

**Appropriations Committee Work Group – Office of Early Childhood
March 3, 12-1 pm, Via Zoom**

Sen. Osten:

1. Provide a description of Waterford Upstart.

Waterford Upstart is an app-based program used at home to prepare preschool-aged children for kindergarten. The company is based in Utah and provides caregiver support through calls, texts, emails, and postcards. FY 26 was the first time funding was provided through OEC to the vendor.

An FY24 ARPA grant from the Department of Community and Economic Development states the following: Waterford Upstart combines the science of learning, the power of mentoring, and the promise of technology to build family and community partnerships that deliver access, excellence, and equity in early education for all children. Waterford Upstart serves approximately 250 children and their caregivers in Connecticut, with a focus on the Norwalk community. The target population includes primarily four-year-olds, with Census Bureau estimates showing 5,292 children under the age of five. The greatest number of children under five live in two key neighborhoods, Hospital Hill and Springwood, which have high percentages of concentrated poverty. This highlights a critical need for early education intervention. By focusing on children living in poverty, Waterford Upstart aims to mitigate the adverse effects of poverty on early childhood education. Additionally, they target children from communities of color to provide support where it is needed the most and ensure that all children, regardless of their socio-economic background or ethnicity, have access to high-quality early education.

2. Explain how the \$36 million from the Early Childhood Education Endowment has been allocated and/or spent.

The OEC works in close partnership with the CT Early Childhood Endowment Advisory Board as established in PA 25-93. The 20-member board is tri-chaired by a member of the House (Representative Farrar), a member of the Senate (Senator Maher) and the Commissioner of the OEC. The role of the Advisory Board is to:

- Provide oversight of the administration of the Early Childhood Education Endowment

- Ensure that funds from the endowment are expended in accordance with the public act
- Review all reports and expenditure plans concerning the endowment submitted by the Treasurer and Commissioner of Early Childhood
- Review and assess the outcomes related to the expenditure of funds from the endowment
- Prepare and submit reports and recommendations to the General Assembly concerning the administration of the endowment and permissible expenditure of funds from the endowment, including recommendations for expansion of permissible expenditures of funds

The FY26 Spend Plan for the Early Childhood Education Endowment is below and attached (updated in January 2026).

The Annual Report of the Early Childhood Education Endowment Advisory Board is attached.

Monday, December 29, 2025

Office of Early Childhood SFY26 Spending Plan for the Early Childhood Education Endowment			
Expansion Costs	September 2025 Proposed Expenses	January 2026 Proposed Expenses	Description
Smart Start Expansion - Operations Funds	\$ 2,025,000	\$ 1,425,000	Expanding public school preschools by approximately 11 classrooms
Smart Start Expansion - Capital Improvements	\$ 1,570,000	\$ 1,445,000	Support facility expansions for next school year for additional Smart Start classrooms
Early Start CT Expansion	\$ 19,774,264	\$ 6,000,000	Increasing child care access by approximately 1,050 spaces
Early Start CT Rate Increases		\$ 5,254,994	Up to 8% rate increase per space
Administrative Costs			Description
Agency Administrative Costs	\$ 2,816,166	\$ 1,050,811	OEC Agency capacity and staffing, IT and Data system improvements and planning
Programmatic Costs			Description
Special Education Supports	\$ -	\$ 300,000	Contracting to provide training and assistance
Enrollment Campaign	\$ 250,000	\$ 250,000	Supports communication with the field and public listening sessions.
Registry/Scholarships	\$ 1,150,000	\$ 1,450,000	Increase in funding for expansion of the Registry and scholarship funding
Quality Enhancement/Improvement	\$ 350,000	\$ 771,250	Workforce landscape planning, including pay parity and compensation schedule.
Local Governance Partners (LGPs)	\$ 4,700,000	\$ 2,680,000	Support for the Local Needs Assessment, Stipends for Parent Ambassadors, Quality Enhancement Funding, Incentives for regional LGP expansion, and match funds for every community LGP
Health Insurance	\$ 300,000	\$ 300,000	Funds to conduct a study on the need of a health insurance subsidy for the employees of early childhood programs. In accordance with P.A. 25-93, Sec. 15 (b)
Stabilization Grants	\$ -	\$ 10,000,000	One time child care provider stabilization grants support the financial sustainability of licensed providers by offsetting rising operational costs and preventing program closures.
Total Proposed Endowment Fund Costs	\$ 32,935,430	\$ 30,927,055	

3. Provide a breakdown of expenditures under Tri-Share.

Tri-Share child care funds through January 2026: \$62,945.76

Salary for Admin of Tri-Share program: \$101,596

Rep. Walker:

1. Provide a breakdown by age of how many children have been served by Care 4 Kids over the past 5 fiscal years.

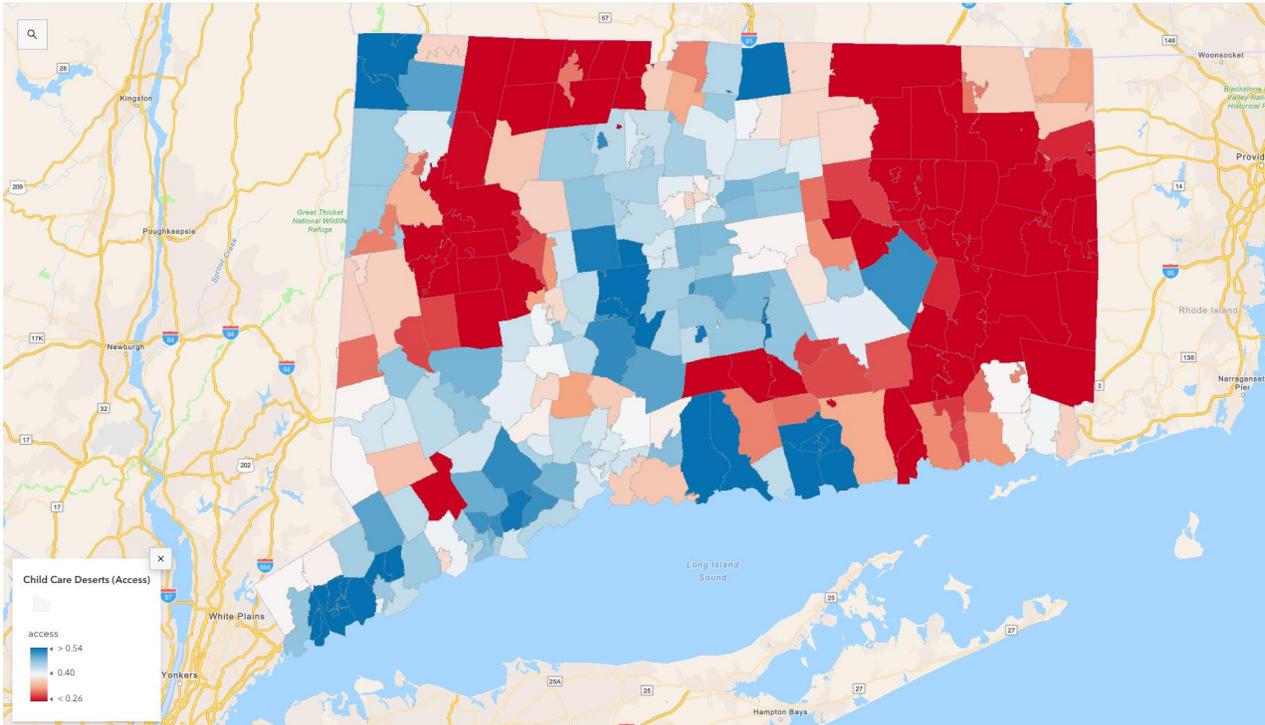
Average # of Children by Payment Month	Average # of Infant/Toddler Age Children	Average # of Preschooler Age Children	Average # of School Age Children	Average # of Children All Ages
SFY2020	5,240	5,930	4,673	15,430
SFY2021	5,037	5,884	4,742	15,698
SFY2022	6,430	6,830	5,203	18,438
SFY2023	7,535	7,169	5,194	19,861
SFY2024	7,772	7,224	5,318	20,276
SFY2025	8,540	8,501	6,091	23,111

2. Explain OEC’s identified child care deserts and how the agency is addressing those deserts.

Child care deserts were identified using a statistical method based on the methodology used by the Center for American Progress. This method calculates the ratio of supply – number of licensed providers and spaces – and demand – child level population via the census. The ratio of supply and demand is calculated at the neighborhood level, dependent on the capacity of providers in nearby neighborhoods and the child population of those neighborhoods, assuming there would be families that seek care outside of their neighborhood. This results in the estimated child care access level for every neighborhood in Connecticut. The level is essentially the ratio of slots to child population, so a Child Care Access of 1 would indicate an estimated slots to child population of 1:1 (i.e. a slot for every child).

OEC is using this measure for the scoring for Early Start CT space allocation. Providers are given between 2 and 20 points on their application dependent on the zip code of their site location. The lower the level of estimated child care access in a zip code, the more points providers located in that zip code will receive on their application.

Here is the Child Care Access Map: [Link to interactive map](#)



3. Provide an update on Early Start CT – where are we in development and implementation?

Early Start CT is a state-funding stream that combined School Readiness, Child Day Care, and State Head Start into one cohesive program. Early Start CT was established and in statute July 1, 2024, and went into effect July 1, 2025. The program offers subsidized child care spaces to contracted providers. Child care centers, group child care homes, family child care homes, and local boards of education may apply to participate in Early Start CT. OEC serves nearly 20,000 children in Early Start CT across the state annually.

	Early Start CT 7/1/25	Early Start CT 1/1/26
Early Start CT Contracts	230	285
Early Start Sites	427	484
Infant/Toddler Spaces	3,566	3,963
Preschool Spaces	13,967	14,457
School Age Spaces	348	540
Annual Funding	\$168 Million	\$184 Million

4. Provide an explanation of the curriculum used to train early care and education providers.

Early Care and Education providers choose their curriculum based on the goals of their programs and the needs of the children they serve. Curriculum choices include commercially available comprehensive or domain-specific (math, language) products or own created curriculum. To support providers in this choice, and to drive curriculum implementation toward positive outcomes for children, the OEC provides our [Early Learning and Development Standards](#) (ELDS) that include the skills that children from birth to age five should know and be able to do, providing common learning pathways that can be used to support children in the next steps in their learning and development.

The OEC delivers training and coaching for providers on the ELDS through a contractor. Training is free and open to all providers and is offered on an on-going basis. The content of the training supports providers to integrate the ELDS into their planning and daily implementation of curriculum. Additionally, a suite of [supplementary materials](#) is available for providers: Supporting All Children Using the CT ELDS; CT ELDS Alignment documents; and CT ELDS resources for families. These tools and resources are used concurrently with program curriculum to establish a well-planned learning environment for children.

Early Start CT programs are required to document each child's learning and development including providing family summaries and meetings with families.

5. Provide an estimate on how much it would cost to fully fund every type of child care slot/program.

The OEC is working with Prenatal to 5 Fiscal Strategies to actively strengthen its early childhood financing system by centering rate setting on the cost of delivering high-quality care, positioning the OEC for long-term sustainability and strategic growth. OEC is using cost modeling to identify the true cost of quality across child care settings and to align payment rates—particularly for the Care 4 Kids subsidy program and Early Start CT—with those costs. This work establishes a transparent, data-driven foundation for rate setting, reduces reliance on historically insufficient market-based rates, and creates the fiscal infrastructure OEC needs to responsibly

manage future investments, respond to changing system needs, and scale high-quality early childhood services in a sustainable and equitable manner.

6. Between FY 24 and FY 27, which early care and education programs saw expansion? Provide a breakdown of the expansion by the number of kids and categories.

Funds below reflect state resources (General Fund and Early Childhood Education Endowment).

ECE Program	7/1/2023 (FY24)	1/1/2026 (FY26)
Child Day Care & School Readiness (FY24) - Infant/Toddler Early Start CT(FY26) - Infant/Toddler	1,817	3,963
Child Day Care & School Readiness (FY24) - Preschool Early Start CT (FY26) – Preschool	14,101	14,457
Child Day Care & School Readiness – School Age (FY24) Early Start (FY26) - School Age	209	540
Smart Start – Preschool	890	1,055
State Head Start - Infant/Toddler	N/A	29
State Head Start – Preschool	704	615

7. Explain the difference between the Home Visiting Program and the Nurturing Families Network (as it relates to the name change).

In 2021, the General Assembly enacted Public Act 21-172 (Substitute House Bill 6559) to formally transition the state’s home visiting framework from the *Nurturing Families Network (NFN)* to the *Connecticut Home Visiting System (CT HVS)*.

a. Key Points:

- i. **Effective Date:** July 1, 2021
- ii. **Statutory Updates:** Amended multiple sections of the Connecticut General Statutes (10-530(d), 17b-751b, 10-509, and 17b-261).
- iii. **Purpose:** Modernized statutory language to reflect a broader, more holistic and comprehensive home visiting system. The change shifted from a single-program focus (Nurturing Families Network) to a coordinated system of several evidence-based home visiting models administered by the Office of Early Childhood (OEC). These models

are: 1) Parents as Teachers, 2) Child First, 3) Nurse Family Partnership, and 4) Healthy Families America.

- iv. The CT Home Visiting System RFP was released in September 2020 with awardee contracts being executed on July 1, 2021, which coincided with the effective date of the name change.

b. Impact:

This legislative change strengthened and aligned Connecticut’s home visiting infrastructure with a systems-based approach, increasing flexibility, expanding reach to more families, and supporting coordinated, evidence-based services statewide.

Rep. Nuccio:

1. Provide a brief summary of every account within the OEC budget. What is it and what’s paid out of that line item? What metrics are used?

Fund	SID	Title	Description	Metrics
11000	10010	Personal Services	An appropriation that funds compensation for the services of officials and employees of the State. Includes funding for most permanent, full-time positions; part-time and temporary positions; overtime expenses; as well as special types of pay such as hazardous duty and shift differential.	Financial tracking to ensure all positions are funded within appropriated limits. Tracking projected and real time payroll data, including differentials and projected retirement payouts, for all state funded OEC staff.
11000	10020	Other Expenses	An appropriation that funds operating expenses for an agency. Includes funding for contractual services (compensation for services procured by contract), commodities (supplies,	Financial tracking to ensure expenditures fall within appropriated limits for each category. Monthly fiscal reporting from Waterford Upstart (agreement in process).

			materials, and equipment not normally regarded as capital items), and sundry charges (expenditures not properly assignable to other standard accounts). Includes Waterford Upstart legislatively directed funds in FY27. Governor's FY27 proposal moves Waterford Upstart out of Other Expenses to Various Expenses line item.	
11000	12192	Birth to Three	Birth to Three supports families in meeting the needs of their infants and toddlers who are eligible due to significant developmental disabilities or delays. Families are coached on methods for fostering learning during daily routines in the home, child care settings or other places that are natural for that child and family. About 60% of services are funded through Medicaid.	Birth to 3 (IDEA Part C): Number of referrals. Number of evaluations. Number deemed eligible. Number of children exited. Number of children eligible for IDEA Part B. Number of children with an ISFP.
11000	12569	Evenstart	Even Start is a state-funded, two-generational program, focusing on family literacy. Eligible families include a parent lacking a high school diploma and/or basic reading skills or needing English-as-a-second-language skills and have a child under the age of eight.	Number of children, adults, and families served. Number of grantees. Types of services received.

11000	12584	2Gen – TANF	This is an initiative to promote systemic changes to state programming in low-income households through a comprehensive two-generational service delivery approach, with a focus on workforce and school readiness to foster family economic self-sufficiency.	Number of parent leaders, Number of parents participating in training and professional learning opportunities, Number of parent outreach opportunities completed, Results from parent engagement evaluation
11000	12603	Nurturing Families Network	The Nurturing Families Network (SID), which is CT’s Home Visiting System, is a home visiting program for first-time at-risk parents. The program strives to identify and enhance family strengths and provide parents with knowledge and resources to monitor and promote their child’s growth and brain development. Services are free and confidential. The Governor’s FY27 proposed budget renames from Nurturing Families Network to CT Home Visiting – with no change in service models or delivery.	Number of children and parents served under each home visiting program.
11000	12654	OEC Parent Cabinet	The CT OEC Parent Cabinet is a parent-led 15-member statutory advisory committee to OEC (<i>P.A. 23-160, Sec. 40</i>). It was co-created by a design committee of parent and	Number of outreach events (by type of outreach event and region). Number of families ambassadors interacted with during outreach.

			community leaders to center parent voice directly in the agency.	Number of families to which information was shared about OEC supports and services. Types of information shared. Topics discussed during outreach.
11000	12682	Capitol Child Development Center	The Capitol Child Development Center (CCDC) has been in operation since 1988 and was created as a model program by the Connecticut General Assembly to provide quality child care services for children 8 weeks through 5 years of age.	Number of Preschool spaces available. Utilization rates of available Preschool spaces. Number of Infant/Toddler spaces available. Utilization rates of available Infant/Toddler spaces.
11000	16101	Head Start Services	Supplemental state funding supports 21 federally funded Head Start grantees/delegates to increase the number of children served, expand existing services by increasing hours to extend the day and year, and support quality enhancement activities in Head Start programs. State Head Start funds must only be used to supplement and not to supplant, federal, state and/or local funds. All Head Start programs that receive State Head Start funding must be in	Number of Preschool spaces available. Utilization rates of available Preschool spaces. Number of Infant/Toddler spaces available. Utilization rates of available Infant/Toddler spaces. Location of funded programs.

			compliance with Federal Head Start Performance Standards.	
11000	16147	Care4Kids TANF/CCDF	The Care 4 Kids subsidy program helps low- to moderate-income families in Connecticut pay for child care costs for children birth to age 13. The program is a partnership between the State of Connecticut, the families in the program, and the providers who care for the children.	Number of children and families served. Number of providers accepting Care 4 Kids. Average monthly infant/toddler enrollment. Average monthly preschool enrollment. Average monthly school age enrollment. Number of youth camps accepting Care 4 Kids. Number of children enrolled in youth camps.
11000	16158	Child Care Quality Enhancements	This funding supports improving the quality of state-funded early care and education programs. Areas of focus include: workforce Registry, workforce professional development, standards, instruction, and assessment	Number of active Registry account holders. Number of head teacher applications. Number of scholarship applications. Number of Elevate members by Elevate Level of Engagement (Member, Member+, Member Accredited). Number of NAEYC accredited programs. Number of NAFCC accredited programs.
11000	16265	Early Head Start-Child	Early Head Start (EHS) is funded directly by the U.S. Department of HHS to provide year-round comprehensive	Number of available spaces. Number of children served.

		Care Partnership	child and family services to low-income pregnant women and families with children birth to three years old. EHS settings include center-based, family child care, and home-based (home visiting). The OEC provides state funds to support children in the three federally funded Early Head Start –Child Care Grant Partnership Programs whose families are not eligible for the Care 4 Kids subsidy program.	Number of families served. Number of grant recipients.
11000	16274	Early Care and Education	This funds state-funded early care and education programs under Early Start CT. Early Start CT provides early care and education to infants and toddlers, preschoolers and/or school age children who meet certain eligibility requirements, including majority of participants at incomes below 75% of the state median income. Programs can have part day, school-day, or full day Early Start CT slots. Early Start CT is a consolidation of previous state-funded programs School Readiness, Child Day Care Contracts, and State Head Start.	Number of Preschool spaces available. Utilization rates of available Preschool spaces. Number of Infant/Toddler spaces available. Utilization rates of available Infant/Toddler spaces. Number of School Age spaces available. Utilization rates of available School Age spaces. Number of spaces by space type (i.e. full day). Location of funded programs.

11000	16279	Smart Start	The Smart Start Program reimburses local and regional boards of education for operating expenses related to establishing or expanding a preschool program under the jurisdiction of the board of education for the town.	Number of funded spaces. Number of classrooms. Number of schools and districts participating.
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2. Provide a break-out of OE, including everything paid out of the account and an estimate of how much.

\$319,731	Office Supplies (desk supplies, printers, communications, website, etc.)
\$1,000,000	Shared Services (background check fees, translation services, marketing and website support, child assessment and referral services)
\$5,000,000	Year 5 of Start Early - Early Childhood Development
\$1,600,000	Tri-Share Program
\$7,919,731	Total Listed on Governor's Budget

3. Provide an explanation of the Birth to Three non-tiered and tiered rates and provide cost estimates.

The OEC, in partnership with DSS, currently administers a two-tiered rate approach to reimbursing programs for service delivery under a fee-for-service model. The two tiers are Professional and Paraprofessional.

The current reimbursed Medicaid rate is outlined below:

- Evaluation: \$180 per unit where one unit equals one person completing an evaluation regardless of the time required.
- Assessment: \$120 per hour billable in 15-minute units.

- Individualized Family Service Plan (IFSP) meetings: \$120 per hour billable in 15-minute units.
- Early Intervention Treatment Service (EITS)
 - Professional Rates: \$120 per hour if six or fewer 15-minute units are billed per practitioner per day. If more than six units are billed per practitioner per day, all the units in the day are paid using \$96 per hour.
 - Para-professional Rates: \$84 per hour if six or fewer 15-minute units are billed per practitioner per day. If more than six units are provided per practitioner per day, all the units in the day are paid using \$48 per hour.

Equally important to note are the additional reimbursements to programs as outlined below:

General Administrative Payment (GAP): The General Administrative Payment (GAP) in FY27 will be at least a \$100 payment per child with an IFSP on the first of the billing month that plans for less than nine hours of service per month if at least one service was provided during the billing month. GAPs for children that transfer programs are paid to the program with the IFSP on the 1st of the month as long as a service was provided by the sending program before the transfer. Receiving programs will be paid the GAP in the following month, as long as all the requirements for a GAP are in place.

The initiation of the GAP payment was a mechanism to keep programs fiscally viable during the shift from a bundled rate to a fee-for-service rate in 2017. The GAP payment has been provided to programs since 2017.

- **Interpretation:** When meeting all requirements, programs will be reimbursed for the actual cost of interpreting services following the rates below:
 - Up to \$85 per hour for all languages, other than English, Spanish, and interpretation for Deaf and Hard of Hearing (DHOH) individuals
 - Up to \$95 per hour for Spanish
 - Up to \$125 per hour for DHOH interpretation

- **Distance:** When meeting all requirements, Deaf and Hard of Hearing Specialty programs may seek distance payment for eligible services based on the Payment to Programs Procedure, at the rate of \$120 per eligible service.

The Governor’s budget includes funding to implement the five-tiered rate moved.

The five-tiers are:

1. Advanced Professional (P3);
2. Professional with Training (P2);
3. Professional (P1);
4. Advanced Paraprofessional; and
5. Paraprofessional

Below are the billable rates under this approach with the variance.

TABLE 2. EARLY INTERVENTION RATE RECOMMENDATIONS

Service	Current Rate	Recommended Rate	Variance \$	Variance %
Evaluations (Flat Rate)*	\$360.00	\$710.00	\$350.00	97.22%
Assessments (Hourly)	\$120.00	\$142.00	\$22.00	18.33%
IFSP Meetings (15 Minutes)	\$30.00	\$35.50	\$5.50	18.33%
Professional Visit - P3 (Hourly)	\$120.00	\$167.00	\$47.00	39.17%
Professional Visit - P2 (Hourly)	\$120.00	\$152.00	\$32.00	26.67%
Professional Visit - P1 (Hourly)	\$120.00	\$142.00	\$22.00	18.33%
Para-Professional Visit - P2 (Hourly)	\$84.00	\$99.00	\$15.00	17.86%
Para-Professional Visit - P1 (Hourly)	\$84.00	\$89.00	\$5.00	5.95%
Professional Visit - high intensity (Hourly)	\$96.00	\$113.60	\$17.60	18.33%
Para-Professional Visit - high intensity (Hourly)	\$48.00	\$50.85	\$2.85	5.95%

*Event-based flat rate accounting for 2.5 hours of two professionals' time.

The additional cost to the state to implement this approach as provided by the rate study / cost analysis is outlined below:

Payor	SFY27	SFY28
OEC Budget	\$6,003,611	\$6,199,358
DSS Budget	\$4,499,745	\$4,646,458

If the state were to keep the same two-tiered rate structure of professional and paraprofessional the additional cost as reported in the rate study / cost analysis is outlined below:

Payor	SFY27	SFY28
OEC Budget	\$10,692,206	\$11,594,293
DSS Budget	\$8,013,876	\$8,689,996

Rep. Leeper:

- 1. Provide the percentage of current providers that fall within the new tiered Birth to Three rate structure. What training/credential do the staff/program have to pay for and how much?**

The OEC is working to finalize what would fall under each category for the additional tiers. This work is moving forward in partnership with DSS and through feedback from families and the field. There are several trainings and credentials that could move an individual through the additional tiers. For example, service coordination certification may allow a professional to access a higher billable rate. This training is provided at no cost and currently offered on a monthly basis. This training includes prerequisites offered online and at your own pace and a one-day in-person training.

The Early Intervention Specialist Credential is a self-paced credential that is rigorous. Importantly to note, this is a revised credential formerly known as the Infant Toddler Family Specialist Credential, that has been in place since 2004. The revisions embed current Early Intervention practice and pedagogy. This credential includes an exam and observations. To date, those completing the credential have taken approximately one year. The OEC has a cadre of individuals who can complete the observations so that there are not delays in terms of access to the credential. The credential is offered at no cost to the individuals.

Other trainings may include Family and Mentor Coaching or endorsement through the Infant Mental Health Association or other credentials. Trainings offered by the OEC are at no cost to participants and are often subsidized to reduce the burden on programs.

Rep. Exum:

- 1. Provide a monthly trend of direct service hours over the past 5 fiscal years.**

The increase in hours from 2021 to 2026 has been an ongoing trend. Birth to Three is receiving more referrals in part due to enhanced outreach and families using the Sparkler APP that links on-line to the Ages and Stages Questionnaire.

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

2. Provide information related to the number of direct service hours necessary for kids with autism. Explain the research showing fewer hours for autism services is preferred?

Fiscal Year	All Eligible Children		ASD Diagnosis ONLY^		Child not diagnosed with ASD^	
	Average Monthly Counts	Avg Monthly Hours	Average Monthly Counts	Avg Monthly Hours	Average Monthly Counts	Avg Monthly Hours
FY2022	5,773	5.19	719	11.71	5,091	4.24
FY2023	6,583	5.16	738	10.59	5,882	4.46
FY2024	6,857	5.23	898	10.53	6,012	4.40
FY2025	7,147	5.02	930	9.93	6,269	4.25
FY2026*	7,337	4.83	896	8.92	6,386	4.03

**FY26 is incomplete as it ends on 6/30/26. Any reported counts are as of 2/18/26 and should be interpreted with that understanding.*

^ICD 10 code of F84 on a IFSP is used to determine Autism Spectrum Disorder (ASD) diagnosis

Early intervention focuses on supporting children in their natural learning environment. In order to support and build capacity in parents, our system values a Primary Service Provider (PSP) approach to teaming. This means that every child and every family have a full team supporting and available to them, but one person functions as the primary support for the family. As described by national experts Dathan Rush and M’Lisa Shelden, a Primary Service Provider approach to teaming includes:

- an established team consisting of multiple disciplines
- meeting regularly and selecting one member to act as the PSP to the family
- using coaching as an interaction style with parents, caregivers and other team members
- strengthening parents’ confidence and competence in promoting child learning and development
- supporting parents’ competence in obtaining desired supports and resources
- providing all services and supports within the natural learning opportunities/activities of the family

Birth to Three supports are provided in alignment with best practices and federal regulations. For children who are diagnosed with autism, the Birth to Three system provides supports and services to children on an individualized basis using evaluation and assessment data, current best practices, and team input. Families are at the table when decisions about IFSPs are being made. The OEC does not dictate the number of hours on an IFSP, those hours are based on what is appropriate based on the child and family's needs. There is not a ceiling or cap of hours of service.

Current research in terms of supporting children diagnosed with autism includes that more hours does not necessarily produce improved outcomes. Rodgers et al. (2020) found that between Early Intensive Behavioral Intervention (EIBI) and Early Start Denver Model (ESDM) neither style or intensity effected the overall outcome on the studies four measures: 1) children’s progress in receptive language, 2)

expressive communication, 3) nonverbal ability, and 4) autism symptom change. Nationally, Connecticut remains aligned with the hours per month in terms of early intervention planning.

OEC's Connecticut Birth to Three Early Intervention System supports all children and their families incorporating family-centered practices in keeping with foundational principles rooted in current research. Family-centered practices are required to be individualized, flexible, and responsive to family needs. Current research generated by Rodgers et al. (2020) found that when comparing EIBI and ESDM approaches demonstrated neither style or intensity effected the overall outcome on the studies four measures: children's progress in receptive language, expressive communication, nonverbal ability, and autism symptom change. CT remains committed to the principles of individual, collaboratively designed IFSPs rather than dictated dosage and remains in alignment with hours of support per month as compared to national averages (your ref.)

CT's State Identified Measurable Result (SIMr) means that "Parents of children who have a diagnosed condition will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention". Birth to Three supports a collaborative process as the foundation for forging mutually agreed upon outcomes that promote caregiver confidence and competence supporting their child's development within naturally occurring, individual family routines (Minjarez,ITCA & DEC RPs). Caregiver confidence and competence is supported by utilizing naturally occurring learning opportunities within the individual family's unique activity settings and utilizing natural learning environments practices (NLEP). Research evidence positive outcomes are associated with supporting caregiver-capacity with the routine as it naturally occurs in *their specific activity settings*. Conversely, embedding EI treatment in the natural learning environment *outside* the family's individualized activity context was associated with less favorable outcomes (Dunst, Bruder...). This is consistent with the first principle outlined in *Autism Spectrum Disorder: Developing State Guidelines for Service*: Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. The five identified evidence-based practices outlined in the guidance include: 1) caregiver-implemented intervention, 2) following a child's lead, 3) naturalistic teaching, 4) modeling, and 5) natural reinforcement. Additionally, Naturalistic Developmental

Behavioral Interventions (NDBI) are identified as approaches that build on traditional Applied Behavioral Analysis in combination with purposeful integration developmental science principles which include embracing child-led activities, child interest, and natural motivation.

Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education. Retrieved from [http://www.dec-spced.org/recommended practices](http://www.dec-spced.org/recommended-practices).

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Autism Spectrum Disorder: Developing State Guidelines for Services

IDEA Infant & Toddler Coordinators Association (ITCA)
Position Statement
February 2021

Article: Rogers et al. (2020). A multisite randomized controlled trial comparing the effects of intervention intensity and intervention style on outcomes of young children with autism, *Journal of the American Academy of Child and Adolescent Psychiatry*. DOI: <https://doi.org/10.1016/j.jaac.2020.06.013>

Rep. Johnson:

1. Provide an explanation of the transition process from Birth to Three Part C to Preschool Special Education Part B? What happens to children exiting Birth to Three but found not eligible for Part B services?

The Individuals with Disabilities Education Act (IDEA) Part C (Birth to Three) provides early intervention services for infants and toddlers (birth to age 3) with developmental delays or disabilities. IDEA Part B covers special education services for children ages 3–21. Transition planning between the systems as children approach age three is an essential process and documented in federal regulations.

The transition process must be completed no less 90 days before the child’s third birthday and not more than nine months before and includes:

1. Notification to the Local Education Agency (LEA)

The Birth to Three program notifies the school district that a child will soon turn 3 and may need evaluation for special education.

2. Transition Conference

With informed parental consent, a meeting is held with the family, Birth to Three providers, and the school district to discuss options, timelines, and next steps.

3. Evaluation for Part B Eligibility

The school district conducts an evaluation to determine if the child meets IDEA criteria for a disability and needs special education services.

4. Individualized Education Program (IEP) Development

If eligible, an IEP is created and services begin by the child’s third birthday.

For children who do **not** qualify for Part B services the following steps are taken.

1. Family Notification & Discussion

The school district explains the evaluation results and why the child does not meet eligibility criteria.

2. Birth to Three will Refer to Other Supports

Families may be connected to:

- a. Community-based programs (e.g., Head Start, preschool programs, Help Me Grow)
- b. General education preschool with accommodations
- c. Private therapy services (speech, OT, PT)
- d. Local Family Resource Centers

3. Birth to Three Services End

Services under Part C stop at age 3, regardless of eligibility outcome.

4. Transition Planning

Birth to Three may help families create a plan for accessing other resources.

Additionally in Connecticut, under Public Act 21-46, Section 27, effective in 2021, school districts must post information about the Sparkler mobile application in a visible location on their website to encourage enrollments for all young children, especially those found not eligible for preschool special education after receiving early intervention services through Part C.

School districts are also required to contact the parents of any child who has not been registered for a developmental screening both at six months and one year after the child was determined ineligible for Part B services, to remind them of this screening opportunity and encourage their participation.

If a child demonstrates concerns on the ASQ and/or ASQ SE through the Sparkler mobile application, the school district should contact the family to discuss the concerns and determine next steps. In addition, the Sparkler app may connect families with support through 211 Child Development Infoline care coordinators.

The Office of Early Childhood and CT State Department of Education remain committed to supporting the transition process for all potentially eligible children. This includes an MOU and MOA between the agencies with a focus on sharing transition data and funding for child find activities. Additionally, the Part C and Part B 619 Coordinators host a transition roadshow with Connecticut Parent Advocacy Center (CPAC). This training provides an overview of the transition requirements and discusses transition outcomes, including the family perspectives. Other technical assistance and monitoring is provided in partnership between the agencies to ensure children have a smooth and effective transition.