



Birth to Three Interagency Coordinating Council (ICC)

Detailed Meeting Minutes – In Person & Hybrid

Date: Monday, February 9, 2026 • **Time:** 9:00 AM–12:15 PM

Location: Office of Early Childhood, 450 Columbus Blvd, Hartford, CT; Hearing Room B; Teams

ICC Members Present:

John Lamb (Department of Public Health), Ginny Mahoney (Department of Social Services), Kendall Fenton (DDS Children's Services), Louis Talarita (CT State Department of Education, McKinney-Vento), Jennifer Dowdy (CT Insurance Department), Renee Kleiman (CT State Department of Education), Nicole Cossette (Office of Early Childhood, Part C Coordinator), Dave Morgan (Deputy Commissioner, OEC), Anne Giordano (EdAdvance, Provider Representative), Leona Adamczyk (Parent, CPAC), Shanda Easley (Parent Representative), Rebecca Breen (EASTCONN, Provider Representative), Elaine Balsley (REACHOUT, Inc, Provider Representative), Sharon Marie (Services for the Blind), Lisa Opert (Parent Representative), Maris Pelkey (Creative Intervention, Provider Representative).

Welcome and Attendees

Cindy Jackson, ICC Chair opened the session and confirmed a quorum before proceeding with introductions of ICC members, agency partners, and provider/public attendees.

Deputy Commissioner Introduction: Deputy Commissioner David Morgan offered personal and professional background, highlighting decades of early childhood leadership, strong inclusion partnerships, and a personal connection to special services through his family. He expressed commitment to interagency collaboration and provider field visits.

Public Comment

The Council revisited a public comment from the prior month by Stephen Hunt, Building Bridges, regarding safety and responsibility in childcare settings, particularly during feeding and observation activities following a choking incident. The ad hoc group convened and led by OEC's Part C Coordinator, has begun coordinated work with licensing partners to develop guidance materials, interagency communication, and a future forum that includes licensing, Head Start/Early Head Start, DCF, Department of Public Health, and other stakeholders. The most recent ad hoc meeting was January 23, with next steps to circulate draft handouts for program and ICC feedback and to define a joint forum structure.

Old Business

Approval of December Minutes: Members reviewed the December 8th minutes and approved; minor editorial corrections will be handled offline.

Bylaws and Membership Committees:

Bylaws Committee will convene to update longstanding bylaws. Identified participants include Dr. Mary Beth Bruder, Tina Gilberti, Robb Dunn, and Rebecca Breen. **Membership Committee** will assess ICC membership composition against statute. Identified participants include Joshua Vaughn, Sharon Marie, and Maris Pelkey.

The aim is two to three meetings starting in late February/early March. A concurrent effort will recruit additional family leaders, including a new vice chair/co-chair to succeed parent leader Leona Adamczyk as she transitions to a CPAC support role.

Legislative/Fiscal Update:

Members noted two key budget hearings scheduled for February 17 and 18. The OEC and DDS will present to Appropriations in the morning, with public testimony in the afternoon; signup is available in person or remote and typically closes at 3:00 PM the day before. Attendees referenced an increase for Birth to Three in the Governor's proposal, while acknowledging the distance from the rate study recommendation. ICC and providers have recently participated in a Legislative Roundtable with Rep. Leeper on transition, and multiple provider-legislator meetings statewide. Advocacy training through the CT Early Childhood Alliance was highlighted, and one-page materials for legislators and families are being updated and shared, including caucus engagements.

Education and Outreach Update:

The Communication/Education Outreach committee will develop invitations from parents to legislators to encourage participation in an upcoming family focused meeting, with focus on diversity of family voices, a family friendly venue, and practical supports. The working plan is to meet between ICC sessions for continuity. The Meriden Public Library is the anticipated site for April activities due to central location, parking, and nearby food options; OEC may support working lunch costs with Part C dollars. The committee also discussed rotating ICC meeting locations to attract varied family participation and local officials.

Personnel and System Support:

This committee's recent work aligned to the childcare support guidance referenced in public comment follow up; additional coordination will continue.

Executive Committee:

The Executive Committee will meet on alternating months from the full ICC sessions (March 4, May 6, September 2; 1:00–2:00 PM, remote). Priorities include agenda planning; interagency collaboration across state and federal levels; ad hoc committee oversight; and incorporation of the annual report into membership committee work.

New Business**CPAC Family Connections – New Contract Overview:**

CPAC presented expanded family and provider facing deliverables under its new contract, including strategic planning cycles with OEC, manuals for CPAC staff on ethics, IFSP facilitation, communication, privacy, child find, and parent leadership; increased provider technical assistance and training; development of 10 short family navigation videos with OEC; and maintenance of family and provider websites with multiple annual review cycles and preferred language accessibility as feasible. CPAC is recruiting mentors and hosting regular parent support (Early Steps Together) every Monday evening and is revamping mentor orientation (next session targeted for late February). CPAC will continue transition roadshows in collaboration with OEC and SDE and will offer training on storytelling/public speaking to build family leadership.

Interagency Updates:

Soundbridge reported a reconfiguration as a support service, with a new Teacher of the Deaf engaging service coordinators; transfers are being sequenced around IFSP annuals to minimize disruption.

Annual Report:

Content has been finalized and formatting is in progress with O'Donnell; once complete, OEC will transmit with cover letter to the Governor and Lieutenant Governor and share more broadly, including Legislative/Fiscal Committee.

Lead Agency Report (Nicole Cossette)**Federal Landscape and SPP/APR:**

Connecticut submitted its SPP/APR early. Some compliance indicators (e.g., timeliness of new services, initial IFSPs, transitions) showed slippage given workforce pressures and increased referrals; OEC will publicly post program level performance tables within 60 days and continue improvement strategies. The state is monitoring determination status; last year was “Needs Assistance” due in part to child outcomes completion rates, which OEC seeks to improve through training (e.g., COSKC) and procedure refinements, including exploring approaches to mitigate exit time data gaps.

Targets and Data Systems:

OEC expects a new five-year federal SPP/APR package for public comment soon and will coordinate ICC input on target setting, drawing on needs assessments and DAISY guidance. OEC is accelerating development of the "RAIN" data system, with added developer capacity and a "Sunshine" monitoring module for program self-service reporting, reduced verification burden, and clearer business rules.

Fiscal Enhancements and Contracts:

Provider payment and TA contracts were issued and are moving to full execution; aim is to support February invoicing timelines. OEC discussed possible rate structures under the Governor's budget, coordination with DSS on State Plan Amendments and modifiers, and publishing tentative scenarios and timelines before session ends, including tiered rate options. OEC noted federal Part C funding mechanics (administrative nature of federal dollars, maintenance of effort, and limitations on direct service) and is watching national Medicaid policy conversations for potential impacts. Insurance billing Form 13 is being revised with program feedback and legal review, with alignment to RAIN once it is released.

Education/Outreach & Single Point of Entry:

Recent outreach included the Legislative Roundtable; the Single Point of Entry RFP was posted (now closed) with July 1 implementation target, and reviews are underway. Leadership Academy cohorts and caregiver/mentor coach trainings are active, followed by six months of TA.

Accountability/Monitoring and Accessibility:

Virtual TA begins February 26th. OEC is working with the Weiss Center to improve accessibility of procedures, PD resources, and data visualizations; state regulations are being cross walked with statute to close gaps (including ICC membership), with proposed updates expected for ICC review by April. OEC and DCF are updating their MOU to clarify investigative vs. ongoing case processes, "parent" definitions, consent safeguards, and training for social workers, aiming to smooth transitions and align with federal timelines.

Program/Referral/Data Snapshot and Fiscal Status:

Referrals and calls are stable at elevated post pandemic levels; exits spike in late summer due to EIS Over Three transitions aligning with school year start. The system is currently forecasting a \$3.4M deficit; OEC is coordinating with OPM regarding coverage, as in recent fiscal years. PCG continues adjudication work to improve payer mix and reduce escrow reliance and is coordinating with Aetna on fee schedule clarity; OEC may post guidance to enable consistent commercial claim processing subject to legal constraints. Comparative commercial insurance performance will be researched across states and shared back to ICC.

Committee Breakouts and Report Out

Committees convened hybrid breakouts to begin drafting action plans with leads, timelines, and statuses, with the Executive Committee proposing a standardized template to track deliverables across meetings.

Legislative / Fiscal

Chairs: Elaine Balsley, Julie Hall, & Shanda Easley

- Identify opportunities to leverage insurance funds and collaborate with OEC on payment systems.
- Strengthen ongoing communication with OEC regarding insurance, coding, and justification for billing services.
- Determine how ICC can provide feedback and support statewide efforts.
- Explore national data sources and grant opportunities to strengthen system capacity.
- Continue reviewing state and national data to identify benchmarks and trends and share data in ways that support clear visualization and analysis.
- Examine gaps in program funding and assess the impact on agencies and families.
- Develop strategies to communicate these impacts to families and legislators.
- Build momentum for future advocacy efforts by increasing family involvement and elevating family stories.

System Support / Professional Development

Chairs: Anne Giordano & Robb Dunn

- Update contact information on the website, including emails and links to providers' websites.

Communication / Education Outreach

Chairs: Lisa Opert & Maris Pelkey

- Reviewed the "What is the ICC" form and identified areas needing clarification.
- Brainstormed ideas to support guidance documents and IFSP-related communication.
- Discussed challenges for childcare providers, especially those in home- or center-based settings—who may be unaware of procedures.
- Generated several ideas to share with Lisa Opert to strengthen outreach and provider understanding.

Recommendations and Actions Agreed

Action Item	Responsible Party	Timeline/Deadline
Draft and disseminate childcare safety/feeding guidance handouts; design and host an interagency forum with Licensing, DCF, DPH, Head Start/EHS; circulate drafts for ICC/program feedback.	Nicole Cossette (OEC Part C) with ad hoc group and partners	Initial drafts underway; forum date to be scheduled; progress report by next ICC (April 27, 2026).
Conduct needs assessment/survey of frontline staff on experiences in childcare settings to inform guidance and training.	Ad hoc group; System Support/PD Committee	Survey instrument to be drafted and distributed before April 27, 2026; summary shared at that meeting.
Explore other states' materials (e.g., Virginia) and coordinate Part C peer consultation at upcoming DC meetings.	Nicole Cossette; ICC members attending national sessions	Two-week window from meeting date; incorporate findings into guidance drafts by April 27, 2026.
Convene Bylaws Committee to modernize bylaws and roles (e.g., vice chair/co-chair language) and Membership Committee to review statutory composition and recruit family leaders.	Cindy Jackson (Chair) with named members (Mary Beth Broder, Tina Gilberti, Rob Dunn [away], Sharon Mowry, Nicole Cossette)	Begin late Feb–early Mar 2026; aim for preliminary recommendations by April 27, 2026.
Share legislative hearing links and testimony signup timelines; update and distribute one-page briefing sheets to legislators and families; coordinate caucus materials.	Legislative/Fiscal Committee (Elaine Balsley; Julie Hall; Shanda Easley)	Links shared upon release; sign-ups close 3:00 PM day prior; one-page updates before February hearings; ongoing through session.
Finalize venue logistics for April family focused ICC meeting, targeting Meriden Public	Communication/Education Outreach (Lisa Opert; Maris Pelkey) with OEC	Lock venue in February; confirm supports in March;

Action Item	Responsible Party	Timeline/Deadline
Library; confirm supports (parking, food options, working lunch funding).		publish details well ahead of April 27, 2026.
Produce and publish ICC parent involvement video on website; integrate in events and CPAC outreach.	OEC Communications; ICC parents; CPAC	Ready for viewing at April ICC; online publication concurrent.
Transmit formatted Annual Report with cover letter to Governor/Lt. Governor; share with Legislative/Fiscal Committee and publish.	OEC (Nicole Cossette; O'Donnell formatting)	Formatting targeted for early week following meeting; distribution upon completion.
Post program level public reporting tables from SPP/APR to website and brief ICC on improvement efforts.	OEC Part C Data Team	Within 60 days of submission (February 2026); ICC briefing in April.
Advance RAIN data system development, including "Sunshine" monitoring module; align Form 1-3 with data entries; reduce verification burden.	OEC IT/Data; Developers; Legal; PCG	Developers onboarding mid-February; staged releases through spring; alignment check by April ICC.
Coordinate with DSS on rate scenarios, SPA timelines, and modifiers; publish tentative pathways and timelines prior to session close.	OEC Fiscal; DSS	Draft timelines by late February to mid-March 2026; updates as appropriations finalize.
Clarify commercial insurance fee schedule expectations; engage Aetna; consider website guidance subject to legal review; reduce escrow by adjudication improvements.	OEC; PCG; Aetna; Legal	Meetings underway; guidance drafted in spring 2026; progress report by April ICC.
Research comparative commercial insurance payment rates across PCG	PCG (Jill Rigsby) with OEC	Findings to Nicole for ICC distribution; target by April 27, 2026.

Action Item	Responsible Party	Timeline/Deadline
supported states and share with ICC.		
Update state regulations crosswalk to align statute and federal requirements (including ICC membership) and present changes to ICC.	OEC Legal/Policy; Part C	Drafts targeted for April ICC.
Finalize DCF–OEC MOU clarifications on investigations vs. care, “parent” definitions, consent procedures, and training; adjust procedures accordingly.	OEC; DCF; SDE collaboration	Ongoing; procedural updates and training plans by April 2026 for ICC review.
Continue CPAC deliverables: mentor recruitment and orientation; weekly Early Steps Together support; develop 10 videos and provider modules; co-lead transition roadshows.	CPAC (Adriana Fontaine; Kiomary Sotillo) with OEC/SDE	Mentor orientation late February; weekly support ongoing; video and module production throughout 2026; transition roadshows regional schedule maintained.

Date of Next Meeting

The next ICC meeting is scheduled for **Monday, April 27, 2026**, designated as **Family Focused**. Location to be confirmed; Meriden Public Library is the leading option under consideration.

Birth to Three Lead Agency Report
January 26, 2026
Nicole Cossette, Part C Coordinator

State Systemic Improvement Plan (SSIP)

Parents will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention.

FFY20-25 SPP / APR SSIP

- The draft State Performance Plan/Annual Performance Report (SPP/APR) for FFY2024 has been posted on the website for public review. Comments have been received and are currently being incorporated into revisions. The final report is on track for submission to the Office of Special Education Programs (OSEP) by the deadline on February 2, 2026.
- The public reporting tables will be finalized and posted in February. These tables will also be reviewed and discussed during the April Interagency Coordinating Council (ICC) meeting to ensure transparency and alignment with the system goals and remain compliant with OSEP.

Target Setting Updates

- At the next ICC meeting, the Lead Agency will present a roadmap outlining the approach to target setting for the upcoming year. To provide context and support this discussion, a document from a national Technical Assistance (TA) center can be found here: https://dasycenter.org/wp-content/uploads/2021/09/DaSyECTA_TargetSettingGuide_Acc.pdf.

Fiscal Enhancements

- The Lead Agency is currently working on the draft Part C Grant Application. This draft reflects the previous year's allocation. Once OSEP releases the official application package, the budget will be incorporated into the grant submission and subsequently posted for public comment.
- Private provider payments are currently pending the execution of contracts. It is anticipated that contracts will be issued within the next week.
- The Office of Early Childhood (OEC) and state partners are actively assessing options for rate setting within the parameters of the current appropriations.

Education Outreach

- On January 16, 2026, the Education Committee, co-chaired by Representative Jennifer Leeper, convened a Birth to Three forum. The discussion focused on the critical role of Early Intervention, program requirements, transition outcomes, and amplifying families' voices in shaping services. The Lead Agency staff appreciate all who attended and contributed to strengthening the system. Especially families who were willing to share their story.
- The Single Point of Entry (SPOE) Request for Proposals (RFP) has been posted here: [Requests for Proposals \(RFPs\), Requests for Applications \(RFAs\), and Requests for Information \(RFIs\) - Connecticut Office of Early Childhood](#)

Leadership Grant (84.325L)

- The Annual Performance Report (APR) for the L Grant is due on May 1. In light of the granted extension, preparations for the next cohort are now underway. Recruitment for this cohort has concluded, and the new group is expected to begin soon.

Personnel Development

- The Lead Agency hosted National Trainers from Family, Infants, and Preschool Program (FIPP) in January for a two-day in-person Caregiver Coach training and two-day in-person Mentor Coach training. The Lead Agency is subsidizing the cost for programs to send their selected staff as well as the six months of technical assistance required following the training.

Accountability & Monitoring

- Technical Assistance (TA) will begin February 12, 2026. This is a mandatory virtual learning and collaboration leadership training series designed for EIS Program leadership to strengthen their understanding of General Supervision, compliance expectations, and systemwide alignment.
- The Lead Agency recently met with the Weiss Center, a national Technical Assistance (TA) center specializing in data and accessibility, to review materials and resources aimed at strengthening and improving our system. This collaboration will help inform strategies for enhancing data practices and ensuring accessibility across programs.
- The Lead Agency is currently reviewing state regulations related to the Birth to Three system to develop recommendations for aligning these regulations with current practices. This effort aims to ensure consistency, compliance, and support for effective support and services for families.
- The Lead Agency continues to meet with representatives from the Department of Children and Families (DCF) to develop recommendations for the upcoming Memorandum of Understanding (MOU). These meetings are focused on ensuring clear communication pathways and fostering strong team collaboration to support shared goals.

Other

- Child Care training public comment.
 - On January 23, the OEC met with ICC members to review and discuss the public comments received regarding training for childcare settings. Following this discussion, the Part C Coordinator initiated internal conversations to identify the most appropriate course of action in light of the feedback and related information. Additional updates and recommendations will be presented at the April ICC meeting.
- A third Deaf and Hard of Hearing (D/HoH) program has formally requested an amendment to its contract with the Lead Agency to transition to a support-only model. As a result, all three D/HoH programs will now operate exclusively as support-only programs. To guide this system-wide change, comprehensive guidance has been developed, and we are actively engaging with programs and key stakeholders to ensure a coordinated and seamless transition.

Data

- The enrollment and fiscal data requested by the ICC on a regular basis is attached.

Connecticut Office of Early Childhood Birth to Three System Monthly Enrollment Data - For Meeting 1/26/26*

	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Calls to 211CDI	1363	1193	1326	1290	1128	1188	1177	1038	1179	1222	1007	1023
Percent compared to CY2019 average (1113)	122%	107%	119%	116%	101%	107%	106%	93%	106%	110%	90%	92%
<i>Families declining the referral to B23¹</i>	72	65	74	60	51	66	66	61	56	47	45	53
Percent compared to CY2019 average (199)	36%	33%	37%	30%	26%	33%	33%	31%	28%	24%	23%	27%
Percent of calls to 211CD (CY2019 average was 17%)	5%	5%	6%	5%	5%	6%	6%	6%	5%	4%	4%	5%
Referrals to Birth to Three	1290	1127	1252	1230	1077	1122	1110	977	1123	1175	962	969
Percent compared to CY2019 average (913)	141%	123%	137%	135%	118%	123%	122%	107%	123%	129%	105%	106%
<i>Families declining eligibility evaluations²</i>	83	116	149	203	187	167	146	157	149	154	139	150
Percent compared to CY2019 average (67)	124%	173%	222%	303%	279%	249%	218%	234%	222%	230%	207%	224%
Percent of B23 referrals (CY2019 average was 7%)	6%	10%	12%	17%	17%	15%	13%	16%	13%	13%	14%	15%
Initial Eligibility Determinations	962	969	1067	1067	1001	991	1059	838	946	1023	824	884
Percent compared to CY2019 average (843)	113%	113%	125%	125%	117%	116%	124%	98%	111%	120%	96%	103%
Determined to be Eligible	701	696	735	737	683	642	739	556	674	699	587	610
Percent compared to CY2019 average (570)	123%	122%	129%	129%	120%	113%	130%	98%	118%	123%	103%	107%
Percent Eligible	73%	72%	69%	69%	68%	65%	70%	66%	71%	68%	71%	69%
Percent compared to CY2019 average (68%)	5%	4%	1%	1%	0%	-3%	2%	-2%	3%	0%	3%	1%
<i>Families leaving Part C in the month before an initial IFSP meeting³</i>	31	30	39	35	44	40	42	36	26	33	29	29
Percent compared to CY2019 average (55)	56%	55%	71%	64%	80%	73%	76%	65%	47%	60%	53%	53%
Percent of B23 those eligible (CY2019 average was 10%)	4%	4%	5%	5%	6%	6%	6%	6%	4%	5%	5%	5%
Initial IFSP meeting held during the month	658	592	724	677	701	587	672	574	617	661	569	590
Percent compared to CY2019 average (516)	128%	115%	140%	131%	136%	114%	130%	111%	120%	128%	110%	114%
<i>Families leaving Part C after the initial IFSP meeting but before EITS³</i>	10	7	8	11	14	9	12	12	13	18	9	5
Percent compared to CY2019 average (15)	67%	47%	53%	73%	93%	60%	80%	80%	87%	120%	60%	33%
Percent of all Exits	2%	1%	1%	2%	3%	2%	3%	1%	2%	3%	1%	1%
Eligible children who received an EITS in the month	7026	6942	7205	7269	7380	7425	7644	7703	7238	7390	7155	6612
Percent compared to CY2019 average (5177)	136%	134%	139%	140%	143%	143%	148%	149%	140%	143%	138%	128%
Average hours per child per month	5.2	4.8	5.0	5.1	5.0	4.8	5.1	4.6	5.0	5.3	4.6	4.7
Percent compared to CY2019 average (7.3)	71%	66%	68%	70%	68%	66%	70%	63%	68%	73%	63%	64%
Eligible children with an ASD diagnosis who received an EITS in the month	898	902	923	927	934	992	1063	1107	875	860	847	796
Percent compared to CY2019 average (676)	133%	133%	137%	137%	138%	147%	157%	164%	129%	127%	125%	118%
Average hours per child per month	10.4	9.4	10.1	10.0	10.0	9.4	10.0	9.0	9.4	10.3	8.6	8.4
Percent compared to CY2019 average (24.9)	50%	38%	41%	40%	40%	38%	40%	36%	38%	41%	35%	34%
Eligible children without an ASD diagnosis who received an EITS in the month	6183	6090	6326	6402	6504	6490	6631	6631	6416	6576	6343	5849
Percent compared to CY2019 average (4529)	137%	134%	140%	141%	144%	143%	146%	146%	142%	145%	140%	129%
Average hours per child per month	4.5	4.0	4.2	4.3	4.2	4.0	4.2	3.9	4.3	4.6	4.0	4.1

Connecticut Office of Early Childhood Birth to Three System Monthly Enrollment Data - For Meeting 1/26/26*

	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Percent compared to CY2019 average (4.7)	96%	85%	89%	91%	89%	85%	89%	83%	91%	98%	85%	87%
Children in families who exited before age 3³	215	166	217	225	260	260	270	256	237	249	193	182
Percent compared to CY2019 average (224)	96%	74%	97%	100%	116%	116%	121%	114%	106%	111%	86%	81%
Children in families who exited at age 3⁴	392	367	421	376	223	196	175	1010	492	398	416	428
Percent compared to CY2019 average (322)	122%	114%	131%	117%	69%	61%	54%	314%	153%	124%	129%	133%
Children in Families who exited at age 3 as eligible for Part B	243	229	267	216	74	55	52	857	333	236	240	273
Percent compared to CY2019 average (225)	108%	102%	119%	96%	33%	24%	23%	381%	148%	105%	107%	121%

*data as of 1/15/26**

All counts are counts of cases and include may include referrals within 45 days of age 3.

- 1) includes parent declined, referred to LEA, DCF no concerns and unable to contact
- 2) includes parent declined, moved out of CT, deceased and unable to contact
- 3) EITS stands for Early Intervention "Treatment" Services vs EIS (also evaluations, assessments, and IFSP meetings)
- 3) includes parent withdrew, moved out of CT, deceased and unable to contact
- 4) includes eligible for Part B, not eligible, and eligibility not determined/LEA not included

OEC Birth to Three Funding:	
State Appropriation	\$ 34,082,762
Part B Evaluations	\$ 620,000
Part C for GAP	\$ 2,012,233
Total Funding	\$ 36,714,995
Surplus (Deficit)	\$ (2,971,329)

Direct Service Hours						
FY	21 Act.	22 Act.	23 Act.	24 Act.	25 Act.	26 Est.
Jun	33,683	34,276	39,605	43,921	41,633	42,999
Jul	34,273	32,815	36,033	39,425	45,006	46,237
Aug	30,114	33,879	40,831	44,786	43,097	42,015
Sept	31,226	33,868	38,246	39,281	41,605	43,694
Oct	31,724	34,088	38,367	43,667	46,427	47,230
Nov	29,208	33,941	38,327	41,876	39,770	39,076
Dec	30,734	30,902	35,619	36,489	37,076	37,632
Jan	30,865	33,140	41,201	45,151	44,467	45,134
Feb	30,888	35,092	34,875	42,400	40,122	40,723
Mar	35,848	41,678	46,094	44,002	43,800	44,456
Apr	31,892	36,031	39,656	44,783	44,215	44,878
May	31,720	37,926	45,356	46,385	44,595	45,264
Total	382,171	417,634	474,209	512,165	511,810	519,338
% Chg	263.79%	9.28%	13.55%	8.00%	-0.07%	1.47%

Actual
Estimated

- 1) Based on Budget Tracking system as of November 2025
- 2) Based on data from PCG using date paid
- 3) Based on monthly estimates by the OEC including a list of assumptions and data that change frequently
- 4) Based on reconciled invoices (actual) and estimates using a list of assumptions using available information
- 5) Note: This is based on direct service expenses.

OEC Birth to Three System Direct Service Expenditures¹

Invoice	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Total
Paid in	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
Actual or Estimate	Actual	Actual	Actual	Actual	Actual	Actual (Incomplete)	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Actual and Estimate
Escrow	\$ 1,893,146	\$ 1,776,201	\$ 2,023,830	\$ 1,849,538	\$ 2,166,092	\$ 1,632,973	\$ 1,476,639	\$ 1,769,428	\$ 1,606,444	\$1,755,358	\$ 1,769,122	\$ 1,778,866	\$ 21,497,638
GAP	\$ 1,192,200	\$ 1,216,600	\$ 1,226,200	\$ 1,148,600	\$ 1,178,600	\$ 1,156,400	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 14,294,600
Interpretation	\$ 119,466	\$ 115,845	\$ 173,858	\$ 92,706	\$ 159,845	\$ 157,604	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 1,572,324
ATech + Other	\$ 44,178	\$ 60,085	\$ 54,522	\$ 60,713	\$ 60,837	\$ 28,665	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 639,001
Private Provider Payment	\$ -	\$ -	\$ -	\$ 7,233	\$ -	\$ -	\$ 795,980	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 803,213
Monthly Contract Payments	\$ -	\$ -	\$ -	\$ 97,222	\$ 97,222	\$ -	\$ 197,222	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 634,721
NET OEC Payments (Invoices)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net OEC Payments	\$ (3,169,064)	\$ 3,329,946	\$ -	\$ -	\$ (59,317)	\$ (417,147)	\$ 476,464	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 160,882

*Note: Private Provider Payment paid out in January; NET OEC Payments include billing fees

Commercial Insurance Payments²

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
Actual or Estimate	Actual	Actual	Actual	Actual	Actual	Actual	Actual (Incomplete)						
Claims Paid	\$354,733.10	\$284,672.90	\$258,017.21	\$299,853.36	\$286,406.47	\$325,102.48	\$ 96,264.33						
Amount Billed	\$999,732.00	\$907,449.00	\$786,726.00	\$898,950.00	\$803,298.00	\$825,963.00	\$ 264,153.00						
%Paid/Billed	%Paid/Billed	35%	31%	33%	33%	36%	39%						
Billing Fees	\$ -	\$ 50,526	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,526

*Note: January will change - incomplete month at the time the data was pulled.

Medicaid Insurance Payments²

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
Actual or Estimate	Actual	Actual	Actual	Actual	Actual	Actual	Actual (Incomplete)						
Amount Paid	\$3,480,314.17	\$2,927,501.97	\$2,965,158.65	\$3,226,292.78	\$3,485,010.04	\$ 2,693,691.00	\$ 1,666,386.42						
Amount Billed	\$3,829,218.85	\$3,166,982.59	\$3,186,870.82	\$3,413,114.62	\$3,682,248.04	\$ 2,843,359.62	\$ 1,768,575.42						
%Paid/Billed	91%	92%	93%	95%	95%	95%	94%						
Billing Fees	\$ -	\$ 33,418	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33,418

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
State Expenditure/Forecast Budget Totals:	\$ 79,926	\$ 6,582,622	\$ 3,478,411	\$ 3,256,012	\$ 3,603,279	\$ 2,558,495	\$ 4,322,806	\$ 3,194,539	\$ 3,031,555	\$3,180,469	\$ 3,194,233	\$ 3,203,977	\$ 39,686,324

Fiscal Year 2025 – 2026 Fiscal Report

Connecticut Birth to Three System

January 16, 2026

Prepared by the Office of Early Childhood

The Connecticut Birth to Three System remains committed to delivering high-quality early intervention services. This report provides a comprehensive overview of the system’s financials through December 2025, including funding sources, expenditures, private provider payments, and service delivery trends. As of December, the Fiscal Year 2026, total expenditures are expected to exceed available funding by approximately \$2.9 million, driven in part by increased service delivery data. Direct service hours continued to rise, with projected totals for FY26 exceeding 519,000 hours—an increase of over 17% from the previous year.

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450 Columbus Boulevard
Hartford, CT 06103
Phone: 860-500-4400

In lieu of COLA's state legislation, private provider payments supplied to programs. The amount is subject to change year-to-year. For Fiscal Year 2026 a total of \$789,136 in private provider payments is expected to be disbursed in January February. During this FY there was a secondary PPP payment that was sent to programs in the form of a grant payment.

The OEC continues to monitor funding streams, including Medicaid and commercial insurance reimbursements, and remains focused on aligning expenditures with available resources. The OEC appreciates ICC's continued partnership and recommendations on improving the financial structure within the Birth to Three system.

Executive Summary

Total State and Federal Part C Direct Service Funding for FY26 is \$36.7 million, including:

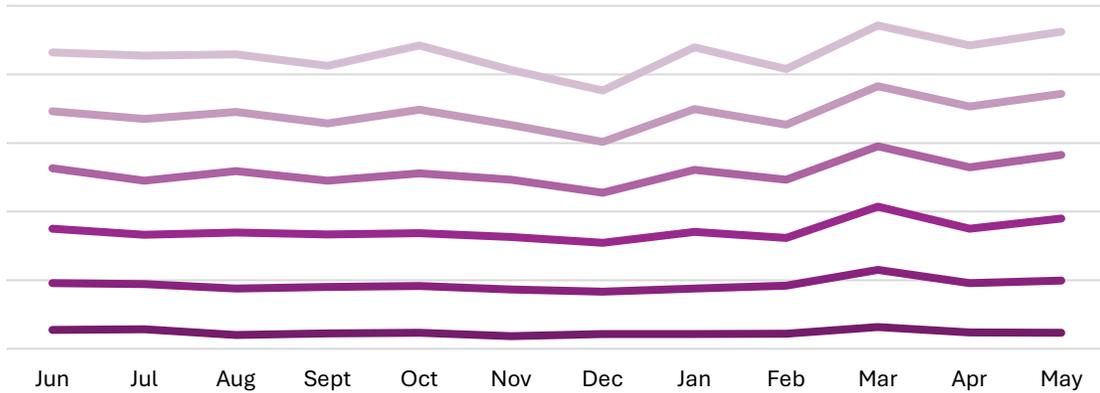
- \$34.1 million in State Appropriation
- \$2.0 million in Part C (GAP) funding
- \$620,000 in Part B Evaluation funding
- **Total Expenditures** are projected at \$39.4 million, resulting in a **projected deficit of approximately \$2.9 million.**
- **Private Provider Payments** totaling \$789,136 are expected to be issued in January and February.
- **Direct Service Hours** are projected to exceed **519,338 hours in FY26**, representing an **increase** over FY25 and continuing a multi-year upward trend.

Medicaid and Commercial Insurance Revenue:

- **Medicaid reimbursements** consistently have a payment-to-billed ratio exceeding 90%. **Commercial insurance payments** remain lower, with an average reimbursement rate of approximately 34%.

Direct Service Hours

— Direct Service Hours 21 Act. — Direct Service Hours 22 Act.
— Direct Service Hours 23 Act. — Direct Service Hours 24 Act.
— Direct Service Hours 25 Act. — Direct Service Hours 26 Est.



Direct Service Hours						
FY	21 Act.	22 Act.	23 Act.	24 Act.	25 Act.	26 Est.
Jun	33,683	34,276	39,605	43,921	41,633	42,999
Jul	34,273	32,815	36,033	39,425	45,006	46,237
Aug	30,114	33,879	40,831	44,786	43,097	42,015
Sept	31,226	33,868	38,246	39,281	41,605	43,694
Oct	31,724	34,088	38,367	43,667	46,427	47,230
Nov	29,208	33,941	38,327	41,876	39,770	39,076
Dec	30,734	30,902	35,619	36,489	37,076	37,632
Jan	30,865	33,140	41,201	45,151	44,467	45,134
Feb	30,888	35,092	34,875	42,400	40,122	40,723
Mar	35,848	41,678	46,094	44,002	43,800	44,456
Apr	31,892	36,031	39,656	44,783	44,215	44,878
May	31,720	37,926	45,356	46,385	44,595	45,264
Total	382,171	417,634	474,209	512,165	511,810	519,338

State Expenses:

These data points are based on budget tracking in the system as of December 2025, based on data from PCG using the date paid, based on monthly estimates by the OEC including a list of assumptions and data that change frequently. Data is also based on reconciled invoices (actual) and estimates using a list of assumptions using available information. Also note this is based on direct service expenses.

OEC Birth to Three Direct Service:	
State Appropriation	\$ 34,082,762
Part B Evaluations	\$ 620,000
Part C for GAP	\$ 2,012,233
Total Funding	\$ 36,714,995
Surplus (Deficit)	\$ (2,971,329)

OEC Birth to Three System Direct Service Expenditures¹

Invoice	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
Paid in	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Actual	Estimate
Actual or Estimate	Actual	Actual	Actual	Actual	Actual	Actual (Incomplete)	Estimate	Actual						
Escrow	\$ 1,893,146	\$ 1,776,201	\$ 2,023,830	\$ 1,849,538	\$ 2,166,092	\$ 1,632,973	\$ 1,476,639	\$ 1,769,428	\$ 1,606,444	\$ 1,755,358	\$ 1,769,122	\$ 1,778,866	\$ 1,778,866	\$ 1,778,866
GAP	\$ 1,192,200	\$ 1,216,600	\$ 1,226,200	\$ 1,148,600	\$ 1,178,600	\$ 1,156,400	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000	\$ 1,196,000
Interpretation	\$ 119,466	\$ 115,845	\$ 173,858	\$ 92,706	\$ 159,845	\$ 157,604	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500	\$ 125,500
ATech + Other	\$ 44,178	\$ 60,085	\$ 54,522	\$ 60,713	\$ 60,837	\$ 28,665	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000	\$ 55,000
Private Provider Payment	\$ -	\$ -	\$ -	\$ 7,233	\$ -	\$ -	\$ 795,980	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Monthly Contract Payments	\$ -	\$ -	\$ -	\$ 97,222	\$ 97,222	\$ -	\$ 197,222	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611	\$ 48,611
NET OEC Payments (Invoices)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net OEC Payments	\$ (3,169,064)	\$ 3,329,946	\$ -	\$ -	\$ (59,317)	\$ (417,147)	\$ 476,464	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Commercial Insurance Payments²

Commercial Insurance Payments ²	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
Actual or Estimate	Actual	Actual	Actual	Actual	Actual	Actual	Actual (Incomplete)						
Claims Paid	\$354,733.10	\$284,672.90	\$258,017.21	\$299,853.36	\$286,406.47	\$325,102.48	\$ 96,264.33						
Amount Billed	\$999,732.00	\$907,449.00	\$786,726.00	\$898,950.00	\$803,298.00	\$825,963.00	\$ 264,153.00						
%Paid/Billed	%Paid/Billed	35%	31%	33%	33%	36%	39%						
Billing Fees	\$ -	\$ 50,526	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,526

Medicaid Insurance Payments²

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
Actual or Estimate	Actual	Actual	Actual	Actual	Actual	Actual	Actual (Incomplete)						
Amount Paid	\$3,480,314.17	\$2,927,501.97	\$2,965,158.65	\$3,226,292.78	\$3,485,010.04	\$ 2,693,691.00	\$ 1,666,386.42						
Amount Billed	\$3,829,218.85	\$3,166,982.59	\$3,186,870.82	\$3,413,114.62	\$3,682,248.04	\$ 2,843,359.62	\$ 1,768,575.42						
%Paid/Billed	91%	92%	93%	95%	95%	95%	94%						
Billing Fees	\$ -	\$ 33,418	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33,418

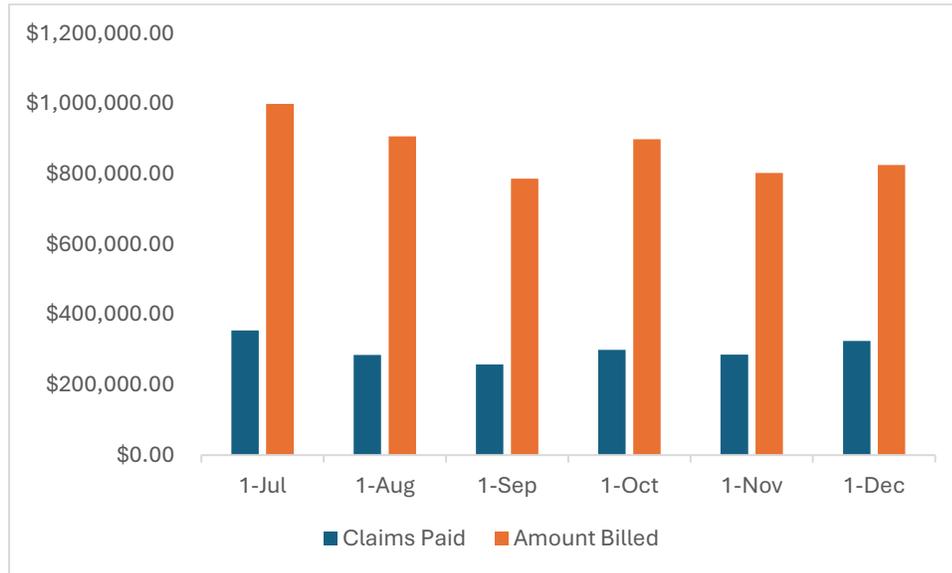
Totals

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total
State Expenditure/Forecast	\$ 79,926	\$ 6,582,622	\$ 3,478,411	\$ 3,256,012	\$ 3,603,279	\$ 2,558,495	\$ 4,322,806	\$ 3,194,539	\$ 3,031,555	\$ 3,180,469	\$ 3,194,233	\$ 3,203,977	\$ 39,686,324
Budget Totals:													

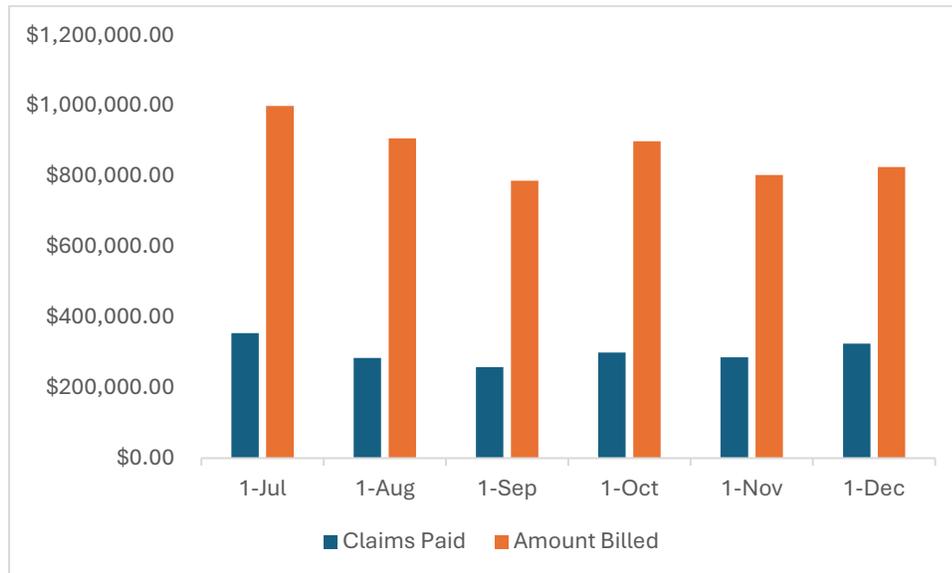
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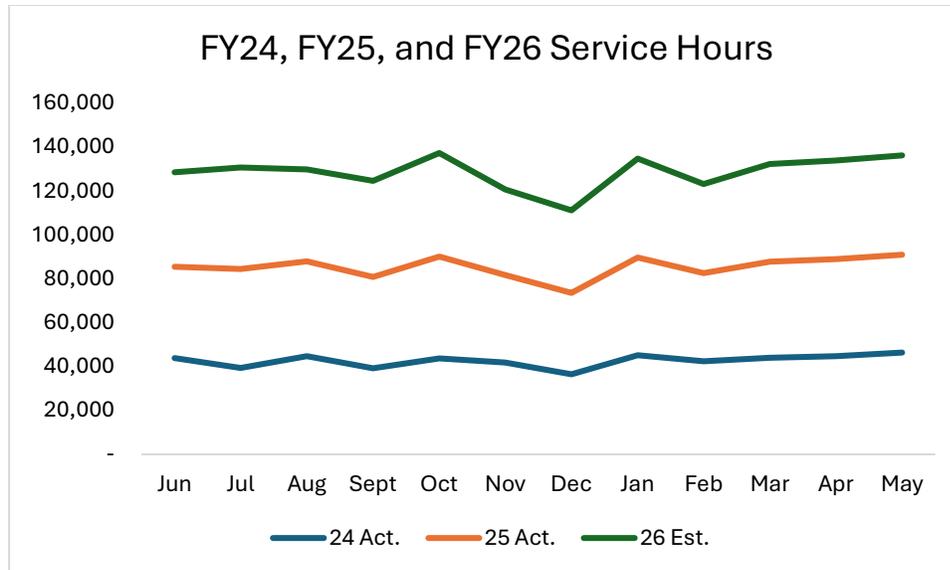
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Medicaid:



Commercial Insurance:



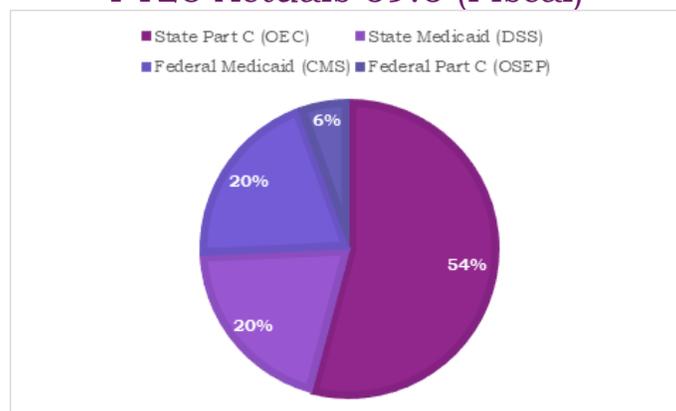


Additional Payments to the Field:

During State Fiscal Year 2026 there were the following payments made in addition to the direct service fiscal data that is outlined above:

- A federal private provider payment – this is a one-time grant payment to cover the supplemental one-time private provider payment. This is outside of the legislated private provider payments.
- A payment to programs to support Early Intervention Services Over Three.
- Contract amendments to cover monitoring and technical assistance process.
- There are also funds that will be sent to programs to support training via our professional development initiatives.

FY 25 Fiscal Breakdown: FY25 Actuals 69.6 (Fiscal)





**Connecticut Birth to Three Annual Data Report
Fiscal Year (FY) 2025 (July 1, 2024 – June 30, 2025)**

Acknowledgments

Connecticut’s Lead Agency for the Birth to Three System is:



Commissioner Beth Bye

Deputy Commissioner Elena Trueworthy

The Governor’s office appoints members of the State Interagency Coordinating Council (ICC) to advise and assist the Office of Early Childhood (OEC) as the Lead Agency for Birth to Three. The ICC is an invaluable resource for the Lead Agency and has been a source of information and assistance on behalf of Connecticut’s children who are part of the Birth to Three system.

Fiscal Year (FY) 2025 ICC Members Include:

Chair: Cindy Jackson
Co-Chair: Leona Adamczyk

Tiffanie	Allain	Ceci	Maher
Elaine	Balsley	Ginny	Mahoney
Mary Beth	Bruder	Donna	Maitland-Ward
Nicole	Cossette	Sharon	Marie
Jennifer	Dowty	Caitlin	McNamara
Robb	Dunn	Ann	Milanese
Shanda	Easley	Lisa	Opert
Tina	Gilbertie	Enrique	Pabon
Anne	Giordano	Maris	Pelky
Julie	Hall	Louis	Tallarita
Renee	Kleinman	Joshua	Vaughn
John	Lamb	Tammy	Venenga
Liz	Linehan	Shakirah	Wade

The Birth to Three system would like to provide special recognition to state partners, including the Department of Social Services, Department of Education, Department for Children and Families, Department of Public Health, and Board of Education Services for the Blind – DORS. Without their collaboration and support, Birth to Three would not be the strong system it is today.

The ICC would like to recognize Leona Adamczyk for her significant contributions over the past several years. Leona has been a fierce advocate for all children and has led the ICC with a focus on children and families. She has served on numerous committees and collaborated with others to ensure that the system remains stable and supportive for all children, from referral to exit from the Birth to Three system. Leona has also played a vital role in helping and onboarding parents to the ICC, continuing to be a source of support for them. Although she has stepped down from her role as co-chair, the ICC is grateful for the countless hours of work she dedicated to this position.

The ICC would like to also thank Asia Clermont and Sally Chamberland for being willing to share their stories within this report.

Table of Contents

Acknowledgments	2
Programs	4
System Needs	7
Family Stories	8
Birth Cohort Data	10
Eligibility and Evaluations Data	10
Workforce Development	12
General Supervision Development	15
Federal Performance	15
Town-by-Town Data	17

Programs

The following early intervention service provider programs have been part of the Birth to Three system over the last year. The number of children listed below are those with Individual Family Service Plans (IFSPs) during the 2025 Fiscal Year and the number of towns served by each as of 6/30/25.

Program	Children	Number of Towns
Abilis Birth to Three	317	2
American School for the Deaf	111	<i>Statewide</i>
Beacon Services of CT	1932	93
Benchmark Infant and Toddler Services	2327	42
Building Bridges, LLC	904	23
Cheshire Public Schools - Darcey School	97	4
Children's Therapy Services	472	18
Creative Interventions	1069	60
CREC Birth to Three	318	11
CREC Soundbridge	45	<i>Statewide</i>
EASTCONN Birth to Three	370	21
EdAdvance Birth to Three	929	39
HARC - Steppingstones	459	15
New England Center for Hearing Rehabilitation	*	<i>Statewide</i>
Project Interact, Inc.	42	9
Reachout, Inc.	298	3
Rehabilitation Associates of Connecticut, Inc.	2440	48
SARAH, Inc. - KIDSTEPS	1549	50
Mentor South Bay	835	16
TheraCare	522	4

**NECHEAR does not provide service coordination, therefore they do not have a countable number of IFSPs, however they act as a statewide Birth to Three Deaf/Hard of Hearing Support Program.*

Connecticut’s Birth to Three system is committed to supporting infants and toddlers with developmental delays and disabilities to develop and grow through supporting families in their child’s natural environment using their everyday routines and activities. Eligible children are birth through age three, who have certain medical diagnoses or those showing signs of developmental delays in one or more key areas as outlined below:

- **Cognitive abilities** (learning, problem solving and remembering);
- **Communication skills** (talking, understanding and expressing ideas, following directions, pointing);
- **Social or emotional behaviors** (expressing emotions and having healthy relationships);
- **Physical development**, including seeing, hearing, moving, and general health; and
- **Adaptive skills** (self-help or daily living skills)

The chart below shows how many children in Connecticut had an Individualized Family Service Plan (IFSP) on December 1st of each year over the past 10 years.

<i>Year</i>	<i>Eligible Children 0-3</i>	<i>Trend</i>
12/1/2015	4726	–
12/1/2016	4804	↑
12/1/2017	4944	↑
12/1/2018	5830	↑
12/1/2019	5320	↓
12/1/2020	5079	↑
12/1/2021	6034	↑
12/1/2022	6960	↑
12/1/2023	6753	↓
12/1/2024	7350	↑

As the number of children and families supported increases from year to year, the system continues to face challenges related to workforce shortages.

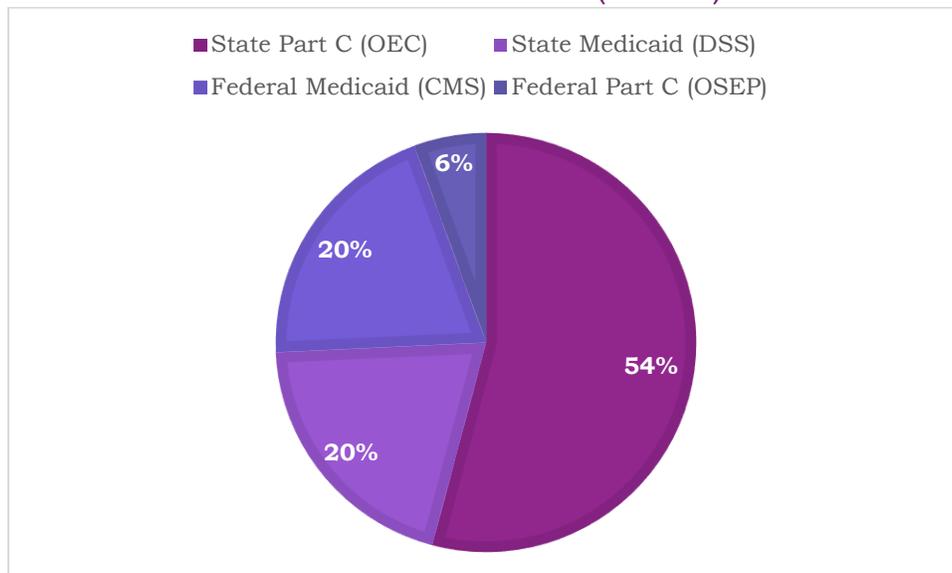
Legislative Session

The Connecticut Birth to Three Rate Study, conducted by Public Consulting Group (PCG), outlined the cost analysis and recommended rate increases necessary to stabilize the system and ensure adequate provider reimbursement. In response, the Governor’s proposed budget for the 2025 legislative session closely aligned with these recommendations, including funding levels that would have supported the rate increases identified in the study. However, the final legislative appropriations differed from the Governor’s proposal. The legislature approved an increase of \$3.8 million in the Office of Early Childhood state line item and \$2.9 million in the Department of Social Services (DSS) line item to support a rate increase, along with a \$1 million reduction to the General Administrative Payment (GAP) line item, reallocating those funds toward the rate increase. While these changes were extremely helpful in supporting and stabilizing the system, the final appropriation fell short of fully funding the rate increases recommended in the Rate Study and originally included in the Governor’s budget.

Current Funding Structure

The table below outlines the state fiscal year 2025 (7/1/2024-6/30/2025) by actual funding categories. Of the \$69.6 million that the Birth to Three system received, 54% of those monies were funded through the state legislature, 40% funded through Medicaid, and 6% by federal Part C dollars received through the US Department of Education, Office of Special Education Programs (OSEP).

FY25 Actuals 69.6 (Fiscal)



System Needs

As outlined in the FY24 Annual Data Summary (located here: [Annual Data Summaries - Birth23.org](#)), the ICC and OEC collaborated on a comprehensive rate study cost analysis. The study's data was used to inform the system about the current cost of delivering Early Intervention services, particularly since rates had not been adjusted since 2017. Although funding was increased for FY27 during the FY25 legislative session, the allocation is not sufficient to raise the rates to the levels recommended in the report.

As a result, the system continues to face significant challenges in employing the professional disciplines necessary to support families across Connecticut's Early Intervention system. Recruitment and retention of high-quality early interventionists remain ongoing concerns. Anecdotal reports indicate several contributing factors, including the funding structure, pay scale, and the substantial number of responsibilities placed on staff.

Because the system operates under Part C of the Individuals with Disabilities Education Act (IDEA), programs must comply with a wide range of regulations. These requirements can feel burdensome to staff, and without adequate funding, programs struggle to hire and retain the workforce needed to effectively serve Connecticut's children and families enrolled in the Birth to Three system.

Where are the supports provided?

Each provider who supports families throughout the State of Connecticut is a dedicated professional who provides early intervention in the home or community setting where children without disabilities typically participate, as the natural environment. In FY25, 99% of children supported within the system received support in their home or community setting. This is essential in providing parents and caregivers with the support they need to advocate for their child and describe their child's needs. Evidence-based practices include:

- Providing support and services by a primary service provider based on the family's priority and the child's needs.
- Using coaching as a style of interaction with families to build their capacity to enhance their child's development.
- Providing support during activities and routines within the child's typical day in their natural environment.

Natural learning environments are more than places where children live, learn, and play. Natural learning environment practices start with looking at the activities children participate in during their everyday lives at home and in the

community. These everyday activities provide learning opportunities, which, in turn, lead to increased participation and skill development for the child. Early Intervention focuses on supporting the family's confidence and competence by providing opportunities in their everyday activities for their child to learn and develop. Many learning opportunities occur during activities in the home, such as eating, reading stories, playing with siblings, taking a bath, and folding laundry. Other learning opportunities happen in the community, such as going to the playground, grocery shopping, playgroups, and story hours, participating in other activities, and attending child care centers. When the Birth to Three interventionists provide supports in the child care centers there is a stronger bridge between the center's ability to support the child and a reduction in challenges in the center. This leads to children remaining in the center for longer periods of time and parents being able to work.

Natural environments include the child care setting. For Birth to Three many visits happen in an early childhood classroom or within a child care center. One parent shared: "My provider also stayed patient when scheduling and working either with myself or my daughter's daycare to schedule services. The director of my daughter's daycare was somewhat picky about when she was able to come and provide services but our provider was able to navigate all that beautifully and did not let it interfere with providing services in any way."¹

Family Stories

Each year, the Connecticut Birth to Three System surveys a group of families to assess their experience in the system. This survey evaluates family outcomes and looks at the percentage of families who report that Early Intervention Services have helped the family know their rights, effectively communicate their child's needs, and help their child develop and learn. Families who completed the survey have been involved with Birth to Three for a minimum of six months and not yet exited. Providers received surveys in July 2025 to distribute to their families. Families had the option of completing a paper or online survey. Surveys were returned to the Lead Agency by September 1, 2025. This year, the family survey was primarily offered online and translated into multiple languages. There were paper copies for families who preferred paper. During 2025 there was a significant increase in the number of families who responded to the survey.

When asked if Birth to Three helped them in understanding their rights, helping their child develop and learn, and effectively communicating their child's needs, one parent shared: "Yes, absolutely – especially with my son I

¹ SC - Parent

was worried with his growth and development. Because of my service providers I learned to lean on his strengths to help his weaknesses. For example, he loves numbers so I was able to share with his preschool team that if you focus there you can then bring in communication. I learned this through Birth to Three.²

The family survey is analyzed utilizing a statistical methodology to determine whether the family was able to meet the outcomes of Indicator 4 of the Annual Performance Report. Of those families who responded to the survey, 89.5% of respondents reported they knew their rights under Part C of IDEA, 87% were better able to communicate their child's needs, and 93.8% reported they were better able to help their child develop and learn.

There were many comments compiled from the family survey. Families reported that they had a positive experience within the Birth to Three system. Some families identified concerns related to feeling anxious about their child's transition at age three. Conversely, some families reported that there were disruptions to services due to a workforce shortage. Some families reported turnover in the workforce left a gap in services. The staff turnover disrupts the continuous supports to families. This continues to highlight the need to support the recruitment and retention efforts. Birth to Three is an invaluable resource to families. Each interventionist in the field brings specialized expertise and suggestions to support families in helping their child develop and learn.

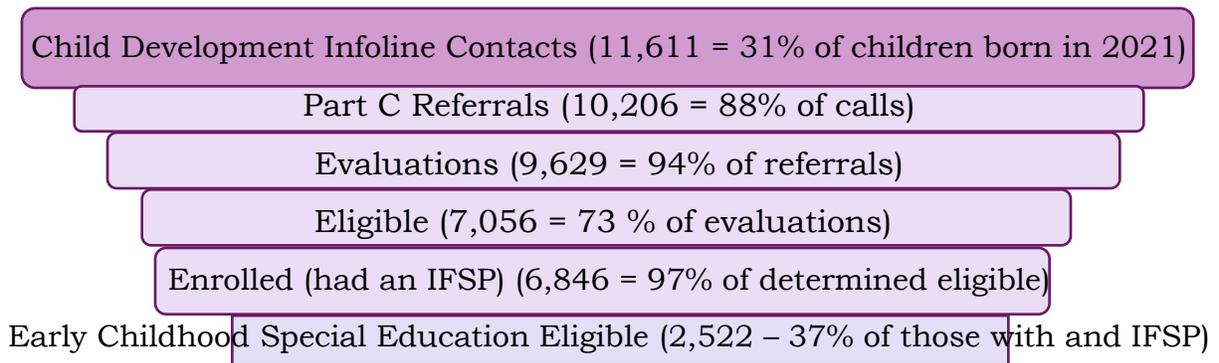
One parent shared: "My daughter is now a confident walker and has made such amazing progress. She was discharged this past week and it was a hugely proud moment for me that was such a positive experience with our provider. Our provider was so knowledgeable and always had a simple to execute but smart and clear suggestion on how to support the next step of getting my daughter to walk. Her suggestions were manageable and realistic."³

² AC - Parent

³ SC - Parent

Birth Cohort Data

Birth cohort data examines the number of children born within a specific calendar year. This data is essential for evaluating the availability and impact of Birth to Three supports for families. In 2021, approximately 34,333 babies were born in Connecticut. Of the children born in 2021, a total of 6,846 children received Birth to Three services, which represents 20% of that birth cohort. This report focuses on the 2021 birth cohort, comprising all children born between January 1, 2021, and December 31, 2021, who turned three years old during the calendar year 2024.

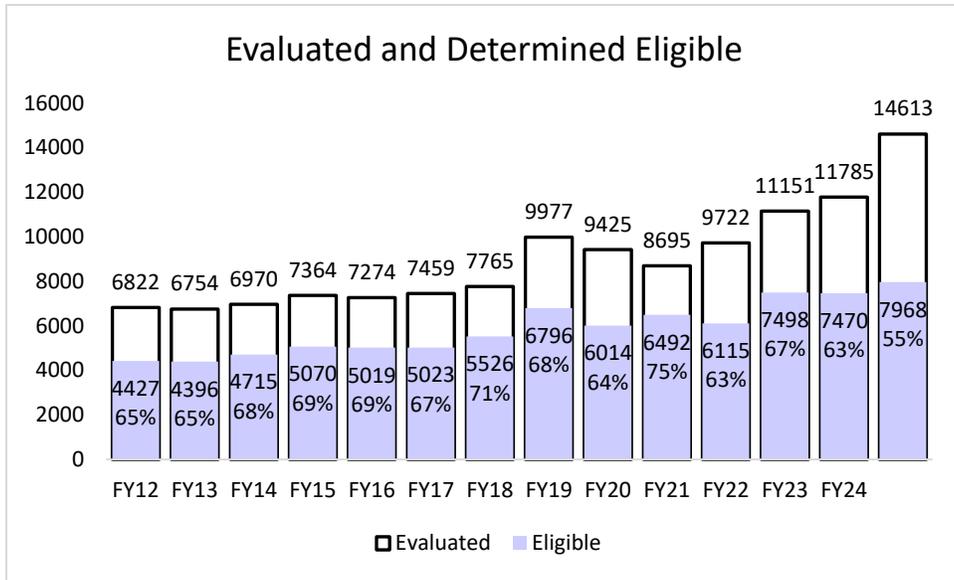


Current Year Data

While Birth Cohort data is a great way to evaluate the number of children supported by the system in any given cohort, the data is older due to the cohort looking at children who turned three in the previous calendar year. Over the last several years, the Birth to Three system has had an exponential increase in referrals to the Birth to Three system. To understand the current needs of the system, the section below provides data from FY25.

Eligibility and Evaluations Data

In FY25, 14,613 eligibility evaluations were completed for children and their families. Of those 14,613 evaluations, 7,968 (55%) were determined eligible for Birth to Three supports. Over the last 14 years, the number of evaluations and eligible children has increased.



Language and Accessibility Data

Connecticut remains committed to supporting families in their native language with the use of staff who speak the native language and interpreters. In FY25, the system supported families who speak 38 different languages. The system also provides translation to all families so that written resources are accessible in their native language.

Below are the top 10 languages spoken in the household in FY25.

Language in Home	Count of Children
English	10,068
Spanish	2,191
Portuguese	171
Creole	85
Arabic	67
Urdu	35
Albanian	28
Bengali	24
Mandarin	24
Hindi	20

Workforce Development

Early Interventionist Specialist Credential

During the FY25 year, the Lead Agency at the Office of Early Childhood proudly awarded its very first Early Interventionist Specialist (EIS) Credential to a provider in the CT Birth to Three System. The EIS Credential is a revised version of the Infant Toddler Family Specialist certificate which has been updated to align with current practices and pedagogy. This updated credential is a rigorous, yet self-paced, process for EI providers to demonstrate competence in their knowledge, application, and implementation of evidence-based EI practices. This milestone of awarding the credential represents a significant advancement in the state's commitment to ensuring high-quality, evidence-based early intervention services for infants and toddlers and their families. Earning this credential reflects the interventionists' dedication for professional excellence, ongoing learning, and commitment to the delivery of high-quality services to families and children.

Natural Learning Environment Practices and Service Coordination Trainings

The Birth to Three system hosts a multitude of trainings throughout the year. In alignment with Early Intervention requirements and pedagogical perspectives, the OEC provided training for Service Coordination and Natural Learning Environment Practices (NLEP).

Service coordination under IDEA Part C is a required early intervention service that ensures families of infants and toddlers with developmental delays or disabilities can access and organize the support they need. Each eligible child and family is assigned a service coordinator who acts as the primary service provider for that family, helping them navigate the system, understand their rights, and connect with appropriate resources. The coordinator facilitates the development of the Individualized Family Service Plan (IFSP), monitors service delivery, provides information and referrals, and assists with transition planning when the child approaches age three. By coordinating services across multiple providers and agencies, service coordination creates a family-centered, culturally responsive approach that reduces stress and promotes positive outcomes for both the child and family. The Office of Early Childhood trained 108 early intervention personnel resulting in 98 newly certified Service Coordinators.

Connecticut's Birth to Three system remains dedicated to providing supports and services in Natural Environments with a Family-Centered focus. Two Natural Learning Environment Practice (NLEP) trainings were offered with a total of 108 attendees. Capitalizing on the knowledge acquired in the NLEP trainings, two 2-day trainings were offered to support the move toward developing implementation skills to fidelity in the Caregiver Coach and Mentor Coach trainings supported by the Family, Infant, & Preschool Program (FIPP). These trainings are followed up by a minimum of 6 months of technical assistance (TA) in order to reach fidelity. The 2-day Caregiver Coach training was attended by 110 Early Intervention staff. The 2-day Mentor Coach training was attended by 29 new trainees and several auditing Early Intervention staff.

The Trauma of Homelessness; The Impact on Very Young Children and Families was attended by 34 early intervention staff.

Music Therapist Discipline Addition

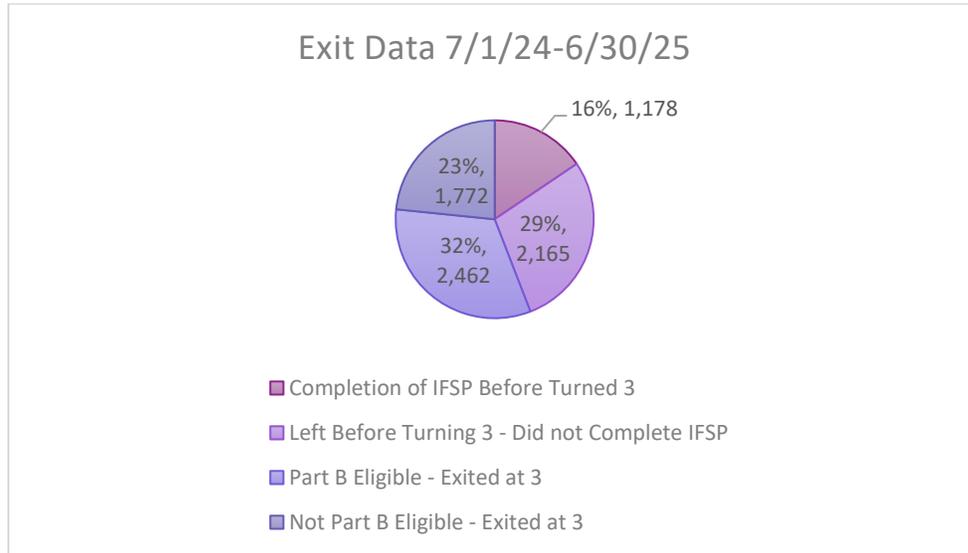
The CT Birth to Three system is equally excited at the incorporation of Music Therapy as a recognized discipline within the Birth to Three system. This addition further aligns the state with services that are outlined in Part C of IDEA. With this, music therapy has been incorporated into many IFSPs when teams deemed it appropriate to support a child's and family's outcomes. Music therapists are considered professional providers throughout the system, and all follow the Birth to Three approach inclusive of NLEP, Primary Service Provider (PSP) and Coaching, and Assistive Technology (AT) as appropriate.

Exit and Transition Data

Exiting the Connecticut Birth to Three System occurs when a child transitions out of early intervention services, typically at age three or earlier if the family chooses to discontinue services. This process includes a transition plan developed with the family as part of the Individualized Family Service Plan (IFSP), ensuring a smooth move to appropriate next steps such as preschool special education under IDEA Part B, community programs, or other supports. The service coordinator facilitates this process by sharing information about available options, coordinating meetings with the local school district if appropriate and with family consent, and ensuring families understand their rights and choices. The goal is to provide continuity of services and support so that the child and family are prepared for the next stage of development and education. During FY25, 7,577 children exit the Birth to Three system.

Exit Data FY25

*ECSE – Early Childhood Special Education



One family shared her story on exiting Birth to Three and the transition process. ‘My transition process went very well. I wish I could have kept my son's team – they were great and went above and beyond. They gave me practical advice. As an example, if he is going on a school bus, one suggestion was to get him on a bus so that he can understand. Overall, for transition, I am a teacher, but a high school teacher, so I did not know what the process included. My providers were understanding when I said I feel like I should know this, and they said This is the first time you went through this. We don't expect you to know. We are here to help.’⁴

In 2021, the state implemented Early Intervention Services (EIS) over 3, which supports children who turn 3 over the summer and may have a gap in services before the school year begins. Since then, numerous families have taken advantage of the extended option. One family shared their experience when asked if EIS Over Three helped their family. They responded: “Absolutely, I was worried about what would happen if he did not have services for 2 months, and there would be a lot of loss, and starting school would be hard for him. Thursday, he exited Birth to Three and started school on Monday, and it was a seamless transition.”⁵

⁴ AC - Parent

⁵ AC – Parent

General Supervision Development

The CT Birth to Three system has released the Determination Report of Outcomes and Program Priorities (DROPP). This report is part of the Connecticut Birth to Three System's responsibility, under the Office of Early Childhood, to maintain a unified general supervision framework. This framework incorporates all monitoring priorities, including embedded fiscal monitoring. It also supports the annual determination of each contracted Early Intervention Services program's performance based on these monitoring activities.

States must use the following four (4) determination categories outlined in §303.703 of IDEA when issuing annual program determinations:

- Meets Requirements,
- Needs Assistance,
- Needs Intervention, and
- Needs Substantial Intervention.

Throughout FY25, the Lead Agency assigned programs into year-long technical assistance (TA) groupings based on determination categories.

Federal Performance

For the Federal Fiscal Year 2023, which runs from July 1, 2022, to June 30, 2023, Connecticut's determination was classified as "Needs Assistance." The state's Birth to Three system continues to demonstrate a strong commitment to quality and accountability. The most recent report (found here: [IDEA Determinations - Birth23.org](https://www.idea.determinations-birth23.org)) highlights Connecticut's dedication to maintaining high standards, particularly in data quality, where the state has established robust data standards. The data presented showcases the progress made and the consistency maintained across child outcomes, emphasizing the system's effectiveness and the hard work of everyone involved.

The Annual Performance Report (APR) and State Systemic Improvement Plan (SSIP) is the federal report in which OSEP identifies the states determination. The state identified areas of noncompliance in the Annual Performance Report (APR) Indicators 1 (Timely Service Delivery), 7 (Timeliness of IFSPs), and 8c (Early Childhood Transition), the Office of Special Education Programs (OSEP) rated Connecticut's overall compliance at 87.50%, reflecting the system's ongoing efforts to meet federal expectations. Despite these strengths, there are clear opportunities for growth that could further enhance the system's impact:

1. Data Quality and Completeness

To raise the determination and maintain a strong system, the state can improve the completion rate, throughout the upcoming FY27, of the Child Outcomes Summary (COS) while continuing to uphold the high standards of data quality and integrity.

2. Performance and Change Over Time

Although compliance and monitoring levels remain strong, the data reveals a lack of measurable improvement in child outcomes over time. This signals a need for deeper analysis and targeted strategies to support meaningful progress in developmental outcomes.

The Lead Agency has started working with the Interagency Coordinating Council (ICC) to determine next steps and support improvements in child outcomes at the state level.

Town-by-Town Data

A town-by-town breakdown of children who received supports throughout FY25 can be found below. Suppressed data provided for towns with less than 6 children to protect confidentiality.

Note: Children can be referred at birth and remain in the system until age three. Therefore, the number of eligible children and IFSP can be larger than children referred to Birth to Three in the fiscal year.

Note: Served is defined as having an active IFSP.

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
ANDOVER	11	12	<6	13	2
ANSONIA	89	93	61	112	2
ASHFORD	9	10	8	12	2
AVON	37	37	20	52	3
BARKHAMSTED	7	7	<6	7	2
BEACON FALLS	16	16	11	29	3
BERLIN	48	53	35	64	2
BETHANY	12	15	10	19	2
BETHEL	67	68	48	92	4
BETHLEHEM	6	<6	<6	8	1
BLOOMFIELD	79	77	49	82	3
BOLTON	9	7	<6	15	2
BOZRAH	7	7	<6	<6	3
BRANFORD	76	81	47	80	3
BRIDGEPORT	769	787	526	968	4
BRIDGEWATER	<6	<6	<6	<6	2
BRISTOL	249	267	160	290	4
BROOKFIELD	50	47	29	53	3
BROOKLYN	21	19	12	35	2
BURLINGTON	20	19	12	26	3
CANAAN	7	7	<6	<6	1
CANTERBURY	24	22	9	15	2
CANTON	19	20	11	19	1
CHAPLIN	6	6	<6	8	2
CHESHIRE	61	66	34	72	3

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
CHESTER	<6	<6	<6	<6	2
CLINTON	34	32	18	34	2
COLCHESTER	46	45	27	62	3
COLEBROOK	<6	<6	<6	<6	1
COLUMBIA	11	11	7	16	2
COVENTRY					1
	43	38	27	49	
CROMWELL	34	33	22	49	3
DANBURY	411	414	249	425	5
DARIEN	79	76	47	87	3
DEEP RIVER	6	6	<6	<6	3
DERBY	60	57	37	72	2
DURHAM	28	29	23	38	2
EAST GRANBY	13	16	12	17	2
EAST HADDAM	20	18	13	21	2
EAST HAMPTON	43	42	26	47	3
EAST HARTFORD					5
	260	252	156	264	
EAST HAVEN	106	110	73	136	3
EAST LYME	44	42	27	49	5
EAST WINDSOR	30	32	16	29	4
EASTFORD	<6	<6	<6	<6	2
EASTON	22	22	14	21	2
ELLINGTON	53	55	38	67	3
ENFIELD	156	148	93	168	6
ESSEX	6	7	<6	8	2
FAIRFIELD	181	180	105	202	3
FARMINGTON	63	63	37	64	3
FRANKLIN	<6	<6	<6	<6	2
GLASTONBURY	67	74	36	94	3
GOSHEN	<6	<6	<6	<6	1
GRANBY	33	35	19	31	3
GREENWICH	196	196	95	203	3
GRISWOLD	41	44	26	41	3
GROTON	138	134	84	146	3
GUILFORD	61	60	40	77	2
HADDAM	19	18	13	20	3
HAMDEN	180	180	118	240	5
HAMPTON	<6	<6	<6	7	2

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
HARTFORD	784	808	473	832	7
HARTLAND	<6	<6	<6	<6	2
HARWINTON	9	10	9	20	3
HEBRON	28	27	16	29	2
KENT	6	<6	<6	6	1
KILLINGLY	70	70	30	58	3
KILLINGWORTH	18	16	12	24	2
LEBANON	27	19	11	32	2
LEDYARD	46	45	33	60	4
LISBON	12	10	<6	15	3
LITCHFIELD	16	15	8	13	3
LYME	<6	<6	<6	<6	2
MADISON	36	37	29	53	2
MANCHESTER	256	250	152	285	5
MANSFIELD	33	35	21	33	2
MARLBOROUGH	18	17	9	24	2
MERIDEN	302	307	214	384	5
MIDDLEBURY	13	13	7	16	2
MIDDLEFIELD	9	8	<5	10	3
MIDDLETOWN	155	154	106	194	4
MILFORD	127	126	84	152	4
MONROE	48	44	27	63	3
MONTVILLE	47	48	26	57	4
MORRIS	<6	6	<6	<6	1
NAUGATUCK	120	118	69	123	4
NEW BRITAIN	418	431	285	535	6
NEW CANAAN	42	44	21	54	2
NEW FAIRFIELD	54	46	26	52	2
NEW HARTFORD	19	16	13	17	3
NEW HAVEN	538	539	345	657	4
NEW LONDON	132	129	80	103	3
NEW MILFORD	84	76	48	88	2
NEWINGTON	76	76	50	123	4
NEWTOWN	65	67	40	83	3
NORFOLK	<6	<6	<6	<6	1
NORTH BRANFORD	43	38	21	49	2
NORTH CANAAN	<6	<6	<6	<6	1
NORTH HAVEN	66	67	42	91	3

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
NORTH STONINGTON	10	11	10	13	3
NORWALK	375	365	211	424	3
NORWICH	208	200	114	207	3
OLD LYME	19	19	11	20	3
OLD SAYBROOK	15	15	9	16	3
ORANGE	35	36	26	46	2
OXFORD	38	37	29	49	2
PLAINFIELD	59	58	35	63	3
PLAINVILLE	67	63	40	67	3
PLYMOUTH	51	50	28	44	2
POMFRET	11	13	6	19	3
PORTLAND	35	35	22	42	3
PRESTON	12	12	6	9	2
PROSPECT	26	27	15	27	3
PUTNAM	37	37	20	41	4
REDDING	22	21	12	29	2
RIDGEFIELD	69	72	38	80	3
ROCKY HILL	55	55	30	54	3
ROXBURY	<6	<6	<6	<6	1
SALEM	16	15	<6	17	2
SALISBURY	<6	<6	<6	<6	1
SCOTLAND	<6	<6	<6	<6	2
SEYMOUR	52	48	29	60	2
SHARON	<6	<6	<6	<6	1
SHELTON	115	122	80	169	4
SHERMAN	9	8	6	9	2
SIMSBURY	68	65	36	64	3
SOMERS	24	23	12	24	3
SOUTH WINDSOR	75	76	44	81	4
SOUTHBURY	27	25	13	28	2
SOUTHINGTON	129	127	64	140	3
SPRAGUE	9	10	<6	<6	2
STAFFORD	34	33	23	40	2
STAMFORD	562	585	357	657	4
STERLING	10	12	7	13	2
STONINGTON	30	28	16	32	2
STRATFORD	180	177	116	234	4
SUFFIELD	29	32	20	43	3

Town Name	Referrals	Evaluated	Determined Eligible	Served	Number of Programs
THOMASTON	41	38	18	34	2
THOMPSON	32	33	19	38	3
TOLLAND	40	37	22	46	3
TORRINGTON	131	134	86	144	3
TRUMBULL	118	119	91	163	3
UNION	<6	<6	<6	<6	2
VERNON	112	119	70	144	4
VOLUNTOWN	<6	<6	<6	<6	2
WALLINGFORD	113	121	73	158	4
WARREN	<6	<6	<6	<6	1
WASHINGTON	<6	<6	<6	<6	2
WATERBURY	729	744	454	827	4
WATERFORD	53	51	34	67	2
WATERTOWN	58	57	37	79	3
WEST HARTFORD	195	195	89	177	6
WEST HAVEN	227	224	140	233	4
WESTBROOK	14	15	8	9	2
WESTON	34	37	30	55	3
WESTPORT	66	61	28	64	3
WETHERSFIELD	99	101	70	123	4
WILLINGTON	21	20	9	18	2
WILTON	65	67	37	79	2
WINCHESTER	29	24	13	25	1
WINDHAM	119	123	80	146	3
WINDSOR	91	91	56	106	4
WINDSOR LOCKS	30	30	21	48	3
WOLCOTT	53	51	33	54	2
WOODBIDGE	20	19	11	27	2
WOODBURY	23	22	11	21	2
WOODSTOCK	21	23	15	24	3

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