

A close-up photograph of a young girl with dark skin and curly hair styled in braids. She is wearing round, thin-rimmed glasses and a green and white striped shirt. She has a gentle smile and is looking slightly to the right of the camera. The background is a soft-focus outdoor setting with green trees and a clear sky. The text 'Living, Learning, Looking to the Future' is overlaid on the left side of the image in a white, cursive font.

*Living,
Learning,
Looking
to the
Future*

*The Connecticut Birth to Three System is administered by
the Connecticut Department of Developmental Services*

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AND OTHER PUBLICATIONS ARE AVAILABLE AT:**

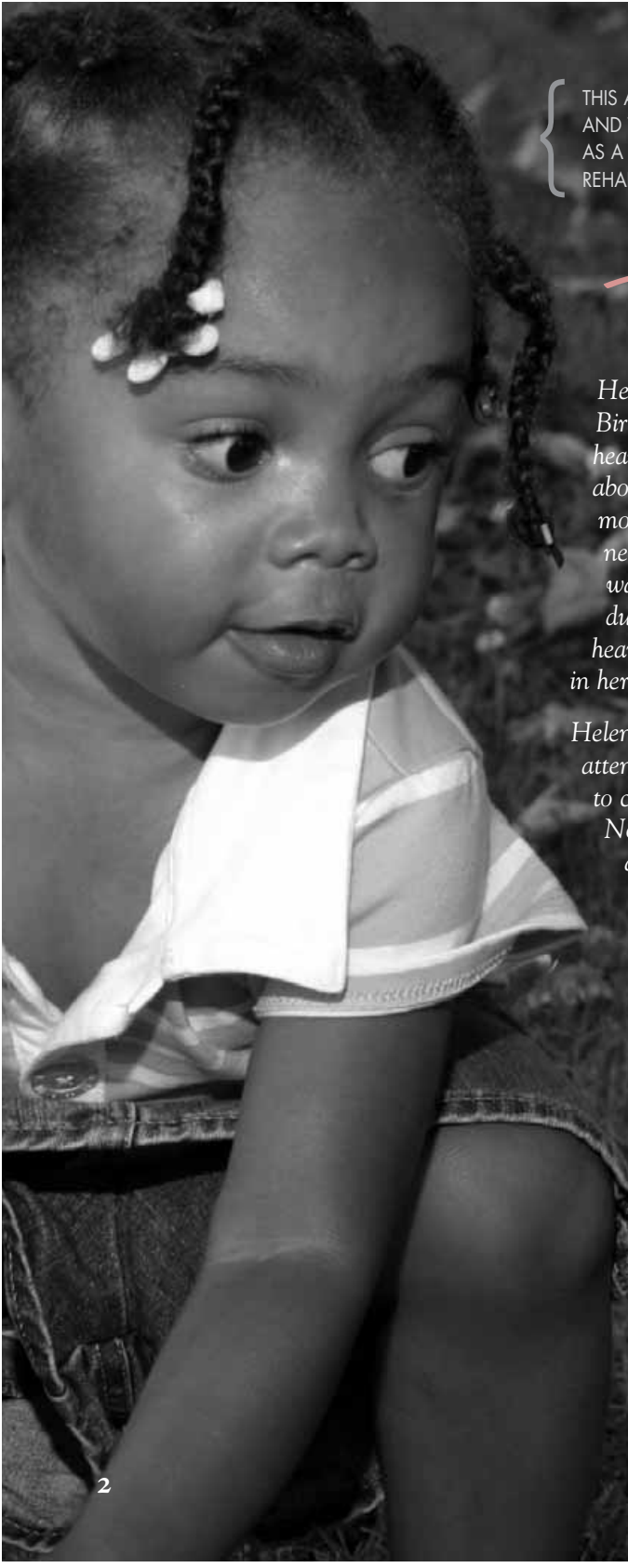
www.birth23.org

under "Publications"

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Collaboration

Working together with Connecticut families since 1996.



THIS ANNUAL REPORT IS DEDICATED TO THE CELEBRATION OF **ANTONIA BRANCIA MAXON'S** LIFE AND THE INDELIBLE IMPRESSION SHE MADE ON THE LIVES OF SO MANY PEOPLE AROUND HER AS A PEDIATRIC AUDIOLOGIST, CO-DIRECTOR OF THE NEW ENGLAND CENTER FOR HEARING REHABILITATION, UNIVERSITY PROFESSOR, AND FRIEND. **WE MISS YOU, TONI.**

Helena's Story

Helena is an adorable, curious, toddler who has been receiving services from Birth to Three since she was five months old. Although Helena passed her newborn hearing and vision screenings, by five months her mom, Shanda, was concerned about her hearing and vision as well as her gross motor development. An ophthalmologist diagnosed optic nerve hypoplasia – the under development of her optic nerve before birth – which caused a visual impairment in her right eye. Helena was referred for a complete audiological test since she did not respond to sounds during a neurologist appointment. She was diagnosed with a moderate conductive hearing loss in both ears. Her family agreed to have pressure-equalizing tubes placed in her ear canals, but Helena continued to have fluctuating hearing loss.

Helena's family has learned to recognize when she is not hearing well by paying careful attention to how she behaves during daily activities. This awareness, in addition to consistent monitoring of her hearing and aggressive intervention by her Ear, Nose, and Throat physician, has ensured that Helena's hearing needs are addressed quickly. Because hearing is so closely connected to early speech and language development, Helena's service coordinator Jen Cox is thrilled that the whole family – including older brother Isaiah and Grandmother Gloria – has provided excellent speech and language modeling for her. As a result, Helena's communication skills are typical of children her age without hearing loss.

Helena wears eyeglasses to help address her visual impairment. Shanda says that keeping them on is quite a challenge – she's on her ninth pair – but Helena loves to remind her grandmother to wear her glasses. Shanda found professionals that specialize in pediatric ophthalmology that agreed to develop “kid friendly” glasses. When Helena is wearing her eyeglasses, she makes better eye contact and can see well enough to pick up a tiny Cheerio off the table.

Helena received physical therapy to address her gross motor delay and now happily climbs up stairs and runs well – typical for any two-year-old. By the summer of 2007, Helena was speaking in phrases and jumping off chairs. She was potty-trained and had not worn a diaper in four months. Shanda says that Helena still resists wearing her eyeglasses – but she doesn't like to keep her shoes on either!

Introduction

21 years ago, United States Congress had the foresight to add a new section for infants and toddlers to a federal law, now called **Part C of the Individuals with Disabilities Education Act**. Even before there was good research on early brain development, it was generally recognized that children with disabilities or developmental delays needed help earlier than preschool. In 1993, Connecticut Public Act 93-383 established the current Connecticut Birth to Three System.

Today, thirty-five approved programs serve families of infants and toddlers with developmental delays or disabilities across Connecticut. Birth to Three has touched the lives of over 50,000 families since 1993. We are counting on our families, providers, state colleagues, elected officials, other professional agencies, and our friends to continue to guide this early intervention system in effectively supporting families as we *live, learn and look to the future!*

Our Mission

The mission of the Connecticut Birth to Three System is to strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities. The System will ensure that all families have equal access to a coordinated program of comprehensive services and supports that:

*foster collaborative partnerships
are family centered
occur in natural settings
recognize current best practices in early intervention
are built upon mutual respect and choice*

How We Fulfill Our Mission

We receive referrals by phone, fax, and e-mail to connect families with our supports through the Child Development Infoline (1-800-505-7000 or www.birth23.org).

The program that receives the referral meets with the family to evaluate the child's developmental strengths and needs. Results are shared with the family in their native language and in writing.

When a child is not eligible, the family is offered a way to monitor changes in their child's development and decide if there is a need to re-evaluate the child. Information about other community resources is shared with the family.

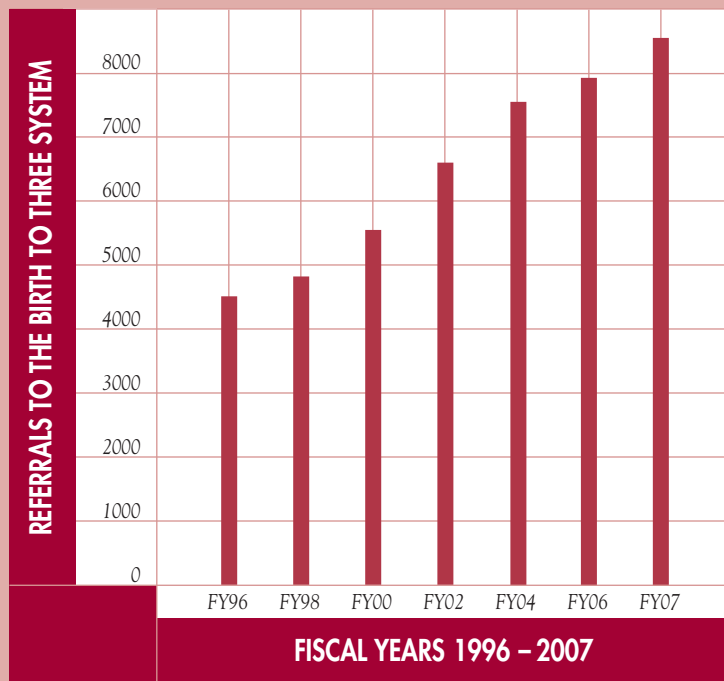
When a child is eligible, the family works with their service coordinator to choose what they want their child to work on and their goals for their family. Together with their Birth to Three team, they develop a plan of services and supports to help reach those goals. The child's doctor is an important team member.

Birth to Three staff coach the family on ways to teach their child new skills. Family members and other caregivers use these techniques during regular activities throughout the day. Services and supports change as the family's goals for themselves and their child change.

Children leave the Birth to Three System every day, moving into school district special education programs or other community programs when they reach the age of three or when they no longer need early intervention services.



Making the Connection: Referrals



How many children are referred each year?

A total of 8,687 children were referred to the Birth to Three System in Fiscal Year 2007 (July 1, 2006 – June 30, 2007), an increase of 9% over the previous year.

Fiscal Year	Referrals
1996	4,292
1998	4,913
2000	5,587
2002	6,601
2004	7,600
2006	7,971
2007	8,687

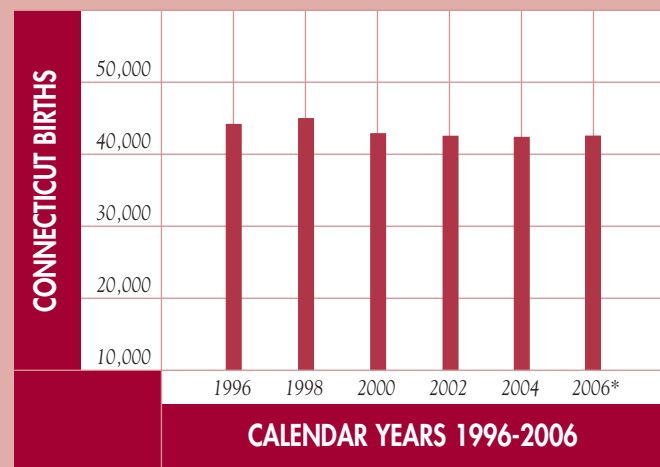
Data Source: CT Birth to Three database

Where were the children from?

New referrals were received from 168 cities and towns across Connecticut. One third of those new referrals were from:

CITY	NUMBER OF CHILDREN
Hartford	576
New Haven	431
Bridgeport	397
Waterbury	310
Stamford	302
New Britain	254
Norwalk	243
Danbury	229
West Hartford	172

See pages 15-17 for a complete town-by-town chart of children that were referred and served. The number of births in calendar year 2006 for each town is also provided as a reference.



Calendar Year	Births
1996	44,455
1998	44,741
2000	43,075
2002	41,996
2004	41,753
2006*	41,823

Data Source: CT Dept. of Public Health
*Provisional Data

Making the Connection: Referrals, continued

Who connected families with Birth to Three?

Most families referred themselves (61%) or were referred by a health care provider (30%). Health care providers are the main source of information for all families.

REFERRAL SOURCES	PERCENTAGE	NUMBER
Families, Foster Families, Relatives or Friends	61.6%	(5,353)
Health Care Providers and Hospitals	29.8%	(2,592)
State Agencies	5.1%	(440)
Social Service Agencies	2.0%	(165)
Child Care, Head Start, Preschool Agencies	1.5%	(130)
All Others	< 1%	(7)

How did families or other referral sources who didn't already know about the Birth to Three System find out about it?

REFERRAL SOURCES	PERCENTAGE	NUMBER
From Their Primary Health Care Provider	67.3%	(2,724)
From a Relative, Friend, or Co-Worker	11.6%	(468)
From Another Health Care Provider	5.4%	(220)
From Their Child Care Provider	4.7%	(190)
Social Service or State Agency	2.9%	(118)
Ages & Stages Questionnaire or 2-1-1	2.8%	(108)
From Their School District	2.2%	(90)
From a Speaker, Print Media, Website	1.5%	(60)
Preschool, Head Start, EI Program	<1%	(40)
From an Early Intervention Provider	<1%	(22)
All Others	<1%	(4)

Who were the infants and toddlers referred?

AGE AT REFERRAL	PERCENTAGE
Birth – 11 Months	27.3%
12 – 23 Months	39.4%
24 – 36 Months	33.3%

AVERAGE AGE AT REFERRAL	AGE
Mean	17.7 months
Median	19.0 months

BOYS & GIRLS	PERCENTAGE	NUMBER
Boys	63%	5,502
Girls	37%	3,185

What were the referred children's racial backgrounds?

RACE	PERCENTAGE	NUMBER
White, non-Hispanic	59.8%	4,590
Hispanic	17.3%	1,504
Black	9.8%	855
Asian	2.4%	211
Undetermined	2.8%	246
Native American	0.2%	18

Why were children referred?

People who referred children to the Birth to Three System expressed concerns about a variety of developmental issues. For the 8,687 children referred in FY07, these were the concerns expressed:

AREA OF CONCERN	ALL REFERRED CHILDREN	BIRTH to 36 MONTHS	<12 MONTHS	12-23 MONTHS	24-36 MONTHS
Communication	6,121	.70.0%	.18.0%	.86.9%	.93.4%
Motor (fine & gross)	2,545	.29.3%	.63.6%	.23.1%	.1.4%
Adaptive	1,205	.13.9%	.24.9%	.11.2%	.8.1%
Social / Emotional	1,016	.11.7%	.4.1%	.12.6%	.16.8%
Health	619	.7.1%	.19.7%	.2.7%	.2.1%
Vision	149	.1.7%	.4.1%	.0.8%	.0.8%
Hearing	103	.1.2%	.3.1%	.0.6%	.0.4%
Cognitive	33	.0.4%	.0.1%	.0.4%	.0.6%

(Total percentages exceed 100 because there can be more than one concern for any single child.)

What were the top household languages for referred children?

LANGUAGE	PERCENTAGE	NUMBER
English	86.5%	7,513
Spanish	10.2%	888
Portuguese	0.7%	61
<i>plus 37 other languages</i>		



Children Who Were Eligible

Why were children eligible?

Of the 7,511 children who received comprehensive multidisciplinary evaluations in fiscal year 2007, 60.2% were found eligible for early intervention. Of these 4,521 children:

92.8% (4,196) OF CHILDREN HAD DEVELOPMENTAL DELAYS

- 72%** tested 2 standard deviations below average in at least one area of development
- 18%** tested 1.5 standard deviations below average in two or more areas of development
- 3%** could not be tested, but had a significant developmental delay according to informed clinical opinion

What were the eligible children's racial backgrounds?

RACE	PERCENTAGE	NUMBER
White, non-Hispanic	61.9%	5,317
Hispanic	20.6%	1,773
Black	11.5%	985
Asian	2.9%	248
Undetermined	2.9%	250
Native American	0.2%	18

7% (325) OF CHILDREN HAD DIAGNOSED CONDITIONS LIKELY TO RESULT IN DEVELOPMENTAL DELAY WHICH MADE THEM AUTOMATICALLY ELIGIBLE FOR ENROLLMENT, SUCH AS:

Down syndrome	59 children
Extremely low birth weight	46 children
Cleft Palate	39 children
Hearing loss	34 children
Spina Bifida	12 children
Hydrocephaly	11 children
Stroke	9 children
Autism Spectrum Disorder	9 children*

* These 9 children had already been diagnosed at the time of referral, however many other referred children obtained this diagnosis after enrollment.

What were the top household languages for eligible children?

LANGUAGE	PERCENTAGE	NUMBER
English	85.4%	3,861
Spanish	5.7%	492
Portuguese	0.3%	27
<i>plus 32 other languages</i>		

What does the System offer for children who are referred but are not eligible for Birth to Three services?

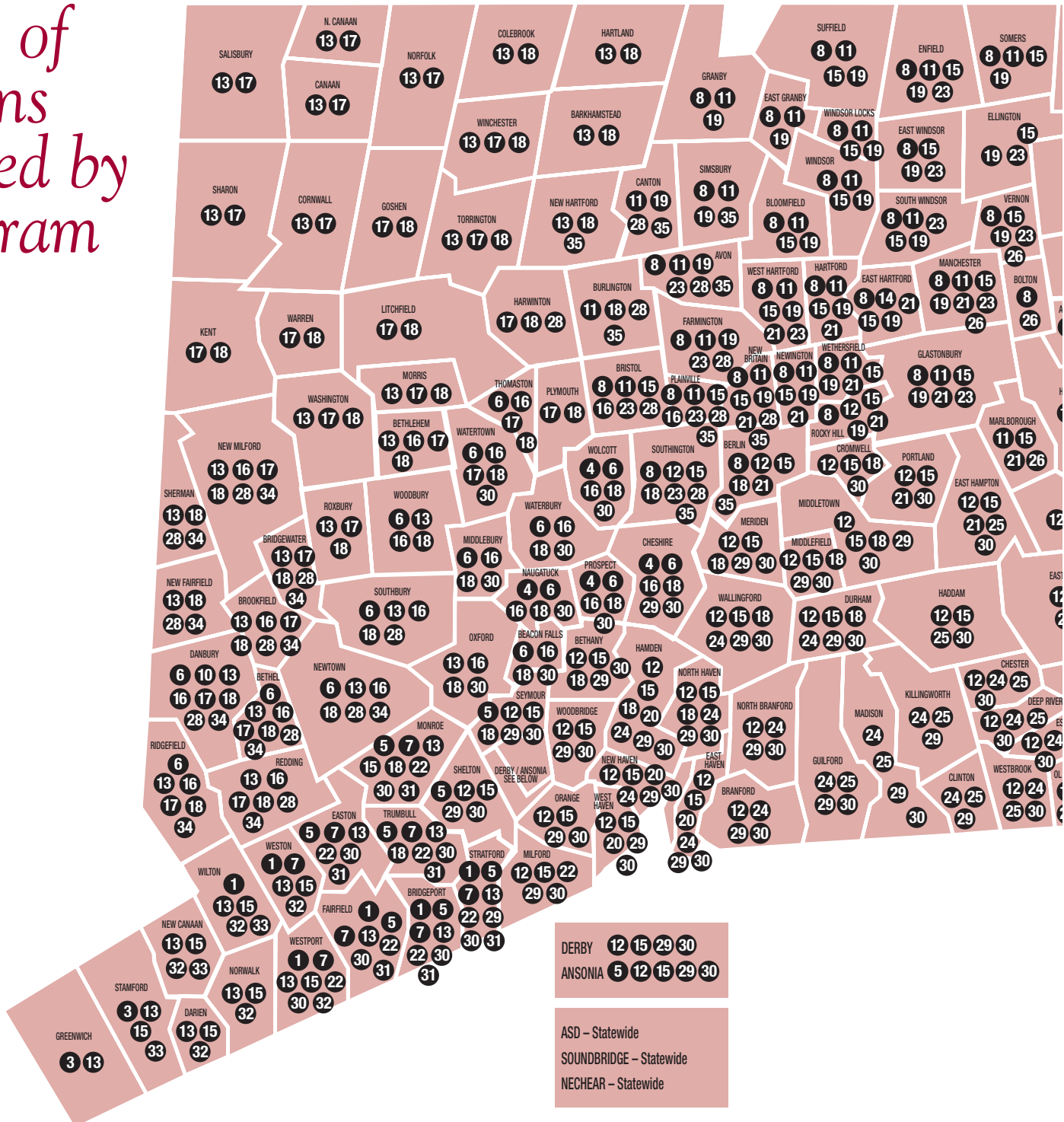
All parents of children who were found not eligible for Birth to Three services or whose children left the Birth to Three System before age three were offered a program for tracking their child's ongoing development. Ages and Stages Questionnaires are mailed to the family every few months so they may report about their child's mastery of new skills. If scores show that the child's development is increasingly delayed, the family is offered another evaluation. If the child's development appears to be on track, the family is sent a developmental status report with suggested activities to continue to help their child learn new skills.

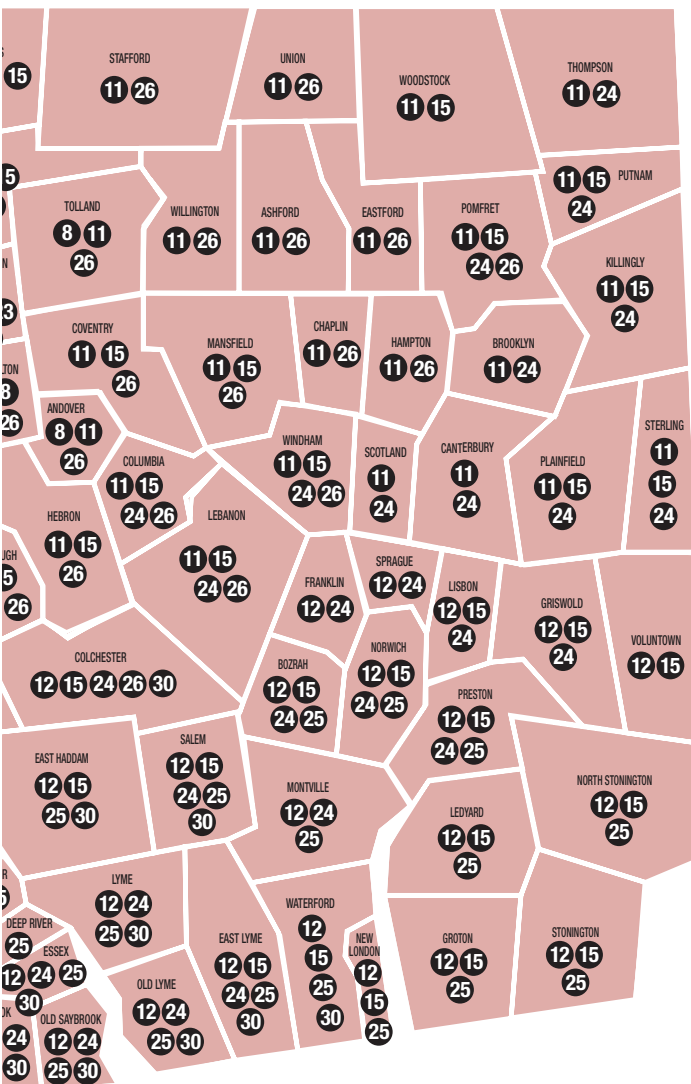
This past fiscal year, 586 new families whose children were evaluated chose to enroll their children in the Ages and Stages Questionnaire (ASQ) monitoring process and an additional 237 were enrolled through the Help Me Grow program (which assists families of children that are at-risk) and 17 from neonatal intensive care units.

Families whose children are found not eligible and who have ongoing concerns about their child's development are told that they may re-refer their child for a new developmental evaluation in three months. Of the 370 children who were re-evaluated in FY07, 51% (189) were found eligible at the time of the updated evaluation.



Map of Towns Served by Program





MAP CODE	PROGRAM NAME	CHILDREN SERVED
1	Ahlin Centers for Rehabilitation Medicine	43
2	American School for the Deaf (ASD)	40
3	ARC Greenwich	411
4	Cheshire Public Schools	83
5	Child & Family Network	144
6	Children's Therapy Services	134
7	Cooperative Educational Services – Beginnings	160
8	CREC Birth to Three	345
9	CREC Soundbridge	43
10	Danbury Public Schools	49
11	Early Connections – North	432
12	Early Connections – South	264
13	Early Connections – West	219
14	East Hartford Birth to Three	111
15	Easter Seals of CT	972
16	Easter Seals Rehabilitation of Waterbury	334
17	Education Connection	241
18	Family Junction	388
19	HARC Steppingstones	486
20	Hill Heath Corp.	141
21	Jane Bisantz & Associates, LLC	283
22	Kennedy Center	122
23	Key Service Systems	104
24	KIDSTEPS – SARAH	235
25	LEARN Birth to Three	342
26	McLaughlin & Associates	415
27	New England Center for Hearing Rehabilitation (NECHEAR)	15
28	Project Interact, Inc.	319
29	REACHOUT, Inc.	422
30	Rehabilitation Associates of CT	915
31	St. Vincent's Special Needs Services	100
32	STAR/Rubino Center	103
33	TheraCare*	58
34	Therapy Solutions Center	73
35	Wheeler Clinic**	45

*TheraCare began receiving referrals on February 13, 2007, so these numbers reflect only 4.5 months of service provision.

**Wheeler Clinic began receiving referrals on December 1, 2006, so these numbers reflect only 7 months of service provision.

How We Support Families: Service Delivery

How many children received services over the course of the year?

During fiscal year 2007, we had 35 approved programs employing approximately 800 service providers working with 8,591 eligible children and their families. See the centerfold map for more information.

Who supported enrolled children and their families?

SERVICE DELIVERED BY	NUMBER OF CHILDREN	% OF CHILDREN
Speech and Language Pathologist	5,264	29.4%
Special Educator	3,962	22.2%
Physical Therapist	2,572	14.4%
Occupational Therapist	2,403	13.4%
Early Intervention Associate or Assistant	2,141	11.9%
Social Worker or Intern	430	2.5%
Audiologist	302	1.7%
Nutritionist	152	<0.9%
Occupational Therapy Assistant (COTA)	96	<0.6%
Board Certified Behavior Analyst or Associate Analyst	67	<0.4%
Family Therapist / Professional Counselor	21	<0.2%
Nurse	19	<0.2%
Psychologist	12	<0.1%
Physical Therapy Assistant	8	<0.1%
Orientation and Mobility Specialist	4	<0.1%
Vision Specialist	3	<0.1%
Physician	3	<0.1%

Where were services delivered?

SERVICE DELIVERED IN	NUMBER OF CHILDREN	% OF CHILDREN
Home (includes foster homes)	7,639	93.6%
Program Designed for Typically Developing Children	463	5.7%
Service Provider Office	29	<0.4%
Hospital (inpatient)	11	<0.2%
Residential Facility	4	<0.1%
Other	18	<0.5%

Research shows that early intervention makes a positive difference for eligible children and their families. The **FY07 Family Survey** revealed that families enrolled in Birth to Three for more than six months agreed.

- * Approximately 97% said that Birth to Three helped them to help their children develop and learn, with 72% of families expressing strong or very strong agreement. This included understanding their child's needs.
- * Approximately 97% of families responded that they knew their rights, with 72% percent expressing strong or very strong agreement. This included being able to evaluate how much progress their child is making.
- * Approximately 96% of families expressed that Birth to Three helped them to effectively communicate their child's needs, with 67% reporting strong or very strong agreement. This includes understanding how the Birth to Three System works, and understanding the roles of the people who work with their child and family.

Child Outcome data showed children made gains in:

- * use of appropriate behaviors to meet their own needs
- * acquisition and use of knowledge and new skills
- * positive social-emotional skills, including social relationships

For the 844 children who exited in FY07 that had received at least 6 months of services, 95% improved to age level or near age level on meeting their needs. Ninety-six percent improved to age level or near age level in learning new skills. Ninety-five percent improved to age level or near age level in their social-emotional development.



When It's Time to Say Goodbye



When and why do children leave the Birth to Three System?

Most families continue with Birth to Three until their children turn three years old or no longer need our services and supports. Families are connected with new community resources as the transition process unfolds. The 4,526 children who exited the System in Fiscal Year 2007 left because:

REASON FOR LEAVING BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Child turned three years old	2,597	59.3%
No further service needed by child	596	13.6%
Parent withdrew child	592	13.5%
Moved out of state	210	4.8%
Unable to locate	376	8.6%

OF THE 592 WHO WITHDREW THEIR ELIGIBLE CHILD, 168 (28%) WITHDREW PRIOR TO THEIR INITIAL IFSP MEETING

Of the 2,597 children who left at age three:

PLANS AFTER BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Eligible for special education	1,849	42.2%
Referred to public school but special education eligibility not determined	309	7.1%
Not eligible for special education but referred to another program	266	6.1%
Not eligible for special education and not referred to another program	173	3.9%

Costs of Early Intervention



The Birth to Three System budget for FY07 was \$36,259,664 from state and federal sources. Expenditures totaled \$40,204,701 for FY07, including parent payments and health insurance reimbursements. Only 4% of that total amount was spent on administration of the System, leaving 96% for direct services.

ACTUAL EXPENDITURES	
Total State Funds	\$30,169,306 (up 3% from FY06)
Total Federal Funds	6,090,358 (up 2% from FY06)
Commercial Insurance Reimbursements	3,285,293 (up 1% from FY06)
Parent Fees	659,744 (up 2% from FY06)
Total System Expenditures	\$40,204,701 (up 9% from FY06)

*Medicaid claims resulted in \$4.4 million in revenue to the State General Fund, decreasing the net state contribution to Birth to Three by that amount.

The average statewide gross annual cost per child was \$8,546. After commercial insurance reimbursements, the net average cost per child was \$7,748.

STATE FY07 EXPENDITURES OF FEDERAL FUNDS ONLY	
Salaries and fringe benefits For 12 FTE positions (administrative & support staff)	\$1,166,012
Other expenses	191,822
State & Local ICC	8,470
Public awareness	43,727
Data system	32,337
Personnel development	94,141
Supervision and monitoring	24,298
Procedural safeguards	8,352
TOTAL SYSTEM COMPONENTS	1,569,159
TOTAL DIRECT SERVICES	3,587,903
TOTAL PART C FEDERALLY FUNDED EXPENDITURES	\$5,157,062

We Can't Do It Alone: Our Collaborators

MANY PEOPLE, COMMITTEES AND AGENCIES WORK WITH THE BIRTH TO THREE SYSTEM IN SUPPORTING CONNECTICUT'S FAMILIES WITH YOUNG CHILDREN. HERE ARE SOME OF OUR CLOSEST ALLIES:

STATE INTERAGENCY COORDINATING COUNCIL

Laurel Ross
CHAIR, PROVIDER

Elayne Thomas
VICE CHAIR, PARENT

Timothy Bowles
DEPARTMENT OF SOCIAL SERVICES

Anita Cella
PARENT

Elizabeth Daly
OFFICE OF PROTECTION & ADVOCACY

Dona Ditrio
EARLY HEAD START

Rita Esposito
PROVIDER

Linda Goodman
DEPARTMENT OF DEVELOPMENTAL SERVICES

Mark A. Greenstein, M.D.
DEVELOPMENTAL PEDIATRICIAN AND PROVIDER

Clara Gutierrez
PARENT

Jeanette Haines
BOARD OF EDUCATION AND SERVICES FOR THE BLIND

Moirra Herbert
DEPARTMENT OF INSURANCE

Cindy Jackson
PROVIDER

Robert LaCamera, M.D.
AMERICAN ACADEMY OF PEDIATRICS

Joseph McLaughlin
PROVIDER

Elise Minor
PARENT

DeAnna Paugus Lia
DEPARTMENT OF CHILDREN AND FAMILIES

Maria Synodi
STATE DEPARTMENT OF EDUCATION (SDE)

Louis Tallarita
SDE – EDUCATION FOR CHILDREN WHO ARE HOMELESS

Rep. Jack W. Thompson
STATE LEGISLATOR

Robin Tousey-Ayers
DEPARTMENT OF PUBLIC HEALTH

Melissa vanBuren
UNIVERSITY CENTER FOR EXCELLENCE
IN DEVELOPMENTAL DISABILITIES

Myra Watnick
PROVIDER

Diane Wixted
COMMISSION ON THE DEAF AND HEARING IMPAIRED

COMMITTEES & COUNCILS

Medical Advisory Committee

Public Awareness Committee

Comprehensive System of Personnel Development Council

Child Development Infoline & Providers Council

Local Interagency Coordinating Councils:

Danbury

Meriden & Wallingford

Middlesex County

Torrington

COMMUNITY NETWORKS

The Connecticut Family Support Network

Jennifer Carroll, Statewide Coordinator

Parents Available to Help (PATH)

Carmina Cirolì, Co-Director

Nanfi Lubogo, Co-Director

CONNECTICUT STATE AGENCIES

Children's Trust Fund

Karen Foley-Schaim, Executive Director

Help Me Grow

Joanna Bogin, Program Supervisor

Laura Baird, Child Development Liaison (CDL)

Luz Rivera, CDL

Brenda Lammie, CDL

Karen Fleming, CDL, in memoriam

CONNECTICUT STATE AGENCIES, continued

Board of Education and Services for the Blind

Commission on Children

Commission on the Deaf and Hearing Impaired

Department of Children and Families

Department of Education

Department of Public Health

Department of Social Services

Insurance Department

Office of Protection and Advocacy

*University of Connecticut – Center for Excellence
in Developmental Disabilities*

With special thanks to:

CT Chapter, American Academy of Pediatrics

Robert Zавoski, M.D., President

Early Hearing Detection and Intervention Task Force

Donna Maselli, R.N., Chair

CT Parent Advocacy Center

Nancy Prescott, Executive Director



*. . . and many families
and healthcare providers
throughout Connecticut.*

Numbers of Children by Town

Here are the numbers of children in each town who were referred to Birth to Three for the first time in FY2007 and the numbers of children in each town who received an early intervention service during any portion of the fiscal year. The number of births per town in calendar year 2006 is provided as a reference.

TOWN	CHILDREN BORN	REFERRED	SERVED	TOWN	CHILDREN BORN	REFERRED	SERVED
Andover	33	8	8	Columbia	48	7	7
Ansonia	252	36	34	Cornwall	9	<	
Ashford	47	8	6	Coventry	131	23	24
Avon	154	27	30	Cromwell	130	25	27
Barkhamsted	39	7	6	Danbury	1183	229	221
Beacon Falls	65	15	11	Darien	260	81	48
Berlin	164	43	33	Deep River	59	<	8
Bethany	36	6	7	Derby	174	22	26
Bethel	210	47	50	Durham	54	16	23
Bethlehem	23	<		East Granby	43	7	<
Bloomfield	183	28	29	East Haddam	89	15	18
Bolton	35	<		East Hampton	169	29	23
Bozrah	18	8	7	East Hartford	700	142	136
Branford	240	35	37	East Haven	317	47	45
Bridgeport	2467	397	423	East Lyme	134	30	33
Bridgewater	7	<		East Windsor	103	15	26
Bristol	725	162	149	Eastford	14	<	
Brookfield	163	39	47	Easton	61	12	13
Brooklyn	73	14	17	Ellington	148	44	44
Burlington	97	27	27	Enfield	399	106	113
Canaan	15	<		Essex	58	14	11
Canterbury	45	15	13	Fairfield	663	121	144
Canton	99	35	28	Farmington	205	51	48
Chaplin	21	0	<	Franklin	21	<	<
Cheshire	230	58	59	Glastonbury	325	67	70
Chester	32	<	8	Goshen	22	8	<
Clinton	142	42	37	Granby	97	21	25
Colchester	168	38	50	Greenwich	618	141	163
Colebrook	7	<		Griswold	140	20	23

REMEMBER: an infant can be referred within days of being born, and can continue to be enrolled for almost three full years, if needed. So, a baby that received a service in FY07 could have been born in 2007, 2006, 2005, or 2004.

TOWN	CHILDREN BORN	REFERRED	SERVED
Groton	648	126	134
Guilford	178	49	60
Haddam	92	24	18
Hamden	662	127	98
Hampton	17	<	8
Hartford	2238	576	483
Hartland	16	<	<
Harwinton	53	9	16
Hebron	110	35	29
Kent	27	<	6
Killingly	214	56	53
Killingworth	49	10	13
Lebanon	65	26	34
Ledyard	170	33	29
Lisbon	32	12	20
Litchfield	66	12	9
Lyme	12	<	
Madison	125	39	30
Manchester	739	146	150
Mansfield	107	23	27
Marlborough	81	16	15
Meriden	880	158	183
Middlebury	60	13	18
Middlefield	41	13	7
Middletown	541	99	103
Milford	499	96	93
Monroe	166	46	51
Montville	162	38	37
Morris	9	<	

TOWN	CHILDREN BORN	REFERRED	SERVED
Naugatuck	394	76	72
New Britain	1087	254	239
New Canaan	175	34	28
New Fairfield	125	30	55
New Hartford	67	10	20
New Haven	2121	431	345
New London	366	60	60
New Milford	325	74	82
Newington	275	60	67
Newtown	338	54	68
Norfolk	12	<	
North Branford	138	32	27
North Canaan	20	6	<
North Haven	198	49	51
North Stonington	47	8	<
Norwalk	1292	243	190
Norwich	561	128	122
Old Lyme	46	17	12
Old Saybrook	76	9	9
Orange	110	17	19
Oxford	130	25	37
Plainfield	193	49	40
Plainville	176	28	27
Plymouth	136	20	19
Pomfret	28	13	13
Portland	83	21	17
Preston	42	12	8
Prospect	79	22	20
Putnam	101	23	31

Numbers of Children by Town, continued

TOWN	CHILDREN BORN	REFERRED	SERVED
Redding	61	12	18
Ridgefield	230	56	52
Rocky Hill	195	36	31
Roxbury	22	<	
Salem	45	8	7
Salisbury	25	<	
Scotland	23	<	
Seymour	164	38	33
Sharon	18	6	<
Shelton	397	84	70
Sherman	33	6	9
Simsbury	189	64	44
Somers	60	23	14
South Windsor	221	57	64
Southbury	139	30	40
Southington	423	91	96
Sprague	37	9	<
Stafford	141	29	24
Stamford	1817	302	336
Sterling	38	<	10
Stonington	125	32	30
Stratford	605	110	108
Suffield	97	29	25
Thomaston	71	13	20
Thompson	73	19	16
Tolland	157	45	45
Torrington	410	97	93
Trumbull	353	108	98
Union	4	<	

TOWN	CHILDREN BORN	REFERRED	SERVED
Vernon	345	61	74
Voluntown	33	<	
Wallingford	424	104	86
Warren	9	<	
Washington	25	<	
Waterbury	1651	310	399
Waterford	162	38	39
Watertown	215	36	41
West Hartford	636	172	154
West Haven	760	136	125
Westbrook	56	11	12
Weston	77	21	18
Westport	204	75	70
Wethersfield	249	42	39
Willington	42	9	14
Wilton	168	57	38
Winchester	118	33	28
Windham	334	82	86
Windsor	319	47	61
Windsor Locks	110	23	28
Wolcott	122	42	39
Woodbridge	59	12	15
Woodbury	88	10	13
Woodstock	40	15	14
TOTAL	41283	8687	8591



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