



STATE OF EARLY CHILDHOOD

A RESPONSE TO THE GOVERNOR'S BLUE RIBBON PANEL ON CHILD CARE AND
A CONTINUATION OF SPOTLIGHTING DISENFRANCHISED POPULATIONS

Carla B. Abdo-Katsipis, Ph.D.
Research & Policy Fellow

Lauren K. Ruth, Ph.D.
Research & Policy Director



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GLOSSARY

Blue Ribbon Panel on Child Care: A panel of parents; early childhood education experts; business leaders; higher education, public school, child care, and education providers; and legislators brought together by Connecticut Governor Ned Lamont and Office of Early Childhood Commissioner Beth Bye to create actionable plans for affordable child care that is accessible to families and financially viable for providers.

Blue Ribbon Panel Priority Groups: Children from families that speak a primary language other than English, children whose parents work non-traditional hours, children experiencing homelessness, and children with special needs.

Child Care Center: A program of supplementary care for more than 12 related or unrelated children outside of their own homes regularly for a part of the 24 hours during one or more days of the week.

Child Care Slot: The number of openings available in a child care setting, as determined by its licensing capacity. Child care slots may be filled or unfilled, and providers may choose to only fill some slots allowed by their license. In this analysis, we discuss State-funded child care slots.

Children with Special Needs: Children who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that which children generally need.

ELEVATE: The Office of Early Childhood's (OEC) quality improvement system, which is meant for licensed and license-exempt child care programs in family, group, and center-based settings. This system builds on Connecticut's pre-existing licensing system and links to national accreditation standards. ELEVATE has three membership levels with increasing levels of quality recognition. Accredited programs fall into the highest ELEVATE membership level.

Family Child Care Home (FCC): Private homes that offer child care services that meet the following criteria: provide care for up to six children (including the provider's children) who are not in school full-time. During the school year, providers may provide part-time before and/or after school day care for up to three more children who are in school full-time.

Federal- and State-Funded Early Care and Education: Education is paid in part or in whole by federal and/or state government funding, typically to provide various services to children in low-income working families. This funding may come from Care 4 Kids vouchers provided through the federal Child Care & Development Block Grant (CCDBG), grants, contracts, or stabilization payments.

High-Quality Child Care: Trained early childhood educators offer care that prioritizes facilitating open and healthy interpersonal interactions, provides a child-friendly, safe physical environment, and has stable program structural support and professional development opportunities.

Market Rate: The fees that child care providers typically charge and parents pay per unit of care (for example, per week or hour) in the priced child care market. Connecticut Voices for Children (CT Voices) advocates that Care 4 Kids vouchers should compensate ECE providers at the 90th percentile of market rate. A percentile is the value at or below which a given percentage of observations in a group of observations fall. The 90th percentile market rate (in theory) is the price at or below which 90 percent of child care providers reported charging for services. The 90th percentile is a ranking of the market prices versus an average of the reported charges.

Private Early Care and Education: Early care businesses whose programs are not operated through State and/or federal funding streams and early care businesses operated out of private homes.

Quality Rating and Improvement System (QRIS): The QRIS evaluates, assesses, and improves quality in early and school-age care and education programs. The federal government requires all states receiving CCDBG funding to have a QRIS system. Connecticut's system is called ELEVATE.

School Readiness Skills: Grounded in physical health and well-being, social competence, emotional maturity, language, cognitive development, communication skills, and general knowledge, the child enters school ready to engage in and benefit from early learning experiences that best promote the child's success. All high-quality ECE programs (including but not limited to School Readiness Programs) promote school readiness skills in young children.

Unifying Framework (UF): A design whereby Early Childhood Educators are placed into three ranks with distinct requirements and roles in accordance with their educational credentials.



INTRODUCTION



Connecticut Voices for Children (CT Voices) envisions a Connecticut where all our children thrive. As such, families need to thrive (since children are part of families) and ensuring a strong and equitable workforce is critical to this. One of the ways to support parents in the workforce as well as give children the foundational learning they need to succeed as future workers is having an early care and education (ECE) system that is high-quality, affordable, and accessible to all families. However, many parents in the United States do not have access to stable, affordable, high-quality child care. We define high-quality child care as places where trained early care educators offer care that prioritizes facilitating open and healthy interpersonal interactions, providing child-friendly and safe physical environments, and having stable program structural support and professional development opportunities.¹ A 2023 national study found that around three-quarters of surveyed parents with children ages zero to three reported that access to child care poses a challenge, and over half said that finding affordable or high-quality child care was a significant challenge.²

Historically, a greater percentage of children in Connecticut access early care and education (ECE) services before kindergarten than in the United States.³ However, the percentage of children in Connecticut who enter kindergarten without prior schooling increased by an estimated four percentage points over the past decade, a larger portion than the national increase of one percent.⁴ Connecticut parents echo national struggles accessing affordable or high-quality child care, contributing to reduced child preschool engagement.⁵

Indeed, the current state of early child care in Connecticut can be characterized by high costs paid by parents, low wages for child care staff, business insecurity for child care providers, and a significant shortage of slots available for children—particularly infants and toddlers and families who need more specialized care. As a result, parents struggle to work productively,⁶ children are missing out on high-quality early education, and the child care industry is depressed.⁷ These challenges are not independent of racial, citizen, and gender-based equity, as a disproportionate percentage of staff in the ECE field are women of color,⁸ many of whom are immigrants.⁹ Children of color and children without legal documentation are least likely to receive high-quality child care.¹⁰

The cost of child care for both parents and providers may contribute to the growing portion of young children not engaged in school. The 2023 Annie E. Casey Kids Count Data Book reported that at \$18,156 per year for center-based care and \$11,955 per year for care in a family child care home (FCC), Connecticut (reviewing data from 2017-2021) had the third most expensive child care for infants and toddlers in the nation, just behind Washington D.C. and Massachusetts.¹¹ The COVID-19 pandemic has exacerbated Connecticut's ECE sector challenges. Many providers were forced to shut their doors permanently, contracting the industry further and faster than in previous years.

Connecticut policymakers recognize that Connecticut's ECE system is in a state of crisis, contributing to fewer



parents in the workforce, a rapidly declining early care and education workforce, and a growing population of children whose developmental, cognitive, and emotional needs are not being met by the ECE system. For this reason, Connecticut Governor Ned Lamont called together a panel of stakeholders to propose sweeping changes and significant investments to stabilize and strengthen Connecticut's ECE sector, called the Governor's Blue Ribbon Panel on Child Care.

The changes proposed by the Blue Ribbon Panel on Child Care are meant to increase the equity of services for families primarily locked out of accessing needed care, decrease the cost of care for families, raise the voices around policy-making tables to include more families, providers, and businesses, and continuously increase the quality of care that children and families receive.

We applaud the work of the Blue Ribbon Panel on Child Care and also seek to extend that work in this report. Specifically, we advocate that by examining the needs of families who have the least access to care and who need the most support from the ECE system and investing in creating a system where these high needs are centered as targets to meet, we can make an ECE system that is flexible and responsive to Connecticut's shifting family demographics. By prioritizing provider compensation within policies to develop this more responsive system, we can ensure an engaged, well-prepared, and robust workforce serving Connecticut's youngest children and their families.

This report extends and builds upon research we have completed over many years. We briefly review the background literature of ECE to parents, providers, the economy, and children. We then review

annual data on Connecticut's ECE availability, children served, and the systems and dollars that support State-funded care. To add context to these data and help to guide fiscal recommendations, we update our economic analyses from our 2020 and 2021 State of Early Childhood reports regarding the cost of providing care in a Family Child Care (FCC) setting and a Child Care Center (CCC) setting. Finally, we build upon our 2022 State of Early Childhood research, which examined barriers to accessing ECE for immigrant and refugee families, by exploring another group of families who struggle to access equitable early care and education: families of children with special needs. We define children with special needs to include all children who have behavioral, emotional, developmental, physical, and/or cognitive needs that demand training and support beyond what is typical of most child care providers. We close the report by offering policy recommendations to create an ECE system that provides high-quality care that is universally affordable and accessible to all families, especially those with the least access to care under today's system.





BACKGROUND

The purpose of this section is to explain the benefits of high-quality ECE for families to generate income, across national and state economies, for young children’s access to education, and among children with special needs.

Declining Access to Care Reduces Parents’ Access to the Workforce

Despite the multiple benefits of high-quality early child care, the number of available care providers has reduced significantly. There are numerous reasons for this sharp trend. Many early care providers were forced to shut down during the COVID-19 pandemic.¹² Additionally, most jobs shut down due to requiring close contact, such as service jobs, including restaurants and hotels, were staffed by a greater proportion of women than men.¹³ These factors combined facilitated a “she-cession” where nearly 12 million women left the workforce due to pandemic disruptions nationwide.¹⁴ During the height of the pandemic in 2020, 63.8 percent of first-time applicants for unemployment benefits in Connecticut were women.¹⁵ As of April 2023, Connecticut’s female labor force participation rate that is 1.4 percent lower than the pre-pandemic rate of 60.8 percent, indicating that women have yet to achieve full economic recovery.¹⁶

Moreover, COVID-era stabilization funds supporting child care centers expired in September of 2023. This expiration of funds could cause an estimated 917 child care programs to close, which could leave an estimated 37,344 children without child care in Connecticut.¹⁷ Without State intervention, anticipated closures will disproportionately affect families of color.¹⁸ In families where caregivers must continue to work while looking for care, anticipated closures will likely result in the loss of learning activities, increased screen time, and decreased cognitive and social development.¹⁹ Under these circumstances, the need for high-quality child care is more acute than ever.

When high-quality child care is available, parents tend to have increased working hours, increased reliability and productivity while at work,²⁰ and higher educational attainment,²¹ which improves family economic security for the whole family. Conversely, parents with insufficient access to ECE report increased disciplinary action at work (including demotions and being fired for behaviors related to unstable child care), reduced hours and pay, and reduced ability to participate in career advancement opportunities.²² Work instability while children are very young also has long-term impact on parental earnings due to slowed career advancement trajectories.²³

A 2018 study surveyed 812 parents with children under age three regarding the impact of insufficient child care on their workforce decisions and behaviors.²⁴ On average, survey respondents reported losing two hours each week of work time (five percent of their work week) due to child care issues, and a quarter of the parents in this survey reported having to reduce their work schedules, turn down training or advancement opportunities, and turn down job offers. Primary caregivers in this study report severe impacts of inadequate infant and toddler care on their careers: 63 percent report productivity impacts and 86 percent report that their time and/or effort at work was constrained. Using these survey findings, economists estimated that each working parent of an infant/toddler lost \$3,350 in 2018 due to inadequate child care. Adjusted to 2023 dollars, this would equate to working parents with infants/toddlers losing \$4,074 this year due to inadequate child care.²⁵

The Early Childhood Care and Education Industry Plays a Significant Role in the National and State Economies

Total industry revenue is defined as the total amount of money an industry produces in a time period by providing and selling a good or service to customers prior to calculating expenses or deductions. The ECE industry comprises small businesses that provide employment, provide the service of child

care, and purchase goods and services. Nationally, the ECE industry generates more total industry revenue than commercial and industrial machinery and equipment repair, warehousing and storage, pipeline transportation, and water transportation.²⁶ In 2016, Connecticut's ECE industry brought in \$718 million in total industry revenue.²⁷ Only 20.5 percent of the total industry revenue generated by the ECE industry in Connecticut in 2016 (\$147,010,627) came from money paid by federal and state child care assistance programs, and the rest came from families' economic activity.

IF WE ADJUST THIS ESTIMATE TO 2023 DOLLARS, THIS WOULD BE EQUIVALENT TO CONNECTICUT'S ECE INDUSTRY GENERATING AN ESTIMATED \$921 MILLION IN TOTAL INDUSTRY REVENUE OVER THE COURSE OF A YEAR.²⁸

As an industry, ECE contributes substantial economic output. Economic output is defined as the value of all goods and services used and produced. The ECE industry generates economic output directly through the consumption of goods and services needed to operate programs, indirectly through generating output in other industries when providers purchase goods and services, and through the induced effect of ECE workers spending their earnings throughout the economy.²⁹ In addition to the industry-level economic output ECE generates, early child care also contributes to national and state economies by allowing more parents to work.

State-level estimates suggest that each dollar the government provides to support ECE (through a combination of subsidy programs and tax credits) creates \$3.80 in greater economic

output; this greater economic output includes the combination of the ECE industry-level economic output and increased parental employment and spending.³⁰ If we apply this multiplier to the amount of money paid by federal and state child care assistance programs in Connecticut in 2016, government spending on child care assistance programs created an estimated \$558 million in greater economic output. If we adjust this estimate to 2023 dollars, this would be equivalent to Connecticut's ECE industry creating an estimated \$716 million in greater economic output that includes the combination of ECE industry-level economic output and increased parental employment and spending.³¹ Thus, government spending on Connecticut's ECE system is a wise investment in that these dollars produce substantially more value for the economy than the initial investment.

In addition to boosting the economy through parental employment and spending, a stable ECE industry boosts the productivity of businesses. Businesses that employ working parents with children under three suffer financial consequences when parents do not have adequate child care. A 2018 study found that per working parent without good infant and toddler care, a business loses an estimated \$860 in lost business operational revenues (due to lower productivity) and \$290 for extra costs to rehire over the course of a year.³²

Lost business operational revenue and lost parental income then equates to lost taxes paid to state and federal governments. The study estimates that per working parent without good infant and toddler care in 2018, the federal government lost \$400 in income tax revenue and \$230 in sales tax revenue that year.³³ A 2023 replication of this study found that the COVID-19 pandemic more than doubled these effects, resulting in an estimated national loss of \$78 billion in parental income, \$23 billion in business operational revenues, and \$21 billion in taxes—a net national loss of \$122 billion.³⁴ Given that this study only examined the impact of insufficient infant and toddler care and did not extend to preschool, it stands to reason that the economic impact of inadequate child care as a whole on parental income, labor force engagement, business operational revenues, and state and federal taxes is much, much higher than this estimate.

To try and estimate the larger impact that gaps in access to infant and toddler care and gaps in access to preschool care has on families, the Bipartisan Policy Center examined the “child care gap” in a 2021 study. They define child care gap as the number of children ages zero through five who potentially need care but whose families cannot reasonably access formal care by driving, and they find that in Connecticut, 45,730 children (29.1 percent) potentially need care but cannot access it. They estimate that this costs the State of Connecticut between \$1.3 billion and \$1.9 billion annually in income losses, business productivity losses, and lost tax revenues. The study further finds that this gap in childcare disproportionately impacts families of color, families living in poverty, and families earning less than 85 percent of the SMI.³⁵

High-Quality Early Childhood Education Beginning at Birth Reduces Educational Disparities

We’ve reviewed the more immediate impacts of high-quality child care on parents’ ability to work and state and national economies; high-quality child care also has long-term impacts on children’s well-being and access to education. For children ages birth to five, high-quality child care reduces disparities and closes achievement gaps in learning, particularly among children from low-income families,³⁶ immigrant families,³⁷ children of color,³⁸ children who are homeless,³⁹ and children with special needs.⁴⁰ These findings are particularly significant because these children have the least access to high-quality care.⁴¹ This is due to multiple reasons, including (but not limited to) inability to afford child care, lack of familiar cultural and linguistic responsive care, and lack of appropriately trained professionals to support children with trauma-related behaviors and children with special health needs.

The period of birth to three is the foundation of a child’s future long-term success in terms of educational attainment, ability to get and maintain employment, physical and mental health, and the foundation for strong social relationships.⁴² The foundational skills behind this growth are early exposure to language skills, formation of attachment bonds with caregivers, rapid cognitive development, and physical growth.⁴³ Children are more likely to develop these skills in high-quality child care environments and in homes with reduced parental stress,⁴⁴ which high-quality child care environments support.

High-quality child care looks different for infants, toddlers, and preschoolers aged four to five,⁴⁵ but it can benefit children in each age range. High-quality infant and toddler care has been shown to boost memory and language skills, resulting in better academic performance and social relationships in kindergarten.⁴⁶ Gains from preschool include school readiness skills, social-emotional and behavioral development, improved motor skills, problem-solving, language skills, pre-math skills, and self-regulation skills.⁴⁷ Children who have experienced high-quality preschool tend to be more confident and have improved focus.⁴⁸

Children with Special Needs are a Growing Population and Greatly Benefit from High-Quality Early Care and Education

In a 2021 report, Connecticut Voices for Children (CT Voices) documented the growing percentage of school-age children in Connecticut with special education service needs as defined under the federal Individuals with Disabilities Education Act (IDEA).⁴⁹ Indeed, the trend in Connecticut is part of a more significant national trend as socioeconomic disparities hit record levels and the racial and ethnic demographics across the country undergo rapid transformation.⁵⁰ Connecticut’s current educational structures are ill-equipped to meet the growing demand and must be reconfigured before Connecticut’s public educational systems experience further crises.

This report focuses on children ages birth through five; we broadly define children with special needs as all children with behavioral, emotional, developmental, physical, and/or cognitive needs beyond what a traditionally structured care setting can support. Our reasoning for utilizing a broad definition is threefold. First, some categories of special needs (for example, mood disorders) require that children be a certain age before a healthcare professional may establish a diagnosis. Still, behavioral markers of these needs become apparent at earlier ages.⁵¹ Second, it can be challenging to differentiate manifestations of trauma from being at risk of developing a disability and/or developmental delay in very young children;⁵² high-quality ECE programs with knowledgeable staff can help reduce the likelihood of these children being pushed out of programs and developing additional academic challenges.⁵³ Finally, the familial stress and isolation associated with the COVID-19 pandemic put many young children at risk of developing long-term emotional, behavioral, and developmental problems absent high-quality interventions.⁵⁴ For these three reasons, we advocate for building an ECE system that can detect and provide appropriate prevention and intervention services regardless of the cause of a child's higher levels of need.

To meet children's special needs within an ECE setting, these children may need specific environmental adjustments, more time to learn and generalize skills, and more direct attention given by a trained adult, such as a child care provider or home visiting specialist. They may need more praise and encouragement to gain the skills typical for their age group. Yet, it is essential to remember that children with special needs have more in common with their peers than differences.

Care settings that serve both children with special needs and their peers can benefit all children in these settings. The opportunity to learn by observing and interacting with other children in their age group is helpful because children with special needs can model behavior displayed by their peers.⁵⁵ Integrated classrooms are also helpful for the peers of children with special needs because these children learn not to stigmatize peers who have more significant needs and include them in developing relationships.⁵⁶ All children benefit from learning and practicing social skills in real-world situations, stimulating activities, an environment where they can learn at their own pace, and building relationships with people outside their family. Moreover, early detection can enable parents to get children the resources needed to support their child while neuroplasticity is at its highest, giving their children the best chance to live whole and healthy lives. ECE providers play a critical role in the early detection of high needs, as they interact with a wider range of children than many parents, and many ECE staff have training to detect that a child may need screening for trauma or disability.⁵⁷

In summary, a high-quality, stable, accessible, and affordable ECE industry empowers the healthy development and education of all children—including those with special needs. Stable, accessible, and affordable ECE enables more parents to work and to be more productive and reliable while at work. This is especially true for parents of children with special needs, many of whom must exit the labor force due to the lack of specialized child care for their high-needs children.⁵⁸ Finally, businesses thrive when more parents reliably and productively engage in the labor force, and tax collections increase. Building a better ECE system will directly contribute to the health and wealth of Connecticut and improve the lifelong arc of opportunity for its youngest residents.

Despite knowing these benefits, Connecticut has not yet developed an ECE system that can meet the needs of all families across the state. On March 17, 2023, Governor Ned Lamont signed Executive Order No.23-1, establishing the Blue Ribbon Panel to develop a strategic plan to help move child care in Connecticut toward this goal.⁵⁹



**DESCRIPTION OF THE
BLUE RIBBON PANEL
ON CHILD CARE**

The Blue Ribbon Panel on Child Care was tasked with creating a data-driven and actionable strategic plan that prioritizes equitable access to early care and education, addressing the needs of children, families, and businesses. This plan is meant to come into action over the next five years. The main principles driving the project are equity, quality, affordable access, provider and system stability, and community voice.⁶⁰



The overarching goal of the Blue Ribbon Panel on Child Care is that all families will have access to equitable, high-quality, and affordable ECE. A successful system will enable children to learn and thrive, increase workforce participation (particularly among women), and further develop the state's economy. Establishing a family-friendly child care system will attract families to Connecticut, increasing the state's population growth rate. Furthermore, the Blue Ribbon panel highlights prioritizing child populations who are particularly under-resourced. These are children whose families speak a primary language other than English, children whose parents work non-traditional hours, homeless children, and children with special needs.

Connecticut has made several notable investments in the early childhood care and education system under the leadership of Governor Ned Lamont, including increases in early care provider reimbursement rates, an expansion to Care 4 Kids eligibility, waiving parent fees for State-funded programs, and millions of dollars in stabilization grants. The creation of the Blue Ribbon Panel on Child Care, however, represents the Governor moving from trying to stabilize early care and education as a standalone economic sector toward reforming the early care and education system as critical infrastructure that undergirds Connecticut's economy.

During his speech introducing the creation of the Blue Ribbon Panel on Child Care, Governor Lamont said, "I was hoping the feds were going to step up and make day care universally available. [Until then,] what can we, as a state, do while waiting for that day? That's why [the panel is] here."⁶¹ This introduction is critical for two reasons. The first is that it makes a commitment that the Executive Branch of Connecticut is actively invested in moving toward universally available child care. The second reason that this quote is important is that it suggests the work of the Blue Ribbon Panel may move Connecticut toward the goal of universally available child care but it may not fulfill that goal absent additional federal investments.

A young child with dark hair, wearing a white long-sleeved shirt and dark pants, is hanging from a red monkey bar on a green playground structure. The child is positioned in the center of the frame, with their arms extended upwards to grip the bar. The background shows a blurred green landscape with trees and a blue safety mat on the ground. The word 'METHODOLOGY' is written vertically in large, white, sans-serif capital letters along the left edge of the green structure.

METHODOLOGY

This report comprises both quantitative and qualitative research. The quantitative elements include using public data from the U.S. Census Bureau, CT Data, Care 4 Kids, and data requested from the Connecticut Office of Early Childhood, EdSight, and United Way 211 Child Care. We list the sources for each type of data within the appendices and the endnotes of this report. We discuss the findings of these data in the report, which are also reported in appendices. The qualitative elements are original interviews with parents, child care providers, early childhood health professionals, and advocates. Our interview participants are a convenience sample. Information collected from our interview participants helps to provide context to the quantitative data. Still, these interviews should not be interpreted as representative of the various experiences regarding ECE in Connecticut. The authors used relational interviewing techniques to foster a relaxed atmosphere and a sense of trust, where the interview is similar to a two-way dialogue. Such a dynamic often results in participants speaking with more candor than in a structured formal interview. To mitigate the likelihood of interviewer and participant bias, the authors used value-neutral language and avoided leading questions, normative statements, or prompting participant responses.

CHALLENGES FACING CHILD CARE PROVIDERS AND FAMILIES



As indicated in the introduction to this report, providing and receiving affordable and high-quality child care is a challenge for many. Indeed, the early child care industry is underfunded, creating many difficulties for providers and parents alike.

To help orient the reader as we discuss data pertaining to Connecticut’s ECE programs, in **Table 1**, we provide a summary of Connecticut’s ECE programs that receive State and/or federal funding and eligibility requirements for families to access these programs. Note that the State-reported numbers of participants in these programs are indicated in **Appendices D, F, G, and H**.

TABLE 1: STATE-FUNDED EARLY CARE AND EDUCATION PROGRAMS AND THEIR ELIGIBILITY CRITERIA

PROGRAM NAME	PROGRAM TYPE	ELIGIBILITY
Care 4 Kids	Subsidy voucher for children from birth to age five and school-age children up to age 13. For children with special needs, the age cut-off is 19. Accepted at licensed child care centers, group, and family child care homes, and license-exempt programs, which provide infant and toddler care, preschool, school-age after-school care, summer programs, and vacation care.	Children must be Connecticut residents with a family income below 60 percent of the State Median Income (SMI), and their caregiver(s) are employed or attend an approved education or training activity.
Child Day Care Centers	Publicly funded centers for infants and toddler care and preschool, with some school-age children	Children with family income below 75 percent of the SMI. These programs charge families a fee ranging between one and 11.5 percent according to the OEC Fee Schedule and also accept Care 4 Kids. ⁶²

Table 1: State-Funded Early Care and Education Programs and their Eligibility Criteria (continued)

PROGRAM NAME	PROGRAM TYPE	ELIGIBILITY
School Readiness: Priority	Preschool program State grant that funds spaces for children ages three, four, and five who are ineligible for kindergarten in high-need communities.	The programs are located in the eight towns with the largest populations based on the last census, the 11 towns with the most significant numbers of children scoring below the remedial level on the state mastery tests, and towns that were priority school districts in the past. At least 60 percent of enrolled children must come from families with income below 75 percent of the SMI. These programs charge families a fee ranging between 1.6 and 10 percent according to the OEC Fee Schedule and also accept Care 4 Kids.
School Readiness: Competitive	Preschool program State grant (exact definition as above)	Programs located in school districts containing a “priority school” or one of the 50 least wealthy towns. At least 60 percent of enrolled children must come from families with income below 75 percent of the SMI. These programs charge families a fee ranging between 1.6 and 10 percent according to the OEC Fee Schedule and also accept Care 4 Kids.
Head Start	Federal and State program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development.	Children who come from families below the federal poverty line, children in foster care, homeless children, and children from families receiving public assistance (such as Temporary Assistance for Needy Families or Supplemental Security Income).
Even Start	State grant funding for early childhood education, adult education, parent education, and home visits.	Eligible families have a child under age eight and a caregiver without a high school diploma, basic reading skills, and/or English proficiency.

Table 1: State-Funded Early Care and Education Programs and their Eligibility Criteria (continued)

PROGRAM NAME	PROGRAM TYPE	ELIGIBILITY
Smart Start	A State grant that expands the availability of free preschool experiences for children and families that might not otherwise have access to such services by increasing the number of public school preschool classrooms in communities with an identified unmet need.	At least 60 percent of children fall at or below 75 percent of the SMI; are experiencing homelessness; are dual language learners; have an incarcerated parent(s); have a parent(s) on active military duty; are involved with DCF or in foster care; have experienced loss or illness due to COVID-19; have special needs. These programs charge families a fee ranging between 1.6 and 10 percent according to the OEC Fee Schedule and also accept Care 4 Kids.
Public Schools	Preschool classrooms within magnet and charter schools, including for children receiving special education through IDEA. ⁶³	Defined by geographic boundaries and/or lottery slots.

Child Care Businesses Struggle to Remain Open

Staff shortages are among the most pressing problems in the child care industry. These shortages establish a dynamic where educators are taking on more work, administrators are filling in when classrooms need more staff, and parents do not have enough child care. The supply shortage determines how many slots are available rather than the demand for care.⁶⁴

There are multiple reasons for this diminishing supply of programs and educators. The low Care 4 Kids reimbursement rate does not cover providers' full cost of child care. As such, providers are paid very little, and educators with university degrees migrate to the K-12 educational system or move to other professions that pay more. This creates a dynamic where many providers and educators are leaving the profession.⁶⁵ While the Connecticut Office of Early Childhood (OEC) conducts an Early Care & Education Market Rate Survey every three years to gather information regarding differences in current subsidy payment rates to purchasing power and adequacy for access in the child care market in order to regulate subsidy payments, these studies do not examine the actual cost of care, which is not met by the market rate.⁶⁶ Thus, even if the State set Care 4 Kids reimbursement rates equal to the market rate, there would still be a gap between provider revenue and the actual cost of high-quality care.

Another issue is the schedule of payments. For parents paying out of pocket, a deposit is provided before care starts, and parents pay charges weekly.⁶⁷ In contrast, Care 4 Kids payments begin one month after the child has started care and are paid out monthly.⁶⁸ This delay in payments creates

additional struggle to keep child care businesses open. Furthermore, few providers offer retirement benefits, health insurance, benefits packages, paid days off, or predictive scheduling. These are salient trends across the different structures of child care businesses, be they large chains, independent centers, family care centers, and others. Due to the end of COVID-era federal financial support, the child care industry is also expected to contract significantly, making the number of available high-quality child care centers less available than before.

The required Care 4 Kids family co-pay constitutes a heavy financial burden on families. Under these circumstances, providers may waive family co-pays and only take the Care 4 Kids subsidies. These providers, many of whom provide care within their homes for a small number of children, operate at a significant loss. Indicated below is a financial model for a Family Child Care Center (FCC) operating with baseline costs that only accepts payment through subsidies from Care 4 Kids and a very modest subsidy from the Child and Adult Care Food Program (CACFP), which is meant to reimburse the providers for food offered to the children in their care. The provider in this model has waived family co-pays and does not have any private tuition clients. This model, an updated version of one included in our 2020 State of Early Childhood report that integrates changes made in the federal Provider Cost of Quality Calculator (PCQC), demonstrates how unsustainable the FCC model is without OEC giving providers additional grants or providers charging parents Care 4 Kids co-pays and other fees. We include more methodological details regarding this model in **Appendix A**.

To build this model, displayed in **Table 2**, we utilize the PCQC, a tool created for public use by the U.S. Department of Health & Human Services Administration for Children & Families Office of Child Care. We adjust the standard model within the PCQC to account for Connecticut's ECE regulations and Care 4 Kids reimbursement rates.

In Northwest Connecticut, Care 4 Kids pays FCCs \$354 per week for infants/toddlers, \$276 for preschoolers, and \$254 for school-aged children for 51-60 hours of care weekly.⁶⁹ Unlike center-based care, some costs of running an FCC are shared between personal and business use.⁷⁰ Moreover, the operating hours of FCCs are often longer than 40 hours weekly. Another important distinction is that owner-providers do not pay themselves a wage; their income is the net profit from the business. However, a salaried child care provider is compensated on a 40-hour-a-week model, while FCC providers work 68 hours on average.⁷¹ Our model assumes that working hours are from Monday to Friday from 7:00 am to 5:30 pm. Since families may be late picking up their child and parents often stay to chat, the provider will most likely close at 6:00 p.m. The provider works two hours per day preparing/cleaning after business hours. He/she/they works three additional hours during the weekend to design curriculum, cook, attend to their records and finances, clean, and recruit new families. These activities would add 13 hours to the week, creating a total of 68 working hours.⁷²

The key assumptions behind the following FCC Model are that: a) the Connecticut Office of Early Childhood licenses the owner-provider, b) the owner-provider has one full-time assistant, has space for six infants and toddlers, three part-time school-aged children, and no children of their own. The owner-provider has no health or retirement benefits and has waived the Care 4 Kids family fee, taking only the subsidy. Thus, this model represents minimum expenses, and revenue received only from State and federal streams.

TABLE 2: FINANCIAL MODEL ONE: ANNUAL NET REVENUE FOR NORTHWEST CONNECTICUT FAMILY CHILD CARE HOME: 2023 MARKET RATE TUITION (FULL-TIME PLUS CARE - 51 TO 65 HOURS/WEEK)

REVENUE	AMOUNT	AMOUNT
Care 4 Kids Subsidy	\$150,072	For six infants and toddlers, three part-time school-age children, and no co-pay.
Private Tuition	\$0	
CACFP	\$13,268	Per PCQC
Enrollment Inefficiency ⁷³	-\$60,436	Average inefficiency rate is 37% as per “The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care.”
Bad Debt	-\$2,836	3% as per PCQC
Actual Revenue	\$100,068	
Expenses		
Assistant Wages	\$37,500	Calculated at \$15 CT minimum wage
Mandatory Benefits	\$3,914	6.2% Social Security, 1.45% Medicare, 1.3% Worker’s Compensation Insurance, 2.8% Unemployment Insurance
Total Personnel Expenses	\$42,224	
Sum of Per-Child Costs	\$292	Per PCQC
Sum of Site Costs	\$29,851	Per PCQC
Total Non-Personnel Expenses	\$30,143	Per PCQC
Total Expenses	\$72,367	
Net Revenue	\$27,700	

The FCC owner-provider in Financial Model One takes home \$27,700 annually before taxes; wage parity must be considered here.

GIVEN THAT THE OWNER-PROVIDER WORKS 68 HOURS WEEKLY AND 50 WEEKS ANNUALLY,⁷⁴ HIS/HER/THEIR HOURLY WAGE AMOUNTS TO \$8.14, WHICH IS WELL BELOW CONNECTICUT’S \$15 MINIMUM WAGE.

This figure is before taxes, so the net figure is even lower. Moreover, in practice, most FCCs do not apply for the CACFP food reimbursement subsidy, meaning for most FCCs, public revenue—and, by extension, hourly wage—are lower than featured in this model.⁷⁵

Like FCCs, child care centers (CCCs) also struggle to make ends meet without charging families over and above what CCCs receive through State and federal funding streams. Because CCCs pay multiple staff members, many do not have the option to tighten their belt as a business when the families



they serve are struggling to pay for care. To demonstrate, we updated an economic model of a small CCC from our 2021 State of Early Childhood report, which is displayed in **Table 3** below.

In Northwest Connecticut, Care 4 Kids pays a child care center \$289 per week for infants/toddlers and \$222 for preschoolers for 35-50 hours a week.⁷⁶ Expenses include salaries, mandatory benefits, rent, utilities, building insurance, maintenance, repair, internet, telephone, food and its preparation, kitchen supplies, classroom supplies, office supplies and equipment, liability insurance, postage, advertising, audit/legal fees, professional fees/permits, training, depreciation, interest, professional membership/dues, and consultants.

The key assumptions behind the following CCC Model are that: a) the Connecticut Office of Early Childhood licenses the center, b) the center has one director, three educators, and two teaching assistants, and c) the center has space for 26 children, including 16 infant/toddlers and 10 preschoolers. The center has no health or retirement benefits, has waived the Care 4 Kids family co-pay, and has no private tuition clients. We include more methodological details in **Appendix B**.

TABLE 3: FINANCIAL MODEL TWO: ANNUAL NET REVENUE FOR NORTHWEST CONNECTICUT CHILD CARE CENTER: 2023 MARKET RATE TUITION (FULL-TIME CARE - 35 TO 50 HOURS/WEEK)

REVENUE	AMOUNT	AMOUNT
Care 4 Kids Subsidy	\$355,888	For 16 infants/toddlers, 10 preschoolers, and no co-pay.
Private Tuition	\$0	
CACFP	\$50,159	Per PCQC
Enrollment Inefficiency	-\$60,907	Set at 15% per PCQC
Bad Debt	-\$9,075	3% as per PCQC
Actual Revenue	\$336,065	
Expenses		
Salary Costs	\$238,600	
Mandatory Benefits	\$25,105	6.2% Social Security, 1.45% Medicare, 1.3% Worker's Compensation Insurance, 2.8% Unemployment Insurance
Total Personnel Expenses	\$274,205	
Sum of Per-Child Costs	\$60,762	Per PCQC
Sum of Per-Classroom Costs	\$95,905	Per PCQC
Sum of Site Costs	\$15,081	Per PCQC
Total Non-Personnel Expenses	\$171,748	Per PCQC
Total Expenses	\$445,953	
Net Revenue	-\$109,888	

IF ONLY TAKING THE CARE 4 KIDS AND CACFP GOVERNMENT SUBSIDIES, THE CHILD CARE CENTER WOULD NEED AN ADDITIONAL \$109,888 TO BREAK EVEN. EVEN AT THE LOWEST LEVEL OF QUALITY, A CHILD CARE CENTER CANNOT REMAIN OPEN IF IT DOES NOT CHARGE PRIVATE TUITION OR CARE 4 KIDS FAMILY CO-PAYS. YET, DOING SO CAN PRICE OUT SOME OF THE MOST VULNERABLE FAMILIES.

For example, a family consisting of a single parent and one child at 60 percent of SMI generates \$54,338 before taxes⁷⁷ and must pay \$5433.80 in family co-pay;⁷⁸ this figure is higher than the monthly income generated at this income level. Moreover, children who do not have legal documentation are not eligible for Care 4 Kids subsidies; to access care, many of these families must pay private tuition or secure one of the limited number of slots in State-funded programs that do not impose documentation-based eligibility regulations.

Both models use no more than the minimum expenses at the PCQC's lowest level of quality. Increasing the quality level of the calculator would necessitate additional costs, such as those associated with

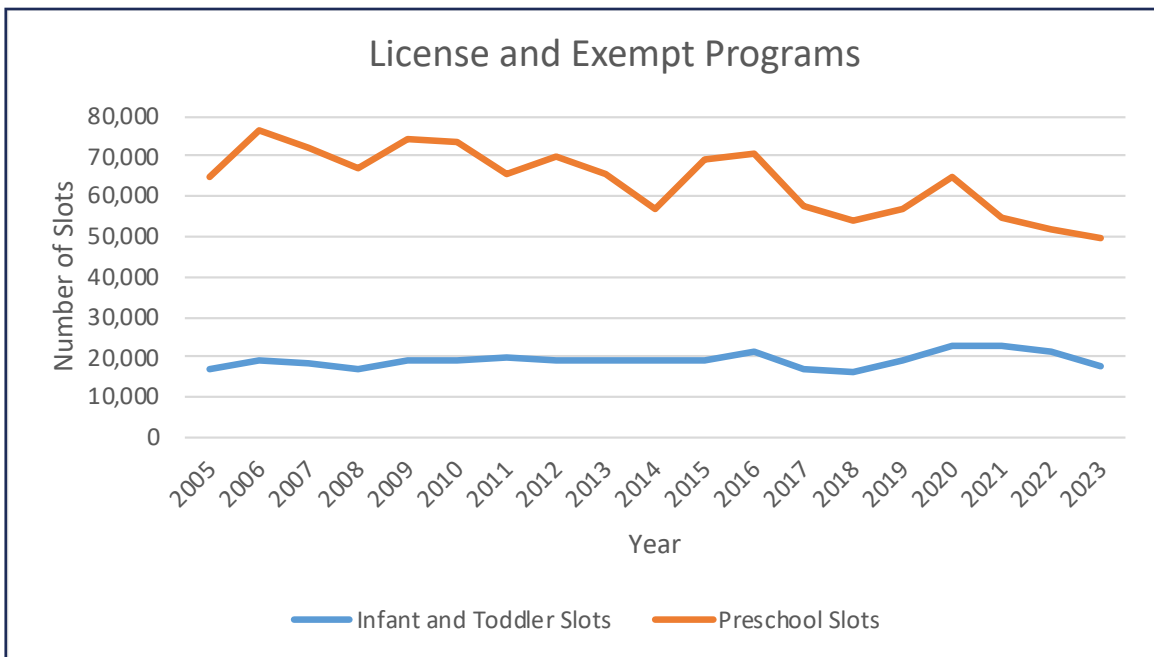
increased staff numbers, wages, benefits, training, advertising, supplies, and more. Doing this would require increasing tuition to cover these costs, which would price out families with lower incomes, highlighting inequities within Connecticut’s early-care education system. While reimbursement rates have increased by 11 percent as of July 2023, this seems to be adjusting to rising costs to some degree rather than pulling their weight in carrying the total cost of care.

Connecticut Data Shows Declining Availability of Child Care Slots and Programs

Infants and toddlers require a great deal of attention, so State regulations require a four-to-one child-to-adult ratio for infant and toddler care providers. These necessarily small ratios mean that infant and toddler care is costlier to provide and obtain; as a result, there is a shortage of infant and toddler slots, which the Blue Ribbon Panel estimates to be 17,000.⁷⁹ Fewer providers offer infant and toddler care than preschool care, and providers that do offer infant and toddler care must also care for preschoolers to boost revenue. As shown in **Figure 1**, the availability of infant/toddler seats has fluctuated significantly since 2005. The total number of infant/toddler slots dropped from 21,109 in 2022 to 17,619 in 2023—a reduction of 3,490 seats.

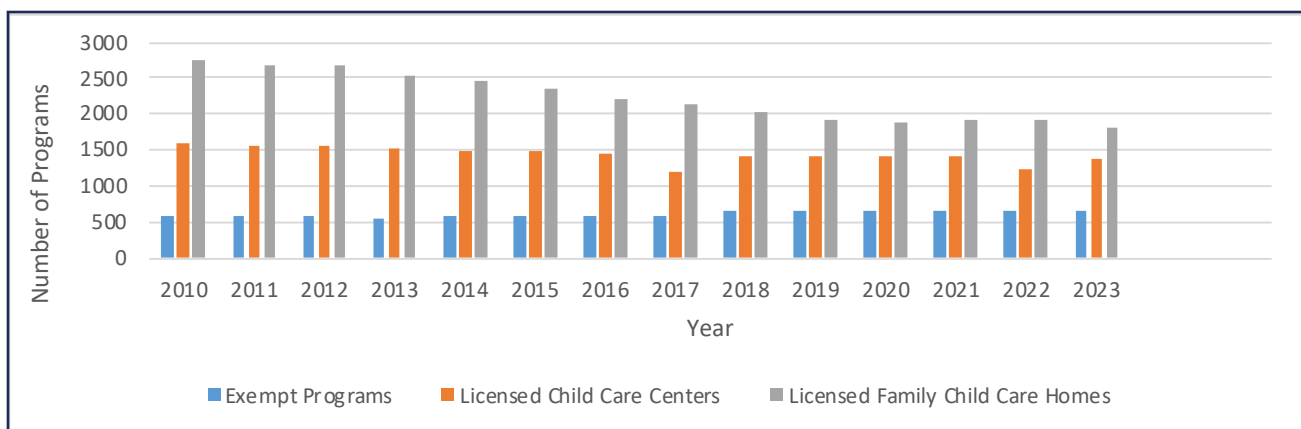
The number of State-funded preschool slots is markedly higher than infants and toddlers, as are program options for publicly funded care. Indeed, there is a statewide surplus of 26,901 preschool slots.⁸⁰ However, these slots are not spread evenly across Connecticut, leaving 42 out of 169 towns with unmet preschool needs.⁸¹ For a map of gaps in access to child care in Connecticut, visit childcaregap.org.⁸² As indicated in **Figure 1**, slots available to preschoolers are steadily decreasing. From 2020-2023, Connecticut experienced a reduction of 14,891 preschool slots to 49,898, the lowest it has ever been. Additionally, efforts to expand preschool options in places with shortages have only achieved mild success rates. For both infants and toddlers and preschoolers, overall child care capacity is decreasing, making the absence of available and affordable child care felt all the more acutely by families.

FIGURE 1: TOTAL NUMBER OF INFANT AND TODDLER SLOTS AND PRESCHOOL SLOTS IN LICENSED AND EXEMPT PROGRAMS⁸³



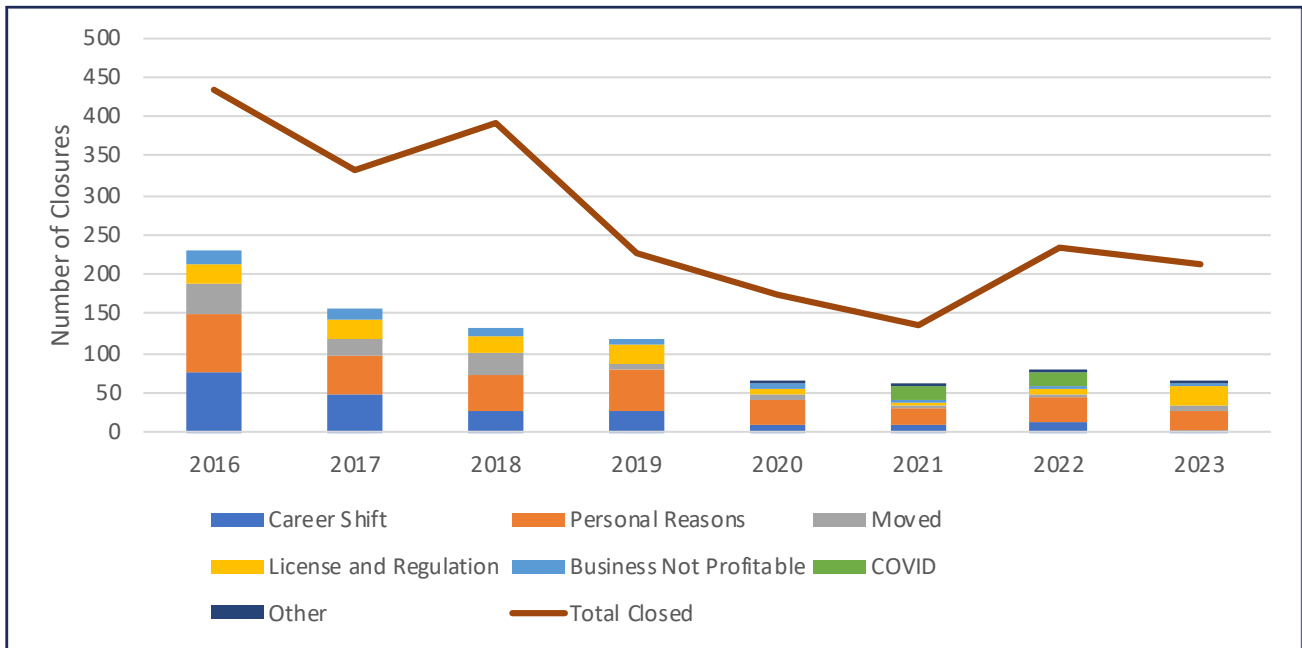
Part of the decline in available child care slots is the steady reduction in places that offer child care, a trend seen mainly by the decrease in licensed family child care homes in **Figure 2**. Though still the most widely provided form of child care, there has been a total reduction of 916 family child care homes from 2010 (2,733) to 2023 (1,817). The number of licensed family child care homes is at its all-time low in 2023. Ultimately, it appears as though more family child care homes are closing while new ones are not opening to replace them. And while the number of child care centers has rebounded from the COVID-19-induced low in 2022 (1,374 in 2023 vs. 1,222 in 2022), there are 205 fewer child care centers in Connecticut currently than in 2010.

FIGURE 2: NUMBER OF LICENSED FAMILY CHILD CARE HOMES, LICENSED CHILD CARE CENTERS, AND EXEMPT PROGRAMS⁸⁴



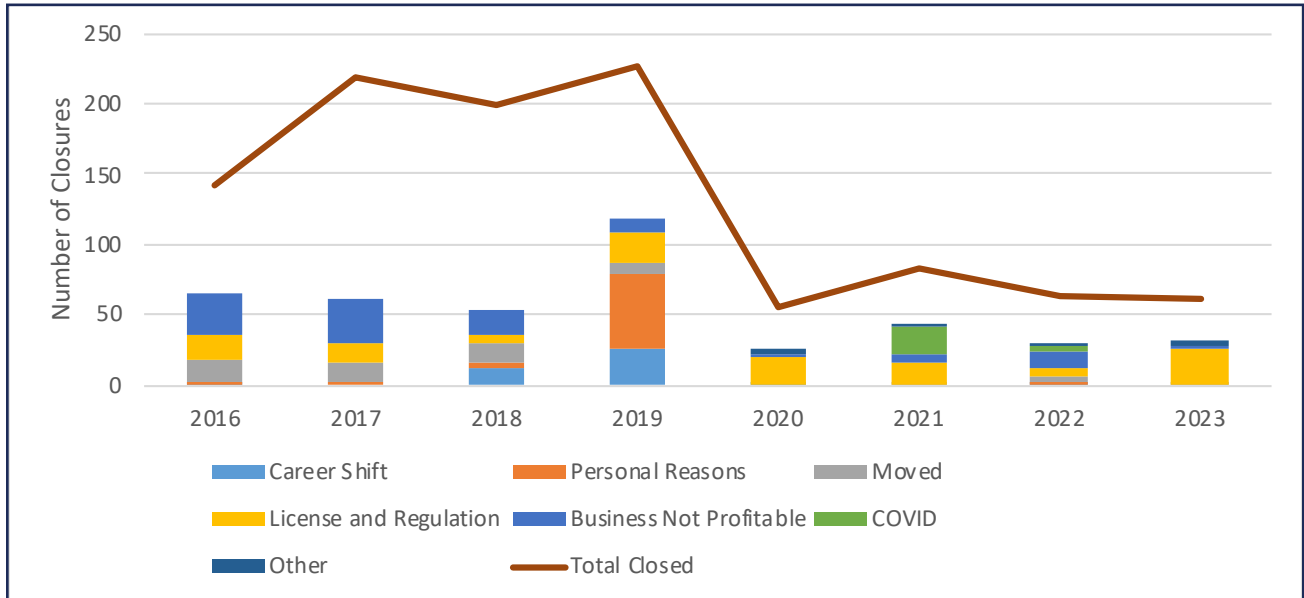
There are multiple reasons for the 13-year decline in licensed family child care homes. Closure surveys, shown in **Figure 3**, indicate that the most common reason child care providers in FCCs close down over time is for personal reasons, which include retirement, medical reasons (not including COVID-19), maternity, death in the family, job-related stress, and lack of benefits. However, many FCCs report closing each year for reasons reflecting the sustainability of the early care industry, including changing careers (or returning to school) and the business not being profitable. Most salient in 2023, challenges with licensure, such as summary suspensions, voluntary surrenders, revocations, withdrawal of application, denial application, lapsed license, license credential changes, and change of ownership, heavily contributed to the closures. This reflects providers' reported challenges in balancing competing time demands, lengthy processes, and complex paperwork.⁸⁵ Not all providers respond to closure survey requests, so the total number of closures yearly is greater than the number of responses.

FIGURE 3: REASONS BEHIND CLOSURES OF FAMILY CHILD CARE HOMES PER FISCAL YEAR⁸⁶



Closure surveys of child care centers and group child care homes, depicted in **Figure 4**, show different trends than those seen in family child care homes. Not all providers respond to closure survey requests, so the total number of closures yearly is greater than the number of responses. From 2016-2018, the most reported reason for closure was unprofitability. In some cases, the unsustainability of running a business may undergird the reason for providers changing careers and returning to school. The highest number of closures happened in 2019, right before the COVID-19 crisis, and the most reported reasons were personal. Note that in 2023, challenges with licensure and regulation take the lion’s share of reported reasons for closure. Again, this finding could indicate the challenges providers face balancing competing time demands and complex paperwork.

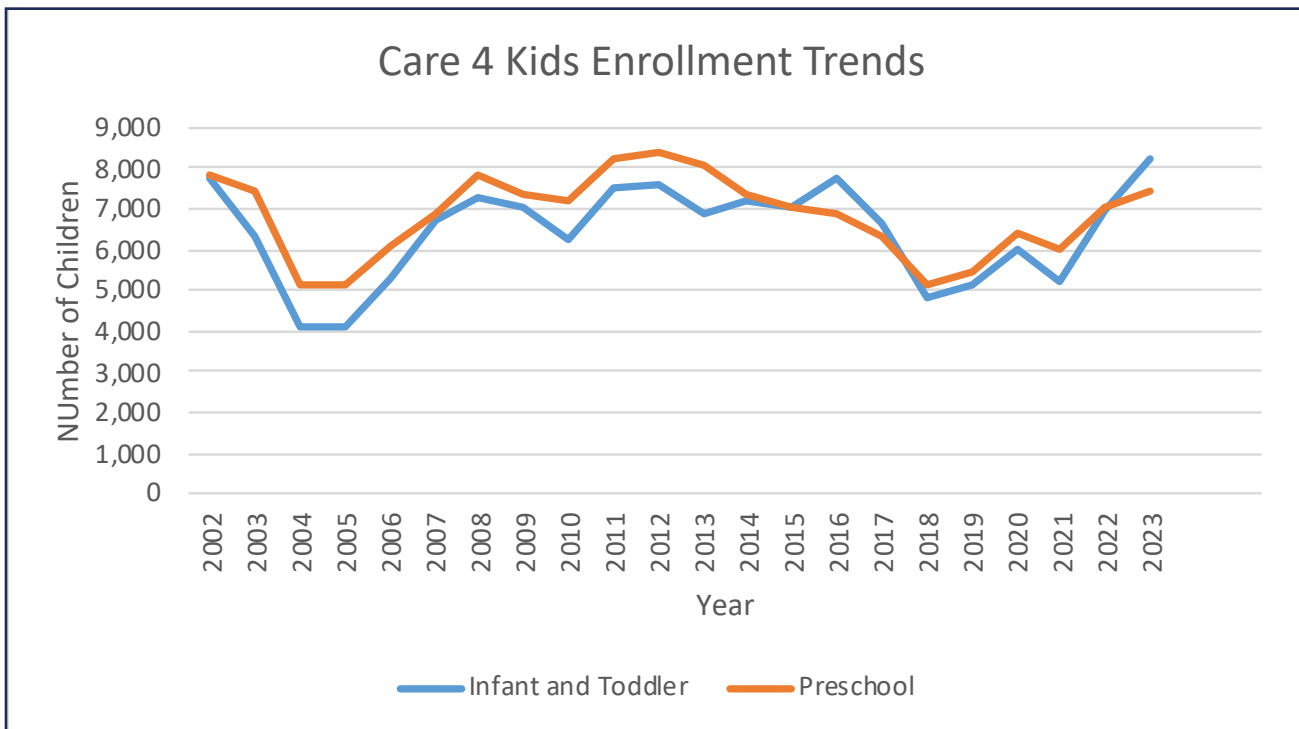
FIGURE 4: REASONS BEHIND CLOSURES OF CHILD CARE CENTERS AND GROUP CHILD CARE HOMES BY FISCAL YEAR⁸⁷



Connecticut Data Shows that Pandemic Efforts Resulted in More Children Served through Programs Receiving Government Funding

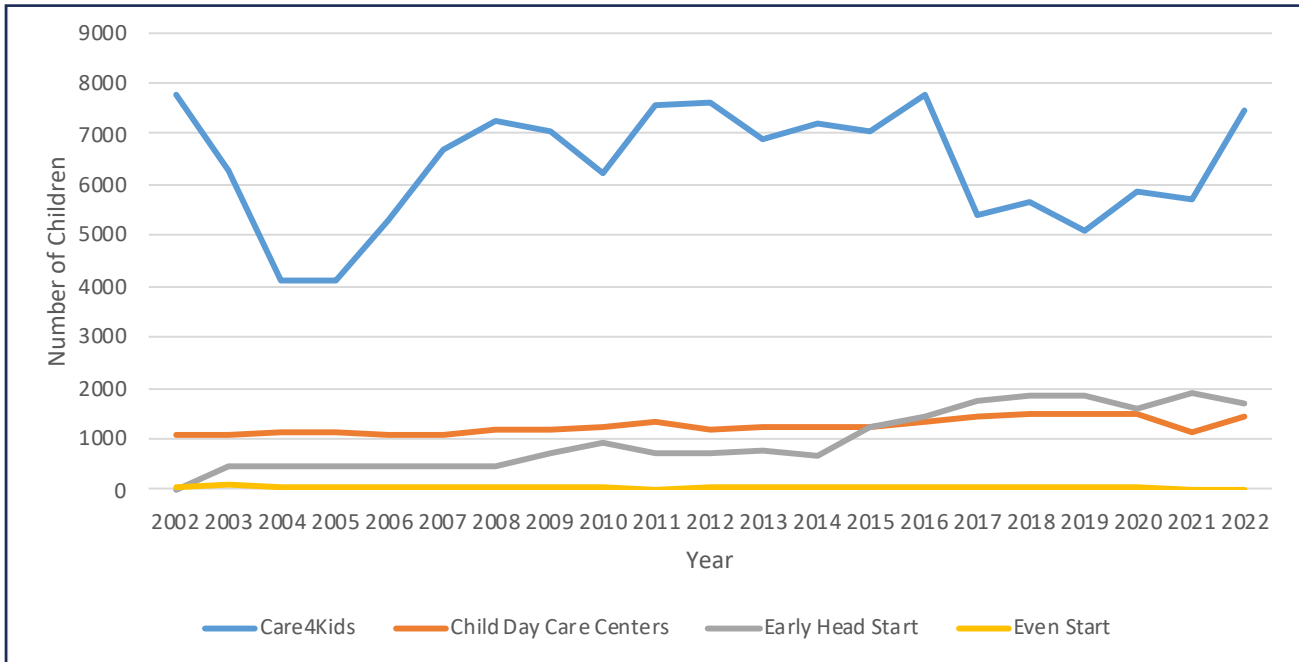
In addition to providing funding to stabilize the ECE industry and slow the trend of program closures, State and federal lawmakers made great efforts in response to COVID-19 to help parents hit hardest by pandemic work closures get back to work.⁸⁸ **Figure 5** shows that the number of children enrolled in Care 4 Kids has increased significantly for infants, toddlers, and preschoolers. Notably, the number of infants and toddlers receiving care through Care 4 Kids is 8,206. This is the highest infant and toddler enrollment reported since CT Voices began tracking these data in 2002.

FIGURE 5: CARE 4 KIDS ENROLLMENT TRENDS⁸⁹



Increased numbers of young children reliant on public support are not unique to the Care 4 Kids program. As indicated in **Figure 6** and **Figure 7** below, the number of infants, toddlers, and preschoolers supported by public programs has increased in all but the Even Start Program. What must be noted about the preschool School Readiness programs is that most children are eligible based on their family income; the family income must be at or below 75 percent of the SMI. Similarly, the Head Start program eligibility requires families to be at or below the federal poverty level. Ultimately, the State-funded slots available to children are decreasing, while the number of children whose families are economically insecure and thus eligible for and reliant on subsidized child care is increasing.

FIGURE 6: NUMBER OF INFANTS AND TODDLERS SERVED BY PUBLICLY-FUNDED ECE PROGRAMS⁹⁰

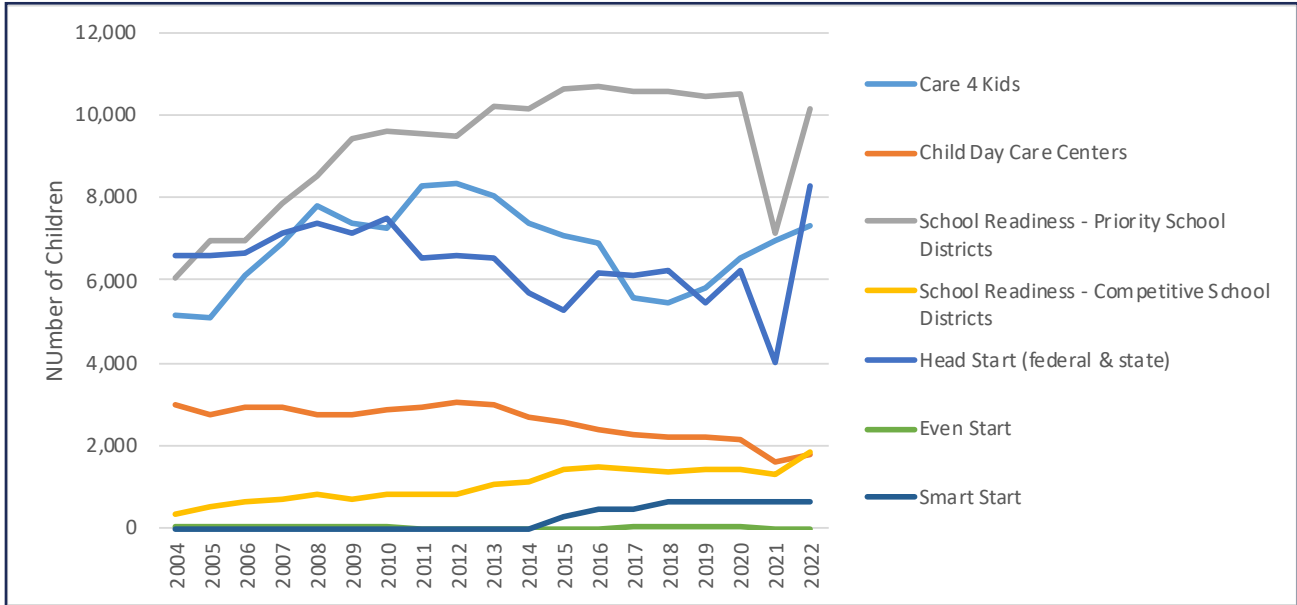


NOTE: A larger version of this figure is available on page 82.

The most widely used form of public support for infant/toddler care is Care 4 Kids, a trend that appears salient over time. With a high of 7,449 seats, 2023 featured the highest number of infants and toddlers supported by the Care 4 Kids program since the drastic 2016-2017 drop when OEC instituted a waitlist in order to implement new federal regulations.⁹¹



FIGURE 7: PRESCHOOLERS SERVED BY PUBLICLY-FUNDED ECE PROGRAMS⁹²



NOTE: A larger version of this figure is available on page 83.

Unlike infants and toddlers, the largest public source of support for preschoolers is the school readiness program. This program provides affordable, high-quality early care and education services in high-need communities that help young children prepare for kindergarten.

CHALLENGES TO CHILDREN WITH SPECIAL NEEDS IN CONNECTICUT



Defined as children who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally, young children with special needs and their families face unique ECE challenges and need more significant support. The number of children who qualify as having special needs is increasing,⁹³ and more parents, child care providers, school psychologists, and doctors are aware of signs of special needs in children than in previous years. Given that the stigma surrounding special needs is decreasing, more families are reaching out for assistance and are meeting significant obstacles when they do so. Some organizations that provide multiple types of support are indicated below.

TABLE 4: ORGANIZATIONS PROVIDING SPECIAL NEEDS SUPPORTS FOR CHILDREN, FAMILIES, AND CARE PROVIDERS⁹⁴

PROGRAM NAME	DESCRIPTION
Birth to Three	Conducts home visiting and assists children aged zero to three in overcoming cognitive, communication, social, and/or emotional behaviors, physical development, and adaptive skills. It also provides parent education. To be eligible for services under this program, children must either show a significant developmental delay or have a diagnosed medical condition that's likely to result in a developmental delay.
The Early Childhood Home Visitation Cell	Program that is under the umbrella of the University of Connecticut parenting program. Conducts home-visiting, conducts regular child developmental assessment, referral services, child observation, parent education, emotional support, bi-weekly maternal group support, mental health services, and help accessing other necessary parenting resources.
National Service Office for Nurse-Family Partnership	Provides personal nurses to first-time mothers with low income to provide support, advice, and information needed during pregnancy and after delivery.
National Service Office for Child First	Supports children who have experienced trauma, such as violence, neglect, mental illness, or substance abuse. Use a holistic continuum of care for families and children experiencing the effects of poverty and adversity.
Parents as Teachers	Conducts home visiting, parent education, and developmental screenings for children ages zero to five.
Early Childhood Consultation Partnership	Provides consultation services concerning mental health difficulties and disorders experienced by very young children in early care or education settings.
Connecticut Family Resource Centers	Parent education, home visiting, referral services, play and learn groups/activities, reading groups, school readiness programs, support, and training for home child care providers.

Table 4: Organizations Providing Special Needs Supports for Children, Families, and Care Providers (continued)

PROGRAM NAME	DESCRIPTION
<p>Other Family Services</p>	<p>Many nonprofits provide intense services to families. A few examples are:</p> <p>Kids in Crisis includes counseling, crisis services, emergency shelters, an emergency hotline, and preventive services available 24 hours daily to children. The organization works closely with statewide homeless advocacy groups, mental health collaborators, counseling agencies, law enforcement, schools, hospitals, recreation programs, funders, State protective services, juvenile courts, and child advocates.</p> <p>Family Centered Services of CT has multiple programs addressing child development & education, children with special needs, child abuse, child traumatic stress, race, culture, domestic violence, economic challenges, and community support.</p> <p>AFCAMP (African Caribbean American Parents of Children with Disabilities) supports children and families that not only need special education services but are also trying to navigate the juvenile justice, child welfare, and health systems, including children’s behavioral health.</p> <p>Others are parent advocacy organizations that teach parents how to navigate systems pertinent to children with special needs, such as public schools and relevant agencies. Examples are CPAC (Connecticut Parent Advocacy Center), Smart Kids Learning Disabilities, Special Education Network, and SPED Network, although there are many more.</p>
<p>Office of Early Childhood</p>	<p>Offers professional development and technical assistance training, such as Core Knowledge and Competency Frameworks, Early Childhood Teacher Credential (ECTC), The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children, and Program Leadership Initiative (PLI).</p>
<p>State Education Resource Center</p>	<p>Provides teaching initiatives to educators such as: Supporting All Abilities, Scientific Research-Based Initiatives, Positive Behavior Interventions and Supports, and Curriculum and Instruction.</p>

If eligible for support, parents can access multiple home visiting programs for different purposes. All of these are of no cost to families. This being said, not all families are eligible, since these services are often intervention-based rather than prevention-based. Using the example of Birth to Three, two of the biggest challenges to such programs are 1) the demand for assistance is greater than the supply of providers and 2) in many (though not all) Birth to Three agencies, providers are not being paid in measure to the services that they provide.⁹⁵

Providers of multiple areas of support work with early intervention agencies, which are contracted to the Office of Early Childhood under the Birth to Three program. They are paid by state and federal dollars (IDEA Part C and Part B and Medicaid), as well as commercial insurance, and the rates are set by Birth to Three. Parents do not pay out of pocket for services.⁹⁶ While the experience does vary significantly across agencies, many providers have been saying they are not generating adequate income at Birth to Three rates and/or struggle with management practices, ultimately demotivating them from remaining at Birth to Three.⁹⁷ During a time when the number of children having special needs is increasing, fewer providers are available to support them.

Along a similar vein, clinical supervisor of the University of Connecticut Parenting Program Julia Candela-Gonzalez states that reported and observed needs have increased compared to previous years, and meeting them requires expanding the workforce.⁹⁸ This expansion should include an increased number of home visitors from the Early Home Visitation Program, translators in multiple languages, professionals who can provide services for children with special needs, mental health support for mothers, supervisors, and clinicians.

Separately, families with children with special needs often have additional expenses to meet their needs. In 2021, the average cost for a married, middle-income family to raise a child is \$277,200 from birth to 18; in the Northeast, including Connecticut, the average cost is greater at \$305,820.⁹⁹ Depending on a child's level of need, raising a child with special needs from birth to 18 can be upward of \$2.5 million.¹⁰⁰ While insurance may cover some of the costs of therapy, doctor's visits, and specialized equipment, the burden of proof of need falls on families, which means that insurers do not always reimburse for these costs. As a result, families of children with special needs are disproportionately financially burdened, and one or more family members may refrain from participating in the workforce to take care of the child at home. Nationally, an estimated 40 percent of families that have one or more children with special needs have a parent who left the workforce to become a full-time caregiver.¹⁰¹ The combination of the high costs of services and the toll on workforce engagement creates a heavy financial strain for families.

Nationwide, children living in poverty are more likely to have a disability (6.5 percent) than children living above the poverty threshold (3.8 percent), a statistic that has increased over time.¹⁰² Moreover, the ability to receive a diagnosis and get appropriate services for children with special needs is not independent of race. Children of color are more likely to experience exclusionary educational experiences and discipline, which often reduces the efficacy of special needs support.¹⁰³ They are also less likely to be enrolled in high-quality child care programs than their peers and more likely to experience child care interruptions when registered in child care settings.¹⁰⁴

In a state where 44 percent of residents live in a child care desert,¹⁰⁵ finding high-quality early childhood care and education is already challenging for many Connecticut families. Yet, students with special needs are among the least likely to have equitable access to high-quality child care.¹⁰⁶ Most child care providers are operating on thin margins and do not typically provide in-house special needs services. Doing so requires hiring additional staff (already in short supply), which ultimately increases the bottom-line cost of a business.¹⁰⁷ Furthermore, some supports have restricted eligibility requirements.



For example, the YWCA in New Britain operates the Learning Enhanced Attachment Based Preschool Program, a therapeutic childcare classroom for up to 12 preschool children in partnership with Wheeler Clinic. This program is entirely funded by a grant provided by the Connecticut Department of Children and Families. All of the children enrolled have experienced trauma due to abuse or neglect, and are engaged with DCF, along with their families.¹⁰⁸ However, the number of children who could benefit from such support is higher.

Moreover, for many children with special needs, there are minimal opportunities to experience high-quality child care that meets their unique needs in the area in which they live.¹⁰⁹ Christina Aguilera, founder and Executive Director of Torrington Area Families for Autism (TAFAs), stated that she initially started TAFAs because there were no resources in her home city of Torrington for her son, who was diagnosed with autism at 22 months.¹¹⁰ Aguilera crafted TAFAs such that it provides social and recreational support for autistic children (ages three through 22), includes learning activities for autistic children of all ages, provides activities that encompass community and inclusion, and provides support for parents.

Children with special needs can receive home visiting support not only at their place of residence, but also where they receive child care. Indeed, child care providers can receive home visiting services (at no cost) that provide support for children with special needs in particular, such as (but not limited to) Birth to Three, Child First, and the Nurse-Family Partnership programs.¹¹¹ Compared to national outcome averages within programs funded by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant, in Connecticut, families who engage in these programs are more likely to display early language and literacy-enhancing behaviors and to receive developmental screenings.¹¹² Connecticut's 79 percent developmental screening rate for children receiving home visiting services is especially notable given that 30-40 percent of young children continuously enrolled in Medicaid did not receive an annual developmental screening between 2019 and 2022.¹¹³ Thus, home visiting programs are essential resources to help families and providers identify and support young children who may have special needs.

Yet, not all providers who need home visiting services access these services. Specifically, providers may be untrained in identifying behaviors that merit a referral or may not know they can receive support through these services. Nationally, home visiting programs indicate that the greatest

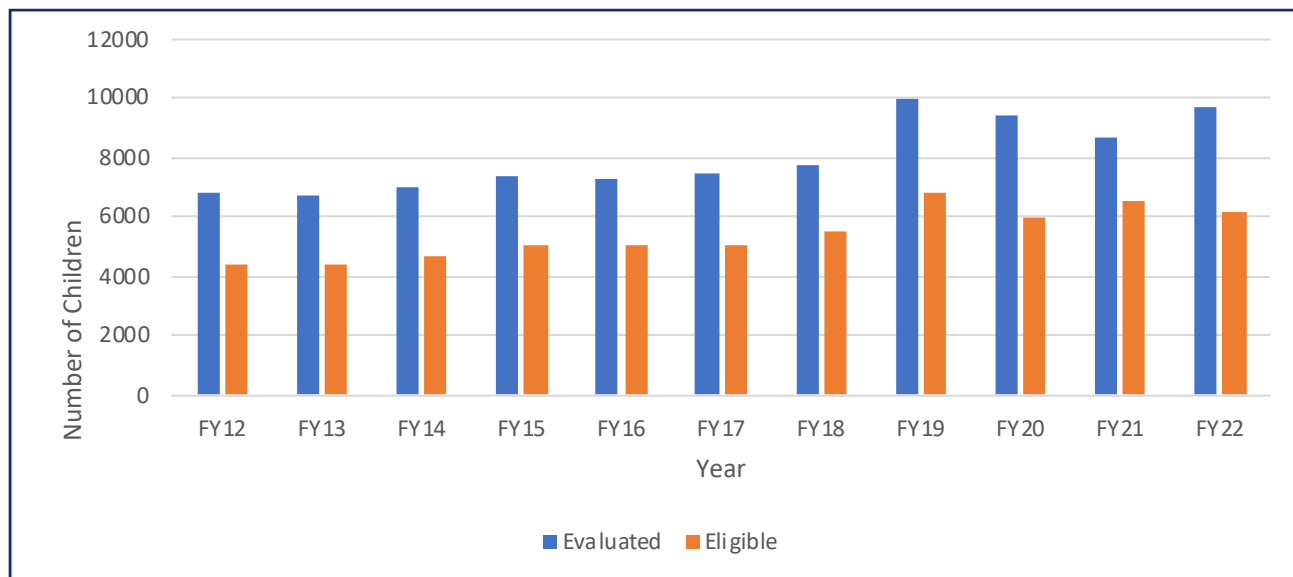
challenge to maintaining capacity is that families are generally unaware of services. In Connecticut, long wait lists are cited as challenging to connect families with appropriate services.¹¹⁴ Funding and geographic location also limit access to home visiting services, with only an estimated 12.7 percent of potentially eligible families in high-risk¹¹⁵ municipalities receiving services.¹¹⁶ When considering all of the state of Connecticut, an estimated 75,690 families have children under the age of six and meet one or more priority criteria to qualify for home visiting services; only around five percent of these families accessed home visiting services in 2022 (3,557 families served).¹¹⁷ Due to the combination of inconsistent administration of developmental screenings during well-child doctor visits, home visiting programs having smaller reach than what is needed, and many families and child care providers not knowing about home visiting programs, many children who have special needs are likely to remain undiagnosed.

If a child’s behaviors are disruptive to the classroom, such as (but not limited to) poor impulse control, aggression, biting, etc., the child’s behavior is often perceived as being willingly disruptive instead of indicating that the child may have more significant needs than the norm. This creates a dynamic that overwhelms the providers and the other children, which often leads to the expulsion of children with special needs. Indeed, special needs children are 30 percent more likely to be expelled from early childhood program centers than peers who do not have known special needs.¹¹⁸ The rate of children displaying disruptive behavior has increased markedly since the onset of COVID-19, and this trend demotivates many educators and families.¹¹⁹ As indicated earlier, when parents are unable to find appropriate child care or when a child is expelled from their child care placement, parents often must stay at home to take care of their children, limiting the ability of the family to generate income and the child’s access to high-quality child care.

The Number and Percent of Young Children with Special Needs in Connecticut are Rising

There has been a significant spike in infants, toddlers, and early preschool children diagnosed with special needs. Using the example of Birth to Three in **Graph 8** below, a longitudinal report noted a substantial increase in the number of children referred for evaluation and the number of children eligible for services from 2012-2022.

FIGURE 8: CHILDREN EVALUATED AND ELIGIBLE FOR BIRTH TO THREE SERVICES¹²⁰



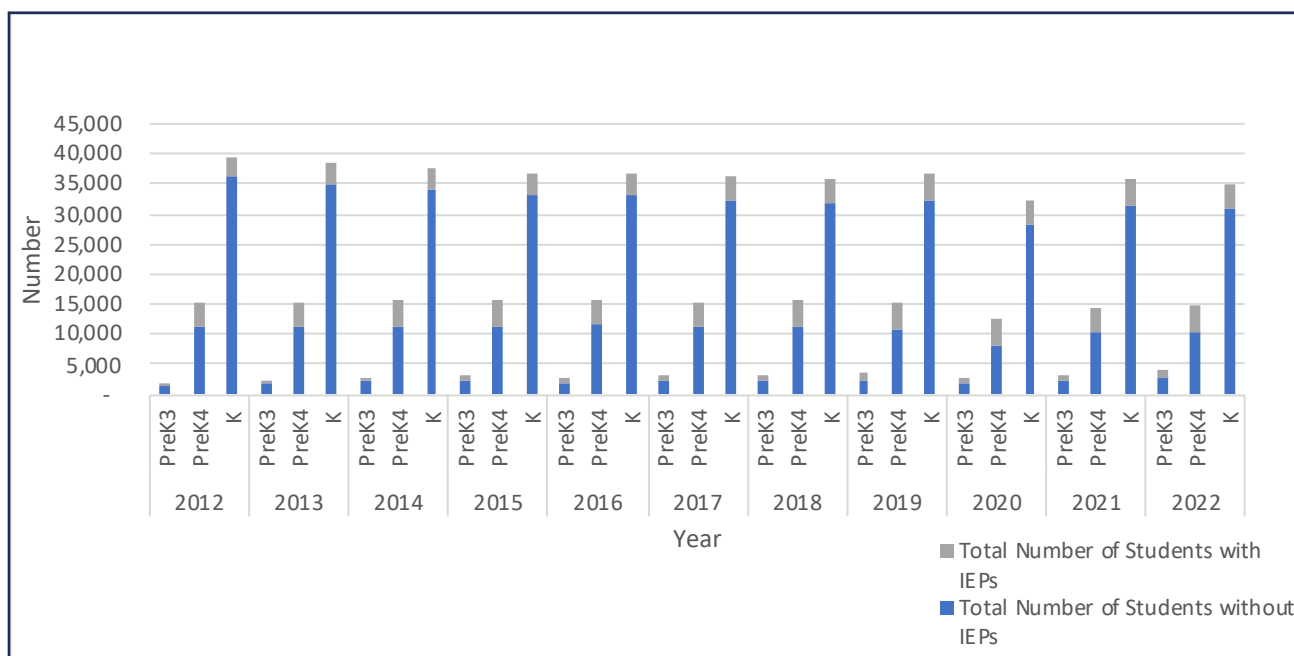
Along a similar trend, **Table 5** shows an increase in the percentage of children aged zero to three within the general population who qualify for special services from 2015 to 2021.

TABLE 5: PERCENTAGE OF CHILDREN WITH SPECIAL NEEDS AMONG THE GENERAL POPULATION (AGES BIRTH TO THREE)¹²¹

YEAR	CENSUS (AGES 0-3)	ELIGIBLE CHILDREN	PERCENT OF CENSUS
2015	110,667	4,726	4.30%
2016	110,100	4,804	4.40%
2017	108,539	4,944	4.60%
2018	107,782	5,830	5.40%
2019	107,782	5,320	4.60%
2020	106,513	5,079	4.80%
2021	103,827	6,034	4.81%

Nor does the increased rate of special needs intervention stop at three years old. As indicated in **Figure 9** below, the number of children who have individualized education plans (IEPs), which are a federal requirement for students with diagnosed special needs, has increased nearly ten-fold over the past ten years. For example, in pre-K3, there were only 411 children defined as having special needs in 2012, while 4,111 children were designated as such in 2022. A similar trend is salient for pre-K4 and Kindergarten students.

FIGURE 9: NUMBER OF STUDENTS WITH INDIVIDUALIZED EDUCATION PLANS IN PUBLIC SCHOOLS¹²²



NOTE: A larger version of this figure is available on page 84.

Ultimately, children with special needs, particularly children of color and children growing up in poverty who have special needs, are markedly less likely to experience high-quality early childhood care and education, requiring many parents to stay home. As a result, family members—disproportionally women—cannot generate income. Increasing support for child care providers can help reduce this trend. State policymakers can bolster support for children with special needs and their families by expanding the number of child care centers available, increasing wages to reduce staff shortages, and increasing support for home visiting programs and other programs that can assist child care providers in accommodating young children with high levels of need. Making these changes will increase access to high-quality child care for children with special needs, reduce the burden of care on parents with children with special needs, allow for greater workforce engagement, and make it more sustainable for child care providers to provide care for children with special needs.

Addressing the continued struggle seen in multiple aspects of Connecticut’s ECE industry on behalf of families and providers alike is no easy task.



RECOMMENDATIONS



In light of the Governor’s Blue Ribbon Panel (BRP) on Child Care recently releasing their recommendations to reform Connecticut’s child care system to increase sustainability, equity, and access, we utilize the same four-goal framework and side-by-side comparison of our recommendations and the BRP recommendations. (The bolded language within the CT Voices Recommendations is the topline header for the subsequent recommendation.) In most cases, we view the BRP recommendations as welcomed and necessary action steps.

Goal 1: Workforce and Quality.

Invest in and support the retention and recruitment of a professional, high-quality ECE workforce and program supports and standards that increase the number of high-quality settings.

Current status: Low ECE workforce compensation is the most significant barrier to making high-quality child care accessible to all Connecticut families. The ECE workforce is among the lowest-paid professions in the state. Inadequate compensation leads to high turnover and workforce shortages. Children, families, and communities are negatively impacted when teachers leave for higher-paying jobs and when ECE programs close.

BLUE RIBBON PANEL KEY ACTION STEPS	CONNECTICUT VOICES FOR CHILDREN RECOMMENDATIONS
<p>Provide funding to help programs increase workforce compensation across provider types through a new round of stabilization grants for the approximately 70 percent of programs serving high-need populations starting in SFY2025 and continuing through SFY2029.</p>	<p>Weight reimbursement rates to encourage equity in access.</p> <p>In our 2021 State of Early Childhood (SOEC) report, we recommended that policymakers utilize weighted reimbursement rates for programs that offer nontraditional hours, provide transportation, employ culturally reflective staff, and offer staff higher compensation and benefits. This recommendation remains relevant, and the BRP includes a similar recommendation in their package. We encourage policymakers to use weights in calculating Care 4 Kids reimbursement and through grants to ensure more equitable access.</p>
<p>Increase rates building on planned (SFY2024-25) increases in Care 4 Kids and state-funded program rates.</p>	<p>Raise reimbursement rates to 90 percent of the market rate and create parity in provider reimbursement rates.</p> <p>Currently, the rate of reimbursement for State-funded programs ranges 34 to 58 percent of the market rate.¹²³ In our 2021 SOEC report, we elevated a recommendation to raise reimbursement rates for State-funded programs to at least 75 percent of the market rates with a goal of reaching 90 percent over time. In theory, raising the rate to this level would expand the proportion of programs whose stated rates would be covered by the Care 4 Kids voucher and family co-pay. The intent of this expansion is to allow families utilizing Care 4 Kids subsidies to access care at nine</p>

out of 10 programs in their areas¹²⁴ and ensure that State-funded programs can offer staff more competitive pay. We reiterated this recommendation in our 2022 report, and it continues to be a relevant recommendation. Additionally, our 2020 report highlighted that equalizing Care 4 Kids reimbursement rates for FCCs to those of CCCs is critical. The existing disparity in reimbursement perpetuates racial and socioeconomic inequities within the ECE field.

Advance strategies to expand access to key benefits and avoid benefits cliffs, starting with investments to help early childhood educators navigate and secure healthcare and other work-related benefits in SFY2025.

Provide comprehensive benefits that create a low-cost burden for providers and staff. Include predictive scheduling and paid sick days in benefit packages.

Our 2021 SOEC report recommended that the State require child care programs to provide staff with comprehensive healthcare coverage and that the State reimburse the cost of this coverage to employers, and our 2022 SOEC report reiterated this recommendation. We believe these recommendations remain relevant, and we applaud the BRP for taking steps toward helping a greater portion of the ECE workforce access benefits.

Access Health CT rates are increasing by 7.4 to 9.4 percent between 2023 and 2024,¹²⁵ a steeper increase than the rising minimum wage offsets. Should State policymakers move forward leveraging Access Health CT to increase access to health insurance for ECE workers, we underscore the need for the State to contribute to compensating ECE programs that provide this insurance and ECE staff who pay out-of-pocket for health insurance costs.

In addition to supporting healthcare and retirement benefits, we also advocate for ensuring access to paid sick days and predictive scheduling such that employers must establish a schedule at least two weeks in advance of when an employee is scheduled to work.

Finally, in the section on Goal 2, we discuss the importance of creating a CT Child Tax Credit to help families afford to raise children. Tax credits for low- and middle-income families, including the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) can help offset the impact of benefit cliffs by offsetting the monetary value of the public benefit families lose when they move into higher income brackets.¹²⁶

Align compensation increases with the rollout of the educator levels outlined in the Unifying Framework (UF).

To stop ECE staff attrition, ensure ECE staff earn a dignified wage.

We have elevated the problem of low wages in multiple reports, and low wages continue to plague Connecticut’s ECE workforce.

Thus, we continue to elevate recommendations to increase ECE worker compensation. Our 2020 SOEC report found that many FCC providers earned well below the minimum wage before policymakers implemented a recent Care 4 Kids reimbursement rate increase. In that report, we recommended raising reimbursement rates to ensure that providers made at least a minimum wage, preferably a dignified living wage.

Our 2021 report builds upon this theme, discussing the impact of pay gaps between the ECE and K-12 sectors on teacher retention. In that report, we recommended implementing a salary and benefits scale in which ECE educators and directors receive pay and benefits comparable to what they would in the K-12 system. However, we recognize that the pay in both systems is too often not adequate to just work one job.

Currently, both the ECE system and K-12 system struggle with staff retention due to low compensation rates compared to staff education levels and high burnout. Educators perform the most critical role in democratic societies and deserve a dignified wage that reflects their value to children and our state.

Support career mobility through education/ training pathways like apprenticeships and other resources for “upskilling” through new investments starting in SFY2025, and set out strategies for paying student teachers.

Make new scholarships and educational opportunities accessible to field entrants through new investments starting in SFY2025, while also connecting students with currently available no- or low-cost education and training options.

Ensure ECE coursework is both accompanied by supports that empower students to finish their course of study (e.g., child

Create financial incentives and educational mechanisms to diversify the ECE workforce.

We focused on gaps in access to the ECE system for families who have immigrated to Connecticut, refugee families, and families who don’t speak English in our 2022 report and found that these families desire ECE providers and staff who look like them and understand their cultures. To expand and diversify the ECE workforce, we recommended extending scholarships to major in ECE-related fields to people of color graduating from priority school districts, offering nontraditional pathways to certification of training, and creating startup grants that include money for supplies and licensure incentives.

We additionally recommend offering financial support over and above school-related expenses, as many educators must scale back their work schedules to complete advanced education and training. Low wages make this impossible for many.

To enable people of all backgrounds to comfortably support themselves and their families while working in the ECE field, our 2021 report recommended supporting pathways of incentives for obtaining further education. This includes creating a child care “service corps” with scholarships, a defined career ladder, and mentoring, which blend academic and practical training.

These recommendations remain relevant, and we appreciate

care and transportation subsidies to attend in-person classes, funding for substitute teachers to fill in for center and FCC providers enrolled in qualifying training/ education programs), and in languages, settings, and schedules that give early childhood educators the ability to work and study.

the many steps the BRP proposes to increase access to higher education for current and potential early childhood educators as well as steps to ensure that people with lower levels of socioeconomic support and people who do not speak English can access ECE higher education.

Develop programs, policies, and incentives to improve provider operations and maximize enrollment (e.g., shared services across multiple providers for efficiencies of scale, business coaching, improved provider data systems, and enrollment supports).

Collect comprehensive information on the workforce, including data on credentials for educators to inform the development of system supports for program-based quality improvement.

Create mechanisms for shared services and information to increase economies of scale and efficiencies.

CT Voices advocates that ECE is an essential infrastructure that benefits the entire state and should be treated as such. Treating ECE as an infrastructure system also opens possibilities for achieving efficiencies through shared services and administrative paperwork.

Our 2021 report recommended creating systems for shared ECE services, including enrollment, tuition, payroll, and benefits procurement and administration. This would create economies of scale with access to bulk rates, lower costs, and increased efficiency.

This report also recommends streamlining data collection and reporting regarding ECE needs and availability, student and family demographics and needs, and provider demographics and needs. We recommend building off current systems such as those provided by 2-1-1 Child Care and the Sparkler app.

Our 2022 report recommended simplifying the application process for families and providers looking to open an FCC, GCC, or CCC. We believe that these recommendations from our 2021 and 2022 reports remain relevant today.

Simplify OEC program administration requirements and adapt the state's payment process to support fiscal stability, including potentially paying on a classroom basis.

Support provider fiscal stability through predictable funding for full enrollment.

We applaud this measure to provide fiscal stability for large ECE providers and advocate that the State provide similar measures for small providers. Our 2021 report elevated an idea to base payment rates on quality and full enrollment costs, regardless of enrollment variations during the calendar year. The fixed costs of

providers do not change with enrollment shifts and child sick days. At an average vacancy rate of 36.6 percent,¹²⁷ FCCs financially suffer due to the nature of providing a service with seasonal and situational fluctuations in work. This is compared to CCCs, whose average vacancy rate is around 15 percent. We advocate to include planning for FCC fiscal stability as well as CCC fiscal stability within the BRP's key action step to address fiscal stability.

Additional BRP Goal 1 Workforce and Quality recommendations that CT Voices wholeheartedly supports (this list is not exhaustive, and some recommendations have been combined):

- Develop a roadmap with interim steps for UF implementation by early 2025, in partnership with all types of programs. Work with higher education to assure the educator levels outlined in the UF are achievable through accessible state higher education programs. Align child care licensure requirements to the UF and offer easily accessible professional development resources to support the transition.
- Ensure that substitutes, stipends for transportation, and child care are available when need to support educator professional development and parent engagement.
- Offer stipends for individuals participating in higher education ECE training.
- Explore granting presumptive eligibility for Care 4 Kids for early childhood educators working in family child care homes and centers.
- Grow facility funding and secure bond funding and dedicated facility navigation support for child care program expansion and renovation to address unmet needs, starting in SFY2025.
- Provide grants to programs to support peer mentors/coaches in both child care centers and family child care homes, starting in SFY2025.



Goal 2: Equitable and Affordable Access.

Increase equitable and affordable access to high-quality programs that meet the range of family needs.

Current Status: The cost of ECE in Connecticut is 129 percent higher than the national average—it is among the highest in the country and unaffordable to many families.¹²⁸ For families paying out-of-pocket, the median cost of center-based preschool care ranges between \$13,000 and \$18,000, and the median cost of center-based infant and toddler care ranges between \$14,800 and \$22,500.¹²⁹ In Connecticut’s most populated counties, center-based child care accounts for up to 18 percent of the median family income.¹³⁰ Costs this high impact families’ ability to participate in the workforce (at best, and at worst have to make difficult decisions between basic needs), as families who receive subsidies become ineligible due to increased household income, and families just out of reach of subsidies have few realistic options outside of State-funded and school-based programs.

BLUE RIBBON PANEL KEY ACTION STEPS	CONNECTICUT VOICES FOR CHILDREN RECOMMENDATIONS
<p>Expand Care 4 Kids, Connecticut’s state subsidy program, by increasing eligibility for households earning up to 100 percent of State Median Income (SMI) with a parent co-pay maximum of seven percent of income, phased in over five years starting in SFY2025.</p>	<p>Expand Care 4 Kids eligibility to the fully allowable extent under federal regulations and create a sister program to extend vouchers to families not eligible under federal regulations.</p> <p>Create a CT Child Tax Credit to help families afford to raise children.</p> <p>CT Voices advocates implementing policies that move Connecticut to an ECE system that provides universally accessible, affordable, high-quality care. Expanding Care 4 Kids is a powerful mechanism to move toward this goal, and we support expanding Care 4 Kids eligibility to 100 percent of SMI as quickly as is systemically feasible. After meeting this benchmark, we advocate for policymakers to continue working to raise the benchmark. In 2023, Vermont raised their Child Care Financial Assistance Program eligibility level to 575 percent of the federal poverty level, which equates to around 170 percent of Vermont’s SMI.¹³¹ See Appendix K for a model of what extending Care 4 Kids eligibility could look like in Connecticut.</p> <p>Our 2021 and 2022 SOEC reports recommended creating a sister program to Care 4 Kids to extend voucher access to include families earning above the federal eligibility guideline of 85 percent of SMI and families with circumstances creating high cost-burdens including families participating in adult education, job training, college, and other forms of education; parents and guardians seeking employment; recent arrivals, refugee families, and undocumented families; children of child care workers; families experiencing homelessness; and families with children with disabilities. This recommendation still holds water today</p>

and the Early Childhood Education Fund, which was enacted in 2023 and designed to eventually house dollars (both public and private) dedicated to the ECE system, could be a useful vessel, especially since federal dollars cannot be used to support care for undocumented parents and parents earning over 85% percent of the SMI.

Additionally, our 2020, 2021, and 2022 SOEC reports have advocated capping family pay for child care to no more than seven percent of income. We are happy to see this recommendation included in the BRP recommendations. Refer to **Appendix L**, which displays a potential model of how Care 4 Kids family co-pays can be adjusted to this seven percent benchmark, which is in line with a 2016 federal benchmark.¹³²

In addition to capping family pay at no more than seven percent, CT Voices advocates for creating a State-level Child Tax Credit to help offset families' high costs while raising children and make Connecticut's regressive tax system fairer. We included this recommendation within our 2022 State of Early Childhood report, and we continue to advocate for this policy being essential to making it more affordable for families to raise children in Connecticut.

Implement a Tri-Share public-private cost share model in Eastern Connecticut in SFY2026.

Pair innovations to reduce State and family costs for care with innovations to attract and retain a larger ECE workforce.

Child care in Connecticut is a significant cost for families, and families who cannot secure a spot in a State-funded child care program and earn too much to qualify for Care 4 Kids may still find themselves struggling to pay for child care. As we reviewed in this report, child care supports businesses through increasing worker reliability and productivity. Businesses in Connecticut could do more to support the ECE system that supports them. A thorough review of all the ways that businesses can contribute to ECE is out of the scope of this report, but we include a few suggestions below.

We view piloting public-private models as an innovation that may help supplement the child care cost for working families earning above the Care 4 Kids eligibility threshold. While models such as the Michigan Tri-Share model can help to reduce the cost of care for families, these models do not create spaces where none exist. We recommend additionally considering mechanisms that incentivize opening child care businesses for public-private pilots. Ideas to consider include partnering child care providers with businesses that may be able to extend benefits to providers in exchange for ensuring a certain number of employees receive slots, as well as creating child care job sharing programs so that stay-at-home parents can earn some extra money providing child care for a few hours at a time.¹³³

<p>Increase access to inclusive school-day classrooms by expanding school-day, school-year Smart Start by 900 slots starting in SFY2025.</p>	<p>Create a plan to address the immediate and long-term special needs of very young children amidst Connecticut’s changing demographics.</p> <p>In addition to expanding inclusive classrooms, we recommend creating a legislatively mandated workgroup to study the support necessary for young children with special needs in terms of their changing demographics; developmental, cognitive, behavioral, social, and emotional needs; the full estimated costs of meeting current needs by expanding existing programs; projecting out possible future fiscal impact for Connecticut; and making a plan to continuously increase services to children to ensure young children enter kindergarten as on-target as developmentally possible.</p>
<p>Deepen work with public school districts to develop strategies to remove barriers to receiving services and bring special education services to children in community-based settings.</p> <p>Seek partnerships with other state agencies and community organizations to be more aligned and intentional in serving children with special needs and their families.</p>	<p>Expand home visiting programs as a mechanism to support children with special needs in their schools and communities</p> <p>In addition to working with school districts to expand special education services, we recommend creating a legislatively mandated workgroup to evaluate increasing the support needed for home visiting programs, such as the Early Childhood Home Visitation Services Program, Child First, Nurse-Family Partnership, and others, to support young children and their families. Areas to study include widening geographies of where services are available, expanding home visiting mandates to include increased preventive and interventionist services, increasing resources to provide expanded services, projecting possible fiscal impact for Connecticut, and creating a plan to increase support as needed continuously. This workgroup should be combined with the workgroup proposed above to study changes in the special needs of young children in Connecticut.</p>
<p>Continue to evaluate the advantages of a potential Birth to Five system in Connecticut (i.e., extending Birth to Three to five years).</p>	<p>In addition to creating a Birth to Five system, expand eligibility for Birth to Three services and create local Birth to Five councils.</p> <p>Connecticut utilizes narrower Birth to Three eligibility guidelines than many other states. We reiterate a proposal within the 2007 Connecticut Ready by 5 & Fine by 9 Investment plan to include young children whose overall developmental trajectory is one and a half standard deviations below the mean or who are delayed by one standard deviation in two or more areas, children with mild language delays, and children growing up with environmental risks that increase their chances of developing delays.¹³⁴ We also reiterate the Ready by 5 & Fine by 9 proposal to create local Birth to Five councils (building off School Readiness councils) to better identify and serve the needs of infants and toddlers as well as preschoolers at the municipal level. In many communities, School Readiness councils might be able to adjust to accommodate this expanded mandate instead of creating an additional council.</p>

Prioritize under-resourced communities in the application process for new spaces.

Develop partnerships between community-based organizations and schools to serve unmet needs in local communities.

Consider opportunities to help undocumented families navigate options for child care.

Increase the supply of family child care and group homes equipped to serve families needing care in non-traditional hours, multilingual care, and care for children who live in child care deserts

Ensure accessibility of ECE services and information to families with the highest need and lowest access to care.

Our 2022 SOEC report focused on expanding access to ECE for families who are immigrants, refugees, and don't speak English as a primary language, ensuring accessibility of services and information in multiple languages. The OEC has made materials available in English and Spanish for providers and parents, and their website and background check information are available in various languages. However, information and communication about and from programs or providers must be made available in multiple languages, not just Spanish. State agencies like the Department of Motor Vehicles are already using Artificial Intelligence¹³⁵ to help with translating written documents into multiple languages, and we anticipate these tools will be helpful to the Office of Early Childhood as well. However, we also recommend more translators serving FCCs and centers through provider networks to help facilitate dialogue between parents and providers or increasing the number of State-funded parent-provider events in a year that provide translation.

The BRP mentions utilizing community-based programs to support under-resourced families. We support leveraging pre-existing programs so that programs currently unable to serve these families effectively have some resources at their disposal. However, as we elevated in our 2022 SOEC report, we advocate expanding existing evidence-based programs specifically to serve these under-resourced families. In particular, we advocate for expanding Head Start, Early Head Start, and Even Start, all serving populations with specific needs and vulnerabilities.

Additional BRP Goal 2 Equity and Access recommendations that CT Voices wholeheartedly supports (this list is not exhaustive, and some recommendations have been combined):

- Develop strategies to mitigate the impacts of benefits cliffs.
- Transition OEC subsidy regulations to align with federal guidelines to allow for a more responsive system.
- Increase access to infant and toddler care by expanding contracted slots by 2,600 over five years starting in SFY2025. Develop policies and incentives to expand infant and toddler care in family child care homes and center-based settings.
- Develop a pathway to presumptive eligibility to grant families provisional coverage. At the same time, their Care 4 Kids applications are being processed.
- Design a competitive grant program to address transportation challenges in high need communities.

Goal 3: Systems.

Develop an agile, flexible, responsive, high-quality ECE system that maximizes current resources and supports economically viable programs.

Current Status: Programs and agencies sometimes operate in silos, based on an out-of-date model of family and program needs. Yet, data-tracking methods are rarely done, thus making data-driven changes that are consistent with the current needs of families a challenge.

The ECE system is generally inflexible and complex. Programs need help to maneuver funding processes and access business expertise to maximize resources and improve enrollment. A family’s child care needs and preferences vary significantly, and families need help finding information about ECE and facing barriers navigating their different options.

BLUE RIBBON PANEL KEY ACTION STEPS	CONNECTICUT VOICES FOR CHILDREN RECOMMENDATIONS
<p>Consolidate the state-funded system into one or two funding streams to minimize administrative burdens on programs and simplify parent navigation by SFY2025.</p> <p>Determine statutory and regulatory changes to support a unified state funding system for the 2024 session.</p>	<p>Streamline and standardize Connecticut’s funding sources.</p> <p>Navigating the current mix of funding sources—vouchers, State/municipal/philanthropic grants, parent co-pays, and parent out-of-pocket payments—creates a significant burden for child care providers. Our 2021 SOEC report elevated a recommendation to standardize funding allocations for licensed programs and formalizing these payments via predictable agreements with program operators, and we believe that this is an important part of consolidating funding streams to minimize administrative burdens on programs. These grant and contract amounts can be defined by the cost of quality, enrollment capacity, and the program’s track record of service to underserved communities.</p>
<p>Recognize, empower, and embed families as central and valued decision-makers in the development of an equitable ECE system.</p> <p>Partner with parents as advisors to develop and implement policies at the program, state, and local level to elevate families’ diverse perspectives.</p>	<p>Ensure meaningful parent representation at policymaking tables and in creating ECE systems.</p> <p>Field experts are not always aligned with the on-the-ground needs of families and communities, so collaboration with parents in need of child care and parents using child care is critical. Our 2021 SOEC found that when defining high-quality child care, families prioritize holistic aspects of quality, such as whether their children were happy to go to school and talked about what they learned after school. Our 2022 SOEC report found that immigrant families often needed to prioritize aspects of care such as walkability, after-hours care, and whether anyone in the program spoke their language. For these reasons, in our reports, we advocate ensuring robust and meaningful parent representation at all ECE decision-making tables, such as School Readiness Councils and the OEC Parent Cabinet. We re-elevate these recommendations and appreciate the BRP’s acknowledgement of the critical nature parents play in designing an equitable ECE system.</p>

Explore partnering with local municipalities to secure low-cost or subsidized housing for ECE educators.

Create affordable housing that prioritizes renting to the ECE workforce.

Despite CGS 8-30j requiring all municipalities to submit plans on how they will expand affordable housing, many municipalities are struggling to make their plans actionable due to “vocal minorities.” Implementing plans for developing affordable housing units to prioritize applications from early childhood educators may help reduce some protests, as communities will know that their new neighbors are performing a valuable service for the community. Recognizing that schools bleed teachers when housing costs are too high, many communities are beginning to create affordable housing complexes specifically for educators, including in Hartford, CT. While this innovation will provide opportunities for some educators, ensuring all educators have the wages and income necessary to afford safe and secure housing, and that affordable housing options are available beyond employer-specific housing is essential.

As the State of Connecticut works toward creating more affordable housing, we encourage State and municipal policymakers to also ensure that the zoning policies that apply to housing developments are inclusionary of potential child care businesses, as was done this past legislative session with [Public Act No. 23-142](#). Expanding this policy to renters will help close the child care gap. Furthermore, the State could also enact land-use reforms that promote transit-oriented development, which potentially reduces transportation as a barrier to child care. Coupled with the aforementioned policy, both policies would create more and accessible child care.¹³⁶

Additional BRP Goal 3 Systems recommendations that CT Voices wholeheartedly supports (this list is not exhaustive, and some recommendations have been combined):

- Leverage the Early Childhood Cabinet to capitalize on opportunities that benefit multiple State systems (e.g., Family First, Temporary Assistance for Needy Families, etc.).
- Expand Head Start on Housing model with the Connecticut Department of Housing to include families experiencing homelessness enrolled in ECE programs.
- Expand local organizational supports and implement a common needs assessment to ensure an equitable and responsive ECE system by SFY2026.
- Develop an approach to track systems, child, and family outcomes to support accountability and progress by SFY2025.
- Design and develop an easy-to-use, accessible parent portal that would be a “single point of entry” for the ECE system. Enhance the Provider 360 portal for all Connecticut ECE programs, leveraging incentives, strategic communications, and broad access points such as licensing to encourage uptake and use.

Goal 4: Funding.

Build a well-funded, sustainable ECE funding system that is poised to efficiently leverage future investment.

Current Status: The existing financing of ECE needs to recognize the actual cost of quality care, and as a result, the ECE system is significantly underfunded. The net result is that many parents find high-quality care unaffordable, and many providers need help due to low wages and income insecurity. Ideally, funding for a universally affordable and accessible system would be done by the federal government in recognition of the value of education in cultivating responsible democratic engagement and building a productive labor force. While hopes of the federal government making significant expansions to ECE funding are dwindling, Connecticut has experienced record budget surpluses since 2017. It is well-positioned to invest further in its ECE system while maintaining adherence to the State’s fiscal controls.

BLUE RIBBON PANEL KEY ACTION STEPS	CONNECTICUT VOICES FOR CHILDREN RECOMMENDATIONS
<p>Develop a plan to transition to funding based on the true cost of care, starting with infant and toddler care and high-need communities. Build off the existing state cost of care model. Analyze approaches from comparable states and align with the quality standards of Elevate, OEC’s quality improvement system, by SFY 2026.</p>	<p>Assess the actual cost of high-quality ECE and reimburse all providers for their actual costs.</p> <p>We are in agreement with the Blue Ribbon Panel regarding the importance of funding the true cost of care, and we commend the work of the panel to move Connecticut toward realizing this vision. In our 2021 SOEC report, we recommend that the OEC assess the actual cost of high-quality early care and education based on a cost study—and the State (and, ideally, the Federal) government(s) should fund the actual cost of care. Neither subsidy nor market rates reflect the actual cost of high-quality care. We recognize the strategic need to begin with areas where care is most desperately needed. Still, we advocate that policymakers not stop at funding more infant and toddler care and care for high-need communities (including children with special needs, children from immigrant families and families that don’t speak English as a first language, families who work outside of a typical nine-to-five workday, and families experiencing homelessness.) While some communities have higher levels of need than others, most communities across the state report having some level of need for expanded care.</p>

Identify opportunities enabled by new sources of revenues to leverage the newly formed, non-lapsing Early Childhood Fund, defining its purpose, structure, and governance as applicable.

Secure significant new dedicated public and private funding, looking to other states and municipalities for funding models that have worked.

Direct dedicated progressive revenue streams to resource the Early Childhood Education Fund and use this to build a high-quality, universally accessible and affordable Connecticut ECE system.

Connecticut has an overall regressive tax system, meaning that the effective tax rate decreases as a family's income increases, which increases income inequality and racial and ethnic income gaps.¹³⁷ CT Voices produces annual research, [the latest which can be found here](#), outlining methods to reform Connecticut's tax system in ways that can generate revenue to support the systems that undergird the state's economy, including the ECE system. We advocate creating progressive revenue streams dedicated to the Early Childhood Education Fund and using this money to maximally invest in creating a high-quality ECE system that is universally accessible and affordable across the state.

While we've supported, dating back decades, an array of progressive revenue measures to fund critical supports and services that eradicate poverty and advance family economic security in Connecticut, we know that funding the true cost of high-quality, universally accessible and affordable early care is an investment that requires considerable resources. As such, there is no one revenue source that could currently fully fund this type of system; however, the tax gap analysis findings slated for 2024 and 2025 may prove different. In the meantime, we suggest creating revenue measures to run parallel to the BRP's five-year timeline. Specific options may include:

- increasing Connecticut's estate and gift tax by reducing the exemption to \$2 million and eliminating the maximum lifetime tax per estate, which would fund an additional \$150 million annually;
- increasing the top income tax rate on investment income from 6.99 to 8.99 percent for single and married tax filers making more than \$500,000 and \$1 million, respectively, which would fund between \$305 and \$375 million annually;
- increasing the top income tax rate on CT Adjusted Gross Income from 6.99 percent to 7.99 percent for single and married tax filers making more than \$500,000 and \$1 million, respectively, and by establishing a top tax rate of 8.29 percent for single and married tax filers making more than \$1 million and \$2 million, respectively, which would fund an additional \$500 million annually; and
- eliminating or reducing Connecticut's tax gap, a portion of which could cover the difference.

Other revenue options include adjusting the fiscal controls, increasing corporate taxes, and utilizing bonding. Regarding the first, while we haven't enumerated them here, options can be found [in our previous report on the topic](#). Regarding the second, CT Voices has not modeled the amount that raising corporate taxes might generate to be used toward helping support the child care that supports business productivity, but this is something to consider so long as increases aren't passed down to the worker or consumer. Regarding the third, we acknowledge that the amount of bonding dollars available in Connecticut is limited. Still, remaining funds may help to build new classrooms and update materials and technology in preschools run by school districts as well as to support child care run by nonprofits.¹³⁸ Social impact bonding may also be a viable method to support pilot programs and innovations that aim to attract and retain early childhood educators in underserved parts of the state. Lastly, we want to note that maximizing investments would include the creation of a trust (held by the Connecticut State Treasurer) seeded with philanthropic dollars and the above revenue options (and/or others) in order to accumulate interest. Dollars would then move to the already established Early Childhood Education Fund (held by the Connecticut State Comptroller) as needed for appropriations purposes.

Additional BRP Goal 4 Funding recommendations that CT Voices wholeheartedly supports (this list is not exhaustive, and some recommendations have been combined):

- Develop a flexible fiscal model to support implementation and help prioritize and stage investments in alignment with system reforms. Build robust revenue, cost, and investment model that informs key policies and plans.
- Model phases to reflect first foundational and high-impact investments with low effort.
- Cultivate philanthropic investment in ECE, especially for one-time catalytic investments in systems and facilities.
- Consider incremental strategies to generate business engagement.



CONCLUSION

We advocate that by examining the needs of families who have the least access to care and who need the most support from the ECE system, including families who do not have legal documentation, families who work outside of the nine-to-five workday, families whose children have more significant behavioral, emotional, developmental, and/or cognitive needs, we can create an ECE system that is flexible and responsive to Connecticut's shifting family demographics. By prioritizing provider compensation within policies to develop this more responsive system, we can ensure an active and healthy workforce serving Connecticut's youngest children and their families.

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APPENDICES



APPENDIX A

Annual Net Revenue for Northwest Connecticut Family Child Care Home: 2023 Market Rate Tuition (Full-Time Plus Care - 51 to 65 hours/week)

In addition to in-text details, Appendix A lists values we entered into the PCQC to compute our updated model of FCC net revenue. We were unable to complete an exact replication of the model included in our 2020 report due to PCQC updates. Thus, we utilized the elements from our 2020 model that remained relevant, and we referenced "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care," an Office of Early Childhood and University of Connecticut Research Partnership, to inform the values we included in our model.

Categories	Values	Explanation
Enrollment Inefficiency	36.6%	The average enrollment efficiency for FCCs in CT as indicated in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care." Given that the PCQC calculator requires a value divisible by 0.1, we rounded the figure up to 37%.
Personnel Costs		
Hours Worked Per Week	68	"The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" indicates 68 hours of work weekly.
Assistant Hourly Wage Rate	\$15	\$15 was the minimum wage in CT in 2023.
Assistant Hours Per Year	2500	Assumes a 50-hour work week and 50 weeks of work in the year.
Workers' Compensation Insurance Percentage	1.3%	The insurance class code 8869 for child care workers places the range of rates between 0.94-1.53 percent (https://www.workerscompensationshop.com/insurance-states/connecticut/rates). The median rate is 1.235, and given that the PCQC calculator requires that the value for worker's compensation be a number that is divisible by 0.1, we rounded up to 1.3%. Note: Mandatory benefits include Social Security at 6.2%, Medicare at 1.45%, which the PCQC already factors in.
Unemployment Insurance Percentage	2.8%	Unemployment Benefit set at 2.8%, which is the established rate for new businesses.
Annual Contribution to Health Insurance	0%	Connecticut does not require employers to pay healthcare benefits.
Training and Background Checks Fees	\$810	"The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" estimates \$280 for workshops relevant to professional development for each person. The authors' assumption is that both the provider-owner and assistant receive training. Unaccounted for in the report is the cost of CPR training, which is \$125 each https://training.echohose.org/classes/daycare-provider-cpr/ . Note that the Office of Early Childhood is paying for background checks until June 30, 2024, and our model assumes this. Typically, each background check is \$30-\$50, and paid for by the employer.
Non-Personnel Costs		

Advertising	\$211	"The Cost of Providing Child Care in Connecticut: A Narrow Cost Analysis for Licensed Family Child Care" \$200 for advertising, and the authors accounted for inflation using the 5.47% average inflation rate for "Services" provided by the CPI calculator found at officialdata.org .
Vehicle Expenses	\$633	"The Cost of Providing Child Care in Connecticut: A Narrow Cost Analysis for Licensed Family Child Care" recommends estimating \$608 for vehicle services. The authors used a 4.05 % average inflation rate for "Vehicles and Equipment Other Than Tires" provided by the CPI calculator found at officialdata.org to account for inflation.
Depreciation of equipment	\$367	Provided by PCQC
Insurance	\$696	Liability Insurance: The recommended by the "The Cost of Providing Child Care in Connecticut: A Narrow Cost Analysis for Licensed Family Child Care" is \$660, and the authors accounted for inflation by using the 5.47% inflation rate for "Services" provided by the CPI indicator at officialdata.org
Interest	\$144	Provided by PCQC
Legal and Professional Fees	\$900	The recommended amount indicated in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Child Care" is \$850, and the authors accounted for inflation using the 5.85% inflation rate for "Legal Services" in the CPI calculator provided by officialdata.org
Office Supplies	\$774	The recommended amount in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" is \$720, and the authors accounted for inflation using the 7.52% inflation rate for "Stationary, Stationary Supplies, and Gift Wrap" indicated by the CPI calculator at officialdata.org .
Repairs and maintenance for child care	\$280	Repairs are recommended to be \$265 in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care," and the authors accounted for inflation by using the 5.47% inflation rate for "Services" using the CPI calculator found at officialdata.org .
Supplies (Toys, games, and crafts)	\$1,096	The recommended amount in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" is \$1,094, and the authors accounted for inflation using the 0.22% inflation rate for "Toys, Games, Hobbies, and Playground Equipment," provided by the CPI calculator at officialdata.org .
Food and food-related supplies	\$13,268	Adjusted to CACFP subsidy, calculated by PCQC.
Telephone & Internet	\$1,140	Provided by PCQC
Training/Professional Development	\$556	The amount here is the PCQC figure multiplied by two, as both the assistant and the owner-provider are engaging in training.
Professional membership dues	\$122	Provided by PCQC

License and permits	\$110	"The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Child Care" estimates \$110 for license and permit expenses.
Additional Annual Expense	\$1232	"The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Child Care" provides a wide range between \$56-\$2520. This number is the median value as a measure of central tendency.
Child Assessment Tool	\$200	Provided by PCQC
Developmental Screening Tool	\$92	Provided by PCQC
Total Space in home	1200 sq ft.	Full space of private residency, including areas used exclusively for child care, areas used partially for child care, and areas not used for child care at all.
Exclusively used space	420	(Ex: play areas, learning environment, nap area, diapering area, storage space exclusively for business-related items).
Partially used space	150	(Ex: stairs, hallways, dining room, bathroom, and kitchen, all of which are used by the owner-provider both for the business and private use).
Time/Space Percentage	40.0%	The Time/Space percentage (TS%) is devised to prorate costs of personal and business use. This proportion represents the amount of space and time that is used for the business as opposed to home life. Unlike a CCC, only the Time/Space percentage is needed to calculate expense, and not the actual square footage of the property. The designated size here is set by the authors, since there are no state regulations as to the size requirements of an FCC per child, and there is a wide variability in the size of private residences. The prototypical provider in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" has a Time/Space percentage of 40% (similar to the national average), and the same assumption is made here.
Mortgage interest, property taxes, & depreciation or rent/lease	\$18,318	"The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" recommends \$17293. The authors accounted for inflation using 5.93% inflation rate under "Housing" indicated by the CPI calculator found at officialdata.org .
Homeowners/Renters Insurance	\$1,193	The recommended amount for Home/renters insurance in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" is \$1,184. The authors accounted for inflation by using the 1.22% inflation rate under "Tenants' and Household Insurance" provided by the CPI calculator found at officialdata.org
Utilities	\$2,614	The recommended amount for utilities in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" is \$2,614. The authors found no inflation rate using the CPI calculator at officialdata.org , and kept the same amount.

Cleaning Supplies, etc.	\$317	The recommendation for home cleaning supplies in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" is \$300. The authors accounted for inflation by using the 5.74% inflation rate under "Household Cleaning Products" using the CPI calculator at officialdata.org .
Repairs & Maintenance	\$1,329	The recommendation for home repairs and maintenance in "The Cost of Providing Child Care in Connecticut: A Narrow Analysis for Licensed Family Child Care" is \$1,280. The authors accounted for inflation using the 3.93% indicated for "Other Services" listed by the CPI indicator at officialdata.org .

APPENDIX B

Annual Net Revenue for Northwest Connecticut Child Care Center: 2023 Market Rate Tuition (Full-Time Care 35-50 hours/week)

In addition to in-text details, Appendix B lists values we entered into the PCQC to compute our updated model of CCC net revenue. We were unable to complete an exact replication of the model included in our 2021 report due to PCQC updates. Thus, we utilized the elements from our 2021 model that remained relevant, and we referenced "The Cost of Providing Early Child Education and Care in Connecticut: A Narrow Cost Analysis Licensed Center-Based Care," an Office of Early Childhood and University of Connecticut Research Partnership, to inform the values we included in our model.

Categories	Values	Explanation
Enrollment Efficiency	85.0%	Per PCQC.
Personnel Costs		
Director Salary	\$65,260	The \$65,260 salary is the state average cost for a full time director as designated by Option 1 of the PCQC calculator. Someone who has two children will fall below 60% of SMI.
Classroom Teacher Salary	\$36,980	The salary for each teacher is \$36,980, which is the state average for preschool teachers as designated by Option 1 of the PCQC
Teacher Assistant Salary	\$31,200	The PCQC calculator appears to be using a \$13/hour minimum wage rather than a \$15/hour minimum wage, so we adjusted this salary to reflect Connecticut's higher minimum wage. We did not further adjust the classroom teacher salary or the director salary because it is possible that these positions would increase by different percentages, making any adjustments a loose estimate. Because the authors did not adjust the director and teacher wages, it is important to note that personnel costs are likely higher than what is estimated in this model.
Substitute Hourly Wage	\$15	\$15 was the minimum wage in CT in 2023.
Workers' Comp. Insurance Percentage	1.3%	The insurance class code 8869 for child care workers places the range of rates between 0.94-1.53 percent https://www.workerscompensationshop.com/insurance-states/connecticut/rates . The median rate is 1.235, and given that the PCQC calculator requires that the value for worker's compensation be a number that is divisible by 0.1, we rounded up to 1.3%. Note: Mandatory benefits include Social Security at 6.2%, Medicare at 1.45%, which the PCQC already factors in.
Unemployment Insurance Percentage	2.8%	Unemployment Benefit set at 2.8%, which is the established rate for new businesses.
Annual Contribution to Health Insurance	0%	Connecticut does not require employers to pay healthcare benefits.
Disability Rate	0%	Connecticut does not require employers to pay disability benefits.
Annual Paid Time Off (hours per staff)	40 hours	
Annual Teaching and Staff Training	20 hours	The OEC requires 1% of the total annual hours worked for professional development. A teacher who works 40 hours a week for 50 work weeks would be required to fulfill 20 hours teaching staff training. https://www.ctoec.org/wp-content/uploads/2019/02/g_c_professionaldev.pdf

Training and Background Check Fees	\$1,200	Per-staff teaching costs include 20 hours of training time, \$1200 per staff member for training licensing, health, and safety as the “The Cost of Providing Early Child Education and Care in Connecticut: A Narrow Cost Analysis Licensed Center-Based Care” report recommends. Note that the Office of Early Childhood is paying for background checks until June 30, 2024 (https://www.ctoec.org/background-checks/get-a-background-check/). Our model assumes this. Typically, background checks range between \$30-\$50 each, and are paid for by the employer.
Non-Personnel Costs		
Food & Food Prep	\$1,438	For food and preparation, “The Cost of Providing Early Child Education and Care in Connecticut: A Narrow Cost Analysis Licensed Center-Based Care” recommends estimating costs at \$1,350. The authors of that report utilized the PCQC in May, 2022 to create their model (footnote 1 in that report). In order to account for inflation, we utilized a CPI category-specific inflation calculator available at www.officialdata.org . We selected the overarching CPI category “Food Away From Home” and adjusted the cost recommended in that report from 2022 dollars to 2023 dollars. This was a 6.48% inflation rate.
Kitchen Supplies	\$55	Provided by PCQC
Classroom Supplies	\$139	Provided by PCQC
Education Supplies	\$111	Provided by PCQC
Office Supplies	\$111	Provided by PCQC
Medical Supplies	\$56	Provided by PCQC
Insurance	\$125	Provided by PCQC
Advertising	\$30	Indicated in "The Cost of Providing Early Child Care Education and Care in Connecticut: A Narrow Cost Analysis Licensed Center-based Care," the cost of advertising is \$30.
Child Assessment Tool	\$25	Provided by PCQC
Developmental Screening Tool	\$12	Provided by PCQC
Telephone & Internet	\$1,140	Provided by PCQC
Average square feet (per classroom)	910 sq ft	The authors calculate a total of 910 sq ft for classroom space, and do so on the basis that Connecticut statutes and regulations regarding child care centers require a minimum of 35 sq ft per child. (https://www.ctoec.org/wp-content/uploads/2019/03/centers_statsregs.pdf)
Rent, Lease, or Mortgage per sq ft	\$24	The average rent of a commercial property per sq ft in a class B building in Connecticut is \$24.13, indicated in: https://myelisting.com/commercial-real-estate-news/1205/ten-most-expensive-states-lease-commercial-real-estate/ and https://www.commercialcafe.com/office-market-trends/us/ct/new-haven/#:~:text=Comparably%2C%20statewide%20Connecticut%20average%20office,for%20class%20C%20office%20space.
Utilities per sq ft	\$4	Provided by PCQC
License and permits	\$570	Provided by PCQC
Telephone & Internet	\$1864	The "Cost of Providing Early Child Education and Care in Connecticut: A Narrow Cost Analysis Licensed Center-based Care" report indicates that the average cost of internet is \$1800; in order to account for inflation, the authors used the 3.53% inflation rate for "Internet services and Electronic Providers" provided by the CPI calculator at officialdata.org .

Audits & Legal Fees	\$2,647	The report titled "Cost of Providing Early Child Education and Care in Connecticut: A Narrow Cost Analysis Licensed Center-based Care" states that the cost for audits and legal fees is \$2500, and the authors accounted for inflation by 5.85% for "Legal Services" using the CPI inflation calculator found at officialdata.org
Additional Per Site Cost	\$10,000	Provided by PCQC. The \$10,000 misc amount includes professional services and fees, subscriptions, and a nurse health consult.

APPENDIX C

Early Care and Education Slots in All Licensed and Exempt Programs

This table displays the data that underlie Figure 1. The counts represent the capacity to provide care for infants and toddlers and preschoolers in programs receiving State funds.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Infant and Toddler Slots	17,285	19,169	18,189	17,110	18,946	19,060	20,022	19,107	19,106	
Preschool Slots	64,742	76,104	72,283	66,839	74,374	73,571	65,410	69,727	65,515	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Infant and Toddler Slots	18,896	19,044	20,982	16,710	16,214	19,497	22,732	22,879	21,109	17,619
Preschool Slots	56,646	69,145	70,618	57,235	54,172	56,744	64,789	54,537	51,983	49,898

Note: “Slots” represent the total licensed capacity of all licensed centers and homes. Unless otherwise stated, numbers in this table for 2002 through 2009 represent monthly averages over the calendar year. Numbers for 2010 through 2020 point-in-time counts from January of each year. Unless otherwise stated, all numbers from 2010 through 2022 are commissioned annually from 2-1-1 Child Care and provided via email by Tracy Zolnik and Valerie Grant. The term “capacity” as used by the United Way/2-1-1 Child Care refers to licensed capacity, rather than number of children the program is actually willing to serve. To calculate these numbers from raw data, we use the sum of “enrollment” and “vacancies” as that represents the actual number of slots offered by programs.

APPENDIX D

Care 4 Kids Enrollment Trends¹³⁹

This table displays the data that underlie Figure 5 which shows how many infants and toddlers and preschoolers are actively enrolled in the Care 4 Kids program. Due to a disruption in available data, our numbers beginning in 2017 represent point-in-time Care 4 Kids enrollment taken in January of each year.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Infant and Toddler	7,765	6,298	4,135	4,087	5,271	6,703	7,270	7,030	6,223	7,544	7,612
Preschool	7,849	7,464	5,173	5,120	6,108	6,892	7,807	7,392	7,233	8,253	8,356
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Infant and Toddler	6,872	7,175	7,059	7,754	6,605	4,825	5,143	5,990	5,197	6,992	8,206
Preschool	8,043	7,375	7,061	6,919	6,345	5,099	5,420	6,404	6,034	7,031	7,438

Note: Numbers for 2002 to 2016 are monthly averages of children receiving Care 4 Kids. Numbers for 2018 to 2023 are from January.

APPENDIX E

Licensed and Accredited Slots

This table displays information on the licensed capacity of State-funded programs to serve infants and toddlers, broken down by accrediting association. Programs may be accredited by multiple organizations. In order to avoid replicating counts, we count multiply-accredited organizations alphabetically. For example, if a program is accredited by both AMI and AMS, we count the program within the category “AMI” in this table and do not count the program within the category “AMS.”

Infant and Toddlers	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Exempt and Licensed Slots	UA	UA	17285	19169	18189	17110	18946	19060	20022
Total Exempt Slots	UA	UA	UA	UA	UA	UA	UA	350	538
Total Licensed Slots	UA	UA	UA	UA	UA	UA	UA	18710	19484
Total Accredited Slots	3579	UA	UA	UA	UA	4583	UA	5262	5384
NAEYC	UA	UA	UA	UA	UA	4271	UA	4651	4808
NAFCC	UA	UA	UA	UA	UA	5	UA	6	5
AMI	UA	UA	UA	UA	UA	0	UA	76	158
AMS	UA	UA	UA	UA	UA	0	UA	0	0
NEASC	UA	UA	UA	UA	UA	UA	UA	64	25
Early Head Start	UA	UA	UA	UA	UA	307	UA	465	388

Infant and Toddler	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total Exempt and Licensed Slots	19107	19106	18896	19044	20982	16710	16214	19497	22732	22879	21109	17619
Total Exempt Slots	662	680	686	578	926	UA	427	603	671	635	597	585
Total Licensed Slots	18445	18426	18210	18466	20056	UA	15787	18894	22061	22244	20512	17034
Total Accredited Slots	5093	4880	5030	5149	6589	UA	5411	6606	7546	7225	6941	6424
NAEYC	4483	4288	4651	4744	5979	UA	4417	5400	6176	6121	5763	5301
NAFCC	6	3	2	2	2	UA	15	34	73	88	75	76
AMI	152	85	29	32	42	UA	41	79	93	63	67	47
AMS	0	23	16	19	0	UA	89	141	178	183	180	74
NEASC	8	10	19	0	0	UA	0	0	24	16	16	0
Early Head Start	444	494	UA	UA	UA	UA	849	952	1002	754	840	926

This table displays information on the licensed capacity of State-funded programs to serve preschoolers, broken down by accrediting association. Programs may be accredited by multiple organizations. In order to avoid replicating counts, we count multiply-accredited organizations alphabetically. For example, if a program is accredited by both AMI and AMS, we count the program within the category “AMI” in this table and do not count the program within the category “AMS.”

Preschoolers	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Exempt and Licensed Slots	69673	UA	64742	76104	72283	66839	74374	73571	65410
Total Exempt Slots	UA	UA	UA	UA	UA	UA	UA	16014	13234
Total Licensed Slots	UA	UA	UA	UA	UA	UA	UA	57557	52176
Total Accredited Slots	20323	UA	UA	UA	UA	24447	UA	29060	26291
NAEYC	UA	UA	UA	UA	UA	19048	UA	20402	19355
NAFCC	UA	UA	UA	UA	UA	21	UA	6	7
AMI	UA	UA	UA	UA	UA	191	UA	528	492
AMS	UA	UA	UA	UA	UA	67	UA	57	82
NEASC	UA	UA	UA	UA	UA	UA	UA	3569	2496
NAA	UA	UA	UA	UA	UA	11	UA	0	0
Head Start	UA	UA	UA	UA	UA	5109	UA	4498	3859

Preschooler	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total Exempt and Licensed Slots	69727	65515	56646	69145	70618	57235	54172	56744	64789	54537	51983	49898
Total Exempt Slots	17216	16125	12186	19383	20847	UA	15524	15479	18582	14734	12071	14436
Total Licensed Slots	52511	49390	44460	49762	49771	UA	38648	41265	46207	39803	39912	35462
Total Accredited Slots	28113	27204	19605	28160	30006	UA	25501	27136	31492	24819	22906	23826
NAEYC	20812	20111	17475	21646	23410	UA	17379	19829	23405	19348	18706	18455
NAFCC	10	3	4	4	4	UA	22	54	127	180	149	183
AMI	506	406	233	304	414	UA	286	299	387	194	198	142
AMS	57	154	66	76	0	UA	160	440	561	534	354	267
NEASC	3098	2745	1827	2795	2791	UA	1620	1441	1770	1448	1012	880
NAA	0	0	0	0	0	UA	UA	UA	UA	UA	UA	UA
Head Start	3630	3785	UA	UA	UA	UA	6034	5073	5242	3115	2487	3909

Note: “Slots” represent the total licensed capacity of all licensed centers and homes. Unless otherwise stated, numbers in this table for 2002 through 2009 represent monthly averages over the calendar year. Numbers for 2010 through 2020 point-in-time counts from January of each year. Unless otherwise stated, all numbers from 2010 through 2023 are commissioned annually from 2-1-1 Child Care and provided via email by Tracy Zolnik and Valerie Grant. The term “capacity” as used by the United Way/2-1-1 Child Care refers to licensed capacity, rather than number of children the program is actually willing to serve; we use the sum of “enrollment” and “vacancies” as that represents the actual number of slots offered by programs.

APPENDIX F

Number of Infants and Toddlers Served by Publicly-Funded ECE Programs

These data underlie Figure 6 and show the count of infants and toddlers being served by programs receiving State or Federal funding in a given year.

State Fiscal Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Care 4 Kids ¹⁴⁰	7765	6298	4135	4087	5271	6703	7270	7030	6223	7544	
Child Day Care Centers	1088	1097	1146	1126	1070	1057	1160	1163	1248	1324	
Early Head Start	UA	439	439	439	439	439	439	719	930	716	
Even Start	56	74	72	64	56	47	40	40	25	14	
State Fiscal Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Care4Kids	7612	6872	7175	7059	7754	5374	5646	5076	5838	5713	7449
Child Day Care Centers	1162	1234	1230	1255	1340	1443	1479	1477	1464	1141	1421
Early Head Start	726	756	660	1212	1449	1734	1842	1858	1586	1896	1674
Even Start	26	28	30	30	43	45	46	46	37	0	0

Note: Numbers of infants and toddlers in Child Day Care Centers, Early Head Start, and Even Start are representative of June each year, the end of the State Fiscal Year.

APPENDIX G

Preschoolers Served by Publicly-Funded ECE Program

These data underlie Figure 7 and show the count of preschoolers being served by programs receiving State or Federal funding in a given year.

	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Care 4 Kids	5,173	5,120	6,108	6,892	7,807	7,392	7,233	8,253	8,356	
Child Day Care Centers	2,967	2,777	2,952	2,919	2,778	2,766	2,850	2,919	3,065	
School Readiness - Priority School Districts	6,065	6,978	6,924	7,871	8,545	9,443	9,577	9,513	9,490	
School Readiness - Competitive School Districts	373	516	648	700	812	706	833	826	843	
Head Start (federal & State)	6,621	6,570	6,628	7,110	7,374	7,113	7,497	6,561	6,600	
Even Start	63	70	60	39	38	28	17	9	7	
Smart Start	UA	UA	UA	UA	UA	UA	UA	UA	UA	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Care 4 Kids	8,043	7,375	7,061	6,919	5,593	5,463	5,821	6,546	6,943	7,315
Child Day Care Centers	2,978	2,705	2,572	2,401	2,260	2,219	2,217	2,173	1,596	1,798
School Readiness - Priority School Districts	10,221	10,164	10,647	10,685	10,575	10,530	10,416	10,491	7,124	10,133

School Readiness - Competitive School Districts	1089	1,144	1,401	1,463	1,419	1,378	1,409	1,422	1,281	1,875
Head Start (federal & State)	6,525	5,700	5,242	6,181	6,108	6,207	5,471	6,234	4,026	8,252
Even Start	4	4	2	3	45	46	46	46	0	0
Smart Start	UA	UA	273	480	489	665	665	665	621	650

Note: Numbers of infants and toddlers in Child Day Care Centers, Head Start, Even Start, Smart Start, and School Readiness programs are representative of June each year, the end of the State Fiscal Year.

APPENDIX H

School-Age Children Served by Publicly-Funded ECE Programs

These data show the count of school-age children being served by programs receiving State and/or federal funding. School-age children may attend ECE programs before and/or after the school day as well as during the summer.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Care 4 Kids	12,561	8,871	5,963	5,448	5,679	6,066	6,345	6,298	6,046	5,989	
Child Day Care Centers	396	393	415	362	360	359	414	407	492	412	
Even Start	16	13	16	19	14	21	19	8	1	3	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Care 4 Kids	6,096	6,009	5,923	5,973	6100	4897	4797	4727	4772	5491	5152
Child Day Care Centers	282	254	274	268	291	206	204	208	188	261	169
Even Start	1	4	4	0	0	0	0	0	0	0	0

Note: Numbers of infants and toddlers in Child Day Care Centers and Even Start programs are representative of June each year, the end of the State Fiscal Year.

APPENDIX I

Number of Licensed and Accredited Family Child Care Homes

These data underlie Figure 2. They represent the total number of CCCs, FCCs, GCCs, and nursery school programs that have received State licensure as well as the number of programs that are exempt from State licensing requirements. Exempt programs are administered by public schools, private schools, and/or municipalities and must abide by State and federal laws and regulations regarding health and safety. This table also displays the total number of programs that have received accreditation from a national organization. Programs can be accredited by multiple organizations. In order to avoid replicating counts, we count multiply-accredited organizations alphabetically. For example, if a program is accredited by both AMI and AMS, we count the program within the category “AMI” in this table and do not count the program within the category “AMS.”

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of Licensed and Exempt Centers/Homes (Total)	5,112	4,960	4,810	4,561	4,373	4,322	4,281	4,333	4,879	4,825	4,780
Exempt Programs	UA	UA	UA	UA	UA	UA	UA	UA	567	579	569
Licensed Centers	1,681	1,639	1,633	1,598	1,600	1,602	1,590	1,598	1,579	1,571	1,552
Licensed Family Day Care Homes	3,431	3,321	3,177	2,963	2,773	2,720	2,691	2,735	2,733	2,675	2,659
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Licensed and Exempt Centers/Homes (Total)	4,583	4,527	4,416	4,254	4,179	4,076	3,982	3,947	3,970	3,950	3,847
Exempt Programs	548	579	569	583	595	657	655	646	647	654	656
Licensed Centers	1,509	1,500	1,482	1,461	1,209	1,408	1,405	1,411	1,395	1,222	1,374
Licensed Family Day Care Homes	2,526	2,448	2,365	2,210	2,130	2,011	1,922	1,890	1,928	1,908	1,817

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of Accredited Centers/Homes (Total)	UA	465	UA	UA	UA	UA	560	UA	627	616	623
NAEYC	UA	UA	346	530	548	UA	442	UA	409	426	449
AMI	UA	UA	UA	UA	UA	UA	6	UA	7	7	7
AMS	UA	UA	UA	UA	UA	UA	2	UA	1	2	2
Head Start	UA	UA	UA	UA	UA	UA	97	UA	63	60	55
Early Head Start	UA	UA	UA	UA	UA	UA	7	UA	8	13	11
NAFCC	UA	UA	UA	UA	5	4	6	UA	2	2	3
NAA	UA	UA	UA	UA	UA	UA	UA	UA	14	6	1
NEASC	UA	UA	UA	UA	UA	UA	UA	UA	123	100	95
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Accredited Centers/Homes (Total)	635	598	605	624	636	645	705	717	710	679	696
NAEYC	458	446	453	475	489	459	499	493	489	472	460
AMI	7	6	5	6	8	8	8	9	8	9	7
AMS	3	2	2	1	3	6	17	17	16	13	14
Head Start	58	57	62	62	61	99	95	92	82	81	120
Early Head Start	17										
NAFCC	1	1	1	1	3	8	20	37	48	41	44
NAA	-	1	1	-	-	UA	UA	UA	UA	UA	UA
NEASC	91	85	81	79	72	65	66	69	67	63	51

APPENDIX J

Top OEC Expenditures: Budgeted vs. Actual under Governor Lamont

This table displays Connecticut ECE funding that is funneled through the Office of Early Childhood. It includes money appropriated within the General Fund as well as federal funding available. "Actual" funds represent the amount spent within a year. "Estimated" funds represent the amount likely spent in SFY2023. "Appropriated" funds represent the amount approved to spend by the Connecticut General Assembly.

Top OEC Expenditures: Budgeted vs. Actual under Gov Lamont													
		FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2023	FY 2024	FY 2025
		Actual									Estimated, June 2023	Appropriated	
General Fund	Personal Services	5,771,689	8,785,880	7,276,350	7,400,000	7,757,017	8,173,924	8,607,678	8,509,676	8,442,015	9,343,095	10,021,638	10,147,924
	Other Expenses	8,819,274	349,943	489,667	385,000	383,261	431,549	438,353	331,743	319,731	319,731	1,319,731	1,319,731
Other Current Expenses	Children's Trust Fund	11,302,845	11,206,751	11,207,514	0	0	0	0	0	0			
	Early Childhood Program	9,759,569	10,840,145	0	0	0	0	0	0				
	Birth to Three	0	30,886,804	32,447,839	21,447,000	23,336,710	22,845,964	23,452,406	25,050,126	30,252,407	29,452,407	32,952,407	32,452,407
	Early Childhood Advisory Cabinet	76	0	0	0	0	0	0	0				
	Community Plans for Early Childhood	712,476	703,125	519,296	0	0	0	0	0				
	Improving Early Literacy	142,500	140,625	0	0	0	0	0	0				
	Child Care Services	17,304,300	18,701,942	0	0	0	0	0	0				
	Even Start	451,250	445,312	415,151	295,000	295,456	295,456	295,455	295,455	295,456	295,456	545,456	545,456
	2Gen - TANF			0	108,000	467,552	412,500	312,500	249,880	412,500	412,500	572,500	572,500
	Nurturing Families Network			0	10,027,000	10,217,642	10,275,655	10,201,731	10,080,931	12,139,479	10,347,422	12,139,479	12,139,479
	Payments to other than local governments	Head Start Services	2,706,743	5,630,593	5,571,838	5,049,000	5,078,417	4,507,650	4,719,623	5,038,338	5,083,238	5,083,238	5,083,238
Head Start Enhancement		1,734,350	0	0	0	0	0	0	0				
Child Care Services - TANF/CCDBG		104,776,111	120,930,084	124,376,409	86,032,000	100,597,048	77,963,811	55,045,133	58,088,967	59,527,096	59,527,096	73,727,096	112,827,096
Child Care Quality Enhancements		2,582,381	3,107,472	2,378,698	6,837,000	6,576,798	4,134,063	4,423,221	6,168,525	5,954,530	5,954,530	5,954,530	5,954,530
Head Start - Early Childhood Link		1,985,500	693,875	0	0	0	0	0	0				
Early Head Start - Child Care Partnership		0	1,300,000	1,130,750	1,576,000	1,430,750	1,402,269	1,144,209	1,095,243	1,500,000	1,500,000	1,500,000	1,500,000
Early Care and Education		0	0	107,985,987	119,110,000	122,655,861	124,295,170	122,026,863	127,831,049	167,545,249	160,386,759	174,645,249	190,137,329
Smart Start		0	0	0	0	3,325,000	3,325,000	3,250,000	3,250,000	3,250,000	3,325,000	3,325,000	3,325,000
Payments to local governments	School Readiness Quality Enhancement	4,733,178	4,111,135	3,771,753	0	0	0	0	0		0	0	0
	School Readiness	77,958,418	83,399,834	0	0	0	0	0	0		0	0	0
Additional Funds Available	Federal Funds		51,110,604		48,104,381	44,994,254	125,225,433	0	16,800,000		103,875,000	35,150,000	2,000,000
	Private Contributions & Other Restricted		10,636,097		7,955,879	664,116	341,904						
	Carry Forward Funding										22,650,000	12,300,000	2,500,000

APPENDIX K

Care 4 Kids Eligibility Guidelines (in Dollars)

This table is replicated from the CTCare4Kids.com “Income Guidelines” pages. We have additionally extended it to display families that would qualify for a State subsidy if policymakers raise Care 4 Kids eligibility rates to 85 percent of the SMI (the highest rate under which states can utilize federal CCDBG dollars toward the subsidy vouchers), 100 percent of the SMI (the rate proposed by the Blue Ribbon Panel; vouchers for families who earn between 85 percent and 100 percent would need to be paid entirely through State funding), 125 percent of the SMI, 150 percent of the SMI, and 200 percent of the SMI. These last three categories (125, 150, and 200 percent) are to model families who may qualify if Connecticut policymakers further fund family subsidies similar to the recent increase in Vermont. For context, family size in this table is per person and does not differentiate between adults and children.

Care 4 Kids Eligibility Guidelines (in \$)

Family Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20% SMI	13,850	18,112	22,374	26,636	30,897	35,159	35,958	36,757	37,556	38,355	39,154	39,954	40,753	41,552	42,351	43,150
30% SMI	20,776	27,169	33,562	39,955	46,347	52,740	53,939	55,137	56,336	57,535	58,733	59,932	61,131	62,329	63,528	64,727
40% SMI	27,701	36,225	44,749	53,273	61,796	70,320	71,918	73,516	75,114	76,713	78,311	79,909	81,507	83,105	84,704	86,302
50% SMI	34,627	45,282	55,937	66,592	77,246	87,901	89,899	91,896	93,894	95,892	97,890	99,888	101,885	103,883	105,881	107,879
55% SMI	38,090	49,810	61,530	73,251	84,971	96,691	98,888	101,086	103,283	105,481	107,678	109,876	112,074	114,271	116,469	118,666
60% SMI <i>Initial Application Threshold</i>	41,553	54,338	67,124	79,910	92,695	105,481	107,878	110,275	112,673	115,070	117,467	119,865	122,262	124,659	127,056	129,454
65% SMI <i>Redetermination Threshold</i>	45,015	58,866	72,717	86,569	100,420	114,271	116,868	119,465	122,062	124,659	127,256	129,853	132,450	135,047	137,644	140,241
75% SMI	51,941	67,923	83,905	99,888	115,870	131,852	134,848	137,845	140,842	143,838	146,835	149,832	152,828	155,825	158,821	161,818
85% SMI <i>Maximum Allowed Under Federal Law</i>	58,867	76,980	95,093	113,206	131,318	149,431	152,828	156,224	159,620	163,016	166,412	169,809	173,205	176,601	179,997	183,393
100% SMI	69,255	90,565	111,874	133,184	154,493	175,802	179,798	183,793	187,789	191,784	195,780	199,776	203,771	207,767	211,762	215,758
125% SMI	86,569	113,206	139,843	166,480	193,116	219,753	224,748	229,741	234,736	239,730	244,725	249,720	254,714	259,709	264,703	269,698
150% SMI	129,853	169,809	209,764	249,720	289,674	329,629	337,121	344,612	352,104	359,595	367,088	374,580	382,071	389,563	397,054	404,546
200% SMI	138,510	181,130	223,748	266,368	308,986	351,604	359,596	367,586	375,578	383,568	391,560	399,552	407,542	415,534	423,524	431,516

APPENDIX L

Family Fee Percentage Rates

This table represents Care 4 Kids family co-pay rates. Families are only required to provide a Care 4 Kids co-pay for the care of their youngest enrolled child. The left column shows the share of a family’s income that families are currently expected to pay toward child care, which was taken from the CTCare4Kids.com “Family share/Family Fee” page. Because federal regulations do not allow states to utilize CCDBG funds to provide subsidies for families that earn over 85 percent of the SMI, we extend the current family co-pay rate set for families earning up to 85 percent of the SMI to families earning more for the purposes of modelling extending Connecticut’s subsidy program. The second column from the left shows the range of family incomes that are expected to pay a certain percent of their income. The middle column translates the family co-pay rate percentage into a dollar range depicting how much a family of four contributes for Care 4 Kids under existing policy. The column second from the right includes a proposal in which family co-pays are limited to a maximum of seven percent of a family’s income and prorated accordingly. The right column translates this seven percent maximum co-pay rate proposal into a dollar range depicting how much a family of four would contribute for Care 4 Kids under the new proposal.

Existing Family Share Rates (Percentage per SMI)	Family Income SMI range	Family of 4 contribution example (in dollars)	New Proposal Percentage	New Proposal in Dollars
2%	0% to less than 20%	\$0-\$509	1.4%	\$0-\$373
4%	20% SMI to less than 40%	\$1598-2131	2.8%	\$746-\$1118
6%	40% to less than 60% SMI	\$3197-4795	4.2%	\$1678-\$2237
8%	60% to less than 75% SMI	\$6393-\$7991	5.6%	\$2983-\$3729
10%	75% to less than 85% SMI	\$7009-\$9558	7.0%	\$4661-\$7924
10%	85% to less than 100% SMI	\$9559-11320	7.0%	\$7925-9322
10%	100% to less than 125% SMI	\$11,321-\$16,647	7.0%	\$9,323-\$11,652
10%	125% to less than 150% SMI	\$16,648-\$24971	7.0%	\$11,653-\$17,479
10%	150% to less than 200% SMI	\$24,972-\$26,637	7.0%	\$17,480-\$18,646

APPENDIX M

Number of Children Ages Birth to Four by Town and Poverty Status¹⁴¹

The following table provides Census data on the number of children ages birth to four whose families earn below the Federal Poverty Level, broken up by town. It also provides the total number of children ages birth to four in each town, and it computes municipal child poverty rates by dividing the number of children ages birth to four living in poverty by the total population of children ages birth through four.

Town	2021			2020			2019		
	In Poverty (IP)	Total Population (T)	Child Poverty Rate (CPR)	IP	T	CPR	IP	T	CPR
Andover	0	173	0.0%	0	148	0%	0	158	0%
Ansonia	141	813	17.3%	203	839	24.20%	211	653	32.30%
Ashford	0	230	0.0%	8	252	3.20%	8	293	2.70%
Avon	12	932	1.3%	14	839	1.70%	10	1,112	0.90%
Barkhamsted	25	130	19.2%	31	102	30.40%	35	112	31%
Beacon Falls	0	201	0.0%	0	283	0%	0	309	0%
Berlin	100	883	11.3%	85	776	11%	73	658	11.10%
Bethany	0	272	0.0%	26	179	14.50%	27	295	9.10%
Bethel	0	1,028	0.0%	10	1,083	0.90%	2	1,150	0.20%
Bethlehem	21	79	26.6%	25	106	23.60%	37	166	22.20%
Bloomfield	0	636	0.0%	0	666	0%	0	707	0%
Bolton	15	104	14.4%	17	156	10.90%	10	128	7.80%
Bozrah	28	75	37.3%	0	133	0%	0	146	0%
Branford	14	995	1.4%	0	1,189	0%	61	1,128	5.40%
Bridgeport	3,358	8,754	38.4%	3,417	9,279	36.80%	3,187	9,255	34.40%
Bridgewater	0	44	0.0%	0	38	0%	0	41	0%
Bristol	371	2,602	14.3%	434	2,986	14.50%	446	2,952	15.10%
Brookfield	0	813	0.0%	0	874	0%	0	784	0%
Brooklyn	87	418	20.8%	92	371	24.80%	69	339	20.30%
Burlington	15	405	3.7%	16	379	4.20%	15	372	4%
Canaan	0	27	0.0%	0	35	0%	N/A	N/A	N/A
Canterbury	0	181	0.0%	0	189	0%	0	191	0%
Canton	0	533	0.0%	0	534	0%	0	477	0%
Chaplin	0	107	0.0%	0	136	0%	0	107	0%
Cheshire	0	1,016	0.0%	0	1,048	0%	27	1,178	2.30%
Chester	22	141	15.6%	0	113	0%	0	102	0%
Clinton	19	313	6.1%	36	432	8.30%	43	483	8.90%
Colchester	91	1,198	7.6%	95	1,251	7.60%	94	826	11.40%
Colebrook	14	45	31.1%	12	54	22.20%	0	47	0%
Columbia	0	134	0.0%	0	178	0%	0	231	0%
Cornwall	8	37	21.6%	4	30	13.30%	3	25	11.50%
Coventry	51	622	8.2%	35	634	5.50%	29	521	5.60%

Cromwell	0	774	0.0%	0	695	0%	0	617	0%
Danbury	N/A	N/A	N/A	N/A	N/A	N/A	723	5,307	13.60%
Darien	31	1,377	2.3%	590	4,835	12.20%	9	1,429	0.60%
Deep River	10	142	7.0%	8	1,388	0.60%	0	228	0%
Derby	20	506	4.0%	0	175	0%	83	667	12.40%
Durham	0	405	0.0%	24	429	5.60%	0	365	0%
East Granby	0	430	0.0%	0	419	0%	0	157	0%
East Haddam	37	375	9.9%	0	323	0%	46	482	9.50%
East Hampton	29	785	3.7%	22	405	5.40%	17	515	3.30%
East Hartford	516	3,229	16.0%	41	666	6.20%	575	3,378	9.50%
East Haven	161	1,107	14.5%	567	3,397	16.70%	209	1,174	17.80%
East Lyme	54	558	9.7%	249	1,212	20.50%	105	517	0
East Windsor	49	477	10.3%	56	530	10.60%	77	682	11.30%
Eastford	9	50	18.0%	50	542	9.20%	12	72	16.40%
Easton	24	383	6.3%	8	57	14%	0	251	0%
Ellington	0	946	0.0%	0	230	0%	19	777	2.40%
Enfield	362	2,547	14.2%	0	982	0%	213	2,232	9.50%
Essex	24	151	15.9%	167	2,464	6.80%	31	111	27.70%
Fairfield	83	3,415	2.4%	43	171	25.10%	124	3,218	3.90%
Farmington	68	1,076	6.3%	96	3,245	3%	103	1,093	9.40%
Franklin	9	123	7.3%	97	1,187	8.20%	0	77	0%
Glastonbury	33	1,660	2.0%	0	167	0%	58	1,505	3.90%
Goshen	23	191	12.0%	43	1,627	2.60%	20	142	14%
Granby	0	749	0.0%	35	215	16.30%	35	634	5.50%
Greenwich	164	3,304	5.0%	0	761	0%	68	3,491	2%
Griswold	0	577	0.0%	55	3,183	1.70%	0	637	0%
Groton	399	2,324	17.2%	0	602	0%	403	2,450	16.40%
Guilford	0	1,139	0.0%	276	2,389	11.60%	10	957	1%
Hamden	308	2,725	11.3%	10	1,155	0.90%	201	2,559	7.90%
Hampton	5	104	4.8%	0	257	0%	2	79	2.50%
Hartford	2,753	6,782	40.6%	222	2,666	8.30%	2,809	7,635	36.80%
Hartland	0	33	0.0%	4	124	3.20%	4	61	6.50%
Harwinton	0	216	0.0%	2,643	7,076	37.40%	0	188	0%
Hebron	47	342	13.7%	0	43	0%	29	361	8%
Kent	0	78	0.0%	0	144	0%	0	83	0%
Killingly	179	857	20.9%	30	391	7.70%	248	1,163	21.30%
Killingworth	0	300	0.0%	0	40	0%	0	242	0%
Lebanon	0	217	0.0%	259	960	27%	0	231	0%
Ledyard	116	1,060	10.9%	0	265	0%	35	1,259	2.80%
Lisbon	0	163	0.0%	0	167	0%	7	104	6.50%
Litchfield	28	277	10.1%	115	1,085	10.60%	44	303	14.50%

Lyme	0	80	0.0%	7	148	4.70%	0	110	0%
Madison	0	554	0.0%	39	303	12.90%	0	729	0%
Manchester	892	3,947	22.6%	0	78	0%	561	4130	13.60%
Mansfield	17	246	6.9%	0	772	0%	36	307	11.70%
Marlborough	0	263	0.0%	850	4,232	20.10%	0	419	0%
Meriden	678	3,395	20.0%	33	223	14.80%	374	3,408	11%
Middlebury	0	377	0.0%	0	293	0%	0	315	0%
Middlefield	0	177	0.0%	366	3,436	10.70%	0	182	0%
Middletown	295	1,843	16.0%	382	2,095	18.20%	440	2,296	19.20%
Milford	45	2,233	2.0%	0	442	0%	106	2,594	4.10%
Monroe	104	1,459	7.1%	0	147	0%	71	1,072	6.60%
Montville	78	651	12.0%	97	2,573	3.80%	108	666	16.20%
Morris	0	68	0.0%	62	1,288	4.80%	6	151	4%
Naugatuck	85	1,542	5.5%	87	583	14.90%	372	2,005	18.50%
New Britain	1,439	5,296	27.2%	6	113	5.30%	1,648	5,032	32.70%
New Canaan	0	1,094	0.0%	327	1,616	20.20%	0	1,203	0%
New Fairfield	8	927	90.0%	42	1,041	4%	24	752	3.20%
New Hartford	0	466	0.0%	24	952	2.50%	0	275	0%
New Haven	3,115	8,311	37.5%	0	404	0%	3,190	7,904	40.40%
New London	440	1,264	34.8%	1,357	5,017	27%	464	1,264	36.70%
New Milford	84	1,593	5.3%	0	1,081	0%	54	1,190	4.50%
Newington	209	1,241	16.8%	3,433	8,447	40.60%	119	1,274	9.30%
Newtown	58	1,110	5.2%	464	1,244	37.30%	11	1,132	1%
Norfolk	4	80	5.0%	62	1,245	5%	5	129	3.90%
North Branford	0	711	0.0%	141	1,271	11.10%	0	622	0%
North Canaan	0	98	0.0%	5	78	6.40%	0	172	0%
North Haven	95	865	11.0%	0	567	0%	77	999	7.70%
North Stonington	5	242	2.1%	0	94	0%	3	228	1.30%
Norwalk	563	5,130	11.0%	63	762	8.30%	567	4,850	11.70%
Norwich	166	1,592	10.4%	10	259	3.90%	464	2,252	20.60%
Old Lyme	41	288	14.2%	482	4,882	9.90%	31	177	17.40%
Old Saybrook	0	277	0.0%	236	1,951	12.10%	0	329	0%
Orange	0	772	0.0%	25	192	13%	0	839	0%
Oxford	0	484	0.0%	0	247	0%	0	669	0%
Plainfield	35	1,063	3.3%	0	685	0%	46	988	4.70%
Plainville	42	589	7.1%	0	557	0%	42	769	5.50%
Plymouth	109	424	25.7%	37	1,077	3.40%	35	513	6.80%
Pomfret	0	104	0.0%	52	801	6.50%	0	23	0%
Portland	27	552	4.9%	35	446	7.80%	33	508	6.50%
Preston	0	249	0.0%	0	80	0%	29	276	10.50%
Prospect	0	325	0.0%	45	500	9%	0	323	0%

Putnam	39	454	8.6%	30	215	14%	14	205	6.80%
Redding	0	442	0.0%	0	258	0%	0	531	0%
Ridgefield	0	1,166	0.0%	0	248	0%	0	1,275	0%
Rocky Hill	21	908	2.3%	0	581	0%	17	807	2.10%
Roxbury	10	61	16.4%	0	1,135	0%	13	67	19.10%
Salem	12	184	6.5%	17	822	2.10%	0	157	0%
Salisbury	0	137	0.0%	14	56	25%	0	91	0%
Scotland	0	56	0.0%	3	170	1.80%	0	52	0%
Seymour	18	471	3.8%	0	105	0%	28	598	4.70%
Sharon	45	74	60.8%	0	31	0%	40	81	48.80%
Shelton	50	1,839	2.7%	15	474	3.20%	52	1,738	3%
Sherman	0	120	0.0%	39	79	49.40%	0	96	0%
Simsbury	17	1,313	1.3%	64	1,549	4.10%	14	1,145	1.20%
Somers	0	450	0.0%	0	91	0%	0	441	0%
South Windsor	196	1,655	11.8%	19	1,128	1.70%	35	1,240	2.80%
Southbury	0	790	0.0%	0	463	0%	0	775	0%
Sprague	45	178	25.3%	78	1,410	5.50%	116	1,971	5.90%
Stafford	74	560	13.2%	0	735	0	39	168	23.10%
Stamford	1,060	7,547	14.0%	151	1,862	8.10%	17	335	5.10%
Sterling	69	259	26.6%	44	103	42.70%	774	7,560	10.20%
Stonington	141	930	15.2%	18	457	3.90%	0	257	0%
Stratford	161	2,309	7.0%	799	6,603	12.10%	70	723	9.70%
Suffield	0	431	0.0%	0	274	0%	253	2,534	10%
Thomaston	9	405	2.2%	65	717	9.10%	0	597	0%
Thompson	29	402	7.2%	204	2,224	9.20%	45	481	9.30%
Tolland	0	620	0.0%	0	400	0%	0	714	0%
Torrington	320	1,415	22.6%	36	367	9.80%	286	1,666	17.20%
Trumbull	106	2,087	5.1%	40	456	8.80%	36	1,849	2%
Union	3	24	12.5%	0	615	0%	6	128	4.70%
Vernon	213	1,636	13.0%	270	1,588	17%	181	1,855	9.80%
Voluntown	9	78	11.5%	62	1,982	3.10%	6	79	7.50%
Wallingford	250	2,304	10.9%	3	16	18.80%	214	1,743	12.30%
Warren	0	24	0.0%	160	1,662	9.60%	0	38	0%
Washington	32	177	18.1%	9	77	11.70%	0	196	0%
Water	16	763	2.1%	248	2,194	11.30%	N/A	N/A	N/A
Waterbury	2,221	7,448	29.8%	0	29	0%	2684	7480	35.90%
Waterford	49	973	5.0%	0	168	0%	45	948	4.70%
Watertown	N/A	N/A	N/A	N/A	N/A	N/A	162	953	17%
West Hartford	116	3,362	3.5%	20	847	2.40%	183	3322	5.50%
West Haven	401	2,794	14.4%	2,229	7,020	31.80%	586	2878	20.40%
Westbrook	17	88	19.3%	58	946	6.10%	14	111	12.50%
Weston	0	290	0.0%	211	3,076	6.90%	0	454	0%

Westport	19	1,317	1.4%	461	2,831	16.30%	50	1297	3.90%
Wethersfield	73	1,377	5.3%	20	141	14.20%	12	1355	0.90%
Willington	50	224	22.3%	0	327	0%	13	187	6.90%
Wilton	55	822	6.7%	49	1,898	2.60%	73	904	8.10%
Winchester	5	316	1.6%	27	1,363	2%	91	257	35.30%
Windham	60	776	7.7%	45	164	27.40%	385	1150	33.50%
Windsor	37	1,271	2.9%	79	881	9%	23	1394	1.70%
Windsor Locks	52	550	9.5%	78	380	20.50%	66	693	9.50%
Wolcott	72	890	8.1%	259	1,025	25.30%	40	882	4.50%
Woodbridge	0	477	0.0%	9	1,192	0.80%	28	508	5.50%
Woodbury	0	225	0.0%	69	633	10.90%	0	313	0%
Woodstock	0	409	0.0%	72	824	8.70%	0	340	0%

FIGURE 6: NUMBER OF INFANTS AND TODDLERS SERVED BY PUBLICLY-FUNDED ECE PROGRAMS

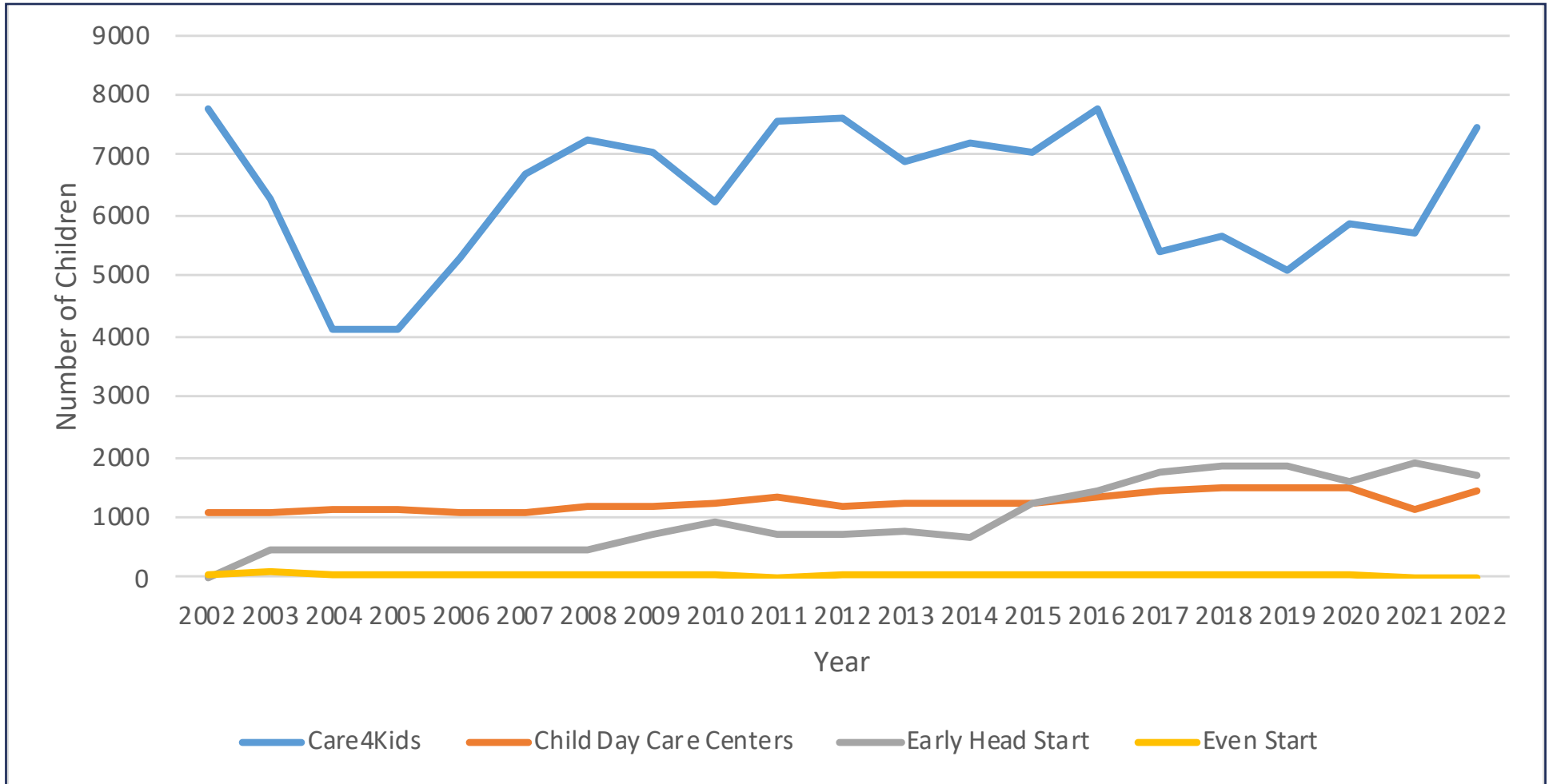


FIGURE 7: PRESCHOOLERS SERVED BY PUBLICLY-FUNDED ECE PROGRAMS

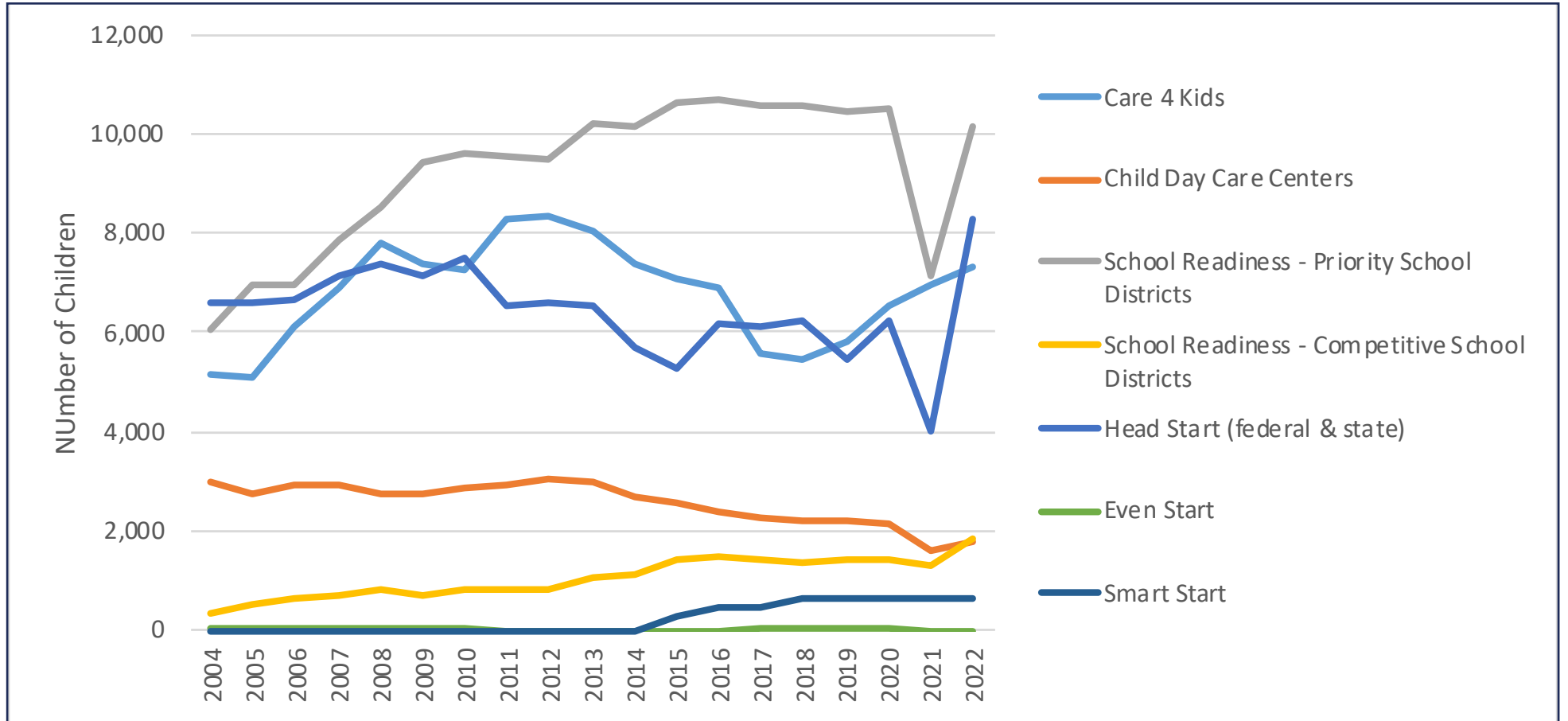
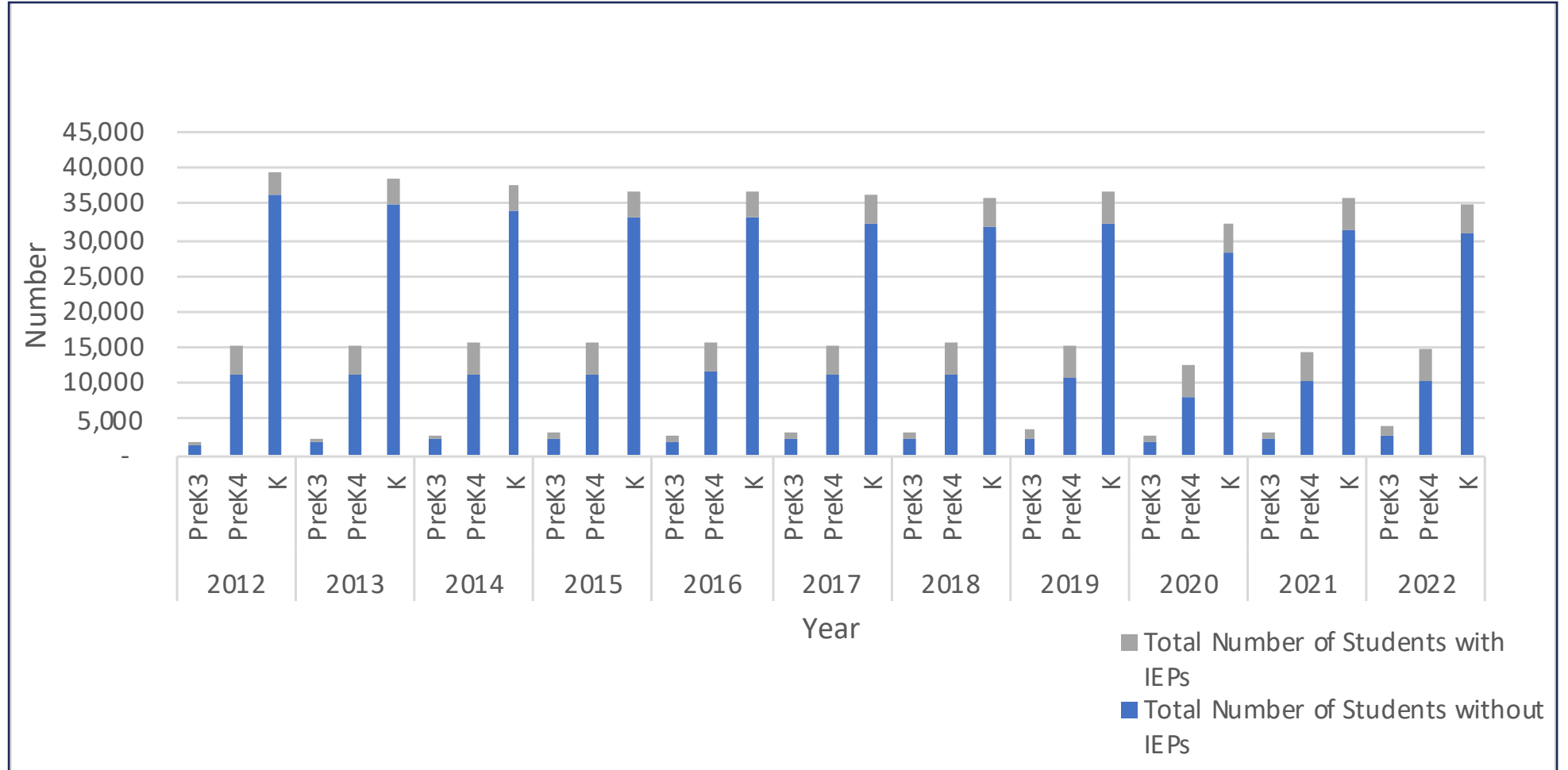


FIGURE 9: NUMBER OF STUDENTS WITH INDIVIDUALIZED EDUCATION PLANS IN PUBLIC SCHOOLS



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