



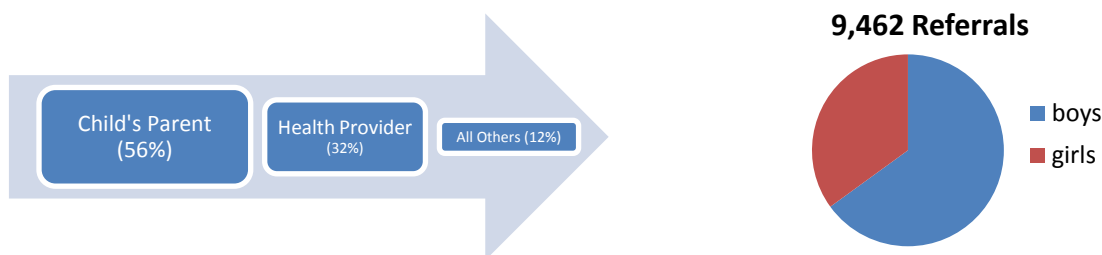
FY17 ANNUAL DATA REPORT

The Connecticut Birth to Three System has guided families to support their eligible child's development and connect to their communities since 1996 - - [more than 165,000 families](#). The CT Office of Early Childhood administers Birth to Three under Part C of the federal Individuals with Disabilities Education Act and C.G.S. 17a-248.

Connecting Families to Supports

Families seeking help for their young children reach out every day to the Birth to Three intake office at the Child Development Infoline ([CDI](#)) - a specialty unit within 2-1-1 Infoline at the United Way of Connecticut. Anyone who is concerned about an infant or toddler's development can contact CDI via a toll-free phone line, fax, or website referral form. CDI received 12,262 contacts in FY17, and requested parent consent before sending confidential information to a Birth to Three provider agency. CDI could not locate 2,113 (17%) parents, and 634 (5%) parents declined the offer of supports.

1-800-505-7000 toll-free, TDD, multilingual and phone interpretation support
www.birth23.org/referrals for on-line referrals and print & fax form



A total of 9,462 referrals were received in Fiscal Year 2017 (July 1, 2016 – June 30, 2017). Most children were referred by their own families (56.22%) or by their medical provider (32.46%). Families who did not already know about Birth to Three supports learned about them from a trusted health care provider (33%), relative, friend or co-worker, a social service, education, or childcare provider. Sixty-five percent (N= 6106) of children referred were boys. The median age at referral was 21 months.

Determining Eligibility

Two professionals visit the family's home, the child's early care setting or another place where the child spends time to interview the parent about their child's needs and skills, and directly measure the child's ability to complete activities in all areas of development:

- problem solving skills (cognitive)
- understanding and expressing ideas (communication)
- self-help skills such as eating (adaptive)
- ability to move well, see and hear (motor and physical)
- ability to express feelings and understand other people (social-emotional)

The comprehensive multidisciplinary [evaluation](#) of the child is completed and information about the child's daily routine, needs and abilities is collected. When information about the child's development, health and levels of functioning in daily activities has been considered, eligibility is determined.

The Connecticut Birth to Three System serves families whose children have severe disabilities or developmental delays. Of the 8,798 evaluations completed in FY17, 5557 children (63%) were eligible.

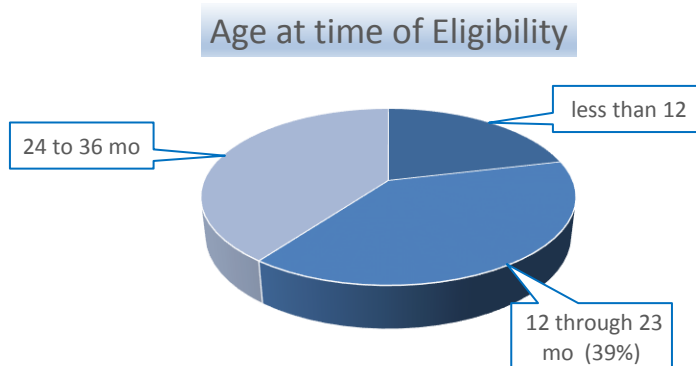
- 4,999 children had significant developmental delay (90%)
- 558 children had a diagnosed medical condition that will likely result in developmental delay (10%)

Children who were eligible due to a diagnosed medical condition with a high likelihood of developmental delay (N=558) included:

- **125** children: premature birth (*less than 28 weeks completed gestation out of 40*) or extremely low birth weight (*less than 1000 grams, or 2.2 lbs.*)
- **117** children: brain/spinal anomalies
- **69** children: deaf or hard of hearing
- **67** neurological conditions
- **61** Infection or exposure
- **51** children: autism spectrum disorders: (*known at the time of referral*)
- **48** children: Down syndrome
- **35** children: known chromosomal or metabolic disorders (*other than Down syndrome*)
- **21** children: cleft palate
- **6** children: blind or visually impaired
- *and 3 others*

Families of eligible children from 163 Connecticut towns [accepted Birth to Three](#) supports in FY17; 467 families did not enroll to receive Birth to Three supports. (*see the end of this report for town-specific data*) Sharing the eligibility result with the child's health care provider is essential for coordinating services and supports, with parent consent.

Most families spoke English (78%), Spanish (15%), Arabic (1%) or Portuguese (1%). The 43 languages spoken by families of eligible children demonstrates effective outreach to our state's language-diverse communities.



Options When a Child is Not Eligible

Families of children with mild or moderate delays who were not eligible for Birth to Three or who left the Birth to Three System before their child turned three are often still rightfully concerned about their child's development. Families can enroll in the **Ages and Stages Questionnaires (ASQ)** through **Help Me Grow** to track their children's ongoing development and receive information about the next steps in development and [community resources](#) to fit their needs. If a family or medical provider still has concerns after three months or more, they may re-refer the child for an updated developmental evaluation.

Infants and toddlers learn best in familiar settings.

Families count on Birth to Three to provide activity-based developmental learning where they live, learn and play during regular routines. Worries about exposing their babies to germs or bad weather, fighting traffic, and trying to teach new developmental skills in an unfamiliar clinic are resolved by bringing the learning right into the family setting. Birth to three supports are provided in the child's home or early care program. Family members and neighbors, peers and early care teachers all help to support developmental learning.

To hear families' own descriptions of how valuable this is, go to the Birth to Three website, select "Especially for Families", then "Parent Stories".

Families Partner with Professionals

Family choice is important. Each family may choose their program from those that serve their [hometown](#). In FY17, Birth to Three administered 36 [programs](#):

- 27 general programs that work with all children and families
- 3 programs for children who are deaf or hard of hearing: child must have a permanent hearing loss, often first identified through the Early Hearing Detection and Intervention program
- 6 autism-specific: child must have an autism spectrum disorder

These agencies employed approximately 1,200 practitioners who are licensed or certified in their respective disciplines and meet the personnel standards established by federal and state regulation. IDEA Part C General Supervision data are reported at <http://www.birth23.org/aboutb23/gensup/data>. Nine hundred and thirty-five children transferred programs at least once during the year.

Programs for Children who are Deaf/Hard of Hearing *children served*

American School for the Deaf	84
CREC Soundbridge	81
NE Center for Hearing Rehabilitation	36

Autism-specific Programs *children served*

ABC Intervention Program	290
Beacon Services of CT	169
Creative Interventions	282
Education Connection Autism Program	69
Little Learners	40
South Bay Early Childhood	212

General Programs *children served*

Abilis	271
Benchmark Infant and Toddler Services	151
Building Bridges, LLC	512
Cheshire Public Schools - Darcey School	94
Children's Therapy Services	244
Cornell Scott Hill Health Center	164
CREC Birth to Three	476
East Hartford Birth To Three	71
EASTCONN Birth To Three	150
Easter Seal Birth to Three	303
HARC - Steppingstones	511
Jane Bisantz & Associates, LLC	287
Kennedy Center, Inc.	108
Kennedy-Donovan Center	108
Key Human Services, Inc.	169
LEARN: Partners for Birth to Three	256
McLaughlin & Associates, LLC	238
Oak Hill Birth to Three Program	46
Project Interact, Inc.	248
Reachout, Inc.	490
Rehabilitation Associates of Connecticut, Inc.	1264
S.E.E.D.	437
SARAH, Inc. - KIDSTEPS	617
St. Vincents Special Needs Services	86
STAR Rubino Center	100
TheraCare	1206
Wheeler Clinic Birth to Three	203

Planning for Supports

Focusing on supporting the family to increase their child's success during everyday activities offers the best developmental and behavioral outcomes. Combining research knowledge on best practices with daily life realities, the parents and Birth to Three team decide together which supports are likely to address their goals, which types of professionals will be involved, and how often the family will work with each person on their team. The Individualized Family Service Plan ([IFSP](#)) lists the supports that will be used to meet the child's and family's unique needs and help in achieving the family's priorities for their child.



Every family has a primary service provider as the main liaison and who provides service coordination.

The primary service provider and the family have a full team that supports them through joint visits and regular team meetings. This “[primary provider approach](#)” has been shown to increase families’ rating of supports as being truly helpful and reports of improved family well-being when compared with frequent, multiple provider home visits. Click [here](#) to see what an early intervention visit looks like.

Most families (N= 8729) worked with their Birth to Three providers during weekly home visits, averaging 4 hours per month. Some families received intensive services, which means more than 13 hours of service per month. During FY17, 1284 children had IFSPs with intensive services. Most (N=1173, 91%) had an autism spectrum disorder - a diagnosis for which more frequent intervention sessions have been shown to produce better developmental gains – or complex medical needs, and received an average of 42 hours per month.

Birth to Three Personnel

Birth to Three staff who supported families of eligible children were licensed, certified or trained, with supervision by licensed and certified staff in these disciplines:

- **Speech/Language Pathologist**
- **Special Educator**
- **Occupational Therapist**
- **Physical Therapist**
- **Early Intervention Associate or Assistant**
- **Board Certified Behavior Analyst or Associate Analyst**
- **Early Intervention Specialist**
- **Social Worker or Intern**
- **Audiologist**
- **Psychologist**
- **Occupational Therapy Assistant (COTA)**
- **Speech/Language Clinical Fellow**
- **Nutritionist/Dietician**
- **Nurse**
- **Family Therapist/ Professional Counselor**
- **Physical Therapy Assistant**
- **Orientation & Mobility Specialist**

Families and providers use assistive technology to increase, maintain, or improve their child's ability to function in daily life. Examples include hearing aids, orthotic supports and communication devices. During FY17, IFSPs for 277 children listed an assistive technology device.

Professional Development

Meeting families' needs requires that Birth to Three professionals continually hone their skills and use updated approaches that are research based. The Birth to Three System supports professional development of early intervention staff by offering training and technical assistance on many topics.

Almost 500 staff completed the Natural Learning Environment Practices training which is designed to increase providers' skills in supporting families to achieve their desired outcomes throughout the day. Additional trainings provided improvement in writing functional IFSP outcomes and using coaching techniques to support parents as their child's best teacher during daily activities.

Ninety professionals successfully completed an intensive course on Birth to Three Service Coordination, joining hundreds who had already been certified. The FY17 trainings combined classroom didactics and discussion with online modules, subsequent application with families and evaluation of mastery. Instructors were Part C Staff, a current Birth to Three program service coordinator and parent faculty from the Connecticut Parent Advocacy Center. Topics included:

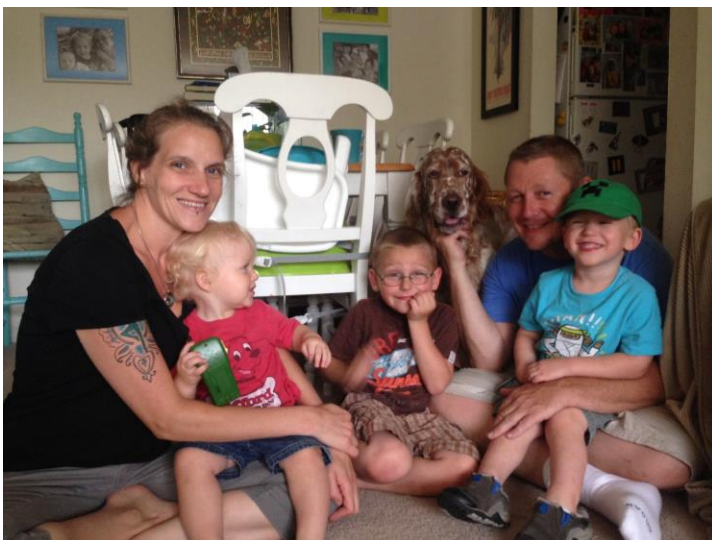
- **federal and state early intervention laws and regulations**
- **policies and procedures necessary to provide effective service coordination to families,**
- **how to build healthy relationships and value and respect each family's unique culture and lifestyle**
- **adapting professional knowledge and techniques for use by parents and other caregivers.**

Boosting awareness, identification, understanding and knowledge of resources helps promote protective factors for children and families, which can lead to better socio-emotional outcomes. This is intended to reduce the number of vulnerable children entering school with an accumulation of difficulties and behavioral problems.

The 24th annual "Together We Will" conference trained approximately 300 providers from Birth to Three, several state agencies, and many school districts on "Addressing Racial Equity in Early Childhood". Walter S. Gilliam, Ph.D., Yale Child Study Center provided the keynote address.

The Stevens' Family Story

based on interviews, approved by the Stevens Family



“He’s a free spirit. He’s gaining confidence and I hope that continues”, said Jiles’ dad, Sean. “We first learned about Birth to Three at his 18 month checkup,” mom Heather shared. “He didn’t have many words, even though we read to him and talked with him all the time. We felt bad - wondering what we did wrong - but knew we had to follow through. As time passes, the gaps get bigger and expectations keep increasing. It becomes exponential over time.

When our speech pathologist, Jill, first came to our home, she told me about her own son and said it’s not my fault. She personalized it, which made all the difference. That told me she could relate to my situation. We developed such a rapport; I could share my thoughts and not feel guilty. I like to read, so my team gives me packets of information related to my concerns. I never feel judged. They tell me things I never would have known, like checking his hearing since that can impact his speech.”

Sean is Chair and a Parent Representative on the Early Head Start Policy Council, and recognizes the value of parent leadership and collaboration across systems. Their Birth to Three and Early Head Start teams invite each other to joint home visits, and work together with Heather and Sean on strategies to address family and child goals. “It makes me happy when they come to play and we animal crawl!” said older brother, Jameson, while baby brother Jacobi flashed a big smile and the family dog, Jasper, wagged his tail.

“I knew this family was in good hands when I heard that Danielle from Head Start was involved”, said Birth to Three service coordinator, Jill. “She is fabulous, truly as invested as we are, and Sue and I make a great multidisciplinary team. When I am stumped, I have her to check in with. It’s good to have a team to support you as a professional, as well as the family and child.

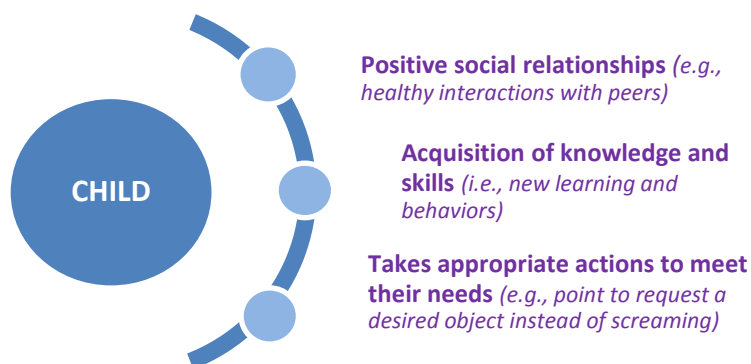
Birth to Three is effective. We give parents the guidance they need to support their child’s learning using multiple opportunities throughout the day and week. We couldn’t ask for a more open-minded, invested family. Jiles has made progress because of them. They take ideas, share feedback, we problem-solve together and they are always willing to try new things. As they prepare to transition when Jiles turns three, we know Mom has the confidence and the tools to continue to help him grow and learn, just in a different setting.”

Heather says, “It’s bittersweet. We’ve had a really good experience with Birth to Three. Tell other families, ‘You get out of Birth to Three what you put into it. If you do the work too, the rewards are immeasurable for your family and your child!’”

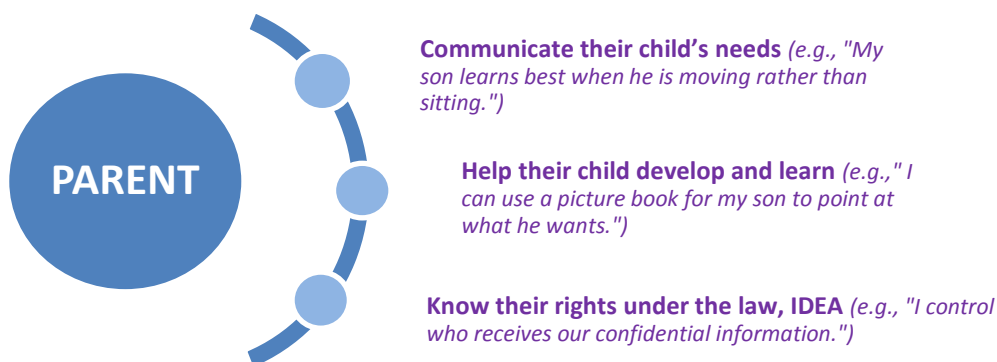
NOTE: The Birth to Three System and Early Head Start Agencies entered into a new Memorandum of Agreement in FY17 to enhance coordination of supports for families enrolled in both programs.

Making a Positive Difference

Birth to Three supports provide infants and toddlers the opportunity to reach their best potential. The U.S. Department of Education Office of Special Education and Rehabilitative Services established focus areas to assess improved child functioning in three areas that are critical to school readiness. Children who exited in FY17 and had received at least six months of services improved across the outcomes that were measured:



Parents tell us how Birth to Three has affected their family. In FY17, families enrolled for more than six months where surveyed and [reported](#) feeling more confident and competent, and said that Birth to Three helped them to:



For the 11th year in a row, Connecticut was reviewed by the federal Office of Special Education and Rehabilitative Services and designated as “meeting requirements” – the [highest rating](#) possible.

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

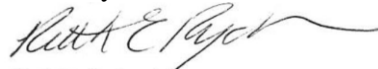
UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
 June 29, 2017

Dear Commissioner Wilkinson:

I am writing to advise you of the U.S. Department of Education's (Department) 2017 determination under sections 616 and 642 of the *Individuals with Disabilities Education Act (IDEA)*. The Department has determined that **Connecticut meets the requirements and purposes of Part C of the IDEA.** This determination is based on the totality of the State's data and information, including the Federal fiscal year (FFY) 2015 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information....

...OSEP appreciates the State's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with your State over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Ruth E. Ryder
 Acting Director
 Office of Special Education Programs

Partnering with Other State Agencies

State agencies collaborate with each other informally, as well as under specific terms of formal agreements, known as Memoranda of Understanding/Agreement. Currently, Birth to Three has MOUs or MOAs in effect with:

- Department of Public Health
- Department of Rehabilitation Services, Board of Education and Services for the Blind
- Department of Children and Families
- US Housing and Urban Development, CT Continua of Care
- State Department of Education
- Early Head Start Agencies

These agreements support the coordination of services and program data to benefit children and their families involved with more than one agency or system. Read more at

<http://www.birth23.org/aboutb23/iamous/>.

State Interagency Coordinating Council

In addition to formal written agreements, the Governor appoints Interagency Coordinating Council members who meet at least four times per year to advise and assist the Birth to Three System. This forum brings together parents, state agency representatives, providers and members of the public to discuss concerns and develop strategies for improvement. These individuals were members as of June 30, 2017:

Cynthia Jackson ICC Chair, Provider

Corrine Griffin ICC Vice Chair, Parent

Tiffanie Allain, Parent

Elaine Balsley, Provider

Dr. Marybeth Bruder, UConn, Personnel prep

Shanda Easley, Parent

Ann Gionet, Dept. of Public Health

Anne Giordano, Provider

Ginny Mahoney, Dept. Social Services-Medicaid

Senator Marilyn Moore, alternate Heather Petit (Commission on Women, Children and Seniors)

Jennifer Miner, Insurance Department

Kimberly Nilson, Dept. of Children and Families

John Reilly, Dept. Rehab Services-BESB

Michelle Rinaldi, Parent

Lynn Skene Johnson, Office of Early Childhood

Maria Synodi, SDE-Early Childhood Special Education

Louis Tallarita, SDE- Coordinator of Education for Children who are Homeless

Elisabeth Teller, Provider

Alice Torres, Head Start

Myra Watnick, Provider

Dr. Carol Weitzman, CT Chapter, Academy of Pediatrics

Robin Wood, Dept. of Developmental Services

When It's Time To Say Goodbye

Most families continue with Birth to Three until their children turn three years old or they no longer need early intervention services and supports. The average length of enrollment between a child's initial IFSP and exit was slightly less than one year (11.6 months). Birth to Three prepares families for this [transition](#) as early as possible by helping them connect with their local school district and other resources in their local community that match their goals and needs. Families left Birth to Three in FY17 because:

Reason for Exit	# of children	% of all exits (5430)
Child turned three years old	3296	61%
Parent withdrew their child	997	18%
Attempts to contact were unsuccessful	520	10%
No further services needed by child	372	7%
Moved out of state	233	4%
Died	4	<1%

Of the 3,296 children who left at age three and were referred to their local school district:

Next	# of children	% of exits at age 3
Eligible for early childhood special education	2332	70%
Eligibility for preschool special education not determined	416	12%
Not eligible for special education but referred to another program	398	12%
Not eligible for special education and not referred to another program because the family reported no ongoing needs	199	6%

Early Intervention Funding Sources

Birth to Three expenditures for Fiscal Year 2017 totaled \$55,602,882 from all sources, including State of Connecticut funds, federal funds, parent payments, commercial health insurance reimbursements and Medicaid reimbursements. Birth to Three is the payer of last resort and successfully maximized other revenue. Medicaid billing resulted in **\$14 million in federal revenue**.

FY 2017 Funding Sources	
State Funds ¹	\$47,426,198
Total Federal IDEA ² funds	\$4,725,023
Commercial Insurance Receipts	\$2,083,241
Parent Fees	\$1,368,420
Total System Funding	\$55,602,882

¹\$14 million transferred from CT Department of Social Services pending changes related to Medicaid billing

²\$1 million transferred from CT Department of Education, IDEA Part B Child Find funds

Administrative Expenditures	
Salaries & Fringe Benefits	\$1,477,316
Other Expenses	\$10,510
State & Local Interagency Coordinating Councils	\$4,993

Public Awareness & Child Find	\$277,430
Personnel Development	\$73,737
Supervision and Monitoring	\$8,964
Procedural Safeguards	\$4,169
Family Support	\$72,638
Medical Advisor	\$18,000
Data Systems	\$9,376
	\$1,957,133
Total Administrative Costs	a decrease of 29% from FY16

Services	
Direct Services	\$43,195,609
Assistive Technology and Devices	\$263,897
Supplemental Payments for Intensive Services	\$10,186,243
Total Service Payments	\$53,645,749

The average annual cost per child for 12 months of service provided by contracted programs was:

	Gross	Net (<i>after insurance reimbursements</i>)
General program	\$ 9,385	\$ 9,073
Deaf/hard of hearing specialty	\$ 10,774	\$ 10,711
Autism specialty program	\$ 26,952	\$ 25,206

Children and families served by hearing specialty programs (200 children in FY17) are often fitted with hearing aids to enhance the child's available hearing for communication and social-emotional development, which leads to higher costs per child. Families with children who have autism (918 children in FY17) often have IFSPs that include intensive services averaging 44 hours per month, which contributes to the higher costs per child in those programs.

Parent Cost Participation – System of Payments

Evaluations to determine eligibility are always provided at no cost to the family.

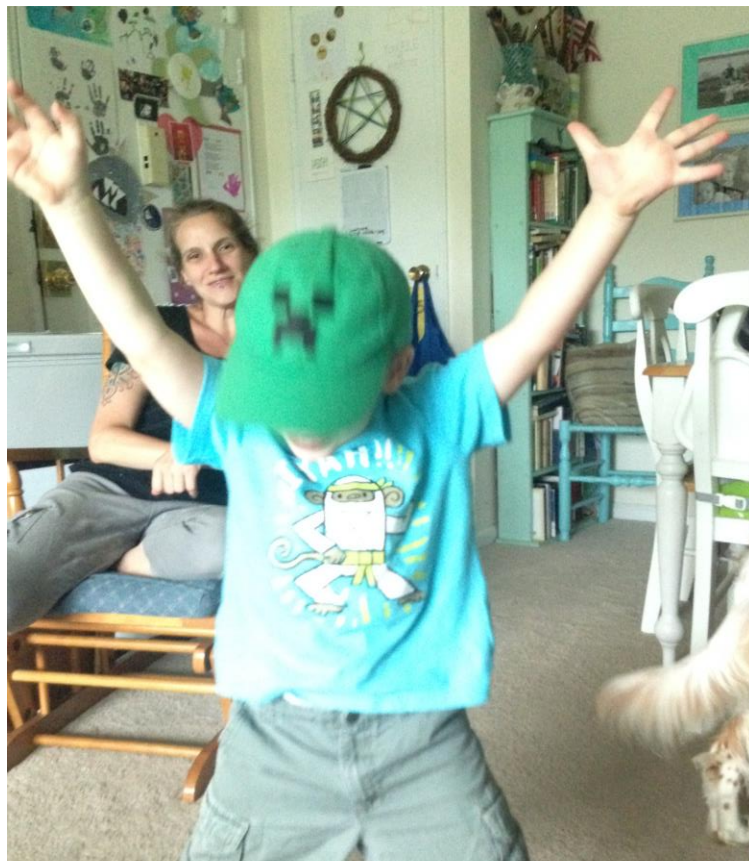
Parents are asked for consent to bill their private insurance or Medicaid for the evaluation.

When a child is eligible and the parent chooses to receive services, families with an annual adjusted gross income more than \$45,000 also pay a monthly fee on a sliding scale. Fees are based on family size and income, and can be adjusted if there are documented extraordinary expenses, and anytime there is a change in income or family size. If a parent does not want to have their insurance billed and they pay a fee, they are also responsible for a monthly co-pay based on their annual income.

Some families enroll in Birth to Three but choose to receive only those supports that are available under federal law at no cost. Evaluation and assessment, IFSP development, service coordination, transition supports and procedural safeguards are all available without paying a parent fee.



Heather, Jiles and Sean



Town-By-Town Snapshot: births, referrals and children served

Here are the numbers of referrals from each Connecticut town from July 1, 2016 through June 30, 2017 and the number of children in each town who received a service at any point during the fiscal year. Provisional birth data from the Connecticut Department of Public Health for calendar year 2016 are provided as a context for consideration.

NOTE: An infant can be referred within days of being born and can continue to be eligible until their third birthday – almost three full years. Since this table is only a one-year snapshot, many towns will have more children served than referred in FY17 because some children were referred during a previous fiscal year.

Data are not provided for any town with five or fewer children referred or served in order to protect confidentiality.

	2016 births*	referrals	children served
ANDOVER	30	<5	<5
ANSONIA	225	52	58
ASHFORD	35	11	11
AVON	136	32	34
BARKHAMSTED	27	5	7
BEACON FALLS	46	11	8
BERLIN	148	33	30
BETHANY	32	11	10
BETHEL	143	35	40
BETHLEHEM	30	6	5
BLOOMFIELD	190	39	37
BOLTON	38	7	7
BOZRAH	14	<5	<5
BRANFORD	256	37	36
BRIDGEPORT	1987	542	551
BRIDGEWATER	10	<5	<5
BRISTOL	587	171	210
BROOKFIELD	116	41	45
BROOKLYN	68	20	30
BURLINGTON	76	18	20
CANAAN	10	<5	6
CANTERBURY	40	10	12
CANTON	81	14	16
CHAPLIN	21	<5	<5
CHESHIRE	207	46	65
CHESTER	31	5	<5
CLINTON	109	25	21
COLCHESTER	159	42	32

COLEBROOK	6	<5	<5
COLUMBIA	41	6	7
CORNWALL	4	<5	<5
COVENTRY	112	22	30
CROMWELL	125	33	39
DANBURY	1083	299	349
DARIEN	181	57	46
DEEP RIVER	37	<5	7
DERBY	132	42	48
DURHAM	43	12	13
EASTFORD	10	<5	<5
EAST GRANBY	43	13	<5
EAST HADDAM	59	13	15
EAST HAMPTON	103	27	21
EAST HARTFORD	614	150	230
EAST HAVEN	261	66	79
EAST LYME	106	23	30
EASTON	55	13	18
EAST WINDSOR	93	22	28
ELLINGTON	143	35	39
ENFIELD	341	121	140
ESSEX	29	10	6
FAIRFIELD	522	135	117
FARMINGTON	206	49	64
FRANKLIN	8	<5	<5
GLASTONBURY	253	71	62
GOSHEN	13	7	<5
GRANBY	73	30	26
GREENWICH	536	154	125
GRISWOLD	112	30	42
GROTON	523	108	133
GUILFORD	138	21	27
HADDAM	62	14	15
HAMDEN	517	125	122
HAMPTON	11	<5	5
HARTFORD	1864	576	640
HARTLAND	12	<5	<5
HARWINTON	33	6	6
HEBRON	73	25	17
KENT	18	<5	<5
KILLINGLY	122	49	65
KILLINGWORTH	42	15	12
LEBANON	50	10	11
LEDYARD	162	42	45
LISBON	32	<5	8

LITCHFIELD	56	8	9
LYME	10	7	5
MADISON	91	25	24
MANCHESTER	795	221	248
MANSFIELD	79	18	23
MARLBOROUGH	50	15	20
MERIDEN	670	225	260
MIDDLEBURY	56	15	12
MIDDLEFIELD	27	<5	8
MIDDLETOWN	430	100	114
MILFORD	453	107	110
MONROE	138	25	32
MONTVILLE	172	30	33
MORRIS	22	<5	<5
NAUGATUCK	347	76	97
NEW BRITAIN	993	331	399
NEW CANAAN	124	51	47
NEW FAIRFIELD	79	26	33
NEW HARTFORD	59	15	13
NEW HAVEN	1755	473	483
NEWINGTON	248	68	73
NEW LONDON	346	86	99
NEW MILFORD	219	49	61
NEWTOWN	172	53	51
NORFOLK	7	<5	<5
NORTH BRANFORD	107	28	17
NORTH CANAAN	25	<5	<5
NORTH HAVEN	184	66	54
NORTH STONINGTON	27	7	9
NORWALK	1127	331	270
NORWICH	447	119	158
OLD LYME	49	5	<5
OLD SAYBROOK	58	14	12
ORANGE	100	35	23
OXFORD	102	15	18
PLAINFIELD	151	50	53
PLAINVILLE	159	35	30
PLYMOUTH	97	21	31
POMFRET	28	12	11
PORTLAND	72	19	22
PRESTON	37	12	8
PROSPECT	72	20	19
PUTNAM	99	25	34
REDDING	48	14	18
RIDGEFIELD	138	51	55

ROCKY HILL	219	51	44
ROXBURY	17	<5	<5
SALEM	45	10	8
SALISBURY	26	<5	<5
SCOTLAND	7	<5	<5
SEYMOUR	162	44	50
SHARON	11	<5	<5
SHELTON	303	89	68
SHERMAN	10	5	<5
SIMSBURY	171	44	50
SOMERS	50	24	22
SOUTHBURY	114	35	26
SOUTHINGTON	365	83	88
SOUTH WINDSOR	229	60	58
SPRAGUE	33	9	11
STAFFORD	88	23	30
STAMFORD	1756	456	422
STERLING	31	11	7
STONINGTON	93	27	26
STRATFORD	503	116	119
SUFFIELD	59	23	33
THOMASTON	56	20	21
THOMPSON	36	29	25
TOLLAND	103	21	27
TORRINGTON	329	92	123
TRUMBULL	321	95	91
UNION	<5	<5	<5
VERNON	321	75	82
VOLUNTOWN	14	<5	6
WALLINGFORD	411	90	109
WARREN	16	6	<5
WASHINGTON	16	<5	<5
WATERBURY	1594	477	476
WATERFORD	131	36	37
WATERTOWN	168	55	48
WEST HAVEN	610	137	165
WEST HARTFORD	587	162	162
WESTBROOK	41	12	11
WESTON	51	23	21
WESTPORT	155	58	56
WETHERSFIELD	263	52	62
WILLINGTON	37	<5	7
WILTON	124	34	40
WINCHESTER	89	19	18
WINDHAM	262	108	109

WINDSOR	273	55	63
WINDSOR LOCKS	121	25	32
WOLCOTT	114	18	22
WOODBIDGE	62	18	20
WOODBURY	42	12	11
WOODSTOCK	58	14	19
TOTALS	35,081	9,462	10,069

** 2016 provisional birth data, courtesy of the Dept. of Public Health*

Referrals and children served data source: the CT Birth to Three System database

The Connecticut Birth to Three System is a program of the [State of Connecticut](#)

- **The Honorable Dannel P. Malloy, Governor**
- **Nancy Wyman, Lieutenant Governor**

Administered by the Connecticut Office of Early Childhood ([OEC](#))

- **David Wilkinson**, Commissioner, May 2017 - present
- **Linda Goodman**, Acting Commissioner Sept, 2016 – April, 2017



Lynn Skene Johnson, Family Support Services Division Director
State Director, Connecticut Birth to Three System

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Alice Ridgway Matthew Mahony



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Connecticut Birth to Three System www.birth23.org
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Information and Referrals - [Child Development Infoline](#)

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Central Directory

2-1-1 (Voice/TTY)

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

This report and earlier annual [data reports](#) may be accessed via the CT Birth to Three System website at <http://www.birth23.org/annualdata/>

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