Hamden, Killingly, Manchester, Middletown, Naugatuck, Plainfield, Putnam, Stratford, Torrington, Vernon, and Winchester. See <http://www.sde.ct.gov/sde/LIB/sde/PDF/dgm/report1/cpse2006/appndxa.pdf> for an explanation of DRG methodology.
- ⁴ CT Voices for Children, 2006 online at <http://www.ctkidslink.org/publications/ece06drgerg.pdf>.
- ⁵ US Census, 2000.
- ⁶ State Department of Education, Strategic School Profiles 2000-2007 online at <http://www.csde.state.ct.us/public/cedar/profiles/index.htm>
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- ¹³ CT Voices for Children, 2007 online at http://www.ctkidslink.org/covering_data.html.
- ¹⁴ Department of Mental Retardation, 2007.
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- ¹⁶ D.C. Moore Family Resource Center Monthly Report, February 2008
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- ²³ Duran, F. & Wilson, S. (2004). *Keeping Children on the Path to School Success*. Farmington, CT: Child Health and Development Institute (CHDI) of Connecticut.
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- ²⁵ State Department of Education, unpublished data, 2006.
- ²⁶ CT Voices for Children, 2007 online at http://www.ctkidslink.org/pub_detail_334.html.
- ²⁷ United Way of Connecticut, 211 Child Care Average Costs South Central CT, May 2008
- ²⁸ United Way of Connecticut, 211 Child Care, Child Care Capacity/Availability/Enrollment Report, Fall 2007.
- ²⁹ East Haven School Readiness and Child Day Care Grant Program Monthly Report, February 2008.
- ³⁰ CT Accreditation Facilitation Project (AFP), 2007.
- ³¹ Personal Communication Director of Little Jackets Child Care, November 2008.
- ³² Personal Communication Principal Early Learning Centers East Haven, November 2008.
- ³³ State Department of Education, Strategic School Profiles 2000-2007 online at <http://www.csde.state.ct.us/public/cedar/profiles/index.htm>
- ³⁴ Kagan, S.L., and Rigby, E. (2003). *Improving the Readiness of Children for School: A Series of Policy Briefs from the Policy Matters Project, Brief No. 2*. Washington, DC: Center for the Study of Social Policy.
- ³⁵ State Department of Education, CT Mastery Test, Generation 3 and 4 Performance Results, on line at <http://www.csde.state.ct.us/public/cedar/assessment>.

APPENDIX: Community Planning Questions

COMMUNITY PLANNING QUESTIONS: *Health and Development*

- Is there disparity in birth outcomes by race and ethnicity?
- Are eligible families enrolling in HUSKY A and B?
- Are there effective teen pregnancy prevention programs?
- Is there access to and utilization of preventive health care for pregnant women and young children?
- Are there smoking cessation and substance abuse treatment services for women of child bearing age?
- Are all children under age 2 screened for lead?
- Are young children receiving on time well-child visits?
- Is care family-centered, comprehensive, culturally competent and addressing physical, social and emotional development?
- Are children receiving developmental screening and assessment on the recommended schedule?

COMMUNITY PLANNING QUESTIONS: *Protective Services*

- Are young children in foster care experiencing multiple placements?
- How quickly does permanency occur for young children?
- Are young children exposed to violence in the home or community?
- Is there a home visiting program for high-risk new families?
- Are families in need of it connected to substance abuse treatment programs?
- Are all children in foster care or protective services assessed and receiving needed health, mental health and developmental services?

COMMUNITY PLANNING QUESTIONS: *Early Care and Education*

- Do parents know what to expect from their children and the programs that serve them at each age?
- Is there an adequate supply of quality care for each age group to give families good choices?
- Are center-based and family home child care programs accredited?
- Are quality improvement initiatives in place to service providers and families?
- Are there strategies to improve the qualifications of teachers in early care and education?
- Are kindergarten and preschool programming aligned?
- Are there teen parent programs with child care in the high schools?
- Are developmental delays and disabilities detected for the first time in kindergarten and first grade?