



CELEBRATING

25



Connecticut
Birth to Three
System

Funding provided under Part C of the Individuals with Disabilities Education Improvement Act of 2004, through the United States Department of Education, Office of Special Education and Rehabilitative Services, and the State of Connecticut.

The Connecticut Birth to Three System is a program of the State of Connecticut.

Administered by the Connecticut Office of Early Childhood (OEC)
David Wilkinson, Commissioner, May 2017 – January 2019

In compliance with the Americans with Disabilities Act (ADA), this publication is available in alternative formats. If you need assistance, please e-mail CTBirth23@ct.gov.

This report and earlier annual data reports may be accessed via the CT Birth to Three System website at www.birth23.org/annualdata.





The theme for this annual report is celebrating the 25 years since Connecticut Birth to Three “initiative” became a statewide system under law. Public Act 93-383 took effect on October 1, 1993. This 25th anniversary was commemorated with long time providers, lead agency and United Way staff, and families on October 1, 2018.



Birth to Three started as a combined effort between the Connecticut State Department of Education as the lead agency and Department of Developmental Services that ran the publicly funded Early Connections program. The Regional Education Service Centers (RESCs) ran Regional



Family Service Coordination Centers (RFSCCs) that contracted out with hundreds of programs and individuals to piece together service plans. The following RESCs continue to provide Birth to Three supports through contracts with the Office of Early Childhood (OEC).



- The following programs have been part of the Birth to Three system for at least 25 years. The number of children listed below are those with Individual Family Service Plans (IFSPs) during the 17-18 Fiscal Year and the number of towns served by each as of 6/30/18.

Program Name	Children	Number of Towns
ABC Intervention	341	53
Abilis (formerly Greenwich ARC)	285	2
American School for the Deaf	59	Statewide
Cheshire Public Schools	84	4
Children's Therapy Services, Inc.	250	17
Cornell Scott-Hill Health Center	147	6
CREC Birth to Three	490	30
CREC Soundbridge	81	30
EASTCONN Birth to Three	282	32
Easter Seals of Greater Waterbury	314	20
Education Connection	89	38
HARC	615	14
The Kennedy Center, Inc.	95	8
Key Human Services, Inc.	177	11
LEARN: Partners for Birth to Three	275	25
Little Learners	38	3
Project Interact, Inc.	251	11
Reachout, Inc.	529	20
Rehabilitation Associates of CT	1359	40
S.E.E.D.	410	38
SARAH, Inc.	708	31
St. Vincent's Special Needs Services	90	5
STAR Rubino Center	104	6

- While they have not been part of the Birth to Three System as long, these programs also continue to be essential partners.

Program Name	Children	Number of Towns
Beacon Services of CT	197	94
Benchmark Infant Toddler Services	148	3
Building Bridges, LLC	789	22
Creative Interventions	326	65
Kennedy - Donovan Center	95	11
NECHEAR	35	Statewide
South Bay Early Childhood	266	17
Theracare	1297	19
Wheeler Clinic	205	13



The Governor's office appoints members to the State Interagency Coordinating Council (ICC) to advise and assist the Office of Early Childhood (OEC) as the lead agency. Formed in 1987 by Governor O'Neil as the "Birth to Three Council", the ICC continues to be an invaluable resource to the lead agency. The FY18 members include the following to whom much thanks is given;



Cynthia Jackson ICC Chair, Provider
Corrine Griffin ICC Vice Chair, Parent
Tiffanie Allain, Parent
Elaine Balsley, Provider
Dr. Anne George-Puskar UCONN,
Personnel Preparation
Shanda Easley, Parent
Ann Gionet, Dept. of Public Health
Anne Giordano, Provider
Ginny Mahoney, Dept. Social
Services-Medicaid
Senator Marilyn Moore
Melissa Roberts, Insurance
Department
Kimberly Nilson, Dept. of Children
and Families
Sharon Marie, Dept. Rehab
Services-BESB

Michelle Rinaldi, Parent
Alice E. Ridgway, Office of
Early Childhood
Andrea Brinnel, SDE-Early Childhood
Special Education
Louis Tallarita, SDE- Coordinator of
Education for Children who are Homeless
Elisabeth Teller, Provider
Nichole Villanueva, Head Start
Myra Watnick, Provider
Lauran Barbosa, Parent
Dr. Carol Weitzman, CT Chapter,
Academy of Pediatrics
Robin Wood, Dept. of
Developmental Services
Leona Adamczyk, Parent

Birth to Three is truly an interagency effort. The OEC has interagency agreements or MOU/MOAs with the State Department of Education, the Department of Developmental Services, the Department

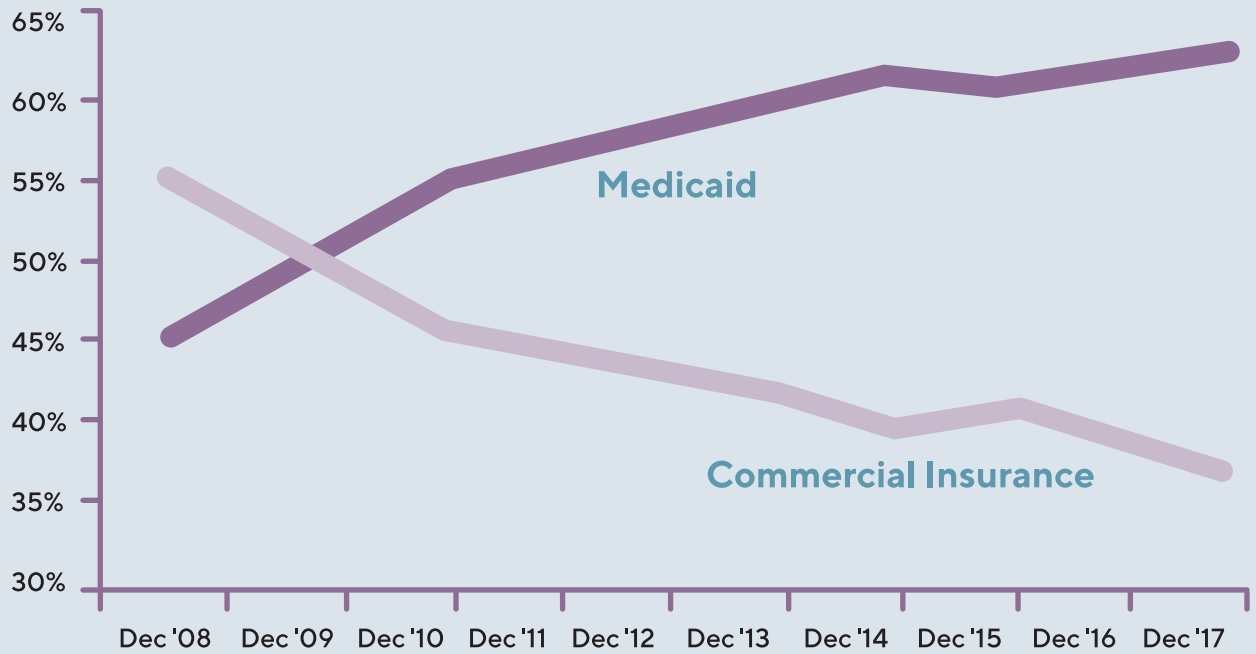
of Children and Families, the Department of Rehabilitative Services-BESB, the Department of Public Health, Early Head Start Agencies, and the CT-Housing on Urban Development.



During these last two years, the Department of Social Services worked closely with the OEC to ensure that Medicaid funding would be available and in compliance with the Center for Medicaid Services (CMS). The change to a fee-for-service system has had and continues to have a significant impact on Birth to Three.



Insurance Types Have Changed Over 10 Years



Percent of Children With IFSPS by Insurance Type



Special recognition is due to Joel Norwood, Christopher Lavigne, Krista Pender, and Ginny Mahoney who supported our new Early and Periodic Screening, Diagnostic and Treatment (EPSDT) State Plan Amendment that other states are now using as a model for Early Intervention Services.





Connecticut's Child Development Infoline (CDI) office at United Way of Connecticut, under the guidance of **Director Kareena DuPlessis**, serves as the single point of entry for families newly referred to Birth to Three. A 1995 legislative program review highlighted this high quality component of Birth to Three which is still true today.

The CDI team includes;

Shirley Caro- Supervisor

Kim Bannerman- ASQ Program Assistant

Ruth Chamberlain- Senior CDI Care Coordinator

Nicole Flynn- Care Coordinator

Sonia Hunt- Care Coordinator

LaDonna Pines- Care Coordinator

Olga Rivera- Care Coordinator

Maria Rodriguez- Care Coordinator

Marissa Vasquez- Clerk



The Birth to Three team at the OEC includes;

Alice E. Ridgway, Manager / Part C Coordinator

Linda Bamonte, Personnel Development

Mary Coyle, Fiscal Enhancements

Kathy Granata, Fiscal and Data Support

Nicole Cossette, Associate Research Analyst

Matt Mahony, IT System Developer

Ari Burger, IT System Developer

Aileen McKenna, Family Liaison

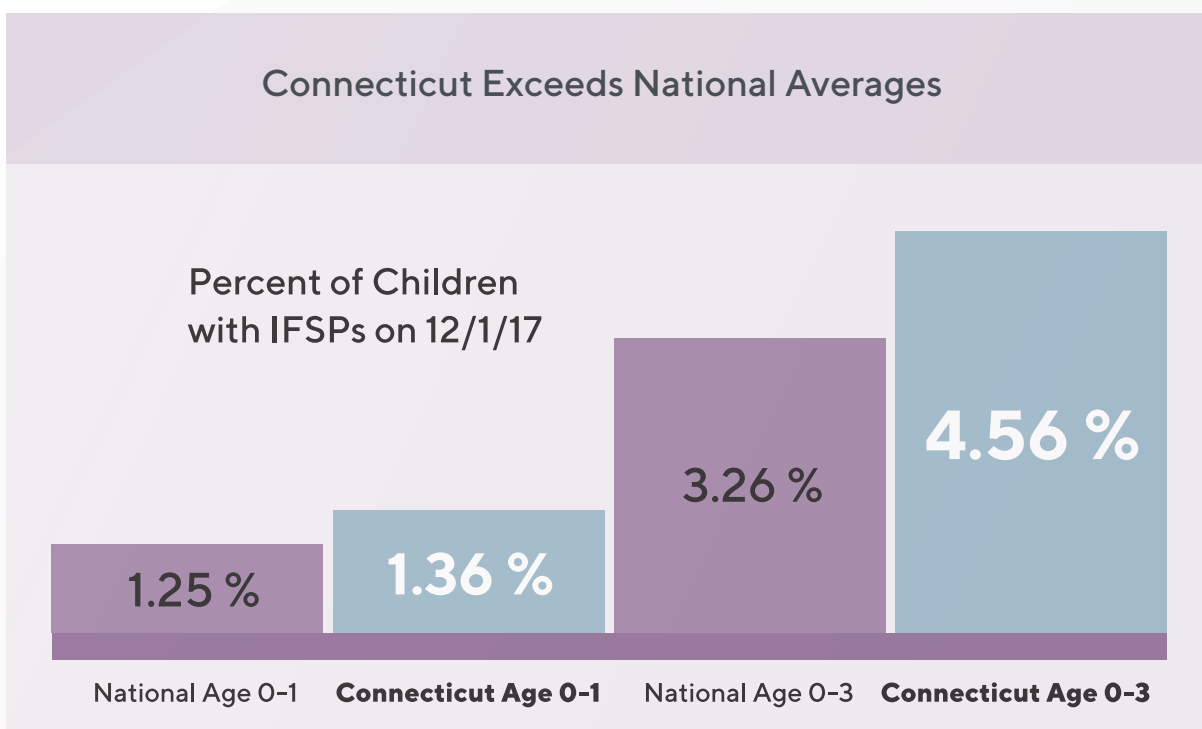


Finally, without the continued support of Connecticut General Assembly the Birth to Three system could not have grown into the comprehensive, coordinated system of supports that it is today.



	1993	2019
FED \$ Part C	2,689,309	3,712,003
CT \$ Part C	6,865,412	37,734,315

This increase in state funding demonstrates that policy leaders understand the importance of Early Intervention and brain development for our youngest citizens.





This annual report is about state fiscal year 2018 which is the period 7/1/17 - 6/30/18. During that year there were a number of significant challenges and accomplishments.



- 🌀 The Birth to Three team was further integrated into the Office of Early Childhood.
- 🌀 Due to retirements and other factors several changes were implemented in OEC Birth to Three leadership.
- 🌀 How early intervention programs were paid was the most significant change to the system since family cost participation (FCP) fees were introduced in 2003.

As directed by Connecticut Medicaid Services (CMS), the state was no longer able to bill Medicaid for Early Intervention Services using a decade's old bundled rate. This shift to 15 minute unit fee-for-service payment system impacted the entire infrastructure of Birth to Three. Staff at the Department of Social Services and the OEC quickly developed a new State Plan Amendment (SPA) as part of EPSDT for Early Intervention Services (EIS) including new regulations, a 1915 (b)(4) waiver, and a new audit protocol. This one change resulted in new state rates, new data system requirements, and almost every Birth to Three procedure had to be revised. Through a Request for Proposals (RFP) process, a billing contractor, Public Consulting Group (PCG),

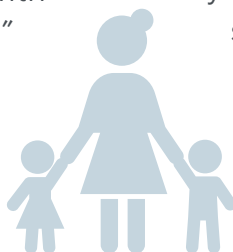
was selected to assist EIS programs with billing commercial insurance and Medicaid and to help the OEC manage the billing and collection of Family Cost Participation (FCP) fees. Despite the many changes, the system held to the national Mission and Key Principles of Early Intervention and continued to scale up the training for programs to provide evidence supported practices.

ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

This is an appropriate time to revisit this report and share data that tells a richer story about how Connecticut supports families throughout the three years during which they might need support from Birth to Three.

Birth Cohort Data is Better Data

As shown on page 8, Connecticut reports to the US Department of Education, for its Annual Report to Congress, the number of children with Individual Family Service Plans (IFSPs) on December 1st of each year. That is compared to census estimates for three single years of age (0, 1 and 2). On 12/1/17 there were 4944 children with IFSPs and the percentage “served” was 4.56%. This makes it look like Birth to Three is only supporting roughly 5% of children in Connecticut.



However, a Birth Cohort approach looks at the data for all children born during a given calendar year. This better demonstrates how early intervention touches the lives of 13% of Connecticut families for each birth year. This report refers to the 2014 birth cohort or all children born between 1/1/14 and 12/31/14 who turned three in calendar year 2017. The 2017 U.S. Census data shows an estimate of ~37,000 in the state who were age three in 2017. See page 15 for more information.

Children in the 2014 Birth Cohort in Connecticut

Child Development Info Online Contacts (9145=25% Children Born in 2014)

Part C Referrals (7797 = 21%)

Evaluations (7401 = 20%)

Eligible (5078 = 14%)

Enrolled (4749 = 13%)

Visited (4743 = 13%)

The blue square refers to Early Childhood Special Education and is addressed in more detail on page 19.

**ECSE Eligible
(2326 = 6%)**

46

were diagnosed as being deaf or hard of hearing

100

were identified as having a “preemie” diagnosis (birth weight / gestation).

675


were diagnosed as having autism.



State Systemic Improvement Plan (SSIP)

FY18 was Phase Three, Year Three of a State Systemic Improvement Plan (SSIP) that is required by the Office of Special Education Programs (OSEP) at the US Department of Education (ED). The full report is available at <https://www.birthe23.org/aboutb23/gensup/ssip-2/>.

The following State-identified Measurable Result (SiMR) was selected with broad stakeholder input:

-  Families with children, particularly those with diagnosed conditions that have a high likelihood of resulting in developmental delays, will be better able to communicate and describe their child's abilities and challenges as a result of early intervention.

To achieve this SiMR, the state formed three implementation teams and a logic model to track progress on short and long-term objectives. This report will group the annual data by and follow the progress of three implementation teams.



Education and Outreach



Personal Development


































Fiscal Enhancements

IDEA - Part C Requirements

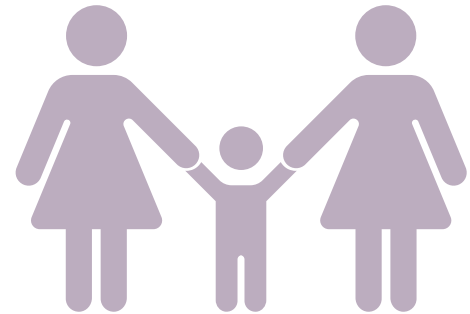
In order to keep Individuals with Disabilities Education Act (IDEA) Part C funding secure, states must annually assure that 16 required components are in place. The components, listed below, were the basis of early Annual Reports of the ICC. The icons next to each component connects the requirement to Connecticut's Part C SSIP and the requirements are coded as "I" for infrastructure and "S" for direct supports to families.

Adapted from 20 U.S.C. §1435(a).

1. A rigorous definition of the term 'developmental delay' (I) 
2. Appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers (S)  
3. Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family (S)  
4. Individualized Family Service Plan (IFSP) and service coordination (S)  
5. Comprehensive child find and referral system (I) 
6. Public awareness program focusing on early identification of infants and toddlers with disabilities and providing information to parents of infants and toddlers through primary referral sources (I) 
7. Central directory of public and private EI services, resources, and research and demonstration projects (I) 
8. Comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources (I) 
9. Policies and procedures: to ensure that personnel are appropriately and adequately prepared and trained; qualification standards; paraprofessionals and assistants; address personnel shortages (I)   
10. Single line of authority in a lead agency designated or established by the governor for carrying out: (I)   
 - a) General administration and supervision
 - b) Identification and coordination of all available resources
 - c) Assignment of financial responsibility to the appropriate agencies
 - d) Development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
 - e) Resolution of intra- and interagency disputes
 - f) Development of formal interagency agreements
11. Policy pertaining to contracting or otherwise arranging for services (I) 
12. Procedure for securing timely reimbursement of funds (I) 
13. Procedural safeguards (I)   
14. System for compiling data on the early intervention system (I)   
15. State Interagency Coordinating Council (I)   
16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved satisfactorily in a natural environment (S)   

FY18 Annual Data

July 1 — June 30
2017 — 2018



Education and Outreach



Connecticut has been working with Child Development Infoline (CDI) to integrate calls about young children. 800-505-7000 was initially just for Birth to Three referrals but now

211 is a broader system for all supports available to families with young children under age three including Help Me Grow, Home Visiting/ MCEIHV, Children and Youth with Special Healthcare Needs and Birth to Three.

The Families of 9704 Children Were Referred in FY18

Who Called	How Did They Hear						
	Already Known	Healthcare Providers	Relatives, Friends	Child Care, School District	Infoline, PR, Media	Other	State Agencies
Healthcare Providers	3218	2	1				
Family	1097	3381	455	333	93	82	77
State Agencies (DCF, DPH, DSS)	621						
School District, LEA, CC	153						
Family Education	126						
Other	63	2					

Most referrals are generated by **healthcare providers** either directly or through a family member. The OEC offered presentations to medical provider practices statewide throughout the year with a focus on how Birth to Three supports families and children through evidence supported practices.

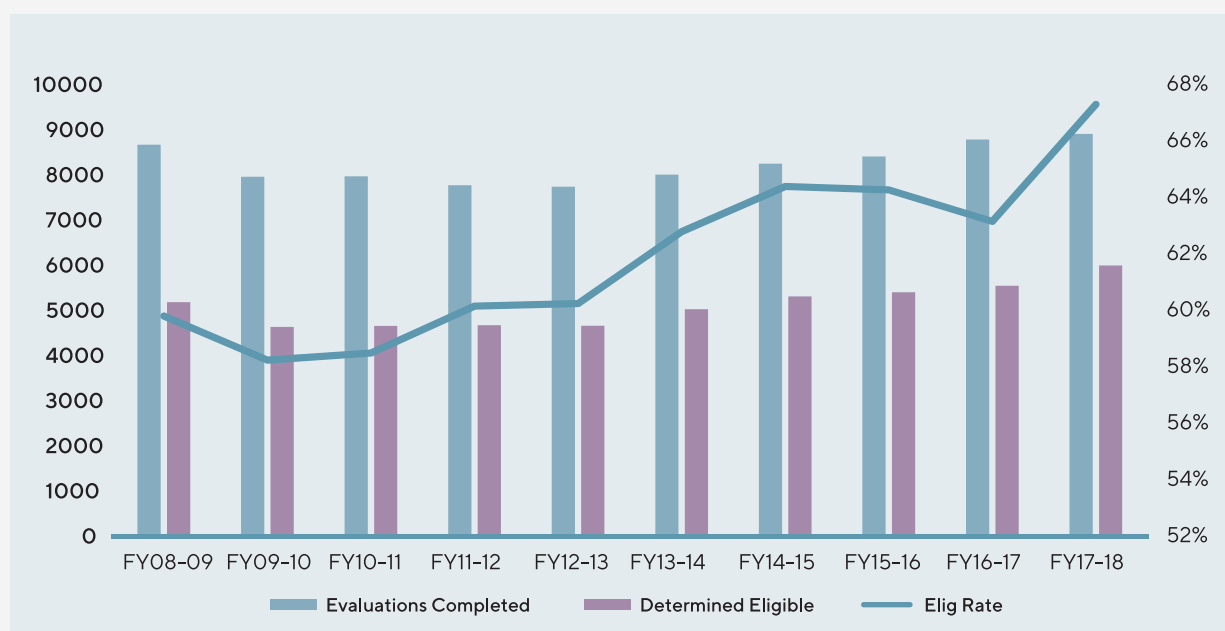
Eligibility for Birth to Three Supports



Eligibility for Birth to Three supports is determined by timely and comprehensive multidisciplinary evaluation of needs of children and a family-directed identification of the needs of each family (IDEA requirement #3 above). The families are eligible when a child has a:

- a) diagnosed condition with a high likelihood of resulting in a developmental delay, (10%) or
- b) developmental delay. Connecticut's rigorous definition of the term 'developmental delay' (IDEA requirement #1) is at least a 2 standard deviation delay in one area of development (74%) or a 1.5 standard deviation delay is at least 2 areas (16%).

In FY18 eligibility evaluations were completed for 8918 of the children and the families of 6003 were eligible for Birth to Three supports. Both the number of evaluations and eligibility rates have increased since FY13.



The families of 600 children were eligible for Birth to Three supports based on a diagnosis.

The most frequent being:

- 22%** Prematurity (extremely low birth weight less than 1000g or born before 28 weeks)
- 17%** Brain and spinal cord injuries and malformations
- 13%** Autism (only when this was the reason they were determined to be eligible)
- 13%** Deafness / Hard of Hearing
- 11%** Speech Sound Disorders / Childhood Apraxia or Speech
- 10%** Chromosomal Variations like Down Syndrome (35) or other genetic alterations
- 9%** Neonatal Abstinence Syndrome (55) / Fetal Alcohol Syndrome (2)
- 3%** Cleft palate and/or lip
- 1%** High lead levels
- 1%** Vision




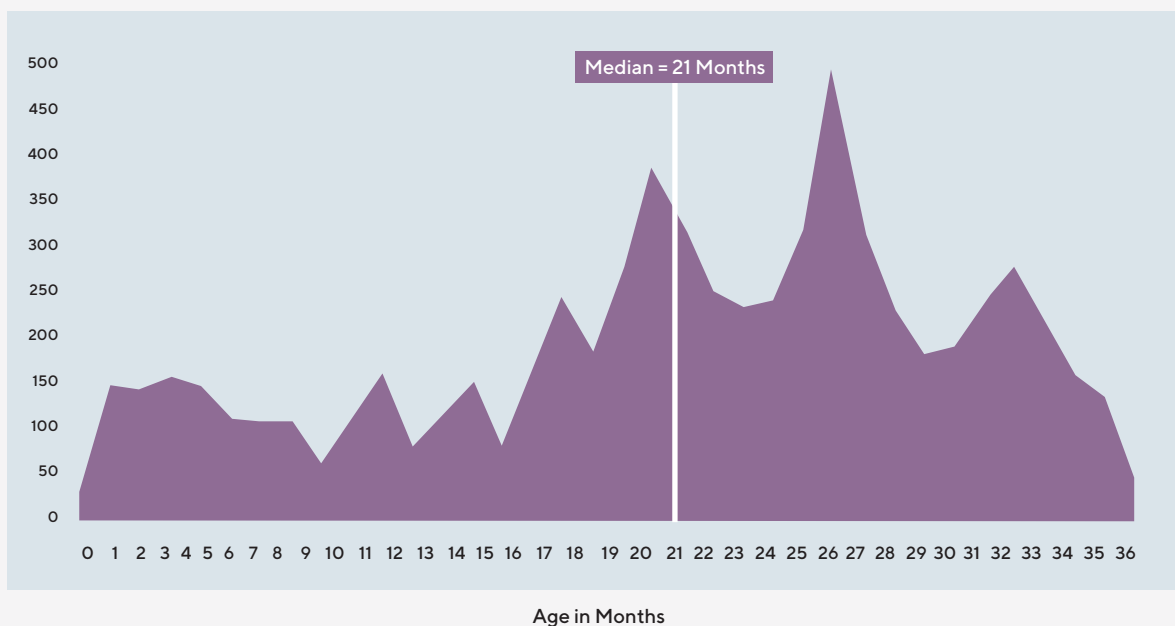
Connecticut is Supporting More Families Each Year

Year	Census 0 - 3	Children Served 0 - 3	Percent of Census
12/1/2011	114,569	4431	3.9%
12/1/2012	113,201	4410	3.9%
12/1/2013	113,708	4515	4.0%
12/1/2014	111,713	4675	4.2%
12/1/2015	110,667	4726	4.3%
12/1/2016	110,100	4804	4.4%
12/1/2017	108,539	4944	4.6%
12/1/2018	108,539	5830	5.4%

By far, most children (5314 or 88%) were determined to be eligible due to a significant developmental delay based on the results of a norm-referenced standardize evaluation tool completed in the home by two professionals and the family.

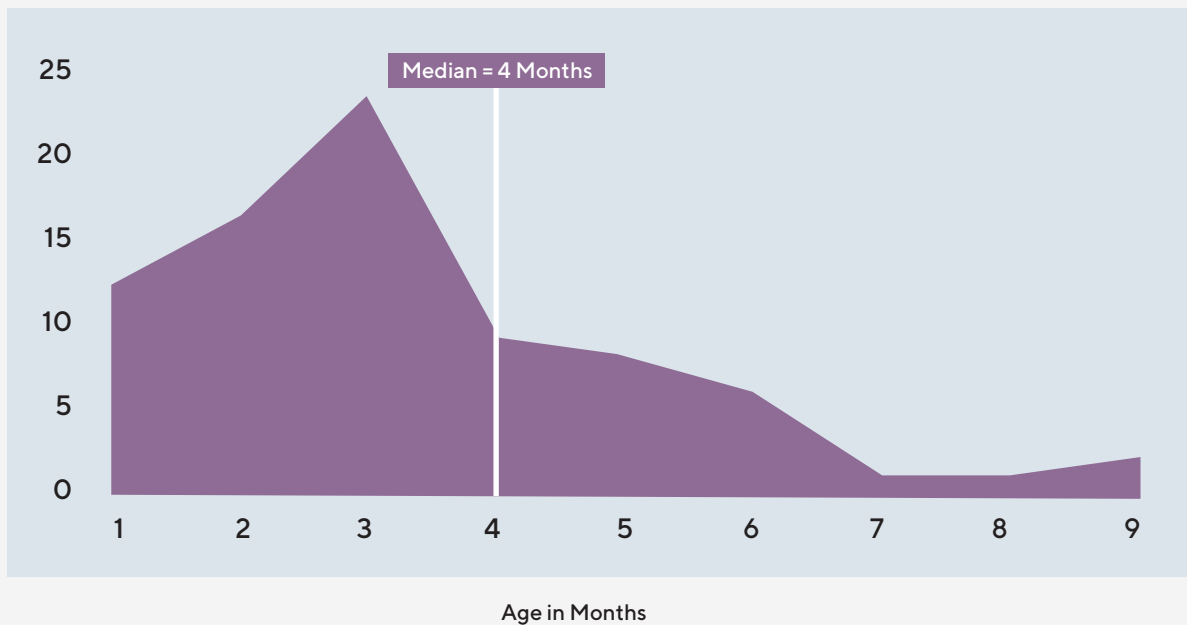
Many diagnoses are identified after the team has determined that there is a developmental delay.

 Children are determined to be eligible at a variety of ages (in months). The chart below shows the age in months for children determined to be eligible in FY18. The average is 19.82 months and the median is 21 months.



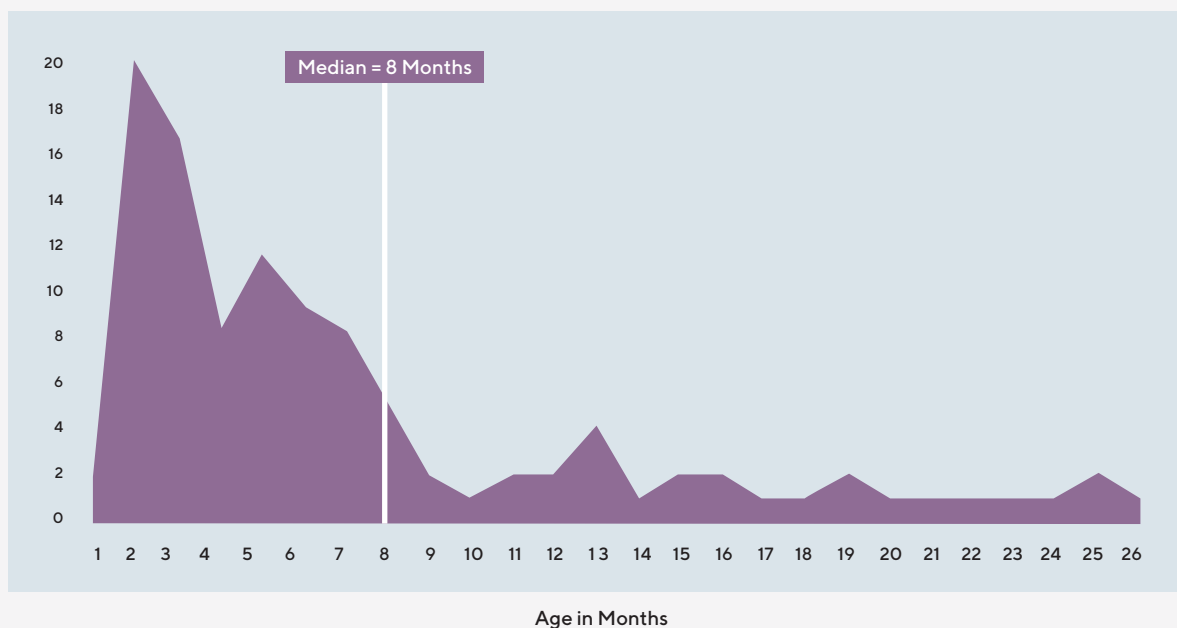
Children who were Born Prematurely or with Low Birth Weight

During FY18 there were 73 children in Birth to Three who were born early (fewer than 27 weeks gestation) or with extremely low birth weight (under 1000 grams). They were on average four months old when they were determined to be eligible and 94% of them were eligible based on one of the prematurity diagnoses.



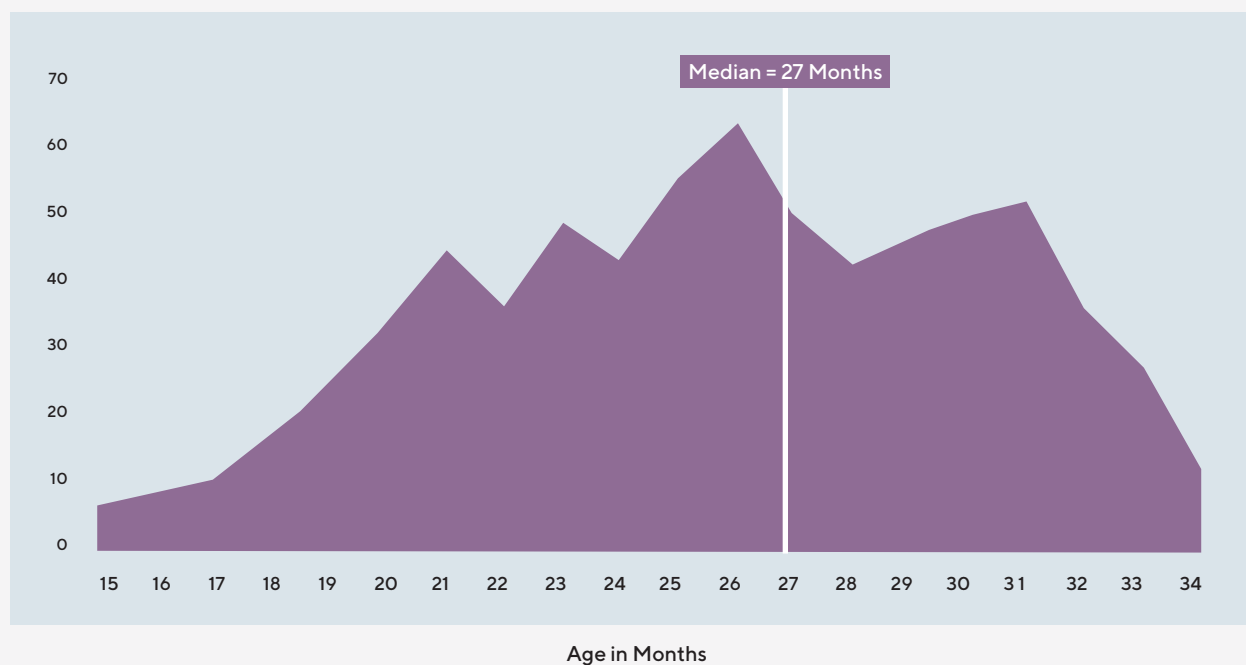
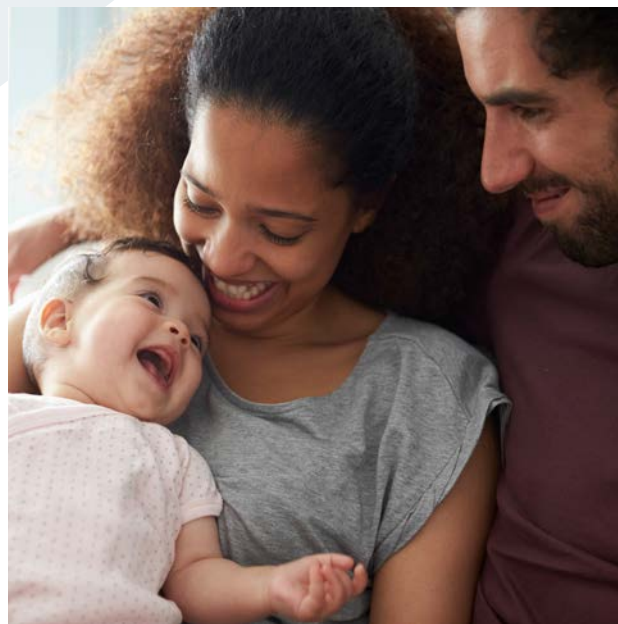
Children who are Deaf or Hard of Hearing

Of the children in Birth to Three who were deaf or hard of hearing, they were on average five months old when determined eligible and 90% of them were eligible because of their hearing diagnosis.



Children with Autism

There were 675 children in the 2014 Birth Cohort who had a diagnosis of autism while in Birth to Three. They were on average 21 months old when determined to be eligible for Birth to Three **but only 10% were eligible based on the diagnosis of autism.** The other 90% were first determined to be eligible for Birth to Three based on a developmental delay and then the autism diagnosis was made. For that birth cohort the median age for children in Birth to Three when the first IFSP had a diagnostic code indicating autism was 27 months.

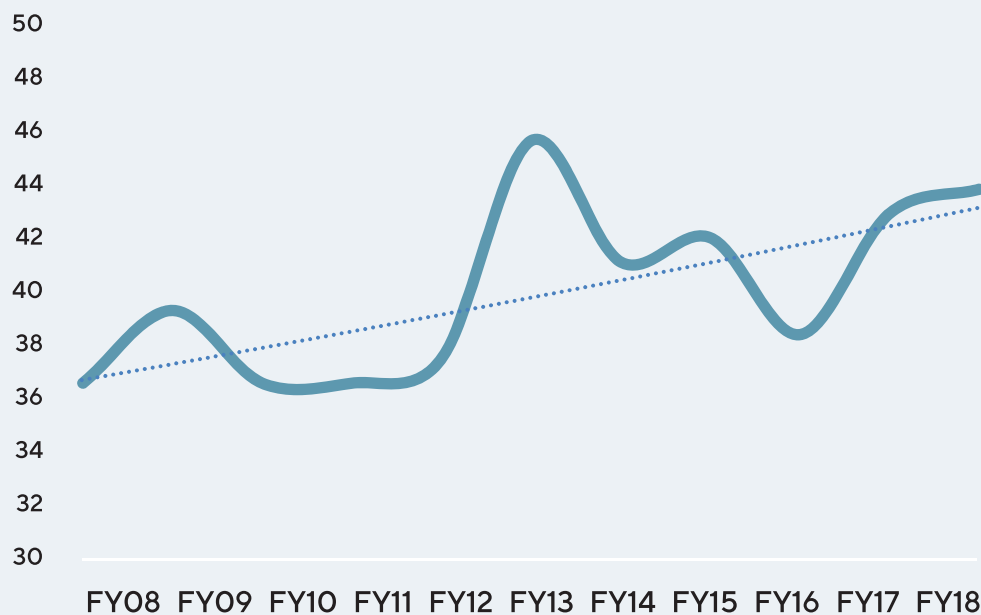


When compared to the census estimate for 3 year olds, 675 is a prevalence rate of 1:54 which is higher than the CDC's 1:59 estimate.

Reaching All Families

Because the purpose of early intervention is to enhance the family's ability to support their child's development, it is critical that Early Intervention Supports are provided with an interpreter when needed.

The Number of Languages for Eligible Families has Increased Over the Past 10 Years

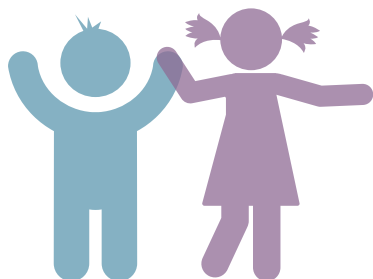


The lead agency took steps to make it easier for programs to be reimbursed for this expense without prior authorization by requiring the use of state contracted interpreters. In addition, the OEC translated 9 state forms into the top 10 languages for programs to use.

Education and Outreach also works with the State Department of Education ECSE or "619" coordinator and school districts so that they have a clear understanding about what early intervention (EI) looks like.

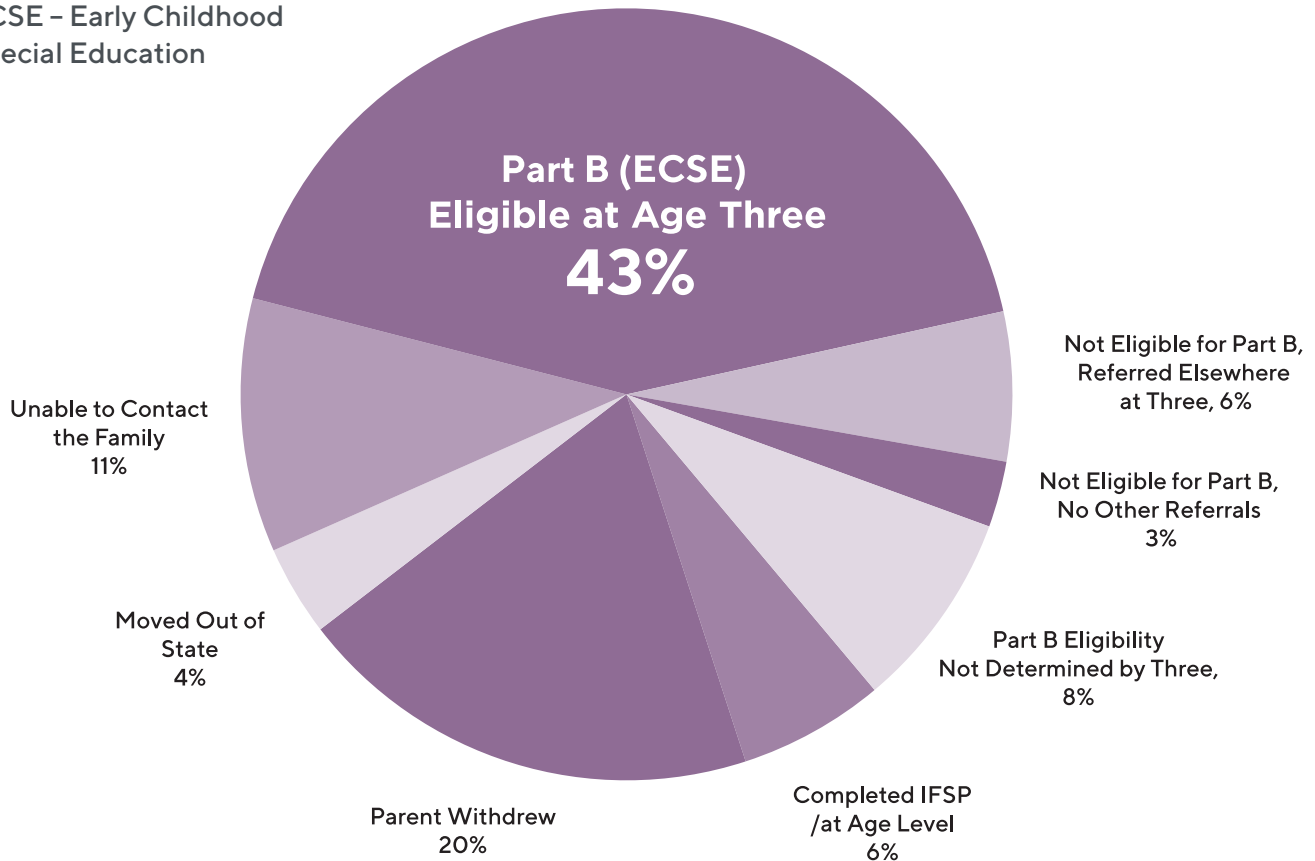
It is important to understand that families are the focus of EI visits.

This can help with transition to Part B of the IDEA (section 619) at age three when most children exit Birth to Three.

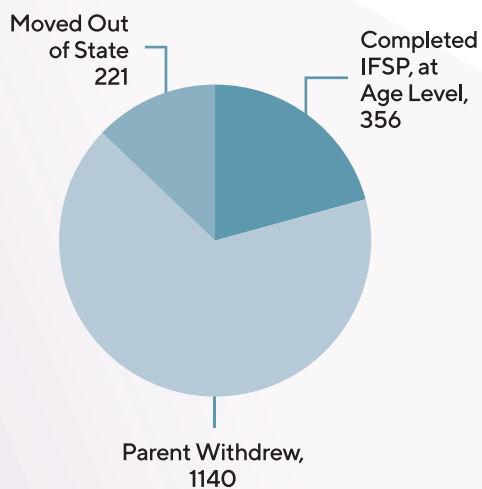


During FY18 5830 Children Exited Birth to Three

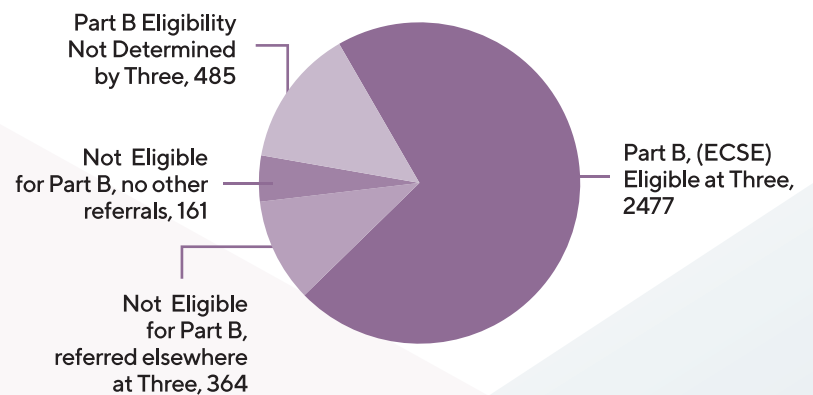
*ECSE - Early Childhood
Special Education



Exited Before Age Three











Exit at Age Three



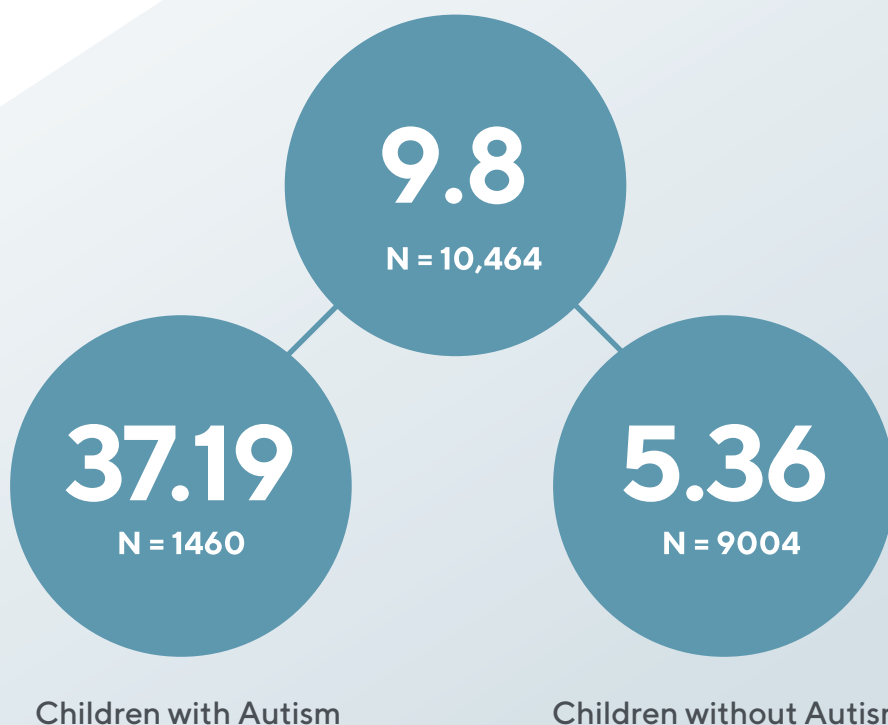
Professional Development

Continuous efforts are made to ensure the workforce in Birth to Three is highly qualified and using evidence-based practices. Evidence-based practices include supporting and coaching families in order to address their priorities as they support their child during everyday activities. 75 percent of programs have committed to training staff to provide quality, evidence-based services.

Major accomplishments include:

-  Completion of year five of a six-year intensive training program with national experts focusing on coaching and natural learning practices
-  Increased number and fidelity of early interventionists trained as family coaches and master coaches
-  National fidelity coach certification for a lead agency team member
-  Developed and piloted a quality self-assessment where individual staff rate their own strengths and challenges in best practice
-  Provided support for staff in expanding their knowledge through a year-long course of study in conjunction with the UConn Center for Excellence in Developmental Disabilities
-  Developed mandatory online trainings for all staff new to Birth to Three
-  Revised trainings to a blended approach - both in-person and online, to meet the needs of a changing workforce and reimbursement system 

Average Numbers of Hours Per Month Listed on IFSP

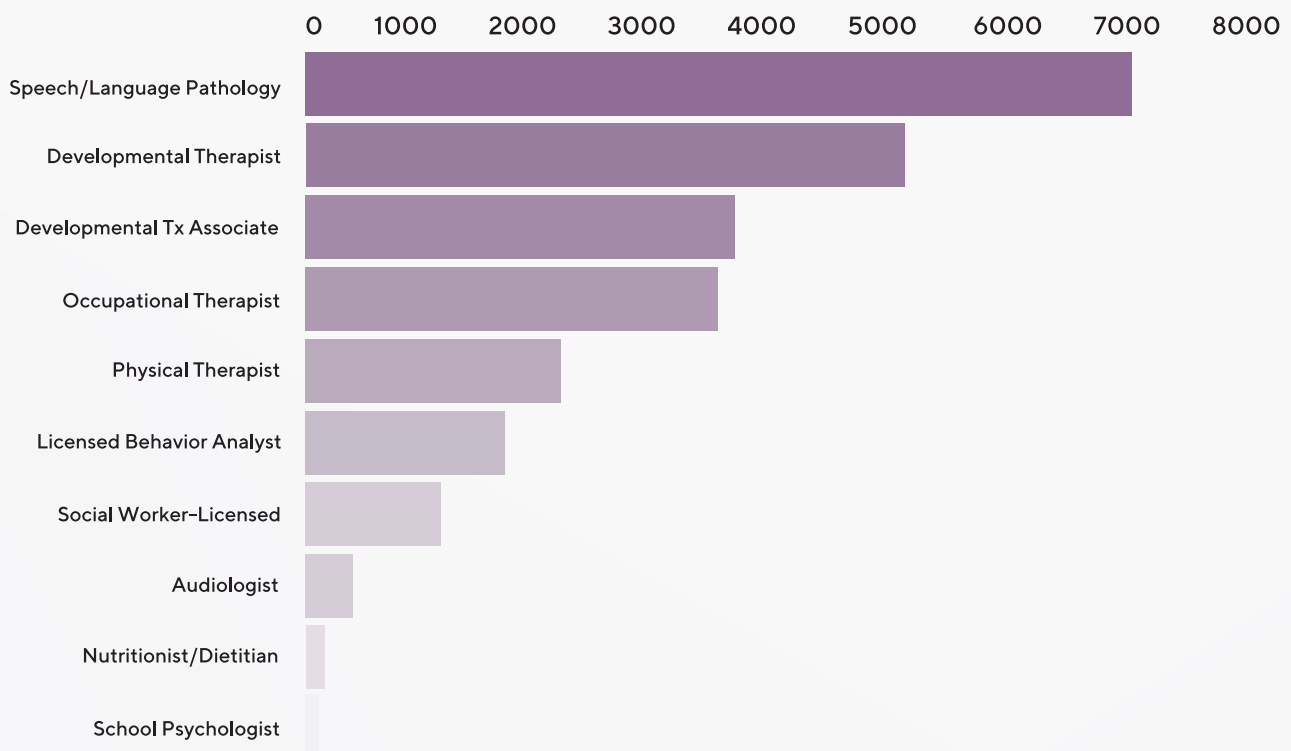


99%

of families received Early Intervention Services in their home or a community setting where children without disabilities typically participate



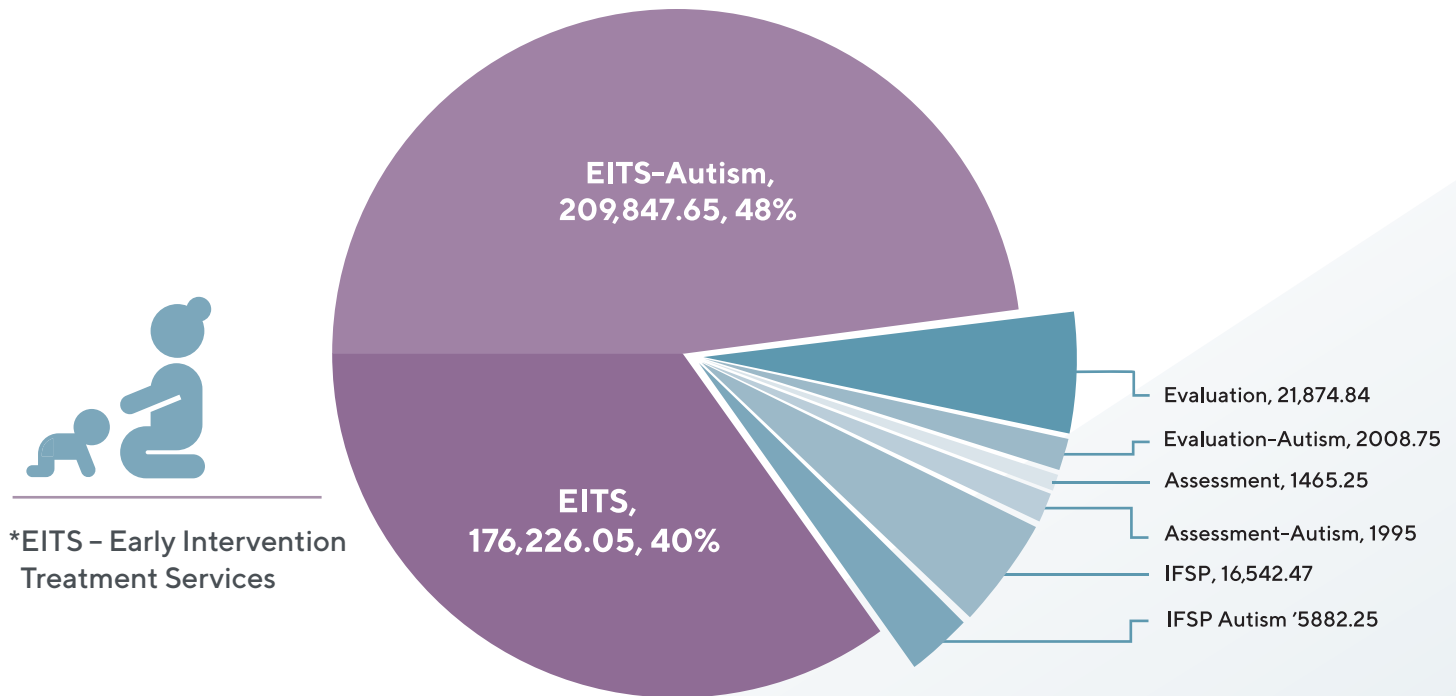
The Top Ten Discipline Types on FY18 IFSPs Were as Follows



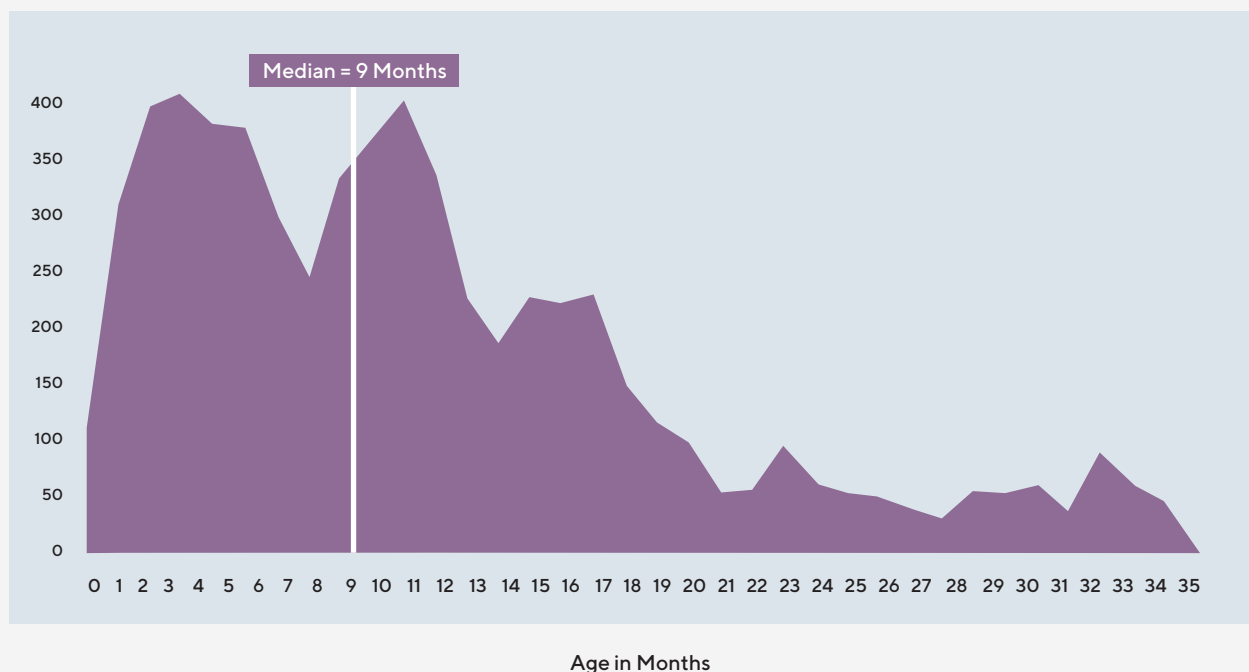
Most IFSPs Have More Than One Discipline So These Do Not Add Up to the 10,464 Children with IFSPs in FY18.

A Total of 427,959 Hours of Support were Provided in FY18

The Highest Number of Hours Supported 14% of the Families



The Average Number of Months Families are in Early Intervention is 10.79 Months and the Median is 9 months.



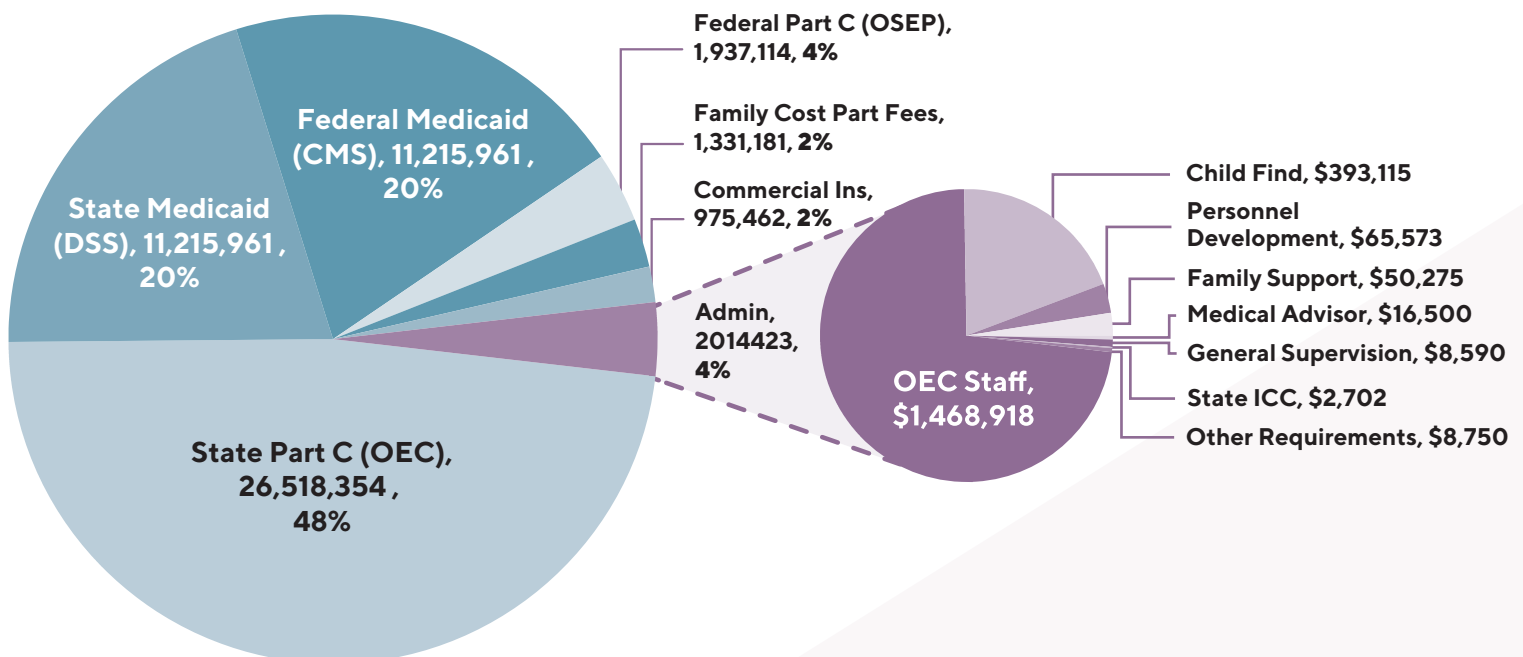
Fiscal Enhancements

As described earlier in this report, the change in how EI programs are paid was a significant disruption to the OEC and EIS programs. The end result is that more Federal Medicaid dollars are supporting the Birth to Three System. However, FY18 was a year in which programs were paid based on unit rates for the first three months. The new way (fee-for service), didn't begin until 11/1/17. Even then the shift was fraught with multiple data system communication errors which resulted in delays before the OEC and EIS programs could see what was happening. The OEC and DSS supported programs through this difficulty with cash advances; first a three-month advance, then an additional two months were added for a total of five months. The funds were then recouped as payments were made.

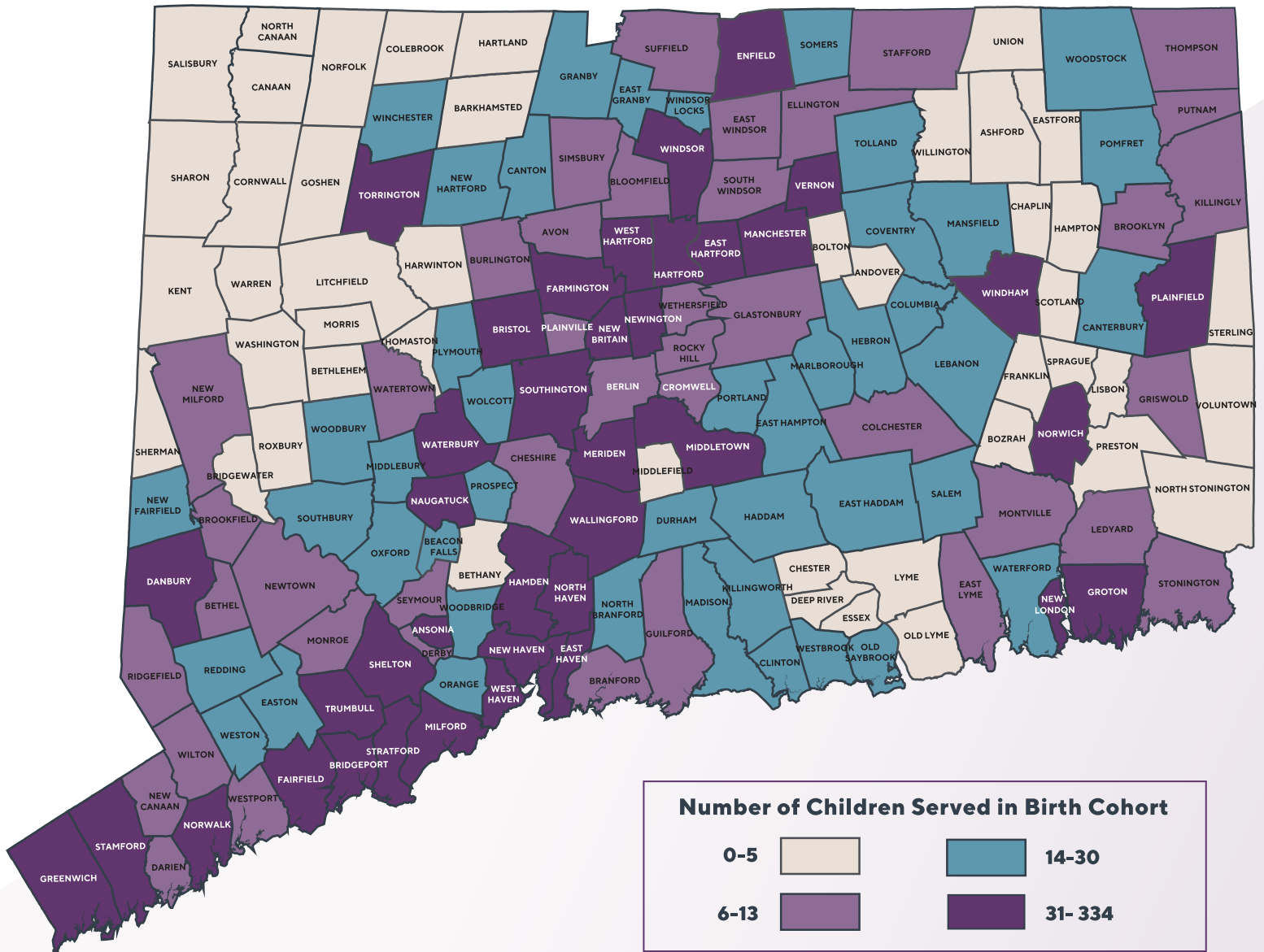
In addition, the lead agency had to establish a system to pay insurance claims when the data was not resulting in timely payment to programs. This payment by the OEC, referred to as "escrow", is how the OEC supports services for families who have no insurance, who have high deductible plans, and who have plans that are not required to cover for EIS in Connecticut. The OEC and EIS programs have learned a lot about what is needed to successfully bill insurance but due to this steep learning curve, FY18 was not a year in which clear fiscal data was easily obtained. In collaboration with OEC, programs were committed to working through the uncertainty of the payment system while ensuring that services to families were never affected.

FY18 was the first time in 8 years that the lead agency did not have a deficit or need to allocate funds from other programs to cover Birth to Three (FAC).

Birth to Three Expenditures Total and Administrative Expenses



2014 Birth Cohort



Data By Town

The data listed on page 25 and 26, is now regularly, and more quickly, available on CTDATA.org. Data are not provided for any town with five or fewer children in order to protect confidentiality. This data can include children in one of five birth cohort years between 2014 and 2018 from children born in July of 2014 who were still eligible in July of 2017 through children born in June of 2018.

2014 Birth Cohort Children Served

Fairfield	1326
Hartford	1526
Litchfield	165
Middlesex	165
New Haven	1163
New London	382
Tolland	143
Windham	205

FY18 Data Also Available at ctdata.org

TOWN	REFERRALS IN FY18	DETERMINED ELIGIBLE IN FY18	FY18 IFSP	2014 BIRTH COHORT
ANDOVER	<6	<6	7	<6
ANSONIA	52	36	58	35
ASHFORD	6	<6	7	<6
AVON	28	16	34	21
BARKHAMSTED	14	7	11	<6
BEACON FALLS	17	9	13	7
BERLIN	34	20	30	15
BETHANY	<6	<6	7	<6
BETHEL	39	24	43	28
BETHLEHEM	6	<6	8	<6
BLOOMFIELD	53	36	53	27
BOLTON	<6	<6	6	<6
BOZRAH	7	<6	6	<6
BRANFORD	44	31	49	24
BRIDGEPORT	615	391	620	267
BRIDGEWATER	<6	<6	<6	<6
BRISTOL	216	132	223	117
BROOKFIELD	44	22	45	25
BROOKLYN	24	13	25	14
BURLINGTON	14	13	24	15
CANAAN	6	<6	<6	<6
CANTERBURY	11	8	13	10
CANTON	21	11	17	6
CHAPLIN	<6	<6	6	<6
CHESHIRE	68	29	59	28
CHESTER	7	<6	8	<6
CLINTON	21	15	29	10
COLCHESTER	53	31	45	21
COLEBROOK	<6	<6	<6	<6
COLUMBIA	9	9	11	8
CORNWALL	<6	<6	<6	<6
COVENTRY	19	8	25	12
CROMWELL	30	25	43	21
DANBURY	308	190	336	159
DARIEN	44	23	44	30
DEEP RIVER	7	<6	<6	<6
DERBY	31	19	44	16
DURHAM	14	10	15	9
EAST GRANBY	11	10	17	6
EAST HADDAM	11	7	17	8
EAST HAMPTON	20	16	27	13
EAST HARTFORD	177	126	227	100
EAST HAVEN	78	54	94	38
EAST LYME	17	14	23	18
EAST WINDSOR	23	16	23	17
EASTFORD	<6	<6	<6	<6
EASTON	12	7	14	7
ELLINGTON	21	15	36	20
ENFIELD	119	79	138	77
ESSEX	6	<6	8	<6
FAIRFIELD	126	68	123	66
FARMINGTON	49	31	60	35
FRANKLIN	<6	<6	<6	<6
GLASTONBURY	69	38	69	30
GOSHEN	<6	<6	<6	<6
GRANBY	21	11	23	11
GREENWICH	146	59	109	68
GRISWOLD	33	18	48	20

TOWN	REFERRALS IN FY18	DETERMINED ELIGIBLE IN FY18	FY18 IFSP	2014 BIRTH COHORT
GROTON	135	80	137	79
GUILFORD	28	19	30	23
HADDAM	9	<6	11	8
HAMDEN	142	84	149	61
HAMPTON	<6	<6	<6	<6
HARTFORD	565	375	660	334
HARTLAND	<6	<6	<6	<6
HARWINTON	16	11	10	<6
HEBRON	14	9	22	11
KENT	<6	<6	<6	<6
KILLINGLY	55	37	63	30
KILLINGWORTH	14	10	14	7
LEBANON	10	6	9	9
LEDYARD	42	24	45	20
LISBON	6	<6	6	<6
LITCHFIELD	9	<6	7	<6
LYME	<6	<6	<6	<6
MADISON	29	17	32	10
MANCHESTER	189	133	250	126
MANSFIELD	25	18	28	8
MARLBOROUGH	11	6	10	10
MERIDEN	226	145	254	111
MIDDLEBURY	<6	<6	12	10
MIDDLEFIELD	7	6	9	<6
MIDDLETOWN	107	70	122	53
MILFORD	81	53	103	51
MONROE	33	20	34	15
MONTVILLE	39	25	33	20
MORRIS	<6	<6	<6	<6
NAUGATUCK	73	39	75	50
NEW BRITAIN	343	220	396	201
NEW CANAAN	43	25	47	23
NEW FAIRFIELD	32	14	31	13
NEW HARTFORD	<6	<6	9	7
NEW HAVEN	421	281	520	236
NEW LONDON	83	66	107	53
NEW MILFORD	57	38	64	30
NEWINGTON	62	40	68	43
NEWTOWN	54	34	60	30
NORFOLK	<6	<6	<6	<6
NORTH BRANFORD	36	19	30	9
NORTH CANAAN	<6	<6	<6	<6
NORTH HAVEN	58	40	64	31
NORTH STONINGTON	<6	<6	6	<6
NORWALK	279	156	283	138
NORWICH	121	93	162	74
OLD LYME	9	<6	<6	<6
OLD SAYBROOK	12	<6	12	7
ORANGE	26	10	23	7
OXFORD	24	13	19	10
PLAINFIELD	34	22	48	32
PLAINVILLE	46	30	37	16
PLYMOUTH	21	11	28	13
POMFRET	12	<6	13	6
PORTLAND	23	15	25	11
PRESTON	11	9	11	<6
PROSPECT	22	12	20	7
PUTNAM	42	28	39	16

TOWN	REFERRALS IN FY18	DETERMINED ELIGIBLE IN FY18	FY18 IFSP	2014 BIRTH COHORT
REDDING	11	<6	16	10
RIDGEFIELD	61	27	59	25
ROCKY HILL	56	40	53	28
ROXBURY	<6	<6	<6	<6
SALEM	6	<6	6	6
SALISBURY	<6	<6	<6	<6
SCOTLAND	<6	<6	<6	<6
SEYMOUR	41	23	48	19
SHARON	<6	<6	<6	<6
SHELTON	102	62	86	44
SHERMAN	<6	<6	<6	<6
SIMSBURY	55	35	53	30
SOMERS	24	15	28	11
SOUTH WINDSOR	53	36	63	24
SOUTHBURY	21	9	22	13
SOUTHINGTON	99	60	95	50
SPRAGUE	6	7	11	<6
STAFFORD	23	13	31	17
STAMFORD	471	264	448	218
STERLING	<6	<6	8	<6
STONINGTON	25	19	28	21
STRATFORD	138	76	126	53
SUFFIELD	33	21	31	16
THOMASTON	23	13	24	<6
THOMPSON	28	22	37	16
TOLLAND	36	16	30	13
TORRINGTON	90	51	109	50
TRUMBULL	99	56	96	44
UNION	<6	<6	<6	<6
VERNON	78	57	92	33
VOLUNTOWN	<6	<6	7	<6
WALLINGFORD	109	78	126	62
WARREN	<6	<6	<6	<6
WASHINGTON	<6	<6	<6	<6
WATERBURY	500	298	505	209
WATERFORD	36	28	45	13
WATERTOWN	42	24	49	23
WEST HARTFORD	156	89	175	88
WEST HAVEN	170	103	167	72
WESTBROOK	13	10	17	7
WESTON	26	13	23	12
WESTPORT	59	20	45	30
WETHERSFIELD	56	35	62	27
WILLINGTON	9	7	9	<6
WILTON	43	26	51	20
WINCHESTER	28	14	20	9
WINDHAM	94	68	122	57
WINDSOR	70	44	66	41
WINDSOR LOCKS	25	14	32	13
WOLCOTT	26	15	27	8
WOODBIDGE	12	9	16	12
WOODBURY	12	7	15	6
WOODSTOCK	15	10	20	9
CONNECTICUT	9704	6004	11 303	5075

COUNTIES	REFERRALS IN FY18	DETERMINED ELIGIBLE IN FY18	FY18 IFSP	2014 BIRTH COHORT
FAIRFIELD	2790	1583	1326	1326
HARTFORD	2658	1717	1526	1526
LITCHFIELD	356	201	165	165
MIDDLESEX	301	207	165	165
NEW HAVEN	2339	1450	1163	1163
NEW LONDON	657	448	382	382
TOLLAND	273	173	143	143
WINDHAM	330	225	205	205
CONNECTICUT	9704	6004	11,303	5075



CELEBRATING

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Connecticut
Birth to Three
System