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Anonymous

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Dr. Janice Gruendel

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As founders of the CT 359 Network, we present this written testimony today to acknowledge and celebrate the immense work and accomplishment of thousands of providers, advocates, legislators, and other policy makers in creation of the CT Early Childhood Education Trust. This brave work has achieved well-deserved national recognition to strengthen and support a sector – early care and education – that has been in fiscal and workforce crisis for many years. We also celebrate the state's reinvestment in local governance partnerships at the community level and believe that the required needs assessments and formal strategic community plans will advance on-target development of younger children across early care and education and other sectors necessary for child and family health, parenting,

We also present this testimony to share some basic data on the well-being of young children here in Connecticut. This data strongly suggests we need a cross-sector, aligned focus on young children's health and development as well as the health, mental health, and basic needs of the families in which they live and grow. Of course, the early care and education is a core part of this kind of young child policy framework, but it is not the only part.

What we have learned is that -- even in a state as economically advantaged as Connecticut -- young children are struggling. While one in two young children are enrolled in Medicaid, four in ten may not be receiving a pediatric developmental screening at all, and fewer than 14% are identified as having a developmental concern requiring action by the pediatrician. There is wide variability across communities, and some variation by age with the fewest formal screenings occurring during the first year of life.

As many as one in two three-year olds entering Head Start does not demonstrate age-expected development. As many as three in ten Connecticut preschool-enrolled students experience "disabilities" and are enrolled in PreK special education. Each year several thousand young children who are referred to the CT Birth to Three Part C Early Intervention program with concerns about developmental delays are not eligible for services. Yet among children entering public kindergarten over the past decade six in ten need moderate to substantial instructional support. Over the period from 2020 through 2023, the number of K-12 students enrolled in special education in Connecticut grew from 79,348 to 85,497, an increase of 8% and greater than the national increase of 6.2%.

And, at the present time, the DAS 2024 Information Technology Strategic Plan reports that data siloes prevent state agencies from connecting child, family and service data in order (a) to improve service connection and service delivery for present families and (b) to examine data over time to improve child outcomes, program quality, and fiscal strategies informed by "return on investment" analyses.

On behalf of the CT 359 Network, we look forward to continued fiscal, workforce, and quality investment in the entire child care and preschool sector, and we recognize that it will take several more years for the state's investment to reach target levels.

At the same time, we hope that information from other sectors (such as shared above) may suggest that including a few additional members from the obstetric, pediatric and family health sector to the Endowment's Advisory Council will enable Connecticut to begin to achieve a whole child, whole family, whole community framework -- connected across sectors -- to support our youngest citizens and the families in which they grow and nurture.